JOINT AUDIT AND SCRUTINY PANEL

THURSDAY 15 December 2016 at 2.00 PM
FORCE HEADQUARTERS, SHERWOOD LODGE, ARNOLD, NOTTINGHAMSHIRE NG5 8PP

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Membership
Stephen Charnock (Chair)
Leslie Ayoola
John Brooks
Peter McKay
Philip Hodgson

A G E N D A

1. Apologies for absence

2. Declarations of interest by Panel Members and Officers (see notes below)

3. To agree the minutes of the previous meeting held on 15 September 2016

4. Force Improvement Activity

5. IPCC Investigations

6. Professional Standards Confidential Reporting Procedure

7. Assurance Mapping Quarter 3 2016-17

8. Corporate Risk Management Policy and Procedure and Governance

9. External Audit – Annual Audit Letter 2015-16

10. Audit & Inspection Report Quarter 2

11. Internal Audit Progress Reports

12. Work plan and meeting schedule

<u>NOTES</u>

- Members of the **public are welcome to attend** to observe this meeting

- For **further information** on this agenda, please contact the Office of the Police and Crime Commissioner on 0115 9670999 extension 801 2005 or email nopcc@nottinghamshire.pnn.police.uk

- A **declaration of interest** could involve a private or financial matter which could be seen as having an influence on the decision being taken, such as having a family member who would be directly affected by the decision being taken, or being involved with the organisation the decision relates to. Contact the Democratic Services Officer: alison.fawley@nottscc.gov.uk for clarification or advice prior to the meeting.

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER
County Hall, West Bridgford, Nottingham, NG2 7QP

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MINUTES
OF THE MEETING OF THE
NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER
JOINT AUDIT & SCRUTINY PANEL
HELD ON THURSDAY 30 JUNE 2016
FORCE HEADQUARTERS, SHERWOOD LODGE,
ARNOLD, NOTTINGHAMSHIRE NG5 8PP
COMMENCING AT 2.00 PM

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MEMBERSHIP
(A - denotes absent)

A   Mr Stephen Charnock (Chair)

A   Mr Leslie Ayoola

      Mr John Brooks

      Dr Phil Hodgson

      Mr Peter McKay

OFFICERS PRESENT

Paddy Tipping	Police and Crime Commissioner
Charlotte Radford	Chief Finance Officer, OPCC
Sue Fish	T/Chief Constable, Notts. Police
Brian Welch	Mazaars
Simon Lacey	KPMG (External Audit)
Jackie Alexander	Notts Police
Natalie Baker	Governance & Business Planning Manager
Mark Kimberley	Head of Finance, Notts Police
Phil Gilbert	Head of Strategy & Assurance. OPCC
Paul Dawkins	ACO, Finance (via video link)
Alison Fawley	Democratic Services, Notts. County Council

1.   CHAIR

RESOLVED 2016 / 014

That, in the absence of Stephen Charnock, John Brooks take the Chair for this meeting.

2) **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Stephen Charnock, Leslie Ayoola, Sue Fish, Andrew Cardoza, KPMG and Mike Clarkson, Mazars.

3) **DECLARATIONS OF INTERESTS BY MEMBERS AND OFFICERS**

None.

4) **MINUTES OF THE PREVIOUS MEETING**

The minutes of the last meeting held on 30 June 2016, having been circulated to all Members, were taken as read and were confirmed and were signed by the Chair.

5) **EXTERNAL AUDIT OF THE ACCOUNTS 2015-16 (ISA260)**

Simon Lacey introduced the report which provided members with the results of the review of the Statement of Accounts and supporting documentation for the financial year 2015-16.

Mr Lacey informed the Panel that he anticipated that an unqualified audit opinion would be issued on the PCC and CC financial statement and that no material adjustments had been identified. There had been a number of disclosure adjustments but they had not changed the values reported and all adjustments had been made in the final version of the statements.

During discussion the following points were raised:

• The recommendation that financial statements and supporting working papers should be the subject of a robust review was noted and Charlie Radford and Mark Kimberly had met to discuss a peer review to identify areas for improvement.
• Financial deadlines were becoming tighter and planning was needed for future years.
• Work was being undertaken to ensure consistency across all three forces.

RESOLVED 2016/015

1)   That the report of the External Auditor be noted and its findings be recommended to the Police and Crime Commissioner and Chief Constable.

2)   That the letter of representation be recommended to the Police and Crime Commissioner for signing and returning to the external auditors.

6)   STATEMENT OF ACCOUNTS AND ANNUAL GOVERNANCE STATEMENTS FOR 2015-16

Charlie Radford introduced the report which provided Panel members with a copy of the audited statement of accounts and annual governance statements for 2015-16.

RESOLVED 2016/016

1)   That the accounts and annual governance statements be recommended to the Police and Crime Commissioner for approval.

2)   That the accounts and annual governance statements be recommended to the Police and Crime Commissioner and Chief Constable for signing.

7)   SUMMARY STATEMENT OF ACCOUNTS 2015-16

Charlie Radford apologised to the Panel as the summary statements of accounts 2015-16 were not available for the meeting. She proposed that the document be circulated to Panel members for comment and approval be emailed direct to her.

RESOLVED 2016/017

That the summary statement be recommended to the Police and Crime Commissioner for publication on the website.

8)   RESERVES AND PROVISIONS OUT TURN REPORT 2015-16

Charlie Radford introduced the report which informed Panel members on the levels of reserves and provisions balances held at the end of the financial year 2015-16.

The position had deteriorated from the previous year as It had been necessary to use reserves to deliver a balanced budget and to meet the shortfall on savings not achieved during the year and had been identified as a risk within the Reserves Strategy and Strategic Risk Register. However the force was currently in a much healthier position and may be able to put into reserves earlier than planned.

The most significant risk is in relation to the A19 judgement but a decision is not expected for 14-15 months.

A revised copy of Appendix A which refined the JO category would be circulated to Panel members.

RESOLVED 2016/018

That the report be noted

9) **REGIONAL COLLABORATION UPDATE**

Simon Torr introduced the report which provided Panel members with an update on the progress made in relation to regional collaboration.

Nottinghamshire remained committed to providing value for money and a first class service through effective collaboration and the Delivering the Future programme. The Tri-Force collaboration had received Home Office funding which would fund projects such as the provision of a single wide area network to enable greater sharing of information, a new telephony system to link the three control rooms and a project to eliminate duplication between the Forces.

The Regional IT Transformation Programme was a portfolio of collaborative initiatives designed to support and improve efficiency and flexibility of operational policing across the region. Projects included consolidating systems and centralising functions which would share costs and realise joint benefits.

Significant savings had been made year on year through the East Midland Collaboration Human Resources Service Learning and Development (EMCHRS L&D) and the unit was working closely with the College of Policing on the development of a higher level apprenticeship programme.

RESOLVED 2016/019

That the report be noted.

10) **PUBLIC FINANCE INTITATIVE CONTRACTS (PFI)**

Jayne Gowler introduced the report which informed the Panel of the work undertaken by the East Midlands Strategic Commercial Unit (EMSCU) supplier services team to improve the management of PFI contracts for the period August 2016 – November 2017.

The next repricing exercise for the Venson PFI was due to be completed early 2017 and a number of initiatives had been introduced by supplier services to improve the contract management. EMSCU had undertaken a deep review of the Miven – Riverside PFI which would be ongoing until a satisfactory resolution was in place.

RESOLVED 2016/020

That the contents of the report be noted.

11) POLICE AND CRIME PLAN (2015-16) – ANNUAL REPORT

The Police and Crime Commissioner introduced the report which provided the Panel with his Annual Report in respect of the Police and Crime Plan for 2015-16.

The Commissioner told the Panel that it had been a tough year financially but performance was ahead of plan. Crime in Nottinghamshire was falling faster than in most other places and Nottinghamshire was the fastest improving Force in England & Wales. Progress had been made with the Stop and Search Project and Nottinghamshire recorded one of the lowest rates in the Country and high positive outcomes. Work for 2017 included a new victims' services model and enhanced services for victims of domestic and sexual violence.

RESOLVED 2016/021

1) That the contents of the report be noted.

2) That any specific items for scrutiny arising from HMIC update report on page 38 of the appendix be reported to The Commissioner.

12) STRATEGIC RISK MANAGEMENT REPORT FOR FORCE AND OPCC, QUARTER 1 2016-17

Natalie Baker introduced the report which updated the Panel on the level of strategic risk management across the OPCC and Force.

A review of current risk management arrangements in the Force and OPCC by the new Corporate Governance and Business Planning Team was planned and a further report would be presented to the Panel at the December meeting.

RESOLVED 2016/022

1) That the contents of the report be noted.

2) That the Panel had received assurance as to the effectiveness of strategic risk management within Nottinghamshire Police.

3) That the closure of the Force's financial risk for 2015-16 due to the budget end and the new risk relating to the Force achieving its financial savings during 2016-17, as detailed in paragraph 2.2 of the report, be noted.

4) That the new risk relating to Resourcing the proposed Target Operating Model, as detailed in paragraph 2.3 of the report, be noted.

5) That the proposed revision of the Joint Risk Management Policy and Procedure be noted.

13) INTERNAL AUDIT REPORT

Charlie Radford and Brian Welch introduced the report which provided the Panel with an update on progress against the Internal Audit Annual Plan for 2016-17 and the findings from audits completed to date.

A follow up report on previous audit recommendations and progress made with implementation would be brought to the next meeting.

RESOLVED 2016/023

That the Panel had received assurance from the audits being undertaken.

14) AUDIT AND INSPECTION REPORT QUARTER ONE 2016-17

Natalie Baker introduced the report which provided an update to Panel members on the progress against recommendations arising from audits and inspections which had taken place within the Force during Quarter One 2016-17.

RESOLVED: 2016/024

1) That the progress made against audit and inspection recommendations be noted.

2) That the forthcoming audits and inspections be noted.

15) POLICE AND CRIME COMMISSIONER'S UPDATE REPORT TO JUNE 2016

The Commissioner introduced the report which provided an update to the Panel on progress against the refreshed Police and Crime Plan (2016-18).

RESOLVED: 2016/025

That the contents of the report be noted.

15) PANEL WORK PLAN AND MEETING SCHEDULE

RESOLVED: 2016/026

That the report be noted.

The meeting closed at 4.15pm

CHAIR

For Information	
Public/Non Public*	**Public**
Report to:	**Audit and Scrutiny Panel**
Date of Meeting:	**15 December 2016**
Report of:	**Force Improvement Activity, Lessons Learned Monitoring, IPCC Lessons Learned Report**
Report Author:	**DCI Elizabeth Rogers**
E-mail:	**Elizabeth.rogers@nottinghamshire.pnn.police.uk**
Other Contacts:	**nicola.thomas@nottinghamshire.pnn.police.uk**
Agenda Item:	04

FORCE IMPROVEMENT ACTIVITY

1.   Purpose of the Report

1.1.   To inform the PCC in respect of force improvement activity, lessons learned monitoring, and the organisation's response to IPCC bulletins during the relevant period – April to September 2016.

2.   Recommendations

2.1.   That the Audit and Scrutiny Panel notes the report.

3.   Reasons for Recommendations

3.1.   To provide the PCC with relevant information and oversight of Nottinghamshire Police response to lessons learned as a result of public complaints and internal conduct matters.

4.   Context

4.1   The identification of organisational learning within the context of Professional Standards is sourced through assessment of three key business areas:

- Complaints from members of the public
- Police conduct
- Independent Police Complaints Commission (IPCC)

4.2   The strategic aim is to ensure best practice across the organisation by sharing knowledge and learning with relevant business areas.

4.3   In addition to organisational learning, individual accountability is expected of specific officers through "management action" by their local leader.

4.4   Monitoring and evaluation of this approach is organised through the national police complaints recording system, "*Centurion*".

4.5   Where learning is considered relevant to the wider organisation it is shared with respective discipline heads including for example Learning & Development,

Custody or Contact Management. Learning is also shared through the Police Intranet and "Keeping You Informed" bulletins. Discipline heads are invited to review current practice against specific learning and if appropriate, deliver changes to policy and practice.

4.6 Governance and oversight of organisational learning takes place through the '*Professional Standards, Integrity and Ethics Board*', chaired by Deputy Chief Constable Simon Torr.

5. Learning from Complaints, Conduct, IPCC

5.1 Since the last reporting period, there have been no new strategic organisation learning points identified within PSD. Learning determined by managers dealing with local resolutions has identified issues for individual officers where their performance could be improved. These are dealt with on an individual basis with an officer who agrees to review relevant policies and or aspects of law. This is incorporated to an officer's action plan within the performance development review (PDR).

5.2 **IPCC Learning**

One Learning Lesson Bulletin (27) has been released by the IPCC since the last reporting period. Two key points of learning are of interest to Nottinghamshire;

- Article 7 impact of sirens on dog handling and
- Article 9 use of discretion for speeding offences.

These matters have been shared with the discipline heads for Dogs and Speed Enforcement respectively. They have been asked to review and consider any policy and practice implications for Nottinghamshire Police. These matters are currently under consideration.

6. Financial Implications and Budget Provision

6.1 No specific financial implications have been identified.

7. Human Resources Implications

7.1 No specific implications.

8. Equality Implications

8.1 No specific internal equality implications are identified. Learning around improving services to the vulnerable, the young and in respect of mental health services will enhance equality of service across the local communities.

8 Risk Management

9.1 The process as described ensures that learning is embedded in a way that mitigates against risk.

10. Policy Implications and links to the Police and Crime Plan Priorities

10.1. Strategic Priority Theme 1: Protect, support and respond to victims, witnesses and vulnerable people.

11.	**Changes in Legislation or other Legal Considerations**

11.1 None.

12.	**Details of outcome of consultation**

12.1 None

13. Appendices

13.1   Appendix 1 IPCC BULLETIN 27

LEARNING THE LESSONS

ASK YOURSELF:
Could it happen here?
www.ipcc.gov.uk/learning-the-lessons

Learning the Lessons bulletins summarise investigations conducted by the Independent Police Complaints Commission (IPCC) or police forces where learning opportunities are identified. Police forces facing similar situations to those described can use the experience of other forces to improve their policies and practices. The bulletin challenges forces to ask "Could it happen here?".

Bulletin 27
August 2016

General
Issues covered in this bulletin:

Call handling	Cases	1, 2, 8
Detention and custody	Cases	2, 10
Information management	Case	2
Investigation	Cases	2, 4
Mental Health	Cases	2, 3
Neighbourhood Policing	Cases	1, 2, 3, 5, 6, 7
Operations	Cases	1, 3, 4, 5, 7
Personal safety	Case	1
Roads Policing	Cases	8, 9

Contacting us

Please email learning@ipcc.gsi.gov.uk with any queries or to join our mailing list.

NPCC National Police Chiefs' Council · College of Policing · HMIC Inspecting policing in the public interest · Home Office · ipcc independent police complaints commission · Police Federation

Case summaries

1 Water-based rescue

Two police officers were pursuing a man who they suspected had stolen a bicycle. The man ran towards the local harbour and disappeared out of sight. A witness told one of the police officers that the man had jumped into the water.

One of the officers took initial control of the rescue operation and requested that a neighbouring force be asked for the use of their boat. The boat was based near to where the incident was happening.

There is a lack of clarity about the conversation requesting the use of the boat as the call was made on an officer's personal mobile phone. The officer used his personal mobile phone as he was aware of recent difficulty with radio reception. There is therefore no record of the content of the call, as would have been the case if it had been made using police radio. The neighbouring force thought that there was no risk to life, which led to them denying the request to use the boat.

Officers searched for the man in the water. By the time the man had been in the water for about 20 minutes, the coastguard had been informed and the police were expecting the arrival of a lifeboat. The officer who had taken initial control of the incident had also arranged for an ambulance and the fire and rescue service water rescue team to attend.

The lifeboat arrived about 40 minutes after the man had jumped into the water and found the man trapped between a wreck and the harbour wall. Despite efforts by the lifeboat crew and the fire and rescue service, the man could not be freed. His body was later recovered by a diving team.

The incident was not formally declared a critical incident, although the on-duty critical incident manager attended the scene once it became clear that the man was trapped.

Government guidance 'Emergency Response and Recovery 2013' on the Civil Contingencies Act 2004 aims to establish good practice based on lessons learned from responding to and recovering from emergencies. This includes advice on multi-agency working including a need for planning, the development of protocols and joint exercises.

The Joint Emergency Services Programme also gives guidance on multi-agency working, including the five principles of: co-locate, communicate, co-ordinate, jointly understand risk, and shared situational awareness.

Key questions for policy makers/managers:

- Do you have a clear policy and process to co-ordinate water-based rescue incidents?
- How do you make sure that officers and staff are aware of the specialist resources available in your area for water-based rescues?
- Do you have agreements in place with the agencies that can provide specialist resources about respective roles and responsibilities in water-based rescues?
- Do you have clear guidance on when an incident should be formally declared a major or critical incident and the actions this should prompt?

Key questions for police officers/staff:

- Are you familiar with your force's policy for carrying out water-based rescues?
- Do you know when an incident should be declared a major or critical incident?

Action taken by this police force:

- The force that took initial control of the rescue operation sent a lessons learned circular to all officers and staff. It reminded them about the guidance and protocols in place about water-based rescues. They are also working to forge closer links between the ops planning unit and learning and development.

2 | Care of a man who had taken drugs

A man died in police custody after being arrested for several drugs offences.

The man was known to police for possession of drugs. He had markers for self-harm on his Police National Computer (PNC) record, which also showed that he had received hospital treatment after swallowing heroin while being arrested on a previous occasion. Crucially, the PNC operator did not provide this information to the arresting officer, contrary to guidance given in Authorised Professional Practice (APP). He did inform the arresting officer about the self-harm marker, but the officer did not share this information with colleagues at the scene.

The flat the man was found in was searched. Two officers supervised the man and two other people, who were also arrested. Non-intimate searches were carried out on all three people. The man was handcuffed to the front and police escorted him to a police van. A different decision about the method of handcuffing and type of search required might have been made had officers known about the man's history.

The man was placed in the van, with the cage and van doors open. The driver of the van stayed with the man. He later described the man as compliant and talkative. After some time, the officer closed the van doors and went to ask his colleague a question, leaving the man unaccompanied in the van for up to a minute. This was contrary to APP. On his return, the officer found the man holding a bag of white powder (later found to be cocaine), some of which was on the floor. The man denied having swallowed any of the powder. Unaware of his history, the officer believed him. He was then transported to a police station.

When he arrived there, the man became unwell. After a couple of minutes, officers recognised an ambulance was needed. There was then a delay of a few minutes while the officers tried to help the man and request an ambulance. One of the officers was first asked to request an ambulance through the force control room and then through the custody suite.

A further delay occurred because the only paramedic available was single crewed and unable to transport the man to hospital. Had police known this before the paramedic arrived, they would have had the opportunity to decide whether to transport him to hospital themselves. The force's guidance on transporting people who are unwell was not consistent with APP.

Poor communication between the officers and the custody healthcare professional led to the man being given a drug that can mask cocaine intoxication.

The man later died in hospital.

- It sent a reminder to staff about the circumstances in which a detainee should be taken straight to hospital and about the national guidance.

- The police force is creating additional guidance on the use of police vehicles. This will include a section on transporting people who are ill or injured.

- The police force agreed a joint transport policy with other local agencies. It includes helping people who are experiencing poor mental health, and missing and vulnerable people. It also includes a protocol on risk assessments and the circumstances in which different agencies should transport a detainee to hospital.

- Guidance on the use of radio systems and the importance of sharing information is being re-circulated to staff. This guidance will be extended to include sharing information from mobile data terminals used by frontline officers.

- The emergency services in the local area formed the 'Emergency Services Collaboration Programme'. One project will provide a multi-agency information transfer hub. This hub will allow accurate information to be electronically transferred quickly and consistently between emergency services.

Outcomes for the officers/staff involved:

- One officer received a written warning for failing to assess the risk at the flat properly, bearing in mind the PNC information, and for his failure to share this information with colleagues. He was also given an action plan on risk assessment and fast-time actions.

- An officer and police staff member received training and monitoring through the Unsatisfactory Performance Procedure. The officer for failing to assess the risk at the flat properly, and the member of staff for failing to share all relevant PNC information.

- Another officer resigned during the investigation. They would have faced a disciplinary hearing for failing to record intelligence properly and failing to assess the risk at the flat properly.

Click here for a link to the full learning report

3 Negotiating with a man threatening self-harm

At around 5.50am, a woman called an ambulance after her neighbour told her he had taken an overdose. She also said he had told her that he wanted to die.

The ambulance service requested police attendance as the man had barricaded the door. When officers arrived he told them he would harm himself if they tried to force entry. Paramedics arrived about 30 minutes later.

Officers asked for a supervisor and negotiator to attend owing to the threats made. An inspector authorised the use of negotiators and Taser, and decided to contact the man's family. He was unable to reach them. No further attempts were made at the man's request.

At around 7.20am, more officers arrived. One officer made a request for firearms officers to attend owing to the threats made. Command of the incident was transferred to a temporary chief inspector in the control room who was acting as the Tactical Firearms Commander (TFC). When firearms officers arrived, they kept out of sight of the man to avoid distressing him further.

At around 8.30am, negotiators began talking to the man. He agreed to leave, but then changed his mind and became verbally aggressive. After two hours, police called for a clinical forensic psychologist.

At 12pm, the man told negotiators that he was due to collect his medication. Officers arranged for it to be collected. Because officers thought he may have taken an overdose, the TFC decided it was unsafe to give him any medication without paramedics checking him first. The man's GP confirmed that the medication was not critical to his short-term health.

At around 3pm, a police sergeant at the scene suggested that the Police Support Unit (PSU), a specialist tactical unit of officers trained in public order and riot control, be used. However, the TFC did not consider this to be appropriate at the time.

At around 3.15pm, firearms officers were withdrawn. The TFC therefore briefed a control room inspector. She believed that she had then transferred command to the inspector. Twenty minutes later, the control room inspector briefed a duty inspector to attend the incident. He believed that from this point, the duty inspector had command of the incident. However, during the duty inspector's journey to the scene, she said she could not take command until she was at the scene and had read the incident log. She added that she was delayed due to heavy traffic. The control room inspector did not hear this transmission. The transfer of command was not properly documented, which added to the misunderstanding about who was in command while the duty inspector was travelling to the scene.

Around 4.10pm, the police sergeant at the scene asked again about the use of PSU officers. The incident log was updated to say that the control room inspector had stated that a decision about PSU deployment would be for the duty inspector when she arrived at the scene.

Negotiations continued. At around 5.30pm, the man's demeanour changed and he began to plead for his medication. He continued to threaten to harm himself if anyone tried to enter the property. The duty inspector arrived five minutes later and took command.

At around 5.45pm, the inspector contacted the control room for an update on the attendance of the PSU. She was told a decision had been made to await her attendance at the scene. The inspector confirmed that PSU attendance was required. PSU officers could not be located quickly as no written procedure for this was available to control room staff. There was also no list of who to contact to begin the co-ordination and deployment of a PSU.

Around 5.50pm, the man again asked for his medication. The request was refused and he became angry. Negotiators tried unsuccessfully to maintain contact. The last contact with the man was at 6.12pm when he again threatened to harm himself if anyone tried to enter the property. Officers tried to contact him by ringing the doorbell but he did not respond.

Around 6.30pm, a sufficient number of available PSU officers were sourced but were 30 miles away. They arrived at around 7.45pm, and forced entry 15 minutes later. The man was found with a ligature around his neck. He was declared dead after approximately 20 minutes of unsuccessful first aid.

Following the man's death, there was a delay of over four hours before his family was informed of his death.

Key questions for policy makers/managers:

- Does your force have clear guidance about handovers between incident commanders, including what information should be recorded?

- Does your force have a clear procedure setting out how to get support from the PSU?

- How does your force make sure that next of kin is notified of a death at the earliest opportunity?

Key questions for police officers/staff:

- If you were in command of a similar incident, would you have asked PSU officers to attend to assist?

Action taken by this police force:

- The force reminded all relevant officers about their responsibilities when transferring command.

- The force is developing a PSU response plan/deployment protocol to help it prioritise requests for support from the team.

- In response to the delay in notifying the family of the man's death: where there is a protracted incident that is likely to result in an investigation, the senior investigating officer should be appointed early on. Where there is a death following police contact, it is very important that the next of kin is informed as soon as possible, even when further information would need to be confirmed later.

Outcomes for the officers/staff involved:

- There were no disciplinary or criminal outcomes for any of the officers or staff involved in this case.

Click here for a link to the full learning report

4 Executing a search warrant

An operation about fraud offences identified three properties of interest to the investigation. The aim of the operation was to execute a warrant under Section 8 of the Police and Criminal Evidence Act 1984 at each property. An officer from a fraud unit led the operation and developed an operational order. This contained information about the offences under investigation, the purpose of the operation, general risks, details of material to search for and intelligence about the people living at the properties identified.

The operation was supported by the Police Support Unit (PSU). The PSU is a specialist team trained to assist with searches, the execution of warrants, and public order incidents.

Early one morning, PSU officers went to one of the properties. As they were assisting rather than leading the operation, they had not completed a full briefing with roles allocated and a strategy agreed for securing and detaining targets and occupants. A copy of the operational order had been sent to the PSU planner. He used this to brief officers about any issues for officer safety. It included information that there might be firearms at the address and that the occupants might be hostile. The officer from the fraud unit who was leading the operation did not brief the PSU officers.

Officers were let into the property by a woman. Once the area was secured, she was taken to the living area. Six other people were in the house; five of the woman's children and a friend of one of her sons. Unknown to police at the time, two of her children were under 18.

It was alleged that the son's friend sustained an injury while being arrested. There is no independent CCTV or photographic evidence that substantiates whether such an injury was sustained. Had officers been equipped with body worn video, this and the subsequent incidents would have been recorded.

The family were escorted to the living area where they sat down. The atmosphere was very tense and loud, with police shouting commands and the family arguing with each other, shouting in both English and Somali.

The woman asked for a drink of water and was given one at some point. Family members and police disagree about whether the way that this request was handled had any impact on the events that followed.

Some of the woman's children tried to leave their seats and were pushed back by one of the officers, who was also shouting commands. The eldest son was angry, shouting and swearing. He tried to get up again and lunged towards the officer. The officer, fearing for his safety, punched him in the face. The eldest son was then handcuffed, arrested, and cautioned for offences relating to the warrant.

The other members of the family became very upset and were screaming and shouting. The woman's daughter was pushed into the kitchen area, arrested for breach of the peace, and handcuffed to the rear. One of the young men, who began to shout and swear, was taken into another room to diffuse the situation. The officer decided to arrest him but the man resisted. The officer took him to the floor, handcuffed him to the rear, and gave him a caution. When the young man calmed down, the officer sat him up and noticed that he had blood trickling from his nose. He asked the young man if he was ok and he cleaned up the blood. The officer did not know that the man was under 18.

Once the arrested family members were taken into custody, the woman was left with the remaining officers and two of her sons. The woman was unhappy because she thought officers were talking about how they had dealt with her children. She said that when she challenged them, one of the officers shouted at her. She felt the family were discriminated against on the basis of their race and religion.

All family members suggested that this incident was different to the contact they had had with police officers previously, and was much more tense and hostile. The police had visited the property before but this was the first time that the PSU had been involved.

> **Key questions for policy makers/managers:**
>
> - When planning an operation, how does your force make sure that all officers are fully briefed, irrespective of which unit is leading the operation? Do you use the II-MARCH model?

- Is the use of body worn video considered by your force when deploying specialist unarmed units to addresses where there are known to be people who are hostile to the police?

Key questions for police officers/staff:

- What information would you have wanted to know before participating in a similar operation?

- What action would you have taken in the same situation if you did know that someone under 18 was present?

Action taken by this police force:

- The force has set up a working group to review the processes around unarmed entry, and planning documents used by the PSU.

- Organisational learning has been shared with training leads to inform the development of training.

- The force is in the process of rolling out body worn video. It is considering extending the roll-out to officers working in the PSU.

Outcomes for the officers/staff involved:

- There were no misconduct or criminal outcomes for any of the police officers involved in this incident.

- The officer who removed one of the occupants from the secured living area – potentially placing himself at risk – was given one-to-one feedback.

The **II-MARCH model** is a form of briefing structure that can be used. Using the model assists personnel to meet briefing objectives, and to assess the most suitable method and environment in which to deliver the briefing.

Click <u>here</u> for a link to the full learning report

5   Planning multi-agency operations

Complaints were made by six members of the public about the behaviour of two police officers who were supporting revenue protection officers from an energy supply company. The complaints were investigated by the IPCC.

The two officers accompanied the revenue protection officers in their inspections of various business premises. The revenue protection officers suspected that the owners of these premises were abstracting, or stealing, energy. The officers were present to prevent breaches of the peace and to investigate suspected cases of unlawful abstraction of electricity.

All the complaints were about the rude, aggressive behaviour of the two police officers involved. Some of the complainants said that the officers had used racist language towards them, or that their aggressive behaviour was racially motivated.

There were few witnesses to the behaviour and the revenue protection officers denied hearing the police officers use any inappropriate language. One of the complainants used his mobile phone to record the officers. This provided vital independent evidence to the investigation.

While the officers involved in the operation were later found to have a case to answer for gross misconduct, the operation itself was found to be necessary and proportionate.

The investigation noted that multi-agency operations like this one provide a visible deterrent to criminals and help to maintain the safety of both the public and business premises. These types of operations can also inspire public confidence. However, the investigation found that, although it was a formal policing operation, no operational orders were made to support it. There were no clear guidelines for when an arrest should be made to make sure all premises were treated consistently. No risk assessments were carried out. The potential for a negative impact on the community was also not considered. In this case, the operation undermined the local community's confidence in the police.

Key questions for policy makers/managers:

- Does your force routinely issue operational orders for operations involving enforcement officers from other agencies or private companies?

- Does your force routinely consider the potential impact on the community when planning enforcement operations?

- Does your force routinely issue body worn video to officers involved in operations where the presence of the police has the potential to contribute to community tensions?

Action taken by this police force:

- Feedback that operational orders should be in place for operations of this nature to be given to division.
- The force is considering using body worn video in operational policing. The value of such technology in the field of complaints has been fed into the business case for buying the equipment.

Outcomes for the officers/staff involved:

- Both of the police officers involved in the operation were found to have a case to answer for gross misconduct in relation to their aggressive and potentially discriminatory behaviour. One officer retired before disciplinary proceedings began. The other officer was required to attend a misconduct hearing and received a written warning.

The use of body worn video (BWV) is being rolled out to more police forces, and being made available to more officers to use as part of their daily police work. The IPCC produced a position paper on BWV in January 2016. This sets out some guidance and issues which need to be considered when using BWV.

☀ Click here for a link to the full learning report

6 Issuing a closure notice

🏠

At approximately 1.30am, an officer went to a house where a student party was happening. He had been visiting another address on the same street when he heard the loud noise coming from the house. A large number of people were there. The officer requested backup and told those present that he was closing the premises down. Anyone who did not live there was required to leave. He repeated this message a number of times.

Other officers arrived and agreed that the party needed to be closed down under the Anti-social Behaviour, Crime and Policing Act 2014.

The officer who originally attended went back to the police station to complete the relevant paperwork. He then returned to serve the closure notice and gave everyone present a copy of it.

It was later found that the closure notice did not include all the information required by the Act. The Act states that it must "give information about the names of, and means of contacting, persons and organisations in the area that provide advice about housing and legal matters." While this did not have a negative impact in this case, in different circumstances there could have been harmful consequences. The officer in this case did consider the vulnerability of and possible impact on those in attendance, making sure that they had places to go.

Anti-social Behaviour, Crime and Policing Act 2014

Section 76 – Power to issue closure notices
5) A closure notice must –
   a) identify the premises;
   b) explain the effect of the notice;
   c) state that a failure to comply with the notice is an offence;
   d) state that an application will be made under section 80 for a closure order;
   e) specify when and where the application will be heard;
   f) explain the effect of a closure order;
   g) give information about the names of, and means of contacting, persons and organisations in the area that provide advice about housing and legal matters.

Key questions for policy makers/managers:

- Does your force template for closure notices include all information required by the Anti-social Behaviour, Crime and Policing Act 2014?
- What steps do you advise officers to take to consider the welfare and any potential vulnerability of the people who will be directly affected by the closure notice?

Key questions for police officers/staff:

- Do you know where to find information about local organisations that provide advice about housing and legal matters that could be useful to people affected by closure notices?

7 Using police dogs

At approximately 8pm, police officers were carrying out an authorised pursuit of a stolen car. A Police Dog Response Vehicle (DRV), which included a police dog and a police dog handler, was in the same area as the pursuit. The driver of the DRV heard about the incident over the police radio and joined the pursuit. The pursuit then entered a housing estate.

During the pursuit, the stolen car crashed into a wall. The driver, who was the only person in the car, ran down an alleyway away from the car.

The police dog handler got out of the DRV with the police dog but did not put it on a lead. They then both headed down the alleyway.

As they came out of the alleyway, they could not see the driver of the stolen car. The police dog handler gave the police dog a command to look for the driver. The police dog handler could not see any other people around at the time.

The original police vehicle involved in the pursuit appeared around the corner. The officers in this vehicle saw where the driver was and pointed to his location. The police dog handler then saw the driver. At this point, the police dog had moved a few feet in front of him looking for the driver. The police dog handler called the police dog to redirect him to where the driver was. The police dog turned back and then began running as it appeared to have picked up the driver's scent. However, a six-year-old girl suddenly appeared in front of the police dog. She was running towards it with her hands in the air.

The police dog handler shouted to the police dog to try to stop it but the sirens from the nearby police car were on. This may have made it difficult for the police dog to hear him. The police dog bit the girl, causing serious injuries to her leg, which required overnight hospital treatment.

Key questions for policy makers/managers:

- Does your force provide clear guidance and training on deployment of police dogs in residential areas?
- Does your force advise officers to deactivate sirens when police dogs are deployed so that dogs can better hear their handlers?

Action taken by this police force:

- The force is reviewing its training on police dog deployment. The review will look in particular at cases where there are risks of unanticipated contact with the public – in particular, children – and a risk that environmental noise, such as police sirens or traffic, may prevent the police dog hearing its handler.

Outcomes for the officers/staff involved:

- The police dog handler received management action around the deployment of police dogs in pursuit situations.

8 Pursuit resulting in a collision

An officer on patrol in a standard response police car saw a car being driven by a member of the public. He later described the car as pulling away from him despite the fact he was driving at the speed limit. He therefore decided to stop the car. The officer indicated for the driver to stop for a routine stop/check, however, the car did not stop. The officer then pursued the car. He was not an advanced (pursuit trained) driver, nor was he in an approved vehicle in which to conduct a pursuit.

A few minutes later, the car being pursued entered a one-way street travelling in the wrong direction. The car collided with another car travelling in the opposite direction, being driven by a member of the public. The driver of the car being pursued got out of his car and was hit by the police vehicle.

During the pursuit, there was limited communication between the officer and the force control room, and the officer's updates were inadequate.

When the officer first reported the failure to stop, the control room operator should have created a new incident. However, they mistakenly updated an unrelated incident. There was also a misleading entry on the incident log, which stated that the officer involved in the pursuit was an advanced driver in an approved vehicle. This turned out to be an update from another police unit. No single operator took control of managing the incident or making the inspector on duty aware of the pursuit, which was normal practice. The operators involved assumed someone else had notified the inspector.

The lack of timely and accurate information meant the inspector was not aware of the pursuit immediately and did not have the necessary information to make decisions. The collision had happened by the time the inspector realised that the police driver involved in the pursuit was not appropriately trained and was driving a vehicle that was not approved for a pursuit.

When interviewed, the officer stated he had never been informed of the force pursuit policy and would not know where to find it. This was despite the fact that he had signed a form confirming he was aware of the force's policies and procedures. The officer subsequently stated that the force's pursuit policy contradicted itself with the addition of a note by way of update. He said that the policy should have been rewritten rather than a note being added.

Key questions for policy makers/managers:

- How does your force make sure that the control room inspector is always kept informed about any relevant incidents?
- Does your force provide operators in the control room with the opportunity to practice the key skills involved in handling pursuits during training?
- What action does your force take to make sure that police drivers understand your force's pursuit policy?
- What action does your force take to keep officers informed about any changes to force policy?

Action taken by this police force:

- The driver training policy is being reviewed after collaboration with other forces in this region. This includes maintaining a central record of officers' knowledge of policy.
- Force control room inspectors have been commissioned to run scenarios based on pursuit circumstances with their teams. The purpose of this is to reality check roles and make sure there is a common understanding in the event of a live incident.

Outcomes for the officers/staff involved:

- The officer who pursued the car without the proper training or authority to do so was found to have a case to answer. At the same time, an unrelated case was brought against the officer for separate issues. Following a hearing, the officer was found guilty of misconduct for this case. However, he was also found guilty of gross misconduct for the unrelated case and was dismissed without notice.
- No case to answer was found for the control room inspector.

Click here for a link to the full learning report

9 Police officer discretion in applying road traffic laws

A man was stopped for speeding after driving at 57mph in a 40mph zone. The man already had ten points on his driving licence and expressed his remorse to the two officers who had stopped him.

After considering all the circumstances, one of the officers used her discretion to record a speed of 53mph on the traffic offence report. She endorsed the report to explain her actions. This meant that the man would have to attend a driver awareness course rather than face a summons to court.

Just over two months later, two women were killed after being hit by a car being driven by the same man in the same area. He was arrested on suspicion of manslaughter.

The police force did not have a policy and procedure in place to tell its officers how to use the traffic offence report, or guidance about using their discretion when dealing with speeding offences. This led to confusion within the roads policing unit. It led the officer who dealt with the man initially to use her discretion incorrectly.

It was later established that workloads at the Summary Justice Unit of the police force were such that, even if he had been summoned to court, the man would not have faced any sanction before the women were killed that might have prevented their deaths.

Click here for a link to the full learning report

10 Animal welfare when owner in custody

Officers arrested a woman who had her cat with her in a pet carrier.

As the cat could not be kept in the custody suite, various options were explored and ruled out. These included taking the cat to the local police dog kennels, which were not suitable. Police also suggested taking the cat to the local cats and dogs home, but the woman did not agree to this. Officers then asked if she had a friend or neighbour who could help, but the person she suggested did not want to look after the cat. It was therefore agreed that officers would return the cat to her home.

The case was passed from the arresting officers to a case progression unit. The officer from the case progression unit was unaware of the woman's cat. Therefore, it did not form part of his handover the following morning.

The woman was seen by healthcare professionals during her time in custody and had a mental health assessment. The day after her arrest she was sectioned and was taken into hospital where she remained for several weeks.

As the cat had not been brought into custody, it was not noted on the list of her property. It was, however, noted elsewhere on the custody record in the section about any other issues that might affect her or anyone who depends on her while in custody.

During the next two to three weeks an officer from the case progression unit contacted the hospital to try to get an update on the woman's condition. Each time she was told that the woman was too unwell to speak to police. Approximately four weeks after the woman's arrest, the officer was told that the woman had been released from hospital and had found that her cat had died.

While the woman was in hospital both she and hospital staff contacted the police about her cat. Call handling staff made enquiries about the cat but they received conflicting information. There was a lack of clarity about what had happened to it, and whether the cat was actually with the woman when she was arrested. Some information seemed to indicate that hospital staff were checking on the cat's welfare.

Action taken by this police force:

- Wildlife liaison officers are researching the full extent of this issue. They are looking at the most appropriate way of making sure that the organisation can comply with its responsibilities to detainees and the welfare of their animals.

- The force has identified a potential improvement to its custody system. An alert could be added to highlight any issues raised that might affect the person detained or anyone who depends on them while they are in custody. This would form part of the booking out procedure.

Outcomes for the officers/staff involved:

- The custody sergeant who booked the woman into custody received management action. This focused on making sure that adequate notes are made on the custody record to allow the effective handover of detainees.

- The officers who took the cat to the woman's home were found not to have considered what provisions were necessary for an animal confined in a home for an unknown period of time. They received management action.

- The custody sergeant who was on duty when the woman was taken to hospital received refresher training on the booking out procedures when people leave custody. This emphasised that all issues raised when someone is first detained must be considered when releasing them from police care.

Click here for a link to the full learning report

Related reading

The Learning the Lessons pages on our website (**www.ipcc.gov.uk/learning-the-lessons**) contain links to a variety of research and other publications relating to the cases featured in this bulletin, as well as previously published bulletins, and copies of the more detailed learning reports which accompany each case.

Contacting us

Please email **learning@ipcc.gsi.gov.uk** with any queries or to join our mailing list.

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For Information	
Non Public	Public
Report to:	Audit and Scrutiny Panel
Date of Meeting:	15 December 2016
Report of:	IPCC Investigations, recommendations and actions
Report Author:	DCI Elizabeth Rogers
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Agenda Item:	05

IPCC INVESTIGATIONS

1.   Purpose of the Report

1.1   To inform the PCC in respect of complaint and conduct matters which have been referred by Nottinghamshire Police to the IPCC during the relevant period 1st April 2016 to 30th September 2016, together with relevant recommendations and actions.

2.   Recommendations

2.1   That the Panel receive assurance from the processes in place relating to IPCC investigations as detailed within the report.

3.   Reasons for Recommendations

3.1   To provide the PCC with relevant information and oversight in respect of cases that Nottinghamshire Police refers to the IPCC

4.   Referral Volume and Demand

4.1   The data summary below outlines:

- Cases referred to the IPCC during the relevant period.
- All cases finalised during the relevant period

It includes a breakdown of how the IPCC determined primacy of investigations referred. Details of referred cases are attached at Appendix A.

Referred	Total	Complaint	Conduct	Miscellaneous
Cases referred	25	5	3	17
Compared to previous period	35 (-29%)			
Mandatory referral	25			
Voluntary referral	0			
Supervised Investigation	2	0	2	
Independent Investigation	2	1	0	1
Local Investigation	21	**4**	**1**	**16**
Force Deal	0	0	**0**	**0**

Finalised	
All cases finalised	3
Finalised "No Action"	3
Finalised "Upheld"	0
Finalised "Not Upheld"	0

4.2 The following is a description of those cases finalised outlining the nature of the complaint or conduct and the outcome.

	Circumstance	Outcome
1	Allegation of excessive force used during arrest - suspected heart attack whilst in custody.	Local Resolution with consent. No appeal, case finalised.
2	Detained Person sustained a broken bone whilst in Police Custody.	Local Investigation. Local Resolution by PSD, no appeal, case finalised.
3	DSI - Patrol car driven by Sergeant spotted vehicle driving with five persons inside. Vehicle involved in RTC.	Local Investigation. No Action

4.3 Nottinghamshire Police continues to maintain a good application of the IPCC Statutory Guidance having due regard to compliance with voluntary and mandatory referrals. Improvements have been made in joint working with the IPCC including shared participation in "Death & Serious Injury" (DSI) training with staff from the Custody Suites. Operational protocols are embedded with the IPCC as soon as an investigation is declared Independent. This includes inviting and supporting IPCC investigators into the Force, assisting with the serving of misconduct notices where appropriate. For matters not declared as independent but in the initial assessment stage, PSD operates as a conduit between the IPCC and local senior investigators for incidents in action; for example this includes seeking access for the IPCC as observers during Post Incident Management (PIM) procedures concerning officers involved in serious incidents. PIM is a robustly regulated means of supporting officers affected by serious events, while achieving best evidence in a controlled environment, including ensuring officers do not confer prior to recording their evidence.

4.4 The reduction in matters referred to the IPCC follows a trend from the period ending September 2015 when 41 cases were referred compared to the most recent reporting period of 25 cases. In light of these reductions, PSD now has a protocol in place to record those incidents where consideration was given on the necessity to refer a matter, but a decision was made by PSD not to. It is felt that it is necessary to reassure the IPCC if asked, that we have a sound decision making process with due regard for transparency. While some elements of DSI during police contact require a mandatory referral (e.g. during or shortly after detention/arrest) other incidents require a professional assessment based on the information known at the time. PSD undertakes this responsibility with reference to the Home Office Guidance which

prompts a decision based on whether *"contact may have caused – directly or indirectly – or contributed to the death or serious injury"*

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5   Financial Implications and Budget Provision

5.1   There are no specific financial implications in respect of this report. The Directorate is aware of its responsibilities in relation to 'Spending Money Wisely' and the information within this report exemplifies approaches to manage resources effectively.

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6   Human Resources Implications

6.1   PSD resources are under constant review, ensuring that the department has both the capacity and capability to meet demand. Where additional resources have been required these have been authorised and temporary staff recruited where necessary.

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7   Equality Implications

7.1   No specific implications

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8   Risk Management

8.1   It is essential the public have confidence in the service Nottinghamshire Police provide.

8.2   Organisational learning is a whole organisation responsibility which helps to mitigate risk. Professional Standards Directorate contributes to risk management through the sharing of learning and encouragement of change across the organisation where appropriate.

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9   Policy Implications and links to the Police and Crime Plan Priorities

9.1   IPCC Investigations ensure that the public can have confidence in the independence, accountability and integrity, of the most serious of cases, most notably Death or Serious Injury.

9.2   It is the responsibility of the force to ensure mandatory and voluntary referrals are made in a timely fashion and that appropriate support is given to IPCC investigators. This delivers professional services in support of the organisations PROUD values.

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10   Changes in Legislation or other Legal Considerations

10.1   None

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11   Details of outcome of consultation

11.1   None

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12. Appendices

12.1   Appendix A - Cases referred to the IPCC 1st April 2016 to 30th September 2016.

	Referred To IPCC	Reason Referred	Mode of referral	IPCC Decision	Investigation Status
	APPENDIX A	Summary of IPCC Referrals between			
1	11-May-2016	Supply of controlled drugs	Mandatory	Supervised	Live
2	27-May-2016	Serious corruption	Mandatory	Supervised	Live
3	24-Jun-2016	Security Breach	Mandatory	Local	Live
4	21-Apr-2016	Collapse whilst in custody	Mandatory	Independent	Live
5	20-Sep-2016	Allegation of racially aggravated assault	Mandatory	Local	Live
6	18-Apr-2016	injury yo hip during arrest	Mandatory	Local	Live
7	6-May-2016	Death after police comtact	Mandatory	Local	Live
8	16-May-2016	Suspected fracture to wrist duting custody	Mandatory	Local	Finalised
9	23-May-2016	Fracture to finger whilst in custody	Mandatory	Local	Finalised
10	29-May-2016	Death following police contact	Mandatory	Local	Finalised
11	28-Jun-2016	Dog bite injuries	Mandatory	Local	Finalised
12	30-Jun-2016	Death or serious injury from RTC due to presence of a police vehicle	Mandatory	Local	Finalised
13	19-Jul-2016	Injury to ankles after jumping from a window whilst offcers present	Mandatory	Local	Finalised
14	4-Aug-2016	RTC following police pursuit	Mandatory	Local	SJ
15	4-Aug-2016	Death of minor following police contact with suspect	Voluntary	Local	Finalised
16	5-Aug-2016	Self inject of insulin whilst in Custody	Mandatory	Local	Live
17	10-Aug-2016	Taser Discharge	Mandatory	Local	Live
18	22-Aug-2016	Dog Bite incidet	Mandatory	Local	Live
19	23-Aug-2016	Injury to tibia after being stopped by officers	Mandatory	Local	Finalised
20	2-Sep-2016	RTC following fail to stop	Mandatory	Local	Live
21	9-Sep-2016	Suicide attempt following police contact	Mandatory	Independent	Finalised
22	14-Sep-2016	Injuries during arrest	Mandatory	Local	Live
23	14-Apr-2016	Fracture following police contact	Mandatory	Local	Finalised
24	4-Aug-2016	Death following police contact	Mandatory	Local	Appeal Period
25	21-Jul-2016	Death following police contact	Mandatory	Local	Appeal Upheld

For Information	
Public/Non Public*	Public
Report to:	Audit and Scrutiny Panel
Date of Meeting:	15 December 2016
Report of:	PROFESSIONAL STANDARDS REPORTING PROCEDURE ('WHISTLE BLOWING')
Report Author:	T/DI 2108 Michael Allen
E-mail:	michael.allen@nottinghamshire.pnn.police.uk
Other Contacts:	
Agenda Item:	6

PROFESSIONAL STANDARDS CONFIDENTIAL REPORTING PROCEDURE

1. Purpose of the Report

1.1 To inform the Police and Crime Commissioner (PCC) regarding the above procedure and outline how the organisation in general and the Professional Standards Directorate (PSD) manages and deals with those members of the organisation who make reports concerning breaches of professional standards. In particular how they can be provided with support and confidentiality, when appropriate and necessary.

2. Recommendations

2.1 That the Panel receive assurance from the processes in place relating to confidential reporting as detailed within the report.

3. Reasons for Recommendations

3.1 To provide the PCC with relevant information and oversight in respect of how Nottinghamshire Police ensures that appropriate systems are in place to both encourage and support Officers and Staff to report (a) breaches in standards of professional behaviour and (b) refer any matter that may amount to an allegation of criminal conduct.

4. Summary of Key Points (this should include background information and options appraisal if applicable)

4.1 Police Officers, Staff and Volunteers, must be honest and act with integrity at all times. This is a principal and absolute standard of professional behaviour, from which there can never be any departure. Without personnel possessing such attributes, public trust and confidence would be eroded, the Police would lack legitimacy and the service provided would become ineffective.

4.2 The reporting procedure for referring potential breaches in standards of professional behaviour, aims to create a climate where staff feel a genuine commitment to openness and transparency when reporting breaches of Professional Standards. Police personnel should be motivated with a desire

to maintain the integrity of the Police service and feel assured that reporting misconduct and criminal transgression, will be universally acknowledged as 'doing the right thing.'

4.3   The Force's 'Professional Standards Reporting Procedure' (PD462) defines how Nottinghamshire Police will protect and support its Officers, Staff and Volunteers, by both (a) providing a broad range of options for reporting breaches and (b) providing consistent and meaningful support to colleagues who report concerns.

4.4   The Code of Ethics as set by the College of Policing, places a positive obligation on Police personnel to report suspected breaches in the standards of professional behaviour by their colleagues. Officers, Staff and Volunteers must be able to report such breaches openly, with the support of their peers and line managers and have the utmost confidence that in doing so, they will never be subject of victimisation, discrimination or disadvantage.

4.5   The reporting procedure identifies guiding principles and some examples of what activity or conduct should be reported, before outlining the different mechanisms and gateways for making such reports, which can be done anonymously, confidentially or in an open report.

4.6   The PSD have a key part to play in this procedure once a referral is made to the Directorate. Where open reports have been made, appropriate support will be given to the informant from the outset and proactive central and / or local management support and action will continue throughout the lifetime of the investigation and where necessary beyond that.

4.7   Confidentiality when requested will be given the highest priority. Nevertheless, relevant information will be subject of statutory rules governing disclosure. For misconduct cases that fall outside the scope of a criminal investigation, confidential information will be handled in a similar way to criminal intelligence. Where there can be no adverse effect on the person accused and a fair hearing can be guaranteed, immunity as to the disclosure of confidential information will always be sought.

4.8   For any Officers, Staff or Volunteers who are concerned in coming forward to report any suspicion of corruption or misconduct, the Force provides an anonymous and confidential digital reporting platform called 'Integrity Messenger.' This system allows two-way communication with the PSD Counter Corruption Unit (CCU), whilst still preserving the anonymity of the person reporting for as long as they feel the need. Two way digital dialogue allows for rapport and confidence building, which in turn can lead to the person reporting providing their personal details. This affords any linked investigation with an opportunity to pursue further lines of enquiry.

4.9   A confidential telephone reporting system, maintained by the CCU, is also available to all Officers and Staff. Telephone calls are taken in person between the hours of 8am and 4pm and outside of these times, there is a

voicemail facility. This facility operates on both an external and internal telephone number.

4.10 In the relevant period (1st April 2016 to 31st October 2016) 49 referrals were made to the Counter Corruption Unit through Integrity Messenger, the confidential reporting telephone line and anonymous written communication. This compares to 42 referrals in the previous six months.

4.11 In respect of these referrals at paragraph 4.10, 65% fell outside the corruption categories as defined by the National Crime Agency (NCA) and were therefore not criminal. The majority of these referrals comprised allegations of breaches in standards of professional behaviour or Force policy / procedure, followed thereafter by attendance and / or sickness management and then finally performance concerns. All referrals have been subject of investigation and / or immediate intervention and for the cases now finalised, except for one, it has not been necessary to implement formal misconduct proceedings.

4.12 With regard to those referrals tallying with NCA corruption categories, the majority were allegations of 'Other' criminal offences. Only one such referral within this category remains under investigation, with all other cases having been disproven or not found. Behind this majority category were allegations / concerns as to misuse of Force computer systems and insofar as these referrals were concerned, all were disproven.

5. Financial Implications and Budget Provision

5.1 No specific financial implications are noted

6. Human Resources Implications

6.1 No specific HR implications are noted

7. Equality Implications

7.1 This document has been drafted to comply with the general and specific duties in the Equality Act 2010; Data Protection Act; Freedom of Information Act; ECHR; Employment Act 2002; Employment Relations Act 1999 and other legislation relevant to policing.

7.2 This procedure is robust and the evidence shows there is no potential for discrimination and that all opportunities to promote equality have been taken.

8. Risk Management

8.1 It is essential the public have confidence in the service Nottinghamshire Police provide.

8.2 The overwhelming majority of individual members of Police personnel including Police Officers, Staff and Volunteers within Nottinghamshire Police

are dedicated, hard working, compassionate, and deliver policing services with a high degree of integrity. Regrettably, there are a small number of Police personnel that are guilty of and vulnerable to, unethical behaviour, dishonesty and corruption. The harm they do far outweighs the numbers they represent

8.3 We all have a part to play in enhancing the integrity and reputation of the Force. This process starts with recognition that we are all individually accountable for our actions and responsible for our behaviour.

9. Policy Implications and links to the Police and Crime Plan Priorities

9.1 By having a Professional Standards Reporting Procedure we are able to set out ways that staff can make reports concerning breaches of Professional Standards and ensure we support the organisations 'Vision', 'Values' (PROUD) and 'Plan' 'To cut crime and keep you safe', 'To spend your money wisely' and 'Earn your trust and confidence', ensuring all relevant parts of the organisation are given help to improve our service and ultimately achieve the force priorities.

10. Changes in Legislation or other Legal Considerations

10.1 None

11. Details of outcome of consultation

11.1 None

12. Appendices

12.1 None

For Information	
Public/Non Public	Public
Report to:	Joint Audit and Scrutiny Panel
Date of Meeting:	15th December 2016
Report of:	Julie Mair, Head of Corporate Development
Report Author:	Natalie Baker-Swift, Corporate Governance and Business Planning Manager
E-mail:	natalie.baker@nottinghamshire.pnn.police.uk
Other Contacts:	Julie Mair, Head of Corporate Development
Agenda Item:	7

ASSURANCE MAPPING Quarter 3, 2016/17

1. Purpose of the Report

1.1 This report is to provide the Joint Audit and Scrutiny Panel with a dashboard view of assurance levels against potential risk to the achievement of Force objectives for Quarter 3 of 2016/17.

2. Recommendations

2.1 That the Panel notes the levels of assurance against potential risks to the achievement of Force objectives, outlined in Appendix 1 of this report.

2.2 That the Panel considers recommendations concerning the future application of assurance mapping.

3. Reasons for Recommendations

3.1 The use of assurance mapping as a management tool will benefit the Force in terms of seeking continual improvement and mitigating organisational risk.

4. Summary of Key Points

Overview

4.1 Following agreement at the Force Executive Board (FEB) in January 2016 assurance maps will now be reviewed and updated on a biannual basis and reported to the FEB and the Joint Audit and Scrutiny Panel.

4.2 A new approach to assurance mapping has been taken to provide a 'dashboard view' of levels of assurance against potential risk to the achievement of Force objectives.

4.3 Assurance refers to any evidence that can provide stakeholders with confidence that an organisation is operating efficiently and effectively to achieve its agreed objectives and that any risks to achieving objectives are being identified and adequately managed.

4.4 Assurance has been assessed at three levels, referred to as 'lines of defence':

- The first 'line of defence' is evidenced by internal management controls, including policy, procedure and strategy;
- The second 'line of defence' is evidenced by management scrutiny and oversight, including formal reporting mechanisms and performance reporting;
- The third 'line of defence' is evidenced by independent oversight provided by internal audit and inspection conducted by HMIC and other inspectorates.

4.5 Each potential risk has been assessed against each 'line of defence' and given an assurance rating of 'none', 'limited', 'reasonable' or 'substantial'. Please note, where a formal assurance rating has not been provided by the internal auditor or the inspectorate, professional judgement has been applied.

Future application

4.6 Please note that due to the numerous potential risks to the achievement of the Force's objectives, the scope of this assurance mapping exercise has been limited to the risks to the most significant objectives. The current version, presented in Appendix 1, is an example of application of this management tool. In future, it is proposed that the scope is directed according to stakeholder interest and emerging risk.

4.7 Where assurance is judged to be inadequate, the following courses of action may be considered by the FEB:

- Review of policy, procedure or strategy;
- Commission audit of key lines of enquiry by the Business Improvement Team;
- Commission of internal audit as part of the Joint Internal Audit Plan.

4.8 As part of the joint development of shared OPCC and Force objectives assurance mapping will be conducted against the agreed objectives which will make the exercise more comprehensive and will continue to add value for stakeholders.

5	Financial Implications and Budget Provision

5.1 There are no financial implications associated with assurance mapping. This exercise is carried out within normal budget provision.

6	Human Resources Implications

6.1 There are no vetting implications associated with assurance mapping.

7	Equality Implications

7.1 There are no equality implications associated with assurance mapping.

8	Risk Management

8.1 Assurance mapping is used to inform the Internal Audit Plan. The findings from internal audits are likely to provide the Force with useful insight into risks through the identification of specific vulnerabilities. It is the responsibility of lead officers for each audited area to consider the audit findings and their implications in terms of risk management.

9	Policy Implications and links to the Police and Crime Plan Priorities

9.1 It is likely that findings from specific audits will have implications for Force policy and practice in the audited business area. Where that is the case, the lead officer or manager is responsible for preparing an appropriate action plan, with the support of the Planning and Policy team, to be managed as part of the Force's established audit and inspection reporting process.

10	Changes in Legislation or other Legal Considerations

10.1 There are no known future changes in legislation that are likely to impact on the internal audit plan.

11	Details of outcome of consultation

11.1 The relevant functional leads were consulted as part of this process to gather information.

12	Appendices

12.1 Appendix 1: Risk Assurance Map, Q3 2016/17

Appendix 1: Risk Assurance Map (2016/17, Quarter 3)

Levels of Assurance*

None	No assurance process undertaken.
Limited	Mazars - Limited HMIC - Requires Improvement / Inadequate
Reasonable	Mazars - Satisfactory HMIC - Good
Substantial	Mazars - Significant HMIC - Outstanding

* Please note assurance levels are not consistently provided by inspectorates and are therefore the result of professional judgement having read the report and any

Priority / Outcome	Objective	Type of risk	Potential impact	First line of defence: Policy, Procedure, Strategy		Second line of defence: Management oversight, Corporate Meetings, Management Information		Third line of defence: Independent assurance provided by internal and external audits, HMIC, IPCC and Peer Reviews, which have taken place in the last three years.		Notes / Recommendations
				Assurance	Rationale	Assurance	Rationale	Assurance	Rationale	
munities: To cut crime and keep you safe	Reduce crime	Levels of overall crime in Nottinghamshire do not reduce.	Very high	Substantial	Neighbourhood Policing Policy 2012 *Due for review* APP Investigation Investigation Procedure 2016	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board The Performance and Insight Pack (P&I Pack) reports on 'reduction in All Crime across the force' monthly.	Substantial	HMIC: Effectiveness Pillar, 2015 "How effective is the force at preventing crime and anti-social behaviour and keeping people safe?" (Good) HMIC: Effectiveness Pillar, 2016 (Grading TBC)	
	Reduce ASB	Significant increase in ASB incidents.	High	Adequate	Home Office: ASB, Crime and Policing Act 2014: Reform of ASB Powers 2014 Anti-Social Behaviour Policy 2012 *Due for review*	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board The P&I Pack reports on monitoring of 'repeat victims of ASB incidents'.	Substantial	HMIC: Effectiveness Pillar, 2015 "How effective is the force at preventing crime and anti-social behaviour and keeping people safe?" (Good) HMIC: Effectiveness Pillar, 2016 (Grading TBC)	
	Protect vulnerable people	Failure to protect vulnerable people from domestic abuse	Very high	Adequate	Dealing with Vulnerability Policy 2014 *Due for review* Management of Repeat Victims Procedure 2014 Domestic Abuse Policy and Procedure 2015 Home Office: Domestic Homicide Reviews Guidance	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board The P&I Pack reports on 'monitoring of the number of domestic abuse incidents and crimes and the proportion of which are repeats'.	Adequate	HMIC: Effectiveness Pillar, 2015 "How effective is the Force at protecting from harm those who are vulnerable and supporting victims?" (Requires Improvement" HMIC: Effectiveness Pillar, 2016 (Grading TBC) Lancashire: Peer Review 2016	No recommendation has been made for inclusion of this business area in the Internal Audit Plan as it features as part of HMIC's ongoing programme of inspections.
		Failure to protect vulnerable people from Honour Based Abuse, Female Genital Mutilation or Forced Marriage.	Very High	Substantial	Investigation of Female Genital Mutilation Procedure 2015 Investigation of Honour Based Abuse Procedure 2015 Investigation of Forced Marriage Procedure 2016	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board	Limited	HMIC: The Depths of Dishonour 'An inspection of the police response to honour-based violence, forced marriage and female genital mutilation, December 2015 *National / Thematic inspection. HMIC: Phase One Honour Based Violence, June 2015 (Limited)	As above.
		Failure to protect vulnerable children from abuse and child sexual exploitation.	Very High	Adequate	Child Abuse Investigation Procedure 2015 Indecent Images of Children Procedure Feb 2009 *Due for review* Child Abduction Warning Notices 2014 *Due for review* Child Sex Offender Disclosure Scheme Policy 2011 *Due for review*	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board	Adequate	HMIC: Nottinghamshire, National Child Protection Inspection Post Inspection Review, February 2015 HMIC: In Harm's Way 'The role of the police in keeping children safe', July 2015 *National/ Thematic	As above.
		Failure to protect vulnerable people from crime	Very high	Substantial	Managing Threats / Risk to Life and Vulnerable Witnesses 2016 Safeguarding Adults at Risk Procedure 2016	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board	Limited	HMIC: Effectiveness Pillar (Vulnerability Report), November 2015 (Requires improvement)	As above.
		Failure to protect vulnerable people from ASB	High	Substantial	Home Office: ASB, Crime and Policing Act 2014: Reform of ASB Powers 2014	Substantial	Operational Performance Board Force Performance Board Strategic Resources and Performance Board	Substantial	HMIC: Effectiveness Pillar, 2015 "How effective is the force at preventing crime and anti-social behaviour and keeping people safe?" (Good) HMIC: Effectiveness Pillar, 2016 (Grading TBC)	As above.
	Detain offenders	Harm suffered by detainee(s)	Very high	Adequate	APP Detention and Custody Custody Procedure 2013 *Due for review* Dealing with Persons with Mental Health Procedure 2014 *Due for review* Internal Concealment or Swallowing of Controlled Drugs 2014 *Due for review*	Substantial	Strategic Custody Group Strategic Resources and Performance Board Force Performance Board 'The number of non-crime related mental health patients detained in custody suites' is reported monthly as part of the Performance and Insight Pack.	Limited	HMIC: Visit to Police Custody Suites in Nottinghamshire, March 2013 (Reasonable) HMIC: The Welfare of Vulnerable People in Custody, March 2015 *National / thematic inspection. (Limited)	No recommendation has been made for inclusion of custody in the Internal Audit Plan for 2017/18 as Unannounced Visits to Custody Suites are part of an ongoing inspection programme.
	Manage repeat offenders	Failure to manage repeat offenders	High	Adequate	Integrated Offender Management Pathways Guide 2011 *Due for review* Enforcement Team Procedural Guide	Substantial	Force Performance Board Strategic Resources and Performance Board The following performance measures are reported on monthly as part of the P&I Pack: 'Youth Offender re-offending rates'	Substantial	HMIC: Effectiveness Pillar, 2015 "How effective is the Force at investigating crime and managing offenders?" (Good) HMIC: Effectiveness Pillar, 2016 (Grading TBC) Mazars: Integrated Offender Management, September 2015 (Substantial)	

Appendix 1: Risk Assurance Map (2016/17, Quarter 3)

Safer com

Make roads safer	Number of injured and killed in road accidents, does not reduce.	Very high	Substantial	Overarching Road Policing Policy 2015 Roads Armed Policing Team (RAPT) Standard Operating Procedure 2015 Road Collision Reporting and Recording Guidance 2015 Road Traffic Collision Standard Operating Procedure 2015	Substantial	Force Performance Board Strategic Resources and Performance Board The P&I Pack reports on the number of people Killed or Seriously Injured (KSIs) on Nottinghamshire's Roads'.	Adequate	HMIC/ HMCPSI/ CJJI: A Joint Inspection of the Investigation and Prosecution of Fatal Road Traffic Incidents, February 2015 *National / Thematic	
Efficiency and effectiveness of the criminal justice process.	Significant reduction in criminal justice system efficiency & effectiveness	Very high	Substantial	APP Prosecution and Case Management APP Working with Victims and Witnesses Out of Court Disposals Procedure 2015 National (Prosecution) File Standard 2015	Substantial	Regional CJ Governance Strategic Resources and Performance Board Force Performance Board The following performance measures are reported on monthly as part of the P&I Pack: Crown and Magistrates' Courts conviction rates Early Guilty Plea rate for the Crown and Magistrate's Courts	Adequate	HMIC: Witness for the prosecution, Identifying victim and witness vulnerability in criminal case file, June 2014 (Reasonable)* CJJI: The Provision of Charging Decisions, May 2015 (National/ Thematic) (Reasonable)*	
Ensure an effective response to the Strategic Policing Requirement (SPR)	Counter terrorism	Very high	Substantial	Special Branch Policy and Procedure	Substantial	Strategic Threat and Risk Assessment conducted annually.	Substantial	HMIC: Strategic Policing Requirement, November 2014 (Substantial)* HMIC: The Effectiveness and Efficiency of the Single Counter Terrorism Grant in the East Midlands Region, December 2014 (Substantial) HMIC: Effectiveness, September 2016 (TBC) HMIC: Counter Terrorism Command and Control, November 2016/17 (TBC)	
	Civil emergencies	Very high	Adequate	APP Civil Contingencies	Substantial	Strategic Threat and Risk Assessment conducted annually.	Substantial	HMIC: Strategic Policing Requirement, November 2014 (Substantial)* HMIC: Effectiveness, September 2016 (TBC)	
	Serious and organised crime	High	Adequate	Human Trafficking Policy 2014, due for review. Firearms Policy 2013, due for review	Substantial	Force Performance Board Strategic Resources and Performance Board The Force Threat, Harm and Risk Assessment level is reported on as part of the monthly Performance and Insight Pack. Strategic Threat and Risk Assessment conducted annually.	Substantial	HMIC: Strategic Policing Requirement, November 2014 (Substantial)* HMIC: Regional Organised Crime Units (ROCU), December 2015 (Reasonable)* (National/Thematic) HMIC: Effectiveness Pillar, 2015 "How effective is the Force at tackling serious and organised crime, including its arrangements for ensuring that it can fulfil its national policing responsibilities?" (Good) HMIC: Effectiveness, September 2016 (TBC)	
	Public order	Very high	Adequate	Practice Advice on Police Powers to Disperse Groups 2005 Procedures on Public Order Parts I - VIII, 2004 & 2007 Due for review	Substantial	Strategic Threat and Risk Assessment conducted annually.	Substantial	HMIC: Strategic Policing Requirement, November 2014 (Substantial)* HMIC: Effectiveness, September 2016 (TBC)	
	Large scale cyber incident	Very high	Adequate	APP Digital investigation and intelligence	Substantial	Strategic Threat and Risk Assessment conducted annually.	Limited	HMIC: Strategic Policing Requirement, November 2014 (Limited)* HMIC: Effectiveness, September 2016 (TBC)	The force's response to cyber crime has been inspected as part of the Autumn Effectiveness inspection and therefore is not recommended for inclusion in the Internal Audit Plan for 2017/18.

Appendix 1: Risk Assurance Map (2016/17, Quarter 3)

Priority / Outcome	Objective	Type of risk	Potential impact	First line of defence: Policy, Procedure, Strategy		Second line of defence: Management oversight, Corporate Meetings, Management Information		Third line of defence: Independent assurance provided by internal and external audits, HMIC, IPCC and Peer Reviews, which have taken place in the last three years.		Notes / Recommendations
				Assurance	Rationale	Assurance	Rationale	Assurance	Rationale	
To spend your money wisely	Robust corporate governance	Legal challenge to decisions	Very high	Limited	Corporate Governance and Working Together 2014/18 *Currently being reviewed.* Corporate Documentation Policy 2008 *Needs to be reviewed.*	Substantial	Force Executive Board Joint Audit and Scrutiny Panel Assessed and reported on annually as part of the Force's Annual Governance Statement Process which is reported to the Joint Audit and Scrutiny Panel (JASP).	Adequate	Mazars: Joint Code of Corporate Governance, August 2015 (Reasonable)	
		Reputation damage for non-compliance with governance principles / Joint Code of Corporate Governance	Low	Adequate	Force Annual Governance Statement Joint Code of Corporate Governance Corporate Governance and Working Together Document, *currently being reviewed.*	Substantial	As above.	Adequate	As above.	
		Failure of police collaboration arrangements to achieve their objectives	Very high	Adequate	Various Section 22a Agreements in place *A review may be required to ensure they are fit for purpose.*	Substantial	East Midlands Police and Crime Commissioner's Board PCC and CEO Business Meeting Collaboration Efficiency Board Tri-Force Collaboration Design Board	Adequate	Baker Tilly: Follow Up - Collaboration; Governance and Financial Framework, May 2014 (Reasonable)	**As the Force continues to enter into more collaborative arrangements, it is recommended that assurance with regard to the efficiency, effectiveness and governance of collaboration is considered for inclusion in a regional audit plan for 2017/18.**
		Failure of strategic partnership arrangements to achieve their objectives	High	Adequate	Various Partnership Agreements in place *A review may be required to ensure they are fit for purpose.*	Substantial	Safer Nottinghamshire Board CDP Board Joint Audit and Scrutiny Panel Force Executive Board Assessed and reported on annually as part of the Force's Annual Governance Statement Process which is reported to the Joint Audit and Scrutiny Panel (JASP).	Limited	Baker Tilly: Partnerships, October 2015 (Limited)	**Due to the 'limited' assurance rating provided by the October 2015 audit of partnership arrangements, it is recommended that this area of assurance is considered for inclusion in the 2017/18 Internal Audit Plan.**
		Failure to effectively identify and manage risk	High	Adequate	APP Risk Management Risk Management Policy and Process Guide 2015 *Currently being reviewed.* Information Risk Management Strategy 2015 Force Risk Management Strategy 2015	Substantial	Joint Performance Board Force Executive Board Joint Audit and Scrutiny Panel Strategic Risk Management reported quarterly to the Force Executive Board and twice annually to the JASP. Assessed and reported on annually as part of the Force's Annual Governance Statement Process which is reported to the Joint Audit and Scrutiny Panel (JASP).	None	No audit or inspection has taken place in this area for three years or more.	A gap is assurance has been identified as an audit has not taken place in this area since Q4 2012/13. Therefore, an audit has been planned for Q4 2016/17 to provide assurance that arrangements are in place to contribute to the effective management of risk.
	Robust financial management	Failure to manage finances within budget	Very high	Adequate	Corporate Governance and Working Together Document *Currently being reviewed* Financial Regulations 2015 Monitoring of Efficiency Savings	Substantial	Transformation Board Force Executive Board Joint Audit and Scrutiny Panel (JASP) Strategic Resources and Performance Board Statement of Accounts reported annually at the JASP. Efficiency savings are reported as part of the monthly Performance and Insight Pack. Financials, capital expenditure, efficiencies and overtime are also reported as part of the monthly Finance Performance and Insight Report.	Adequate	HMIC: Efficiency Pillar, 2015 "How sustainable is the Force's financial position in the short and long term?" (Good) HMIC: Police Efficiency 2016, 2016 (TBC) Mazars: Savings Programme 2016 (Substantial)	
		Financial loss through material error or fraud	High	Adequate	Financial Regulations 2015 Contracts Standing Orders EMSCU Prevention of Fraud and Corruption in the Procurement Process 2013 *Needs to be reviewed.*	Adequate	Force Executive Board Joint Audit and Scrutiny Panel ~(JASP) Compliance against Anti-Fraud and Corruption Policy reported annually to the JASP.	Limited	Mazars: Core Financials, 2016 (Limited) Mazars: Core Financials, 2015 (Limited) Baker Tilly: Key Financial Controls, Feb 2015 (Reasonable)	Core Financials' is included in the Internal Audit Plan as a mandated audit on an annual basis.
	Effective estates management	Environmental damage	Medium	Adequate	Environmental Management Strategy 2014-2017 *Due for review*	Adequate	Environmental management performance in respect of carbon emissions and waste recycling is reported annually at the Strategic Resources and Performance Meeting.	Substantial	Baker Tilly: Environmental Policy, December 2013 (Substantial) *Due for review again in 2017.*	
		Reputation damage / sanctions for non-compliance with environmental legislation	Medium	Adequate	As above.	Adequate	As above.	Substantial	As above.	
		Insufficient / unsuitable buildings / premises	High	Limited	Estates Management Strategy, *currently being reviewed (end of October 2016)*	Adequate	Transformation Board Force Executive Board Estates and Facilities do not formally report on any KPIs although there are a small number of internal measures in place.	Substantial	Baker Tilly: Estates Management, November 2013 (Substantial) *Due for review again in 2017.*	
	Effective vehicle fleet management	Insufficient / unsuitable vehicle fleet	Medium	Substantial	Fleet Management Strategy 2016-2020	Adequate	Force Executive Board	None	No audit or inspection has taken place in this area for three years or more.	
	Effective workforce planning	Inadequate plans in place to support Force objectives	Very high	Limited	People Strategy 2014 *Due for review*	Adequate	Force Executive Board.	Adequate	HMIC: Efficiency Pillar, 2015 "How sustainable and affordable is the workforce model?" (Requires Improvement)	**As the impact of ineffective workforce planning has a potentially 'very high' impact, and assurance in this area is relatively low, it is recommended that Workforce Planning is considered for inclusion in the internal audit plan for 2017/18.**

Effective workforce management	Significant increase in sickness absence	High	Substantial	Attendance Management Policy and Procedure 2015 Restricted and Recuperative Duties Policy	Substantial	Professional Standards. Integrity and Ethics Board Strategic Resources and Performance Board The 'total number of days lost to sickness' for officers and staff is reported monthly as part of the Performance and Insight Pack.	Substantial	Baker Tilly: Absence Management, March 2014 (Substantial)	
	Significant reduction in workforce morale / productivity	High	Substantial	Management of Change (Police Staff) Policy 2016 Management of Change Procedure 2016 The People Programme 'A Strategy and Programme of Work for an Engaged, Successful Workforce, 2016	Adequate	The People Board Workforce morale can be gauged as part of the Staff Survey.	None	There has been no audit or inspection of this area of assurance in the last three years.	No audit is currently recommended is this area. It is suggested that levels of workforce morale will be gauged and activity put in place following the publication of results from the latest staff survey.
Robust health and safety	Harm suffered by employees and others affected by the Force's activities	Very high	Adequate	Health and Safety Policy 2015 Trauma Risk Management Policy 2014 *Due for review*	Substantial	Strategic Health and Safety Group Strategic Resources and Performance Board Accidents and injuries, including RTC's, 'Assaults', 'RIDDOR reportable-injuries reported to the Health and Safety Executive' are reported annually to the Strategic Resources and Performance Board.	Substantial	Baker Tilly: Health and Safety, December 2013 (Substantial) *May be due for review.*	
	Reputation damage / sanctions for non-compliance with Health & Safety at Work Act 1974	High	Adequate	As above.	Substantial	As above.	Substantial	As above.	
Effective training and development	Loss of skills / resilience	High	Limited	Detective Career Pathways 2016 Access to Learning and Development Procedure Firearms Learning and Development Procedure Procedure on Access to Learning 2004 *Overdue for review* Management of Training and Development 2004 *Overdue for review*	Substantial	Training Priorities Panel Regular reports are produced to monitor completion of training, these are sent to thematic and departmental heads. Completion is also discussed at every TPP meeting as part of KPI reports.	None	No audit or inspection has taken place in this area for three years or more.	**It is recommended that an audit of training and development is considered as part of a regional audit plan for 2017/18.**

Appendix 1: Risk Assurance Map (2016/17, Quarter 3)

Priority / Outcome	Objective	Type of risk	Potential impact	First line of defence: Policy, Procedure, Strategy		Second line of defence: Management oversight, Corporate Meetings, Management Information		Third line of defence: Independent assurance provided by internal and external audits, HMIC, IPCC and Peer Reviews, which have taken place in the last three years.		Notes / Recommendations
				Assurance	Rationale	Assurance	Rationale	Assurance	Rationale	
To earn your trust and confidence	Ensure victim and witness satisfaction	Complaints over non-compliance with the Code of Practice for Victims of Crime	High	Substantial	Code of Practice for Victims of Crime	Substantial	Force Performance Board Strategic Resources and Performance Board. The Performance and Insight Pack reports on the 'Percentage of victims of crime that are completely, very of fairly satisfied with the service they have received from the police' monthly.	Limited	Baker Tilly: Victim's Code - Demonstrating Compliance, March 2015 and September 2015 (Limited)	Due to the limited assurance previously provided in this business area, it is recommended that a follow up audit of compliance with the Victim's Code is considered for inclusion in the Internal Audit Plan for 2017/18.
	Understand and engage with communities	Reputation damage from significant loss of public confidence	Very high	Substantial	Community Engagement Strategy 2016	Substantial	Force Performance Board Strategic Resources and Performance Board. 'Public confidence in reporting offences to the police' is reported monthly as part of the P&I Pack.	Adequate	HMIC: Legitimacy Pillar, 2016 "How well does the Force understand, engage with and treat fairly the people it serves to maintain and improve its legitimacy?" (Requires Improvement)	
	Effective use of stop and search	Reputation damage for inappropriate / disproportionate use of stop & search powers	High	Adequate	APP Stop and Search Stop and Search Policy 2014, *due for review.*	Substantial	Force Performance Board. Stop and Search data is reported comprehensively both internally and externally. High level data of Supervisor Reviews is reported to the VOLT meeting on a Monday and Friday. Detailed data is reported weekly to the Stop and Search lead for the Force. End of year reports on Stop and Search data are published on the intranet. Home Office returns on Stop and Search data are completed quarterly. Management information concerning the 'top searching officers' and proportionality are reported to the Stop and Search Scrutiny Board, which is an external meeting.	Substantial	HMIC: Legitimacy Pillar, 2016 "To what extent are decisions taken on the use of stop and search and Taser fair and appropriate?" (Good) HMIC, Stop and Search Powers 2, December 2014 (National Thematic) (Reasonable)*	
	Robust management of discipline and standards	Reputational damage for non-compliance with the College of Policing Code of Ethics.	High	Substantial	College of Policing Code of Ethics	Substantial	Professional Standards, Integrity and Ethics Board	Substantial	HMIC: Legitimacy Pillar, 2016 "To what extent does practice and behaviour reinforce the wellbeing of staff and an ethical culture?" (Good)	
		Reputation damage from instances of serious misconduct / corruption	Very high	Substantial	Police Staff Misconduct Policy and Procedure 2015 Police Conduct Regulations Professional Standards Reporting Procedure Notifiable Associations Procedure 2015 Business Interests and Additional Employment for Police Officers and Police Staff 2016	Substantial	Professional Standards, Integrity and Ethics Board	Substantial	As above.	
	Ensure robust Information security	Reputation damage / threat to public safety from loss of information / security breach	Very high	Adequate	Regional GSC Policy *to be published 1st November* Information Assurance Accreditation Policy 2014 *to be reviewed* Review, Retention and Disposal Policy 2015 Acceptable Use Policy	Substantial	Force Information Assurance Board	Substantial	An independent CESG approved company conducts an Annual IT Health check, the results of which form part of the document submission which enables accreditation from the Cabinet Office to use the PSN for Policing network.	
	Robust information management	Reputation damage / sanctions for non-compliance with data protection legislation & codes of practice	Very high	Substantial	APP Information Management Information Management Strategy 2015 Information Sharing Policy Information Sharing Agreement Procedure Data Protection Procedure Freedom of Information Procedure	Substantial	Force Information Assurance Board Force Executive Board Joint Audit and Scrutiny Panel. Management information concerning Freedom of Information Requests and Court Orders are reported annually to the Force Executive Board and Joint Audit and Scrutiny Panel.	Limited	Mazars: Data Protection Audit (Limited) HMIC: Building the Picture 'An Inspection of Police Information Management'	A follow up audit of Data Protection is recommended in Force during late 2017/48 or early 2018/19 to ensure the recommendations from the 2016/17 audit have been embedded.
	Effective business continuity processes	Disruption to ICT systems	Very high	Limited	Business Continuity Management Policy 2013 *Overdue for review.* Business Continuity Strategy 2013 *Overdue for review.*	Adequate	Force Executive Board Joint Audit and Scrutiny Panel (JASP). A report providing assurance for the adequacy and testing and exercise of Force business continuity plans, is reported annually to the Force Executive Board and the JASP.	Adequate	Baker Tilly: Business Continuity and IT Disaster Recovery, August 2015 (Reasonable)	Although an audit was completed during 2015 it is recommended that this area of assurance is considered for inclusion in the 2017/18 audit plan as the scope of the 2015 audit was limited. A Risk and Business Continuity Officer has been appointed and will be doing a full review of BC policy and procedure during 2017/18, therefore an audit is recommended for quarter 4 to provide assurance to the Force Executive Board and the Joint Audit and Scrutiny Panel.
		Disruption to essential Force-delivered services	Very high	Limited	As above.	Adequate	As above.	Adequate	As above.	As above.

For Decision	
Public/Non Public*	Public
Report to:	Joint Audit and Scrutiny Panel (JA&SP)
Date of Meeting:	15 December 2016
Report of:	Superintendent Paul Winter, Corporate Development
Report Author:	Amanda Froggatt, Risk and Business Continuity Officer
E-mail:	amanda.froggatt@nottinghamshire.pnn.police.uk
Other Contacts:	Andy Burton, Risk and Business Continuity Officer
Agenda Item:	08

Corporate Risk Management Policy and Procedure, and Governance

1. Purpose of the Report

1.1 Present to the Joint Audit and Scrutiny Panel (JA&SP) a Corporate Risk Management Policy and Procedure.

1.2 Outline strengthened governance arrangements around anticipating, capturing, reporting and managing organisational risks.

2. Recommendations

2.1 That the (JA&SP) notes the new Corporate Risk Management Policy and Procedure (Appendices A and B).

2.2 That the (JA&SP) acknowledges the strengthened governance arrangements (Appendices C, D and E).

2.3 That the (JA&SP) notes the addition of risk into the terms of reference for the Force Performance Board (Appendix F).

2.4 That the (JA&SP) also note the creation of a Force Organisational Risk and Learning Board and the terms of reference (Appendix G).

3. Reasons for Recommendations

3.1 The existing Corporate Risk Management Policy and Procedure are in need of revision to reflect the current risk landscape.

3.2 An efficient and effective risk management framework will enable the Force to better predict and prepare for future challenges, and to use its resources in an efficient and effective manner, and in a proportionate way to support its objectives.

3.3 Improved governance arrangements will allow the Chief Officer Team, OPCC and other external bodies together with the public to be provided with assurance that risks are being managed effectively within the Force.

4   Summary of Key Points

4.1   The Policy and Procedure have been developed, taking account of consultation with internal and external colleagues throughout the Force who have been involved in aspects of risk management. They have also been drafted to meet the requirements of ISO 31000 a recognised standard to identify and manage risk.

4.2   The revised documentation will enable the introduction of a more formalised risk review process and clarification over roles and responsibilities.

4.3   Key elements of the new Policy are:

- A clear statement of the Force's approach to corporate risk management.
- A definition of corporate risk.
- The scope of the Policy, including those aspects of risk assessment to which it does not apply.
- Roles and responsibilities of risk owners and risk managers, including identification of the Deputy Chief Constable as the owner of the policy.
- The link between the Policy, which establishes the principles, and the Procedure, which outlines the process.
- An escalation process which includes a Risk Authorisation Form which gives an auditable trail of why issues are on the Strategic Risk Register.
- How implementation of the Policy will be monitored and reviewed by both the Governance and Business Planning Team and Mazars the Force's Internal Auditor.

4.4   Key elements of the revised Procedure are:

- Establishment of a risk register structure: Strategic (Force and OPCC) , Information and Thematic/Department.
- Clearly defined stages in the risk management process:

  o Identification
  o Analysis
  o Control
  o Monitoring.

- That the Procedure will be monitored and reviewed alongside the Policy.

4.5   The revised governance arrangements will strengthen the capturing and monitoring of organisations risks and provide assurance to the Chief Officer Team that controls are being identified and appropriately applied.

4.6 Key elements of the new governance arrangements are:

Revision of the Force Performance Board to include the following objectives –

- o Identification and capturing of current and emerging risks, to ensure mitigation is identified and appropriately applied.

- o Reviewing of risk responses in an open forum with the aim of advancing organisational understanding and learning.

- o Recommend to the Force Executive Board risks that require a strategic response or which require additional resources.

Creation of an Organisational Risk and Learning Board to include the following objectives –

- o Identification and provision of strategic governance to advance organisational wide learning and address potential blame culture.

- o Provision of strategic leadership, direction and governance, ensuring integrity and transparency across the organisation.

- o Identification and the appropriate management of organisational wide strategic, tactical and operational matters, which require change and improvement.

- o Identification and the capture of emerging strategic risks, ensuring that controls are identified and appropriately applied.

5	Financial Implications and Budget Provision

5.1 Corporate risk management forms part of the core functions of the Governance and Business Planning Team, and, therefore, the introduction of this revised policy and procedure, and the strengthening of governance arrangements requires no additional budget provision.

6	Human Resources Implications

6.1 There are no specific human resource implications as a result of recommendations outlined in this report.

7	Equality Implications

7.1 Development and implementation of the Force's risk management policy and procedure will need to take account of potential changes to the policing landscape, in particular the work of the tri-force collaboration unit and the Force's relationships with community safety and criminal justice partners.

Authorisation to Put on Strategic Risk Register

Risk identifier		**Risk category**		**Risk source**	
Date raised			**Raised by**		
Risk owner			**Risk status**		

Risk description		

Cause	Event	Effect
.		

Proximity		**Probability**		**Impact**		**Risk rating**	

Authorisation to Put on Strategic Risk Register

Risk response option				
Risk response plan	**Action owner**		**Costs**	**Action status**

Residual proximity	-	**Residual probability**	-	**Residual impact**	-	**Residual risk rating**	-

Secondary risks	

Signed --- Date ---

Appendix A

Nottinghamshire
POLICE & CRIME COMMISSIONER

<<Document Number>>	Corporate Risk Management Policy
Type of Document:	Policy
Version:	1.0
Registered Owner:	DCC Simon Torr/Kevin Dennis OPCC
Author:	Amanda Froggatt, Risk and Business Continuity Officer
Effective Date:	tbc
Review Date:	tbc
Replaces document (if applicable)	
Linked Documents:	Corporate Risk Management Procedure

Functional owner

Signed: _____ **Date:** _____

Name: _____

Post: _____

Authorised (Head of FEB/Head of OPCC)

Signed: _____ **Date:** _____

Name: _____

Post: _____

Table of Contents

SECTION 1 VERSION CONTROL

Version No.	Date	Post Holder/Author	Post	Reason for Issue
1.0		Amanda Froggatt	Risk and Business Continuity Officer	Risk Management Policy recommended in line with ISO31000 risk management standard

SECTION 2 BACKGROUND

Corporate risk management is a formalised, systematic process for the identification, evaluation and response to future challenges that an organisation is likely to face.

The Committee of Sponsoring Organisations of the Treadway Commission (COSO) published its influential Enterprise Risk Management (ERM) framework in 2004.

The International Standard for risk management (ISO 31000) was published in 2009.

Risk management is identified in the CIPFA (Chartered Institute of Public Finance and Accountancy) / SOLACE (Society of Local Authority Chief Executives) framework document Corporate Governance in Local Government as one of the 5 dimensions vital to the principles of good corporate governance.

The UK public sector risk management association, Alarm (which the Force is a member of) has produced a National Performance Model for Risk Management in Public Services which is based on ISO 31000.

The development of this Corporate Risk Management Policy and the Procedure (PD592) that supports its implementation have been based on the Alarm model and the ERM framework.

SECTION 3   AIMS / OBJECTIVES

This Policy is jointly owned by the Deputy Chief Constable (DCC) of the Force and the Chief Executive of the Nottinghamshire Office of the Police and Crime Commissioner (NOPCC). The purpose of this Policy is to clarify and communicate why and how the principles and techniques of risk management will be implemented by Nottinghamshire Police (the Force) and the Nottinghamshire Office of the Police and Crime Commissioner.

The aim of this Policy is to establish and embed within normal business practice and culture, the foundations for efficient and effective corporate risk management to improve the organisation's ability to predict and prepare for future challenges and support Nottinghamshire Police and NOPCC in the achievement of their objectives.

The specific objectives of this policy are to:

- Communicate a **policy statement** that describes Nottinghamshire Police's and the NOPCC's approach to corporate risk management
- Provide a **definition** of a corporate risk within the context of this policy
- Define the **scope** of corporate risk management, making it clear when this policy should be applied and when it should not
- Outline **roles and responsibilities** for corporate risk management within the Force and NOPCC
- Describe key stages in the **application** of this policy, linking it with the supporting Procedure

SECTION 4   DETAILS

4.1   Policy statement

Nottinghamshire Police and the NOPCC will employ a formal, structured process for the identification; evaluation and response to corporate risks which will seek to identify threats, opportunities and vulnerabilities at the earliest opportunity and then measure their likely effect on the achievement of business priorities. Wherever practicable, the Force and NOPCC will endeavour to apply a proportionate level of resources to control known risks in order to preserve the quality of service provision, whilst maintaining value for money.

The Chief Officer Team and Chief Executive will seek to obtain regular assurance that the controls put in place to mitigate risk exposure throughout the organisation are effective and proportionate. This will be enabled through the maintenance of risk registers that are reviewed and updated quarterly, and the production of an annual report on the efficiency and effectiveness of corporate risk management throughout the organisation.

4.2   Definitions

For the purposes of this Policy the following definition of a **corporate risk** will be applied:

A corporate risk is an uncertain future event that may affect the achievement of the organisation's objectives

In this context, what is "uncertain" could be the likelihood of the event occurring, and/or the degree of impact it may have.

4.3   Policy scope

This policy applies to the management of the Force Strategic Risk Register, the NOPCC Risk Register, the Information Risk Register and thematic and individual departmental risk registers.

Corporate programmes and projects will maintain their own risk registers, utilising the same scoring matrix and terminology as that used for Corporate Risk Management.

Other areas of business that employ aspects of risk assessment, such as public protection and health and safety, are outside the scope of this policy.

This policy does not apply to risks that are managed by collaborative policing units or statutory partnerships. However, the risk that a key service delivery partnership or collaborative agreement may fail, or fail to achieve its agreed objectives, will form part of the Strategic Risk Register.

4.4   Roles and Responsibilities

The **Deputy Chief Constable (DCC)** and the **Chief Executive** of the NOPCC, as the joint owners of the Corporate Risk Management Policy, are responsible for,

- Defining the risk management approach through the Corporate Risk Management Policy.
- Providing assurance to the Chief Constable and Commissioner that the Corporate Risk Management Policy is effective and being applied consistently and appropriately throughout the Force and NOPCC.
- Reporting on strategic risks to the Joint Audit and Scrutiny Panel.
- Ensuring that appropriate risk registers are in place for their respective areas of accountability and that are communicated to relevant stakeholders.

The **Chief Officers** are responsible for:

- Contributing to the development of risk management strategies within their areas of accountability and expertise.
- Owning strategic risks (where appropriate) within their areas of accountability, applying the process of escalation and delegation in accordance with the relevant risk management strategy.
- Delegating the management of specific risks (where appropriate) to thematic leads, heads of department or senior managers.

Thematic Leads and Heads of Departments are responsible for managing their own risk registers, allocating responsibility for individual risks to members of their **Senior Management Team**, and escalating potential strategic risks to **their respective Chief Officer.**

Senior Managers are responsible for:

- Managing risks assigned to them by a Chief Officer, Thematic Lead or Head of Department.
- Participating in the identification and assessment of risks and risk response within their area of expertise.

The **Risk and Business Continuity Officer**, is responsible for providing professional advice and guidance on all aspects of the Corporate Risk Management Policy and Procedure, facilitating full risk reviews and maintaining the Strategic Risk Register.

Individual **project managers** are responsible for the identification and management of risks to their activities within the Nottinghamshire Police Project Management Methodology.

4.5   Application of the Policy

The process for identifying and evaluating risks, implementing a risk control strategy and conducting and reporting on a quarterly review of corporate risks, is described in the Corporate Risk Management Procedure (PD592).

4.6   Monitoring and Review of the Policy

The Governance and Business Planning team will review the application of the Force's Corporate Risk Management Policy against the Alarm model and prepare a summary report as part of the Annual Governance Statement.

Independent review of corporate risk management will also be conducted by the internal auditors, Mazars, as part of their audit strategy.

SECTION 5   LEGISLATIVE COMPLIANCE

This document has been drafted to comply with the general and specific duties in the Race Relations (Amendment) Act 2000, Data Protection, Freedom of Information Act, European Convention of Human Rights and other legislation relevant to the area of policing such as, Employment Act 2002, Disability Discrimination Act 1995, Sex Discrimination Act 1975 and Employment Relations Act 1999.

Appendix B

<<Document Number>>	Corporate Risk Management Procedure
Type of Document:	Procedure
Version:	1.0
Registered Owner:	DCC Simon Torr/Kevin Dennis OPCC
Author:	Amanda Froggatt, Risk and Business Continuity Officer
Effective Date:	tbc
Review Date:	tbc
Replaces document (if applicable)	
Linked Documents:	Corporate Risk Management Policy

Functional owner

Signed: _____ **Date:** _____

Name: _____

Post: _____

Authorised (Head of FEB/OPCC)

Signed: _____ **Date:** _____

Name: _____

Post: _____

Table of Contents

SECTION 1   VERSION CONTROL

Version No.	Date	Post Holder/Author	Post	Reason for Issue
1.0	October 2016	Amanda Froggatt	Risk and Business Continuity Officer	New Process

SECTION 2   BACKGROUND

Corporate risk management is a formalised, systematic process for the identification, evaluation and response to future challenges that an organisation is likely to face.

SECTION 3   AIMS / OBJECTIVES

The aim of this Corporate Risk Management Procedure is to establish a framework for providing assurance to the Chief Officer Team, Nottinghamshire Office of Police and Crime Commissioner (OPCC), stakeholders and members of the public that the Force is using its resources proactively and proportionately to manage risk in line with its Policy and in support of its objectives.

The specific objectives of this Procedure are to:

- Prescribe a formal **structure** for managing corporate risk throughout the organisation
- Establish a clear **process** and consistent set of criteria to enable the identification, analysis, control and monitoring of corporate risk as part of a structured, evidence-based approach to decision making

SECTION 4   DETAILS

4.1   Risk management structure

A **risk register** is a document used to record, manage and monitor identified risks. Nottinghamshire Police will adopt a hierarchy of risk registers to enable the management of corporate risks.

The following risk registers will be set up and maintained within the Corporate Development Department:

Strategic Risk Register
Strategic Risks are those risks that could have an impact on the achievement of the organisation's objectives. The Chief Officer Team will determine and manage strategic risks, and the Strategic Risk Register will be administered by the Risk and Business Continuity Officer, with Corporate Development.

NOPCC Risk Register
NOPCC risks are those risks which could have an impact on the achievement of the Commissioner's objectives. The Senior Management Team will determine and manage these risks, with the register being maintained by the Risk and Business Continuity Officer, with Corporate Development.

Information Risk Register
Information Risks are those risks which are specific to the Force's information systems, security or management. The Force Information Assurance Board (FIAB) chaired by the DCC, will determine and manage information risks, and the Information Risk Register will be administered by the Information Security team.

Thematic and Departmental Risk Registers
Risks which are anticipated to have an effect on the objectives of only one thematic area or department are managed using the respective thematic and departmental risk registers. Each Senior Management Team (SMT) will determine and manage thematic and departmental risks, supported by the Risk and Business Continuity Officer.

4.2   Risk review process

There are 4 distinct stages in the risk review process, as shown in the following diagram:
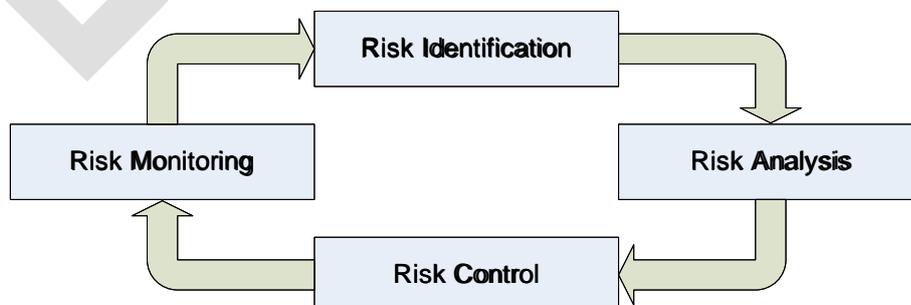
Each of these stages is described in more detail below.

4.2.1 Risk identification

The risk registers are populated with a broad range of generic risks which are kept under regular review as new threats and opportunities appear on the horizon and organisational vulnerabilities are revealed. The purpose of these risk registers is to provide a comprehensive overview of the ever-present potential risks that the organisation faces, as a focus for regular review and evaluation and to provide the necessary level of assurance to senior management. However, from time to time it is possible that new risks may be identified that are not included on any risk register.

In order to be considered for inclusion on a risk register a potential new risk must be raised at the appropriate management meeting for consideration:

- Strategic risks - Chief Officer Team, or Force Performance Board.
- NOPCC risks – Senior Management Team.
- Information risks – Chief Officer Team, or Information Assurance Board.
- Thematic or department risks - Senior Management Team meeting.

Once a potential new risk has been identified at the appropriate meeting and accepted by the Chair as requiring a formal evaluation, the risk must be assigned to a Responsible Officer, who has overall responsibility for managing the risk. The Responsible Officer may at any time designate a Risk Co-Ordinator, who acts on their behalf to evaluate and review the risk.

4.2.2 Risk analysis

The Responsible Officer (or Risk Co-ordinator) must carry out a full risk analysis for all newly identified risks, and when completing a formal risk review. This process will be supported by a member of the Planning & Policy team, using a standard corporate template (Appendix 1), and involves consideration of three distinct elements within each risk:

- Cause – the organisational vulnerability which may be exposed by the risk
- Event – the uncertain future occurrence which may trigger the risk
- Effect – the anticipated impact of the risk on the organisation

Organisational vulnerabilities (**causes**) may be identified through formal audit or inspection of the Force's systems and processes, or emerge more organically as part of a process of organisational learning and review.

Potential **events** which may have an effect on a risk can be identified through horizon scanning, a process which considers the extent to which future developments may affect the organisation and represent a significant threat or opportunity. Horizon scanning can take many forms, including:

- Tracking forthcoming changes to national or local government policy
- Performance analysis (predicted trends)
- Intelligence analysis (emerging threats)
- Anticipating technological developments
- Academic studies, research papers and "Think tank" reports

All risks are categorised and scored according to the area of business they are likely to have the biggest **effect** on, drawn from the following list:

- Strategic direction
- Community harm
- Performance / Service delivery
- Confidence / reputation
- Finance / efficiency
- Health & safety
- Environment

The first stage in the risk analysis is to describe the risk clearly and concisely according to its cause, event and effect. This also includes linking the risk to one of the Force's priorities:

1. Cut crime and keep you safe.
2. Earn your trust and confidence.
3. Spend your money wisely.

Once the risk has been described it should be scored, taking account of any controls that are already in place to either reduce the likelihood or mitigate the impact. This will produce the **initial risk score**.

Risk scoring is achieved through an evaluation of the chance that the risk will occur, based on an understanding of the likely cause and event (**likelihood**), and the potential effect it will have (**impact**). In order to evaluate Likelihood and Impact, consideration should be given to relevant **key risk indicators**. These indicators will provide the evidence base for both initial and periodic risk analysis.

Typical sources of key risk indicators include:

- Performance analysis
- Forecasting
- Audit or inspection
- Peer review
- Consultation
- Benchmarking
- Research

The Likelihood of a risk occurring is scored according to the following criteria:

Likelihood	Description	Score
Very High	>75% chance, almost certain to occur	4
High	51-75% chance, more likely to occur than not	3
Medium	26-50% chance, fairly likely to occur	2
Low	<25% chance, unlikely to occur	1

The Impact of a risk is scored according to the following criteria:

Impact category	Impact score			
	Low (1)	Medium (2)	High (3)	Very High (4)
Performance / Service Delivery	Minor, brief disruption to service delivery. Minor impact on performance indicators.	Significant, sustained disruption to service delivery. Noticeable impact on performance indictors.	Serious, protracted disruption to service delivery. Substantial impact on performance indicators.	Major, long term disruption to service delivery. Major impact on performance indicators.
Finance / Efficiency	Force: <£50,000 Business Area: <£10,000	Force: £51,000 -£250,000 Business Area: £11,000 -£40,000	Force: £251,000 - £1,000,000 Business Area: £41,000 - £150,000	Force: >£1,000,000 Business Area: >£150,000
Confidence / Reputation	Complaints from individuals. Little or no noticeable local media coverage.	Significant public concerns / investigations. Significant reputational damage / adverse local media coverage.	Substantial stakeholder / public concerns / investigations. Substantial reputational damage / adverse national media coverage < 7 days	Major stakeholder / public concerns / investigations. Major reputational damage / adverse national media coverage >7 days
Community impact	Minor impact on a specific section of the community	Significant impact on a specific section of the community. Minor impact on the wider community.	Substantial, prolonged, impact on a specific section of the community. Significant impact on the wider community.	Major, prolonged impact on the wider community.
Health & Safety	An injury or illness involving no treatment or minor first aid / care with no time off work	An injury or illness requiring hospital / professional medical attention and / or between one day and three days off work, with full recovery	An injury or illness requiring over 24 hrs hospitalisation and / or more than 3 days off work, or a major injury as defined by the RIDDOR Regulations	Death, or a life changing injury or illness.
Environment	Little or no noticeable natural resources used, pollution produced, or biodiversity affected.	Moderate amount of natural resources used, pollution produced, or biodiversity affected.	Substantial amount of natural resources used, pollution produced, or biodiversity affected.	Major amount of natural resources used, pollution produced, or biodiversity affected.
Strategic direction	Little or no noticeable change to one strategic objective.	Noticeable change to one or more strategic objectives.	Substantial changes to one or more strategic objectives.	Complete change to strategic direction.

The overall **Risk Score** is arrived at by multiplying the Likelihood by the Impact to give a result between 1 (Low) and 16 (High). The full range of possible risk scores, and the Red (High) / Amber (Medium) / Green (Low) **risk rating**, is shown on the following table:

		Low	Medium	High	Very High
Impact	Very High	4	8	12	16
	High	3	6	9	12
	Medium	2	4	6	8
	Low	1	2	3	4
		Low	Medium	High	Very High
		Likelihood			

4.2.3 Risk control

Once a risk has been analysed and scored, a basic **risk strategy** should be determined by the Responsible Officer. The chosen strategy should fall into one of the following four categories, typically referred to as the 4Ts:

- Treat – Take action to reduce the likelihood or mitigate the impact of the risk
- Tolerate – Accept the risk and take no further action at this time
- Transfer – Make someone else responsible for the risk, such as through contracting out, a service level agreement, or an insurance policy
- Terminate – Withdraw from the activity that is at risk

If the chosen risk strategy is to **treat** the risk, then consideration must be given to the **risk controls** that already exist and those which would need to be put in place in order to reduce the likelihood of the risk occurring, or mitigate its impact should it occur.

Typical examples of risk controls include:

- Policies, procedures, protocols and guides
- Governance and scrutiny arrangements
- Financial plans (such as insurance or use of reserves)
- Workforce plans (such as recruitment or training)
- Improvement plans and strategies
- Communication strategies
- Contingency or business continuity plans
- Partnership or collaboration agreements
- Mutual aid agreements
- Security arrangements

The effectiveness of existing risk controls can be evaluated through internal audit and review or performance management, and the degree of assurance they provide should be recorded against each control. Any actions necessary to enhance existing controls or implement new controls should be managed through the Force Action Plan.

Once all existing and planned controls have been identified, the **risk appetite** should be set. Risk appetite is the highest level of risk which the organisation is prepared to accept before it feels compelled to take further action. Put another way, it is the target level for reducing individual risk scores. The Responsible Officer should determine their risk appetite on an individual risk basis, taking account of any potential benefits or opportunities which may arise should the risk be left unchecked and the relative cost and feasibility of attempting to control the risk, so that the Force response is proportionate. Once the risk appetite has been reached the risk strategy should be reset to **tolerate**.

4.2.4 Risk monitoring

Effective risk management requires a structured monitoring and review process to provide assurance that necessary controls are in place and to enable correct prioritisation where additional action is required. This process will be supported by the Risk and Business Continuity Officer, with the exception of the Information Risk Register where support will be provided by the Information Security team.

There are two distinct types of risk review:

- A **full risk review** involves the completion of all stages described in section 4.2.2 above (supported by the Risk and Business Continuity Officer)
- An **interim risk review** should provide assurance that controls are still effective, that no new vulnerabilities have been exposed since the last review and that there are no significant events on the horizon (supported by the Risk and Business Continuity Officer).

The level of risk review required is determined by the current **risk rating**, as follows:

- All High (Red) risks should receive a full risk review every quarter
- All Medium (Amber) risks should receive a full risk review every 6 months and an interim risk review every quarter
- All Low (Green) risks should receive a full risk review every 12 months and an interim risk review every quarter

In addition, should an interim risk review identify significant changes to the nature of the risk, a full risk review is required.

All risks on the Force's strategic and thematic or department risk registers will be reviewed on a quarterly basis by the Responsible Officer or Risk Co-ordinator[1]. Thematic and department risk registers are then presented to their SMT meeting.

All strategic risks, along with thematic or department risks within their portfolio are then reported to the Performance Board (or, in the case of the DCC, to them in person) by the Planning and Policy team. This will enable the Chief Officer to scrutinise the management of corporate risk within their area of responsibility and provide an opportunity for thematic or department risks to be considered for escalation to the strategic level.

The Planning and Policy team will then present the complete Strategic Risk Register, along with High thematic and departmental risks to the DCC for approval.

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[1] The reporting timetable for the Information Risk Register will be determined by the Force Information Assurance Board (FIAB)

4.3   Monitoring and review of the procedure

The Joint Corporate Risk Management Procedure will be routinely monitored and reviewed alongside the Policy, by the Risk and Business Continuity Officer and by the Force's internal auditors.

SECTION 5   LEGISLATIVE COMPLIANCE

This document has been drafted to comply with the general and specific duties in the Race Relations (Amendment) Act 2000, Data Protection, Freedom of Information Act, European Convention of Human Rights and other legislation relevant to the area of policing such as, Employment Act 2002, Disability Discrimination Act 1995, Sex Discrimination Act 1975 and Employment Relations Act 1999.

Force Meeting Structure, November 2016

Executive

Force Executive Board

Chair: CC

Frequency: Monthly

Strategic

Consultation Forums

Senior Leadership Conference

Frequency: Quarterly

People Board

Chair: CC

Frequency: Quarterly

Organisational Risk and Learning Board

Chair: DCC

Frequency: Quarterly

Force Performance Board

Chair: ACC

Frequency: Monthly

Crime and Incident Data Quality Board

Chair: DCC

Frequency: Quarterly

Force Management Board

Chair: DCC

Frequency: Monthly

Force Information Assurance Board

Chair: DCC

Professional Standards, Integrity and Ethics Board

Chair: DCC

Non-Strategic / Discussion Forums

HR & Org Dev JNCC

Chair: HR

Frequency: Bi-Monthly

EDHR Strategic Board

Chair: CC

Frequency: Quarterly

Thematic Operational Performance Review

Chair: Ch Supt (Joint Chair)

Frequency: Monthly

Business Improvement Group

Chair: Head of CD / Supt, CD (Joint Chair)

Frequency: Monthly

Activity Request Process

Thematic and Departmental SMTs

Chair: Various

Frequency: Monthly

Operational Risk

RISK MANAGEMENT PROPOSALS

Force Performance Board –
Frequency -Monthly

Board which analyses and prioritises Strategic Risks

Escalated

Operational Performance Board –
Frequency -Monthly

Board which analyses Crime Performance Related Risks

Organisational Risk & Learning Board –
Frequency - Quarterly

Board which provides strategic governance to advance organisational wide learning. To include Force Gold Groups, Corporate Comms Reporting Issues, ACPO Integrity Model, Serious Case Reviews, Domestic Abuse Homicide Reviews, Public Complaints and Misconducts, Grievances, Employment Tribunals, FOI Requests, Civil Claims, HMIC Inspections

Escalated

Force Executive Board –
Frequency - Quarterly

Joint Audit & Scrutiny Panel –
Frequency – Bi-annually

Reported

Reported

Strategic Risk Register

Force Risk Register

**Operations and Planning Command
Risk Register**

**Investigations and Intelligence Command
Risk Register**

Community Protection	City/County Neighbourhood	Response	Contact Management	Local Investigations	Serious Investigations and Organised Crime	Intelligence	Archives and Exhibits	Public Protection	Complex Investigations

Risk Identification – Categories – Performance/Service Delivery, Finance/Efficiency, Confidence/Reputation,

Community Impact, Health and Safety, Environment, Strategic Direction

RISK MANAGEMENT PROPOSALS

Force Performance Board –
Frequency -Monthly

Board which analyses and prioritises
Strategic Risks

Organisational Risk & Learning Board –
Frequency -Quarterly

Board which provides strategic governance to advance
organisational wide learning. To include Force Gold Groups,
Corporate Comms Reporting Issues, ACPO Integrity Model,
Serious Case Reviews, Domestic Abuse Homicide Reviews,
Public Complaints and Misconducts, Grievances, Employments
Tribunals, FOI Requests, Civil Claims, HMIC Inspections

Force Executive Board –
Frequency - Quarterly

Joint Audit & Scrutiny Panel –
Frequency – Bi-annually

Escalated

Reported

Reported

Strategic Risk Register

Force Risk Register

EMPLS

EMSCU

EMCHRS-L&D

EMCHRS-OHU

EMSOU

Estates

Corporate Communications

Finance

EMOpSS

Information Services

Human Resources

Professional Standards

Corporate Development

EMCJS

Risk Identification – Categories – Performance/Service Delivery, Finance/Efficiency, Confidence/Reputation,

Community Impact, Health and Safety, Environment, Strategic Direction

NOTTINGHAMSHIRE
POLICE
PROUD TO SERVE

Terms of Reference: Force Performance Board

1. Purpose:

Provide an organisational-wide forum for thematic leads and heads of departments to discuss key areas of performance, and identify any emerging strategic opportunities and risks.

2. Objectives:

- Identification and capturing of current and emerging risks, to ensure mitigation is identified and appropriately applied.

- Reviewing of risk responses in an open forum with the aim of advancing organisational understanding and learning.

- Recommend to the Force Executive Board risks that require a strategic response or which require additional resources.

- Identify and review any exceptional performance against Priorities of the Police and Crime Plan

- Escalate where necessary these exceptions to the Force Executive Board.

- Delegate actions in regard to exceptional performance to the departmental/thematic Operational Performance Review meetings

3. Scope:

Within these objectives, the Force Performance Board will consider the following areas:-

- Thematic/Departmental Risk Registers
- Priorities of the Police and Crime Plan
- Priorities of the Strategic Intelligence Assessment

4. Frequency:

Monthly.

5. Core Membership:

- Assistance Chief Constable (Chair)
- Head of Professional Standards
- Head of Finance
- Representative from EMSOU
- Head of EMoPS
- Head of Custody

| Author: Amanda Froggatt, Risk and Business Continuity Officer	Version: 1.0
Date agreed:	Review date:

- Chief Superintendent Investigations and Intelligence
- Chief Superintendent, Operations and Planning
- Superintendent, Corporate Development
- Head of Corporate Communications
- Head of Human Resources
- Representative from Office of Police and Crime Commissioner

If a core member is unable to attend, they must send someone to deputise who is able to provide information and make decisions on behalf of the core member. Guest speakers will be invited to attend for specific agenda items as and when appropriate.

6. Administration:

Business Support Officer to record key actions and decisions.
All papers to be submitted within five working days of the meeting.

7. Governance of Force activity:
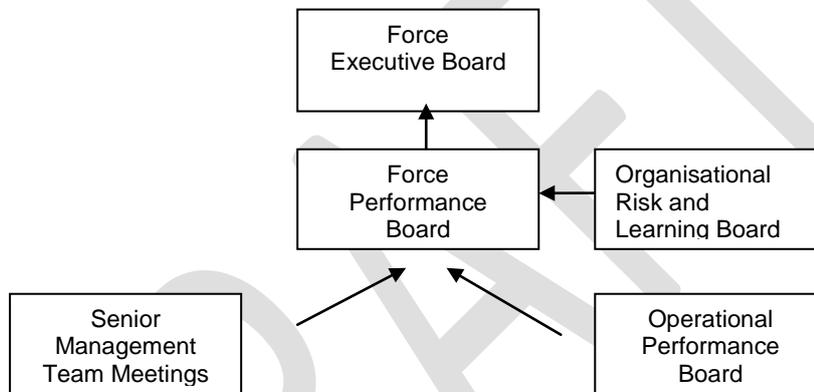
8. Key Information Sources:

- Thematic/Departmental Risk Registers
- Priorities of the Police and Crime Plan
- Priorities of the Strategic Intelligence Assessment

9. Quality Assurance Review:

All meetings will be subject to an annual quality assurance review by a member of the Corporate Governance and Business Planning Team.

Terms of Reference: Organisational Risk & Learning Board

1. Purpose:

Provide an organisational-wide forum for thematic leads and heads of departments to discuss key areas of learning, and identify any emerging strategic opportunities and risks.

2. Objectives:

- Identification and provision of strategic governance to advance organisational wide learning and address potential blame culture.

- Provision of strategic leadership, direction and governance, ensuring integrity and transparency across the organisation.

- Identification and the appropriate management of organisational wide strategic, tactical and operational matters, which require change and improvement.

- Identification and the capture of emerging strategic risks, ensuring that controls are identified and appropriately applied.

3. Scope:

Within these objectives, the Organisational Risk and Learning Board will consider the following areas:-

- On-going Force Gold Groups
- Current Corporate Communications Reporting Issues
- ACPO Integrity Model
- Serious Case Reviews, Serious Adult Reviews and Domestic Violence Homicide Reviews.
- EMSOU Regional Review Unit Recommendations
- Public Complaints and Misconduct Matters
- Grievances
- Employment Tribunals
- FOI Requests
- Civil Claims
- External Inspection Regimes, eg HMIC
- Learning from other Forces or Agencies

4. Frequency:

Quarterly subject to requirements

5. Core Membership:

- Deputy Chief Constable (Chair)
- Assistance Chief Constable

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Date agreed:	Review date:

- Head of Professional Standards
- Head of Public Protection
- Representative from Regional Review Unit
- Head of Information Management
- Representative from Legal Services
- Chief Superintendent Investigations and Intelligence
- Chief Superintendent, Operations and Planning
- Superintendent, Corporate Development
- Head of Corporate Communications
- Head of Finance
- Head of Human Resources
- Representative from Office of Police and Crime Commissioner
- Risk and Business Continuity Officer

If a core member is unable to attend, they must send someone to deputise who is able to provide information and make decisions on behalf of the core member. Guest speakers will be invited to attend for specific agenda items as and when appropriate.

5. Administration:

Business Support Officer to record key actions and decisions.
All papers to be submitted within five working days of the meeting.

6. Governance of Force activity:
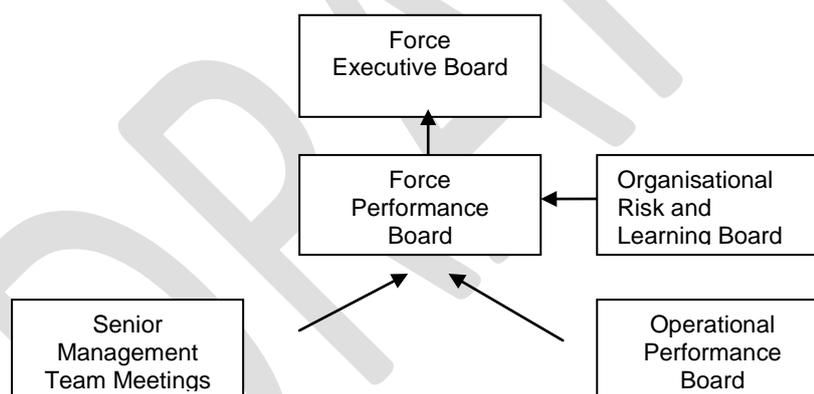
7. Key Information Sources:

- ACPO Integrity Model
- Serious Case Reviews, Serious Adult Reviews and Domestic Violence Homicide Review Recommendations
- EMSOU Regional Review Unit Recommendations
- Public Complaints and Misconduct Matters
- Grievances
- Employment Tribunals
- FOI Requests
- Civil Claims
- External/Internal Inspection Recommendations, eg HMIC/Mazars

Author: Amanda Froggatt, Risk and Business Continuity Officer	Version: 1.0
Date agreed:	Review date:

8. Quality Assurance Review:

All meetings will be subject to an annual quality assurance review by a member of the Corporate Governance and Business Planning Team.

Author: Amanda Froggatt, Risk and Business Continuity Officer	Version: 1.0
Date agreed:	Review date:

For Information / Consideration / Comment	
Public/Non Public*	Public
Report to:	Audit and Scrutiny Panel
Date of Meeting:	15 December 2016
Report of:	Chief Finance Officer
Report Author:	Charlotte Radford
Other Contacts:	Andrew Cardoza, KPMG
Agenda Item:	09

EXTERNAL AUDIT – ANNUAL AUDIT LETTER 2015-16

1. Purpose of the Report

1.1 To provide members of the panel with a copy of the Annual Audit Letter - the final stage in the Statement of Accounts 2015-16 process.

2. Recommendations

2.1 Members are requested to consider and forward to the PCC and CC for approval.

3. Reasons for Recommendations

3.1 This complies with good governance and in ensuring assurance can be obtained from the work carried out.

4. Summary of Key Points

4.1 The Annual Audit Letter is attached at **Appendix A** this is the final part of compliance with the Accounts and Audit Regulations for closure of the 2015-16 accounts.

4.2 The Letter itself is not dissimilar to the External Highlight report presented to this panel at the September meeting and confirms the unqualified opinions in relation to the Accounts and Value for Money.

5. Financial Implications and Budget Provision

5.1 None as a direct result of this report.

6. Human Resources Implications

6.1 None as a direct result of this report.

7. Equality Implications

7.1 None as a direct result of this report.

8. Risk Management

8.1   None as a direct result of this report.

9. Policy Implications and links to the Police and Crime Plan Priorities

9.1   This report complies with good governance and financial regulations.

10. Changes in Legislation or other Legal Considerations

10.1   None – this complies with the Accounts & Audit Regulations.

11. Details of outcome of consultation

11.1   Not applicable.

12. Appendices

12.1   Appendix A -   External Audit – Annual Audit Letter 2015-16

KPMG

Annual Audit Letter 2015/16

Police & Crime Commissioner for Nottinghamshire and

Chief Constable for Nottinghamshire

October 2016

Contents

This report is addressed to the Police and Crime Commissioner/Chief Constable and has been prepared for the sole use of the Police and Crime Commissioner/Chief Constable. We take no responsibility to any member of staff acting in their individual capacities, or to third parties. We draw your attention to the Statement of Responsibilities of auditors and audited bodies, which is available on Public Sector Audit Appointment's website (www.psaa.co.uk).

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Andrew Cardoza, the engagement lead to the Police and Crime Commissioner/Chief Constable, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.

Document Classification: KPMG Confidential

This 2015/16 Annual Audit Letter summarises the outcome from our audit work at both the Police and Crime Commissioner ("PCC") and Chief Constable ("CC") for Nottinghamshire in relation to their 2015/16 audit year.

Although it is addressed to the PCC and CC, it is also intended to communicate these key messages to key external stakeholders, including members of the public, and will be placed on the PCC and CC's websites.

VFM conclusion	We issued an unqualified conclusion on both the PCC and CC's arrangements to secure value for money (VFM conclusion) for 2015/16 on 29 September 2016. This means we are satisfied that during the year the PCC and CC had proper arrangements for informed decision making, sustainable resource deployment and working with partners and third parties.
	To arrive at our conclusion we looked at the PCC and CC's arrangements to make informed decision making, sustainable resource deployment and working with partners and third parties.
VFM risk areas	We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks.
	We identified the following VFM risks from our risk assessment work:
	- Budget Performance and Medium Term Financial Strategy; and
	- Strategic Alliance (Tri Force Collaboration).
	We have concluded that in all significant respects the PCC and CC have proper arrangements during 2015/16 to ensure they took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.
Audit opinion	We issued an unqualified opinion on the PCC and CC's 2015/16 financial statements on 29 September 2016. This means that we believe the financial statements give a true and fair view of the financial position of the PCC and CC and of their respective expenditure and income for the year.
Financial statements audit	We identified the following issues in the course of the 2015/16 audit:
	— A number of non material adjustments to the financial statements, most of which were presentation and disclosure issues. All changes were amended and did not affect the final balances in the core financial statements.
	Our audit plan identified assurances over the regional collaboration accounts and transactions, and the Multi Force Shared Service new financial systems as significant risks and the generation of the financial statements as an area of audit focus for the year. We noted that all of these areas had been appropriately addressed by the PCC and CC, although we will continue to work with Senior Officers to refine the needs of the Prepared by Client List.
	We have had regular meetings with officers throughout the year which has facilitated delivery of the audit and have already discussed how we can work together to secure further improvement next year.

Headlines (cont)

All the issues in this Annual Audit Letter have been previously reported. The detailed findings are contained in the reports we have listed in Appendix 1.	**Annual Governance Statement**	We reviewed your 2015/16 Annual Governance Statements (for PCC and CC) and concluded that they were consistent with our understanding.
	Whole of Government Accounts	The PCC prepares a consolidation pack to support the production of Whole of Government Accounts by HM Treasury. We are not required to review your pack in detail as the PCC falls below the threshold where an audit is required. As required by the guidance we have confirmed this with the National Audit Office.
	Certificate	We issued our certificate on 29 September 2016. The certificate confirms that we have concluded the audit for 2015/16 in accordance with the requirements of the Local Audit & Accountability Act 2014 and the Code of Audit Practice.
	Audit fee	Our fees for 2015/16 were £35,220 and £15,000, excluding VAT, for the PCC and CC respectively. These were in accordance with our original proposed fees. Further detail is contained in Appendix 2.

Appendix 1: Summary of reports issued

This appendix summarises the reports we issued since our last Annual Audit Letter.

2016

January

February

March

April

May

June

July

August

September

October

November

External Audit Plan (February 2016)

The External Audit Plan set out our approach to the audit of the PCC and CC's financial statements and work to support the VFM conclusion.

Audit Fee Letter (April 2016)

The Audit Fee Letter set out the proposed audit work and draft fee for the 2016/17 financial year.

Auditor's Report (September 2016)

The Auditor's Report included our audit opinion on the financial statements along with our VFM conclusions and our certificates.

Report to Those Charged with Governance (September 2016)

The Report to Those Charged with Governance summarised the results of our audit work for 2015/16 including key issues and recommendations raised as a result of our observations.

We also provided the mandatory declarations required under auditing standards as part of this report.

Annual Audit Letter (October 2016)

This Annual Audit Letter provides a summary of the results of our audit for 2015/16.

Document Classification: KPMG Confidential

Appendix 2: Audit fees

To ensure transparency about the extent of our fee relationship with the PCC and CC we have summarised below the outturn against the 2015/16 planned audit fee.

External audit

Our final fees for the 2015/16 audits were:

— Police and Crime Commissioner £35,220; and

— Chief Constable £15,000.

Both of these are in line with the planned fees.

Other services

We did not charge any additional fees for other services.

External audit fees 2015/16 (£'000)
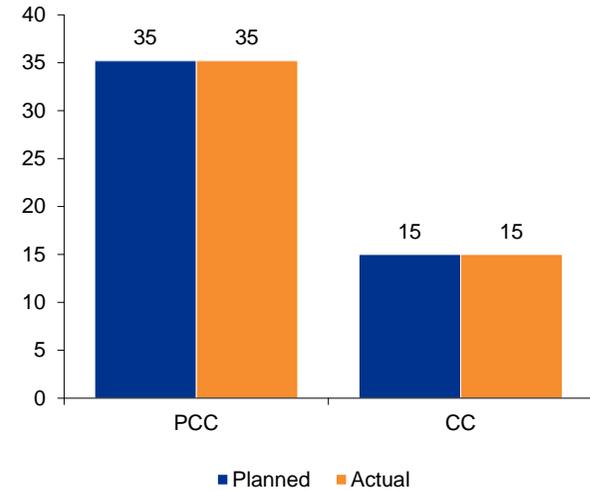
kpmg.com/socialmedia

kpmg.com/app

For Information	
Public/Non Public	Public
Report to:	Joint Audit and Scrutiny Panel
Date of Meeting:	15 December 2016
Report of:	Supt Paul Winter, Corporate Development
Report Author:	Beverly Topham, Planning & Review Support Officer
E-mail:	beverly.topham@nottinghamshire.pnn.police.uk
Other Contacts:	Natalie Baker-Swift, Corporate Governance and Business Planning Manager
Agenda Item:	10

Audit and Inspection Report, Quarter Two 2016/17

1. Purpose of the Report

1.1 To provide the Joint Audit and Scrutiny Panel with an update on progress against recommendations arising from audits and inspections which have taken place during Quarter Two, 2016/17.

1.2 To inform the Panel of the schedule of planned audits and inspections.

2. Recommendations

2.1 That the Panel notes the progress made against audit and inspection recommendations.

2.2 That the Panel takes note of forthcoming audits and inspections.

3. Reasons for Recommendations

3.1 To enable the Panel to fulfil its scrutiny obligations with regard to Nottinghamshire Police and its response to audits and inspections.

3.2 To keep the Panel informed about forthcoming audits and inspections.

4. Summary of Key Points

4.1 The actions referred to in this report are the result of recommendations made by Nottinghamshire Police's internal auditors and external inspectorates, including Her Majesty's Inspectorate of Constabulary (HMIC). They are managed through an activity plan process and updated on a monthly basis.

4.2 Appendix 1 'Audit, Inspection and Review Status Report Quarter 2 2016/17' provides a summary of forthcoming audits and inspections that the Force is currently aware of.

4.3 Appendix 2 'Audit and Inspection Actions Update Report Quarter 2 2016/17' provides details of specific actions arising from audits and inspections that are

either off target, at risk of being off target, proposed for closure, or new actions.

Overdue Actions

4.4   There are currently 5 actions which have exceeded their target date.

Actions at risk of being Overdue

4.5   There are 15 actions showing as 'at risk' of being off target i.e. they will exceed their target date in the next month.

5	**Financial Implications and Budget Provision**

5.1   If financial implications arise from recommendations raised from audits, inspections and reviews, these implications are considered accordingly. Where an action cannot be delivered within budget provision, approval will be sought through the appropriate means.

6	**Human Resources Implications**

6.1   There may be policy implications in relation to the actions listed:
- Nottinghamshire Police's approach to tackling Domestic Abuse (local report)
- PEEL: Police effectiveness 2015 (vulnerability National & Local)
- Procurement January 2016
- Data Protection Act Compliance Oct 2016

7	**Equality Implications**

7.1   There may be equality implications arising from the following reviews of policy and process, each will be considered on a separate basis.
- The depths of dishonour: Hidden voices and shameful crimes.

8	**Risk Management**

8.1   Some current actions involve the completion of formal reviews of specific business areas. It is possible that some or all of these reviews will identify and evaluate significant risks, which will then be incorporated into the Force's risk management process.

9	**Policy Implications and links to the Police and Crime Plan Priorities**

9.1   Any policy implications will be subject to current policy development process.

9.2 The following actions relate to aspects of current Police and Crime Plan priorities:
- Domestic abuse action plan.
- The depths of dishonour: Hidden voices and shameful crimes.
- PEEL: Police effectiveness 2015 (vulnerability National & Local)

10 Changes in Legislation or other Legal Considerations

10.1 There are no direct legal implications as a result of this report.

11 Details of outcome of consultation

11.1 Following receipt of a final audit or inspection report a member of the Governance and Planning team consults with the appropriate Lead Officer and other stakeholders to plan appropriate actions in response to each relevant recommendation, or to agree a suitable closing comment where no action is deemed necessary.

11.2 All planned actions are added to the action planning system, (4Action) for management and review until completion.

12. Appendices

12.1 Appendix 1: Audit and Inspection Status Report Q2 2016/17
12.2 Appendix 2: Audit and Inspection Actions Update Report Q2 2016/17

Appendix 1: Current and forthcoming audits and inspections, Quarter 2 2016/17

Current Audits and Inspections

Date Report Received	Scrutiny Body	Title	Status
February 2016	HMIC	PEEL - Legitimacy	Actions captured and being monitored on 4action.
February 2016	HMIC	PEEL - Effectiveness	Actions captured and being monitored on 4action.
February 2016	HMIC	National Child Protection Inspection. Post Inspection Review 3rd-7th August 2015.	Actions captured and to be monitored on 4action.
February 2016	HMIC	Force Leadership Statement.	Actions captured and being monitored on 4action.
November 2016	HMIC	Spring Inspection 2016: Legitimacy, Leadership and Efficiency.	Recommendations are out for management decision.
tba	HMIC	Autumn Inspection 2016: Effectiveness	Awaiting final publication
tba	HMIC	Counter Terrorism Command and Control (CT2)	Inspection dates 8th - 10th November 2016
April 2016	CJJI	Delivering Justice in a Digital Age.	Actions captured and being monitored on 4action.

January 2016	MAZARS	Credit Cards-Light review	Actions captured and being monitored on 4action.
May 2016	MAZARS	Commissioning-Community Safety.	Actions captured and being monitored on 4action.
May 2016	MAZARS	HR Establishment	Actions captured and being monitored on 4action.
June 2016	MAZARS	DMS	Actions captured and being monitored on 4action.
July 2016	MAZARS	Social Value Impact	Actions captured and being monitored on 4action.
18th July 2016	MAZARS	Core Financials	Due to the limited assurance opinion given as a consequence of the 2015/16, it was agreed that Mazars would carry out a specific follow-up of the recommendations during the summer, with the more traditional planned audit booked for later in the year.
8th August 2016	MAZARS	Data Protection and Compliance Act	Actions captured and being monitored on 4action.
17th October 2016	MAZARS	Savings Programme follow up	Actions captured and being monitored on 4action.
Not applicable.	MAZARS	Audit Follow up	Draft report issued.
Not applicable.	MAZARS	Overtime Payments Analysis	Draft report issued to C. Radford.

| Not applicable. | MAZARS | Procurement -Follow up | Recommendations are out for management decision. |
| Not applicable. | MAZARS | Effective Audit and Scrutiny | Draft report issued to C. Radford. |

Forthcoming Audits, Inspections and Reports

Date	Scrutiny Body	Title	Update
tba	MAZARS	Risk Management	Awaiting Terms of Reference
tba	MAZARS	POCA-Light Review	Draft Terms of Reference received.

Audit and inspection thematic reports

Date Report Received	Scrutiny Body	Title	Update
September 2015	HMIC	In Harms Way. The Role of the Police in keeping children safe	Recommendations are out for management decision.
March 2016	HMIC	Missing children: who cares? The police response to missing and absent children.	Actions captured and being monitored on 4action.
March 2016	IPCC	Police use of force: evidence from complaints, investigations and public perception.	Actions captured and being monitored on 4action.

| April 2016 | HMIC | The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP) | Actions captured and being monitored on 4action. |

Appendix 2: Audit and Inspection Actions Update Report. Quarter 2: 2016/17

Summary	Current	Previous	Trend
Action(s) off target	5	5	➡
Action(s) at risk of being off target	15	12	⬆
Action(s) proposed for closure	5	2	⬆
New Action(s)	29	6	⬆
Total actions	54	25	⬆

RAG Key

On target to deliver within constraints, including target completion date, budget and resource allocated. It is also anticipated that any expected efficiency savings will be met. No further action required at this time.
At risk of going off target (within 1 month): It is anticipated that there will be some slippage from the original target completion date and / or other constraints such as budget, available resource or expected efficiency saving. To be highlighted to the Portfolio Board as an issue for monitoring.
Off target: Target date and / or other constraints such as budget or available resource have been exceeded, or it is anticipated that an expected efficiency saving will not be met. Issue to be highlighted to the Portfolio Board and corrective action sought to meet business objectives.

Action(s) off target

Target date	Recommendation or Issue	Action	Manager Responsible	Source originator.	Source title	Action Status	Action update
31/10/2016	Recommendation 8: With the CPS and courts, the force should reduce the double listings of domestic abuse cases to improve victim engagement and attendance.	Action: With the CPS and courts, the force should reduce the double listings of domestic abuse cases to improve victim engagement and attendance.	DCI Leigh Sanders	HMIC	Nottinghamshire Police's approach to tackling Domestic Abuse (local report)	Off Target	The police do work with the CPS and the Courts to address this on-going issue. There are several meetings in which these issues are discussed (these include The Domestic and Sexual Violent Abuse Strategy (DSVA)group (in the City,) the Domestic Violent Sexual Abuse (DVSA) Executive group – in the County.) Another meeting is the Specialist Domestic Violence Court (SDVC) steering group, which is attended by each of these agencies, amongst others (witness care, WAIS etc) and a standing item on the agenda is the issue of double listings in the SDVC. This meeting feeds into the LCJB. Public Protection (PP) were content that this issue had been resolved, but over recent months it appears that there have been some examples of incorrect and double listings emerging once more. In addition to the on-going meeting framework, the CPS the police and the courts are all now reviewing their processes to try and understand if there are any other factors contributing to the recurrence of this issue. **Update 01/11/2016:** Det Supt Rob Griffin has re- established meetings with the Courts and CPS to monitor this issue. **Update 07/11/2016:** B Topham reports to FEB that Det Supt Rob Griffin has re established meetings with the Courts and the CPS to monitor this issue. DCC Torr (Chair) requests further information - what is the current level of double listing, and this needs reporting through the Performance Board and to ACC Prior?
31/10/2016	Recommendation: The force should improve the way it works with partners to share information and safeguard vulnerable people, specifically in relation to addressing the backlog in cases that require further assessment and referring to other organisations.	Action: DCI Sanders to work with the Head of Children's Services Clive Chambers to reorganise the structure of Safeguarding. Review and update as necessary Service Level Agreement. Publish any new agreements on the library and communicate this through a weekly order.	Det Supt Robert Griffin	HMIC	PEEL: Police effectiveness 2015 (vulnerability National & Local)	Off Target	DCC Scrutiny 26/10/2016: Immediate urgent update needed please. These should be monthly updates. **Update 07/11/2016:** B Topham reports to FEB and that a meeting is arranged to meet with Public Protection on 10/11/2016 and then monthly, where an update can be obtained.
31/8/2016	Recommendation: Consideration should be given to monitoring purchases below £25,000 across the shared service forces.	Action: Nottinghamshire Police Contract lead to ensure MFSS take on responsibility to ensure that all low value spend is aggregated (passing to EMSCU above 25k), and suppliers are contracted through joint arrangements. Action: EMSCU to monitor and report under £25,000 spend in Nottinghamshire. EMSCU to also identify where multiple contracts could be amalgamated to deliver greater economies of scale and further savings	Ronnie Adams (Commercial Director Procurement)	Mazars	Procurement January 2016	Off Target	**DCC scrutiny 26/10/2016:** Immediate urgent update required from Ronnie Adams please. **Update Jayne Clayton 01/11/2016:** James Swindle from Northamptonshire is looking at all spend on MFSS under 25k in Notts to replicate the activity already carried out in Northamptonshire. The results of this will contribute to the decisions made into a new process. Please note Mazars have carried out a Procurement follow up audit, and there will be an update within this report about this recommendation. Awaiting draft report. **Update 07/11/2016:** Reported to FEB. A follow up audit by Mazars in Procurement has taken place. Draft publication is being circulated to clarify actions, action owners and dates Please can this activity be shown as superseded by the new activity in the follow up audit? DCC Torr (Chair) supports this suggestion. Beverly Topham to seek management comments for the follow up audit and cross reference.
31/8/2016	Recommendation: Management should review the suppliers in the system and remove those which are no longer being used. Management should ensure that staff use existing suppliers before procuring from new suppliers, and use this as a basis for negotiating multiple purchase discounts where possible. This should be monitored in line with recommendation 4.5. (Local Responsibility)	Action: Nottinghamshire Police Contract lead to ensure MFSS to carry out an audit and data cleanse the suppliers from the system Communication to be sent out advising staff to use existing suppliers before procuring from new suppliers. Communication to be sent out advising staff to use existing suppliers before procuring from new suppliers	Ronnie Adams (Commercial Director Procurement)	Mazars	Procurement January 2016	Off Target	**DCC scrutiny 26/10/2016:** Immediate urgent update needed from Ronnie Adams please. **Update Jayne Clayton 01/11/2016:** A procurement follow up audit has been carried out by Mazars and there has been some discussion that this recommendation and action should come under the responsibility of MFSS. This action may be superseded within the findings of the follow up audit. Awaiting draft report. **Update 07/11/2016:** Reported to FEB. A follow up audit by Mazars in Procurement has taken place. Draft publication is being circulated to clarify actions, action owners and dates Please can this activity be shown as superseded by the new activity in the follow up audit? DCC Torr (Chair) supports this suggestion. Beverly Topham to seek management comments for the follow up audit and cross reference.
31/10/2016	Recommendation: A formal approval process should be established within the Force before new suppliers are entered on the Oracle system. The Force should ensure that the MFSS does not pay any supplier who has not already been approved. (Local Responsibility)	Action: The force will develop and implement a formal approval process for setting up new suppliers with a purchase below the value of £25,000. A communication will be sent out advising staff / officers that items should be purchased from the catalogue provided by MFSS and only when the item is not available then a new supplier should be sought	Ronnie Adams (Commercial Director Procurement)	Mazars	Procurement January 2016	Off Target	**Update Jayne Clayton 25/08/2016:** New suppliers are set up as standard for Nottinghamshire and Northamptonshire Police and there is no intervention process at all in MFSS, therefore the supplier base is potentially increasing. EMSCU are drafting a report for Paul Dawkins recommending the changes to MFSS. **DCC scrutiny 26/10/2016:** DCC requests has the report been done? What is happening currently happening and who is the owner of the report? Please could future updates contain more detail and information and make reference to the recommendation and action. **Update Jayne Clayton 01/11/2016:** A procurement follow up audit has been carried out by Mazars and there has been some discussion that this recommendation and action should come under the responsibility of MFSS. This action may be superseded within the findings of the follow up audit. Awaiting draft report. **Update 07/11/2016: Reported to FEB.** A follow up audit by Mazars in Procurement has taken place. Draft publication is being circulated to clarify actions, action owners and dates Please can this activity be shown as superseded by the new activity in the follow up audit? DCC Torr (Chair) supports this suggestion. Beverly Topham to seek management comments for the follow up audit and cross reference.

Target date	Recommendation or Issue	Action	Manager Responsible	Source originator.	Source title	Action Status	Action update
30/11/2016	New suppliers should only be set up upon receipt of an approved new supplier form and this should include key details that then can be verified by MFSS, for example identification of directors of the company so the reputation and current financial status of the company can be verified. Consideration should be given to reviewing a sample of new suppliers set up since the implementation of MFSS processes to ensure appropriate checks have been made.	Action: Shelley Foy MFSS Accounts and Purchasing Service Delivery Manager. Carry out a review after the move to the 'no purchase order no pay' process to introduce if necessary a robust secondary checking and verification process As part of the review create a report which shows amendment's to suppliers	Mark Kimberley (Head of Finance Nottingham)	Mazars	Core Financials February 2016	At risk	**DCC Scrutiny 26/10/2016:** DCC requests further information. Has the review taken place yet ? If reviewed and it can inform the process, I will support closure of this action.
30/9/2016	Recommendation 9 By June 2016, chief constables in consultation with partner agencies should undertake research and analysis using diverse sources to understand better the nature and scale of HBV, FM and FGM in their force areas, and use this information to raise awareness and understanding of HBV, FM and FGM on the parts of their police officers and staff.	Action: Undertake analysis and research in consultation with the cross authority FGM Board to understand better the nature and scale of HBV, FGM and FM. Use this information to create a holistic / community profile. Use this information to raise awareness and understanding to police officers and staff where appropriate.	Det Supt Robert Griffin	HMIC	The depths of dishonour: Hidden voices and shameful crimes.	At risk	**DCC Scrutiny 23/09/2016:** Comment update noted, further assurance needed please. How many presentations have been delivered to date, when and to whom? Is the profile complete and what are the priorities? Are there any actions which need addressing from the profile? **Update DCI M Bowden 28/10/2016:** At a strategic level the PP HBA lead has delivered presentations to raise awareness at the Force Joint Performance Board, DVSG group, DVSA Executive Group, Health, and the regional KN conference on behalf of the OPCC. Raising awareness with partners in this manner, has highlighted to them the deficiencies in their own data collection plans and a need to improve in these areas. The profile has not yet been completed. Dr Carrie Pemberton-Ford is meeting with analysts w/c 31/11/2016. **Request target completion date be extended to end March 2017** so that the profile can be completed and any actions which need to be addressed from the profile can be captured and assigned action owners. **Update FEB 07/11/2016:** B Topham reports that all the internal staff briefings have been completed. DCC Torr (Chair) requests please can the Community Profile be submitted to ACC Prior for sign off. Supports target date be shown as end Nov 2016.
31/10/2016	Provide assurance / response to the DCC in relation to final published report.: In harms way: The role of police in keeping children safe.	Action: Consult with stakeholders and subject matter experts to provide a response to final report. Present findings to DCC for scrutiny and approval. Once approved input if needed all activity into 4action.	Natalie Baker (Corporate Governance and Business Planning Manager)	HMIC	In harms way: The role of policing in keeping children safe.	At risk	**Update Beverly Topham 01/11/2016:** Request target completion date be extended to end of November to allow face to face meeting to discuss this document. **Update 07/11/2016:** Reported to FEB. DCC Torr (Chair) approves completion date to be extended to end Nov to allow a face to face meeting to take place with Head of Public Protection.
30/11/2016	Process for ensuring credit card spend is entered correctly on accounting system not known by Finance team. It is unclear whether VAT is being accounted for correctly	Action: Train / Communicate to Finance team, correct process for entering credit card spend, to include how VAT should be accounted	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	DCC scrutiny 26/10/2016: Present to FEB before the end of Nov and I will support completion.
30/11/2016	No independent scrutiny of expenditure incurred on credit cards	Action: Introduce a process which requires regular, independent scrutiny of expenditure incurred on credit cards. This process to be included in the Corporate Card Procedure document	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	DCC scrutiny 26/10/2016: Present to FEB before the end of Nov and I will support completion.
30/11/2016	No regular reporting to monitor expenditure of credit cards	Action: Produce a monthly expenditure report going to a monitored person in Finance. Share this with Mark Kimberley and Paul Dawkins by exception	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	Both Amanda Harlow and Pam Taylor (PCC Office) are now set up for online viewing of all credit card expenditure The checking of this will commence on a monthly basis from the end of October 2016. DCC scrutiny 26/10/2016: Action update comment noted.
30/11/2016	No policy or process in place to address all credit card issues	Action: Develop and implement a credit card policy and process to cover: a. Independent scrutiny of expenditure of each credit card. b. Regular maintenance of credit card file information and credit card agreements. c. Regular review of credit card limit and signatory levels. d. What personal information if any, is to be on itemised credit card statements. e. Identification of the role of overall responsibility for monitoring the use of credit cards. f. Identification if receipts should be requested over a stated amount and instruction to scan onto Oracle to ensure the correct VAT on purchases is being accounted for correctly. g. Controls in place to detect inappropriate spend e.g.. a secondary check with an authorising officer confirming transactions are in line with current policy. Include a formal 6 month expenditure review to share with PSD and Paul Dawkins for information and scrutiny. Ensure current policy/process is outlined in procedure and communicated to all staff via Weekly Order	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	Update 27/10/2016: Revised policy draft with Mark Kimberley for presentation to FEB before the end of Nov.
30/11/2016	File of signed credit card agreements not updated and Named individuals who hold credit cards have not signed credit card agreements	Action: Introduce a process which regularly updates (when there is a change of personnel), the credit card file, to ensure each card holder has a signed bank agreement in place Remove/Archive any old or void agreements. This process to be included in the Corporate Card Procedure document	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	This is contained in the draft policy that has been written currently awaiting feedback from credit card administration team. Request target date extension to allow for scrutiny at FEB end Nov. DCC scrutiny 26/10/2016: Comment update noted. Support new target completion date.
30/11/2016	Some payments on credit cards appear questionable such as payments of Amazon and John Lewis, and as no receipts are required with the credit card statement it is not possible to verify that expenses are for business use	Action: Communicate to all staff that all receipts could be requested for expenditure spot checks. Scan to Oracle system to ensure VAT can be correctly accounted. Ensure this process is included in the Corporate Card Procedure document	Mark Kimberley (Head of Finance Nottingham)	Mazars	Credit Card	At risk	The draft policy encompassing this is with Mark Kimberley for presentation to FEB before the end of Nov 2016. DCC scrutiny 26/10/2016: Comment updated noted.

Date	Recommendation	Action	Owner	Source	Report	Status	Comments
30/11/2016	Recommendation 2 By September 2016, every police force in England and Wales should establish and publish an action plan that specifies in detail what steps it will take to improve its approach to domestic abuse. This action plan should be developed: a) in consultation with police and crime commissioners, domestic abuse support organisations and victims' representatives; b) after close consideration of all the recommendations in this report; c) with reference to all relevant domestic homicide reviews and IPCC findings, whether in connection with the force in question or another force; and d) drawing on relevant knowledge acquired or available from other sources such as CPS scrutiny panels and MARAC self assessments The action plan should be established on the basis of best practice, based on revised relevant guidance from the College of Policing. To ensure consistency, the College and the national policing lead on domestic abuse have agreed to provide advice on the areas that each plan should cover by the end of April 2016. Chief officers in each police force should oversee and ensure full implementation of these action plans. This should be a personal responsibility in each case. Police and crime commissioners should hold forces to account in this respect. HMIC will inspect forces' progress on domestic abuse as part of its new annual all-force inspection programme. Police and crime commissioners and chief constables should be called upon to report publicly on progress, as well as to the national oversight and monitoring group	Action: Review, update and publish the domestic abuse action plan. This action plan should be developed: a) in consultation with police and crime commissioners, domestic abuse support organisations and victims' representatives; b) after close consideration of all the recommendations in this report; c) with reference to all relevant domestic homicide reviews and IPCC findings, whether in connection with the force in question or another force; and d) drawing on relevant knowledge acquired or available from other sources such as CPS scrutiny panels and MARAC self assessments	Det Supt Robert Griffin	HMIC	Increasingly everyone's business: A progress report on the police response to domestic abuse	At risk	DCC scrutiny 26/10/2016: If Head of PP has signed this off it can be closed.
30/11/2016	Recommendation 3 To inform the action plan specified in Recommendation 2, chief constables should review how they, and their senior officers, give full effect to their forces' stated priority on domestic abuse. This should consider how action to tackle domestic abuse is prioritised and valued, and how staff are given the appropriate level of professional and conspicuous support and encouragement. This should be done through a clear and specific assessment of the following issues in respect of domestic abuse: a) the force's culture and values; b) the force's performance management framework; c) the reward and recognition policy in the force and the roles and behaviours that this rewards currently; d) the selection and promotion arrangements in the force; e) the messages and communications sent by the senior leadership team to the rest of the force about tackling domestic abuse; f) the development opportunities for officers and staff in the force; and g) force policy on how perpetrators and victims of domestic abuse in the force are managed. Where the review identifies shortcomings, the chief constable should ensure the implementation of prompt, adequate and effective remedial action. Those remedial steps should be incorporated into the action plan specified in Recommendation 2. HMIC should be provided with a copy of each review and the action plan.	Action: Review how chief constables, and their senior officers, give full effect to their forces' stated priority on domestic abuse. If there are any shortcomings they should be included in the action plan as in recommendation 2.	Det Supt Robert Griffin	HMIC	Increasingly everyone's business: A progress report on the police response to domestic abuse	At risk	DCC scrutiny 26/10/2016: If Head of PP has signed off this can be closed.
30/11/2016	Carry out a review and provide an update regarding effectiveness (by further audit) to ensure that in domestic abuse incidents, officers see and speak to children (where possible and appropriate) and record their observations. Audit against the current audit, the planned audit, the training programme being delivered and the peer review.	Carry out a review and provide an update regarding effectiveness (by further audit) to ensure that in domestic abuse incidents, officers see and speak to children (where possible and appropriate) and record their observations. Audit against the current audit, the planned audit, the training programme being delivered and the peer review.	Det Supt Robert Griffin	HMIC	National Child Protection Sept 2014	At risk	A further audit is planned for November 2016 in order to make an assessment on training and messaging to establish how it has manifested itself in the effectiveness of the police frontline response. The audit will look at sample cases (20 in all) where children have been identified as being present, establishing interaction took place, whether safeguarding measures and referrals were immediately considered and what follow up investigative action was taken. It is anticipated that this should be an on-going audit – carried out annually. DCC Scrutiny 26/10/2016: Please could the review findings be published and evidenced that they have been acted upon. I will then support completion.
30/11/2016	Recommendation 9. The force should have a stronger, more formalised process on prevention, identification and management of serial and serious perpetrators, with clear responsibility and actions for officers, including how partner agencies will work with the police to reduce re-offending.	Action: Develop a stronger, more formalised process on prevention, identification and management of serial and serious perpetrators, with clear responsibility and actions for officers, including how partner agencies will work with the police to reduce re-offending.	DCI Sean Anderson	HMIC	Nottinghamshire Police's approach to tackling Domestic Abuse (local report)	At risk	Update Paul Harris 01/11/2016: The Business Case has been redrafted and currently with Det Ch Supt Milano for approval. IOM are all set up ready to handle the top 40 DV perpetrators. The approach has been modelled taking specialist advice from PP. There will be further consultation with our multi agency partners, and the recruitment process will advertise 5 posts to support the handling of the serial and serious perpetrators. **Update 07/11/2016:** Discussed at FEB. DCC Torr (Chair). Please implement this activity by the end of November.
30/11/2016	Recommendation 11: The force should review the process by which repeat standard risk cases are identified and put in place a means by which these are monitored to ensure risk assessments accurately reflect a series of low level incidents.	Action: Review the process by which repeat standard risk cases are identified and put in place a means by which these are monitored to ensure risk assessments accurately reflect a series of low level incidents.	DCI Leigh Sanders	HMIC	Nottinghamshire Police's approach to tackling Domestic Abuse (local report)	At risk	The process by which repeat standard risk cases are identified has been reviewed by the new Head of PP, and also recently (September 2016) by the Regional Review Unit as part of a DHR – where the team were asked to consider these processes by the head of PP. The process is, that every DA call into the FCR is reviewed to establish (amongst other things) whether or not it is a repeat incident – and a contact record management form (CRM) is attached to the incident. This way, an officer attending any DA incident is informed of all previous incidents and at what level the previous incidents were assessed at. This information is then available for the attending officer to conduct an accurate and refreshed assessment of the current risk and ensures that a series of low level incidents are reflected in that new assessment. Call takers in the FCR and Officers despatched to DA incidents are trained to do this. Currently, there is no further "back office" monitoring of series of standard risk cases. However, there is a single point of contact for all risk assessments force wide (Domestic Abuse Support Unit - DASU). A task sends the DASH form through to the risk assessors who work at Oxclose Lane Police Station. They routinely scrutinise all high risk and medium risk DASH. Due to volume, they do not automatically review every standard risk DASH form, which are adequately assessed at the "front end" as described above. **Update 01/11/2016:** Actively recruiting two permanent and one temporary (to cover maternity) staff members to monitor standard risk cases. **Update 07/11/2016:** Reported to FEB that PP are actively recruiting two permanent and one temporary (to cover maternity) staff members to monitor standard risk cases. DCC Torr (Chair) asks ACC Prior to monitor.
30/11/2016	Recommendation: Management should agree on a single consistent approach to determining the workforce figures. This approach should be formally approved by the Board and then rolled out to ensure all future budgets and savings are identified against an accurate and consistent workforce figure.	Action: Agree a single version budgeted police staff establishment for 2016-17 during the budget management meetings between Heads of Department and Finance during September. This will be agreed against HR records and circulated for agreement with the organisation in early October. Having an agreed budgeted Police Staff establishment will complement the SID process.	Mark Kimberley (Head of Finance Nottingham)	Mazars	Savings Programme February 2016	At risk	Currently producing the 2017/18 budget with information from payroll and HR input. The approach taken which was agreed with HR that we would use payroll information as the base data to open the discussion with the organisation and combine with the establishment information from HR (which is still in work in progress for some areas) to agree the budget position for 2017/18. Once this has been amended for i.e. vacancies this will be taken back to the department heads to sign off and will be used to monitor against. There is a meeting scheduled for the 9th November to review the budget with Finance and HR after which a further update will be available DCC scrutiny 26/10/2016. Comment update noted.

Target date	Recommendation or Issue	Action	Manager Responsible	Source originator.	Source title	Action Status	Action update
30/9/2016	Recommendation: All police forces and CPS areas should, as a matter of urgency, jointly review arrangements for the provision, transportation and storage of hard media to ensure it is available securely to all appropriate individuals	Action: Jointly review arrangements with CPS for the provision, transportation and storage of hard media to ensure it is available securely to all appropriate individuals	Janet Carlin	CJJI	Delivering Justice in a Digital Age	Recommend Close	**DCC scrutiny 26/10/2016:** Please can I have an update from my question I asked in July; Is our transportation of hard media secure? If yes and an explanation can be given I will support completion. **Update 31/10/2016 Head of Prosecutions EMCJS:** Further work is under way to minimise the amount of material which is transported in hard copy (Digital Solution). At present the process used in Nottinghamshire is usually in compliance with the standards required. This means that all hard media is closely monitored. Any breaches can be challenged if reported and Nott's Police can prove through Niche that we were fully compliant with the process. We can prove that we have packaged, sealed and delivered securely to CPS. Any breaches are reported to Information Security. **Request to show as closed.** **Update 07/11/2016:** FEB DCC Torr (Chair) supports completion.
1/7/2016	Recommendation 4.3 PSV's should undertake a brief annual PDR where performance of the individual can be discussed. Where there are weaknesses in the individuals performance further training should be provided to ensure that the Force is receiving the maximum benefit of its PSV's. PDR documents should be maintained by HR to ensure the process is completed by all PSV's.	Action: Implement an annual PDR for PSV's after consultation with the Human Resources Department.	Ch Insp Shaun Ostle	Baker Tilly	Volunteering	Recommend Close	Update 27/10/2016 Paula Goodband Volunteer Services team Leader: It has been decided in CIPD that we are not going to be providing volunteers with formal PDR's. Volunteers were not particularly open to the idea and the Line Managers were struggling to get this project to work. Our line managers have informal catch ups with their volunteers and feedback any issues to CIPD which we feel will work better. **Please can this action be closed.** **Update 07/11/2016:** FEB DCC Torr (Chair) supports completion.
31/10/2016	Recommendation 4.1.3: The Strategies, Policies and Procedures that support Information Management at the Force should be reviewed and updated in line with the current processes that have been adopted. The documents to be addressed are: A review and update of the Terms of Reference for the FIAB including performance monitoring.	Action 4.1.3: Review and update the Strategies, Policies and Procedures that support Information Management in line with current processes. The documents which should be addressed are: Review and update FIAB Terms of Reference to include performance monitoring.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	Recommend Close	Update Pat Stocker 01/11/2016: FIAB Terms of reference were reviewed and agreed by DCC Torr at the FIAB Meeting on 14th September 2016 **Recommend complete.** **Update 07/11/2016:** FEB DCC Torr (Chair) supports completion.
31/10/2016	Recommendation 4.3.3: A clear process should be in place so that a 'gatekeeper' is in place to monitor consistency of the register.	Action 4.3.3: Amend the Information Security Officer Job description to include the role of 'gatekeeper' to maintain the IAO register and ensure that returns do not include missing data. This process will be included within the updated IAO handbook.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	Recommend Close	Update Pat Stocker 01/11/2016: The ISO job description has been amended to include the gatekeeper role for ensuring the continued maintenance of Information Asset Registers by Information Asset Owners. **Recommend complete** **Update 07/11/2016:** FEB DCC Torr (Chair) supports completion.
30/11/2016	Recommendation: The force should improve its initial response to vulnerable victims by ensuring frontline officers and staff are appropriately trained to investigate and to safeguard vulnerable victims.	Action: Develop with regional learning and development (Andy Hough) a suitable training input to deliver to all frontline officers and staff to ensure all are appropriately trained to investigate and safeguard vulnerable victims.	Det Supt Robert Griffin	HMIC	PEEL: Police effectiveness 2015 (vulnerability National & Local)	Recommend Close	The force has delivered a comprehensive vulnerability training package to all front line officers from response and neighbourhoods which allows them to make an effective assessment of the vulnerability of victims and provide relevant safeguarding. In 2013 all front-line officers were required to undertake a full day's classroom based training event specifically around dealing with vulnerability. These training sessions acted as a refresher for officers in terms of the actual identification of vulnerability, however, they also served to introduce to many officers a series of tiers of risk, based on outcomes. In 2016 DASH training, Coercion and Control, HBA, FM and FGM have been delivered face to face (by DASH trained trainers) to all frontline response and neighbourhood officers. The PP SMT are currently involved in delivering a series of vulnerability briefings to response and beat managers to focus on some of the key messages and provide clarity over processes in a number of areas, including Domestic Abuse, The Voice Of the Child, Children and Adult Safeguarding referrals. DCC scrutiny 26/10/2016: How near to finishing are the vulnerability briefings? DCC Torr states that he was given personal feedback during his visit to Riverside that the briefings were good. Match the briefing completion dates to the target completion date of this action. For now extend the completion date to end of Nov 2016. Target date changed to: 30/11/2016 Original target date: 30/09/2016 **Update 01/11/2016:** All briefings should be completed by 02/11/2016. **Recommend complete.** Update 07/11/2016: FEB DCC Torr (Chair) supports completion.

Target date	Recommendation or Issue	Action	Manager Responsible	Source originator.	Source title	Action Status	Action update
42735	Recommendation 4.1.1: The Strategies, Policies and Procedures that support Information Management at the Force should be reviewed and updated in line with the current processes that have been adopted. The documents to be addressed are: Removal of the Information Assurance Framework, as this was superseded by the Information Management Strategy.	Action 4.1.1: Review and update the Strategies, Policies and Procedures that support Information Management in line with current processes. The documents which should be addressed are: Remove the Information Assurance framework as this has been superseded by the Information Management Strategy.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	Update Pat Stocker 01/11/2016: Currently without a resource to manage the Corporate Library and this has been raised on the Corporate Development Risk Register - the vacancy is currently with Brook Street Agency to find an individual with the required skill set. The agency are being asked to provide weekly updates on the vacancy status and HR are being copied in. It is hoped that the vacancy will be filled during the month of November and this will be a prioritised task. To allow for any further delays in the recruitment process **it is requested that the target date be changed to 31st December 2016.** **Update 07/11/2016:** Discussed at FEB. DCC Torr (Chair) supports extension of target completion date to end of December 2016 to support the recruitment process.

Date	Recommendation	Action	Owner		Audit	Status	Update
31/12/2016	Recommendation 4.1.2: The Strategies, Policies and Procedures that support Information Management at the Force should be reviewed and updated in line with the current processes that have been adopted. The documents to be addressed are: A review and update of the Information Management Strategy. Link this to recommendation 4.8	Action 4.1.2: Review and update the Strategies, Policies and Procedures that support Information Management in line with current processes. The documents which should be addressed are: Review and update the Information Management Strategy. Consideration to be given to the new structure in place and with the recommendations raised from this audit. Link this to recommendation 4.8	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 4.2: The Job Descriptions of the posts that are to be Information Asset Owners should be updated to reflect the responsibilities and embed the importance of the role.	Action 4.2: 4.2.1 Add IAO job descriptions update as an agenda item at the November 2016 FIAB meeting and agree how best to proceed. The DCC to identify how the IAO role can be specifically identified for Police Officer roles 4.2.2 Update the Job Descriptions of the posts of Information Asset Owners to reflect the responsibilities and embed the importance of the role. The role of IAO can only be specifically identified in the Job Descriptions of the relevant civilianised roles (predominantly Heads of Departments). Information Management will provide the wording to be added and a list of roles to HR to facilitate this addition.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
31/03/2017	Recommendation 4.3.1: The current training offered to IAO's and delegates should be reviewed and a decision made on how to deliver initial training and refresher training to ensure the Force has appropriately trained individuals performing the IAO role.	Action 4.3.1: Review the current IAO training and support package in place (Nottinghamshire Police provide specific one to one sessions with all IAO's and their delegates and on-going face to face support as well as the eLearning package provided by Lincolnshire which was agreed for regional use at the Regional Information Assurance Group). Present proposals for new and existing IAOs to FIAB in November 2016. To include relevant costing if applicable.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
30/11/2016	Recommendation 4.3.2 : The IAO Handbook should be updated to reflect the current processes that are in place and provide clarity on the actions that IAO's need to take to produce and maintain the information asset register.	Action 4.3.2: Update the IAO handbook to reflect the current processes followed and provide clarity on the actions that IAO's need to take to produce and maintain the information asset register.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	At Risk	There are currently no action updates associated with this recommendation.
30/11/2016	Recommendation 4.4: The Information Management Team should hold a complete list of Information Asset Owners and delegates and this should be published so staff are aware of the right contacts should they need to raise an issue.	Action 4.4: Complete a list of Information Asset Owners and delegates. Publish on the Force intranet so that staff are aware of the key contacts for information assets.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	At Risk	There are currently no action updates associated with this recommendation.
30/11/2016	Recommendation 4.5: IAO's should be tasked to complete the missing Information from the Information Asset register	Action 4.5: Contact the IAOs and update the Information Asset register with the identified missing information. Cross ref with recommendation 4.3.3: Amend the Information Security Officer Job description to include the role of 'gatekeeper' to maintain the IA register and ensure that returns do not include missing data. This process will be included within the updated IAO handbook.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	At Risk	There are currently no action updates associated with this recommendation.
30/11/2016	Recommendation 4.6: The Information Asset Register should be updated to include review, retention and disposal details.	Action 4.6:Update the Information Asset Register to include a review, retention and disposal column. A retention schedule is in place.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	At Risk	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 4.7: The Information Risk Management system in place at the Force needs to be reviewed, updated and implemented. This should include, but not be limited to, the following: · An update to the Information Risk Management Strategy. · The responsibilities of IAO's in relation to identifying and managing their risks needs to be clearly communicated. · The process for adding risks, closing risks and updating risks to the information risk register needs to be agreed upon and formally communicated. · The format of the risk register should clearly include Risk Owners, the risk mitigation actions that are in place, confidence levels of the actions in mitigating the risks and timescales for completion. · The process for regular monitoring of the Information Risk Register should be established. · There should be clear links between the information risks identified and the information assets the Force holds.	Action 4.7: Review, update and implement the Information Risk Management system. This should include, but not be limited to the following: · An update to the Information Risk Management Strategy. · The responsibilities of IAO's in relation to identifying and managing their risks needs to be clearly communicated. · The process for adding risks, closing risks and updating risks to the information risk register needs to be agreed upon and formally communicated. · The format of the risk register should clearly include Risk Owners, the risk mitigation actions that are in place, confidence levels of the actions in mitigating the risks and timescales for completion. · The process for regular monitoring of the Information Risk Register should be established. · There should be clear links between the information risks identified and the information assets the Force holds.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
31/12/2016	Recommendation 4.8: Management should decide upon the role that Information Audit is to play within the Information Management System in place and clearly document this. Link this to 4.1.2	Action 4.8: Review and update the Information Management Strategy. Consideration to be given to the new structure in place and with the recommendations raised from this audit. Link this to 4.1.2	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
31/03/2017	Recommendation 4.9: The audit process should be clearly documented and communicated to Information Asset Owners. This should include, but not be limited to, the following: · Timetables for scheduled audits, with agreement of audit schedule and fieldwork. · Timetable for issuing of draft reports and expected responses to findings. · Distribution lists for final audit reports. · Follow up of audit recommendations. · The monitoring of actions to implement audit recommendations. · Summarised feedback at FIAB of completed audit reports.	Action 4.9: Write separate policy and procedure documents to include, but not be limited to, the following: · Timetables for scheduled audits, with agreement of audit schedule and fieldwork. · Timetable for issuing of draft reports and expected responses to findings. · Distribution lists for final audit reports. · Follow up of audit recommendations. · The monitoring of actions to implement audit recommendations. · Summarised feedback at FIAB of completed audit reports. When complete communicate to IAO and publish on the intranet / library.	Pat Stocker (Information Management Lead)	Mazars	Data Protection Act Compliance Oct 2016	On Target	There are currently no action updates associated with this recommendation.
31/1/2017	Recommendation 4.3: A reconciliation between the data held on the payroll system, HR system and budget model should be conducted on a regular basis.3	Action: Identify a regular reconciliation process with appropriate controls in place to check the data retained on the payroll system, the HR system and budget model to identify and rectify any discrepancies to assist in the development of the HR Establishment for setting future budgets.	Mark Kimberley (Head of Finance Nottingham)	Mazars	HR Establishment Budgeting	On Target	MFSS are working up new proposals for the implementation of the new payroll system - this is currently estimated to be complete by January 2017. DCC scrutiny 26/10/2016: Action update comment noted. Please extend completion date to the end of Jan 2017 to reflect the estimated completion time. Target date changed to: 31/01/2017 Original target date: 31/10/2016

31/12/2016	Recommendation 4.4: The development of the monitoring spread sheets should be finalised and these should be used to produce formal budget reports that should be reported to the appropriate forums, including the Force Executive Board. The Force Executive Board should comment on the budget reports supplied to ensure that the reporting process meets the requirements of both the OPCC and Force.	Action: Develop budget monitoring spread sheets and where possible link to MTFP assumptions and projections. The Head of Finance to provide a peer challenge.	Mark Kimberley (Head of Finance Nottingham)	Mazars	HR Establishment Budgeting	On Target	New force operational MTFP agreed by FEB 24th October 2016 but data has not yet been subject to peer scrutiny. New and additional data sources will be established as part of the annual budget process and these will also be subject to peer review by Head of Finance/PCC CFO. New target date suggested. DCC scrutiny 26/10/2016: Action update comment noted. I support date extension.
31/3/2017	Recommendation 1: Nottinghamshire OPCC should document a social value policy in consultation with both the Force and EMSCU as their procurement partner. This should act as a framework and guidance to inform social value commissioning across the organisation and have defined links to the organisational priorities, well-being of the local area and also EMSCU procurement strategies. The policy should also outline requirements of a procurement strategy, public consultation and needs analysis and also define roles and responsibilities for key staff.	Action: Nottinghamshire OPCC will work closely with both the Force and EMSCU to develop a Social Value policy. The policy will set out the assurance and performance monitoring arrangements.	Kevin Dennis	Mazars	Social Value Impact	On Target	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 2: Tender Requirements: For further tender adverts where expenditure is expected to exceed the EU threshold, the suggested template as defined by the Social Enterprise UK should be included so that potential bidders are aware of requirements in this area. In addition, specific weighting allocation should be assigned to the Social Value elements of bids to demonstrate compliance with the Act and to ensure value for money is achieved in this area.	Action: Social Enterprise UK template for tender exceeding EU threshold will be investigated and piloted before being rolled out.	Ronnie Adams	Mazars	Social Value Impact	On Target	Update Ronnie Adams 02/11/2016: Social Enterprise is covered in the EMSCU Sustainable Procurement Guidance and picked up by the Engagement Partner and the stakeholder in the initial Statement of Requirement. EMSCU are currently piloting Social Enterprise requirements on two contracts that are expected to exceed the EU Threshold, Pensions Administration and Waste Management.
31/3/2017	Recommendation 3: On-going Contract Management/ Contract Extensions The OPCC should ensure that for all contract extensions, EMSCU are giving consideration to social value requirements and, where these do not exist, reviews should be undertaken at the time of extension or renewal to ensure clauses are added where appropriate. Effective contract management/ monitoring arrangements should be in place to measure social value in terms of contract outcomes, with reporting to management to ensure value for money in this area to be quantified and reported.	Action: A more detailed audit should be undertaken to identify new and existing contracts that exceed EU threshold to ensure social value economic, social and environmental well-being is maximised for, OPCC, Force and wider EMSCU contacts. This audit should also measure providers and subcontractors. Compliance with PCCS pledge on 'living wage'.	Charlotte Radford	Mazars	Social Value Impact	On Target	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 4: Staff Training. The requirements of Social Value should be communicated to key staff with responsibilities for procurement, commissioning and contract monitoring to ensure they understand the required approach in terms of achieving value for money and compliance with the Public Services (Social Value) Act 2012.	Action: Social value training will be arranged for OPCC, Force and EMSCU staff following the development of policy to raise awareness and to ensure compliance.	Charlotte Radford	Mazars	Social Value Impact	On Target	There are currently no action updates associated with this recommendation.
31/12/2016	Recommendation 1: All operational staff across the blue light services likely to attend operational incidents need at the very least to have an awareness of JESIP regardless of rank or grade.	Action: All staff likely to attend operational incidents should undertake training at the very least to have an awareness of Joint Emergency Services Interoperability Principles (JESIP). To support this activity the following should be implemented: 1.1: Learning & Development (EMCHRS) to provide figures on who should undertake this training and an uptake of this training. Report to be produced and sent to Heads of Department to support the activity.	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	Update meeting planned for 3rd November DCC scrutiny 26/10/2016
31/12/2016	Recommendation 1: All operational staff across the blue light services likely to attend operational incidents need at the very least to have an awareness of JESIP regardless of rank or grade.	Action: All staff likely to attend operational incidents should undertake training at the very least to have an awareness of Joint Emergency Services Interoperability Principles (JESIP). To support this activity the following should be implemented: 1.2: Re-communication to be drafted and sent out advising on the range of existing training products.	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	DCC scrutiny 26/10/2016. In response to Ch Supt Howicks update, please note this is not a duplicate. Recommendation 1 is split into 3 sections.
31/12/2016	Recommendation 1: All operational staff across the blue light services likely to attend operational incidents need at the very least to have an awareness of JESIP regardless of rank or grade.	Action: All staff likely to attend operational incidents should undertake training at the very least to have an awareness of Joint Emergency Services Interoperability Principles (JESIP). To support this activity the following should be implemented: 1.3: IT to investigate running JESIP app on force devices	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	DCC scrutiny 26/10/2016. In response to Ch Supt Howicks update, please note this is not a duplicate. Recommendation 1 is split into 3 sections.
31/12/2016	Recommendation 2: The blue light services need to develop a programme for delivering future JESIP tri-service training. This should incorporate refresher training, initial training for newly promoted commanders and awareness for new recruits. It should also be extended to Local Resilience Forums and other category 1 and 2 responders.	Action: All operational Sergeants to attend JESIP Operational Commander Course (14th September, 18th October, 22nd November 2016). EMCHRS to undertake course administration and delivery of JESIP as part of normal business	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	Update meeting planned for 3rd November DCC scrutiny 26/10/2016
31/12/2016	Recommendation 4: There needs to be a greater knowledge and understanding of the capabilities of Airwave and the use of the interoperable channels at incidents.	Action: All officers and staff who use airwave should receive a refresher training session to ensure that police and multi-agency interoperability functions are understood	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	DCC scrutiny 26/10/2016
31/12/2016	Recommendation 5: The blue light services need to have more effective processes in place for learning and embedding lessons locally and, for sharing the learning with staff. The knowledge and understanding of how the Joint Organisational Learning process is used to identify and record multi-agency lessons which are to be shared and escalated across services, needs to be greatly improved.	Action: Force JESIP Strategic Lead to agree with Learning and Development how 'Joint Organisational Learning Action notes' will be handled to ensure that improvements are incorporated into force policy and practice	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	DCC scrutiny 26/10/2016
31/12/2016	Recommendation 7 (Ch Supt Ian Howick recommendation). Support the transition of the delivery lead for JESIP from Emergency Planning to EMCHRS as 'business as usual' as encapsulated in the Authorising Professional Practice (APP) and police doctrine.	Action: Complete the transition of the delivery lead for JESIP from Emergency Planning to EMCHRS as 'business as usual' as it is now encapsulated in the APP and police doctrine	Ch Supt Ian Howick	HMIC	The tri-service review of the Joint Emergency Services Interoperability Principles (JESIP)	On Target	Update meeting 3rd November

31/3/2017	Recommendation 5: All police forces provide people who have had force used against them with information about how to give feedback about their experience, including information about making a complaint. Complaints are a valuable source of information that can help to improve police practice. All forces should comply with the IPCC's key principles for access to the police complaints system. Forces should publicise how people can give feedback or make complaints. Information should be available in custody suites, police station front offices, or on any records or literature provided to people who have been subject to the police use of force.	Action 5: Develop a communications strategy targeted specifically at the use of force, which will include police powers and the right to give feedback or make a complaint. It is not intended to provide all people who have had force used against them with individual information about how to give feedback about their experience or make a complaint – in some cases this will be impracticable and/or inappropriate. However, Nottinghamshire Police is committed to ensuring that the complaints system is accessible and that the public understand how to make a complaint. We also proactively remind people of their rights to complain and seek feedback through social media, including the force website and Twitter; posters in police stations, including custody suites and meetings with the community.	Det Supt Jackie Alexander (Head of Professional Standards)	IPCC	Use of Force Report	On Target	There are currently no action updates associated with this recommendation.
31/10/2017	Recommendation 1: All police forces take steps to understand how their use of force affects the trust and confidence of people living and working in the local area. Whether directly or indirectly affected, people's perceptions of how the police use force affects their trust and confidence in the police. Forces should develop existing local engagement activity, to share information and help shape organisational policy, communication strategies and officer training.	Action 1: Nottinghamshire Police neighbourhood teams to carry out a community tension check as identified in the Engagement Strategy each time the use of force is used. If required produce an engagement plan which must include a solution to the effects of how the use of force has affected the trust and confidence of the people living and working in the local area. The plans and information on the effects on the local community to be available for the next relevant Daily Management Meeting which will then be reported to the bi-monthly Neighbourhood Policing Inspectors meeting. The plans and community tension information relating to the use of force in any neighbourhood area will be scrutinised by Supt Richard Fretwell as part of an audit process. (every six months)	Det Supt Jackie Alexander (Head of Professional Standards)	IPCC	Use of Force Report	On Target	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 9: All police force take steps to make sure that officers complete records relating to the use of force. They should also set up systems that enable them to monitor how force is being used. Where use of force records are used effectively they have the potential to provide a valuable insight into how officers are using force. This in turn could help to improve organisational policy and training. Forces need to have systems in place that allow them to identify where officers are potentially overusing or misusing force, and where individuals or communities are potentially being repeatedly or disproportionately affected. These systems should allow forces to monitor the extent to which people's experience varies depending on the protected groups or communities that they are part of.	Action 9: (cross ref with recommendation 11) Nottinghamshire Police to work with the National Working Group on Use of Force reporting to stream line the way all forces capture data, so as to ensure consistency and transparency. There are national timelines for this work in progress and as part of the East Midlands regional response to this work, a single reporting system using the Niche platform is being developed. Use of Force reporting will continue to be captured using the current (MFSS) platform until the launch of the Niche based system. "	Det Supt Jackie Alexander (Head of Professional Standards)	IPCC	Use of Force Report	On Target	There are currently no action updates associated with this recommendation.
31/3/2017	Recommendation 10: All police forces publish data about their use of force and create opportunities for the public to scrutinise this data. Forces should publish data about the circumstances and context in which force was used (such as during a stop and search encounter or in a custody suite), the type of force used, and the characteristics of the person involved (such as their age, ethnicity, gender, or other protected characteristic). Forces could involve community members in reviewing records about their use of force, relevant complaints, body worn video footage and other data. This would build public confidence in how the police use force.	Action10: Publish data on the Nottinghamshire Police website about our use of force to cover: * circumstances and context * type of force used * protected characteristics of person involved Action 10.1: Introduce a mechanism to enable scrutiny of the data by community members to help build public confidence.	Det Supt Jackie Alexander (Head of Professional Standards)	IPCC	Use of Force Report	On Target	There are currently no action updates associated with this recommendation.
31/12/2016	Recommendation 15: All police forces review existing arrangements relating to police attendance and their role at hospitals, mental health units or other medical settings, to minimise the involvement of the police. Working practices should be consistent with national guidance, and all parties must make sure that they have a clear understanding of the circumstances and the extent to which the police should be involved.	Action 15: Review the work which was carried out in 2013 with Hospital Trusts and Mental Health Trusts, which looked at the emphasis on minimising police contact in hospitals and mental health settings and where this was deemed unavoidable. Ensure working practices are consistent with national guidance. Update if necessary any guidelines for both the police and partner involvement and responsibilities, and communicate any relevant changes.	Det Supt Jackie Alexander (Head of Professional Standards)	IPCC	Use of Force Report	On Target	There are currently no action updates associated with this recommendation.

For Information / Consideration	
Public/Non Public*	Public
Report to:	**Audit and Scrutiny Panel**
Date of Meeting:	**15th December 2016**
Report of:	**Chief Finance Officer**
Report Author:	**Charlotte Radford**
Other Contacts:	**Brian Welch**
Agenda Item:	**11**

INTERNAL AUDIT PROGRESS REPORT

1. Purpose of the Report

1.1 To provide members with an update on progress against the Internal Audit Annual Plan for 2016-17 and the findings from audits completed to date.

2. Recommendations

2.1 Members are recommended to consider the report and where appropriate make comment or request further work in relation to specific audits to ensure they have adequate assurance from the work undertaken.

3. Reasons for Recommendations

3.1 This complies with good governance and in ensuring assurance can be obtained from the work carried out.

4. Summary of Key Points

4.1 The attached report details the work undertaken to date and summarises the findings from individual audits completed since the last progress report to the panel.

5. Financial Implications and Budget Provision

5.1 None as a direct result of this report.

6. Human Resources Implications

6.1 None as a direct result of this report.

7. Equality Implications

7.1 None as a direct result of this report.

8. Risk Management

8.1 None as a direct result of this report. Recommendations will be actioned to address the risks identified within the individual reports and recommendations implementation will be monitored and reported within the audit and inspection report to this panel.

9. Policy Implications and links to the Police and Crime Plan Priorities

9.1 This report complies with good governance and financial regulations.

10. Changes in Legislation or other Legal Considerations

10.1 None

11. Details of outcome of consultation

11.1 Not applicable

12. Appendices

12.1 Appendix A – Internal Audit Progress Report 2016-17

Appendix A

MAZARS

Office of the Police & Crime Commissioner for Nottinghamshire and Nottinghamshire Police

Internal Audit Progress Report 2016/17

December 2016

Presented to the Joint Audit & Scrutiny Panel meeting of: 15th December 2016

Contents

01   Introduction

1.1   The purpose of this report is to update the Joint Audit & Scrutiny Panel (JASP) as to the progress in respect of the 2016/17 Internal Audit Plan that considered and approved by the JASP at its meeting on 11th February 2016.

1.2   The Police and Crime Commissioner and Chief Constable are responsible for ensuring that the organisations have proper internal control and management systems in place. In order to do this, they must obtain assurance on the effectiveness of those systems throughout the year, and are required to make a statement on the effectiveness of internal control within their annual report and financial statements.

1.3   Internal audit provides the Police and Crime Commissioner and Chief Constable with an independent and objective opinion on governance, risk management and internal control and their effectiveness in achieving the organisation's agreed objectives. Internal audit also has an independent and objective advisory role to help line managers improve governance, risk management and internal control. The work of internal audit, culminating in our annual opinion, forms a part of the OPCC and Force's overall assurance framework and assists in preparing an informed statement on internal control.

1.4   Responsibility for a sound system of internal control rests with the Police and Crime Commissioner and Chief Constable and work performed by internal audit should not be relied upon to identify all weaknesses which exist or all improvements which may be made. Effective implementation of our recommendations makes an important contribution to the maintenance of reliable systems of internal control and governance.

1.5   Internal audit should not be relied upon to identify fraud or irregularity, although our procedures are designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control will not necessarily be an effective safeguard against collusive fraud.

1.6   Our work is delivered is accordance with the Public Sector Internal Audit Standards (PSIAS).

02 Summary of internal audit work to date

2.1   We have issued four final reports in respect of the 2016/17 plan since the last progress report to the JASP, these being in respect of DPA Compliance, Procurement, Savings Programme and HR Establishment Budgeting. Additionally, we have issued two draft reports in respect of the Core Financial Systems and Effective Audit & Scrutiny where we await management's responses. Further details are provided in Appendix 1.

Nottinghamshire 2016/17 Audits	Report Status	Assurance Opinion		Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
Implementation of DMS	Final	Limited		3	3	2	8
Data Protection Act Compliance	Final	Limited		1	5	3	9
Estates Strategy	Final	N/A		-	-	-	-
HR Establishment Budgeting	Final	Satisfactory		-	3	1	4
Commissioning Framework	Final	N/A		-	-	-	-
Overtime Payments	Final	N/A		-	-	-	-
Procurement Follow-up	Final	EMSCU - Limited	Local – Satisfactory	1	4	2	7
Savings Programme Follow-up	Final	Satisfactory		-	2	1	3
Core Financial Systems	Draft						
Effective Audit & Scrutiny	Draft						
Total				5	17	9	31

2.2 We are also in the process of agreeing the scope of the audits of Risk Management, Human Resources and Data Quality, which will be carried out in quarter four. Further details are provided within Appendix A2.

2.3 As reported in our previous progress report, five specific areas have been identified in terms of the collaborative audits for 2016/17. In each case a lead officer (OPCC CFO) has been identified as a single point of contact. The initial reviews will look at the business plan and S22 agreement in terms of whether it is being delivered and is fit for purpose going forward; the scope will also include value for money considerations and arrangements for managing risk. We have recently finalised one audit (Legal Services) and completed the fieldwork with regards another (EMSCU), with further details provided in Appendix 1. Work is now in progress with regards Transactional Services, with the remainder due to be completed in quarter 4.

Collaboration Audits 2016/17	Status	Assurance Opinion	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
EMCHRS Transactional Services	In progress					
EM Legal Services	Final	Limited	1	3	2	6
EMOpSS	Q4					
EMS Commercial Unit	Completed – being reviewed					
EMSOU	Q4					
		Total	1	3	2	6

03 Performance

3.1   The following table details the Internal Audit Service performance for the year to date measured against the key performance indicators that were set out within Audit Charter. This list will be developed over time, with some indicators either only applicable at year end or have yet to be evidenced.

No	Indicator	Criteria	Performance
1	Annual report provided to the JASP	As agreed with the Client Officer	N/A
2	Annual Operational and Strategic Plans to the JASP	As agreed with the Client Officer	Achieved
3	Progress report to the JASP	7 working days prior to meeting.	Achieved
4	Issue of draft report	Within 10 working days of completion of final exit meeting.	90% (9/10)
5	Issue of final report	Within 5 working days of agreement of responses.	100% (5/5)
6	Follow-up of priority one recommendations	90% within four months. 100% within six months.	N/A
7	Follow-up of other recommendations	100% within 12 months of date of final report.	N/A
8	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork.	100% (8/8)
9	Customer satisfaction (measured by survey)	85% average satisfactory or above	100% (1/1)

Appendix A1 – Summary of Reports 2016/17

Below we provide brief outlines of the work carried out, a summary of our key findings raised and the assurance opinions given in respect of the final reports issued since the last progress report:

Procurement Follow-up

Assurance Opinion	Limited
	Satisfactory

Recommendation Priorities	
Priority 1 (Fundamental)	1
Priority 2 (Significant)	4
Priority 3 (Housekeeping)	2

Our audit considered the following risks relating to the area under review:

- Policies, procedures and guidance are in place to ensure officers and staff are aware of the process for purchasing goods and services.

- Purchasing authority levels are clearly defined and adhered to.

- All purchases over £25,000 are managed by the East Midlands Strategic Commercial Unit (EMSCU).

- Purchases are supported by sufficiently detailed and authorised business cases where appropriate.

- All procurement below £25,000 is authorised locally, with purchase orders raised and with quotations and tenders sought where appropriate.

- Purchases below the £25,000 threshold are monitored to ensure compliance with local financial and procurement regulations and that best value is being achieved.

- National frameworks are used where it is appropriate to do so and best value is considered when making this decision.

- Value for money is considered and decisions regarding this are documented during the procurement process.

We raised one priority 1 recommendation of a fundamental nature that requires addressing. This is set out below:

Recommendation 1	EMSCU should set a clear protocol in place to ensure key documentation is consistently stored in the Crystal system. The documents available should include the signed versions of: • Statement of Requirement; • Business Case • Single Tender Award; • Signed Contract

	Once implemented, regular dip samples on new contracts awarded should be carried out to ensure all supporting documentation is in place and correct authorisation has been given.
Finding	EMSCU are responsible for retaining the key documentation that is required for the procurement process of contracts over £25k, including Statement of Requirements, Business Cases, Single Tender Award forms and the signed contract that is in place. These documents show the authorisation for the contract, the reasons why it is needed and why it demonstrates value for money. The Crystal system is used by EMSCU to record contracts that are in place and enables key documentation to be attached against each contract. Audit testing found the following: •3/10 had no Statement of Requirement; •2/10 no signed business case or single tender award so approval could not be evidenced; and •4/10 no signed contract could be located. Audit testing found that the use of attachments in the Crystal system was inconsistent, with some contracts having missing information. In some cases information was found but was stored in other locations but took staff time to retrieve these. If the key documents were available on Crystal this would allow a more efficient use of users time when searching for key documents and give additional assurance to EMSCU that the correct process had been followed with the documentation as evidence.
Response	Agreed, there is a document storage policy that covers electronic storing methodology but does not consider the Crystal contracts management system. This policy is now under review and will be updated to cover what will be on Crystal. Once the review is complete staff training and future monitoring plan will be undertaken.
Timescale	Ronnie Adams, EMSCU Commercial Director January 2017

We raised four priority 2 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- The Force and EMSCU should ensure that the correct versions of procedures are available on the Force intranet site to ensure staff follow the correct procedures. (Local & EMSCU Responsibility)
- A further communication should be issued to remind all staff who raise and approve requisitions that the supporting documentation should be clearly attached in the Oracle system. This should include appropriate quotes or details of related contracts.
  Consideration should be given to completing dip samples to ensure compliance with Contract Procedure Rules. (Local Responsibility)
- Finance and EMSCU should set up a regular reporting protocol that allows the review of expenditure under £25k on a regular basis so the information can be used to aggregate spend and identify contract opportunities. (Local & EMSCU Responsibility)
- Finance should review the exception reports that it can produce and ensure they run them on a regular basis to provide assurance that exceptions are investigated and actions taken to address. (Local Responsibility)

We also raised two housekeeping issues with regards policies and procedures, and the removal of suppliers from the system.

Management confirmed that all actions will be implemented by March 2017.

Data Protection Act Compliance

Assurance Opinion	Limited

Recommendation Priorities	
Priority 1 (Fundamental)	1
Priority 2 (Significant)	5
Priority 3 (Housekeeping)	3

The audit covered the following control objectives:

Information Asset Owners (IAO)

- The roles and responsibilities of Information Asset Owners are defined and have been effectively communicated to the responsible staff.
- The Information Management Strategy sets out the overall direction for the management of information, against which the role of the IAO can be measured.
- There are effective communication and training routines in place to support the IAO's in this new role.
- The Information Management Team have up to date records of who the IAO's are for all defined categories of information, including where such responsibilities have been delegated.
- There are effective and robust procedures in place to monitor the role of Information Asset Owners and their contribution to delivery of the Information Management Strategy.

Information Asset Register (IAR)

- There are accurate and up to date policies and procedures in place that facilitate the effective production and maintenance of Information Asset Registers.
- There are effective and robust procedures in place to ensure that accuracy and completeness of IAR's.
- IAO's, in the role in maintaining IAR's, have received adequate training and direction.
- IAR's are maintained in accordance with all statutory and local requirements, including the storage of sensitive data.

Information Risk Register (IRR)

- Policies and procedures are in place to ensure that information risks are identified; assessed; recorded; and, appropriate risk owners are assigned.
- The corporate and departmental IRR's are subject to regular review and are updated in a consistent manner.
- Risks in the corporate and departmental IRR's are assigned risk owners to monitor and manage the risks.
- There is a clear link between the IRR's and IAR's.

We raised one priority 1 recommendation of a fundamental nature that requires addressing. This is set out below:

Recommendation 1	The Information Risk Management system in place at the Force needs to be reviewed, updated and implemented. This should include, but not be limited to, the following: • An update to the Information Risk Management Strategy. • The responsibilities of IAO's in relation to identifying and managing their risks needs to be clearly communicated. • The process for adding risks, closing risks and updating risks to the information risk register needs to be agreed upon and formally communicated. • The format of the risk register should clearly include Risk Owners, the risk mitigation actions that are in place, confidence levels of the actions in mitigating the risks and timescales for completion. • The process for regular monitoring of the Information Risk Register should be established. • There should be clear links between the information risks identified and the information assets the Force holds.
Finding	The Force has an Information Risk Management Strategy in place. However, a review of this against the current processes followed and the knowledge of the responsibilities of key parties highlighted inconsistencies. The role of the Information Asset Owners in identifying risks, adding risks to the register and taking mitigating actions is not clearly documented or understood by the IAO's. Whilst an information risk register is in place, it does not provide the Force with assurance that the risks are being appropriately managed. The risk register has an IAO listed for each risk, however it does not clearly state that they are the risk owner and that they are responsible for managing the specific risk. Moreover, the risk register simply states risk mitigation is the information asset owner's responsibility. It does not document the controls in place and the mitigation actions that should be taken to manage the risks that have been identified. In addition, there was no evidence that the risk register had been reviewed or updated for six months. The Information Risk Register currently has no clear links to the Information Asset Register and therefore asset owners are not aware of which risks are relevant to the assets they look after.
Response	Accepted. Action: Review, update and implement the Information Risk Management system. This should include, but not be limited to, the following: • An update to the Information Risk Management Strategy. • The responsibilities of IAO's in relation to identifying and managing their risks needs to be clearly communicated. • The process for adding risks, closing risks and updating risks to the information risk register needs to be agreed upon and formally communicated. • The format of the risk register should clearly include Risk Owners, the risk mitigation actions that are in place, confidence levels of the actions in mitigating the risks and timescales for completion. • The process for regular monitoring of the Information Risk Register should be established. • There should be clear links between the information risks identified and the information assets the Force holds.
Timescale	Pat Stocker, Information Management Lead 31/03/2017

Furthermore, we raised five priority 2 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- The Strategies, Policies and Procedures that support Information Management at the Force should be reviewed and updated in line with the current processes that have been adopted. The documents to be addressed are:

  - Removal of the Information Assurance Framework, as this was superseded by the Information Management Strategy.
  - A review and update of the Information Management Strategy.
  - A review and update of the Terms of Reference for the FIAB including performance monitoring.

- The current training offered to IAO's and delegates should be reviewed and a decision made on how to deliver initial training and refresher training to ensure the Force has appropriately trained individuals performing the IAO role.

  The IAO Handbook should be updated to reflect the current processes that are in place and provide clarity on the actions that IAO's need to take to produce and maintain the information asset register.

  A clear process should be in place so that a 'gatekeeper' is in place to monitor consistency of the register.

- IAO's should be tasked to complete the missing Information.

- Management should decide upon the role that Information Audit is to play within the Information Management System in place and clearly document this.

- The audit process should be clearly documented and communicated to Information Asset Owners.

We also raised three housekeeping issues with regards IAO job descriptions, list of IAO's and delegates, and the format of the asset register.

Management confirmed that all actions will be implemented by March 2017.

Savings Programme – Follow-up

Assurance Opinion	Satisfactory

Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	2
Priority 3 (Housekeeping)	1

Our audit considered the following risks relating to the area under review:

- Procedures and guidance are available to support the effective delivery of the savings programme, including the methodology / rationale for calculating and justifying the proposed savings.

- Responsibilities for the delivery of individual savings targets are agreed and understood.

- There is a rigorous process for challenging the proposed savings targets, including their subsequent approval.

- There are effective processes in place to co-ordinate delivery of the overall savings programme in liaison with local / departmental savings targets.

- Management information in respect of the delivery of the savings programme is reported to the relevant forum in a timely and complete manner.

- Where savings targets are unlikely to be achieved, the reasons for the shortfall are provided to the relevant forum at the earliest opportunity in order that timely remedial action can be taken to address the issue.

- The current shortfall in the achievement of the 2015/16 savings programme is known and the reasons for the shortfall are understood.

- There are robust processes put in place to address the current shortfall in the savings programme and to deliver further 2015/16 savings.

- The lessons learnt from the 2015/16 savings programme are understood and are utilised in drawing up the 2016/17 budget.

We raised two priority 2 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- The Guidance Notes for budgeting and savings should be finalised and shared across the business to aid in developing a clear savings process moving forward. These should also include the responsibilities of the Senior Responsible Officer and the forum where they are held to account.

- A timetable for the delivery of improvements highlighted by the Head of Finance should be implemented to ensure improvements are delivered in a timely manner.

We also one priority three housekeeping issue with regards reviewing the Medium Term Financial Plan and Budgeting Guidance.

Management confirmed that all actions will be implemented by November 2016.

HR Establishment Budgeting

Assurance Opinion	Satisfactory

Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	1

Our audit considered the following risks relating to the area under review:

- Clearly defined policies and/or procedures are not in place resulting in ineffective and inefficient working practices.
- Staff are unaware of their roles and responsibilities leading to inappropriate decisions being made.
- An unrealistic budget is set resulting in targets not being met and a financial loss to the Force.
- A lack of monitoring of the budget within the Force resulting in budget variances being unidentified.
- There is an inappropriate level of expenditure resulting in the Force overspending against the budget.

- The Force is unaware of the actual expenditure taking place within the HR establishment leading to budgets being ineffectively monitored which could lead to a financial loss to the Force.
- Fraudulent activities are not detected resulting in financial loss and potential reputational damage.

In reviewing the above risks, our audit considered the following areas:

- Production of Budgets
- Budget Monitoring
- Reconciliation of Actual Expenditure

We raised three priority 2 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- Procedure notes should be developed for all key tasks completed with regards to the Force budgeting process, including production, approval and monitoring.

The procedures should be:

- ➢ Regularly reviewed using version control to evidence the review;
- ➢ Tested for accuracy and appropriateness; and
- ➢ Made available to all relevant officers on the intranet.

- There should be clarity and transparency between the OPCC and the Force over the data that is required to be included within the budget report.
- A reconciliation between the data held on the payroll system, HR system and budget model should be conducted on a regular basis.

We also one priority three housekeeping issue with regards budget monitoring.

Management confirmed that all actions will be implemented by October 2016.

Collaboration – East Midlands Police Legal Services

Overall Assurance Opinion	Limited

Recommendation Priorities	
Priority 1 (Fundamental)	1
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	2

Our audit considered the following risks relating to the area under review:

- A Section 22 agreement is in place that clearly sets out the decision making and governance framework that is in place;
- A clearly defined Business Plan is in place that sets out the statutory duties, objectives and the key performance indicators for the services to be provided;
- The Business Plan is set in line with the Section 22 agreement and it is regularly reviewed to ensure it remains 'fit for purpose';
- There are effective reporting processes in place to provide assurances to the Forces on the performance of the unit;

- Value for money considerations are regularly reviewed and reported to the Forces; and
- The unit has procedures in place to ensure that risks are identified, assessed recorded and managed appropriately.

We raised one priority 1 recommendation of a fundamental nature that require addressing. This is set out below:

Recommendation 1	The Management Board for EMPLS should be reinstated to provide oversight and assurance with regards the unit's performance and delivery of its objectives. The Management Board members should ensure they have a timetable in place to attend meetings and carry out their responsibilities in line with the Section 22 agreement that is in place.
Finding	The Section 22 agreement sets out the governance structure for the collaboration and refers to a Management Board comprised of the Deputy Chief Constables of each Force. The responsibilities of this Board are clearly defined and the key features are: • Board should meet at periodic intervals and in default of agreement at EMPLS place of business every three months; • Provide oversight of EMPLS operational performance; • Support the continued development of the collaboration; • Propose and monitor the annual aims and objectives of EMPLS; and • Provide a three year business plan to ensure the maintenance and development of the collaboration in line with regional strategic aims. A review of Management Board meeting minutes shows that the EMPLS Management Board last met in March 2015. Explanation provided to audit was that each Force was happy with the service that EMPLS was providing and, as a consequence, there was no need for the meetings to take place.
Response	It is acknowledged that the Management Board have not met for some time and Derbyshire will lead on re-establishment of this Board.
Timescale	David Peet, Chief Executive January 2017

We raised three priority 2 recommendations where we believe there is scope for improvement within the control environment. These are set out below:

- EMPLS should review the current KPI's that are in place and should prepare updated KPI's that can be presented to the Management Board for scrutiny and approval.
- In accordance with Recommendation 4.1, once the Management Board meetings have been established they should include a review of performance and this should be noted or actions put in place to address areas of concern.
- The risk register should be updated to include a RAG rating between the target risk score and the current risk score to clearly identify the priorities for risk mitigation actions. The risk actions should be separated into ongoing actions and specific actions that will be taken on a set date, with the planned effect on the risk score clearly stated.
  Review of the risk register should be a standard agenda item at EMPLS Silver Meetings and should be included in the reporting to the Management Board.

We also raised two housekeeping issues with regards business planning and performance reporting.

Management confirmed that all actions will be implemented by March 2017.

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Appendix A2   Internal Audit Plan 2016/17

Auditable Area	Planned Fieldwork Date	Draft Report Date	Final Report Date	Target JASP	Comments
Core Assurance					
Risk Management	July 2016			Sept 2016	Deferred to Jan 2017 on client request. Planned to start 26th Jan.
Procurement	Nov 2016	Nov 2016	Nov 2016	Dec 2017	Final report issued.
Core Financials					
Payroll	Oct 2016	Nov 2016		Dec 2016	Draft report issued.
Cash, Bank & Treasury	Oct 2016	Nov 2016		Dec 2016	Draft report issued.
General Ledger	Oct 2016	Nov 2016		Dec 2016	Draft report issued.
Income & Debtors	Oct 2016	Nov 2016		Dec 2016	Draft report issued.
Payment & Creditors	Oct 2016	Nov 2016		Dec 2016	Draft report issued.
Strategic & Operational Risk					
Implementation of DMS	April 2016	May 2016	June 2016	June 2016	Final report issued.
Savings Programme Follow-up	Sept 2016	Oct 2016	Oct 2016	Dec 2016	Final report issued.
Human Resources	Jan 2017			Mar 2017	Planned to start 9th Jan.
Data Protection Act Compliance	Aug 2016	Sept 2016	Oct 2016	Dec 2016	Final report issued.

Auditable Area	Planned Fieldwork Date	Draft Report Date	Final Report Date	Target JASP	Comments
Data Quality	Feb 2017			Mar 2017	Audit deferred by management from Q3 to Q4.
Effective Audit & Scrutiny	July 2016	Oct 2016		Dec 2016	Draft report issued.
Collaboration					
EMCHRS Transactional Services	Dec 2016			Mar 2017	Work in progress.
EM Legal Services	Nov 2016	Nov 2016	Nov 2016	Dec 2016	Final report issued.
EMOpSS	Sept 2016 – Jan 2017			Mar 2017	Q4 date to be agreed.
EMS Commercial Unit	Nov 2016			Mar 2017	Completed; being reviewed.
EMSOU	Sept 2016 – Jan 2017			Mar 2017	Q4 date to be agreed.
Other					
Estates Strategy	-	May 2016	May 2016	June 2016	Final memo issued.
HR Establishment Budgeting	-	May 2016	Sept 2016	Sept 2016	Final report issued.
Commissioning Framework	-	July 2016	July 2016	Sept 2016	Final memo issued.
Core Financial Follow-up	-	July 2016	July 2016	Sept 2016	Final report issued.
Overtime Payments	-	July 2016	July 2016	Sept 2016	Final memo issued.

Appendix A3 – Definition of Assurances and Priorities

Definitions of Assurance Levels		
Assurance Level	**Adequacy of system design**	**Effectiveness of operating controls**
Significant Assurance:	There is a sound system of internal control designed to achieve the Organisation's objectives.	The control processes tested are being consistently applied.
Satisfactory Assurance:	While there is a basically sound system of internal control, there are weaknesses, which put some of the Organisation's objectives at risk.	There is evidence that the level of non-compliance with some of the control processes may put some of the Organisation's objectives at risk.
Limited Assurance:	Weaknesses in the system of internal controls are such as to put the Organisation's objectives at risk.	The level of non-compliance puts the Organisation's objectives at risk.
No Assurance	Control processes are generally weak leaving the processes/systems open to significant error or abuse.	Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Definitions of Recommendations	
Priority	**Description**
Priority 1 (Fundamental)	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.
Priority 2 (Significant)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.
Priority 3 (Housekeeping)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.

Appendix A4 - Contact Details

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A5 Statement of Responsibility

Status of our reports

The responsibility for maintaining internal control rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy of the internal control arrangements implemented by management and perform testing on those controls to ensure that they are operating for the period under review. We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone are not a guarantee that fraud, where existing, will be discovered.

The contents of this report are confidential and not for distribution to anyone other than the Office of the Police and Crime Commissioner for Nottinghamshire and Nottinghamshire Police. Disclosure to third parties cannot be made without the prior written consent of Mazars LLP.

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OPCC for Nottinghamshire Police & Nottinghamshire Police

Follow up of Audit Recommendations – December 2016

01 – Introduction

In line with the commitment to follow up Internal Audit recommendations made, this report gives an overview of activity undertaken to verify implementation of audit recommendations made as a result of 2015/16 audits. The review focused on priority 1 and 2 recommendations (see Appendix 1) where agreed implementation dates had now passed, although lists all recommendations irrespective of implementation date. Where satisfactory evidence has been provided that the recommendation has been implemented, and this has been reported to the Joint Audit & Scrutiny Panel, the recommendation will be removed from future reports.

This report covers only those audits where a dedicated follow-up has not been planned for 2016/17. As a consequence, recommendations in respect of the following 2015/16 audit reports will be reported separately:

- Core Financial Systems
- Procurement
- Savings Programme

The following provides the status of each recommendation and is based on the evidence provided to the Forces' Audit & Inspection Team:

Audit / Recommendation	Priority	Recommendations			Audit Confirmed Implemented	Comments
		Agreed Implementation Date	Manager Confirmed Implementation	Manager Confirmed Not Implemented		
Integrated Offender Management	Three recommendations raised – one P2 and two P3					
- Documenting of rationale for IOM Scheme Rejection	P2	1st April 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
Joint Code of Governance	Two recommendation raised – both P3					
Proceeds of Crime	Four recommendations raised – two P2 and two P3					
- CRMS recorded information	P2	31st March 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- Financial Accounting POCA Control Accounts	P2	29th February 2016	Yes		Yes	Confirmed through a review of 4Action system and supporting evidence.
Victims Code	10 recommendations raised – two P1, six P2 and two P3					
- Victim Information	P1	31st January 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- VCOP Working Sheet	P2	31st January 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- Needs Assessment	P2	31st January 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- Preferred Method of Contact	P2	31st January 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- Victim Information Pack	P2	31st March 2016	Yes		Yes	Confirmed with Chief Inspector and evidence received.
- Victim Updates	P2	31st January 2016	Yes		Yes	Confirmed while onsite during Follow Up visit.
- Victim Needs Assessment	P2	31st January 2016		Yes		Not Yet Fully Implemented. Expected January 2017
- Training	P1	30th June 2016		Yes		Not Yet Fully Implemented. Expected January 2017.
Payments Processes & Procedures	Three recommendations raised – one P1, two P2					
- Oracle Authorisation	P1	31st December 2015	Yes		Yes	Confirmed as part of Core Financials Audit
- Formal Procedures	P2	31st December 2015	Yes		Yes	Confirmed with Senior Accountant and evidence received.

- Urgent Payment Procedures	P2	31st December 2015	Yes		Yes	Confirmed with OPCC Chief Finance Officer and evidence received.
Commissioning – Community Safety	Five recommendations raised – three P2, two P3					
- Guidance	P2	30th June 2016		Yes		Confirmed with Head of Commissioning. Revised Implementation date June 2017.
- Performance Reporting	P2	30th June 2016	Yes		Yes	Confirmed with Head of Commissioning.
- Independent Review	P2	30th June 2016		Yes		Confirmed with Head of Commissioning. Revised Implementation date March 2017.

Integrated Offender Management (Final Report December 2015)

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Documenting of Rationale for IOM Scheme Rejection *Observation:* Detailed testing of a sample of 17 individuals from recent months' cohorts identified three individuals not approved for the IOM scheme, with risk scoring level cited as the reasoning. However, conviction and arrest matrices scores for those individuals remained apparently high and the rationale not explained further within the IOM selection meeting database. Review of the population of individuals 'not approved' identified consistently brief information documented for individuals rejected, with at least one database rationale field left blank. *Risk:* Lack of documented rationale for rejecting nominees for the IOM scheme, which may be required in the event of retrospective investigation into re-offending individuals.	The Multi-Agency Intelligence Team members should ensure that detailed information is recorded within the IOM selection meeting database, against each individual nominated but rejected from the IOM scheme.	**Accepted** **Action:** Staff to be briefed on the importance of recording the rationale for decision making. Dip sampling to be undertaken 3 monthly to ensure compliance	Paul Harris currently chairs the IOM Decision Board which meet monthly relating to IOM nominations. Offenders may be rejected if they do not reach the matrix scoring threshold, and there is no compelling intelligence argument. All decisions receive a full rationale, this is scribed by the MAIT (Multi-Agency Intelligence Team), who also confirm that consistency is being delivered in decision making. A sample of six rejections were taken from the December 2015 Decision Board. In all six cases it was identified that offenders were rejected due to low scoring and no supporting intelligence which could enhance the offender's case. Offenders may be rejected prior to the Decision Board, this is where they score very low on the matrix, and hold no supporting intelligence to build a case for inclusion. There will be quarterly dip sampling starting in Q2, for April – June 2016 decisions made, to ensure consistency and all relevant information is included. In June 2016 E-CINS will be in place, which is a Case Management System. This will allow for all information on offenders to be stored in one place, with a real time update on the status of the offender and decisions made regarding them. This should be fully adopted by IOM in July 2016.	Fully implemented.

Proceeds of Crime (Final Report January 2016)

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
CRMS recorded information *Observation:* Detailed testing of a sample of POCA related incidents from the crime reporting system and joint asset recovery database identified four instances out of 20 where tamper proof bag reference numbers were not recorded on the system. Any upgrade to the Crime Reporting Management System should include an error function which requires mandatory completion of the field within each profile for recording evidence bag references. *Risk:* Inability to efficiently trace and verify stored assets/ cash.	Officers should be reminded of the need to record evidence bag reference numbers within crime reporting management systems.	**Accepted.** The new Other than Found Property Acquisition Policy and Flowcharts highlight the importance of officers recording sealed bag numbers on CRMS. **Action:** All officers to complete training on NICHE Module 4 which will include a reminder of the importance of recording sealed bag numbers.	All frontline staff received NICHE Module 4 Training between October 2015 - February 2016; along with specific training for the Finance Team. This training reiterated the importance of reference numbers being entered onto the NICHE System. An extract of the NICHE Module 4 Training was supplied to confirm the importance of referencing onto the NICHE System. Nottinghamshire have developed a Property Wizard programme which overlays the NICHE program to make fields mandatory. As NICHE is an international program, new fields cannot be entered, the property wizard can only work on fields already existing within NICHE. As such, no additional control can be put in place, given the system restrictions, to ensure relevant bag numbers are implemented as not all evidence is bagged.	Fully Implemented

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Financial accounting POCA control accounts *Observation:* The Force operates several balance sheet control accounts within its financial accounting system general ledger for the purpose of tracking POCA funds seized/confiscated and banked or received back from the Home Office or Crown Prosecution Service. Detailed reconciliations on the six accounts relating to POCA were noted up until March 2015 when the processing of financial administration was transferred to the Multi Force Shared Services (MFSS) unit. No reconciliations were evidenced since this time as the Archive and Exhibits department no longer have access to the control accounts operations. *Risk:* Inadequate financial accounting records for POCA funds.	The Force should take steps to enable the Archive and Exhibits department to continue reconciliation of POCA accounting records and funds. Full analyses of balances on all POCA financial accounting system control accounts should be reconciled at the earliest opportunity.	**Accepted.** **Action:** Review the process of reconciliation of POCA accounting records and funds, and ensure that full analyses of balances on all POCA financial accounting system control accounts are reconciled at the earliest opportunity.	The Business Partner Local Policing has supplied the Archive and Exhibits departments with reports in order to be able to complete the reconciliations of the accounts. It has been arranged for these to be sent on a monthly basis going forward. A review of all accounting records and funds has been completed. Following this, year-end reconciliations have been completed for the following accounts: • Court Confiscation Forfeitures; • POCA; and, • Other than Found Property (OTFP). For each of the above reconciliations, the officer completing the exercise has signed and dated the reconciliation. Additionally, a secondary officer has signed and dated the reconciliation to confirm that these have been checked. A process has been implemented to ensure that these reconciliations are continued and the accounts are reconciled on a monthly basis from April 2016 onwards.	Fully Implemented.

Victims Code (Final Report December 2015)

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Victim Information *Observation:* Victims are entitled to receive a clear explanation of what to expect from the criminal justice process. The VCOP working sheet requires officers to confirm they have either provided the Victim with a Victim Information Pack (VIP) or referred them to Nottinghamshire Police Victim website. Audit testing identified that in fourteen out of twenty-five cases the officer had not confirmed this information had been provided or the referral had been made. *Risk*: Failure to 'signpost' victims to appropriate victim support material resulting in lack of information for them in respect of the different provisions available. This could result in increased vulnerability of victims and non-compliance with the Victims Code of Practice.	All victims should be provided with the Victim Information Pack and/ or referred to the information available on the Nottinghamshire Police Victim website. Confirmation that this information has been communicated should be recorded on the VCOP working sheet within the CRMS.	**Accepted** **Action:** Review and update the Victim Information Pack in line with the new amendments. Outline amendments in Communication Strategy and publish on internet. Confirm changes via Weekly Order	The victim information available on the Nottinghamshire Police Victim website has been updated in line with the new amendments, victim's right to review and RT Justice. Review of the Nottinghamshire Police – Victims Information website confirmed that all new amendments have been updated to reflect the changes. Changes to the website was also sent through to all relevant staff through a Communications Strategy on 21st March 2016. The communication was reviewed during the follow up and confirmed relevant information was cascaded to officers.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
VCOP Working Sheet *Observation:* A VCOP working sheet should be created for all cases where there is a victim and retained on the Crime Recording System (CRMS). Audit testing identified that the working sheet had not been created in two out of twenty-five cases. Therefore compliance with the Victims Code of Practice could not be evidenced in these cases. *Risk*: Failure to evidence that the victim has received all required information and related support, including the mandatory needs assessment, leading to no compliance with the Victims Code of Practice.	A VCOP working sheet should be maintained for each crime involving a victim. Officers should be reminded of the importance of creating and maintaining this working sheet which should be evidenced within the CRMS system.	**Accepted in part** Introduction of Niche in February 2016 will supersede the use of CRMS and thus the need for working sheets. A communication strategy is in the process of being written to reiterate current requirements and outline the significant changes which will take effect from February 2016 The Force also produces a DPR report which contains details of those crimes where there has been no victim update for 22 days. These report figures are part of daily business in both pre-daily management meetings (DMM) on localities and also in divisional daily management meetings (DMM). Furthermore they are presented as part of the divisional OPR performance packs for monitoring and corrective action	Since NICHE has been implemented, this recommendation has been superseded and is now encompassed within NICHE. Where an officer enters in the crime onto NICHE, a question will ask "Is there a victim of this crime?" When the office selects "Yes", the program will automatically take the officer to the Victim information page where they can enter their details. This information was confirmed verbally, with Chief Inspector Andy Goodall, as the system was not available to test at the time of the follow up. This information was also cascaded through the communication strategy on the 21st March 2016. The communication was reviewed during the follow up and confirmed relevant information was cascaded to officers.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Needs Assessment *Observation*: All officers should carry out a dedicated needs assessment with each victim to establish the level of support they require. This is evidenced on the VCOP working sheet. In addition to the two cases identified in finding 4.1, one additional case was identified where the needs assessment part of the VCOP working sheet had not been completed by the responsible office. *Risk*: Lack of identification of the support needs of the victim and subsequent failure to provide the required level of support resulting in increased vulnerability of victims and non-compliance with the Victims Code of Practice.	Needs assessments should be carried out with all victims of crime and results recorded on the VCOP working sheet within the CRMS system. This should then be used of the basis of support provision for the victim going forward.	**Accepted in part** Introduction of Niche in February 2016 will supersede the use of CRMS and thus the need for working sheets. A communication strategy is in the process of being written to reiterate current requirements and outline the significant changes which will take effect from February 2016 The Force also produces a DPR report which contains details of those crimes where there has been no victim update for 22 days. These report figures are part of daily business in both pre-daily management meetings (DMM) on localities and also in divisional daily management meetings (DMM). **Action**: Communication strategy to be written and cascaded to relevant staff. Significant changes to be outlined and communicated via Weekly Order T/Chief Inspector Andy Goodall to ensure victim figures are available and presented as part of the divisional OPR performance packs for monitoring and corrective action	Since NICHE has been implemented, this recommendation has been superseded and is now encompassed within NICHE. Where an officer enters in the crime onto NICHE, a question will ask "Is there a victim of this crime?" When the office selects "Yes", the program will automatically take the officer to the Victim information page where they can enter their details, including completing their needs assessment. This information was confirmed verbally, with Chief Inspector Andy Goodall, as the system was not available to test at the time of the follow up. This information was also cascaded through the communication strategy on the 21st March 2016. The communication was reviewed during the follow up and confirmed relevant information was cascaded to officers.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Preferred Method of Contact *Observation:* Upon initial contact with victims, officers should establish their preferred method and frequency of contact which should be recorded on the VCOP working sheet. Audit testing identified that in ten out of twenty-five cases the contact section of the working sheet had not been completed and therefore there was no evidence that the preferred method and frequency had been established. *Risk:* Failure to establish a victims preferred method of contact resulting in updates being made in a format which is not accessible/ understandable by the victim and non-compliance with the Victims Code of Practice.	Preferred method and frequency of contact should be established with each victim of crime to enable them to be updated on the progress of any ongoing investigation. This should be recorded on the VCOP working sheet and evidence maintained that updates have been provided in line with this request.	**Accepted in part** Introduction of Niche in February 2016 will supersede the use of CRMS and thus the need for working sheets. A communication strategy is in the process of being written to reiterate current requirements and outline the significant changes which will take effect from February 2016 **Action**: Communication strategy to be written and cascaded to relevant staff. Significant changes to be outlined and communicated via Weekly Order T/Chief Inspector Andy Goodall to ensure victim figures are available and presented as part of the divisional OPR performance packs for monitoring and corrective action	Since NICHE has been implemented, this recommendation has been superseded and is now encompassed within NICHE. Where an officer enters in the crime onto NICHE, a question will ask "Is there a victim of this crime?" When the office selects "Yes", the program will automatically take the officer to the Victim information page where they can enter their details, including their preferred method of contact. This information was confirmed verbally, with Chief Inspector Andy Goodall, as the system was not available to test at the time of the follow up. This information was also cascaded through the communication strategy on the 21st March 2016. The communication was reviewed during the follow up and confirmed relevant information was cascaded to officers.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Victim Information Pack (VIP) *Observation*: Victim Information Packs are available to provide a guide to all the services and support available to victims from reporting through to trail. A 'Right to Review' procedure has recently been introduced by the Force (enabling victims to request a review of a decision not to prosecute), however this was not detailed in the VIP to ensure victims are aware of this. In addition, the Force offers 'Restorative Justice'. This is the process of bringing together victims with those responsible for the crime, to find a positive way forward. Although this was listed as an 'out of court' disposal in the VIP, there was no detail included to inform them how they can take part, in line with the Code of Practice. *Risk*: Failure to inform victims of all support available to them resulting in an ineffective service provision, increased risk of re-victimisation and non-compliance with the Victims Code of Practice.	The VIP should be reviewed and updated to incorporate the Right to Review procedure and information in respect of participation of the Restorative Justice scheme. (It is noted that a further update to the Victims Code of Practice is due later in 2015 and therefore it is practical to await this publication prior to review and update of the VIP to establish whether any additional areas require review).	**Accepted** **Action**: Review and update the Victim Information Pack in line with the new amendments. Outline amendments in Communication Strategy and publish on internet. Confirm changes via Weekly Order	The victim information packs have been updated to review the amendments. Soft copies have been implemented and available on the Nottinghamshire Police Victims website. This is where the officers are able to signpost victims to. Review of a paper copy of the Victims Information Pack confirmed that the new packs incorporated the recent amendments. The Chief Inspector confirmed that the Victim Information Packs have been printed and distributed for use. An electronic copy of the pack sent for printing and distribution was obtained.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Victim Updates *Observation:* When a victim is updated on the progress of the case this is recorded on the CRMS system. For the purpose of performance monitoring, an 'Aggrieved Updated' box should be ticked to acknowledge this update. Where the box is not ticked, this creates a report to management that the update may be overdue. Audit testing identified that in six out of twenty-five cases, updates had been made to the victim but the Aggrieved Updated box had not been ticked. *Risk:* Where acknowledgement of updates is not recorded in the CRMS this creates both unnecessary records on performance management information and additional checks carried out by officers.	Officer should be reminded that when updates are provided to victims, acknowledgement should be made within the 'aggrieved updated' box on CRMS to support the update and prevent this being escalated via performance management information.	**Part Accepted** Introduction of Niche in February 2016 will supersede the use of CRMS and thus the need for ticking an 'Aggrieved Updated' box. A communication strategy is in the process of being written to reiterate current requirements and outline the significant changes which will take effect from February 2016. **Action**: Communication strategy to be written and cascaded to relevant staff. Significant changes to be outlined and communicated via Weekly Order	Since NICHE has been implemented, this recommendation has been superseded and is now encompassed within NICHE. Where an officer enters in the crime onto NICHE, a question will ask "Is there a victim of this crime?" When the office selects "Yes", the program will automatically take the officer to the Victim information page where they can enter their details, including when the victim would like to receive updates. This information was confirmed verbally, with Chief Inspector Andy Goodall, as the system was not available to test at the time of the follow up. This information was also cascaded through the communication strategy on the 21st March 2016. The communication was reviewed during the follow up and confirmed relevant information was cascaded to officers.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Victim Needs Assessment *Observation***:** Following a Victims Needs Assessment it should be evidenced within CRMS that the victim has been provided with the required level of support. Audit sample testing on five cases where the victim had been assessed as having 'priority needs' identified that in one case there was a lack of information recorded in CRMS to confirm that proactive victim support was ongoing. The victim in question was deemed vulnerable by disability. Although they had been routinely referred to the Victim Support service, and a letter was evidenced requesting the victim should contact the force if they require any further support, there was no evidence they had been visited for ongoing support and assessments or proactively referred to a specialist agency. *Risk***:** Failure to evidence proactive referral to specialist agencies or provision of support for victims who have been assessed as having priority needs, leading to increased risk of re-victimisation and non-compliance with the Victim Code of Practice.	All victims should be considered for referral to specialist agencies in addition to Victim Support Services. These referrals and proactive support provided should be evidenced within the CRMS system.	**Accepted** **Action**: Work to be undertaken to identify specialist agencies able to provide additional support to victims. This to be communicated via the Communication Strategy and reiterated in a Weekly Order T/Chief Inspector Andy Goodall to ensure Niche incorporates the requirement to record any specialist referrals	The Chief Inspector has confirmed that a directory has been produced and this is available on the Force intranet located on the Valuing Victim resources page. A communication message was also disseminated to Officer in relation to the upload of this directory. A tender process is in progress with specialist agencies in order to set up a hub that will be available for victims. The Chief Inspector confirmed that the tender process has not yet been completed and a go live date for the hub is expected for January 2017.	Partially Implemented. Expected January 2017.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Training *Observation*: At the previous audit a recommendation was made to formally monitor key training relating to the Victims Code and reminders sent on a periodic basis to those individuals who have not completed the training. The management response to this recommendation was that compliance is monitored with regular reports being produced and completion/ non completion reports sent to BCU/ Department Leads. At the time of the current audit information was requested to confirm the number of officers who were required to complete this training but had not yet done so. It was found that the system for recording e-learning progress could only provide information on those officers who had completed the training rather than 'non-completers'. The Learning & Development Team were working to resolve this, however, given this information was not available, testing could not be undertaken to confirm that compliance was being monitored given that non completion reports are not being issued. *Risk*: Failure to identify and monitor those officers who have not completed the mandatory e-learning for Victims Code resulting in a lack of assurance that officers have been adequately trained to ensure compliance with the Code.	The reports detailing officers who are still to complete the Victims Code training should be located and the system for following up non-compliance established to provide assurance that all officers are adequately trained to ensure compliance with the Code.	**Accepted** **Action**: Training data has previously been available in relation to officers who have, and have not, completed the VCOP e-learning. This data was included within the monthly team packs sent out to supervisors and has also been monitored through the force training panel. Once the data becomes available again, this process will meet the objective of identifying those officers who have not completed the e-learning.	Non-compliant Officers have been identified however the Chief Inspector noted that obtaining data of the officers that have not complied with the NCALT training has proved difficult. The search needed to be run rather than the data being immediately available and the data had not always proved accurate. The list includes all persons employed by the organisation as well as volunteers across all disciplines. Consequently, there is a large number of people on the list, for whom the training is not relevant. Relevant Officers are to be identified upon approval of the bid for training with the Training Panel. The Chief Inspector has confirmed that a bid is to be made to the Training Panel in September in relation to providing training to all officers with front line contact with victims. The exact nature of this training is currently being worked on. If the bid is successful, it is envisaged that the training will run from January 2017.	Partially Implemented. Expected January 2017.

Payments Processes & Procedures (Final Report October 2015)

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Oracle Authorisation *Observation:* Testing of a sample of 30 payments (18 grants and 12 invoices) confirmed that in 26 cases the payments were authorised by an appropriate officer. In four cases (one where the invoice was split into two payments) Oracle stated "approval not required" and there was no evidence that anyone approved the payment. Discussions with the Management Accountant and Chief Financial Officer did confirm that both payments were legitimate payments which the Management Account had requested MFSS to be input onto Oracle. The Accounts and Purchasing Service Delivery Manager for the MFSS stated that this would appear to be due to an error in the system and a request has been made to Capgemini (the suppliers of the system) to investigate (the request number is 411510 for monitoring purposes). However, until this issue is resolved, there is a significant risk of inappropriate or unauthorised payments being processed. *Risk:* Where the authorisation process is by-passed, there is a risk that inappropriate payments will be made.	The NOPCC should request the following from the Force lead and MFSS: • The option to approve without authorisation is removed. That an analysis print is of all payments made to date without authorisation across the Force and OPCC. That this printout is checked in detail as to the validity of those payments.	Agreed This should be reflected in Formal Procedure. See rec 4.2	Discussion with the OPCC Chief Finance Officer confirmed that the Force have now adopted a 'No Purchase order No Pay' approach which should nullify the need for payments to be sent through to MFSS without authorisation as all payments should match a purchase order. The recent Core Financials Audit that was undertaken confirmed that no payments in Oracle were processed without authorisation.	Fully Implemented.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Payment Processing Procedures *Observation:* It was identified through discussions within the OPCC Office that invoices are received by the Management Accountant, coded to the correct cost centre and subjective code, scanned and emailed to the Multi Force Shared Services (MFSS) to be entered onto the Oracle system. Once correctly entered by the MFSS, the system will workflow the payment for authorisation to an appropriate officer. For all NOPCC invoices, this is the Chief Financial Officer. Testing confirmed that this process was being followed within the OPCC, although the process had not been formally documented and communicated to staff. It was identified through payment testing that a purchase order was only raised in 2 out of 30 payment cases. Discussions with the Management Accountant identified that guidance had not been given to the OPCC on how to raise purchase orders within Oracle. *Risk:* Where there is a lack of procedures there is a risk that payments requests will not be processed incorrectly. Where purchase orders are not raised there is a risk that inappropriate purchases are made.	Formal procedures should be created which set out the process within the Office of the Police Crime Commissioner for inputting invoices, authorising payments and raising purchase orders using the Oracle system and the Multi Force Shared Service. These should be communicated to all relevant staff.	Agreed. But this should be extended across the whole of the Force.	Audit have been provided with a screenshot of the intranet system where quick guides have been created for staff on the processes to be followed when using MFSS. This includes a guide on purchasing which covers the inputting of invoices, authorising payments and raising purchase orders in the Oracle system.	Fully Implemented

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Urgent Payment Procedures *Observation:* The OPCC is occasionally required to make urgent, same day payments to suppliers. Formal, documented procedures are not in place for such payments, which increases the risk of inappropriate payments being made. Discussions with the CFO and Chief Executive identified that given the very small need for urgent or emergency payments and the risk involved it may not be necessary to perform them. All payments could be run through the system and this would allow for all checks to be made as to the appropriateness of the payment. *Risk:* Where urgent payments are made without the necessary checks there is a risk that inappropriate or fraudulent payment requests will be paid.	In order to reduce the risk of fraudulent payments being paid, the OPCC should either develop a checklist of things the CFO must look at in order to identify whether a request for urgent payment is genuine and include a secondary check of the request, or cease the practice of urgent or emergency payments. A checklist should include: verifying it is the genuine sender requesting the urgent payment (email address); verbal contact with the requestor to confirm legitimacy of request; scrutiny of the content of the email for inconsistencies; and, an assessment of the request to establish if an urgent payment is really required.	Agreed. We are now adopting the rule that payment on "same day" will only made where there is a case for hardship or legal reason. All paperwork must be internally generated for such payments. This check list should be created as part of work to devise a formal procedure. See previous recommendation. 4.2	It was confirmed with the OPCC Chief Finance Officer and through a review of relevant documentation that a revised instruction has been written and approved by the PCC for inclusion within the Financial Regulations.	Fully Implemented.

Commissioning – Community Safety (Final Report May 2016)

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Guidance *Observation:* A structured framework and guidance in respect of commissioning activity should be available to all parties and include best practice and a steer towards a more joined approach to Community Safety across the County. Whilst the OPCC has produced a draft Commissioning Framework, this has yet to be finalised and communicated to the partners involved in delivering Community Safety Fund objectives. *Risk*: Failure The commissioning of services in respect of the Community Safety Fund fail to deliver their expected outcomes and are not completed efficiently and effectively.	A Commissioning Framework should be finalised, including best practice, and communicated to the OPCC's partners to support effective commissioning across the County. [Characteristics of Good Commissioning: Provides leadership, engagement and co-ordination of stakeholders to foster a shared vision and common culture.]	Agreed. The Framework was completed some time ago but due to resources it has yet to be finalised and distributed. It will be updated to include some best practice as per the recent Academy for Justice Commissioning guidance.	It was confirmed with the Head of Commissioning that this recommendation remains outstanding to due capacity issues. The Commissioning Framework has not been finalised and distributed. There is the intention to recruit a new member of staff to help with this and are currently in the process of advertising for a commissioning officer. Revised implementation date to reflect current process being undertaken.	Not Yet Implemented. Expected June 2017.

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Performance Reporting *Observation:* A clear and consistent reporting framework should be in place to allow regular and efficient monitoring by the OPCC and payments of funds to be made in a timely manner. At present the performance reporting into the OPCC from City and County Councils are inconsistent and this is causing delays in the payment of community safety funds from the OPCC to the City and County Councils. *Risk*: Funds are allocated but are not paid to partners as they are unable to provide adequate performance information.	A performance reporting framework should be in place to provide a clear and consistent approach that could be adopted by all partners to ensure the OPCC is able to have an efficient and effective performance monitoring of all Community Safety Funds. [Characteristics of Good Commissioning: Establishes ways of working which are understandable, transparent and efficient for all.]	Agreed. To enable this to work the performance framework would need to link to the Police Crime Plan but also to Local Community Safety Objectives to get the buy in from partners and assist in being an efficient and less bureaucratic process for all involved. The new Inphase software is being rolled out and this should standardise the performance information that is submitted by partners to the OPCC. They will have direct access into this software and a plan is to roll out training on the software to ensure consistent reporting.	The team decided against the Inphase software and have adopted a spreadsheet to capture the performance information instead. A member of staff at the OPCC collates the information from Partners to allow monitoring across partners involved in the Community Safety Fund. Audit were provided with the performance spreadsheet and can confirm it is in place.	Fully Implemented

Finding	Recommendation	Initial Management Comments	Follow Up Result	Result/ Timeframe of Risk Exposure
Independent Review *Observation:* The final report of the independent review should be actioned by all parties to embed best practice and address weaknesses identified. The OPCC commissioned an Independent Review of Community Safety Funding and a final report was issued in November 2015. Since it has been issued it has not been presented to the Crime & Drugs Partnership or the Safer Nottingham Board. Whilst it has been noted by an executive committee at City Council, no actions have been put in place to address issues raised in the report. *Risk*: The weaknesses identified in the independent review are not addresses.	The Independent Review Report should be discussed with partner organisations to ensure that the recommendations that it raises have been fully understood and actions agreed to ensure that weaknesses are addressed and opportunities to improve processes are taken.	Agreed. The report has lost momentum since it was published and the OPCC are keen to ensure that areas of concern raised in the report are addressed. The best forum for doing this will be considered but initial thoughts are that a meeting of the operational key contacts to start with then the actions agreed and taken to their respective governance boards with support from the commissioner.	Discussion with the Head of Commissioning confirmed that the responsibility for this recommendation has now changed and this is being progressed by the OPCC Chief Executive but is yet to be fully implemented.	Not Yet Implemented. Revised Implementation date March 2017

Appendix 1 – Definitions of Recommendations

Definitions of Recommendations	
Priority	**Description**
Priority 1 (Fundamental)	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.
Priority 2 (Significant)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.
Priority 3 (Housekeeping)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.

Appendix 2 – Statement of Responsibility

Consideration	
Public/Non Public	Public
Report to:	**Audit and Scrutiny Panel**
Date of Meeting:	**15 December 2016**
Report of:	**The Chief Executive**
Report Author:	**Alison Fawley**
E-mail:	**alison.fawley@nottscc.gov.uk**
Other Contacts:	
Agenda Item:	**12**

PANEL WORK PLAN AND MEETING SCHEDULE

1. Purpose of the Report

1.1   To provide the Panel with a programme of work and timetable of meetings

2. Recommendations

2.1   To consider and make recommendations on items in the work plan and to note the timetable of meetings

3. Reasons for Recommendations

3.1   To enable the Panel to manage its programme of work.

4. Summary of Key Points

4.1   The Panel has a number of responsibilities within its terms of reference. Having a work plan for the Panel ensures that it carries out its duties whilst managing the level of work at each meeting.

5. Financial Implications and Budget Provision

5.1   None as a direct result of this report

6. Human Resources Implications

6.1   None as a direct result of this report

7. Equality Implications

7.1   None as a direct result of this report

8. Risk Management

8.1   None as a direct result of this report

9.   Policy Implications and links to the Police and Crime Plan Priorities

9.1   This report meets the requirements of the Terms of Reference of the Panel and therefore supports the work that ensures that the Police and Crime Plan is delivered.

10. Changes in Legislation or other Legal Considerations

10.1 None as a direct result of this report

11.   Details of outcome of consultation

11.1 None as a direct result of this report

12. Appendices

12.1 Work Plan and schedule of meetings

JOINT AUDIT AND SCRUTINY PANEL WORK PLAN

15 December 2016			
1	Force report on complaints and misconduct, investigations, new cases, open cases, together with monitoring, dip-sampling recommendations and implementation of actions and lessons learned	6 monthly	
2	Force report on IPCC investigations, recommendations and actions taken together with implementation of lessons learned	6 monthly	
3	Force report on the Whistle Blowing policy and review of compliance (process of grievances and appeals) Force report on Anti-Fraud and Corruption policy review of compliance updates	6 monthly	
4	Force Governance monitoring, assurance and improvement outcomes for decision making report	6 monthly	
5	Treasury Update report to show compliance with the Treasury Management Strategy	Annually	Charlie Radford
6	Annual Audit letter – External Audit	Annually	Charlie Radford
	Report on insurance claims covering public liability, employer's liability, employment and motor liabilities including costing and lessons learned – rescheduled from September 2016	Annually	Force
	Force compliance assurance mapping (from September)	Annually	
	Force and OPCC Risk report on monitoring and actions for mitigation	6 monthly	
	Every Meeting		
	Internal Audit Progress Reports		Charlie Radford & Brian Welch
	Internal Audit, Review and Inspection Monitoring, assurance and improvements outcomes		Julie Mair
	For information items		
	OPCC reports and information to support updates for monitoring the Police and Crime Plan		

9 March 2017

1	Report on Annual Internal Audit Strategy and Audit Plan	Annually	Charlie Radford & Brian Welch
2	Force report on Business Continuity compliance and assurance of testing and exercising plan lessons learned	Annually	
3	Force Publication Scheme monitoring, review and assurance report	Annually	
4	OPCC compliance with Specified Information Order and FOIs report	Annually	Lisa Gilmour
5	Force report on Information Management, FOI, DP audits and assurance reports	Annually	
6	Force and OPCC Risk report on monitoring and actions for mitigation	6 monthly	
7	Internal and External Audits, Review and Inspections	Annually	Julie Mair
8	External audit Plan	Annually	Charlie Radford & Simon Lacey
9	External Audit Progress Report – possibly		
10	Lessons learnt on Victims ITT		Ronnie Adams
	Every meeting		
	Internal Audit Progress Reports		
	Internal Audit, Review and Inspection Monitoring, assurance and improvements outcomes - Is this a duplication of item 7 above		Julie Mair
	For information only		
	OPCC reports and information to support updates for monitoring the Police and Crime Plan		Phil Gilbert
	OPCC Budget Report		Charlie Radford & Force
	OPCC Precept Report		Charlie Radford
	OPCC Report on the Medium Term Financial Plan		Charlie Radford
	4 year capital Plan including the Annual Capital Budget		Charlie Radford
	The Treasury Management Strategy		Charlie Radford
	Reserves Strategy		Charlie Radford

	29 June 2017 – may need to move this to end of July for final statement of accounts to be considered.		
1	Force report on complaints and misconduct, investigations, new cases, open cases, together with monitoring, dip-sampling recommendations and implementation of actions and lessons learned	6 monthly	
2	Force report on IPCC investigations, recommendations and actions taken together with implementation of lessons learned	6 monthly	
3	Force report on the Whistle Blowing policy and review of compliance (process of grievances and appeals) Force report on Anti-Fraud and Corruption policy review of compliance updates	6 monthly	
4	OPCC Produce a summary set of accounts for publication	Annually	
5	Annual Internal Audit Assurance Report	Annually	Needs to be earlier – May extraordinary meeting?
6	Force Governance monitoring, assurance and improvement outcomes for decision making report	6 monthly	
7	OPCC Final Statutory Accounts	Annually	
8	External Audit Governance report ISA260	Annually	Charlie Radford & Simon Lacey/Andrew Cardoza
9	Annual Governance Statements	Annually	Charlie Radford & Force
	Every meeting		
	Internal Audit Progress Reports		
	Internal Audit, Review and Inspection Monitoring, assurance and improvements outcomes		
	For Information only		
	OPCC reports and information to support updates for monitoring the Police and Crime Plan		