

POLICE AND CRIME COMMISSIONER FOR CAMBRIDGESHIRE AND CAMBRIDGESHIRE POLICE

Internal Audit Progress Report

29 April 2020

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Contents

Contents	2
Introduction.....	3
Reports	3
Appendix A – Other matters	5
Appendix B – Executive summaries and action plans from finalised reports	8
For more information contact	9

Introduction

The internal audit plan for 2019/20 was approved by the Joint Audit Committee at the April 2019 meeting. This report provides an update on progress against that plan and summarises the results of our work to date. The Executive Summary and Key Findings of the assignments below are attached to this progress report.

We have finalised four Cambridgeshire only and two Collaboration report since the last meeting shown in **bold** in the tables below.

Reports

2.2 Progress against the internal audit plan 2019/20 Cambridgeshire only

Assignment	Status / Opinion issued	Actions agreed			Target start date (target JAC)
		Low	Medium	High	
Budgetary Control (1.19/20)	Final report Substantial Assurance	2	1	0	Q2 (Nov 2019)
Capital Programme (2.19/20)	Final report Substantial Assurance	1	0	0	Q2 (Nov 2019)
Income & Debtors (3.19/20)	Final report Substantial Assurance	0	1	0	Q3 (Feb 2020)
Payroll & Expenses (4.19/20)	Updated Final Report Reasonable Assurance	0	3	0	Q3 (Feb 2020 / April 2020)
Constabulary Governance – Structure and Process (5.19/20)	Final Report Reasonable Assurance	1	2	0	Q2 (Nov 2019, now April 2020)
Risk Management (6.19/20)	Final Report Substantial Assurance	0	0	0	Q4 (April 2020)
Code of Practice for Victims of Crime (7.19/20)	Final Report Reasonable Assurance	0	2	0	Q4 (April 2020)

Assignment	Status / Opinion issued	Actions agreed			Target start date (target JAC)
		Low	Medium	High	
Follow up**	Fieldwork in Progress				Q4 (July 2020)

2.3 Progress against the internal audit plan 2019/20 Bedfordshire, Cambridgeshire and Hertfordshire Collaborative

Assignment and Organisation Lead	Status / Opinion issued	Actions agreed			Target start date (target JAC)
		Low	Medium	High	
Fraud Risk Assessment (Lead Hertfordshire)	Final Report Advisory	Advisory – no formal actions			Q1 (Nov 2019)
Health and Safety (Lead Cambridgeshire)	Final Report No Assurance	5	6	1	Q1 (Nov 2019)
Business Continuity Plan & IT Disaster Recovery (Lead Hertfordshire)	Final Report Reasonable	0	4	0	Q2 (Nov 2019)
Health and Safety Follow Up** (Lead Cambridgeshire)	Final Report Follow up to confirm progress	1 added			Added to plan
Procurement – Contract Management (Lead Cambridgeshire)	Final Report Partial Assurance	1	6	1	Q2 (Nov 2019, now April 2020)
Benefits Realisation ** (Lead Bedfordshire)	Fieldwork in Progress				Q3 (April 2020, now July 2020)

Appendix A – Other matters

Changes to the audit plan

Changes reported previously:

Note	Auditable area	Reason for change
1	Governance	Management requested the date of this review to be put back in the diary due to a current internal review of governance structures. The revised date would allow time for any changes to be implemented. This was originally planned for Q2 and is now planned for December 2019 / January 2020.
2	Health and Safety Follow Up	The follow up of actions agreed in the Health and Safety report have been followed up in February to allow progress to be reported before the end of the financial year.

Changes since the last meeting

Note	Auditable area	Reason for change
1	Payroll	At the January 2020 meeting, we presented this final report as a Partial Assurance with a High priority action in relation to amendments to the payroll system. Following this we have now been able to complete further testing and we have therefore issued a revised final report, amending related actions and provided an updated report, including a revision to the opinion.
2	BCH Benefits Realisation	Management requested that the start date has been put back one month to allow time for the completion of activities and enable the full scope of the audit to be

covered. Due to the delay in the approval of the overarching framework, it has now been agreed to complete this as an advisory review.

Annual Opinion 2019/20

The JAC should note that the assurances given in our audit assignments are included within our Annual Assurance report. In particular the JAC should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion.

Based on the work we have undertaken on the system of internal control, we consider that the issues identified above within the collaborative Health and Safety and Procurement reviews should be considered for inclusion in the annual governance statements. In relation to Health and Safety, we undertook an initial follow up of the agreed actions in February 2020 and found that a significant amount of progress had been made at the time of our review, however, the risks remains until the actions are fully implemented.

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

Added value work

Since the last Committee we have issued two client briefing in relation to the following:

- Emergency services sector client briefing in February 2020
- Covid19 Fraud Risks briefing.

Appendix B – Executive summaries and action plans from finalised reports

PAYROLL AND EXPENSES - EXECUTIVE SUMMARY

Why we completed this audit

This audit was completed to allow management to take assurance that payroll is correctly paid in a timely manner, and to evidence that there are adequate control mechanisms in place regarding the payroll and associated systems. Bedfordshire, Hertfordshire and Cambridgeshire police Constabulary's have a collaborated payroll system 'iTrent', and Cambridgeshire have been live on the new system since September 2019. iTrent is used to manage the following payroll services:

- Starters, leavers and amendments;
- Pension scheme enrolment; and
- Payment run processing.

Starters leavers and amendments are processed through iTrent with roles and responsibilities split between staff working in the Human Resources Service Centre (HRSC), Payroll, and Resourcing Management Units (RMU). Staff are automatically enrolled onto the corresponding Local Government Pension Scheme (LGPS) upon starting at the Constabulary, Police officers are enrolled into the Police pension scheme.

Conclusion

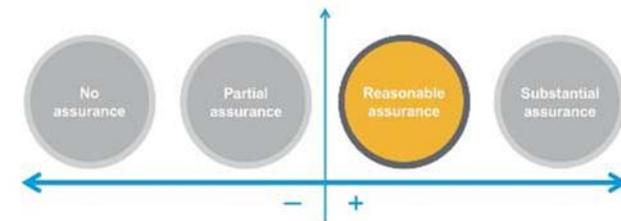
We identified that the Constabulary had a number of controls in place including the use of an authorised signatory list, as well as processes in place for ensuring pensions are appropriately set up, and additional payments including overtime, expenses and bonuses are appropriately approved and evidenced.

We however noted multiple exceptions during testing, including a lack of evidence with regards to the independent review of data in iTrent, as well as ensuring that information on the new starter forms had been appropriately documented. We noted that no information could be provided with regards to amendments to the payroll system, which increases the risk that changes to staff and officer details could be actioned without appropriate approval, in error or potentially fraudulently.

Internal audit opinion:

Taking account of the issues identified, the OPCC and Constabulary can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied.

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



Key findings

We identified the following weaknesses / findings which resulted in the agreement of one high and four medium priority management actions:

Payroll Amendments



We confirmed that the HRSC have a signatory list in place documenting those required to provide approval for pay related changes. Those included on the list were all current staff and related only to HR Team Leaders and above. Through discussion with the payroll team, we were informed that any changes would be required to be received by HR Team Leaders only, which reflected the document held by HRSC.

We selected a sample of 18 payroll data amendments made since December 2019 to date and confirmed in 16 cases payroll data amendments were supported by authorisation from the HR Team Leader. In the remaining two cases, we were not provided with evidence demonstrating approval for the payroll data amendments. Without the retention of evidence to substantiate amendments made, there is a risk that payroll data may be changed without sufficient authorisation which could lead to fraudulent activities such as embezzlement. This may result in prolonged financial losses. **(Medium)**



Starters

We identified for our sample of 20 new starters that 13 exceptions were identified during our testing. This led to new starter hours not having been recorded prior to entry onto the system. However, we confirmed that this did not lead to any incorrect payments being made. For one of the 13 we also identified that address details included on the starter form did not match the address input on the system. There is a risk that if appropriate information is not recorded on the forms, the new starter information will not be recorded correctly in the system which may lead to inappropriate payments being made. Also, if correct contact details are not entered into iTrent, there is a data risk where correspondence is sent incorrectly. **(Medium)**



Leavers

We identified that for 11 out of a sample of 20 leavers, annual leave adjustments were made in final payments without appropriate backing documentation being in place for the payments / change. Through discussions with an Assistant Manager at HRSC, we were informed that annual leave calculations for Cambridgeshire Constabulary are not currently calculated at HRSC as they do not have access to the appropriate duty management systems. We were informed that the process would be aligned for BCH from March 2020, however we were informed that responsibility for this has not yet been assigned and as a result it is unclear as to who will carry out this function in the meantime. We could therefore not, during our review, confirm whether the payments were right, as these are paid on an assumption that they have been calculated correctly. In addition, if the leavers process responsibilities are not prescribed prior to implementation of the new duty management system, there is a risk that required tasks are not completed which could have financial implications where payments are made incorrectly. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:

Through sample testing of 10 additional payments including bonus, honorarium and assessor payments, we confirmed authorisation was obtained from a team leader in HRSC, and correct payment in the corresponding payslip was evidenced. In each case, we confirmed that appropriate evidence had been retained to document the reasons and approval of the payments. We found that the six bonus and honorarium payments were appropriately authorised by line management. For the remaining four assessor payments, line management approval was not applicable as these payments are for additional assessment work completed, and we confirmed the appropriate request had been received by HRSC.



Through sample testing of 10 expense claims paid since September 2019, we confirmed expenses were submitted by the claimant on iTrent, authorisation was obtained appropriately through the iTrent workflow, and expenses were paid in line with the claim submitted for all. We confirmed that the receipts were available for the expenses sampled. Additionally, through sample testing of 10 overtime claims since September 2019, we confirmed that the overtime request was submitted on the employee timesheet, approval was obtained by line management; and overtime was paid correctly in line with hours worked and overtime payment rate within corresponding staff or officer payslip.



Through sample testing of five overpayments since September 2019, we confirmed that all were recorded within a record of payroll overpayments and chasing attempts which included the sending of formal letters, emails and phone calls to recover overpayments. We found that the overpayments were recovered in full for two of the sample, with repayment agreements in place for the remaining three. We confirmed for each of the remaining three that continued payments had been received.



We reviewed the Errors and Warnings Reports, and Element Differences Reconciliation exception reports for September, October and November 2019 and confirmed through inspection of each that they had been run for the relevant period and had been ticked and signed by the Payroll Manager as completed on the payroll checklist. We confirmed through inspection of the exception reports that they included evidence of independent annotated review by the Payroll Manager.



We confirmed for the sample of 20 starters that in each case the new starter had been set up with the relevant pension upon commencing work at the Constabulary. We confirmed that in each case pension deductions were present for each of the employee's payslips. We further noted for each of the 20 leavers that no further deductions for pensions were present following their final payslip.



We confirmed that payroll gross to net reconciliations were completed for each month through to November 2019. Through review of the reconciliations held electronically we confirmed that they were completed by the Financial Accountant and checked by the Principal Financial Accountant. We confirmed that reconciliations were completed for basic pay, deductions, contributions and pension payments for all eight months reviewed, and all had reconciled to zero with no exceptions noted.



ICT confirmed by email at the time of our review that nightly backups are performed. They also confirmed to the Head of Payroll and Pensions that these backups are performed and have been tested, verifying the backups has not been included in the scope of our review.

2. DETAILED FINDINGS AND ACTIONS

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

Payroll Amendments				
Control	<p>An authorised signatory list is held by the Human Resources Service Centre (HRSC) of Human Resources Managers able to approve payroll amendments from line managers which is checked before the HRSC make the change.</p> <p>Payroll perform a check of payroll changes using the net to net report of 20% of changes and verify that those changes can be verified.</p>	Assessment:		
		Design		✓
		Compliance		×
Findings / Implications	<p>We confirmed that the HR Service Centre have a signatory list in place documenting the staff members required to provide approval for pay related charges. The members of staff included on the list relate only to HR Team Leaders and above. Through discussion with the payroll team based at the Chord Business Park, they confirmed that any changes would be required to be received by HR Team Leaders only.</p> <p>We reviewed the net to net reports for the three months from December 2019 to February 2020 and confirmed that checks had been performed and that the change was supported.</p> <p>We selected a sample of 18 payroll data amendments made since December 2019 to date using the Payroll departments net to net reports which show changes in net pay between periods. The sample selected consisted of ten staff and eight officer amendments.</p> <p>Of the 18 samples reviewed, we confirmed in 16 cases payroll data amendments were supported by authorisation from the HR Team Leader. Furthermore, we confirmed authorisation for the amendments made were retained. We noted that where physical forms were completed to evidence changes made, the forms were scanned electronically and signed by the HR Team leaders.</p> <p>In the remaining two cases we were not provided with evidence demonstrating approval for the payroll data amendments.</p> <p>Without the retention of evidence to substantiate amendments made, there is a risk that payroll data may be changed without sufficient authorisation which could lead to fraudulent activities such as embezzlement. This may result in prolonged financial losses.</p>			
Management Action 1	<p>We will ensure that all payroll data amendments are supported by authorisation in line with the HR Service Centre Signatory List.</p> <p>Furthermore, we will ensure all authorisation provided is retained.</p>	Responsible Owner:	Date:	Priority:
		HRSC Manager	29 May 2020	Medium

Starters

Control	<p>When a member of staff or officer joins the Constabulary, a New Starter Form and Starter Declaration is obtained from the candidate.</p> <p>The New Starter Form is authorised by a those recorded on the Authorised Signatories List and HRSC do not process new starters without appropriate approval.</p> <p>The forms are processed by HR with details input into iTrent including:</p> <ul style="list-style-type: none"> • Contracted hours; and, • Allowances. 	Assessment:	Design ✓	Compliance ×
Findings / Implications	<p>We selected a sample 20 new starters since April 2019 and confirmed that in all cases a starter form had been completed, including a signed declaration by the new starter. We confirmed in all cases that the new starter had been set up prior to the payroll cut off for their first payslip and authorisation was obtained from a HR Team Leader.</p> <p>We identified that in seven cases relevant details relating to address, bank, hours and salary had been appropriately input from the new starter forms. We however, identified the following exceptions:</p> <ul style="list-style-type: none"> • For 13 out of 20, we found that the new starter forms did not record hours as a standardised new starter template was not used; and • For one of the 13 exceptions, we found that address details on the starter form did not match the address input on the system. We were not able to evidence any reasoning for this and there was no evidence of the persons who input and reviewed the data in iTrent; <p>We noted that within the above cases, this did not lead to any further issues or incorrect payments being made. There is a risk that if appropriate information is not recorded on the forms, the new starter information will not be recorded correctly in the system which may lead to inappropriate payments being made. Also, if correct contact details are not entered into iTrent, there is a data risk where correspondence is sent incorrectly.</p>			
Management Action 2	<p>We will update the new starter forms to include evidence of persons who input and review the data in iTrent.</p> <p>We will also ensure consistent use of the new starter form across staff and officers which includes required hours.</p>	Responsible Owner: HRSC Manager	Date: December 2019	Priority: Medium

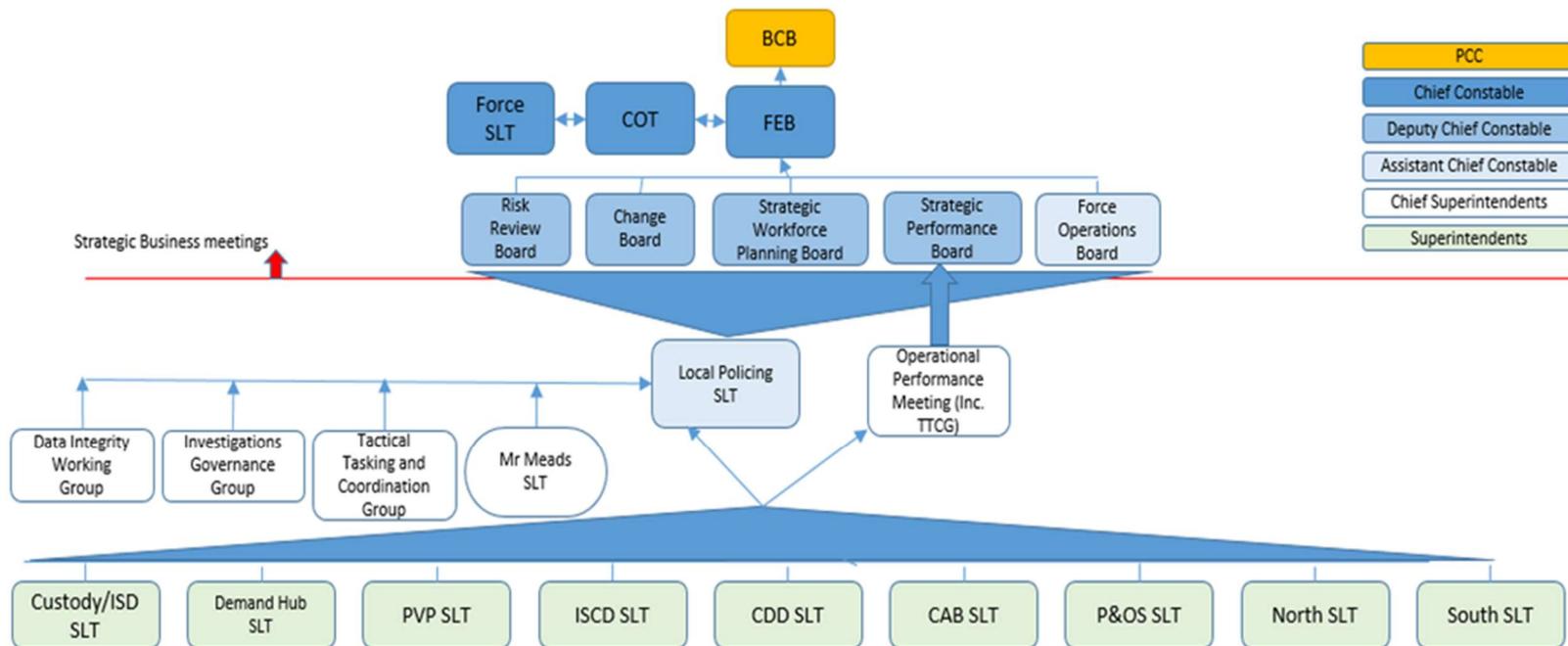
Leavers				
Control	When a member of staff or officer leaves the Constabulary, the Human Resources Service Centre is notified by email or form.	Assessment:		
	Once a leaver has been confirmed, an email pay notification form is sent out by the Human Resources Service Centre to the member of staff or officer outlining their annual leave days.	Design	✓	
		Compliance	×	
Findings / Implications	<p>Through sample testing of 20 leavers, we found that seven leavers were staff or officers who were transferred from Cambridgeshire Police, to Hertfordshire Police as a batch 'Transfer of Undertakings Protection of Employment' (TUPE). We confirmed through review of a spreadsheet of seven staff and officers who were transferred and within our sample the HRSC had shut down the corresponding record on iTrent.</p> <p>For the remaining 13 leavers, we confirmed that a leavers form was completed with authorisation obtained from their line manager, and iTrent was updated accurately to reflect the leaving date.</p> <p>We however identified 11 leavers where annual leave adjustments were made in final payments without these adjustments recorded within the email pay notification form from HRSC, we understand this was obtained from the Duty Management Team, but no evidence was retained to support or check these. Through discussions with an Assistant Manager at HRSC, we were informed that annual leave calculations for Cambridgeshire Police are not calculated at HRSC as they do for Hertfordshire Police due to different duty management systems used.</p> <p>The process for annual leave calculation for leavers is due to change in March 2020 when a duty management module will be implemented within iTrent, however we were informed that responsibility for this has not yet been assigned in the meantime, with the required access rights granted to the new system.</p> <p>If leavers process responsibilities are not prescribed prior to implementation of the new iTrent module, there is a risk that required tasks are not completed which could have financial implications where payments are made incorrectly.</p>			
Management Action 3	We will prescribe responsibilities for the leavers process upon implementation of the new duty management system in readiness for the implementation in October 2020. Access rights on the system will also be appropriate for roles assigned.	Responsible Owner:	Date:	Priority:
		Head of Payroll and Pensions	31 October 2020	Medium
	<p>In the meantime, the existing process whereby payroll obtain the leave balances for leavers directly from RMU (upon receiving a leaver notification from HR) will be necessary and HRBP agreement as to whether payment or recovery should take place.</p>			

EXECUTIVE SUMMARY – CONSTABULARY GOVERNANCE – STRUCTURE AND PROCESS

Why we completed this audit

An audit of Governance was undertaken as part of the 2019/20 PCC internal audit plan. The purpose of our review was to ensure that the Constabulary’s governance structure in place is appropriate to manage risks and performance that can affect the achievement of objectives.

A Corporate Framework produced by the Corporate Development Department outlines the structures in place to manage risk and drive performance, it also sets out processes for planning and managing change. The document also explains the meeting structure which is headed by the Force Executive Board (FEB) with its sub-committees and groups. The relationship between boards are set out in the Corporate Framework as follows:



The chart, supported by descriptions of the roles and responsibilities within the Corporate Framework, explains the relationship between groups and the split between strategic and operational roles. For this audit we reviewed each of the strategic groups and the senior operational groups to assess if the structure is performing as designed.

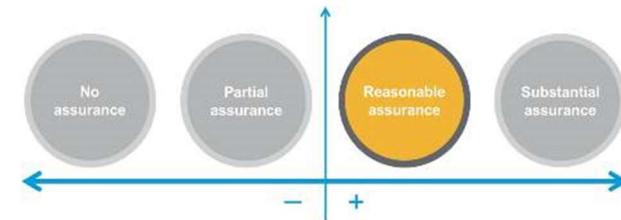
Conclusion

We concluded that the governance framework was operating effectively and in line with the Corporate Framework. However, we established that the Corporate Framework lacked information covering the delegated authority and reporting requirements between groups within the structure although we found evidence during our review that these systems were actually operating. We also found the description of the planning process weak in that it gave little detail of roles and responsibilities within the structure for the development, review, drafting and approving of plans, although from our review we found evidence that the process was in progress for 2020/21.

Internal audit opinion:

Taking account of the issues identified, the Constabulary and OPCC can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied.

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



Key findings

We identified the following findings which resulted in the agreement of two medium priority management actions:



Delegated Accountabilities and Reporting

From our review we confirmed that the Corporate Framework gave a comprehensive description the Constabulary's governance structure including the roles and responsibilities for individual boards and groups. It also described how the structure supports business planning, performance monitoring and the management of risk together with its interrelationships with the tri-force, 7 force and OPCC structures.

However, although the structure chart within the document explains the relationship between boards and meetings, it doesn't set out what reporting is expected by one group from another or at what frequency.

Also, the authority of each group to make decisions or give approvals has not been defined, as a result it was not possible to check decisions and approvals against delegation of authorities.

We also noted that the section in the Corporate Framework covering the planning cycle did not indicate which groups review draft plans and approve final plans and other documents that support the planning process.

From our review of meetings we were able to identify reporting between groups within the structure, operational and strategic functions, escalations for approval and indications of authority based on the seniority of the Chairs. However, in the absence of defined delegated authorities and reporting lines there is a risk that approvals and decisions are not taking place at the correct level and required assurances are not received by the correct group. **(Medium)**



Business Planning Cycle

We noted through review of the Corporate Framework that there was a planning cycle with a timetable of business and financial planning activities. The plan included the following areas and noted the planned month for initiation through to close:

- Medium Term Financial Strategy;
- Force Management Statement;
- Strategic Demand Assessment;
- Strategic Threat and Risk Assessment.

Although we have noted in our review of recent meetings, including those we have attended, that elements of the planning process and its progress for 2020/21 had been discussed, the process hasn't been sufficiently detailed within the Corporate Framework as to forums that review and give approval to the different strands towards the production of final.

As a result there is a risk that there will not be sufficient scrutiny results in inadequate plans for 2020/21. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:



Force Executive Board (FEB)

We confirmed through review of the FEB's August, September and November 2019 minutes that the group was operating consistently within its terms of reference including reviewing reports in relation to strategic performance which outlined progress towards the Force's objectives and provided assurance that they were being met and updates from the risk reviews, and noted that it is chaired by the Chief Constable (CC). We also confirmed that a report is issued to the FEB from the Force Operations Board (FOB) noting the decisions made by the FOB and considering items for approval where requested. We noted during review of the November 2019 minutes that two reports had been reviewed by the FEB for presentation to the Commissioners Business Co-ordination Board, in line with its terms of reference.



Senior Leadership Team (SLT)

We confirmed through review of the SLT minutes for October 2019 and two meetings in November 2019 that each area of responsibility outlined in the Team's terms of reference covering high level governance and oversight issues, and noted that it is chaired by the CC. We noted that actions had been agreed within the meetings, and through review of the action log there were none overdue for completion at the time of our review. We confirmed that in all cases the action log had been presented and that this included progress notes against each action providing the group with assurance that actions had been implemented.



Chief Officers Team (COT)

We confirmed that this was an informal meeting chaired by the CC to enable the sharing of information and relevant updates between members of the team which we confirmed from a review of the papers issued to the first meeting in January 2020. Areas covered included; HR, FMS3 and Budget setting. Although the group does not have formal minutes, an action log and decision log were in place from which we were able to confirm the activities of the meeting. We noted that one of these actions was that they would have a finance meeting once each quarter.



Risk Review Board (RRB)

We reviewed the RRB's September and October 2019 minutes and attended the November 2019 meeting, confirming their role to maintain and oversee the force risk, issues and opportunities practices and the escalation process. We made the following observations:

- outstanding actions were reviewed and updates made to the action log;
- there was a review of current Constabulary and Organisational Support high risks; and
- risk owners of those high risks were in attendance and provide updates as well as information on current issues and emerging risks;
- chaired by the Deputy Chief Constable (DCC).

From our review of these papers and our attendance we confirmed that this Board appeared to fulfil its responsibilities, we also noted that the steer from the chair at the end of the meeting was supporting the Constabularies risk management process.

We also confirmed from our review of the papers for the previous three meetings of the FEB in September, November and December 2019 that a summary risk report was escalated up to them and was part of the standing agenda item covering risk and business continuity.



Change Board

From review of the minutes and papers for the meetings that took place in September, November and December 2019 including our attendance at the December 2019 meeting, we confirmed that the activities of the Board were consistent with the terms of reference within the Corporate Framework document to support and maintain an overview of organisational change and was chaired by the DCC. This was evidenced through the review of change initiations, innovation requests and updates received on the management of BCH and 7Force projects.

From our attendance at the December 2019 meeting we noted that there was sufficient review of each of the projects presented to ensure that the membership was able to approve or agree further action. We also noted that there were verbal updates from Estates and Finance and collaborated change programmes to enable the meeting to be aware of the wider areas that impact change in Cambridgeshire.

We confirmed that actions agreed at each meeting were logged and followed up at the start of each meeting. At the time of our review there were no overdue actions. We also confirmed that decisions noted in the minutes reviewed and at our attendance were consistent with the Boards project management responsibilities.



Strategic Performance Board (SPB)

From a review of the meetings for August, September and October 2019 we confirmed that the activities of the Board were consistent with the terms of reference within the Corporate Framework which chaired by the DCC, was to maintain ownership of all aspects of strategic performance and scrutinise performance trends. We noted that the agenda had a standard structure with:

- report from the OPM (Operational Performance Meeting) report;
- performance reports on strategic themes presented by leads;
- update from HR;
- update from Finance.

We confirmed issues were discussed and activities relating to them. Agreeing specific actions from the meeting were logged and reviewed at the start of each meeting. We also noted that the SPB had a work programme covering strategic themes to be reviewed at each meeting within a cycle of:

- victims;
- offenders;
- communities.

The notes from the meetings indicate that although there is little discussion of the OPM report this had already been part of the OPM meetings and further detailed discussion would repeating the activities of that other meeting. It was demonstrated that the main role of these meetings is strategic rather than operational and it was clear from the notes and papers that there was challenge of performance with the strategic leads. We also confirmed that reports were forwarded to the FEB.



Strategic Workforce Planning Board (SWPB)

We confirmed through review of the September, October and November 2019 minutes and our attendance at the December meeting that the Boards activities were consistent with their terms of reference which, chaired by the DCC, included taking a medium to long term overview of resource and succession planning. This was also reflected in the agenda that consistently covered a number of key areas:

- tri force;
- talent management;

- agency;
- establishment reviews;
- sickness;
- succession planning;
- budget;
- organisational lessons.

We confirmed that actions agreed were logged and followed up at each meeting. We noted that at the time of our review there were two old actions, one from July 2019 and one from September 2019, although the reasons had been explained with revised completion dates.



Force Operations Board (FOB)

We confirmed that the FOB was primarily responsible for determining the operational approach of the Force and chaired by the Assistant Chief Constable (ACC). The FOB does not produce formal minutes but maintains an action log and a policy decisions document from each meeting. From reviewing these for September, October and November 2019 we confirmed that these indicated their activities were consistent with the terms of reference.

We also confirmed an output from each meeting was a paper to the FEB which recorded the decisions from each meeting which we confirmed was received from review of their meetings in August, September and November 2019.



Local Policing Senior Leadership Team (LP SLT)

Chaired by the ACC these meetings discuss work streams from each Local SLT's. We reviewed the papers covering the meetings for October, November and December 2019, although there were no formal minutes, we confirmed that there was a standard agenda that picked up the team's responsibilities as set out in the terms of reference. We noted from the papers that activities of the meetings were captured in an action plan format that gave a short description of the discussions. Where actions were agreed these were logged and followed up at each meeting. We confirmed that actions were being cleared promptly between meetings.



Operational Performance Meetings (OPM)

We noted that OPM was primarily responsible for the scrutiny of performance issues and trends linked to priorities of the Force. We reviewed the meetings notes for October, November and December 2019 and noted that they were consistently operating within their terms of reference and followed a standard format:

- review of the operational performance report that covered operational priorities;
- departmental reports which summarised key areas for discussion, papers included horizon scanning and trends.

The meetings do not produce formal minutes however actions agreed are logged and followed up as part of the agenda. We also confirmed that these meetings have been reporting up to the SPB.



Risk Management

We reviewed that actual responsibilities of boards and groups within the governance structure against both the Corporate Framework, where it is briefly described, and the RIO Policy and RIO Procedure and Guide which sets out the process in more detail. From review of the activities of the Boards and Teams within the governance structure we confirmed that there was clarity on risk management responsibilities across the governance structure with assurance being reported up the structure.

The review, monitoring and assessment of risk starts at local team level with risks reported to the Local Policing Senior Leadership Team (LP SLT) meetings. We confirmed from the papers for the LP SLT meetings that at this level risks are recorded using an excel template which is a standard format used across Bedfordshire, Cambridgeshire and Hertfordshire Constabularies'. We confirmed papers including the spread sheet that there was evidence that all risks had been reviewed within the last month with status and action updates. There was also notes to show if the risk had been escalated up as a corporate risk held on 4Audit.

From our review of the activities of the Risk Review Board meetings for September and October and November 2019 we confirmed that there was review of risks escalated to 4Audit. From our review of these papers and our attendance we confirmed that this Board was fulfilling its responsibilities,

We noted from our review of the papers for the previous three meetings of the FEB in September, November and December 2019 that a summary report was received as part of a standing agenda item covering risk and business continuity.



Performance Management

From review of the activities of the Boards and Groups within the governance structure we confirmed that there was clarity on performance management responsibilities across the governance structure with assurance being given up to higher boards and that there was a clear definition between strategic and operational performance responsibilities. For the Constabulary in 2019/20 the operation priorities were:

- child abuse;
- child exploitation;
- dwelling burglary;
- action against hate;
- serious sexual offences;
- modern slavery;
- domestic abuse;
- serious street based violence.

We confirmed that these were covered within the OPM report from a review of their meetings for August, September and December 2019 and we noted that this report was also issued up to the SPB.

From our review of the SPB meetings and papers for August, September and October 2019 that their main responsibility was the review of strategic priorities as outlined in the Police and Crime Plan covering:

- victims;
- offenders;
- communities;
- transformation.

From our review of the SPB we noted that these strategic priorities were reviewed together with issues relating operational priorities reported up from the OPM. We also confirmed that the SPB was issuing a summary reporting to the FEB. We confirmed from a review of the monthly performance reports to the FEB meetings for September, November and December 2019 that reports were aligned to the priorities of both the Constabulary and the Police and Crime Plan.

2. DETAILED FINDINGS AND ACTIONS

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

Corporate Framework			
Control	The Constabulary's governance structure is set out within the Corporate Framework which sets out the roles and responsibilities of each group and key processes such as planning, performance and risk management.	Assessment:	
		Design	✓
		Compliance	×
Findings / Implications	<p>From our review we confirmed that this document gave a comprehensive description the Constabulary's governance structure including the roles and responsibilities for individual boards and groups. It also described how the structure supports business planning, performance monitoring and the management of risk together with its interrelationships with the tri-force, 7 force and OPCC structures. However although the structure chart within the document explains the relationship between boards and meetings, it doesn't set out what reporting is expected by one group from another or at what frequency. Also, the authority of each group to make decisions or give approvals has not been defined, as a result it was not possible to check decisions and approvals against delegation of authorities. We also noted that the section in the Corporate Framework covering the planning cycle did not indication which groups review draft plans and approve final plans and other documents that support the planning process.</p> <p>From our review of meetings we were able to identify reporting between groups within the structure, operational and strategic functions, escalations for approval and indications of authority based on the seniority of the Chairs. However in the absence defined delegated authorities and reporting lines there is a risk that approvals and decisions are not taking place at the correct level and required assurances are not received by the correct group.</p> <p>We also noted that the document does not have a date of review and as this is the prime document that sets out the terms of reference for each group there is a risk that this will become out of date if not regularly reviewed and reissued due to any future changes to roles and responsibilities.</p>		
Management Action 1	The Corporate Framework will record the delegated authorities of each group within the governance structure and reporting requirements.	Responsible Owner:	Date:
		Superintendent of Corporate Development Dept (CDD)	31 July 2020
			Priority:
			Medium

Business Planning

Control	The business planning cycle is set out within the Corporate Framework and includes responsibilities. For business planning the Constabulary draws on a number of plans and documents including the Force Management Statement (FMS) the Commissioners Police and Crime Plan, Strategic Tasking Risk and Assessment (STRA).	Assessment: Design ✓ Compliance ×	
Findings / Implications	<p>We noted through review of the Corporate Framework that there was a planning cycle which timetabled month to month business and financial planning activities. The plan included the following areas and noted the planned month for initiation through to close:</p> <ul style="list-style-type: none"> • Medium Term Financial Strategy; • Force Management Statement; • Strategic Demand Assessment; • Strategic Threat and Risk Assessment. <p>We have noted in our review of recent meetings, including those we have attended, that elements of the planning process and its progress for 2020/21 were being discussed, we found the process hasn't been sufficiently detailed within the Corporate Framework as to forums that review and give approval to the different strands towards the production the final documents.</p> <p>We did note that organisational changes in progress would impact on the planning process, together with changes to the STRA timetable to support the budget setting process and link in with FMS process, which would need to be complete before updates to the Corporate Framework.</p> <p>However, there is a result there is a risk that there will not be sufficient scrutiny resulting inadequate plans for 2020/21 if more detail on the planning process is not included in the Corporate Framework.</p>		
Management Action 3	When reviewed the Corporate Framework will give further detail of the planning cycle and define the forums that review and draft plans and those that approve plans.	Responsible Owner: Superintendent of Corporate Development Dept (CDD)	Date: 31 July 2020 Priority: Medium

EXECUTIVE SUMMARY – RISK MANAGEMENT

Why we completed this audit

A review on Risk Management was undertaken as part of the Internal Audit Plan 2019/20, to identify the controls and processes in place to record and manage risk within the Constabulary and the OPCC. Our review included an assessment of the risk registers, including their content and structure, as well as a review of the established reporting and governance mechanisms in place.

Both the OPCC and Constabulary have in place a Joint Strategic Risk Register that includes the strategic risks spanning the two organisations linked to the objectives within the Police and Crime Plan.

The Constabulary have their own Risk Register held on the 4Risk software system, that is managed by the Constabulary Risk Officer who liaises with the individual risk owners to ensure 4Risk is accurately and regularly updated, and subsequently is responsible for reporting on the risks and associated actions.

There is a well-defined governance structure in place that includes the Risk Review Board (RRB) and the Force Executive Board (FEB) to scrutinise the Constabulary risks, and an overarching governance structure to monitor risk at both the Constabulary and the OPCC, which is made up of the Business Co-ordination Board (BCB) and the Joint Audit Committee (JAC).

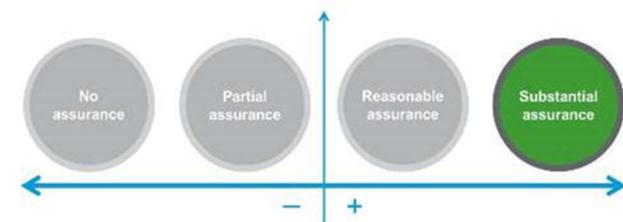
Within our audit, we have only included Cambridgeshire OPCC and Cambridgeshire Constabulary risks and not the identification and management of Bedfordshire, Cambridgeshire and Hertfordshire (BCH) joint risks, as this coverage is included separately within the BCH Internal Audit Plan.

Conclusion

Our review confirmed that controls were well designed and complied with regarding the risk management process across both organisations, which included the Risk Management Strategy, policy and procedure documents. We also confirmed regular review and monitoring across the Constabulary governance structure and through the Business Coordination Board for the OPCC, with both organisations reporting through to the Joint Audit Committee. We found no issues resulting in the need to agree any management actions.

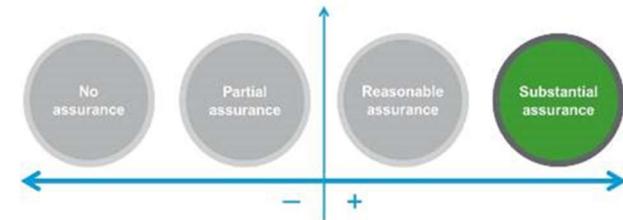
OPCC Internal Audit Opinion:

Taking account of the issues identified, the OPCC can take substantial assurance that the controls upon which the organisation relies to manage the identified area(s) are suitably designed, consistently applied and operating effectively.



Constabulary Internal Audit Opinion:

Taking account of the issues identified, the Constabulary can take substantial assurance that the controls upon which the organisation relies to manage the identified area(s) are suitably designed, consistently applied and operating effectively.



Key findings

We noted the following controls to be adequately designed and operating effectively:

OPCC



Risk Management Strategy

The Risk Management Strategy clearly describes the risk management process including the relationship between the OPCC and the Constabulary in managing risk. Within the policy, it adequately explains:

- The OPCC's attitude to risk appetite;
- Roles and responsibilities within the OPCC and Constabulary and within the governance structure;
- Monitoring and review.

An appendix to the Strategy gives guidance on the process as far as the identification, assessment and recording of risks which included how the risk register was to be updated and the approval for the entry of new risks.



Strategic Risk Register (SRR)

We noted during review of the version of the SRR presented to the Joint Audit Committee in November 2019 that each risk included a:

- Reference number;
- Risk description, including the risk, cause and effect;
- Controls which describe the activity that mitigates the risk;
- Future actions and activity to further mitigate the risk;
- Date the risks were last reviewed and updated; and
- Link to objectives within the Police and Crime Plan.

Risks are clearly described, and further explained by cause and effect. The risk rating was based on the 5x5 matrix, and the columns of the risk included both inherent (before controls were in place) and current (after considering controls and assurances), there was also a future target score based on completion of actions.

We also confirmed in discussion with the Change and Risk Officer (Constabulary) and the Strategic Accountant (OPCC) that the Constabulary Risk Register on 4Risk is used to inform the SRR although risks are not directly taken into the SRR, they are considered on the basis of how they may impact on the Commissioners priorities.

We performed a review with the Strategic Accountant of the controls, assurances and actions for SR1, SR2.1 and SR2.3. We confirmed that the controls accurately described the identified activities that mitigated the potential risk arising and that the assurance could be evidenced. At the time of our review none of the assurances were negative, against the risks reviewed.

Business Coordination Board (BCB)



From a review of the meetings of the BCB we confirmed that the SRR was presented in April and October 2019. The minutes for the October meeting were not available as they had not been approved at the time, however we confirmed from the agenda that the SRR was presented, and from the April minutes, we were able to confirm that they evidenced that there was discussion of each of the red and amber rated risks, we noted that the discussion included updates on the progress action to mitigate those risks.

Constabulary

Policy and Procedures



The Constabulary has in place the Risk, Issue & Opportunity Procedure and Guide and the Force Risk Issue & Opportunity (RIO) Policy. The guidance adequately sets out at the Constabulary's approach and responsibilities for risk management at a strategic level and defines the risk recording structure, the Constabulary risk tolerance level, a high-level overview of the governance structure and the risk scoring methodology.

In addition, through review, we found that the content clearly set out the risk approach and expected processes, including the risk management cycle and that it contained a full user guide on the utilisation of 4Risk. The document fully defined the key responsibilities, the governance structure and reporting lines. Also, there was a risk appetite statement which provides guidance on suitable controls and assurance levels.

Risk Register



We reviewed a report from 4audit extracted in December 2019 and noted for each risk there was:

- A reference number;
- A title giving a description of the risk, also giving the risk owner and date of last review;
- Cause and effect explaining how the risk could arise and the consequential impact;
- An initial risk score based on the 5x5 matrix as set out in the procedure;
- Control, describing what activities take place to mitigate the risk;

- Current score after consideration of the controls;
- Actions and a review date and risk owner.

We performed a deep dive review of the controls, assurances and actions for 289, 304 and 314 and confirmed:

- The last review was up to date;
- The risk was clearly described with further explanation as far as cause and effect, with updates from the risk owner
- Actions were described to further mitigate risk levels and as at the December version of the register, they were all due for completion between December 2019 and March 2020.
- Controls clearly stated the activity to mitigate the risk, these also referenced the governance structure within Cambridgeshire and Tri-Force and seven Force, where activities are managed, monitored and reported on.
- Assurances were recorded and were dated with a RAG rating on the level of assurance that could be taken.

From the three risks reviewed in depth, we confirmed the level of assurance received was consistent with the current risk score and that assurances were in place and being received.



Updating 4Risk

We confirmed through discussion with the Risk and Change Officer, that periodic meetings were held with local risk leads, and that these could be monthly or bi-monthly in frequency. We also confirmed that a standard excel template was in use for use by risk owners, from which risks would be escalated to 4Risk. From our review of the meetings of the Local Policing Senior Leadership Team in October, November and December 2019, we confirmed that this excel spread sheet was in use and noted that the template set out:

- Risk description;
- Risk owner;
- Date of last and next review; and,
- Mitigations and actions.



Local Policing Senior Leadership Team

We reviewed the papers covering the meetings for October, November and December 2019, and although the meetings were not formally minuted, we confirmed that there were standard agenda's that picked up the teams responsibilities as set out in the terms of reference, which included 'Risks and Opportunities.' Through review of the risk register spreadsheet held within the November 2019 papers, we confirmed that review dates for individual risks and updates on actions to further mitigate risks were up to date. We also noted from the papers, that activities of the meetings were captured in an action plan format that gave a short description of the discussions. Where actions were agreed, these were logged and followed up at each meeting. We confirmed that actions were being cleared promptly between meetings.



Risk Review Board (RRB)

We reviewed the RRB meeting minutes from September, October 2019 and attended the meeting November 2019. From the minutes, we noted that at each meeting, there was a review of outstanding actions with updates to the action log and challenge of risk owners. There was a review of current Constabulary and 'Organisational Support' high risks and issues, with risk owners updating the members within the meeting on progress in managing each risk. We also noted that each lead updated the Board on current issues and emerging risks including discussion on if or where they should be recorded.

In addition, we attended the Board meeting that took place in November 2019 and noted the following observations:

- There was a review and update of the action log;
- There was discussion of current significant risks with updates from the owners together with consideration of any changes of the current risk rating and the progress of mitigating actions;
- There was discussion covering the review of other possible emerging risks and issues; and,
- We also noted that risks included Cambridgeshire only, Organisational Support and 7-Force.



Force Executive Board (FEB)

We reviewed the FEB minutes for the meetings in August, September and November 2019 and confirmed that there was a standing agenda item covering risk management and business continuity. We noted that this consisted of a summary being presented to the Board. We noted that this was at a high-level and that as risks, progress of mitigating actions and revised risk ratings had already been discussed at the RRB with owners, it was not necessary to provide further detail as it would be a duplication of effort.

OPCC and Constabulary



Joint Audit Committee (JAC)

We reviewed the papers for the JAC meetings that took place in January, April, July and November 2019 and confirmed that they received a risk register for review at each meeting alternating between the Constabulary Operational Risk Register and the Joint Strategic Risk Register. From the minutes we noted that the Committee performs adequate review of both reports, they are presented with a verbal summary which included discussion of individual risks to understand the background and the activities taking place to managing them. We are also content from attendance at these meetings that adequate challenge, discussion and scrutiny of the risk registers occurs.

EXECUTIVE SUMMARY – CODE OF PRACTICE FOR VICTIMS OF CRIME

Why we completed this audit

The Code of Practice for Victims of Crime (The Victims' Code) sets out the minimum level of service that victims should receive from the criminal justice system. The Victims' Code applies to all criminal justice agencies including the police, Crown Prosecution System, courts and Probation Service. The Ministry of Justice (MoJ) has placed a responsibility on Police and Crime Commissioners to submit six-monthly returns to demonstrate that local criminal justice agencies are meeting five key entitlements under the Code.

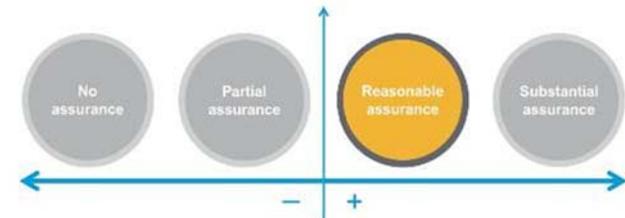
Parameters were under development at the time of this review to enable the OPCC and Constabulary to measure their compliance against five of the key entitlements of the Victims' Code. This review was designed to enable the Constabulary to take assurance that the processes in place to capture this data and report against it are well designed. We have not undertaken sample testing to review compliance against those controls as they were in the process of being introduced.

Conclusion

We found no significant issues with the design of controls, however we noted two controls that had not been implemented, although there was an aspiration to establish them. These covered dip sampling on compliance against investigation standards which includes element of the Victims' Code and the use of the victim's letters recently made available in Athena.

Internal audit opinion:

Taking account of the issues identified, the Force and OPCC can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing this area.



Key findings

We identified the following weakness:



Dip Sampling

We were informed that the dip sampling of investigations is aspirational. The intention would have been to conduct this within the Investigation Standards Department. Due to the current Covid-19 National Emergency, the Constabulary has been forced to suspend any future plans to focus on managing the immediate crisis. This will, however, be revisited upon return to more normal operations. The failure to introduce dip sampling could result in the Constabulary not being able to adequately monitor compliance with the Victims' Code or identify reasons for poor compliance and take appropriate corrective action. **(Medium)**

Indicator 3 - Victims' Letters



We were informed by the Detective Chief Inspector - Investigation Standards Domestic Abuse Lead in April 2020, that the Victims' Letter template was now available on Athena, but capacity issues in the Demand Hub / Investigation Management Unit (IMU) prevent it from being implemented. However, we were informed that the Contact Centre already have templates in use which provide the same information as in the victim code letters. (Crime number, info on criminal justice process and signposting to victim's services) These are emailed to victims when they have an email address.

We did not receive evidence on how these contacts including the information supplied were being recorded, we were therefore not able to confirm that the Constabulary were able to evidence compliance. There is a risk that the Constabulary will not be able to meet indicator 3 of the Victims' Code. **(Medium)**

We noted the following controls to be adequately designed:



Investigation Standards Policy

An Investigation Standards Policy has been established and launched by the Chief Constable in March 2020. From our review we confirmed that it adequately explained the following areas including references to the victims' code:

- Initial Investigation;
- Supervisory review;
- Pre-Release (Custody) Investigative review;
- Post Voluntary Interview Investigative review.

The Policy also explains the Athena tasking process. We noted during our walkthrough of systems and processes at the Victims and Witness Hub, this process also allows a Coordinator to contact the Chief Investigating Officer (CIO) with tasks in relation to contact with the victim. We also noted that the Policy sets a routine of file review.

Supervisor's Investigation eBook



The Supervisor's Investigation eBook has been designed to be used on screen, as an electronic reference tool. The document brings together a number of reference guides and information sheets, into one interactive document, and includes templates that can be 'cut and paste' into Athena. We navigated through the eBook and noted that it supports the Investigations Standards Policy giving greater detail of requirements, including those relating to the Victims' Code. We noted that there was instruction from the initial identification of victims and witness including an assessment of need, threat and harm through to informing of outcome. We noted that there were also links to information on the Victims and Witness Hub and help pages to Athena, and completion of the contact log in respect of compliance with the victims' code.



Service Specification

A service specification is in place which sets out the aims and objectives of the Victims and Witness Hub and a description of the services to be supplied. From our review of the service specification we confirmed it clearly set out the activities of the Victims and Witness Hub. We also confirmed that, from a walk through with two of the Coordinators within the Hub, this accurately described the actual activities performed. We also confirmed that a set of procedure guides are available to staff within the Hub, which include screen shots and guides to the Athena, WMS and the Victims Tracker systems.



Protocol

There is a protocol in place that explains how the Constabulary will manage the needs of victims of domestic abuse and of vulnerable people, together with the relationship between specialist units and the Victims and Witness Hub. From our review we confirmed that it describes the process for supporting victims classified as vulnerable and victims of domestic abuse, how these cases are recorded on Athena and the relationship between specialist units and the Victims and Witness Hub. From our walkthrough of systems and responsibilities with the Victims and Witnesses Hub, we confirmed that the process was as described for the risk rating of victims and recording and the review by a Manager within the Victims and Witness Hub to ensure appropriate support.



Training

Training is supplied by the Head of the Victims and Witness Hub. There are two presentations to Probationer Officers in their first two weeks and after a year aligned to the initial Police learning – College of Policing. We noted from our review of the initial training that it is linked to the Initial Police Learning and Development Programme, this was interactive with attendees being asked to consider situations where those close to them may have been victims of crime, together with a group working. The training gave a background to:

- Requirements for victim and witness support;
- Constabulary and Commissioners priorities;
- Responsibilities of the attendees;
- Role of the Victims and Witness Hub.

The second presentation went into more detail on the procedures and process operating within Cambridgeshire. This included:

- The structure of the Hub, Managers, Coordinators and volunteers;
- A description of the service;
- How to make a referral through Athena;
- The arrangements for vulnerable people and victims of domestic abuse;
- Engagement;
- Witness care;

We confirmed that the presentations covered the key areas of the attendee's responsibilities and to enable them to understand the systems operating within Cambridgeshire to support victims and witnesses.



Victims Tracker

The Victims Tracker is a tool used within the Hub to monitor the support given to each victim referred to them, and each of the contacts made. Through review of the Tracker and in discussion with a Coordinator we confirmed that data uploaded from Athena is first reviewed by a manager and assigned to a coordinator, a manager also reviews the risk rating to ensure the appropriate resource is assigned.

We noted that the Coordinator will use a variety of methods to contact the victims; letter, text, email and telephone and will do this at different times. The Officer gives details of the service, including crime number for reference, even if the victim states that support is not needed.

The HUB has a number of internal support services to pass the victim to, subject to their need:

- Mental Health supplied by Cambridgeshire and Peterborough NHS Foundation Trust.
- Family Action, supporting young victims and their families.
- Restorative Justice
- Modern Slavery (Hate Crime)
- Translator

External support for example, is covered by Community Safety Teams and the Bobby scheme. The HUB holds a directory of charities who can give support, such as Age UK, but is in the process of reviewing this to give Coordinators more detail of what that support is available from each organisation.



Victims and Witness Hub

The Victims and Witness Hub will make contact with all Victims where a marker has been added to Athena. We confirmed that the Supervisors Investigation eBook explains how to add a victim's marker to the Athena record. This explains that it is a requirement that three fields are completed to enable the referral to be received by the Victims and Witness Hub.

- Click on the victim and then the Victim information tab
- The "Victim type" –should be set as "L –Vulnerable"
- The "Reason Vulnerable" –should be set as "Refer to Victim Services" (you can add as many options as needed here as long as the Refer to Victim Services is present).

- There must be input in the FURTHER INFORMATION box –even if this just says “requires support” or similar.

From discussion with two Coordinators within the Victim and Witness Hub, and a walkthrough of the systems reviewing examples we confirmed that once the referral is received into the Hub it is reviewed by a Manager and assigned to a Coordinator. We noted data was accurately transferred from Athena and the Coordinator is able to review the Athena record for any background information on the investigation that may support contact with the victims as this detail does not appear on the Victims Tracker.



Local Criminal Justice Board

We confirmed from papers issued to the Local Criminal Justice Board in January 2020 a report was issued on compliance against the five indicators required by the MoJ. We noted that the report was based on a sample of 15 cases for each indicator and that this sample size had been agreed with the MoJ based on the fact that data was required from partner organisations for example the CPS and HMCTS. The report included information on how the data was collected and information explaining variance to 100% compliance where that existed.



Performance Review

We confirmed that performance is reviewed within the Constabulary governance structure. We reviewed the last report, at the time of this review dated December 2019 and noted Victim Care Contacts (93.0%) and IVNAs (81.2%) both showed a month on month improvement. This report was reviewed at the Operational Performance Meeting and the data showed the type of victim update (standard/enhanced), the date of the last update and the number of days lapsed since then, the date the next update was due and if the victim had been updated. We noted that action to improve performance was referenced in the report, including the development of the new guide which was launched in March 2020 as the Investigation Standards Policy and eBook. We noted this also supported compliance with an action from Her Majesty's Courts and Tribunals Service to ensure regular and active supervision of the quality and progress of investigation.



Business Coordination Board

We confirmed that the Business Coordination Board receive regular reporting covering services to victims with six-monthly victim support services data. We noted at the time of this review, the last report in October 2019 noted positive comment from HMICFRS on the Victim and Witness Hub model, constructive dialogue with the Ministry of Justice (MoJ) in respect of outcome monitoring and the introduction of the Investigation Standards Policy with the expectation that this would improve compliance.



Indicator 1

Indicator 1 states. ‘Be informed at key stages of the case. Are the updates the victim receives on the investigation, suspects and outcome made within five working days, and of an appropriate quality: within 1 working day if the victim is identified as being entitled to the enhanced service? Is the victim informed of the end of their CJS journey (e.g. stop investigation, drop charges, sentence, out of court disposal)?’

We noted that an initial data return was submitted to the MoJ on the 20th December 2019 and comprised of dip-sampling of 15 cases rather than the proposed 30 cases. This was agreed with the MoJ on the basis that partners needed additional time to develop and build the processes required to collect the data. The data return included data from Cambridgeshire Constabulary, Victim and Witness Hub, CPS and the National Probation Service

(NPS). HMCTS were involved in the process however were unable to provide any data as they are unable to capture the data required. A narrative was also provided as part of the framework to expand on the data captured.

We confirmed that the investigation standards policy records at each stage, the updates required under the Victims' Code. We also confirmed that within the eBook, it details information on how to complete the initial victims needs assessment and use of the DASH score to risk assess the victims. The eBook also gives instruction under each of the possible outcomes, the requirement to inform the victim.

We have not considered the processes and controls in place with partner organisations responsible for holding data supporting the achievement of this indicator.



Indicator 2

Indicator 2 states. 'Be referred to organisations supporting victims of crime. Is the victim assessed and, unless opting out, referred to support services, within two days of the crime being reported?

We confirmed from our walkthrough with a coordinator of the tracker that victims are directed to specialist support and this is recorded within the tracker. We noted that through the website, victims are able to access a directory of support services with direct contact information. Also, from our walkthrough of the system, we noted that referral to support is logged and both internal and external support workers update their contacts with the victims on the tracker. We noted that the protocol between the Constabulary and the HUB explains the responsibilities to manage the needs of victims of domestic abuse and of vulnerable people together with the relationship between specialist units and the Victims and Witness Hub.



Indicator 4

Indicator 4 states. 'Be given the opportunity to make a Victim Personal Statement (VPS) and be informed how it was used in court. Was a VPS taken? Was the VPS used? Was this reported back to the victim?

We confirmed that the tracker records when a VPS has been taken and also noted that the victim is given the opportunity to update their personal statement as circumstances may change as the impact of the crime may be more apparent at a later time. As far as the use of the VPS and reporting this back to the victim, this is outside the remit of either the Victims and Witness Hub or Athena and is the responsibility of HM Courts and Tribunal Service (HMCTS). We noted from the report to the MoJ that data was requested from them on a sample basis to make the return.

2. DETAILED FINDINGS AND ACTIONS

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

1. Dip Sampling

Control	A process of quarterly dip sampling of 150 investigations will commence following the launch of the Investigation Standards Policy and the Supervisors Investigation eBook, to review compliance.	Assessment:	
		Design	✓
		Compliance	×
Findings / Implications	<p>We were informed that dip sampling of investigations is aspirational.</p> <p>The intention would have been to conduct this within Investigation Standards. Due to the current national emergency, the Constabulary has been forced to suspend any future plans to focus on managing the immediate crisis. This will, however, be revisited upon return to more normal operations.</p> <p>The failure to introduce dip sampling would result in the Constabulary not being able to adequately monitor compliance with the Victims' Code or identify reasons for poor compliance and take appropriate corrective action.</p>		
Management Action	Once normal operations have been restored, a sequence of dip sampling will be introduced.	Responsible Owner:	Date:
		Detective Superintendent Authorities & Standards Ian Simmons	31 October 2020
			Priority: Medium

2. Indicator 3 - Victims Letters

Control	Indicator 3 Is stated as 'Be provided with regular updates on progress of their case. Does the victim receive a written acknowledgement that a crime was reported?' Cambridgeshire Constabulary does not currently send written acknowledgement of crimes.	Assessment: Design × Compliance N/A
Findings / Implications	<p>We confirmed in discussions that Cambridgeshire Constabulary does not currently send written acknowledgement of crimes. This process is, however in the process of being implemented and it is anticipated that this will commence in early 2020/21 through an update to Athena.</p> <p>We were informed by the Detective Chief Inspector - Investigation Standards Domestic Abuse Lead in April 2020, that the Victims' Letter template was now available on Athena, but capacity issues in the Demand Hub / IMU prevent being able to implement delivery.</p> <p>However, we were informed that the Contact Centre already have templates in use which provide the same information as in the victim code letters.(Crime number, info on criminal justice process and signposting to victim's services) These are emailed to victims when they have an email address.</p> <p>We did not receive evidence on how these contacts including the information supplied were being recorded, we were therefore not able to confirm that the Constabulary were able to evidence compliance. There is a risk that the Constabulary will not be able to meet indicator 3 of the Victims' Code; for the victim to be provided with regular updates on progress of their case.</p>	
Management Action	The Constabulary will ensure the means of contact and information supplied to victims is recorded in such a way to enable reporting of compliance.	Responsible Owner: Kimberley Morris Date: July 2020 Priority: Medium

HEALTH AND SAFETY FOLLOW UP - EXECUTIVE SUMMARY

Background

As part of the internal audit plan for 2019/20 we have added a review to follow up progress made to implement the previously agreed management actions from our Health and Safety audit (report reference 1.19/20), where we identified management could take could not take assurance that the controls relied upon to manage the area were suitably designed, consistently applied or effective.

The 12 management actions considered in this follow up review comprised of one high, six medium and five low priority actions. The focus of this review was to provide assurance that all actions previously made have either been adequately implemented, or where these were not yet due progress had been made in their implementation in line with the agreed timelines.

Conclusion

Taking account of the issues identified in the remainder of the report in our opinion the organisations have demonstrated progress in implementing the agreed management actions to date, further work is in progress to complete the implementation of the outstanding actions where due dates have not yet been reached. We identified the following:

- Five actions were schedule for completion in October and December 2019, these being two medium and three low priority actions we confirmed each of these had been fully implemented.
- Seven actions were due for completion in April and June 2020, one high, four medium and two low priorities. Although the completion dates had not yet been reached, we confirmed:
 - One medium and one low action had been completed;
 - One high and two medium actions were in progress;
 - One medium and one low priority action; no progress had yet been made as these were dependent on the completion of one of the actions currently in progress.

We have agreed one revised management action where a refinement to the original action was required; this is detailed in section 2 of this report.

Progress on actions

The following table includes details of the status of each management action:

Implementation status by management action priority	Number of actions agreed	Status of management actions				
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Completed or no longer necessary (1)+(4)
Low	5	4	0	1	0	4
Medium	6	3	2	1	0	3
High	1	0	1	0	0	0
Totals	12	7	3	2	0	7

2 FINDINGS AND MANAGEMENT ACTIONS

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

Ref	Management action	Original date	Original priority	Status reported to JAC	Audit finding	Current status	Updated management action
1.2	A health and safety audit programme covering all areas and departments (including JPS and wider policing health and safety areas) will be developed and delivered.	April 2020	High	2	We confirmed that the Health and Safety Manager has a rough first draft of an audit plan identifying the areas and locations to be covered. Although this was not due for completion at the time of this follow up review we confirmed progress was being made and was on schedule for completion by the agreed date of April 2020.	2	
1.3	Once the 2019 health and safety audit plan commence, audit recommendations from completed audits will be tracked formally in action trackers for each organisation. These will be sent on a quarterly basis to the Health and Safety Manager for review and summaries of progress against audit action plans will be	April 2020	Medium	3	We confirmed that once action 2 has been completed then this action can follow. It was also noted it was not due for completion at the time of fieldwork (Feb 2020) and is due in April 2020.	3	

Ref	Management action	Original date	Original priority	Status reported to JAC	Audit finding	Current status	Updated management action
	regularly reported at appropriate levels throughout the governance structure. Where slippage is experienced, these will be explained with revised timescales.						
1.4	Health and Safety Audit reports will make clear which recommendations apply to which Forces.	April 2020	Low	3	We confirmed that once action 2 has been completed then this action can follow. It was also noted it was not due for completion at the time of fieldwork (Feb 2020) and is due in April 2020.	3	
1.7	The Force will introduce a centralised role-specific training analysis to identify staff in need of training specific to their roles.	April 2020	Medium	2	We confirmed that in November 2019 all Business Leads were asked to review their current team and identify the learning needs for their areas of business for the next financial year. We noted that although mandatory health and safety training is recorded and monitored on an individual basis, the boarder training requirements are on a team by team basis. As the role and responsibilities of each team would determine the training requirements. These requirements may include courses classified as health and safety or courses that have aspects of health	2	Management Action The training needs assessments will be completed by each of the L&D representatives to enable all the training needs to be identified across BCH. Priority Low Date for completion April 2020 Officer responsible

Ref	Management action	Original date	Original priority	Status reported to JAC	Audit finding	Current status	Updated management action
					<p>and safety and in some cases are set by the College of Policing.</p> <p>We confirmed that at the time of this review not all needs assessments had been returned and within those returned the Health and Safety Manager would need to query and clarify some of the entries. However, the process was on course for completion within the agreed timescale.</p> <p>As the role specific health and safety training has been identified for mandatory training, we have amended the action to cover completion of the broader training needs for teams.</p>		Philip Chandler - L&D Senior Business Partner/ Fiona Nunn – H&S Manager
1.11	<p>A set of health and safety KPIs will be developed and reported consistently across the local Health and Safety Boards with summary reporting to the BCH Board. Reporting will be RAG rated to provide context to the reported information.</p> <p>Evidence of review, scrutiny and challenge of performance information will be maintained throughout the governance structure.</p>	30 June 2020	Medium	2	<p>We confirmed that the development of KPI's was in progress, this had commenced with a draft service specification from which, once approved, would form the basis of a set of KPI's for reporting against</p>	2	

EXECUTIVE SUMMARY – BCH COLLABORATED PROCUREMENT

Why we completed this audit

We undertook this audit of the procurement arrangements at BCH to ensure that tri-force procurement activities are operating in line with 'business as usual' during the implementation of the new 7 force collaborated procurement service. This consisted of a review of the compliance with the BCH Combined Financial Regulations.

The Procurement Department is currently led by the two Joint Acting Heads of Procurement this is an interim arrangement following the departure of the Head of Procurement and the establishment of the 7 Force structure.

At the time of the audit fieldwork there was no Head of Procurement and no Governance and Standards Manager, in addition, as there was a freeze on recruitment the department was supported by three temporary staff. The Procurement Department was led by the two Joint Acting Heads of Procurement in an interim capacity during the consultation period towards the establishment of the 7 Force structure. The Joint Acting Heads of Procurement also retained their existing roles as Contract Managers to a team of Contract Officers and were also covering the role of the Governance and Standards Manager.

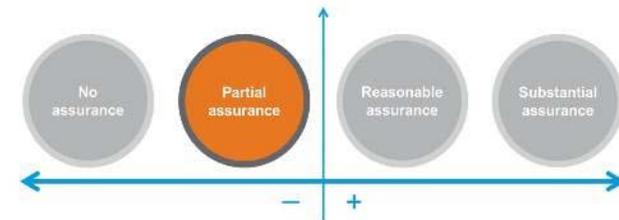
There is a split in responsibilities between the customer, each force, and the BCH Procurement department. These have been set out in appendix A, and the split in these responsibilities impact on ownership of findings and actions.

Conclusion

Our review identified a number of weaknesses. Improvement is required in areas such as approval of direct awards, procurement planning, compliance with quotation processes, due diligence and payment approval to ensure that the organisations can mitigate the risks of not achieving value for money and to ensure compliance with the Combined Financial Regulations.

Internal audit opinion:

Taking account of the issues identified, the OPCCs and Constabularies can only take partial assurance that the controls upon which the organisation relies to manage this area are suitably designed and consistently applied. Action is needed to strengthen the control framework to ensure this area is effectively managed.



Key findings

We identified the following weaknesses resulting in one high and five medium priority actions:



From a sample of 20 new suppliers added to the ledger, 12 had supplier details on headed paper retained and the email confirming these details, six had invoices retained and the remaining two had no evidence retained. It was stated that these would have been done over the phone but there was no record of the conversation taking place, who it was with etc. There is a risk of supplier details being inaccurate, or in the worst case being fraudulently changed, if there is no evidence retained of the check taking place, with the original supplier details held on file. **(Medium)**



New suppliers are required to complete a New Supplier Questionnaire which covers key areas of due diligence. Of the 5 sampled, one was on a framework, so a questionnaire was not required (as these checks would have already been completed). Two had supplier questionnaires completed and two had no completed questionnaire. We were advised by a Joint Head of Procurement that both of the instances without supplier questionnaires were STAR's (Single Tender Action Requests) and in line with procedure, it was the responsibility of the departmental requester to undertake supplier due diligence. We were advised that one requester had left the organisation and the other was on long term sick leave so we were unable to be provided with any evidence of supplier due diligence in these two cases. There is a risk of entering into agreements with suppliers which may pose a risk to the organisation and may not have the required insurance, health and safety etc requirements. **(Medium)**



For goods or services with an annual spend between £5k and £25k, a minimum of three quotes are required to be sourced by the requestor. There has been no oversight or dip sampling of this process undertaken since the Governance and Standards Manager left the organisation. From a sample of five purchases we were provided evidence in only one instance of three quotes being sought. For one we were told that quotes were not obtained, and for the other three we were not able to obtain responses from the person who placed the order. Without central oversight or a regular process of sampling of compliance with the quotation process, there is a risk that this process is not being effectively carried out, which may impact the value for money achieved for purchases below £25k. **(Medium)**



From a sample of 20 direct awards, in three instances a STAR form documenting the approval of the direct award was not able to be found by Procurement. All three of these had been deemed high risk STAs with values of £32k, £30k and £180k. We were advised by a Joint Head of Procurement that these related to grant funded contracts which were requested by Cambridgeshire Police and Crime Commissioner and had been included incorrectly on the BCH Single Tender Action Request Register. We were advised that the application of procurement processes to a grant funded contract was not the appropriate method of processing. There is a risk of confusion if it is not clear whether a grant or procurement process applies to a contract.

We also noted that for the 17 forms provided, one required a higher level of approval from the Chief Constable and Commissioner as per the financial regulations, but this had only been approved by the Chief Finance Officer.

Where STAR forms are not appropriately authorised, there is a risk of a lack of relevant oversight and approval of single tenders outside of the authority defined within the organisation's financial regulations. **(Medium)**



We noted that the pipeline, which is a planning spreadsheet for the Procurement team, does not include historic STARs that would require tendering once the STAR expires. Five of our sample of STAR's above were explained as due to poor planning and therefore need to be added to the pipeline. There is a risk if these are not planned ahead to ensure tendering processes can be conducted within a reasonable time the number of STARs will increase and VFM may be impacted. **(Medium)**



Review of the 'Tender Process Responsibilities' document, which is communicated to stakeholders upon engagement with Procurement, we found that it included the requirement for performance management criteria/key performance indicators to be developed and for these to be managed and reviewed post-award. We did note, however, that this did not cover the handover process for when stakeholders may change mid-way through a contract to ensure they are fully aware of their responsibilities. We also found that there was no review of compliance against stakeholder-led contract management processes undertaken by Procurement. In the absence of contract management compliance reviews and an appropriate handover process for changes in contract leads there is a risk of contracts not being appropriately monitored **(Medium)**



We selected a sample of 20 purchases from September 2018 to September 2019 and found that two (one for Cambridgeshire and one for Bedfordshire) were approved outside of approval limits documented within authorised signatory lists (with values of £23k and £71k). These had been received through request forms which suggests they were not checked against the signatory list before being processed.

There is a risk of payments being approved inappropriately outside of agreed authority limits. **(High)**

We have also agreed one **low** priority management action, detailed further in section two, below.

We noted the following controls to be adequately designed and operating effectively:



There are Combined Financial Regulations in place covering the BCH Forces. This document sets out the Financial Regulations and Contracting Standing Orders that apply to the Police and Crime Commissioners for Bedfordshire, Cambridgeshire and Hertfordshire (BCH). These are available on the Procurement shared drive.



The Procurement Department have a number of templates and process maps in place relating to key procurement processes for BCH. These provide guidance to staff on key tasks such as the addition of new suppliers, the processing of Single Tender Action Requests and the tendering/quotation process. Process maps and templates are available to relevant staff via the organisation's shared drive.



New supplier forms are completed for new suppliers. An internal form is approved by the budget holder and an external form documents the supplier details.



For each contract, a tender acceptance request form is completed, which provides details of the tenders invited, tenders received, the evaluation criteria and the award recommendation. Each tender acceptance request form is approved by the Procurement Lead, the Contracts Manager, the Head of Procurement and the Director of Resources (Hertfordshire) / Assistant Chief Officer (Bedfordshire) / Director of Finance Resources (Cambridgeshire) from the lead Force. Following the completion of a tender, contracts are signed by representatives of Force and the supplier in line with the limits set out in section 38 of the Contract Standing Orders within the Combined Financial Regulations.



There is a segregation of duties between requestor and approver for purchase orders and each payment above £25k is approved by the Procurement department.

2. DETAILED FINDINGS AND ACTIONS

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

Addition of new suppliers				
Control 1	For new suppliers, an internal supplier form is completed and signed by the budget holder. An external supplier form is completed by the supplier with relevant details. The supplier is contacted to confirm bank details and confirmation of this email check and accompanying supplier details on headed paper is retained on the shared folder.		Assessment:	
			Design	✓
			Compliance	×
Findings / Implications	We selected a sample of 20 new suppliers added to the ledger since September 2018 and noted that there was a completed external and internal form in each case. Of the twenty, 12 had the email and supplier details on headed paper retained, six had just invoices retained and the remaining two had no evidence retained. It was stated that these would have been done over the phone but there was no record of this taking place. There is a risk of supplier details being inaccurate if there is no evidence of the check taking place.			
Management Action 1	Evidence of supplier details checks taking place will be retained in all instances, whether by phone or email.	Responsible Owner:	Date:	Priority:
		Dave Levy - Head of Strategic Procurement at Seven Force Strategic Collaboration Programme	October 2020	Medium

Supplier Due Diligence				
Control 2	New suppliers are required to complete a New Supplier Questionnaire (SQ) which covers key areas of due diligence for new suppliers. Where the supplier is engaged with use of a Single Tender Action Request, it is the responsibility of the departmental requester to undertake supplier due diligence.		Assessment:	
			Design	✓
			Compliance	×
Findings / Implications	For a sample of five new suppliers we requested evidence of due diligence. We noted that: <ul style="list-style-type: none"> • One was a framework contract and therefore due diligence was not required. • Two had a completed supplier questionnaire; • The remaining two had been engaged with as a result of Single Tender Action Requests. We were advised by the Joint Head of Procurement that, in line with procedure, it was the responsibility of the departmental requester to undertake supplier due diligence. We were advised that one requester had left the organisation and the other was on long term sick leave so we were unable to be provided with any evidence of supplier due diligence from the requester in these two cases. There is a risk of entering into 			

agreements with suppliers which may pose a risk to the organisation and may not have the required insurance, health and safety etc requirements.

Management Action 2	For contracts entered into as a result of Single Tender Action Requests, supplier due diligence will be undertaken by the requester and provided to the Procurement department to be centrally retained.	Responsible Owner: Rex Clarke - Head of Governance & Standards	Date: October 2020	Priority: Medium
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Quotation Process

Control 3	For goods and services with an annual spend between £5k and £25k, a minimum of 3 quotes are required to be sourced by the requestor. There is currently no oversight or dip sampling of this process undertaken by Procurement.	Assessment:	
		Design	×
		Compliance	×

Findings / Implications We confirmed through discussion with the Joint Acting Heads of Procurement that there is no oversight from the Procurement department of quotes sought for purchases between £5k and £25k. Additionally, no dip sampling or regular review of compliance with this process was taking place. The Governance and Standards Manager left the organisation prior to the audit and therefore was not available to evidence his work.

We selected a sample of five purchases between £5k and £25k from the period September 2018 - September 2019 and attempted to obtain evidence of three quotes.

- In one instance, evidence of three quotes was provided;
- In one instance, we were advised by the person who placed the order that no quotes had been sought prior to purchase;
- In one instance the person making the order was on annual leave and;
- in the remaining two instance no response was received from the person who placed the order.

Without central oversight or a regular process of sampling of compliance with the quotation process, there is a risk that this process is not being effectively carried out, which may impact the value for money achieved for purchases below £25k.

Management Action 3	Three quotations for purchases between £5k and £25k will be saved centrally by individuals ordering goods/services and a regular dip sample of compliance with this requirement will be undertaken by Procurement.	Responsible Owner: Rex Clarke - Head of Governance & Standards	Date: October 2020	Priority: Medium
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Single Tender Action Requests (STAR)

Control 5	<p>Where a direct award is required, the requestor fills out the Single Tender Action Request (STAR) form. This is done for the following reasons:</p> <ul style="list-style-type: none"> • Where it can be evidenced that only one supplier is able to carry out the work or service or to supply goods; • Extensions to existing contracts where there is a genuinely justifiable case to use an existing contractor/supplier to maintain continuity of supply and it is legal to do so; • The contract has been classified as secret by a Chief Officer making the use of a particular contractor essential or a limited competition to a select list of contractors and the avoidance of advertising in the public domain; • The contract is required so urgently that competition is impracticable; e.g. an unforeseeable operational need arises. 	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ×</p>
	<p>If the request involves hardware or software, the form will require approval from an ICT assessor.</p> <p>If the request involves asset purchase and/or maintenance, the form will require approval from an Estates assessor.</p> <p>The risk assessment is then completed on the form by a representative of the Procurement Team and it is signed to confirm that the Procurement Manager and Head of Procurement agree with the risk assessment.</p> <p>All STARs shall be reported to the Chief Constable's CFO. Any STARs up to £150k shall be approved by the Chief Constable's CFO, STARs between £150k and £250k shall be approved by the Commissioner's CFO and STARs above £250k shall be approved by the Chief Constable and Commissioner.</p>	

Findings / Implications	<p>We selected a sample of 20 contracts entered into as a result of STAR and noted that:</p> <ul style="list-style-type: none"> • each had been recorded within the STAR Register as having been submitted to the Director of Resources/Chief Finance Officer (CFO) for oversight, satisfying the Financial Regulations. • in 17 instances a STAR form had been completed and retained, whilst in three instances the Procurement Department was unable to provide evidence of a completed STAR form. All three of these had been deemed high risk with values of £32k, £30k and £180k. We were advised by a Joint Head of Procurement that these related to grant funded contracts which were requested by Cambridgeshire Police and Crime Commissioner and had been included incorrectly on the BCH Single Tender Action Request Register. We were advised that the application of procurement processes to a grant funded contract was not the appropriate method of processing. There is a risk of confusion if it is not clear whether a grant or procurement process applies to a contract. <p>In the 17 instances where a form had been completed:</p> <ul style="list-style-type: none"> • ICT and Estates assessments had been completed as appropriate with the exception of one instance; • risk assessments had been completed by Procurement and each form had been approved by the Procurement Manager; • seven risk assessments had not been approved by the Head of Procurement whilst the remaining ten had;
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- six fell within the threshold for CFO approval and had been approved appropriately. The one contract that exceeded this and required approval from the Chief Constable and Commissioner as per the Financial Regulations had been approved incorrectly by the CFO.

Where STAR forms are not appropriately completed, reviewed and authorised, there is a risk of a lack of relevant oversight and approval of single tenders outside of the authority defined within the organisation's financial regulations.

Management Action 5	<p>The request for support document that needs to be completed by all stakeholders for Procurement engagement will identify if it is a grant or a procurement process and the relevant processes will apply.</p> <p>A direct award will not be made unless there is an appropriately authorised Single Tender Action Request (STAR) form in place. The financial limits on the STAR form will be updated to reflect the financial regulations.</p> <p>All STAR forms will be checked for the completion of all relevant areas prior to processing. This will include a check of the final approval of the form in line with the BCH Combined Financial Regulations.</p>	Responsible Owner: Jade More - Joint acting Head of Procurement	Date: October 2020	Priority: Medium
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Planning and Contract Pipeline

Control 6	The pipeline for the Procurement team does not include historic STARs that would require tendering once the STAR expires.	Assessment:
		Design ×
		Compliance ×

Findings / Implications

We noted that the STAR form stated, 'Failure to take action on a contract placement or renewal within appropriate policy timescales does not constitute grounds for a STAR.' Despite this, five of approved STARs in our sample of 20 above related to the inadequate planning of contract renewals which required the extension of contracts to maintain a required service.

We noted that the pipeline planning document for the Procurement team does not include historic STARs that would require tendering once the STAR expires and this may be a risk area where work is not planned ahead to ensure tendering processes can be planned in advance.

There is a risk if these are not planned ahead to ensure tendering processes can be conducted within a reasonable time the number of STARs will increase.

Management Action 6	The Procurement department will add Single Tender Actions to the pipeline and will ensure that relevant departments are liaised with in advance of contract expiry to ensure that contract tendering can be planned appropriately.	Responsible Owner: Jade More - Joint acting Head of Procurement	Date: September 2020	Priority: Medium
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Contract Monitoring

Control 7	As part of tenders and agreed contracts, contract performance management requirements will be agreed. The requirement for the undertaking of contract management rests with budget holders, with the support of Procurement. Contract management responsibilities are communicated to stakeholders upon engagement with the procurement team. There is no review of compliance with defined contract management processes undertaken by Procurement.	Assessment:	
		Design	×
		Compliance	×

Findings / Implications	Our review of the 'Tender Process Responsibilities' document, which is communicated to stakeholders upon engagement with Procurement found that it included the requirement for performance management criteria/key performance indicators to be developed and for these to be managed and reviewed post-award. We did note, however, that this did not cover the handover process for when stakeholders may change mid-way through a contract to ensure they are fully aware of their responsibilities. We also found that there was no review of compliance against contract management processes undertaken by Procurement. In the absence of contract management compliance reviews and an appropriate handover process for changes in contract leads there is a risk of contracts not being appropriately monitored.
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Management Action 7	A handover process for the change of key contract leads mid-way through contracts will be put in place. Dip sampling of compliance with contract management processes by operational leads will be undertaken by Procurement.	Responsible Owner: Gary Smith – Head of Commercial Delivery	Date: October 2020	Priority: Medium
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Payments

Control 8	Purchases under £25k are approved via the organisation's finance system, with approval by the budget holder in line with the authorised signatories list for each organisation. Purchases over £25k are approved by Procurement and the budget holder. For Hertfordshire, Purchase Orders are approved directly through the system based on user approval limits.	Assessment:	
		Design	✓
		Compliance	×

For Cambridgeshire and Bedfordshire, the finance teams receive PO request forms and process these on behalf of the approver.

**Findings /
Implications**

We selected a sample of 20 purchases from September 2018 to September 2019 and found that:

- two, with values of £23k and £71k (one for Cambridgeshire and one for Bedfordshire) were approved outside of approval limits documented within authorised signatory lists. These had been received through request forms which suggests they were not checked against the signatory list before being processed.
- the remaining 18 were approved appropriately in line with documented approval limits.

There is a risk of payments being approved inappropriately outside of agreed authority limits.

**Management
Action 8**

Those processing purchase orders for Bedfordshire and Cambridgeshire will ensure there is a check of the approver undertaken against the authorised signatory list before these are processed.

Responsible Owner:

Jon Lee & Phil Wells – Chief Finance Officers (Cambridgeshire & Bedfordshire)

Date:

July 2020

Priority:

High

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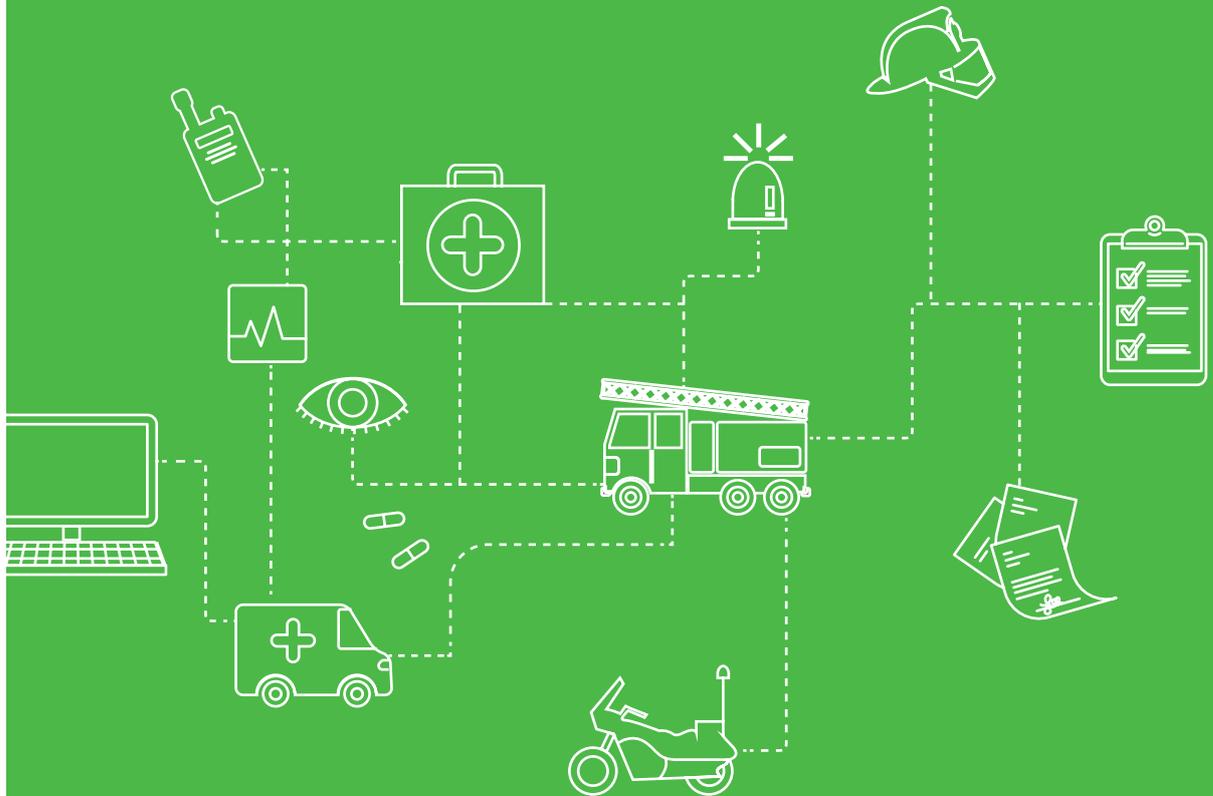
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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements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

Our report is prepared solely for the confidential use of Police and Crime Commissioner for Bedfordshire and Bedfordshire Police and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

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Emergency services sector update



Contents

Introduction	3
Police	4
PEEL spotlight report	4
An inspection of the police service's arrangements for the selection and development of chief officers	6
First wave of 20,000 police officer uplift announced	8
Serious and organised crime	9
Home Office funds innovative policing technology to prevent crime	10
Police Board Assurance Framework (BAF) – do you know what you think you know?	12

Managing change in policing	14
Fire	18
Analysis on fires attended by fire and rescue services	18
Fire prevention and protection statistics	19
State of fire and rescue	20

Sources of further information	23

Introduction

Welcome to RSM's latest Emergency Services sector briefing which provides a useful source of insight into recent developments and publications affecting the sector.

Inspections were a key topic area with Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) publishing three reports; one on effectiveness, efficiency and legitimacy from the second tranche of police forces and a joint report with HM Inspectorate of Constabulary in Scotland (HMICS) on how effective the selection and training process is for chief officer roles. A third report by HMICFRS was also published on the 'State of fire and rescue'. We also draw attention to some of the key statistics published across the sector including police complaints, response times to fires attended and fire prevention and protection.

Along with our summary of key publications, we look at managing change in policing. This involves addressing some of the challenges faced by forces whilst effectively responding to the needs of the public and working to deliver justice and reducing crime with the limited resources available to them. We also provide information on the Police Board Assurance Framework (BAF) and our plans to launch a BAF toolkit for the police sector.

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

Daniel Harris

National Head of Emergency Services and Local Government

Police

PEEL spotlight report

HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) has published the 'PEEL spotlight report: a workforce under pressure.' The report on the effectiveness, efficiency and legitimacy of police forces (PEEL) provides an overview of the emerging themes from the second group of 2018/19 Integrated PEEL Assessment reports. These themes are based on findings from 15 police force reports. Key points from the report include:

1

in relation to the overall effectiveness judgement, 10 forces were graded as 'good', four as 'requiring improvement' and one as 'inadequate';

2

for the overall efficiency judgement, nine forces were graded as 'good', four as 'requiring improvement' and two as 'inadequate';

3

for the overall judgment on legitimacy, 11 forces were graded as 'good', three as 'requiring improvement' and one as 'inadequate';

4

HMICFRS found that forces were struggling to respond to increasing demand, with seven of the 15 forces seeing their performance in efficiency gradings decline. When forces are unable to manage their demand, it makes it much harder for them to solve crime and protect vulnerable people;

5

similar to the findings presented from the first group of inspections, the frontline workforce had a good understanding of vulnerability. All forces had given their frontline officers and staff some form of training to help them recognise vulnerability and hidden harm;

6

due to backlogs in digital forensics, HMICFRS has seen the difficulty of meeting the demands of high-volume crimes increase;

7

there remains a shortage of trained investigators;

8

while most forces understand the 'operational policing skills' that is held within their workforce, HMICFRS found examples of workforce plans that are outdated, and skills audits which were 'too simplistic';

9

some forces are struggling to provide their workforce the supervision that is needed to deliver their best service to the public;

10

despite pressures, several forces continue to put effort into preventing crime and building community relationships which in turn leads to reducing the demand for forces;

11

many forces do not have 'fair and effective processes' for managing the performance of their workforce. The lack of processes means that forces cannot be confident that they can fully develop their workforce. HMICFRS also saw a variation in how well 'underperformance' is being tackled by forces, thus limiting their future abilities; and

12

while many forces understand the demand they are likely to face in the future, very few have plans in place to deal with them.

Questions for committee's consideration

- Has the JAC received assurance on the Forces Demand Model, how this links to the workforce plan and budgets?
- Have gaps in demand vs workforce vs budget been identified to ensure that efficiency can continue to improve and are the Committee sighted on any risks in this area and controls / actions to address?
- Are effective oversight and governance arrangements in place to ensure the performance of the workforce is managed fairly and effectively?
- Have you received assurance that the force is addressing the actions agreed from the HMICFRS reviews? What are the oversight arrangements?



An inspection of the police service's arrangements for the selection and development of chief officers

HMICFRS and HM Inspectorate of Constabulary in Scotland (HMICS) carried out a joint inspection between January 2019 and May 2019 to determine how effectively candidates are selected and trained by police forces for chief officer roles. The report, 'Leading Lights: An inspection of the police service's arrangements for the selection and development of chief officers', found that a lack of consistency, fairness and transparency is having a detrimental effect on police forces' ability to identify and

support those with the most potential to become chief officers. Development for aspiring chief officers includes passing the Senior Police National Assessment Centre (SPNAC) followed by attending the College's Strategic Command Course (SCC). The SPNAC and the SCC are 'organised and facilitated' by the College of Policing (CoP).

Key findings include:

- despite guidance being provided to forces by the CoP on the criteria candidates should meet, it does not specify what a force should do to select individuals and there are wide variations in the processes forces use;
- not all forces understand how to apply the criteria;
- the Inspectorates noted that there needs to be a 'more coherent and stringent approach' to identifying, selecting and developing potential candidates;
- there was a similar split in opinion on assessments between chief constables and SPNAC assessors, while some viewed the assessments as 'an excellent readiness test for chief officer roles', others viewed it as unnecessary;
- similar to the SPNAC, the SCC had mixed views in its value. This related to what is taught and the way it is taught;
- there was a consistently positive view that the SCC gave students the opportunity to develop 'lifelong, supportive professional networks';
- the Inspectorates highlighted that there is a risk that time is spent making sure that all participants achieve a pass instead of being more fully developed in operational and organisational leadership skills;
- opportunities for external development and leadership training are declining. Secondments to HMICFRS, national policing bodies or external organisations were once seen as useful opportunities. However, most interviewees told the Inspectorates that time outside the force was not valued and could be a disadvantage;
- the Inspectorates described the process of applying for assistant chief constable and deputy chief constable positions at the end of the SCC as 'chaotic';
- by contrast, Scotland has a 'robust system for selecting applicants that typically includes assessment centres and psychometric tests';
- the Inspectorates found that an increasing number of officers have only ever served in one force, in which was identified as a risk as the police service needs chief officers with a range of 'skills, experience and vision to design and operate effective local, regional and national functions'; and
- in the past, there was a regulation that stated an officer was unable to be promoted to chief constable unless they had served at least two years in another force. The Inspectorates investigated options for re-establishing a mobility rule that takes account of those with caring responsibilities and concluded that such a rule should be made.

The Inspectorates have set out several recommendations to help improve the selection and development of chief officers, including:

- the CoP should commission independent reviews of the SPNAC and SCC;
- the CoP should draft new regulations, and provide comprehensive information, on the conduct and procedure for selecting which candidates will attend the SPNAC; and
- the CoP should, with the support of other relevant organisations, devise a new framework for continuous professional development (supported by a new national workforce planning function).



First wave of 20,000 police officer uplift announced

The Home Office has confirmed the recruitment targets for each police force in England and Wales for the first year of the three-year drive to recruit 20,000 new officers. £750m will be spent on recruiting up to 6,000 officers nationally by the end of 2020/21, the 'first stage in the new uplift.' The funding provided for recruitment will cover associated costs, including training and kit. John Apter, National Chair of the Police Federation of England and Wales, stated, 'investment in policing is long overdue and for the first time we now have the actual number of officers each local force will increase by in the next year. These figures have been based on the current funding formula models and while this method is not perfect, I accept it is the only solution available to deliver the numbers quickly in year one.'



Serious and organised crime

The Public Accounts Committee (PAC) has published a report on 'serious and organised crime.' The Home Office is responsible for serious and organised crime policy, strategy and funding and the National Crime Agency (NCA) 'leads and coordinates UK law enforcement's response' to serious and organised crime. It is estimated that serious and organised crime costs the economy at least £37bn a year.

Key findings include:

- 1 government has not yet achieved its objective of moving its focus away from pursuing criminals and it is not prioritising activities that might stop serious and organised crime happening in the first place;
- 2 due to not utilising data effectively, the Home Office and the NCA's ability to understand the scale of the threat from serious and organised crime is debilitated;
- 3 restraints created by the funding arrangements currently in place for law enforcement bodies make it more difficult to tackle serious and organised crime;
- 4 the Home Office is still unaware of how successful it has been at reducing serious and organised crime; and
- 5 the PAC are concerned that a lack of clarity about the roles and responsibilities of the organisations involved in tackling serious and organised crime 'hinders the effectiveness of their activities.'

The PAC has set out several recommendations for the Home Office, including:

- set out clear plans for a rise in 'effective preventative activity' and update on its progress within six months;
- provide an update, alongside the NCA, on highest priority threats from serious and organised crime; and
- agree with HM Treasury a way to provide 'greater certainty' on police funding and how it is to be administered as soon as possible or as part of the spending review.

Home Office funds innovative policing technology to prevent crime

The Home Office has pledged £5m from the £175m Police Transformation Fund for 2019 to 2020, to support the development of innovative technology that will help police forces prevent crime. The funding will be given to the West Midlands Police so they may run further tests on a data analysis system that can process large volumes of data that are currently held by the force. The National Data Analytics Solution (NDAS) has already undergone one year of testing in which it used to police data on knife and gun offences and on those who have previously committed them to identify patterns and common traits among perpetrators. Once the system has been fully tested it is hoped that NDAS will be rolled out to police forces across England and Wales who want to use it to improve their performance and protect the public.





Police Board Assurance Framework (BAF) – do you know what you think you know?

Assurance, at its simplest, equates to a level of confidence or comfort that something that needs to be done, will be done.

All those that have overall responsibility for the achievement of objectives should seek assurance – they should want to know that the major risks, both positive and negative, are being effectively managed ie that existing controls are reliable and that actions taken in response to risks are being suitably progressed to achieve their desired outcome.

Though this seems simple enough, the reality is, however, often very different. Some of the common pitfalls we find, in all sectors, leading to mis-placed assurance are:

- Mis-alignment of objectives and major risks.
This may be due to:
 1. lack of clarity in objectives and therefore difficulty is encountered determining the major risks; or
 2. that the major risks identified have not been sufficiently considered in the context of the objectives and so the two are divorced.
- Poorly articulated major risks. The implications are just not understood and therefore it is not possible to understand how or if they are under control or what further action is required.
- Lack of planning around assurance provision ie why, what, when and by whom.

By far the most significant assurance challenge (or difficulty) is the creation and application of the assurance framework itself, or as we at RSM often refer to it, the "Board Assurance Framework" or BAF. In this context we refer to Board in the generic term for the applicable governing body of the organisation. We emphasise this level of sponsorship due to the fact that the assurance framework should be focussed on the key objectives, priorities or goals, as set by those responsible for governance at the organisation (ie the Police and Crime Commissioner / Police and Fire Commissioner / Chief Constable / Chief Fire Officer / Fire Authority).

The BAF creation and application is difficult because it is unfamiliar, especially in the police setting, however the benefits are significant, providing a governance tool that brings together all relevant information and evidence over the management of major risks associated with the police and crime plan objectives in a planned and rigorous fashion. We often find assurance is piecemeal, inconsistent or not focussed on the right risks.

The BAF provides a complete picture of the risk and control environment and strengthens accountability for those responsible for managing risks far more so than a standard risk register. Whilst the BAF enhances the focus on risk and control, it is built on evidence rather than assumption, helping address the age old conundrum of those responsible for oversight and governance being "do we know what we think we know?"

We have found that the use of a well-constructed BAF significantly improves the ability of the Audit/ Risk/ Assurance Committees to effectively fulfil their responsibilities – the BAF driving the agenda and improving assurance focus. This we feel is of particular importance to a PCC who will want to demonstrate to the electorate that they have made best use of public resources in the achievement of their police and crime plan objectives.

In a previous article we explored the design, development and application of a collaboration assurance framework and RSM are excited to announce that we will soon be releasing a Board Assurance Toolkit for the police sector. This draws on RSM's wider sector BAF experiences and will provide practical advice, tips and templates that can be used to help in the development of a BAF at your organisation.

If you would like to know more about the above or discuss this topic further, including collaboration assurance, then please contact:
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Managing change in policing

In Sir Tom Windsor's State of Policing report* published in June 2019 four key themes were highlighted.

- Forces overall were performing well.
- The wider criminal justice system is dysfunctional with vulnerable people being let down.
- Police funding and expectations are being mismatched with a widening gap between the public's needs and the police services capacity to meet them.
- There is a need to reform regional, national and local arrangements to enable efficiency and effectiveness.

Addressing these challenges poses a real question in how to do this whilst continuing to react to the public's needs, working to deliver justice and reducing crime with depleted resources.

RSM have seen at strategic level in many public service organisations a focus on operational needs to enable efficient delivery of the service to the public. We have met extremely competent strategic leaders with great operational insight but who have had little exposure (prior to their senior role) of managing large change programmes. Without organisations investing in their senior leaders' ability to lead and manage change, there is a danger that change will become reactionary rather than planned.

Reactionary change vs planned change

Reactionary change is normally forced by a situation, it's generally not well planned and is required immediately. If organisations can anticipate challenges and move to a planned and proactive change approach there will be an opportunity to bring fundamental or systematic change with a greater positive impact.

Why should the police increase their focus on change?

Change and transformation in the police sector is often delivered through programmes and projects. The Association for Project Management** reported one in eight projects failed to meet their budget and only one in five projects were successful (conditions for project success).

Failed projects are expensive, time consuming and impact negatively on morale. Ensuring projects are completed on time and within budget is a real skill.

Senior leaders must ensure a dual focus, business as usual and change and growth. Business as usual or running the organisation includes operations, services and functions which are performance managed through KPIs. Change and growth focuses on change initiatives, projects and programmes and using outcomes / benefit based key performance indicators. It is a real skill to balance these two areas with the demands currently placed on public sector service organisations.

* <https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/state-of-policing-2018-part-1.pdf>

** https://www.apm.org.uk/sites/default/files/conditions%20for%20project%20success_web_final_0.pdf

What things can go wrong in policing programmes and projects?

1 Can do approach

In policing we sometimes see a 'can do' approach to programmes and projects. We witness extremely competent operational police officers placed in programme management technical roles with no project/programme management training. This can result in poor technical programme and project management, delays, scope slip, poor governance, non-evidenced decision making and ultimately unsuccessful projects.

We would encourage policing organisations to either pair these competent officers with senior competent programme/project managers to facilitate knowledge transfer or allow them the opportunity to work with an external supplier to coach them and build their knowledge. The skills they have will enable them to be efficient programme and project managers; they just require knowledge of the tools and techniques for project success.

2 Using consultancy companies

In large transformation programmes, the police service sometimes commission consultancy companies to support them in the design of the future blueprint of their organisation. However, to ensure successful implementation of the blueprint (future) a gap analysis is normally undertaken to understand the distance between the 'as is' state (now) and the 'to-be state' (future). There are two key activities which we commonly identify as missing during our blueprint reviews:

- a a detailed 'as is' state; and
- b a detailed programme plan describing what, by who, where, when and how the programme will be conducted. Without these two products, it is unlikely the programme/project will be successful.

A reoccurring theme in organisations is the desire to move to the 'doing' very quickly, sometimes without spending enough time on the planning. Planning is key in any project/programme and a detailed plan will identify risks, plan resources, provide a detailed schedule, describe outcomes/outputs and identify KPIs. Allowing staff the time and space to plan effectively is one of the easiest ways you can help ensure the success of your initiatives.

3 Pet initiatives, programmes and projects

We sometimes see programmes and projects that have no link to the strategic objectives in organisations, but they have been identified as a good idea.

We strongly advise the police and PCCs to only authorise programmes and projects that assist them in the delivery of their strategic objectives to ensure that spending is controlled, relevant and targeted.

4 Weak solutioning

When reviewing failed projects, we look to review the options that were explored prior to moving to a final solution. In our experience, we have found that where there has been project failure there has been poor exploration of the issues and problems with little consideration of what is already happening both in the organisation and/or similar organisations and only one detailed option presented at project authorisation.

We would encourage exploration of best practice and academic evidence, understand what is already happening in your organisation and a similar organisation and conduct a robust assessment of possible options. Weak solutioning can lead to the organisations investing in a project that has already failed elsewhere without learning the lessons.

5 A whole organisational view

Previously we have found disjointed commissioning, sometimes the same or conflicting projects are then commissioned in neighbouring areas without a full organisational oversight. Ultimately this can result in resourcing conflicts for the supporting functions in the business, is not cost effective and can be confusing for partner agencies.

We recommend strong change governance with projects and programmes authorised at an organisational level ensuring projects/programmes that support strategic aims, using resources in the most efficient way to achieve the best outcomes.

6 Doomed to succeed

We have seen many programmes and projects that have continued to run despite staff involved knowing from an early stage that there is a limited chance of success. Stopping a programme or project because it is unlikely to succeed is not a failure. Allowing it to run, using budget and resources unchallenged is a failure. Each programme and project should have clear performance indicators (KPIs), milestones and gateway reviews identified during planning.

Several forces RSM supports use gateway reviews. These are short focused reviews at key decision points conducted by individuals who are not in the project team. This review will decide whether the project should continue and whether it can move to the next stage of the plan, we recommend these decisions are recorded along with their rationale.

Questions for the strategic leaders to ask programme and project leads when authorising the start of any project /programme

- 1 How does this initiative contribute to strategic objectives?
If it doesn't, why are we doing it?
- 2 What is the governance / oversight arrangements?
Who is the sponsor?
- 3 Where has this been done elsewhere? What happened there?
Can we learn anything?
- 4 How likely are we to be successful? Are all the benefits realistic
and realisable?
- 5 How are the project and benefits being tracked (Gateway reviews,
KPIs, benefits realisation)?
- 6 What and when are the key decision points in the project where
strategic leaders will decide whether it will continue?
- 7 What is the cost of the project?
- 8 What is the earliest and latest completion time for the
project (tolerances)?
- 9 What are the risks? What is the likelihood, impact and how are
they being managed?
- 10 What is the impact if the project is cancelled, deferred,
slowed down or accelerated?
- 11 Are the right members of staff with appropriate skills on
the project team?

If your organisation is considering or is in the process of going through a transformational journey and you would like any further discussions on any of the above areas please contact Ellie Acton
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Fire

Analysis on fires attended by fire and rescue services

The Home Office has published the latest statistics on response times to fires attended by fire and rescue services (FRSs) in England between April 2018 and March 2019.

Key statistics include:

- 1 FRSs attended 576,040 incidents, an increase of two per cent from 2017/18;
- 2 of the 576,040 incidents, 32 per cent accounted for fires, an increase of three per cent on the previous year. 40 per cent accounted for fire-false alarms and 28 per cent accounted for non-fire incidents;
- 3 of the fires attended, 106,283 were secondary fires, 73,214 were primary fires and 29,570 were dwelling fires;
- 4 there has been a 29 per cent increase in non-fire incidents since 2014/15; and
- 5 fires where a smoke alarm was not present accounted for 25 per cent (7,446) of all dwelling fires and 28 per cent (55) of all dwelling fire-related fatalities.

Fire prevention and protection statistics

The Home Office has published statistics on fire prevention and protection in England between April 2018 and March 2019.

Key statistics include:

- 1 FRSs completed 594,766 Home Fire Safety Checks (HFSCs) compared to 600,324 in 2016/17 and 672,019 in 2013/14;
- 2 of the 594,766 HFSCs completed in 2017/18, 347,748 were targeted towards the elderly and 170,257 were targeted towards the disabled;
- 3 FRSs carried out 49,327 fire safety audits in 2018/19 compared to 49,423 in 2017/18 and 67,266 in 2013/14;
- 4 67 per cent of fire safety audits (33,265) were rated satisfactory. There were 16,062 unsatisfactory fire safety audits;
- 5 the premises type with the greatest proportion of satisfactory audits was further education (79 per cent) while houses converted to flats (57 per cent), licensed premises (59 per cent) and hotels (59 per cent) were the premises with the lowest proportion of satisfactory audits; and
- 6 90 per cent of households say they possess a working smoke alarm.



State of fire and rescue

The 'State of fire and rescue' report follows on from the three tranches of the first independent inspection into FRSs for 12 years. The first 14 FRSs inspection reports were published in December 2018, the next 16 reports in June 2019, and the final release, published in December 2019, includes inspection reports for 15 FRSs. All 45 FRSs inspection outcomes are now published.

The first 'State of fire and rescue' annual assessment draws on all inspections, focusing on three key areas: the 'effectiveness' of FRSs and how 'efficient' FRSs are at keeping people safe from fire and other risks, and how well do FRSs look after its 'people' including how well they train, manage and support their staff. As part of its inspection, HMICFRS gave each FRS a graded judgement on each of these areas.

Key findings include:

- 1 regarding overall effectiveness, **29 FRSs** were graded as 'good' and **16** as 'requires improvement';
- 2 on overall efficiency, **26 FRSs** were graded as 'good', **18** as 'requires improvement' and **one** as 'inadequate';
- 3 regarding people, **18 FRSs** were graded as 'good', **25** as 'requires improvement' and **two** as 'inadequate';
- 4 there are '**noticeable differences**' in the way services effectively respond to incidents;
- 5 it is **mandatory** for all FRSs to produce an 'integrated risk management plan' (IRMP), providing an explanation to the public on the way its 'prevention, protection and response activity will reduce the risk from fire and other emergencies.' However, some FRSs have not used this process to explain how the risk assessments reinforce the different response standards to the public. This means that there is no clarity on what emergency responses the public can expect;
- 6 majority of services do not have enough 'on-call firefighters', which shows that recruitment and retention remains a concern;
- 7 many services are now operating in line with 'national operational guidance.' The guidance supports services to utilise a 'common approach to commanding incidents, recognising hazards and putting control measures in place.' However, the degree to which services have implemented this guidance varies. HMICFRS believes that services need to address this to help them to improve collaborative working;
- 8 most services are good at assisting other fire services, however, not enough joint exercises are undertaken to ensure equipment and ways of working are aligned;
- 9 the sector needs to improve how it complies with building fire safety regulations;
- 10 there is an inconsistent approach to the number of fire safety audits services carry out;
- 11 despite increases in fire false alarms, not all FRSs are adhering to the National Fire Chiefs Council's best practice guidance;
- 12 many services were found to be under-resourcing their prevention and protection teams. While some services are able to do the prevention and protection work they could afford, there were some forces, despite being able to afford it, not making this a priority;
- 13 many services had managed to make savings over the past five years;
- 14 there is a positive attitude towards collaboration with other emergency services, however, over half of services were not 'consistently or effectively evaluating, reviewing or monitoring collaboration activities to assess whether they were beneficial and cost-effective';
- 15 FRS leaders need to be aware of their true costs to allow them to efficiently and effectively manage budgets, use resources and delve into opportunities to reduce costs;



16

the use of technology varies considerably. Some services are investing in technology to improve their effectiveness and efficiency, but for some, there has been slow progress towards making the most of opportunities technology presents;

17

almost half of services inspected are using IT systems that are broken, dated or unreliable, and some rely on using inefficient paper-based systems. In some services, the lack of investment in IT is leading to reduced levels of productivity;

18

despite some services achieving 'outstanding' in the area of culture, some need to do more to address 'toxic' environments involving bullying and harassment, and improve the diversity of the workforce;

19

in many services, wellbeing of staff is prioritised and promoted by senior leaders;

20

services need to monitor staff working hours more closely;

21

staff are generally well trained and equipped to deliver the best possible response to the public. Yet some services do not have the facilities to deliver quality training, and so services are unable to guarantee that their training is effective; and

22

services need to effectively utilise their 'performance management processes more to promote cultural change.'



Sources of further information

HMICFRS

['PEEL spotlight report'](#)

<https://www.justiceinspectorates.gov.uk/hmicfrs/publications/peel-spotlight-report-group-2-2018-19/>

HMICFRS

['An inspection of the police service's arrangements for the selection and development of chief officers'](#)

<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/leading-lights-inspection-police-arrangements-selection-development-chief-officers.pdf>

Home Office

['First wave of 20,000 police officer uplift announced'](#)

<https://www.gov.uk/government/news/home-office-announces-first-wave-of-20000-police-officer-uplift>

Public Accounts Committee

['Serious and organised crime'](#)

<https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/2049/2049.pdf>

Home Office

['Home Office funds innovative policing technology to prevent crime'](#)

<https://www.gov.uk/government/news/home-office-funds-innovative-policing-technology-to-prevent-crime>

HMICFRS

['State of fire and rescue'](#)

<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/state-of-fire-and-rescue-2019.pdf>

Home Office

['Analysis on fires attended by fire and rescue services'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831136/detailed-analysis-fires-attended-fire-rescue-england-1819-hosb1919.pdf

Home Office

['Fire prevention and protection statistics'](#)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836909/fire-prevention-protection-1819-hosb2319.pdf

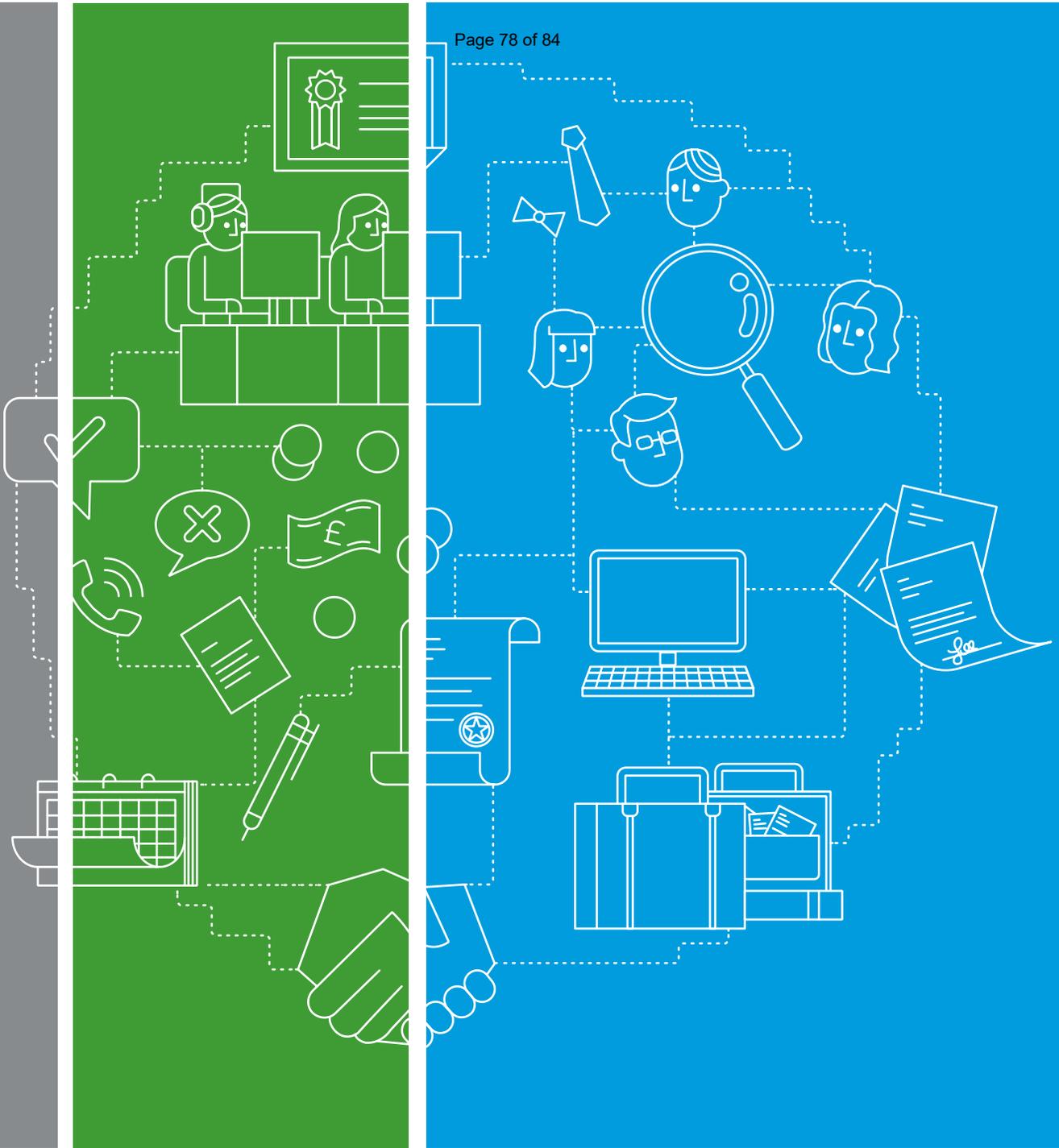
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COVID-19 FRAUD RISKS

Alert: March 2020

The World Health Organization (WHO) labelled COVID-19 a “global pandemic” and, sadly, this brings with it an increased risk of fraud across all sectors.

With organisations facing many different pressures during a crisis, fraudsters look to exploit the lapses and changes in controls to gain financially. This document highlights some of those risks with accompanying advice on mitigation.

Risk area	Contributing factors	Mitigation
<p>Cyber fraud The rise in online communication can heighten vulnerability to cyber, data security, and privacy threats. Cyber criminals will actively look to exploit these threats.</p>	<ul style="list-style-type: none"> • Phishing emails exploiting Covid–19 • Staff working outside of any secure network • Sensitive data being transferred between insecure environments 	<ul style="list-style-type: none"> • Staff should follow the principles set out in our Covid-19 email scams guidance document • Staff should ensure communications are encrypted / password protected if sending outside of the secure network • IT functions should disseminate guidance about remote working
<p>Misappropriation Urgency to obtain equipment results in greater volume of assets available to be misappropriated, and the severity of the threat may result in staff stockpiling</p>	<ul style="list-style-type: none"> • Controls may be relaxed to allow prompt movement of supplies between sites and organisations • Black market value equipment and consumables incentivises individuals to steal 	<ul style="list-style-type: none"> • Stock records and asset registers should be maintained as far as possible, with audit trails of urgent activity retained • Exception reporting should be utilised frequently • Concerns should be raised immediately
<p>Supplier interaction A higher demand and desire to procure equipment quickly can lead to a lapse in compliance with procurement processes</p>	<ul style="list-style-type: none"> • Urgency to procure goods and services reduces time to complete adequate due diligence • Shortage of supply may require organisations to engage with different and off framework suppliers • Controls around tender waiver and contract extension activity may be relaxed 	<ul style="list-style-type: none"> • Due diligence should be pursued to the greatest extent in the time frame available, with checks continuing to progress to completion even post procurement • Provision should be allowed for retrospective challenge and cost recoveries • Cumulative supplier spend should be monitored regularly

Risk area	Contributing factors	Mitigation
<p>Accommodation Additional and often high cost accommodation may be required for key staff that need to remain away from their usual address due to others self-isolating</p>	<ul style="list-style-type: none"> Hotels may exploit the crisis by overcharging room rates or incidentals Staff may exceed the permitted allowances in meal / incidental charges 	<ul style="list-style-type: none"> Accommodation should be booked centrally using arranged rates Charges over and above an agreed threshold for subsistence should be agreed with the hotel that they will be paid by the employee and reclaimed through expenses
<p>Invoice fraud Accounts payable processes will be streamlined to ensure prompt and advance payments for urgently required goods and services</p>	<ul style="list-style-type: none"> Urgent payment requests exploiting Covid – 19 Relaxed segregation and authorisation processes may allow false or inflated invoices to be paid Mandate change requests cannot be easily verified as suppliers are under pressure and key contacts may be working remotely Government advice to maintain supplier payments irrespective of performance 	<ul style="list-style-type: none"> Staff should follow the principles set out in our Covid-19 email scams guidance document Invoices should be carefully confirmed against orders and rates agreed specifically in the crisis Goods receipt should be confirmed prior to payment Supplier change requests must be confirmed using verified contact information Queries to be resolved retrospectively must be logged for follow-up
<p>Credit cards Departments may rely more heavily on credit cards to promptly secure locally required goods, and inappropriate purchases may not be able to identified</p>	<ul style="list-style-type: none"> Credit card expenditure is anticipated to temporarily increase during this period Cards are likely to be used by multiple individuals due to increasing pressure Expenditure is reviewed retrospectively Non-essential or inappropriate purchases may not be able to be promptly identified or attributed to an individual 	<ul style="list-style-type: none"> Records of card whereabouts should be maintained wherever possible Itemised receipts should be retained for all credit card purchases Statements should be reviewed and challenged promptly
<p>Expenses An anticipated increase in travel and subsistence expenses as a result of staff working additional hours and across various sites may obfuscate fraudulent claims</p>	<ul style="list-style-type: none"> Expenses claims may be subject to limited verification in the interest of prompt payment Expenses may be incurred for remote working equipment Claims may be made for expenses not incurred Claims for subsistence may exceed daily allowances 	<ul style="list-style-type: none"> Evidence of original expenditure should be required Guidance, updated as necessary to reflect changes to allowances and process during Covid-19, should be issued to staff

Risk area	Contributing factors	Mitigation
<p>Governance As audit committees and board meetings are suspended there may be limited reporting and oversight across operations</p>	<ul style="list-style-type: none"> • Less frequent meetings or business critical focussed meetings may result in a period without scrutiny of financial and other decision • Staff and management may be acting with more autonomy in undertaking financial functions 	<ul style="list-style-type: none"> • Wherever possible, virtual meetings should continue • Interim financial reports should be shared with members to ensure oversight remains in place • Changes to streamline control environments should be reported to members so that appropriate assurance measures can be considered
<p>Payroll Payroll processes will be streamlined to ensure prompt payment, increases in workforce may obfuscate payroll fraud and complex change and reimbursement arrangements may result in salary overpayments</p>	<ul style="list-style-type: none"> • Ghost employees may be entered onto the system • Temporary staff that are added to the payroll may remain on the system post Covid-19 	<ul style="list-style-type: none"> • Backing data should be reviewed to confirm new employees being entered onto payroll are genuine • Segregation of duties should be maintained as far as possible • Management information should be reviewed regularly to identify multiple payroll records being paid into the same bank account • Payroll records created during Covid-19 should be reviewed periodically
<p>Recruitment An increase in staffing demand due to self-isolation and increasing pressures will prevent the application of some existing pre-employment screening processes</p>	<ul style="list-style-type: none"> • New applicants without the appropriate qualifications or right to work status, or with criminal records, will seek to exploit the opportunity to commence employment whilst screening is pending • Staff in training and former staff not currently regulated may be able to join or return to the workforce • Safely onboarding specialist staff whilst maintaining social distance will be challenging • Advanced Disclosure and Barring Service (DBS) checks may not be available 	<ul style="list-style-type: none"> • Pre-employment screening should be pursued to the greatest extent in the time frame available, with checks continuing to progress to completion even post recruitment • In lieu of DBS confirmation, decisions to proceed should be risk assessed and documented. More stringent references, ideally from professional bodies, should be sought. • Document scanners should be utilised wherever possible

Risk area	Contributing factors	Mitigation
<p>Duties not fulfilled Significant volumes of staff will be working remotely, some having done so at short notice.</p>	<ul style="list-style-type: none"> • Certain elements of some roles may not be able to be completed remotely • Systems may not be established to monitor staff activity remotely • Some staff may inflate symptoms to secure paid self-isolation periods from their substantive employer, in order to undertake lucrative agency or other work elsewhere • Organisations will be required to accept documentation in lieu of a fitness to work certificate 	<ul style="list-style-type: none"> • Guidance should be provided to remote workers on how their workload should be managed and reported • Exception reporting should be utilised frequently • Management information should be reviewed regularly to identify staff abusing self-isolation requirements • Shielding documentation should be verified against known information
<p>Temporary workforce Additional staff usage may be increased due to self-isolation and increasing pressures</p>	<ul style="list-style-type: none"> • Agency staff may commence engagements whilst screening is pending • Demand will increase cost of additional staffing • In some services additional overtime may be required, and timesheets may be subject to limited verification due to pressures 	<ul style="list-style-type: none"> • Screening should be pursued to the greatest extent in the time frame available, with checks continuing to progress to completion even post engagement • Additional staff identity must be confirmed at their first shift • Invoices should be carefully confirmed against booking requests for hours and rates • Timesheets should be verified by individuals who were physically present at the time of the shift, and using local records and knowledge
<p>False claims Significant volumes of staff will be working from home, some having done so at short notice, and staff may be recruited prior to occupational health reviews, which may result in increased claims for compensation for injury</p>	<ul style="list-style-type: none"> • Staff may be required to work from home for a prolonged period, which may result in inflated claims for injury as a result of the use of inappropriate home workstations • Staff may be required to commence work prior to completion of an occupational health assessment, which may result in inflated claims for injury or illness • Potential exposure to Covid-19 due to limited availability of PPE may result in false claims 	<ul style="list-style-type: none"> • Guidance should be provided to remote workers to assist them with the set up of home workstations • Occupational health assessments should be pursued as promptly as possible in the circumstances • Adequate audit trails of PPE whereabouts and availability should be maintained as far as possible

The Counter Fraud team at RSM is closely monitoring the fraud risk developments across the sector and beyond to highlight areas of concern as well as best practice. The team will continue to provide guidance to ensure that organisations can remain astute to the risks.

In the meantime, staff should follow these key principles:

Report any frauds promptly

All concerns of fraud, bribery and corruption should be reported promptly to your manager, the finance team and Internal Audit. Staff should not be concerned that they may be wrong, or that this will create unnecessary delay.

Be alert for fraudulent cyber communications

Unfortunately, we have already seen an increase in attempted phishing attacks using Covid-19 information as click bait. Follow the principles set out in our Covid-19 email scams guidance document, and if in doubt, contact your IT support immediately.

Finance fraud

Seek to verify invoices, requests for payment and changes to supplier bank account information as far as you are able to in the circumstances. Seek procurement advice when engaging with a potentially new supplier, liaise with colleagues to confirm receipt of goods and check you know who you are corresponding with.

Timesheet fraud

Confirm timesheets and claims prior to authorisation by liaising with colleagues who were physically present at the time of the shift and using local records and knowledge. A small investment of time here will ensure your budgets are not impacted by fraudulent claims when staffing levels are critical.

Emerging risks

As the crisis develops new risks will present themselves and whilst it is not possible at the moment to fully gauge these, it would be worthwhile considering the impact they may pose:

Furlough working

The government have committed to cover 80% of salaries so that companies do not need to make staff redundant during this period. Individuals are not permitted to undertake other work during this period, however it is not currently clear if overpayments as a result of staff who abuse this benefit could be recovered from the organisation.

Remote working

It is likely workloads will reduce should remote working requirements exist for sometime. Organisations should ensure that staff are aware of what is expected of them, and identify additional work or projects that can be undertaken to keep staff occupied, with appropriate and regular management monitoring and oversight. Any future investigations of staff dishonestly failing to complete their working hours may be hampered were expectations not expressly communicated.

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