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Date : 16th September 2020

To: ALL MEMBERS OF THE JOINT AUDIT COMMITTEE

- i. David Daw, Jude Ferguson (Chair), Zoe Rice, Martin Speller
- 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 via Teams (link included in the meeting invite) at **11:00** on **23rd September 2020**.

The agenda for the meeting is set out overleaf.

Yours sincerely

Alaina Davies
Office of the Police and Crime Commissioner

INFORMATION ABOUT THIS MEETING

- (i) Car Parking Provision

N/A – Virtual meeting

- (ii) Wheelchair Access

N/A – Virtual meeting

- (iii) Emergency Evacuation Procedure

N/A – Virtual meeting

- (iv) 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:

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- (v) REPORT NUMBERS CORRESPOND TO AGENDA NUMBER

AGENDA

23rd September 2020, 11:00 – 14:00

To be held via Teams (link included in the meeting invite)

- 1. Apologies for Absence**
- 2. Emergency Evacuation Procedure**
N/A – Virtual meeting
- 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 8th July 2020 (Report 5)**
- 6. Office of the Police and Crime Commissioner Strategic Risk Register (Report 6)**
- 7. Business from the Chair (Report 7):**
 - a) Police and Crime Board (Verbal Update)**
 - b) Update on IOPC Investigations (Verbal Update)**
 - c) JAC Annual Report**
- 8. Internal Audit (Report 8):**
 - a) Health and Safety Management of Front Line Staff and Officers**
 - b) Records Retention**
 - c) Quarterly Update**
- 9. Summary of Recommendations (Verbal Update)**

Part 2

Items for consideration without the press and public present

- 10. Exempt Minutes of the Joint Audit Committee Meeting held on 8th July 2020 (Report 10)**
- 11. Constabulary Strategic Risk Register (Report 11)**

**MINUTES OF THE JOINT AUDIT COMMITTEE MEETING HELD ON WEDNESDAY
8TH JULY 2020 AT 14:00. MEETING HELD VIA TEAMS.**

Members in Attendance

Jude Ferguson (Chair)
David Daw
Martin Speller
Zoe Rice

Officers of the Constabulary in Attendance

Sarah Crew, Deputy Chief Constable
Nick Adams, Constabulary CFO
Dan Wood, Director of People and Organisational Development
Chief Superintendent Will White (part of the meeting)
Kate Britton, Data Protection Officer (part of the meeting)
Ellena Talbot, Director of Legal Services (part of the meeting)
Michael Flay, Governance Manager

Officers of the Office of the Police and Crime Commissioner (OPCC)

Paul Butler, OPCC Interim CFO
Ben Valentine, OPCC Strategic Planning and Performance Officer
Alaina Davies, OPCC Resources Officer

Also in Attendance

Sue Mountstevens, Police and Crime Commissioner
Gail Turner-Radcliffe, Grant Thornton
Iain Murray, Grant Thornton
Laura Wicks, SWAP

11. Apologies for Absence

Mark Simmonds, OPCC Interim CEO
Andy Marsh, Chief Constable
Karen Michael-Cox, Deputy Director of Transformation and Improvement
Juber Rahman, SWAP

12. Emergency Evacuation Procedure

The emergency evacuation procedure for each call participant was left for them to determine.

13. Declarations of Interest / Gifts / Offers of Hospitality

None.

14. Public Access

There were no requests for public access

15. Minutes of the Joint Audit Committee Meeting held on 19th March 2020 (Report 5)

RESOLVED THAT the minutes of the meeting held on 19th March 2020 were confirmed as a correct record and will be signed by the Chair when physically possible.

Action update:

Minute 31b(ii)	The Joint Audit Committee (JAC) Terms of Reference has been reviewed and is on the agenda for discussion. Action closed
Minute 42a	The internal audit work looking at a further audit of Workforce Planning has been delayed but is picked up in the Workforce Plan Follow Up on the agenda.
Minute 43	The External Auditors were working on arrangements for running a South West JAC event but this has been delayed by the Covid-19 pandemic. They will look at arranging a virtual event in the Autumn.
Minute 6a	Internal and external audit work continues as best it can flexing and changing as necessary, reviewing plans as required.
Minute 6b	Internal auditors emailed JAC Members to elaborate and provide further clarity on the Cybersecurity report as discussed at the last meeting of the JAC. Action closed
Minute 6c	Internal auditors were asked to prioritise the follow up of actions in relation to ICT Business Continuity. Action closed
Minute 6g	Review of the Personal Issue of Assets audit due at the September meeting of the JAC to discuss progress. There is a note relating to this in the Internal Audit Quarterly Update on the agenda.
Minute 7a	Two JAC Members attended the last Police and Crime Board on 1 st July 2020 to observe. Members commented that this was a really useful experience in terms of providing context for the role of the JAC. It was also agreed that a link to the Police and Crime Board page of the website would be emailed to JAC Members to view

the Medium Term Financial Plan which is published there. **Action closed**

Minute 9 The JAC Chair confirmed that she wrote to the Public Sector Audit Appointment (PSAA) raising concerns regarding the proposed increase in audit fees. **Close action**

Minute 9 Fee variations were acknowledged at the last meeting of the JAC up to a maximum of £8,500. The OCC CFO has been liaising with the External Auditors in an effort to reduce the financial impact. The External Auditors commented that they would try to work within the fee envelope but that it was possible that the additional cost could be more than £8,500 this year – the Chair of the JAC asked the OCC CFO to involve her in any discussion around this. **Close action**

16. Internal Audit Reports (Report 6):

a) Follow Up of Previous Recommendations

This follow up looks at progress against recommendations made by the previous internal auditors. Good progress has been made in implementing these recommendations with 24 out of the 30 being complete – these have been tested and the detail of this is included at Appendix B to the report. The remaining 6 recommendations are being progressed and have target dates for completion applied.

b) Workforce Plan Follow Up

This report is a follow up of the Workforce Plan audit. The internal auditors were only able to provide a partial opinion on the audit as they weren't able to complete testing in all areas at the time, as a result the scope of this follow up was wider than usual. The 3 recommendations raised in the original audit have been completed and significant progress has been made in other areas.

The PCC thanked the Director of People and Organisational Development and his team for all of their work which is evident in the progress being reported.

The Director of People and Organisational Development gave an update on activity:

- E-recruitment – phase 1 (staff recruitment) is already active and phase 2 (police officer recruitment) will be launched in August 2020.
- The Constabulary were nominated for 2 Employer Network for Equality and Inclusion awards for Neurodiversity and Inclusive Culture. The Constabulary have just heard that they have won the Neurodiversity Award.

The Chair of the JAC congratulated the Constabulary on achieving the National Equality Standard accreditation.

The JAC acknowledge the number of positive initiatives and queried whether the Constabulary are seeing outcomes from this yet in terms of a more diverse recruitment pipeline. The Constabulary recognise the need to go much further but statistics already point to an increase in recruitment across all areas of protective characteristics. Members were assured that, as well as being looked at by the Constabulary, statistics are reported to the Police and Crime Board. The Director of People and Organisational Learning gave the following information – some of these are small increases in percentages but represent big numbers:

- BaME was 3.5% of total workforce in May 2020 which is up from 2.7% in May 2018;
- Disability is 6.9% currently which is up from 5.5% in 2018;
- LGBTQ is 4.1% which is up from 3.4% in 2018;
- The percentage increase from 2018 to 2020 for BaME across the organisation is 36%;
- There has been an increase in applications at eligibility stage e.g. BaME Police Officers (PCDA) was 5.3% in September 2019 and has increased to 7.6% in 2020; and
- Similar improvement has been seen in BaME PCSO recruitment which was 3.8% in November 2019 and has increased to 7.7% in 2020.

Members also sought assurance on the efficiency of processes. This will take time but the Constabulary are already seeing more timely staff recruitment as a result of the e-recruitment. Improvements have also been made in other departments such as vetting to speed the process along.

The JAC Chair acknowledged the significant improvement in this area of business over the last year.

c) Data Protection – Incident Reporting

The internal auditors have changed the audit opinion categories to be in line with CIPFA.

The internal audit opinion given for Data Protection – Incident Reporting was reasonable. There has been a down turn in the number of breaches in the calendar year to date which coincides with the new training introduced in January.

It was noted that breaches, reports, trends and lessons are overseen by the Strategic Information Management (SIM) Board – the Deputy Chief Constable is the Chair of this Board. Proactive actions have been taken to avoid breaches e.g. the autofill email address function has been removed. This has been a cultural shift for the organisation but an important area to manage risk in.

It was noted that no remedial action has been taken by the Information Commissioners Office (ICO).

The Constabulary recognise that while there has been an increase in the number of staff and officers completing the mandatory training the number to have completed this should be higher. This is being reviewed on a weekly basis by the Transformation and Improvement Team to push the completion number up. It was noted that this training was introduced in January 2020 and the Constabulary were expecting to see higher levels of completion after a year. It was agreed that a formal action, with completion date and target completion level, should be added to the report. The Constabulary confirmed that the training is suitably challenging.

Members discussed the sample size taken to test completion of the breach form and raised concerns regarding the findings – can the Constabulary give assurance and if so should the wording in the report be amended? The internal auditor acknowledged that the procedural guidance preceded GDPR so what is being done is in line with legislation – it was agreed that the wording would be amended in the report. The Constabulary confirmed that all breaches go through a mechanism which includes the completion of all of the information on the form – the procedure is going to be updated.

Members asked if the Constabulary have any data regarding the number of breaches to compare with other forces – the Constabulary will look at this. Members also enquired whether the Constabulary are seeing trends in certain types of breaches reduce and if so what types are still being seen.

The Constabulary Data Protection Officer assured Members that they record all near misses and relevant Professional Standards Department (PSD) complaints. The Constabulary now syphon out PSD complaints until they have confirmed that it is a data breach – this is a change to what was done previously and could account for the decrease in numbers. Waiting until this is confirmed gives a much firmer idea of trends and enables the Constabulary to target resources in the right area and use organisational learning more effectively. Examples were given of complaint cases which, after review, do not end up being classed as breaches in recognition that information sharing agreements are in place.

The Joint Audit Committee confirmed that they are happy to support the Constabulary in continuing to manage this through the SIM Board.

RESOLVED THAT

- (i) The Constabulary should look at comparing data breaches with other forces;
- (ii) The wording should be amended in the report in relation to the sample tested for completion of the breach form. The wording should reflect the discussion and confirm that legislation is being followed; and
- (iii) A formal action should be added to the report regarding the Mandatory training, which should include a target level of completion and a target date.

d) Head Internal Audit Annual Opinion Report

A reasonable annual audit opinion has been given. It was noted that a paragraph has been added in relation to Covid-19 and the changing situation shifting risks and controls. It was acknowledged that in the specific areas highlighted in the report not covered by internal audit there are other more suitable forms of assurance e.g. HMICFRS.

The Constabulary have provided timely responses and been accepting of recommendations and acted accordingly.

The internal auditors reiterated that the internal audit plan remains flexible.

The governance and risk opinion was discussed. Members were assured regarding the governance, information flow and risk management within the organisation. The Strategic Framework has been refreshed and the Strategic Risk Registers are reviewed by the JAC.

The internal auditor highlighted good engagement with the Constabulary but asked if the Constabulary could also complete feedback forms after each audit – the final report being issued is the trigger for this form being sent. It was agreed that the wording around overall client satisfaction in the report should be amended to reflect the ongoing satisfactory relationship between the internal auditors and Constabulary.

RESOLVED THAT the wording regarding around overall client satisfaction in the report should be amended to reflect the ongoing satisfactory relationship between the SWAP and the Constabulary.

e) Quarterly Update

Covid-19 restrictions have had an impact on the work of the internal auditors and as such they have been able to scope out all of the audits across the year in advance. Fieldwork is ready to start for some audits.

It was noted that cost of each audit is now being included in the progress update to better see the value of audits – the OPCC CFO asked that the number of days also continue to be included.

The Joint Audit Committee were asked to approve the contents of Appendix B – Internal Audit Plan 2020/21 Further Scoped Information. The JAC approved this plan and welcomed the additional information.

Members discussed the change in definition, as highlighted earlier, to be in line with CIPFA. The wording under the limited category around significant gaps was debated – it was felt that the word significant was subjective and requires some thought around defining what that means. Could possibly establish at scoping stage what significant gap means in each audit. It was acknowledged that this is a SWAP decision and they will update on the ongoing discussion at the next meeting of the JAC in September.

RESOLVED THAT

- (i) the Joint Audit Committee approved the contents of the Internal Audit Plan 2020/21 Further Scoped Information, as presented at Appendix B to the quarterly report; and
- (ii) SWAP should report back on the conversations around the change in audit opinion categorisation.

17. Business from the Chair

The Joint Audit Committee Chair updated the committee on OPCC appointments. A new Interim CFO has been appointed. Thanks to the OCC CFO for carrying out the role of s151 officer for both organisations since January 2020. A Deputy PCC has been appointed to support the PCC in this additional year in office and support the increase in the work of the PCC – the PCC highlighted the additional work required since lockdown in terms of increased number of virtual meetings with external partners. Just over half of PCCs have a deputy. The DPCC has already taken on a huge amount of work.

a) Police and Crime Board (PCB)

Members have received a copy of the minutes from the last quarter of PCB meetings. As discussed earlier in the meeting two of the Members attended the July PCB meeting last week to observe. The JAC Chair noted that it was positive to see evidence through the minutes of audits informing work and having an impact.

b) Update on Independent Office for Police Conduct (IOPC) Investigations

There are 13 current IOPC investigations which is a stable number. 5 of these cases are from 2019 and 8 from 2020 – this shows positive improvement in timeliness since the introduction of the IOPC. The oldest case is from February 2019 and the report on this is due this week.

5 of the most recent cases are regarding precursor incidents, which is where the police have been involved and the question is whether a different course of police action could have changed the outcome in the subsequent event.

There is a positive relationship with the IOPC. It was noted that Covid-19 restrictions have had an impact, particularly as the Avon and Somerset deal with the Welsh office who have been operating under different restrictions.

It was noted that 3 officers are facing criminal trial but these are being held up in the Criminal Justice System (CJS) backlogs. It was noted that the Constabulary have been able to continue with misconduct hearings by utilising technology.

c) Joint Audit Committee Terms of Reference

A shorter JAC Terms of Reference (ToR) was presented which has admin notes – this is a different approach. This was created in consultation with Members and will soon need to be reviewed by the OPCC CFO. Discussed the reasoning behind the use of the word commissioned in the document – this is to differentiate between SWAP as the internal auditors and the Internal Audit Team within the Constabulary.

The JAC Members recommend approval of the ToR to the PCC and Chief Constable. This was approved subject to the following changes:

- Acronyms be moved from the end of the document to the top; and
- Remove the reference to the Audit Commission and replace it with PSAA.

RESOLVED THAT the ToR and admin notes were approved subject to the following changed: acronyms be moved from the end of the document to the top; and remove the reference to the Audit Commission and replace it with PSAA.

18. Office of the Police and Crime Commissioner Strategic Risk Register (Report 8)

Strategic Risk (SR) 1 – Governance Failure has not changed but this is expected to reduce now that an Interim OPCC CFO has been appointed.

SR2 – Failure to Deliver the Police and Crime Plan has increased for the reasons listed in the report, the biggest risk is felt to be the CJS backlog. The number of arrest are still high but these are all feeding into the backlog – the PCC is the joint CJS National Chair and reports there has been a lot of discussion but no action as yet. The OPCC recognise that there is a mixed picture affecting this risk with an increase in resources and a change in how demand is triaged being positive.

SR3 – Financial Incapability and Ineffectiveness has increased to reflect the short term and longer term impact of Covid-19. The Government are still committed to uplifting the number of officers but this is ring-fenced funding. Other savings will be required to fund things like continuing to use modern technology.

SR4 – Failure to Engage with the Public and Other Stakeholders has not changed. This is a mixed picture with the impact of Covid-19 impacting traditional ways of engagement but meaning that alternative means of engagement have had to be utilised e.g. Facebook live which has had up to 26,000 views. It is important to keep capturing this different demographic. The new DPCC has a very strong engagement focus.

SR5 – Lack of Public Confidence in or Awareness of the PCC has not changed. This is linked to the engagement risk and has also been affected by Covid-19 restrictions and the Black Lives Matter movement which have seen

polarised views expressed by the public. The toppling of the statue in Bristol was discussed. It was recognised that this is now under investigation supported by the CPS, after which there will be a judicial process if it goes to court. Determining whether to complete this investigation is not a decision for the Constabulary or the PCC but the potential to affect public confidence is recognised.

SR6 – Lack of Capability and Capacity within the OPCC has increased. The new appointments already discussed are positive but the significant impact on the capacity of the OPCC of Covid-19 is reflected here. Due to the size of the team any reduction in capacity has a significant impact. The JAC reported that they have noted how hard the team have been working and have not seen a reduction in the work being done. The PCC also thanked the OPCC team and Constabulary for working from home during this period, many people are working around having children at home and having to work very flexible hours to get the work done – this is not sustainable though and it is recognised that people will struggle until children go back to school in September.

SR7 – Failure to Deliver Commissioned Services. Not seen any signs of this yet but this is being monitored to see if there is an impact on levels of service due to the lack of face to face support. There is also a risk if partner funding was to be reduced that some of the partnership work would suffer.

SR10 – Failure to Set an Effective Police and Crime Plan. This risk has been removed until the end of this financial year as the PCC election has been postponed until 2021.

19. Joint External Audit Plan (Report 9)

a) Audit Progress Report and Sector Update

The audit work would normally be nearing completion by this stage and the external auditors would be close to issuing an opinion. The new timescales are end of August for the draft accounts and end of November for the final accounts – the Constabulary have done well to have produced the draft accounts ahead of the new timescales and the audit has started. It was noted that completion of this work frees teams up to work on other things.

The JAC thanked the external auditors and the OCC CFO and his team for all of their work. The team have been working from home and working around childcare, and therefore it is amazing to have a draft set of accounts at this stage and to have done this remotely. The OCC CFO highlighted the work of Claire Hargreaves (Head of Finance) and Emma Snailham (Corporate Business Partner Financial) in particular and thanked them.

b) External Audit Plan Update

The Covid-19 pandemic is being treated as a significant audit risk which will impact how the accounts are produced. The key is to reflect the uncertainty in the statement of accounts e.g. how likely is recovery of third party debts.

The external auditor advised that they have just finished audits for health clients so have experience of doing this remotely but warned that this did take longer. The extra time may be needed to ensure things are done properly.

20. Annual Accounts and Governance Statement: Joint Audit Committee Questions and Answers

The JAC were briefed regarding the accounts by the OCC CFO and lots of work has been done to respond to the questions raised by the JAC on the draft accounts since. The questions and answers will be published on the PCC website alongside the papers for this meeting. The JAC Chair raised an additional question prior to the meeting with the OCC CFO regarding the diversity progress in recruitment – please see the previous discussion (Workforce Plan Follow Up) for these figures.

The OCC CFO drew Members attention to the following highlights from the draft accounts (which can be found on this link <https://www.avonandsomerset-pcc.gov.uk/Openness/How-we-spend-your-money.aspx>). The covering paper which was submitted to the PCB, and shared with JAC Members, will also be published with the JAC papers for this meeting.

Two sets of accounts have been produced since the Police Reform Act 2012 which created two different corporations. The presentation of the accounts is consistent with previous years.

As part of producing the accounts the Constabulary have assessed presenting the accounts on a going concern basis. Both organisations are created by statute and it would take an act of parliament to remove them. Financial sustainability is also looked at as part of this assessment – there are risks from Covid-19 to loss of income etc. The Constabulary will be closely monitoring the quarter 1 management accounts which are currently being produced. The OCC CFO is confident there will be central funding at least for PPE and possibly in relation to loss of income. There are areas of underspend as a result of Covid-19 such as estates maintenance work, recruitment and fuel (which is lower than budgeted). Risk regarding the Council Tax collection shortfall was raised. The Constabulary will be modelling a range of scenarios as they move away from a focus on year-end to focusing on the budget setting process and producing the MTFP.

There was a £11m increase in useable reserves which will partly help fund the Capital Programme, recognising the reductions in other sources of capital funding (including capital grant funding) over the medium term.

Pensions is the most significant number in the accounts which is complicated by the McCloud ruling, remedy for which remains uncertain making quantification of liabilities a challenge. The finance team have liaised with the actuaries to ensure they were presenting their assessment based on the best available information, and it is these disclosures that have been included within the financial statements.

It is recognised that Fixed Asset valuation will be an area of focus for the external auditors in the context of Covid-19. This year asset valuations were conducted externally and incorporated the latest RICS guidance in relation to the Covid-19 situation and market uncertainty.

There has been a reduction in the insurance funds provision based on the external fund review assessment conducted as at the end of the financial year.

There has been a change in the presentation of the balance sheet this year to account for returnable detained property as a creditor instead of as a reserve – this is in line with what other forces do.

21. Summary of Recommendations

HMICFRS activity is on hold due to Covid-19. The new Force Liaison Officer is going to review outstanding actions over the coming months. Outstanding SWAP actions are being progressed but there will be other priorities as the organisation resets.

Part 2

Items for consideration without the press and public present

22. Exempt Minutes of the Joint Audit Committee Meeting held on 19th March 2020

SEE EXEMPT MINUTES

23. Constabulary Strategic Risk Register (Report 13)

SEE EXEMPT MINUTES

The meeting concluded at 16:45

CHAIR

ACTION SHEET

MINUTE NUMBER	ACTION NEEDED	RESPONSIBLE MEMBER/ OFFICER	DATE DUE
Minute 42a Internal Audit: Workforce Plan 16th January 2020	The Constabulary and Internal Auditors will agree the best time to carry out a further audit on Workforce Planning	Director of People and Organisational Development	Delayed now due to Covid-19 disruption.
Minute 43 External Audit Update 16th January 2020	The External Auditors should work with the OPCC on the arrangements for running a South West JAC event.	Grant Thornton/ OPCC	TBA
Minute 6a Internal Audit Plan 2020/1 and Internal Audit Charter 19th March 2020	Internal and external audit work would continue as best it can and flex and change as necessary, reviewing plans as required	SWAP / Grant Thornton	Ongoing
Minute 6g Personal Issue of Assets 19th March 2020	This will be reviewed at the September JAC regarding progress made.	SWAP	23 rd September 2020
Minute 16c(i) Data Protection – Incident Reporting 8th July 2020	The Constabulary should look at comparing data breaches with other forces.	Constabulary Data Protection Officer	23 rd September 2020
Minute 16c(ii) Data Protection – Incident Reporting 8th July 2020	The wording should be amended in the report in relation to the sample tested for completion of the breach form. The wording should reflect the discussion and confirm that legislation is being followed.	SWAP	Immediate
Minute 16c(iii) Data Protection – Incident Reporting 8th July 2020	A formal action should be added to the report regarding the Mandatory training, which should include a target level of completion and a target date.	SWAP	Immediate

Minute 16d Head of Internal Audit Annual Opinion 8th July 2020	The wording regarding around overall client satisfaction in the report should be amended to reflect the ongoing satisfactory relationship between the SWAP and the Constabulary.	SWAP and OCC CFO	Immediate
Minute 16e Quarterly Update 8th July 2020	SWAP should report back on the conversations around the change in audit opinion categorisation.	SWAP	23 rd September 2020
Minute 17c Joint Audit Committee Terms of Reference 8th July 2020	The ToR and admin notes were approved subject to the following changed: acronyms be moved from the end of the document to the top; and remove the reference to the Audit Commission and replace it with PSAA.	OPCC Strategic Planning and Performance Officer	Immediate

MEETING: Joint Audit Committee	DATE: 23rd September 2020	AGENDA NO: 6
DEPARTMENT: OPCC	AUTHOR: Ben Valentine	
NAME OF PAPER: OPCC Summary of Strategic Risk Management	PURPOSE: Information	OPEN SESSION

1. PURPOSE OF REPORT AND BACKGROUND

This report provides members of the Joint Audit Committee (JAC) with an overview of any significant changes to the Office of the Police and Crime Commissioner (OPCC) Strategic Risk Register (SRR), and other points related to the management of risk, in the period of time since the last JAC meeting held on 8th July 2020.

2. POINTS OF NOTE

None of the risk scores have changed from the version presented at the July meeting of the JAC. This is largely because the OPCC Management Board – which reviews this – has moved to bi-monthly and will next take place shortly after this September meeting of the JAC. Although the assessment has not changed there are a number of points to highlight in relation to the strategic risks.

SR1 – Governance Failure

In July the Home Office announced a review of the roles of PCCs. This is still in the consultation stage but the findings of the review present both opportunity and risk. The aim is to “*strengthen and expand the role of PCCs*”. Expansion of the role could involve new duties and responsibilities and if this happens there would naturally be an increased risk of a governance failure whilst new process are being embedded and the team learn how deliver on the changes.

The office has engaged with the consultation process responding directly to the Home Office survey and also is finalising the evidence submission back to the Association of PCCs for a coordinated national response.

SR2 – Failure to deliver the Police and Crime Plan

Overall demand has returned to normal levels by August but with variations in types of demand. There is likely to be additional demand caused by the need to enforce new COVID-19 Regulations from 14th September, and public contact because of this, which could impact on performance of broader policing.

SR3 – Financial incapability or ineffectiveness

Work has begun on remodelling of Medium Term Financial Plan. Analysis has considered a number of different scenarios but even the most optimistic will see the need for additional savings compared to what was previously modelled.

SR4 – Failure to engage with the public and other stakeholders

The last report mentioned the creation of a new engagement role – this is not currently possible as budget was prioritised to recruit an additional post into the Contacts Team.

SR5 – Lack of public confidence in or awareness of OPCC

The last two quarters local public confidence results are now the highest they have been in over four years and the national public confidence results saw the single biggest quarterly increase in three years. Although these are questions about policing not the PCC specifically it is an indicator of public sentiment.

In July Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services published a report called Roads Policing: Not Optional - An Inspection of Roads Policing In England and Wales. This included a recommendation that the Home Office should use their statutory power to issue guidance on what should be included within future police and crime plans, with the guidance to require reference to roads policing in all police and crime plans. If followed this could be the start of a move that makes plans too prescriptive. The fundamental point of police and crime plans is that they are supposed to be specific to the force area. This

could lead to plans becoming homogenised undermining the role of the PCC.

SR6 – Lack of capacity/capability within the OPCC

There has continued to be high levels of contacts from the public over the last few months far exceeding normal levels. Due to this the decision was made to pause any recruitment of an engagement officer and instead create an additional role in the Contacts team. For speed this role is being filled through a secondment from the Constabulary.

The two new Senior Commissioning and Policy Officer roles have been filled with starting dates in October and November. This will leave a potential gap in support or create additional demand in relation to the reducing re-offending work.

Likelihood of capacity issues still being a problem arising from a second wave of COVID-19 now more likely meaning increased chance of sickness. In addition as we move into the normal cough and cold season more staff will inevitably have to self-isolate as the symptoms can present as COVID-19 even where they are not; the current national problems with testing prevent a return to work earlier than the 14 day isolation period. There is also still an experienced member of the Commissioning and Policy team on long term sick leave.

Additional demand has been created by increased funding opportunities and, when successful, the ongoing management of these relationships.

SR7 – Failure to deliver commissioned services

Demand highlighted as challenging for services such as Safelink. Part of this demand is driven by the significant delays in the criminal justice service which are leading to longer and more complex support needs.



Office of the Police and Crime Commissioner for Avon and Somerset

Strategic Risk Register

September 2020

A Strategic Risk is anything that might impede the delivery of the organisational objectives. Risk management is the process by which these risks are identified, assessed and controlled. This risk register is the document which records these risks and related information.

Risk is assessed by considering the causes of the risk and the consequences if that risk were to happen. The scoring is therefore based on the likelihood multiplied by the impact. The below grids explain the scoring in more detail. Risk is about planning for the future so when considering the assessment it goes beyond current performance.

Impact	5 Extreme	5	10	15	20	25
	4 High	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Low	2	4	6	8	10
	1 Negligible	1	2	3	4	5
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
		Probability				

Probability	
5 Almost Certain	Likely to occur within a twelve-month time period, or about a 75% probability of occurrence
4 Likely	Likely to occur within a two-year time period, or about a 50% probability of occurrence
3 Possible	Likely to occur within a three-year time period, or about a 25% probability of occurrence
2 Unlikely	Likely to occur within a five-year time period, or about a 15% probability of occurrence
1 Rare	Likely to occur in a ten year period, or about a 5% probability of occurrence

Impact	
5 Extreme	<ul style="list-style-type: none"> • Fatality of any individual • Financial impact greater than £1/2 m • Vote of no confidence from Local Authorities - failed • National media attention • Government/ HO intervention • Total disruption to service • Exceptional/long term reputational damage
4 High	<ul style="list-style-type: none"> • Serious life-threatening injury of any individual • Financial impact greater than £1/4 m • Vote of no confidence from Local Authorities - failed • Regional media attention • Adverse comment by Minister / auditor • Major service disruption/reputational damage
3 Moderate	<ul style="list-style-type: none"> • Serious non-life-threatening injury of any individual • Financial impact greater than £100k • Criticism from the Police and Crime Panel • Local media attention • Significant service disruption • Significant reputational damage
2 Low	<ul style="list-style-type: none"> • Minor injury of any individual • Financial impact up to around £100k • Multiple thematic complaints • Some service disruption • Some negative consequences relating to reputation
1 Negligible	<ul style="list-style-type: none"> • Slight injury of any individual • Low level financial loss • Isolated complaints • Minor service disruption • Minor/contained negative consequences

The unmitigated scores are the assessment based on the current position with no action taken or controls in place. The mitigated scores are based on the success of the controls (anticipated or actual) in reducing the risk.

It should be noted that the OPCC and the Constabulary are separate organisations and therefore each may assess the same risk as being at a different level. This is most evident in the risk of failure to deliver the police and crime plan. This exists on both Strategic Risk Registers but may score differently. One of the main reasons for this is that the OPCC assess delivery of the plan as a whole which relies on agencies, other than the Constabulary to fully deliver e.g. the CPS and Courts. Whereas when the Constabulary assess this risk they need only consider the parts of the plan they are expected to deliver. A difference may also be caused whether considering the risk in the short, medium or long term.

RISK			ASSESSMENT		
Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Governance Failure	SR1	CEO	5	4	20
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			4	4	16
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● Home Office review of PCCs (launched in 2020) could result in changes to the roles and responsibilities (including direction to extend portfolio to Fire & Rescue Services). Taking on any new responsibilities means there are more likely to be governance failures whilst the team learn.● Failure to deliver OPCC statutory requirements:<ul style="list-style-type: none">- Police & Crime Plan and priorities- Policing Precept budget- Community safety, victims services and other partnership outcomes effectively (SR9)- Hold the Chief Constable to account- Address conduct or performance of Chief Constable- Oversight of complaints against Chief Constable- Custody Visiting Scheme● Ineffective scrutiny and oversight of services and outcomes delivered by the Constabulary including delivery of the Strategic Policing Requirement● Ineffective arrangements for complaints and serious cases● Failure to ensure adequate transparency of the OPCC and/or the Constabulary● Failure to ensure effective risk management and support the delivery of service● Failure to ensure Chief Constable sets appropriate culture, ethics and values● Lack of control/influence over other Criminal Justice agencies		<ul style="list-style-type: none">● Failure to deliver the Police & Crime Plan (SR2)● Financial loss (SR3)● Damaged reputation and reduced public confidence (SR5)● Damaged relationship with Constabulary, commissioned services or partners● Government criticism or penalties● Panel criticism● Sub standard performance results and poor inspection outcomes● Force not efficient/effective● Risks not managed● Failure to improve the delivery of the broader Criminal Justice Service			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● OPCC Management Board (OMB) - allows greater oversight of performance, risks and issues and provides a formal decision making mechanism for non-Constabulary business.● Current OPCC CFO acting as interim CEO and Monitoring Officer● New interim CFO recruited● Police and Crime Board (PCB)● PCC and Chief Constable 1:1s● OPCC attend Constabulary Management Board and other strategic meetings (open invitation from the CC).● Audit Committee, audit, annual governance statement● Police and Crime Panel meetings● COG attendance at weekly OPCC SLT● Force Management Statements● Police and Crime Plan Annual Report● Victim Services appointed and managed by the OPCC Commissioning Team● Scheme of governance and Governance Boards● Scrutiny of complaints through the Independent Residents Panel● SLT lead and increased dedicated capacity to deal with complaints and conduct and appeals● Transparency Checklist● Constabulary governance redesigned through 2020; this will allow greater oversight of risk and assurance by the OPCC.● Working with Joint DPO to ensure good information governance and compliance with GDPR and DPA 2018.	June 2021	PCC/CEO	● OMB established Feb 2020 and will be a bi-monthly meeting.		
	June 2021	PCC/CEO PCC/CEO CEO PCC CEO CFO PCC CEO SPPO SPPO Head of C&P CFO Volunteer Manager Head of C&C	● PCB is monthly following CMB and continues to be the principal joint decision making forum and provides the PCC formal oversight of the Constabulary. ● The internal audit report on governance concluded that the PCC and CC have an adequate and effective framework for risk management, governance and internal control. ● CoPaCC transparency award received. ● OPCC Plans developed with work streams that detail activity covering all statutory requirements and OPCC team appointed owners to statutory duties.		
	October 2020	Office Manager SPPO Office Manager/ SPPO	● New constabulary governance framework approved at August 20 CMB; new Performance and Quality Framework developed and will be live from Oct 20 CMB. Designs are robust. New risk management process being presented to Sept 20 CMB.		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Failure to deliver the Police and Crime Plan	SR2	CEO	5	4	20
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			5	4	20
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● COVID-19:<ul style="list-style-type: none">- Criminal justice system (CJS) failures – reduced capacity of the courts and corresponding backlogs/delays in criminal justice outcomes- Failure to protect vulnerable people, particularly victims of domestic abuse and child victims of abuse- Overall demand has returned to normal levels by August but with variations in types of demand. Significant recession likely to increase crime and disorder further. Additional demand likely to be caused by the need to enforce new COVID-19 Regulations from 14th September.- Reduced resources in the short term possible because of the risk that there could be a second peak of COVID-19 / increased self-isolation caused by track and trace / accumulated annual leave and TOIL starting to be reclaimed.● Underpinning the delivery risk of all of this is the financial uncertainty and the increased public expectation from the additional funding that policing has received both through central government grant and local taxpayers' increase in precept funding.● Positive Outcomes - not seeing the improvements hoped for - particularly of Op Remedy crimes.● Lack of capacity/capability within the Constabulary (see Constabulary SRR commentary)● Lack of representation in the Constabulary workforce● Disproportionate outcomes for minority groups such as BAME people● National rape crisis reduces confidence in the entire criminal justice system● Lack of control/influence over other criminal justice agencies● Government may want a more centralised/national approach to policing – the key outcomes measures scrutinised may differ from the local approach and split the focus of policing.● Increased numbers of officers will result in more people going through the criminal justice system – unknown if other agencies will be funded to deal with the increased volume – particularly a concern in terms of prisons and probation.● ORI08 – Lighthouse failing to meet SLAs about victim contact● ORI14 – Lack of response trained drivers● ORI15 – Increased demand on Patrol officers		<ul style="list-style-type: none">● Loss of legitimacy in the OPCC and Constabulary● Loss of public confidence/trust in the OPCC (SR4) and Constabulary● Failure to keep people safe● Failure to protect and support vulnerable people● Failure to bring offenders to justice● People will feel unsafe● Police and Crime Panel criticism and/or fail to agree precept increase			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● Police and Crime Board (PCB) discusses performance, assurance and risk● PCC and Chief Constable 1:1s● OPCC attend Constabulary Management Board and other strategic meetings (open invitation from the CC).● Audits and Inspections (HMICFRS & SWAP) overseen by Joint Audit Committee● Internal assurance mechanisms are in place to evaluate delivery of the Plan's objectives● Service Delivery Assurance visits led by OPCC check and test for areas to improve● Joint performance framework allows better oversight of delivery against the plan● Oversight of all strategic constabulary data through Qlik● Panel Meetings● Contacts analysis● Forum analysis	June 2021 Oct 2020	CEO PCC CEO CFO SPPO SPPO SPPO SPPO CEO Head of Comms Head of Comms	<ul style="list-style-type: none">● OPCC attendance at CMB and the PCB which follows this continues to work well in terms of assurance and open dialogue about areas of concern where the plan may not be delivered. This includes regular sessions on Op Uplift and the Futures Programme.● The Strategic Threat Assessment and Strategic Intelligence Requirements documents raise concerns around the Constabulary's ability to deliver against the Plan, but HMICFRS inspections indicate good progress.● Due to lack of capacity SDAs are conducted infrequently● PCC Framework now live - first reported on Q2 19/20. Will need to review in light of national outcomes being defined and new Constabulary Performance and Quality Framework. Q2 2020/21 report will be the first reflecting the new PQF.		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Financial incapability or ineffectiveness	SR3	CFO	4	5	20
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			3	4	12
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● COVID-19:<ul style="list-style-type: none">- Costs of responding to COVID-19 pandemic (e.g. PPE, supporting home working).- Potential increased costs of delivering plans (e.g. estates projects, IT projects).- Loss of income as a consequence of COVID-19 pandemic (e.g. Airport policing, events policing, speed enforcement).- Unclear impact on grant funding over the medium term, and how this supports the continued - delivery of the Government's ambition to uplift officer numbers.- Expectation of impact to council tax base as more households are entitled to discounts, and new house building slows down. Reductions in council tax funding therefore likely in short-term, with uncertainty as to how long it will take to recover from this.- Longer-term costs and losses of income (e.g. Airport reductions on more permanent basis).- Risks around pension funds due to wider economic impact.● Op Uplift – local share of funding confirmed for 2019/20 and 2020/21 – but uncertain thereafter. Funding dependant on recruiting the additional officers. Uncertainty around associated costs of Op Uplift e.g. increase in senior officer ranks, estates provision. Central funding effectively ring-fenced to deliver the additional officers.● Required precept increase may not be supported by Police and Crime Panel.● Capital budget not fully funded from 2023/24 – borrowing already at prudent levels and diminishing potential for capital receipts.● Pay awards may be agreed nationally but not funded through central grants (every 1% pay rise is approx. £2.2 million).● Increasing pension costs for officers and staff schemes.● National work will require local funding with no control over decision making e.g. ESMCP, NPAS, national IT.● Uncertainty of local costs in high value areas: IT and replacement of SAP.● Comprehensive spending review 2020● The end of Brexit transition period (2021) could cause an economic crisis which may lead to an emergency budget and current planned spending increases dampened.● Failure to agree, fund or deliver a balanced and sustainable budget.		<ul style="list-style-type: none">● 2020/21 budget overspends without immediate means to offset this against underspends elsewhere.● Use of reserves required to support short-term costs, thereby limiting ability to use reserves in more considered way to manage the medium term finances.● As officer numbers are protected it may mean using officers in roles currently undertaken by civilians if other savings do not materialise.● Failure to set a sustainable revenue budget or capital plan across the medium term.● The need for further savings after 10 years of austerity presents further challenges.● Failure to meet heightened expectations of stakeholders● Loss of public confidence (SR5)● Unable to fund adequate or minimum service● Unable to fund delivery of PCC priorities (SR2)● Unable to afford change● Revenue budget underspends may undermine support from PCP for sustainable increases to the precept.● Failure to ensure value for money.			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● Medium and long term financial planning● Regular oversight of revenue & capital budget● Maintain adequate risk-assessed reserves● Subject to external and internal audit both overseen by the Joint Audit Committee● Treasury Management strategy in place outcomes reviewed by CFOs and Finance meeting● HMICFRS efficiency inspection regime		CFO CFO CFO CFO CFO CFO	<ul style="list-style-type: none">● In the short term the additional funding has facilitated the growth in enabling services to support officer uplift however from 21/22 there is still uncertainty.● 2020 maximum precept increase agreed (£10 Band D household ~ 4.59%) higher than originally anticipated but additional 2.6% will be used for specific initiatives.● MTFP - Revenue budget was funded for 3 years (pre-COVID). MTFP will need to be substantially re-modelled presenting a number of options because of the economic uncertainty.● Capital plan being reviewed - funding risk as capital receipts reduce as less assets to sell. £15m borrowing facility agreed to fund longer term assets over next 4 years.● Reserves stable but will be consumed - forecast useable non ring fenced reserves to be £12 million by 2022 (pre COVID).● Assuming the additional funding for police is delivered as planned in the short term this will create an underspend position. For the current financial year the underspend has been used to 'accelerate' a number of Constabulary plans, used on reducing re-offending work and remainder will be put into reserves to manage future risk (particularly relevant because of COVID-19).		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Failure to engage with the public and other stakeholders	SR4	CEO	4	3	12
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			3	3	9
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">• Limited resources to support this within the OPCC• Engagement methods do not always reach a wide audience or different communities or groups• Lack of awareness or willingness to engage from the public		<ul style="list-style-type: none">• Reputational damage to both the OPCC and Constabulary• Loss of legitimacy in both the OPCC and Constabulary• Lack of public confidence in or awareness of OPCC (SR5)• Partnership relationships damaged• Failure to understand people's priorities and issues re policing and crime and which could be biased by only hearing those individuals already proactive/engaged.• Police and Crime Plan and delivery not aligned to public concerns and priorities (SR10 & SR2)			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">• OCC/OPCC Corp Comms joint meetings• Attendance at Gold Groups as required• Oversight of Operation Remedy Communications Plan through ongoing meeting structure• Creation of an overarching strategic approach to communications going forward to work in a more focused and smarter way that enhances business objectives and strategic priorities• Calendar of regular media appearances / communications activities which will also link to national days or weeks where relevant• Creation of tactical communications plans for particular workstreams (including public engagement/events) with ownership and delivery allocated to one person who is accountable• Redesign website and review and goal focused social media communications plan• Meetings with local community group leaders• Increase community engagement at forums, community days and events etc• Joint working on communications plans for the Five Big Ideas being implemented by the Constabulary including three tier approach to cultural sensitivity training, workforce mobilisation, creation of a new cultural intelligence hub to enhance the representative workforce programme, engagement and support of communications activity in relation to Commission of Racial Equality (CORE) in Bristol• Revise stakeholder mapping and management• Increase team capacity	Sept 2020	Head of Comms CEO Head of Comms	• Increased digital ways of working e.g. Facebook Lives		
		Head of Comms	• Improved strategic engagement approach to target PCC priorities. • PCC is developing a communications strategy which will involve closer joint working on tactical communications plans under particular workstreams. The approach includes working together from planning stage to ensure roles and responsibilities for delivery are set out from the start of a piece of work and make it clear what role each organisation plays.		
		Head of Comms			
		Head of Comms			
	Sept 2020	Head of Comms PCC PCC Head of Comms	• New website launched Sept 20. First 'snap survey' due to launch at the end of Sept 20. • Part of the new communications strategy is to take a different approach to drop-ins by making them a part of community events that are already taking place as opposed to independent ones set up by our office for Sue that haven't seen the level of engagement desired. We will be working to include more opportunities in our diverse communities.		
	Sept 2020	Head of Comms Head of Comms	• Work agreed at P&P meeting in January. Qlik will be the technological solution to this - proof of concept delayed due to COVID-19. • New Deputy PCC started Apr 20; new coordinator role started May 20; Head of Communications and Engagement appointed on a permanent basis (Jun 20).		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Lack of public confidence in or awareness of OPCC	SR5	CEO	4	3	12
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			3	3	9
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● Policing failures/adverse incidents (even at an operational level) can impact on the perception of the OPCC also - inequality/disproportionality and public order policing particularly relevant at this time (Sept 20)● Failure to engage with the public and other stakeholders (SR4)● Failure to discharge statutory duties (SR1)● Failure to deliver the Police and Crime Plan (SR2)● Public expectation of the role of the PCC may not be matched by available funding or powers of the PCC● Precept funding fails to deliver expected outcomes (e.g. Op Remedy or PSIs)● Failure of the Constabulary to deliver Op Uplift (Force Futures) or if delivered failure to improve outcomes would likely impact confidence in the OPCC due to public expectations● COVID-19 court closures and national rape crisis reduces confidence in the entire criminal justice system● Government may want a more centralised/national approach to policing which may undermine the legitimacy of the role of PCCs		<ul style="list-style-type: none">● Loss of legitimacy in the OPCC● Failure to demonstrate value for money● Could undermine the working relationship between the Constabulary and OPCC● Police and Crime Panel failure to support precept increases● Low voter turnout in PCC elections● Loss of political support for the need for PCCs			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● Gold Groups manage critical issues of public confidence.● Engagement activity recorded against SR4 is the primary direct mitigation against this risk.● Fulfilling statutory duties (SR1) and delivery of the Police and Crime Plan (SR2) are critical to ensuring confidence in the PCC.		CEO / Head of Comms CEO / Head of Comms PCC / CEO	<ul style="list-style-type: none">● The OPCC has a standing invite to all Gold Groups		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Lack of capacity/capability within the OPCC	SR6	Office Manager	5	4	20
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			5	4	20
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● COVID-19 lockdown has a detrimental effect on the current ways of working on all members of the team but there are certain team members which have a significantly reduced capacity for work (primarily linked to child care issues). The continued risk posed by the virus and potential need to self-isolate.● Small size of the organisation and varied specialisms also makes building resilience challenging.● A number of single points of failure within the OPCC (can cause risk to materialise temporarily during periods of prolonged absence).● Insufficient sharing of knowledge or work among the team reduces resilience.● Change in legislated duties of the PCC requiring additional resource/expertise.● Temporary loss of Senior Commissioning and Policy Officer.● ASC OPCC has a relatively small budget (bottom quartile) compared to other OPCCs.● Demand too high for current resource levels.● National appetite for PCCs portfolio to extend to Fire & Rescue Services after next elections – this will create additional demand on this office and there will be lack of experience in dealing with this area of business.		<ul style="list-style-type: none">● Increased likelihood of materialisation of all other strategic risks through delivery failure● Delivery of work is late or not to standards of quality desired			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● Resource planning is part of OMB and informal SLT <ul style="list-style-type: none">● Regular team meetings to share knowledge and resolve issues● PDR process and regular supervisory sessions● Annual staff survey which forms the basis of a delivery plan● Training and development budget maintained● Skills matrix maintained● Salary levels set at a reasonable market rate and in line with other OPCCs● Values and teamwork embedded and recruited to improving retention	 <				

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Failure to deliver commissioned services	SR7	Head of C&P	4	4	16
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			2	4	8
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">• Vacancies and backlogs in in Lighthouse (the primary commissioned service)• Control Room Triage failing to deliver as expected• Staff changes within the OPCC Commissioning & Partnerships Team• Risk of reduced quality in the move from face-to-face to remote contact with victims particularly		<ul style="list-style-type: none">• Failure to support victims particularly vulnerable victims - PCP Priority 1 (SR2)• Loss of public confidence in or awareness of OPCC (SR5)• Relationship with Constabulary and partners• Reduction or withdrawal of victims grant from Government• Failure to devolve further funding/commissioning			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">• Maintain a sufficiently resourced and prioritised commissioning team within the OPCC.• Lighthouse victims' service jointly established with the Constabulary with regular review meetings.• Victim Services Provider forum and AWP Partnership Board are regular joint strategic meetings with commissioned services.• Performance Framework includes commissioned services MoJ data to bring greater visibility and accountability of services.• C&P office working closely with Constabulary on improving and evaluating CRT• Scan and apply for additional funding as available.	November 2020	Head of C&P	<ul style="list-style-type: none">• Temporary loss of the senior role is being managed through the pipeline of work from the SLT into the team. New Senior C&P Officer roles offered (to focus on criminal justice and reducing reoffending): will start Oct/Nov 20.• Recommendations for short-term improvements in Lighthouse were agreed at Sept PCB – this will continue to report back to PCB every month. Service needs to be at full capacity in order to properly evaluate it. Agreement to recruit to over establishment and use underspend to fund temporary additional posts in 20/21.		
	October 2020	Head of C&P			
		Head of C&P			
		Head of C&P	<ul style="list-style-type: none">• Need to further improve the governance and decision making over commissioned services utilising the new performance framework.		
		C&P Officer Head of C&P	<ul style="list-style-type: none">• Additional funding for DA and SV services awarded; as well as micro grants.		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Failure to deliver effective and efficient collaborations with other forces	SR8	CEO	4	3	12
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			4	3	12
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">• 'Political' barriers to collaboration• Reduced appetite for regional collaborations due to past failings• Failure to agree effective models for collaboration• Increased funding for police means the imperative to collaborate is not so pressing• Ineffective governance and scrutiny over existing collaborations - lack of accountability• Ineffective governance and ownership of regional projects and programmes• Tension between local forces and collaborations in terms of competing interests and lack of uniformity of people and processes• Lack of direct influence/control in order to make changes i.e. everything must be done by (multi-force) committee		<ul style="list-style-type: none">• Governance failure as a duty of the PCC (SR1)• Failure to deliver value for money• Failure to deliver specific services provided by existing collaborations• Inefficient compared to other regions/areas• Criticism from HMICFRS• Government scrutiny/intervention• Lack of resilience otherwise provided by a collaboration• Forced to accept others terms from future alliances or mergers			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">• Strategic Collaboration Governance• Regional commissioning and programme boards and policy officer• SWAP appointed as Internal Auditor (from April 2019) - working in partnership with other regional forces	December 2020	SPPO CFO CFO	<ul style="list-style-type: none">• Given the reduced strategic oversight of the Collaboration Boards need to increase scrutiny within OPCC. Will work to incorporate in new Constabulary PQF.• Remaining collaborations are largely mandated:<ul style="list-style-type: none">- Regional Organised Crime Unit- Counter Terrorism Police- Forensics- Special Branch- NPAS- Tri Force Firearms Training- Major Crime Investigations		

Risk	URN	Owner	Unmitigated Probability	Unmitigated Impact	Unmitigated Risk
Failure to deliver effective and efficient collaborations or outcomes with other partners	SR9	CEO	4	4	16
			Mitigated Probability	Mitigated Impact	Mitigated Risk
			3	3	9
			Mitigated Risk change:		◀▶
Cause		Impact			
<ul style="list-style-type: none">● Partner funding remains under pressure with financial settlements not keeping pace with inflation and demand. This increases the risk of demand and funding requests moving to the ASC and OPCC● Failure to put in place effective governance and ownership of partnership working● Differing priorities and leadership of agencies● Lack of accountability● Lack of meaningful 'live' information sharing● Macro-economic factors could have a detrimental effect on partners, particularly Local Authorities. This financial position could cause partners to withdraw or reduce levels of service to partnerships		<ul style="list-style-type: none">● Governance failure as a duty of the PCC (SR1)● Failure to deliver the Police and Crime Plan (SR2) - particularly Priority 4● Failure to deliver a whole systems approach to crime and continue the 'revolving door' of offending and victimisation● Failure to deliver value for money			
MITIGATION					
Controls	Review date	Owner	Commentary / Controls updates		
<ul style="list-style-type: none">● Representation on LCJB, CSPs, Children's Trusts, Health and Wellbeing Boards● Meetings (outside of Boards) with LA chairs/CEOs; CSP Chairs● Criminal Justice Transformation● Resolve Programme (reducing re-offending) now operating at force and regional level● Violence Reduction Units● Collaborate with Fire Authorities● Information sharing recognised by the VRU and reducing reoffending strategic groups as a key challenge - working with DSIC to try identify a solution	October 2020	CEO	<ul style="list-style-type: none">● CJ Task Force is now live (taking over from Transformation Programme). This task force reports to the ASCJB which the PCC sits on/chairs.● Local Resolve Programme extended to Sept 2020 (will be replaced by C&P officer role) – Regional SRO recruited in Nov 2019● HO funding granted for 2020/21. Planning to maintain the current model with the same level of devolved funding.		
	October 2020	CEO			
	October 2020	C&P Officer (CJ)			
	October 2020	Head of C&P / Regional SRO			
	October 2020	Senior C&P Officer			
	October 2020	CEO			
		Respective Strategic Groups			

ANNUAL REPORT 1 APRIL 2019 – 31 MARCH 2020**AVON AND SOMERSET JOINT AUDIT COMMITTEE****INTRODUCTION**

This is the annual report from the independent Joint Audit Committee (JAC) for the Police and Crime Commissioner (PCC) and Chief Constable (CC) of Avon and Somerset.

JAC GOVERNANCE

In accordance with the terms of reference the JAC has met four times in the financial year on the following dates:

10th July 2019

25th September 2019

16th January 2020

19th March 2020

In accordance with the terms of reference all meetings were quorate; July had three members in attendance but the other meetings had all four members present. The meetings were also attended by relevant parties from the Office of the PCC, the Constabulary, Internal Audit and External Audit. Papers and minutes have been published.

DEVELOPMENT OF THE JAC

For two members of the JAC this was their final year of service which finished after the January 2020 meeting. Two new members were appointed, in November 2019, through a competitive recruitment process, selected by the Chair and the Chief Financial Officers of each organisation. These members officially started at the March 2020 meeting but, as a way of learning and familiarisation before, attended the January 2020 meeting.

The continued personal development of the JAC members should be an area of focus in the coming year.

COMMISSIONED INTERNAL AUDIT 2019/20

South West Audit partnership (SWAP) started as the new Internal Auditors at the beginning of the financial year. As with any new partnership there have been some identified teething issues such as the collection and sharing of evidence between the Constabulary and the Auditor. This was highlighted through scrutiny of the early Workforce Plan audit, at a meeting of the JAC, and this has not been highlighted as a recurring issue. Some of the SWAP audits were completed later than scheduled, with more reports coming towards the end of the year, but the programme was completed as proposed.

Audits

During the year under review, SWAP completed nine substantive audits and three advisory reviews, in accordance with the 2019/20 plan.

Eight of the audits resulted in partial assurance and one with reasonable assurance. There were 32 Priority 2 recommendations and 18 Priority 3 recommendations.

From the previous year's commissioned internal audits there were 30 recommendations outstanding. The follow-up, undertaken by SWAP showed that 24 were now complete and six were in progress.

An internal audit plan for 2020/21 was agreed at the March 2020 meeting of the JAC.

Annual report of the Internal Auditor

SWAP – acting as the joint head of Internal Audit – have given an annual opinion of reasonable assurance on the overall adequacy and effectiveness of the PCC's and CC's frameworks of governance, risk management and internal control.

At first look it may seem contradictory that the annual opinion is one of reasonable assurance where the majority of audits completed in that year came back as partial assurance. It has been discussed, and accepted by the JAC, that the legitimate reason for this is that both organisations have a sound understanding of their risks and many of these audits have been intentionally targeted where there are recognised control weaknesses.

The report also highlights the coverage of the year's audits and that most of the activity relates to enabling functions rather than operational policing. As an audit committee we are comfortable with this approach because operational policing is subject of statutory inspection by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and assurance can be gained from this. As part of the annual Integrated PEEL Assessment the Constabulary were inspected in May 2019. The Constabulary were graded as good in effectiveness and legitimacy and moved to outstanding in efficiency.

Part of the remit of the JAC is to ensure value for money. One element where this directly relates to the work of the JAC is the appointment of the Internal Auditor and ensuring they are working effectively. At the start of their tenure SWAP set out how they measure their performance and this is reported on in their annual report. There are three areas of performance: completion of audit plan, quality of audit work and outcomes from audit work. The audit plan was almost entirely complete except for one aspect of regional work so that element of performance was good. A significant part of making judgement on the other two strands relies on client feedback. The annual report noted that no responses to client feedback had been received. In order to help assure value for money from SWAP it will be important that the Committee work with the Office of the PCC and the Constabulary in the coming year to ensure this feedback is given. This will not only help judge performance but also drive improvements in the ways of working for SWAP in Avon and Somerset.

Follow-up

In the coming year it will also be important to ensure robust scrutiny over progress against recommendations and where they are deemed to have been completed. This is particularly important where these will not be independently verified by the Internal Auditor such as the six remaining recommendations from 2018/19 and, from this year, the four recommendations from the Payroll and Expenses Audit as this achieved a reasonable opinion.

EXTERNAL AUDIT

Grant Thornton continued as external auditor appointed through the Public Sector Audit Appointments process.

2018/19 annual accounts

The external auditor issued unqualified audit reports for the 2018/19 PCC and OCC accounts and their detailed reports and audit letter are published on the PCC's website. In addition, no issues arose from their assessment of the PCC's and Chief Constable's arrangements to secure value for money.

2019/20 accounts

As a result of the coronavirus pandemic English authorities had an extended time in which to complete annual accounts. The draft accounts had to be prepared by 31st August and the date for final publication of accounts is 30th November. The draft accounts of the PCC and CC had already completed prior to the July meeting of the JAC. At the time of writing the audit work has started but the pandemic is considered a significant risk to completion of the audit. The JAC will keep the situation under review to ensure the final accounts can be published in line with the extended timescales.

JUDE FERGUSON

CHAIR AVON AND SOMERSET JOINT AUDIT COMMITTEE

Contact Officers: Paul Butler, PCC CFO



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Avon and Somerset Police

Health and Safety Management of Front-line Staff and Officers

Final Report

Issue Date: 14th September 2020

Executive Summary

Audit Risk	Inherent Risk Assessment	Manager's Initial Assessment	Auditor's Assessment
Poor / inadequate health and safety management of front-line officers and staff could lead to ill health, injury or death resulting in potential legal challenge / action and subsequent reputational damage and financial loss.	High	Medium	Medium


[Link to Strategic Risk Register](#)

Strategic Risk 5: Failure to deliver the objectives within the People Strategy.

Risk Commentary	Risk Management Awareness
The Force has recognised the risks related to poor / inadequate health and safety management and acknowledges its duty of care towards employees, visitors and members of the public and with respect to compliance with laws and regulations. This area is actively monitored corporately through the Health and Safety Committee. Furthermore, the introduction of the new learning system, Chronicle, will help improve training completion rates.	Satisfactory

Audit Objective

To provide assurance that the Force complies with health and safety legislation and over the effectiveness of the controls in place to help protect the health, safety and welfare of front-line police officers and staff

Audit Opinion	Recommendation Summary	
	Priority	Number
	Priority 1	0
	Priority 2	0
	Priority 3	4
	Total	4

Reasonable

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Audit Conclusion

Effectiveness of Control Framework

In the financial year 2019/20, the Force recorded just under 1500 health and safety incidents. This was an increase of around 200 from the previous year. Just over 940 (c.62%) of the recorded incidents from 2019/20 related to an assault on a police officer or a member of staff; an increase of around 5% from the previous year. The Force is aware of the rise in assaults against police officers and staff in recent years and aims to “eliminate” this risk through the provision of a safe and healthy workplace and culture.

The Force has developed its 7 Point Promise to better support police officers and staff that have been assaulted in the execution of their duties (see Appendix A for more detail). This is not a legislative requirement, rather this was an innovation by the Force, and demonstrates its commitment to helping ensure the wellbeing of their police officers and staff.

Due to the well documented technical constraints of the Force’s current system and processes for recording completion of training, the roll-out of the new system, Chronicle, is underway. This should address the issues regarding booking and attendance at training in addition to recording of completion and reporting to senior management. As a result of the current data inaccuracy, we have not been able to provide assurance around this given the current position, however the introduction of Chronicle should address this.

Generally, we found internal controls related to health and safety of frontline officers and staff to be effective with only some minor improvements recommended.

Design of Control Framework

The Force has in place a number of policies and procedures which help manage compliance with health and safety laws and regulations. These include the following:

- Statement of Health and Safety Policy and supporting Procedural Guidance.
- Risk Assessment Procedure.
- Health and Safety Training Delivery Strategy.
- Reactive Monitoring Procedure.
- 7 Point Promise (specific to how the Force will manage and investigate assaults on police officers and staff).

The above policies and procedures were reviewed and found to be up to date with each containing sufficient detail related to the activity / area covered. The Force is currently in the process of rolling out new procedure templates which will include a requirement to complete an Equality Impact Assessment if the procedure is likely to impact on those with protected characteristics. This will include procedures related to health and safety. The completion of an Equality Impact Assessment will assist the Force to help eliminate discrimination, tackle inequality, and develop a better understanding of the communities it serves by targeting resources efficiently and effectively to fulfil its public sector equality duty in accordance with the Equality Act 2010. Procedures will be updated into the new format as per their respective review schedules and the process / project overseen by an Equality Analysis Panel chaired by the Head of Organisational Development. A framework of documentation has been produced to support this process going forward.

The Force has in place an approved escalation process in place to report health and safety concerns. Under the escalation procedure, health and safety concerns can be brought to the attention of various individuals / Departments across the organisation to manage and action accordingly. However, there is no central record maintained of all concerns raised, particularly those concerns resolved at a local / line manager level. For the purposes of this audit, we were provided by the Health and Safety Team with examples of where concerns had been brought to the attention of the Health and Safety Committee in recent years for review.

Although we were able to evidence that appropriate action had been taken in all cases we sampled for review, the Force could benefit from maintaining a central record of all concerns raised for their own internal purposes, to provide assurance that, as far as possible, all concerns have been recorded and addressed.

In addition to formal policies and procedures, the Force has a number of Pocketbook (Intranet) pages related to health and safety matters for employees to access key information. This includes, for example, access to materials and resources to support police officers and staff who have been the victim of an assault. Various health and safety campaigns are run by the Health and Safety Team where the need arises due to local or national issues.

Personal Safety Training (PST) is delivered to all police officers, Special Constables and some PCSOs (whose roles require it). PST is designed to equip police officers and staff with the necessary skills to conduct their daily business safely and professionally when faced with situations of conflict (e.g. de-escalation), necessity to use force or administer emergency first aid. It is provided as part of an initial training package and refresher training is required annually. In addition to PST and as a direct result of the rise in assaults on police officers and staff, the Force commissioned training in 2019 that would assist police officers and staff in dealing with situations where they are faced with the threat of violence. A day's training packaged was designed by the Operational Training Team. It was confirmed by the Head of Learning that over 750 police officers have received this training since September 2019. The Force plans to deliver twelve similar training sessions between August 2020 – March 2021 to PCSO's and monthly weekend sessions for Special Constables.

The Force has in place a Health and Safety Training Delivery Strategy (the 'Strategy') which outlines the training requirements of various roles across the organisation. The Strategy details formal training requirements for various roles within the organisation including those in charge of policy making. Policy makers include the Chief Constable and those within the Chief Officer Group, Director of People and Organisational Development, Police and Crime Commissioner and Delivery Manager - Safety. Testing confirmed that only one of these individuals (the Delivery Manager - Safety) had completed the training outlined. Whilst we accept those within the above roles are likely to have the required competencies through experience and other training (e.g. the Strategic Command Course) to enable them to effectively set policies and procedures related to health and safety, the Force should consider whether it would be of value for the individuals in charge of policy making to complete the training detailed within the Strategy or amend it accordingly.

Front-line police officers and staff are provided with operational equipment suitable to their role which is usually set at a national standard by the NPCC or College of Policing. In recent years, the Force has introduced spit and bite guards due to a local need identified through stakeholder engagement.

Application of Control Framework

We attempted to complete a comparison between completion data in relation to the Personal Safety (PST) refresher training within the Force's current training system (LSO) and workforce establishment data. We identified a significant number of officers and PCSOs as a result of this analysis who had not completed the PST refresher training as required. However, following discussions with the Chief Officer – People and Organisational Development, it was acknowledged that this data is not likely to be accurate, due to the data being held across a number of de-centralised systems and databases. This is a well-recognised issue which should be addressed by the Force's new learning and skills system (Chronicle) which is currently being rolled out. Chronicle will provide a central record keeping facility for all Force learning and will enhance the data available and strengthen reporting and governance around training. PST training forms part of the first tranche of training being delivered, completed and recorded centrally through Chronicle. Work is therefore well underway to upskill a large number of frontline police officers and staff in personal safety, with the ambition to deliver this to 1000 officers by the end of the calendar year.

We reviewed the Force's overarching record of risk assessments to ensure that these were up to date and completed in line with agreed policy and procedure. We identified that approximately 10% had passed their review dates, however half of these (17) had occurred this financial year and had not been completed due to

other priorities resulting from Covid-19. A further eight were deemed not to require review as these contained an accurate representation of risks and mitigations and three were awaiting completion of a project that would inform the risk assessment. The remaining six out of date assessments were found to relate to premises no longer part of the Force's estate. The latter six demonstrated that the Force's overarching record could be improved by archiving as required.

Six risk assessments reviewed out of a sample of 10 were found to be inconsistently completed with the agreed template set out under the Force's Risk Assessment Procedure. This was discussed with the Chief Officer – People and Organisational Development who confirmed that there is often a need for flexibility in the format of the risk assessment used. Whilst we were satisfied that all 10 risk assessments reviewed contained a good level of detail, it may be worth considering updating the Force's Risk Assessment Procedure to reflect the agreed flexibility in the use of the template incorporated therein.

As part of our audit, a sample of 24 incidents of assault in 2019/20 were selected for review to ensure that they adhered to the Force's reporting and investigation requirements set out under its Incident Reporting Procedure and 7 Point Promise. We were generally satisfied that all elements of the Force's 7 Point Promise had been adhered to in all 24 cases reviewed. Our review did highlight 17 cases where a Victim Personal Statement (VPS) was not provided, however there is discretion on the victim as to whether they would like to complete this. In one assault incident selected for review, we were unable to confirm whether a Welfare Information Form (WIF) had been completed. This was confirmed to have been sent, however we have considered this an administrative error as it could not be located during the course of the audit. In all other cases a WIF was found and completed to a satisfactory standard.

Quarterly reports are provided to the Health and Safety Executive Committee which detail injuries, accidents, assaults, near misses that have occurred in order to recommend appropriate courses of action. Progress in terms of recommended actions is reviewed at each meeting. Health and safety incident information is collated into an annual report produced by the Health and Safety Team in order to identify common trends, themes etc. which may need to be addressed. The annual report for 2019/20 has been delayed due to Covid-19, however the annual report for 2018/19 was reviewed and found to contain a good level of analysis around health and safety incidences.

As part of our audit, we reviewed a sample of quarterly reports that were produced for the Health and Safety Executive Committee. Whilst we were generally satisfied with the information being reported, we highlighted potential for information specifically related to protected characteristics to be included within these reports. Currently, the Health and Safety Executive Committee is provided data relating to assaults which are broken down by gender, directorate, role and hate crime. This could, for example, also be broken down by race / ethnicity. In addition, there is also potential for this information to be broken down by root cause (e.g. equipment failures). However, we acknowledge that the limited reporting around equality data is likely to be a result of constraints with the Health and Safety Incident recording system (SAP) which is not configured to provide this level of information. The Force should explore whether it is possible to incorporate data from elsewhere into its current reporting in order to further understand the experiences of those with protected characteristics.

Background

The Health and Safety at Work etc Act 1974 (HSWA) regulates workplace health, safety and welfare. It aims to protect people from the risk of injury or ill health by:

- Ensuring employees' health, safety and welfare at work.
- Protecting non-employees against the health and safety risks arising from work activities.

Avon and Somerset Police's strategic aims in respect of effective health and safety management are:

- To support and improve organisational performance through the provision of effective health and safety management.

- To eliminate and minimise risks to police officers, police staff, special constables, volunteers and all others affected by our business through the provision of a safe and healthy workplace and safety culture.

Scope

The audit sought to consider the following:

- Health and Safety policies and procedures in place which set out how the Force will manage health and safety across the organisation.
- Risk assessments performed by the Force to identify health and safety risks and how these are managed, and any risks identified mitigated. This included a review of any assessments conducted specifically around risks related to protected characteristics (e.g. ethnicity, disability etc.) and how the Force manages these.
- Health and safety training in place for front-line police officers and staff (e.g. de-escalation) and key policy makers.
- Equipment issued to front-line police officers and staff to help protect / enhance their health, safety and welfare and whether is considered adequate by the Force and those who utilising the equipment.
- A review of health and safety incidents that have occurred in recent years to ensure these have been managed in line with legislative requirements and agreed procedure (e.g. the Force's Seven Point Promise). This also included a review of how the Force manages enquires / areas of concern around health and safety.
- The arrangements in place to monitor health and safety at a strategic level to help inform forward planning and lessons learned to improve health and safety outcomes.

Audit Assessment of Agreed Themes

Theme	RAG Rating	Reason for RAG Rating
Leadership & Culture	Green	Senior Management have acknowledged the need to improve processes to ensure a safe work environment and culture and have set strategic objectives to help achieve this which demonstrates strong leadership and commitment.
Learning	Yellow	Gaps in Personal Safety Training identified by this audit has impacted on the RAG rating we have been able to provide in this area.
Diversity and Inclusion	Yellow	Some areas where the reporting on diversity information, in relation to health and safety incidences, could be improved have been identified by our audit testing. This has impacted on the RAG rating we have been able to provide in this area.

Findings and Outcomes

1. Poor / inadequate health and safety management of front-line officers and staff could lead to ill health, injury or death resulting in potential legal challenge / action and subsequent reputational damage and financial loss.

Medium

1.1 Finding and Action

Issue

We could not confirm the completion rates of Personal Safety Training (PST).

Findings

Personal Safety Training (PST) is designed to equip police officers and staff with the necessary skills to conduct their daily business safely and professionally when faced with situations of conflict (e.g. de-escalation), necessity to use force or administer emergency first aid. PST is provided as part of an officer's initial training. The Force requires each officer to receive re-qualification / refresher training annually. PST training is classroom based and should be delivered by qualified trainers. It is the responsibility of the Resource Units to inform the officer's Departmental Commander where any officer fails to re-qualify / refresh within this period. It is accepted that individuals may go longer than 12 months without re-qualification. However, where training elapses 15 months, the individual must be referred for training.

A list of all police officers and PCSOs who have completed refresher / re-qualification training in the last financial year was provided by the Head of Learning. This did not include Specials Constables as their skills are not logged in the Force's current training database (LSO). A record of all police officers and PCSOs was provided by HR. This record was compared against the report of all police officers and PCSOs that have completed re-qualification training in 2019/20. Any police Officers or PCSOs that commenced employment in 2019 were discounted from this comparison as they may not have reached a re-qualification requirement yet. Around 2965 police officers and PCSOs who should have received annual re-qualification training in the last financial year were identified. Our analysis found that 826 only (c.27%) of these had completed their re-qualification training.

The results of this analysis were discussed with the Chief Officer – People and Organisational Development. We were informed that the high rate of non-completion resulted from the way in which learning and skills data is currently being captured; across several decentralised systems / databases. This is a well-recognised issue for the Force and should be addressed by the implementation of the new learning and training system, Chronicle. The roll-out of this system has already started and will provide the Force with learning and skills records for all areas, enable booking and attendance in addition to providing reliable, centralised management information. It is anticipated that the roll-out will be completed by the end of the year, with PST and first aid included in the first tranche of modules to be completed with 1000 frontline staff expected to complete this by the end of December 2020.

We have not reviewed the project documentation regarding the roll-out of Chronicle as this was outside the scope of this audit, however we appreciate that the potential lack of completion of training identified through our analysis is not reflective of the current position of the Force and more comprehensive data will be available and reported upon through the roll-out of Chronicle. As such, no recommendation has been raised.

1.2 Finding and Action

Issue

The overarching record of risk assessments maintained by the Force together with the Force's Risk Assessment Procedure requires updating.

Findings

A risk assessment is a systematic examination of a task, job or process for the purpose of identifying significant hazards, the risk of someone being harmed and deciding what control measures (if any) must be implemented to reduce the risk to an acceptable level. Regulation 5 of the Management of Health and Safety at Work Regulations 1999 require the employers to:

- Make a suitable and sufficient assessment of the risks to the health and safety of their employees whilst at work and other persons who could be affected by his work activities.
- Record in writing the significant findings of the risk assessment.
- Review the risk assessment when there is reason to suspect that it is no longer valid.

The Force has in place a Risk Assessment Procedure which provides direction for all employees to help ensure compliance with the above regulation. An agreed risk assessment template is in place to help ensure consistency and Senior Managers are responsible for carrying out generic risk assessments within their portfolio areas of work with the assistance / support of Health and Safety Representatives in Force. An overarching record of risk assessments that have been completed is maintained by the Delivery Manager – Safety. This record contains appropriate review schedules for each risk assessment. Compliance with review schedules is monitored by the Delivery Manager – Safety. These reviews are managed through tasks set by the Delivery Manager – Safety in Microsoft Outlook.

The overarching record of risk assessments was reviewed as part of our audit. A total of 335 risk assessments have been captured within the record and at the time of testing, 34 were found to have passed their review dates. These findings were discussed with the Chief Officer – People and Organisational Development and the following explanations provided below:

- 17 expired this financial year (between June – August). The revision of these was confirmed to have been impacted by the Covid-19 pandemic that has resulted in the diversion of health and safety resources to other priorities, such as ensuring compliance with requirements to make workplaces Covid-19 secure.
- Eight were confirmed as not requiring a formal review as the Health and Safety Team had no reason to believe the content, risks and mitigations outlined in the assessments to be no longer valid.
- Six related to premises that no longer belong to the Force and therefore were no longer required.
- Three were awaiting the completion of a project which will inform the update.

In addition, we reviewed a random sample of 10 current risk assessments to ensure that they complied with the Force's agreed format and evidenced suitable assessment of the risks to the health and safety of employees and others affected by the activity. Six were found to have not been completed in line with the agreed template, however we were satisfied with the rationale behind this (two were risk assessments completed collaboratively with other Forces and the remainder were connected to those referenced above which were related to properties no longer part of the Force's Estate).

The above findings were discussed with the Chief Officer – People and Organisational Development. We were informed that it would not be practical to confine risk assessments to a singular format / template and given that a risk assessment is systematic examination of a task, job or process for the purpose of identifying significant hazards, the risk of someone being harmed and deciding what control measures (if any) must be implemented to reduce the risk to an acceptable level.

We were satisfied that all 10-risk assessments reviewed contained a good level of detail in relation to the above requirements of a risk assessment. Whilst no issues were noted in respect of the contents of the risk assessments completed which diverged from the agreed template, we would suggest that the Risk Assessment Procedure is updated to reflect any agreed flexibility being deployed as needed within agreed parameters for the detail to be included within the risk assessment. Our findings did however demonstrate a need for the Force to review its risk assessment processes in terms of record keeping / archiving, for example those risk assessments for properties no longer forming part of the Force's estate.

1.2a	Recommendation	Priority Score	3
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We recommend that the Delivery Manager – Safety undertakes a review of the Force's overarching record of risk assessments to ensure that it is up to date and accurate, (archiving as necessary) and considers whether the Force's Risk Assessment Procedure needs to be updated in order to provide greater flexibility around templates / formats used to capture risk assessments performed.

SWAP URN 44040

Agreed Action

We acknowledge that our files would benefit from better archiving in this respect. We do use different risk assessment formats depending on the nature of the assessment being undertaken. A fire risk assessment or noise risk assessment cannot be recorded directly to the format in our organisational procedure. Equally the HSE do not recommend any particular format only that it should identify hazards, decide who can be harmed and how, determine the risks and identify any mitigation/control measures and that they should be monitored and reviewed if it is suspected they are no longer valid. However, going forward we will investigate the use of SharePoint for the retention and management of our risk assessment archive.

Responsible Officer	Chief Officer – People and OD / Delivery Manager – Safety	Timescale	30 April 2021
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1.3 Finding and Action

Issue

Not all of the Force's key policy makers have completed health and safety training modules set under its Health and Safety Training Delivery Strategy.

Findings

The Force's health and safety policy makers include:

- The Chief Constable and those within the Chief Officer Group.
- Director of People and Organisational Development.
- Police and Crime Commissioner.
- Deliver Manager - Safety.

The training requirements for those within these roles have been detailed within the Force's Health and Safety Training Delivery Strategy (the 'Strategy'). Each individual is required to complete an e-learning module relevant to a policy maker role. We sought to confirm whether training had been completed by those within each of the above roles in line with the Strategy and found that the Delivery Manager – Safety was found to be the only individual who had completed the required e-learning module relevant to their role. Whilst we accept those within the above roles are likely to have the required competencies through experience and other training (e.g. the Strategic Command Course) to enable them to effectively set policies and procedures related to health and safety, the Force should consider whether it would be of value for the individuals in charge of policy making to complete the e-learning training detailed within the Strategy or amend it

accordingly. The Priority Score assigned to the recommendation acknowledges that policy makers, who are Senior Individuals within the Force will likely have the expertise to set health and safety policy and procedures.

1.3a	Recommendation	Priority Score	3
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We recommend that the Delivery Manager – Safety considers whether those in charge of setting health and safety policy should be required to complete the e-learning modules detailed within the Force’s Health and Safety Training Delivery Strategy. If it is decided that this is a requirement, then these individuals should complete the training as soon as possible. If the Force determines that these modules do not need to be completed, then the Force’s Health and Safety Training Delivery Strategy should be amended to reflect those decisions.

SWAP URN 44041

Agreed Action

It should be acknowledged that those having undertaken prior relevant learning including through professional qualifications and attendance at the Strategic Command course will have covered demonstrated the necessary competencies. We will, however, take the opportunity to reflect again on the policy and consider in the light of evidenced prior learning and competence whether or not it would be valuable to supplement or refresh that learning for our most senior officers or indeed to adjust the policy to explicitly include recognition of prior competence/learning.

Responsible Officer	Chief Officer – People and OD / Delivery Manager – Safety	Timescale	30 April 2021
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1.4 Finding and Action

Issue

Potential areas for inclusion within management information provided to Senior Managers were identified.

Findings

The Delivery Manager – Safety conducts regular and routine analysis of incident and ill health data recorded on SAP. This information is provided to the Health and Safety Executive Committee each quarter for review (known as a ‘Scorecard’). An annual report is produced and also reviewed by the Health and Safety Executive Committee to help inform decision making. Quarterly scorecards together with the annual report from 2018/19 were reviewed as part of our audit testing. The annual report for 2019/20 has not yet been completed and has been delayed due to Covid-19.

Whilst we were generally satisfied with the information being reported, we have highlighted potential for information specifically related to protected characteristics to be captured within these reports. Currently, the Health and Safety Executive Committee is provided with data relating to assaults which is broken down by gender, role, directorate and hate crime. This could, for example, also be broken down by race / ethnicity. In addition, there is also potential for this information to be broken down by root cause (e.g. equipment failures). However, we acknowledge that the lack of more granular reporting of equality data specifically is likely to be a result of limitations with the Force’s Health and Safety Incident recording system (SAP) which is not configured to provide this level of information. The Chief Officer – People and OD / Health and Safety Delivery Manager confirmed that the Qlik assault app uses the Niche crime recording database, which includes protected characteristics (if staff have completed the relevant part of it). The Force could explore whether it is possible to incorporate data from elsewhere into its current reporting in order to further understand the experiences of those with protected characteristics.

1.4a	Recommendation	Priority Score	3
We recommend that the Delivery Manager – Safety investigates whether it is possible to capture further incident and ill health data more granularly (for example additional details regarding incidences by protected characteristics) within quarterly and/or annual reports provided to the Health and Safety Executive Committee. <div>SWAP URN 44042</div>			
Agreed Action			
SAP EH&S was never designed to capture protected characteristics (equality Information) and that information is held in the SAP HR module not the EH&S module. Moving forward we will await outcome of Officer Safety Group implementing the NPCC Police and Staff Safety Recommendations in relation to data capture and quality. We will also reflect this through the Health and Safety Committee and Inclusion and Diversity Board and make further improvements wherever possible to assist in the analysis of disproportionality and accurate understanding of experiences of those with protected characteristics.			
Responsible Officer	Chief Officer – People and OD / Delivery Manager – Safety	Timescale	30 April 2021

1.5	Finding and Action		
Issue			
Health and safety concerns raised under the Force’s escalation procedure may not be captured in a way which provides complete visibility across all areas of the business in charge of managing and addressing concerns.			
Findings			
The Force has in place an escalation procedure to report health and safety concerns. Under the escalation procedure, health and safety concerns can be brought to the attention of various individuals / Departments across the organisation to manage and action accordingly. However, there is no central record maintained of all concerns raised, particularly those resolved at a local/ line management level. We were provided with examples of where concerns had been brought to the attention of the Health and Safety Committee (the highest level within the process) in recent years. However, this was not an exhaustive list of all concerns but rather these were examples provided for this audit. Although we were able to evidence that appropriate action had been taken in all cases we sampled for review, the Force could consider whether it would benefit from maintaining a central record of concerns raised to each level / area of the business detailed within its escalation procedures for their own internal purposes, so as to provide assurance that all health and safety concerns are being reported, reviewed and actioned accordingly under the procedure across all levels reported, not just those escalated to and actioned by the Health and Safety Committee.			
1.5a	Recommendation	Priority Score	3
We recommend that the Delivery Manager – Safety considers creating a central record for health and safety concerns to be recorded by all areas of the business under the Force’s escalation procedure. This should include key information related to the concern and the action taken to address it and be held in a central repository so that it can be easily accessed by line managers to update. <div>SWAP URN 44043</div>			
Agreed Action			
The process was considered and approved by the Health and Safety Executive Committee, Chaired by the Deputy Chief Constable. The escalation process was also agreed with all stakeholders and staff associations and is therefore widely accepted. We have evidenced examples of where this works and health and safety			

concerns are discussed and resolved and the report goes on to accept this. While we are satisfied that this process works and works well, we will take the opportunity to further consider whether it can be improved or strengthened in any way. It is pleasing to note that the sample of concerns reviewed demonstrate that concerns are being considered and resolved appropriately.

Responsible Officer	Chief Officer – People and OD/ Delivery Manager – Safety	Timescale	30 April 2021
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Findings

A report of all health and safety incidents that occurred in 2019/20 was provided by the Delivery Manager - Safety. A sample of 30 closed health and safety incidents were selected for review with a focus on incidences of assault by various role types (e.g. police officers and staff). 24 instances of assault and six non-assault incidents were selected for review to ensure that they adhered to the Force's reporting and investigative requirements set out under its Incident Reporting Procedure and 7 Point Promise.

The Force has introduced its 7 Point Promise to better support police officers and staff that have been assaulted in the execution of their duties (see Appendix A for more detail). This is not a legislative requirement and demonstrates the Force's commitment to helping ensure the wellbeing of their police officers and staff. We were generally satisfied that all elements of the Force's 7 Point Promise had been adhered to in all 24 cases reviewed. Our review highlighted 17 cases where a Victim Personal Statement (VPS) – which is referenced as one of the points within the 7 Point Promise - was not present. A VPS gives a victim the opportunity to explain in their own words the impact that a crime has had on them. It will be considered by all criminal justice agencies involved in the case and it can play a key part in sentencing. It will help the judge to make a better-informed decision on sentencing by taking into account the overall effect that the crime has had on the victim. Therefore, the VPS can play an important role in the court proceedings and should be completed in all cases which go to prosecution. However, the VPS is not a mandatory requirement and there will be circumstances where a victim may not wish to provide one. In one assault incident selected for review, we were unable to confirm whether a Welfare Information Form (WIF) had been completed. The WIF will help inform the Staff Office, Occupational Health and Staff Associates of an incident in order for them to provide welfare support and make sure the victim has access to the right support. This was queried with the officer who reported the incident who confirmed to have emailed this when originally reported but could not locate a copy for review. In all other cases a WIF was found and completed to a satisfactory standard. Therefore, this was considered to be an administrative error and no recommendation was required.

An Investigation Report which documents key information in relation to an investigation into a health and safety incident was provided for all 30 cases reviewed. In addition, two out of the 30 cases sampled required a notification to the Health and Safety Executive (HSE). We confirmed that the HSE had been notified in both instances. The above findings have been detailed for information only.

Appendix A – Avon and Somerset Police's 7 Point Promise

OUR 7 POINT PROMISE

01

We will treat and investigate any assault or hate crime on our people: police officers, including Specials and PCSOs; and police staff, with the same care, compassion and commitment as an assault or hate crime on a member of the public, including prompt medical advice or treatment.

02

Victims recover better and quicker if they receive the right welfare and supervision. The victim's supervisor will meet with them as soon as is practical. The victim may downplay the impact on them, but supervisors must recognise the potential effects of the incident, and have an ongoing responsibility to review any ongoing impact.

03

The victim's supervisor will complete the force Welfare Information Form in the immediate aftermath of any assault or hate crime. They will record the incident on Niche and ensure that the injury and incident is correctly reported on SAP (Employee Services > Safety and Emergencies > Incident Form). The victim must never be the Officer in Case (OIC) for the investigation into their own assault or hate crime.

04

This Welfare Information Form ensures that the Staff Office, Occupational Health and Staff Associations are informed. The supervisor will also inform the relevant Departmental SLT to provide continuity of welfare support. They will make sure the victim knows about, and has access to, the right support for them ([find out more here](#)).

05

To achieve a successful prosecution, the best evidence must be presented and whoever is investigating the assault or hate crime needs to fully understand and evidence the 'points to prove'. This will include evidence from Body Worn Video where this is available. The victim will be asked to provide a Victim Personal Statement.

06

The Victims Code of Practice applies to all victims including assault or hate crime on police officers and staff. Complying with the Victim Code means keeping the victim updated, discussing outcome options, and taking account of the victim's point of view before imposing an outcome. This is crucial to ensure we get our response right. All victims of hate crime are entitled to enhanced service both from our Lighthouse team and the CPS.

07

The decision maker on a Criminal Justice outcome for any assault or hate crime on a member of Avon and Somerset Constabulary staff must be of a rank of Inspector or above.

Authors and Distribution

Please note that this report has been prepared and distributed in accordance with the agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person or organisation.

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Paul Butler	Chief Finance Officer, OPCC
Mark Simmonds	Interim Chief Executive Officer



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Avon and Somerset Police

Records Retention

Final Report

Issue Date: 14th September 2020

Executive Summary

Corporate Risk Assessment

Audit Risk	Inherent Risk Assessment	Manager's Initial Assessment	Auditor's Assessment
Information assets may not remain necessary for policing and/or business purposes, may be inadequate, inaccurate or out of date. This could lead to compromised safety to public protection and a breach in data protection legislation which may result financial harm, reputational damage and/or consequences for data subjects.	High	High	High

Link to Strategic Risk Register

Strategic Risk 3: The requirement to improve the Constabulary's overarching Information Governance due to the risks associated with noncompliance against legislation namely the General Data Protection Regulations / Data Protection Act 2018 and associated codes of practice.

Risk Commentary	Risk Management Awareness
The Force has recognised that it is not currently compliant with requirements under MoPI as per commentary and assessment within the Strategic Risk Register and this is on the agenda of the Strategic Information Management Board. Compliance is hindered at this stage by the technical constraints nationally with the Niche system.	Satisfactory

Audit Objective

To provide assurance over the effectiveness of the Force's controls to manage the review, retention and disposal of police information assets it holds. This will help the Force ensure compliance with the principles of the Management of Police Information (MoPI) and applicable data protection legislation.

Audit Opinion



Limited

Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

Recommendation Summary

Priority	Number
Priority 1	0
Priority 2	3
Priority 3	2
Total	5

Audit Conclusion

Effectiveness of Control Framework

The College of Policing has set out its Authorised Professional Practice (APP) for information management which outlines the principles of Management of Police Information (MoPI) with which Forces are expected to comply. The primary purpose of review, retention and disposal procedures set out under MoPI is to protect the public and help manage the risks posed by known offenders and other potentially dangerous people (see Background section below). Compliance with MoPI will also help ensure compliance with legislation such as the Data Protection Act 2018 (DPA) and General Data Protection Regulation 2018 (GDPR). The Force has included poor information / quality of data and compliance with the GDPR and DPA as risks within their Strategic Risk Register.

Gaps in the Force's internal controls to ensure compliance with MoPI review, retention and disposal procedures have been highlighted within this report. No scheduled reviews of police information have taken place since the implementation of the Force's police records management system (Niche) which has significantly influenced the assurance opinion we have been able to provide as part of this audit. However, we have acknowledged that the ability to undertake scheduled reviews is currently outside of the Force's control due to system constraints nationally and thus has hindered the Force's ability to be fully compliant with MoPI. There are areas where the Force could strengthen its processes outside of scheduled reviews to ensure that it is complying with MoPI insofar as it is able, for example, widening the opportunities to complete exception and triggered reviews by working with other Force departments (e.g. Vetting) to review data which may require review before this impacts on an individual's rights and freedoms.

Design of Control Framework

A Records Review Team (RRT) is in place which was originally set up for the purposes of conducting retention, review and disposal procedures under MoPI. The RRT have all received Records Management Training levels 1 and 2 delivered by PDP and are trained on various local and national record management systems (e.g. Niche, Visor PNC, PND etc.). Procedural guides have been developed by the RRT to help them carry out reviews of police information in a consistent manner. The RRT have also delivered training and guidance around information governance and data protection to various Teams and Departments to help raise the profile of MoPI and to help increase compliance. This training has not yet been fully extended to all operational areas.

The Force's Review, Retention and Disposal Policy which should help direct compliance with the requirements set out under MoPI is out of date. This was last reviewed in 2010 and pre-dates key data protection laws and regulation such as the DPA and GDPR. As such, the policy may not reflect current requirements under MoPI and wider data protection laws and regulations. A number of other local and national policies and guidance is available which also help the Force in directing compliance with MoPI and wider data protection laws and regulations. This includes various Pocketbook pages to support information governance, the National Retention Schedule, the College of Policing's APP for information management etc.

The Force's Retention Schedule which covers all of its information assets (not just those related to MoPI) is currently in draft, however the National Schedule is being utilised. Work is underway to implement the Force's Schedule by the end of the calendar year. This document should set out the review periods of all the Force's information assets (including those subject to MoPI requirements) in addition to outlining key roles and responsibilities of those in charge of managing retention processes.

Review processes for MoPI are largely manual and completed by the RRT, due to the risk factors involved in early disposal of data relating to, for example, serious offenders. The Force does not currently have a mechanism to enable completion of scheduled reviews required under MoPI and has not been able to conduct these since the introduction of its current police records management system (Niche) in 2015. Automating some of the review process has been explored through the use of Autograder software within Niche. The Autograder is a Niche developed product to enable the system to provide a grading facility to assist with MoPI reviews

(further expanded upon below). This product was not provided during the original roll out of Niche and has been subsequently developed by the Minerva Group and other Forces that use Niche. Due to technical issues, the software is not yet available and is not anticipated to be ready for roll out until 2022. The Force naturally has little scope to influence this but is in a similar position to other forces using Niche nationally in this regard. Manual trawl through records on Niche would not be a practical solution and would likely offer very little by way of providing a solution to compliance with performing scheduled reviews.

Without the Autograder solution, it was confirmed by the Records Review Manager that the Force does not currently have the processes in place to categorise its police information into the four MoPI review groups that are based on the information held on an offender (discussed in detail within Section 1.1). The MoPI review groups help direct when scheduled reviews of police information should occur with clear timescales / periods in place depending on the types of information held on offenders. Therefore, the Force is unable to quantify / fully understand the number of police information records which currently require a review. Given that no scheduled reviews have been undertaken since the introduction of Niche in 2015, it is likely that the timescales to review police information records held by the Force have either already been reached or are likely to be approaching. The Records Review Manager estimates that there are nearly three million records within Niche that are likely to require a review. However, this number has not / cannot be definitively confirmed without being able to categorise the information held into MoPI review groups. It should also be noted that Niche holds a large number of police information records from the Force's legacy records management system which will also likely have surpassed review schedules.

Application of Control Framework

Any demand to review police information held is currently being driven by data subjects exercising their rights under the GDPR (e.g. the right to erasure, rectification etc.) and those reported internally for review through Niche or via the IT Portal (triggered and exception reviews). These are being resolved by the RRT manually in addition to the on-going work to resolve data quality issues. For example, in August 2020, the RRT conducted over 1500 MoPI exception and triggered reviews in addition to resolving around 14,000 data quality issues.

In addition to exception and triggered reviews and resolving data quality issues, the RRT have also conducted other work which will help ensure compliance with MoPI as well as wider data protection laws and regulations. This includes delivering training and guidance around information governance to various Teams and Departments; helping develop, review and implement the Force's Retention Schedule; and reviewing paper records held by the Force in line with MoPI retention, review and disposal requirements. The Force should examine other areas where training and awareness could be improved to raise the profile of MoPI, data protection and the RRT which will help improve compliance with MoPI and wider data protection legislation.

The issues surrounding compliance with MoPI were highlighted to the Force's Strategic Information Management Board (SIMB) in July 2019 and have been included as risks within the Force's Strategic Risk Register. An Information Governance Group (IGG) has also been convened to highlight and escalate compliance issues where required. A number of Working Groups are in place to help improve MoPI compliance including information held on digital storage platforms (G:Drive) and Pocketbook. The RRT are currently part of a wider restructure of the IT Directorate. A proposal was approved in May 2020 to place RRT within Legal Services alongside other Information Governance / Data Protection Teams to allow for greater collaboration.

Background

The murder of Holly Wells and Jessica Chapman in August 2002 by Ian Huntley, and the subsequent inquiry by Sir Michael Bichard (the Bichard Inquiry) had a significant effect on the way in which the police gathers, manages, uses and shares information. The Bichard inquiry highlighted significant failings / errors of the police, social services and education system in identifying the risk of harm posed by Ian Huntley's criminal past. In 2005, as a direct result of the of the Bichard

Inquiry, the Home Secretary issued a statutory Code of Practice on the Management of Police Information (MoPI Code of Practice). The principles set out under the Code of Practice provide a way of balancing proportionality and necessity in effective police information management. They also highlight the issues that need to be considered in order to comply with the law and manage risk associated with police information. These principles and guidance set out under the MoPI Code of Practice have been captured within the College of Policing Authorised Professional Practice (APP) for Information Management, with which police forces are expected to comply.

Scope

The audit sought to consider the areas set out below in respect of the procedures related to retention, review and disposal requirements under MoPI. All other areas considered as part of the information management APP (e.g. collection and record, evaluation, common process etc.) have not been reviewed as part of this audit:

- Policies, procedures and/or guidance in place to help ensure compliance with retention, review and disposal requirements under MoPI.
- Reviews undertaken by the Force to assess the accuracy, adequacy and necessity of information assets for policing in accordance with MoPI and data protection legislation. For example, scheduled, triggered and exception reviews performed and the application and management of these reviews in accordance with agreed formats, timescales etc. This will include a review of how the Force assures itself that these reviews are taking place in line with requirements and the mechanisms in place to provide this assurance.
- Any issues / concerns around compliance that the Force is aware of and how these are being addressed.
- The internal processes in place to report and rectify inaccurate or inadequate police information, when raised by police officers / staff.
- How the Force maintains oversight of MoPI compliance and any management information available in relation to retention, review and disposal of information assets to help inform decision making.
- A follow up review of recommendations raised as part of our Personal Issue of Assets audit completed in 2019/20. This will include a review of the Force's capabilities to wipe assets such as mobile phones, laptops and Body Worn Video Cameras in the event that they are lost, stolen or damaged. The findings from this 'follow up' review will be reported separately. This detail is provided within a separate report.

Audit Assessment of Agreed Themes

Theme	RAG Rating	Reason for RAG Rating
Leadership & Culture		The Force is aware of compliance issues with MoPI and has included this within its Strategic Risk Register. As a result, work is underway to improve information governance across the Organisation. The risk will be monitored through the Force's risk management processes with oversight arrangements in place (e.g. SIMB) to manage this strategically.
Learning		Our findings have highlighted potential for areas where the Force could raise the profile of MoPI, data protection and the RRT which will help increase compliance with MoPI and wider data protection legislation.
Diversity and Inclusion	Not Assessed	We have been unable to provide an opinion on diversity and inclusion specific to the processes reviewed.

Findings and Outcomes

1. Information assets may not remain necessary for policing and/or business purposes, may be inadequate, inaccurate or out of date. This could lead to compromised safety to public protection and a breach in data protection legislation which may result in financial harm, reputational damage and/or consequences for data subjects.

High

1.1 Finding and Action

Issue

The Force may be non-compliant with the retention, review and disposal procedures set out under MoPI.

Findings

The primary purpose of review, retention and disposal procedures set out under MoPI is to protect the public and help manage the risks posed by known offenders and other potentially dangerous people. The review of police information is central to risk-based decision making and public protection. Records must be regularly reviewed to ensure that they remain necessary for a policing purpose, are adequate and up to date. This also ensures compliance with the principles of the Data Protection Act 2018 (DPA) and General Data Protection Regulation 2018 (GDPR).

Conducting reviews of police information to determine its adequacy and necessity for policing purposes is an effective way to ensure the requirements set out under data protection legislation such as those under Sections 37 and 39 of the DPA. According to the College of Policing's APP for Information Management, the Force should have standard procedures in place for revising and making accountable decisions on the retention or disposal of police information. All person records held by a police force should be subject to:

- **An initial review and evaluation** – These are conducted at the point of input. The controls in relation to these have been explored in significant detail as part of our Data Quality audit in 2019/20. Significant areas for improvement surrounding these controls were highlighted as part of that review. Work is underway to implement the recommendations raised and a follow up review of the recommendations raised within this report is scheduled this financial year (2020/21)
- **Triggered reviews** – This process ensures records related to certain offenders remain adequate and up to date where additional information is submitted on an individual which relates to certain public order matters or other sexual, violent or serious offending.
- **Scheduled reviews** – These focus on offenders who present a risk of harm because of the seriousness of their offences. They acknowledge that a risk of harm may be presented by potentially dangerous people who have not yet been convicted or even accused of serious offending, but whose behaviour causes concern. Under the MoPI Review Schedule, information held for policing purposes is divided into four 'MoPI review groups':

Group 1) Certain Public Protection Matters – Includes information related to all offenders managed under Multi-Agency Public Protection Arrangements; individuals who have been convicted, acquitted, arrested, questioned, charged or implicate in relation to murder, a serious offence under the Criminal Justice Act 2003 or historic offences that would be charged as such committed today; and potentially dangerous people who have been convicted of, or cautioned for, any offence of a sexual or violent nature. Information is placed within this group until the subject has reached 100 years of age. This information should be reviewed every 10 years.

Group 2) Other Sexual and Violent Offences – Includes information relating to specified offences under the Criminal Justice Act 2003. This should be

reviewed after a 10-year clear period.

Group 3) All Other Offences – Includes information relating to people who are convicted, acquitted, charged, arrested, questioned or implicated for offending behaviour which do not fall within groups 1 or 2. The Force may adopt a system of time-based, automatic disposal for classes of information in this group.

Group 4) Miscellaneous – This group contains information on undetected crime, intelligence missing persons, victims and witnesses and are subject to various review periods governed depending on the type of information. For example, undetected crime records must be retained for a minimum of 100yrs from the date first reported.

- **Exception reviews** – Forces are able to adopt a system of time-based disposal for records related to group 3 offences. However, if an offender's or suspected offender's behaviour suggests that they may pose a high risk of harm to others, the Force must be able to highlight the relevant person records for an exception review, rather than dispose of them automatically.

The Force has not been conducting scheduled MoPI reviews since the introduction of its current police records management system (Niche) in 2015. The Force set up its Records Review Team (RRT) for the purposes of conducting retention, review and disposal procedures under MoPI. However, the resource has been directed at resolving data quality issues within Niche and other systems which feed information into Niche (e.g. Airpoint). Review procedures are largely manual - except for group 3 information - and therefore, compliance with review requirements under MoPI will have been impacted by the diversion of resources to resolve data quality issues. Automating some of the review process has been explored through the use of Autograder software within Niche which will categorise all police information into the MoPI review groups. This is a national project that the Force has very little scope to influence which has been delayed and is unlikely to be in place until at least 2022. Categorising this information manually would not be practical for the Force to do given the number of records held in Niche. Therefore, the Force is unable to quantify / fully understand the number of police information records which currently require a review without first being able to categorise the information it holds. Given that no scheduled reviews have been conducted since 2015, it is likely that police information held on Niche will have either already approached a review period under MoPI or is likely to be approaching one.

Any demand to review police information is currently being driven by data subjects exercising their rights under the GDPR (e.g. the right to erasure, rectification etc.) and those reported internally for review through Niche or via the IT Portal (triggered and exception reviews) which are being resolved by the RRT in addition to data quality issues. For example, in August 2020, the RRT conducted over 1500 MoPI exception and triggered reviews in addition to resolving around 14,000 data quality issues. However, given that the Force is unable to quantify the number of police information records that require a review, it is unclear what impact these exception and triggered reviews are having on overall compliance. In the absence of the Force's inability to conduct scheduled reviews due to the lack of Autograder software and its limited capacity currently to categorise police information manually, the Force should explore whether it is possible to increase the number of triggered and exception reviews it undertakes particularly in areas where, decisions based on police information held by the Force could detriment data subjects (e.g. vetting decisions). This will be particularly important as the Force begins to share its information with other Niche Forces as part of 'Inter-Niche' which is currently in early stages of development. Inter-Niche arrangements will mean that other Police Forces that use Niche will become reliant on the information held by Avon and Somerset Police for their own decision making and intelligence.

1.1a	Recommendation	Priority Score	2
We recommend the Force's Senior Information Risk Officer together with the Data Protection Officer and Records Review Manager, in the absence of the Autograder solution and ability to conduct scheduled reviews, investigates areas where the Force can increase activity (e.g. Vetting) in relation to exception and triggered reviews to help ensure / improve compliance with this area of MoPI.			

Agreed Action					
Please refer to Agreed Action in 1.1b below.					
Responsible Officer		Records Review Manager	Timescale	31 January 2021	
1.1b	Recommendation			Priority Score	2
We recommend that the Force’s Senior Information Risk Officer introduces a process whereby police information held for six or more years is reviewed by the Records Review Team prior to any decision being taken / shared with other organisations / individuals (e.g. Disclosure and Barring Service) regarding a data subject. This process should be actively publicised across the Force and incorporated in any training delivered by the Records Review Team. Any additional triggered or exception reviews should continue to be recorded by the Records Review Team.					
Agreed Action					
The RRT Manager to provide a paper to the SIRO and DPO following a review of the RRT processes. This paper will outline best practice from the Information Management APP of when to conduct Triggered and Exceptional MoPI reviews and how the Constabulary currently complies with the APP. Any noncompliance will be highlighted alongside recommendations to increase the number of reviews completed. A consideration on this will be to link in with departments who use the data to determine an outcome e.g. vetting / DBS etc. As the potential impact to the rights and freedoms of individuals is higher in these circumstances if the data is used.					
Responsible Officer		Records Review Manager	Timescale	31 January 2021	
1.2	Finding and Action				
Issue					
Training and awareness of MoPI could be increased outside of the Force’s formal data protection training programmes in place to help improve the profile of MoPI across the Force.					
Findings					
The Force currently has two mandatory data protection e-learning training courses in place for all police officers and staff to complete that covers information management. The Force has set a target of 80% completion for these modules by the end of this calendar year (2020). In addition to these training courses, the RRT have also delivered training and guidance around information governance and data protection to various Teams and Departments to help raise the profile of MoPI and to help increase compliance. To date, around eight Teams / Departments have been provided with training by the RRT which also includes training Chief Officers and Senior Management. The Force should continue to deliver this training to other operational areas of the business in particular in order to improve awareness of MoPI, the existence of the RRT and help increase compliance.					
1.2a	Recommendation			Priority Score	2
We recommend that the Records Review Manager, together with the Data Protection Officer, identifies high risk areas of the business which could benefit from MoPI training and rolls this out accordingly.					

Agreed Action			
The RRT manger will assess the need to provide training to a wider audience including Operational staff. Utilising the IG team room to provide accessible training to all and relevant comms. It may also be useful to provide information on this page of any legacy systems used and how to correctly interpret any data that was back record converted onto Niche. This will ensure that the content and context of this data is adequately assessed.			
Responsible Officer	Records Review Manager	Timescale	31 December 2020

1.3 Finding and Action

Issue

Some of the Force's key procedures which help direct compliance with MoPI are not yet in place or are out of date.

Findings

The Force's Retention Schedule which covers all of its information assets (not just those related to MoPI) is currently in draft. In absence of the Force specific schedule, the National Retention Schedule is being followed. However, this provides limited guidance around review, retention and disposal. Work is underway to implement the Force's Retention Schedule by the end of the calendar year. This document should set out the review periods of all of the Force's information assets, including those subject to MoPI requirements. This should outline key roles and responsibilities of those in charge of managing retention processes. The completion of this work may help to address some of the issues around the review of police information. However, as a directive control by nature, the Force will need to implement further controls that help support and enforce the requirements set out in its Retention Schedule. The priority score assigned to the recommendation raised below is reflective of the work in progress to address the issue above.

The Force's Review, Retention and Disposal Policy which should help direct compliance with the requirements set out under MoPI is out of date. This was last reviewed in 2010 and pre-dates key data protection laws and regulation such as the DPA and GDPR. As such, the Force's Review, Retention and Disposal policy may not reflect current requirements under MoPI and more recent data protection laws and regulations.

1.3a	Recommendation	Priority Score	3
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We recommend that the Records Review Manager ensures the Force Retention Schedule is implemented by the end of the calendar year, ensuring that the contents has been fully reviewed for accuracy with Information Asset Owners and the National Retention schedule. Formulate a programme of work to ensure adequate controls to support and enforce the requirements as set out within the document are adhered to.

Agreed Action

Please refer to Agreed Action in 1.3b below.

Responsible Officer	Records Review Manager	Timescale	31 December 2020
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1.3b	Recommendation	Priority Score	3
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We recommend that the Records Review Manager updates the Force's Review, Retention and Disposal Policy to reflect current procedures and legislation. This should be communicated across the organisation appropriately.

Agreed Action

The RRT Manager will ensure that a full review of the retention schedule is completed taking into consideration legislation, best practices and the NPCC National retention schedule. They will also make contact with Information Asset Owners in force to ensure that any timescales recorded are correct for the relevant business area taking into consideration the public inquiries.

Responsible Officer

Records Review Manager

Timescale

31 December 2020

Authors and Distribution

Please note that this report has been prepared and distributed in accordance with the agreed Audit Charter and procedures. The report has been prepared for the sole use of the Partnership. No responsibility is assumed by us to any other person or organisation.

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Mark Simmonds	Interim Chief Executive Officer



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Avon & Somerset Constabulary and Office of the Police and Crime Commissioner Joint Audit Committee (JAC)

Report of Internal Audit Activity- September 2020

Internal Audit ■ Risk ■ Special Investigations ■ Consultancy

Executive Summary

The Assistant Director is required to provide an annual opinion to support the Annual Governance Statement.

As part of our plan progress reports, we will look to provide an ongoing opinion to support the end of year annual opinion.

We will also provide details of any significant risks that we have identified in our work.

We have sought to make our Committee Papers more concise and as such, we will formally report on our performance once a year. To support this, we have included a reminder of our assurance opinions and risk assessment in Appendix B, to avoid duplication in each report presented. Our assurance opinions have been amended to align to CIPFA assurance opinions, which has changed Partial Opinions to be Limited Opinions.

The Chief Executive for SWAP reports company performance on a regular basis to the SWAP Directors and Owners Boards.



Audit Opinion and Summary of Significant Risks

Progress of 2020/21 Internal Audit Plan

We have included the supplementary scope information for the audits within the 2020/21 audit plan in Appendix B below for JAC approval in the minutes. We have commenced work on the 2020/21 audit plan and copies of the following reports are submitted with this Quarterly Update:

- Records Retention: Compliance with MoPI; and
- Health and Safety of Front Line Officers & Staff.

In order to avoid 'backloading' of the 2020/21 plan and seek to provide timely delivery, we have commenced scoping the remaining audits for the year. Further detail is provided in Appendix A and is summarised in the table below:

Performance Measure	Performance
<u>Delivery of Annual Audit Plan</u>	
Completed	31%
Work at Draft Report Stage	0%
Fieldwork In Progress	15%
Fieldwork Ready to Start	15%
Scoped – ToE Issued	23%
Scoped – ToE Pending	8%
Not Yet Started	8%

Members will notice the inclusion of audit cost within the schedule in Appendix A. This follows a change made by SWAP to provide a benchmark for the value added by an audit as compared to its actual cost. This change was communicated to the CFOs at a recent regional meeting. This has currently been calculated by taking the budgeted days multiplied by the day rate, however the intention is to move to provide further information regarding the actual cost of delivery (i.e. provision of more senior audit resource to recognise the complexity of police audits) over the longer term.

Executive Summary

Audit Opinion:

Due to the limited work completed on the 2020/21 plan to date, we are not currently in a position to offer an indicative opinion for the year as yet, however as the schedule at Appendix A indicates, we have provided two Reasonable and one Limited assurance opinions so far this year.

Significant Risks:

We have identified the following significant risk within the Records Retention audit, where we scored the Auditor's Assessment as High:

"Information assets may not remain necessary for policing and/or business purposes, may be inadequate, inaccurate or out of date. This could lead to compromised safety to public protection and a breach in data protection legislation which may result financial harm, reputational damage and/or consequences for data subjects."

We did however provide a satisfactory opinion regarding the Force's Risk Management Awareness, as the Force's Strategic Risk Register demonstrates that the Force is aware of risks in the area audited and these are monitored at the highest level.

Follow up of Recommendations:


We have a scheduled allocation of days in the 2020/21 plan for follow up of recommendations raised during the 2019/20 audit work. We have commenced this work and will be providing a verbal update on those from the ICT Business Continuity 2019/20 review at this meeting.

Regional Audit Work

As reported previously, we sought to make a start on the agreed piece of work regarding Environmental Action. At the Regional CFOs meeting at the end of July 2020, we were informed that this review was no longer proceeding as this was being covered elsewhere. We have not yet received a replacement for this review and have made contact with the lead for the agreed work for Regional Vetting, however we have not yet received a response.

Internal Audit Plan Progress 2020/21

Appendix A

Link to FMS	Link(s) to SRR	Audit Area	Period	Audit Days	Audit Cost (£)	Status	Opinion	No of Recs	1 = Major		3 = Minor
									Recommendations		
									1	2	3
IT & Info Mgt.	SRR3 SRR1	Data Protection – Incident Reporting	Q1	10	3,040	Completed	Reasonable	1	-	1	-
Force Functions	SRR5	Workforce Plan Follow Up	Q1	7	2,128	Completed	Advisory	-	-	-	-
IT & Information Management	SRR3 SRR1 SRR2	Records Retention: MoPI Compliance	Q2	15	4,560	Completed	Limited	5	-	3	2
Force Wellbeing	SRR5	Health and Safety Management of Front-Line Staff and Officers	Q2	15	4,560	Completed	Reasonable	4	-	-	4
OPCC Specific Activity	SR9 (OPCC)	Partnership Arrangements	Q3	10	3,040	Fieldwork In Progress	-	-	-	-	-
IT & Info Mgt.	SRR7	Digital Strategy	Q3	15	4,560	Scoped – ToE Pending	-	-	-	-	-
Finance	SRR4 SRR5	Payments to Staff – Absence Management	Q3	10	3,040	Fieldwork Ready to Start	-	-	-	-	-
Finance	SRR4	Key Financial Controls: Accounts Payable, General Ledger & Aged Debt Management	Q3	20	6,080	Fieldwork Ready to Start	-	-	-	-	-
Force Functions	SRR5 SRR9	Recruitment & Vetting Processes	Q4	15	4,560	Scoped – ToE Issued	-	-	-	-	-
Force Functions	SRR6 SRR5 SRR9	Performance Management	Q4	15	4,560	Scoped – ToE Issued	-	-	-	-	-
Force Functions	SRR5 SRR6 SRR9	Police Officer and Police Staff Training	Q4	15	4,560	Scoped – ToE Issued	-	-	-	-	-
Governance, Fraud & Risk Mgt.	-	Contribution to Regional Police Audits	Q1-4	5	1,520	Not Yet Started	-	-	-	-	-
Governance, Fraud & Risk Mgt	-	Follow Up	Q1-4	8	2,432	In Progress	-	-	-	-	-

Assurance Definitions

None	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.
Limited	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
Reasonable	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

Definition of Corporate Risks

Risk	Reporting Implications
High	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.
Medium	Issues which should be addressed by management in their areas of responsibility.
Low	Issues of a minor nature or best practice where some improvement can be made.

Categorisation of Recommendations

In addition to the corporate risk assessment it is important that management know how important the recommendation is to their service. Each recommendation has been given a priority rating at service level with the following definitions:

Priority 1	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.
Priority 2	Important findings that need to be resolved by management.
Priority 3	Finding that requires attention.

Risk Management Awareness

Satisfactory	Clear links to the Organisation's risk management processes exist and we are satisfied that concerns regarding risks around this auditable area have been highlighted to relevant stakeholders with actions taken / planned as necessary.
Improvement Needed	Risk management awareness could be improved to ensure appropriate action is taken and ownership embedded.