



**OFFICE OF THE NORTHAMPTONSHIRE POLICE AND CRIME COMMISSIONER  
&  
NORTHAMPTONSHIRE POLICE  
&  
NORTHAMPTONSHIRE COMMISSIONER FIRE AND RESCUE AUTHORITY**

**JOINT INDEPENDENT AUDIT COMMITTEE**

**11 December 2019 at 10.00am to 1.00pm**

**Greenwell Room, Police HQ, Wootton Hall, Northampton**

**If you should have any queries in respect of this agenda,  
please contact Paul Bullen 03000 111 222**

Members of the public, with the permission of the Chair of the Committee, may ask questions of members of the Committee, or may address the Committee, on an item on the public part of the agenda.

***Further details regarding the process for asking questions or making an address to the Committee are set out at the end of this agenda notice***

\* \* \* \* \*

|  |  |                       |        | Time  |
|--|--|-----------------------|--------|-------|
| <b>Public Meeting of the Joint Independent Audit Committee</b> |  |                       |        |       |
| 1  | Welcome and Apologies for non- attendance<br>-   |                       |        | 10:00 |
| 2  | Declarations of Interests  |                       |        | 10:00 |
| 3  | Meeting Log and Actions – 30 September 2019  | JB                    | Report | 10:05 |
| 4a<br>4b   | Statement of Accounts & ISA260<br>PFCC & CC<br>NCFRA   | EY/<br>HK/VA<br>HK/NA | Verbal | 10:15 |
| 5a<br>5b   | Internal Audit Progress report<br>NCFRA<br>PFCC & CC   | DW/JF<br>ML           | Report | 10:35 |
| 6a<br>6b   | Implementation of audit recommendations<br>NCFRA<br>PFCC & CC  | RP/BM/JO<br>SN/RB     | Report | 10:55 |
| 7a<br>7b   | HMIC reviews – update<br>NCFRA<br>CC   | RP/BM/JO<br>SN/CM     | Report | 11:15 |
| 8  | Update on: Joint Estates Strategy  | PB                    | Report | 11:35 |
| 9  | Update on: MFSS & LGSS   | PB/SN/HK              | Verbal | 11:45 |
| 10   | Member Update on: CIPFA Training Day for<br>Audit Committee Members  | JB                    | Verbal | 12:00 |
|  | Member Update PSAA   | AB                    | Verbal | 12:10 |
| 11   | Agenda Plan  | HK                    | Report | 12:20 |
| 12   | AOB  | JB                    | Verbal | 12:30 |
| 13   | Confidential items – any   | JB                    | Verbal | 12:40 |
| 14   | Resolution to exclude the public   | JB                    | Verbal | 12:40 |
|  | <p>Items for which the public be excluded from the meeting:</p> <p>In respect of the following items the Chair may move the resolution set out below on the grounds that if the public were present it would be likely that exempt information (information regarded as private for the purposes of the Local Government Act 1972) would be disclosed to them:</p> <p><i>“That under Section 100A (4) of the Local Government Act 1972, the public be excluded</i></p> |                       |        |       |

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|    | <i>from the meeting for the following items of business on the grounds that if the public were present it would be likely that exempt information under Part 1 of Schedule 12A of the Act of the descriptions against each item would be disclosed to them”.</i> |          |        |       |
| 15 | Restricted Strategic Risk Register Update:<br>PFCC Risk Register   | PF/PB/HK | Report | 12:40 |

*Further details regarding the process for asking questions or making an address to the Committee*

**i. General**

Members of the public, with the permission of the Chair of the Committee, may ask questions of members of the Committee, or may address the Committee, on an item on the public part of the agenda.

**ii. Notice of questions and addresses**

A question may only be asked or an address given if notice has been given by delivering it in writing or by electronic mail to the Monitoring Officer no later than noon two working days before the meeting.

**Notice of questions or an address to the Committee should be sent to:**

Paul Bullen  
Office of the Police, Fire and Crime Commissioner  
East House  
Police HQ  
Wootton Hall  
NORTHAMPTON NN4 0JQ

*or by email to:*

*paul.bullen@northantspfcc.pnn.police.uk*

Each notice of a question must give the name and address of the questioner and must name the person to whom it is to be put, and the nature of the question to be asked. Each notice of an address must give the name and address of the persons who will address the meeting and the purpose of the address.

**iii. Scope of questions and addresses**

The Chair of the Committee may reject a question or address if it:

- Is not about a matter for which the Committee has a responsibility or which affects Northamptonshire;
- is defamatory, frivolous, offensive or vexatious;
- is substantially the same as a question which has been put or an address made by some other person at the same meeting of the Committee or at another meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

**iv. Asking the question or making the address at the meeting**

The Chair of the Committee will invite the questioner to put the question to the person named in the notice. Alternatively, the Chair of the Committee will invite an address to the Committee for a period not exceeding three minutes. Every question must be put and answered without discussion but the person to whom the question has been put may decline to answer it or deal with it by a written answer. Every address must be made without discussion.



**v. The Chair and Members of the Committee are:**

Mr J Beckerleg (Chair of the Committee)

Mrs A Battom

Mr J Holman

Ms G Scoular

Mrs E Watson

**Paul Bullen**

**DEPUTY MONITORING OFFICER**

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Joint Independent Audit Committee (JIAC) ACTION LOG – 30 SEPTEMBER 2019

Attendees: Members: John Beckerleg (JB), Ann Battom (AB), John Holman (JH), Edith Watson (EW)

Helen King (HK), Neil Harris, EY (NH), Jacinta Fru, LGSS IA (JF), Simon Nickless (SN), Rob Porter (RP), David Hoose (DH), Mark Lunn (ML), Barry Mullan (BM), Julie Oliver (JO)

| Agenda | Issue  | Action  | Responsible | Comments   |
|--------|--|---|-------------|--|
| 1      | Welcome and Apologies for non- attendance<br>- | <b>ACTION:</b> HK to write to PD and BW on behalf of JIAC recording their appreciation for the work undertaken with them over the years. <b>Update 22/10/19 - Completed – HK has written to PD and BW and both wish to pass their thanks on to the JIAC.</b>  | Chair       | <ul style="list-style-type: none"> <li>Apologies: Paul Bullen (PB), Tony Knivett (TK), Brian Welch Mazars (BW), Gill Scoular (GS), &amp; Duncan Wilkinson, LGSS IA (DW)</li> <li>JB recognised the contribution made by TK to the JIAC. JB put on record thanks on behalf of the Committee.</li> <li>JIAC wished to record their appreciation for the work of PD as Force S151 Officer.</li> <li>JIAC wished to record their appreciation for the contribution of Brian Welch, Mazars Internal Audit.</li> </ul> |
| 2      | Declarations of Interests                      |   | Chair       | <ul style="list-style-type: none"> <li>None</li> </ul>   |
| 3      | Meeting Log and Actions – 26 July 2019         | <p><b>ACTION:</b> Members to forward to HK their register of Interests and pictures and Bios. <b>Update 22/10/19: reminder sent.</b></p> <p><b>ACTION:</b> SN to consider whether any redacted elements of the Force Management Statement (FMS) could be shared with Members. SN to advise in due course. <b>Revised to: ACTION:</b> FMS to be a workshop in the first quarter of 2020. <b>Update 22/10/19:Completed - HK added to JIAC plan.</b></p> | Chair       | <ul style="list-style-type: none"> <li>Members register of interests had almost all been completed and received.</li> <li>A reminder to be sent for these and pictures/bios.</li> <li>The previous two actions have been combined and revised.</li> <li>In discussion it was agreed that the best way to brief members on the content of the FMS was at a future JIAC workshop.</li> </ul>   |

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|          |  | <p><b>ACTION:</b> HK to share link to HMICFRS Policing report. <b>Update 22/10/19: Completed – included as an appendix to report 7b on the agenda.</b></p> <p><b>ACTION:</b> JB/HK to meet and discuss options for a Committee self-assessment and consider tabling in early 2020. <b>Update: 22/10/19 – Outstanding. Meeting to be scheduled</b></p> <p><b>ACTION:</b> Consider whether restricted notes need to be added to the July meeting. <b>Update 22/10/19: Completed - HK reviewed and no restricted items were discussed at the July 2019 meeting. The confidential meeting of auditors with members did take place and was documented at the start of the meeting notes.</b></p> |          | <ul style="list-style-type: none"> <li>• The HMICFRS report into policing had been issued in September 2019.</li> <li>• It was agreed that the link to the report would be shared with the notes and regular updates would continue to be provided to the JIAC.</li> <li>• JB highlighted that he wished to undertake a JIAC self Assessment in line with the CIPFA code of Governance and indicated his preference for an independent and objective assessment.</li> <li>• JB requested that restricted items needed to be added to the notes of the July 2019 meeting.</li> </ul>                 |
| 4a<br>4b | Statement of Accounts & ISA260<br>PFCC & CC<br>NCFRA |   | HK/EY/VA | <ul style="list-style-type: none"> <li>• NH and HK updated on the current position. Auditors were on site for policing and NCFRA shortly afterwards.</li> <li>• Issues still remain in respect of the NCC accounts and Pension Funds which prevents for Northamptonshire Local Authority, Police and Fire audits.</li> <li>• Robust discussion took place on the issues highlighted at the July 2019 meeting, namely: Constraints EY on resourcing – higher than expected attrition has impacted, other influences on pensions assurances from the pension fund auditors and NCC audits.</li> </ul> |

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|    |   | <p><b>ACTION:</b> HK and NH to liaise on sign off dates and keep the chair apprised of intentions. Update 22/10/19 – Ongoing discussions regarding audit completion and sign off date,</p> <p><b>ACTION:</b> NH to circulate advice re: audit work on audits not signed off. Update 22/10/19 – Completed. NH via HK circulated the EY advice.</p> <p><b>ACTION:</b> two reviews of Audit are currently out for consultation, to be circulated to members. Update 22/10/19 – Completed, NH circulated to members via HK.</p> |        | <ul style="list-style-type: none"> <li>• HK advised that PCCs still intended to write and raise their concerns from a regional perspective.</li> <li>• The JIAC reflected in the wider public sector, of the 200 audits not signed, this related to 95 EY clients.</li> <li>• Given the uncertainty of timings the chair recommended that NH and HK agree the process between them and keep the Chair apprised.</li> <li>• JB challenged why the auditors could not attend and audit the pension fund prior to NCC accounts sign off. NH explained that this had been in accordance with EY advice. This would be circulated.</li> <li>• NH also advised that the EY approach was more of a substantive and less an controls based than KPMG and EY are finding they are asking clients for much more samples and sample requests</li> <li>• NH advised that timescales and planning for next years audits will be key to meet the requirements and deadlines and this includes undertaking a good interim audit.</li> <li>• NH advised that two reviews of audit were currently out for consultation.</li> </ul> |
| 5a | Internal Audit Progress report<br>PFCC & CC | <p><b>ACTION:</b> ML to provide further update on benefits realisation audit for members. Update 22/10/19 – Update – Completed. circulated to members via HK.</p>   | Mazars | <ul style="list-style-type: none"> <li>• DH and ML updated on progress of the Internal Audit Plan for PFCC and CC.</li> <li>• JB queried the final assurance level for benefits realisation audit and ML agreed to provide members with more information.</li> <li>• HK and SN highlighted that regionally the DCCs and CFOs are better linked up on the regional collaboration audits, including a better way of managing and monitoring the recommendations.</li> <li>• SN advised that he was also taking the opportunity to review the regional S22 agreements and to understand how locally they are managed</li> <li>• JF presented the progress report for NCFRA and updated that fieldwork was already in progress for a number of the audits and they were looking to the December agenda to present findings from the reports.</li> </ul>   |

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| 5b | NCFRA  | <b>ACTION:</b> Mazars and LGSS to discuss whether a consistency in approach would be possible | LGSS | <ul style="list-style-type: none"> <li>JH queried the different audit approaches and JB asked if it were possible to have a consistent assessment or ensure best practice across both providers.</li> <li>JB queried whether the Q4 programme was end loaded and JF advised that whilst some initial audit work is currently underway the Q4 audits are fundamental audits.</li> <li>JF advised a lot of the audit work currently is based on systems work and the audit work in Q4 will be more targeted towards transactional testing.</li> </ul>   |
| 6  | Implementation of audit recommendations<br>PFCC & CC |   | SN   | <ul style="list-style-type: none"> <li>JB highlighted that he felt a lot of the recommendations have not progressed as well as expected and some have been on the register for some time both HK and SN acknowledged this.</li> <li>SN updated on the NICHE and quality Board and the Information Assurance Board which has been reintroduced and his intention this would provide better oversight of recommendations moving forwards and has tasked out work for more detailed updates on the recommendations. He has been concerned about some of the updates on older recommendations, although newer ones are better reflected.</li> <li>SN updated that a lot of work has been taken forward in respect of Seized Property</li> <li>JB echoed the JIAC view that if things have moved on and recs are no longer relevant then more appropriate update would cover these.</li> <li>EW queried how substantial rather than satisfactory assurance was determined. JF and ML advised the definitions were contained within the LGSS and Mazars Internal Audit Progress reports.</li> </ul> |
| 7a | Budget and MTFP update & timetable<br>PFCC & CC      |   | VA   | <ul style="list-style-type: none"> <li>7A - VA presented on the MTFP and Budget report for PFCC and CC and outlined that budget work was already underway for 2020/21. A lot remained uncertain and the MTFP is under both 1.99% and 2.99%precept scenarios.</li> </ul>   |

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| 7b | NCFRA |  | <ul style="list-style-type: none"> <li>• SN outlined his concerns about future shortfalls and the force were limited in where to identify savings and that reviewing what to stop doing is key.</li> <li>• SN outlined the demand modelling and operational model work in progress as he was keen to identify an operational baseline requirement which would enable informed discussion with the PFCC and CC about resources and finances available.</li> <li>• JB commented that the report gave a framework on clarity and process at a level which was appropriate for the committee</li> <li>• JB asked about Outcome Based Budgeting (OBB) and SN advised this year and next year the force wished to cover as many areas as possible.</li> <li>• SN outlined that the force are moving to a different performance framework and the plan on a page is being launched and is being worked on – a future JIAC workshop is intended to cover this.</li> <li>• HK provided an update on the timescales for the updated estates strategy which was being led by Paul Bullen and looks at estates across both Fire and Policing.</li> <li>• SN mentioned the HMICFRS statement about historic underfunding in Northamptonshire and this is very much the message that the CC and PFCC will be in discussions with HMICFRS and the Home Office about.</li> <li>• Members were concerned about possible future funding shortfalls.</li> <li>• JH queried when the JIAC would consider the MTFP and budget again. HK advised that these are considered at the Police, Fire and Crime Panel who undertake the challenge and due diligence as part of their statutory role in precept setting and consider with the S151 report. Papers are shared with JIAC after the panel meeting.</li> <li>• 7B - HK presented the budget and MTFP and outlined the similarities to the Policing timetable and process, but ensuring NCFRA requirements could be considered.</li> <li>• HK outlined the challenging financial position although better than previously anticipated, remains challenging.</li> </ul> |
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|    |  |  |    | <ul style="list-style-type: none"> <li>RP highlighted the service are looking at the retained duty system, on call availability, and highlighted that whilst demand has reduced, risk remains.</li> <li>RP updated that in year funding position had enabled a recruitment of firefighters to be scheduled for early 2020.</li> <li>JB advised he was assured in terms of processes and assurances, and felt progress was being made.</li> </ul>   |
| 8a | Treasury Management<br>outturn 2018/19 &<br>update<br><br>PFCC |  | VA | <ul style="list-style-type: none"> <li>VA gave an overview on the PFCC Treasury Management Report and that internal borrowing had been used for capital as this was still the most cost effective option available to the PFCC. Therefore, the PFCC has not been close to the operational and authorised limits set at the start of the year, which were based on a capital financing assessment.</li> <li>VA highlighted that he felt Policing TM could take some of the best practice from NCFRA TM as they were showing some positive interest receivable opportunities. VA will be reviewing this area.</li> </ul> |
| 8b | NCFRA  |  | HK | <ul style="list-style-type: none"> <li>JB advised he was assured that threshold had not been breached in both strategies and commented that the authorised and operational boundary limits were high. HK explained that was due to internal borrowing being possible for the capital programme as this was the most affordable.</li> </ul>   |
| 9a | Business Continuity and<br>Disaster Recovery                   |  | HK | <ul style="list-style-type: none"> <li>9A - HK summarised the OPFCC BC report and advised that only one recommendation applied to both PFCC and Policing and that related to testing. HK advised in the OPFCC this was planned.</li> </ul>   |
| 9b | PFCC   |  | SN | <ul style="list-style-type: none"> <li>9B - SN highlighted that Policing was experienced in BC and DR and through the local resilience forum (LRF) and Brexit Testing both Fire and Policing were closely linked in.</li> </ul>  |
| 9c | CC   |  |    | <ul style="list-style-type: none"> <li>9C - BM advised that a lot of the emergency services work is often BC and NCFRA were looking at BC as part</li> </ul>   |

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|    | NCFRA                                   |  |          | <p>of business and assurance framework and added that the HMICFRS recommendations also link to regular testing activities.</p> <ul style="list-style-type: none"> <li>• EW queried how external suppliers can meet this. SN and BM advised this had been looked at from Policing and Fire perspectives locally , regionally and nationally to gain some assurances.</li> <li>• AB recommended that testing should not be too complicated but reflected how valuable it was to which officers agreed.</li> <li>• JB felt the reports were very useful and gave good assurances at present.</li> </ul>  |
| 10 | Update on: MFSS                         |  | HK/SN    | <ul style="list-style-type: none"> <li>• HK and SN gave an overview of the MFSS report, together with an update on the implementation issues, particularly Duty management and the potential improvements available, costs and concerns outlined within the paper.</li> <li>• SN highlighted the issues experienced with payroll and Accounts payable had caused significant issues. A recovery plan was now progressing and options to improve the duty management issues being progressed as outlined in the paper.</li> <li>• SN updated on the programme lead recruitment which was still being progressed and explained that governance had needed to get much tighter.</li> <li>• HK and SN updated on the options that were being progressed and the PFCC, CC and Chief Fire Officer would shortly be discussing these.</li> </ul> |
| 11 | Update on Key Roles OPFCC, CC and NCFRA |  | HK/SN/RP | <ul style="list-style-type: none"> <li>• HK updated on the structural changes on key roles and statutory officers in the three organisations outlined in the paper.</li> <li>• JB queried when the PFCC monitoring officer review was scheduled. HK advised the original intention had been 18 months but HK will advise if there is any change to this.</li> </ul>   |



|                |   |   |          |   |
|----------------|---|---|----------|---|
| 12             | Agenda Plan   | <b>ACTION:</b> HK to update agenda plan. Update 22/10/19 – Completed – Plan updated   | HK       | Changes to the Plan were as follows: <ul style="list-style-type: none"> <li>• Self Assessment now scheduled for 2020</li> <li>• Expanded FP20 Brief – scheduled for 2020 – HK to review if it can be November</li> <li>• Statement of Accounts – to be determined</li> </ul>  |
| 13             | AOB   |   | Chair    | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
| 14a & b        | Proposed dates and venue of future JIAC meetings and workshops    | <b>ACTION:</b> RP to check whether Moulton can be used for the 11 March 2019 meeting. Update 22/10/19 – Completed – location now Moulton<br><br><b>ACTION:</b> Dates to be put on the website.  | HK/Chair | <ul style="list-style-type: none"> <li>• Discussion on dates with the exception of 11 March 2020 due to member availability and the location is unavailable for the full time.</li> <li>• RP to check whether Moulton can be used for the 11 March 2019 meeting</li> <li>• Post meeting – JB advised to continue with the dates as planned.</li> </ul>  |
| 15             | Confidential items – any  |   |          | <ul style="list-style-type: none"> <li>• None</li> </ul>  |
| 16a<br><br>16b | Restricted Strategic Risk Register Update:<br><br>CC<br><br>NCFRA | <b>ACTION:</b> Performance Frameworks for NCFRA and CC to be considered at a future JIAC workshop. Update 22/10/19 – Completed - HK added to agenda plan.<br><br><b>ACTION:</b> NCFRA to number the risks in the Risk Register Report. Update 22/10/19 – Completed - request sent by HK to NCFRA and Policing regarding numbering of risks. |          | <ul style="list-style-type: none"> <li>• 16A - SN outlined the risk register and the move to the 4Risk system.</li> <li>• 16B – BM and RP outlined the risk management reports and there were discussions on the format and wording which RP will consider.</li> <li>• During discussion, JB noted that it would be useful for the JIAC to have a future workshop on the performance frameworks and to understand them a bit more.</li> </ul> |

**LGSS Internal Audit & Risk Management**

**Northamptonshire  
Commissioner Fire and Rescue Authority (NCFRA)**

**Audit and Fraud Progress Update - Q3**

Duncan Wilkinson, Chief Internal Auditor

11 December 2019

**1 INTRODUCTION**

- 1.1 This progress report provides stakeholders, including the Joint Internal Audit Committee, with a summary of the Fire Authority Internal Audit activity for the period September 2019 to November 2019.
- 1.2 **Annex A** (page 3) provides the background and context for how Governance is tested and evaluated.
- 1.3 The report summaries work done on evaluating the robustness of systems of control and governance in place from when the new legal entity was created. The effectiveness of the controls will be assessed through extensive substantive testing of transactions during quarter four.

**2 KEY ACTIVITIES:**

- 2.1 **Annex B** (page 5) shows the full plan and a status update where work is complete, in progress or due to start.
- 2.2 6 of the audits that were reported as in progress at the last committee have progressed to final report stage.
- 2.3 Assurance ratings are given to both the Adequacy of System and Compliance with the System of Control. These are detailed in Annex B and highlight the following:

| Assurance Rating | Adequacy of System | Compliance |
|------------------|--------------------|------------|
| Good             | 5                  | 2          |
| Satisfactory     | 1                  | 2          |
| Limited          | -                  | 2          |
| <b>Total</b>     | <b>6</b>           | <b>6</b>   |

The reports have all been issued and include Action Plans highlighting agreed actions needed to improve the control environment where needed.

**3 PROGRESS AGAINST 2019-20 AUDIT PLAN**

- 3.1 The key target facing the Internal Audit Service is to complete its plan by the 31<sup>st</sup> March 2020.
- 3.2 As at the 15 November 2019, 60% (6 audits) of the first tranche of the 2019/20 plan have been finalised. 20% (2 audits) are at work in progress stage (ICT Systems and Target Operating Model) and 20% are awaiting further instruction from NCFRA. See **Annex B** (page 5). The complete audit plan is on target for completion by 31<sup>st</sup> March 2020.
- 3.3 The table below details all of the 8 audits (complete or in progress) referenced above.

| Assignment                | Status                    | Objectives and Risk   |
|---------------------------|---------------------------|---|
| Organisational Governance | Final Report issued       | <p><b>Objective(s)</b><br/>To provide assurance that the Strategic and Senior governance of NCFRA is effective and it allows statutory obligations to be fulfilled.</p> <p><b>Risk(s)</b><br/>Reputational and fraud risks</p>        |
| Scheme of Delegation      | Final Report issued       | <p><b>Objective(s)</b><br/>To provide assurance that NCFRA's Scheme of Delegation is formally defined and operating effectively</p> <p><b>Risk(s)</b><br/>Reputational and fraud risks</p>  |
| Policies and Procedures   | Final Report issued       | <p><b>Objective(s)</b><br/>To provide assurance that Key Policies and Procedures for NCFRA are established and operating effectively.</p> <p><b>Risk(s)</b><br/>Reputational and fraud risks</p>                                      |
| Accounts Receivable       | Final Report issued       | <p><b>Objective(s)</b><br/>To provide assurance that the process ensures suppliers are paid the right amount at the right time</p> <p><b>Risk(s)</b><br/>Inappropriate payments made</p>  |
| Accounts Payable          | Final Report issued       | <p><b>Objective(s)</b><br/>To provide assurance that the process ensures that debtors are promptly charged and that there are systems in place to recover debt owed</p> <p><b>Risk(s)</b><br/>Money due to NCFRA is not collected</p> |
| Payroll                   | Final Report issued       | <p><b>Objective(s)</b><br/>To ensure all employees of NCFRA are bona fide and are paid the right amount at the right time</p> <p><b>Risk(s)</b><br/>Inappropriate payments made</p>   |
| ICT Systems Security      | Fieldwork being completed | <p><b>Objective(s)</b><br/>To review the ICT control systems environment for NCFRA</p> <p><b>Risks(s)</b><br/>Inability to withstand a targeted attack or deliver an ICT service in the event of a major incident</p>                 |
| Target Operating Model    | Fieldwork being completed | <p><b>Objective(s)</b><br/>To provide assurance that NCFRA operates effectively to deliver its defined objectives</p> <p><b>Risks(s)</b><br/>Operations are not aligned to the approved organisational objectives</p>                 |

**Internal Audit Context and Background**  
**How Controls are Audited and Evaluated**

There are three elements to each internal audit review. Firstly, the CONTROL ENVIRONMENT is documented and assessed to determine how the governance is designed to deliver the service’s objectives.

IA then needs to test whether COMPLIANCE is evident in practice.

Finally, IA undertakes further substantive testing and/or evaluation to determine the ORGANISATIONAL IMPACT of weaknesses found.

The tables below outline the criteria for assessing the above definitions:

| Control Environment Assurance |   |
|-------------------------------|---|
| Assessed Level                | Definitions   |
| Substantial                   | Substantial governance measures are in place and give confidence that the control environment operates effectively.     |
| Good                          | Governance measures are in place with only minor control weaknesses that present low risk to the control environment.   |
| Satisfactory                  | Systems operate to a moderate level with some control weaknesses that present a medium risk to the control environment. |
| Limited                       | There are significant control weaknesses that present a high risk to the control environment.                           |
| No Assurance                  | There are fundamental control weaknesses that present an unacceptable level of risk to the control environment.         |

| Compliance Assurance |   |
|----------------------|---|
| Assessed Level       | Definitions   |
| Substantial          | Testing has proven that the control environment has operated as intended without exception.   |
| Good                 | Testing has identified good compliance. Although some errors have been detected these were exceptional and acceptable.                        |
| Satisfactory         | The control environment has mainly operated as intended although errors have been detected that should have been prevented / mitigated.       |
| Limited              | The control environment has not operated as intended. Significant errors have been detected and/or compliance levels unacceptable.            |
| No Assurance         | The control environment has fundamentally broken down and is open to significant error or abuse. The system of control is essentially absent. |

| <b>Organisational Impact</b> |   |
|------------------------------|---|
| <b>Level</b>                 | <b>Definitions</b>  |
| Major                        | The weaknesses identified during the review have left NCFRA open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole. |
| Moderate                     | The weaknesses identified during the review have left NCFRA open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole.   |
| Minor                        | The weaknesses identified during the review have left NCFRA open to low risk. This could have a minor impact on the organisation as a whole.                                  |

**2019-20 Audit Plan for NCFRA**

| AUDIT TITLE                    | STATUS | PROGRESS     | Quarter Work Allocated | Assurance Rating |              |
|--------------------------------|--------|--------------|------------------------|------------------|--------------|
|                                |        |              |                        | System           | Compliance   |
| Organisational Governance      | Closed | Final Report |                        | Good             | Good         |
| Scheme of Delegation           | Closed | Final Report |                        | Good             | Limited      |
| Policies and Procedures        | Closed | Final Report |                        | Good             | Satisfactory |
| Accounts Payable               | Closed | Final Report |                        | Good             | Limited      |
| Accounts Receivable            | Closed | Final Report |                        | Satisfactory     | Satisfactory |
| Payroll                        | Closed | Final Report |                        | Good             | Good         |
| ICT Systems                    | Open   | Fieldwork    | Q2/Q3                  |                  |              |
| Target Operating Module        | Open   | Fieldwork    | Q3                     |                  |              |
| Medium Term Financial Planning |        |              | tba                    |                  |              |
| Organisational Governance      |        |              | Q4                     |                  |              |
| Scheme of Delegation           |        |              | Q4                     |                  |              |
| Policies and Procedures        |        |              | Q4                     |                  |              |
| Accounts Payable               |        |              | Q4                     |                  |              |
| Accounts Receivable            |        |              | Q4                     |                  |              |
| Payroll                        |        |              | Q4                     |                  |              |
| Target Operating Model         |        |              | Q4                     |                  |              |
| ICT Systems                    |        |              | Q4                     |                  |              |
| Risk Management                |        |              | tba                    |                  |              |



Office of the Police, Fire & Crime Commissioner for Northamptonshire and  
Northamptonshire Police

Internal Audit Progress Report 2019/20

December 2019

Presented to the Joint Independent Audit Committee meeting of: 11<sup>th</sup> December 2019



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- 02 Summary and conclusions from Internal Audit work to date
- 03 Performance

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- A4 Contact Details
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## 01 Introduction

- 1.1 The purpose of this report is to update the Joint Independent Audit Committee (JIAC) as to the progress in respect of the Operational Plan for the year ended 31<sup>st</sup> March 2020 which was considered and approved by the JIAC at its meeting on 20<sup>th</sup> March 2019.
- 1.2 The Police, Fire and Crime Commissioner and Chief Constable are responsible for ensuring that the organisations have proper internal control and management systems in place. In order to do this, they must obtain assurance on the effectiveness of those systems throughout the year, and are required to make a statement on the effectiveness of internal control within their annual report and financial statements.
- 1.3 Internal audit provides the Police, Fire and Crime Commissioner and Chief Constable with an independent and objective opinion on governance, risk management and internal control and their effectiveness in achieving the organisation's agreed objectives. Internal audit also has an independent and objective advisory role to help line managers improve governance, risk management and internal control. The work of internal audit, culminating in our annual opinion, forms a part of the OPFCC and Force's overall assurance framework and assists in preparing an informed statement on internal control.
- 1.4 Responsibility for a sound system of internal control rests with the Police, Fire and Crime Commissioner and Chief Constable and work performed by internal audit should not be relied upon to identify all weaknesses which exist or all improvements which may be made. Effective implementation of our recommendations makes an important contribution to the maintenance of reliable systems of internal control and governance.
- 1.5 Internal audit should not be relied upon to identify fraud or irregularity, although our procedures are designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control will not necessarily be an effective safeguard against collusive fraud.
- 1.6 Our work is delivered in accordance with the Public Sector Internal Audit Standards (PSIAS).

## 02 Summary of internal audit work to date

- 2.1 Since the last meeting of the JIAC we have issued one draft report in respect of the 2019/20 audit plan, this being in respect of Force Management of MFSS. Further details are provided in Appendix A1.

| Northamptonshire 2019/20 Audits | Report Status | Assurance Opinion | Priority 1 (Fundamental) | Priority 2 (Significant) | Priority 3 (Housekeeping) | Total     |
|---------------------------------|---------------|-------------------|--------------------------|--------------------------|---------------------------|-----------|
| Business Continuity             | Final         | Satisfactory      |                          | 1                        |                           | 1         |
| Complaints Management           | Final         | Satisfactory      |                          | 1                        | 2                         | 3         |
| Project Benefit Realisation     | Final         | Satisfactory      |                          | 2                        |                           | 2         |
| Absence Management              | Final         | Satisfactory      |                          | 4                        |                           | 4         |
| Force Management of MFSS        | Draft         |                   |                          |                          |                           |           |
| <b>Total</b>                    |               |                   |                          | <b>8</b>                 | <b>2</b>                  | <b>10</b> |

- 2.2 Scheduled audits that are currently in progress in quarter three include Core Financial Systems, GDPR and IT Security the remaining audits are on track to be completed during quarter four with the Governance audit already scheduled in for February and Health & Safety and Property Management scheduled for March. Further details are provided in Appendix A2.
- 2.4 As reported in the previous progress report, with regards the collaboration audits that form part of the internal audit plans for 2019/20, it was agreed at the Joint Chief Finance Officers meeting that a similar approach to 2018/19 will be taken whereby a number of 'themed' audits will be carried out across a sample of units. The proposed 'themed' audits are Performance Management, Business Continuity and Health & Safety. The Performance Management audit fieldwork is currently being completed and the terms of reference for the remaining two audits have been finalised. Fieldwork is due to commence in early 2020. .

## 03 Performance

3.1 The following table details the Internal Audit Service performance for the year to date measured against the key performance indicators that were set out within Audit Charter.

| No | Indicator  | Criteria   | Performance |
|----|--|--|-------------|
| 1  | Annual report provided to the JIAC                 | As agreed with the Client Officer                            | N/A         |
| 2  | Annual Operational and Strategic Plans to the JIAC | As agreed with the Client Officer                            | Achieved    |
| 3  | Progress report to the JIAC                        | 7 working days prior to meeting.                             | Achieved    |
| 4  | Issue of draft report                              | Within 10 working days of completion of final exit meeting.  | 80% (4/5)   |
| 5  | Issue of final report                              | Within 5 working days of agreement of responses.             | 100% (4/4)  |
| 6  | Follow-up of priority one recommendations          | 90% within four months. 100% within six months.              | Achieved    |
| 7  | Follow-up of other recommendations                 | 100% within 12 months of date of final report.               | N/A         |
| 8  | Audit Brief to auditee                             | At least 10 working days prior to commencement of fieldwork. | 100% (7/7)  |
| 9  | Customer satisfaction (measured by survey)         | 85% average satisfactory or above                            | 100% (2/2)  |

## Appendix A1 – Summary of Reports

No final reports have been issued since the last progress report.

## Appendix A2 Internal Audit Plan 2019/20

| Auditable Area                             | Plan Days | Planned Fieldwork Date | Actual Fieldwork Date | Draft Report Date | Final Report Date | Target JIAC | Comments   |
|--|-----------|------------------------|-----------------------|-------------------|-------------------|-------------|--|
| <b>Core Assurance</b>                      |           |                        |                       |                   |                   |             |  |
| Core Financial Systems                     | 18        | Dec 2019               |                       |                   |                   | Mar 2020    | Fieldwork starts 2 <sup>nd</sup> Dec.                  |
| Governance                                 | 10        | Feb 2020               |                       |                   |                   | Mar 2020    | Deferred to Q4 on request. Dates for fieldwork agreed. |
| <b>Strategic &amp; Operational Risk</b>    |           |                        |                       |                   |                   |             |  |
| IT Security                                | 10        | Nov 2019               |                       |                   |                   | Mar 2020    | Fieldwork Ongoing.                                     |
| Business Continuity                        | 10        | May 2019               | May 2019              | May 2019          | May 2019          | July 2019   | Final report issued.                                   |
| Force Management of MFSS Arrangements      | 7         | Oct 2019               | Oct 2019              | Nov 2019          |                   | Dec 2019    | Draft report with management, to be finalised shortly  |
| Project / Benefit Realisation              | 12        | Aug 2019               | Aug 2019              | Aug 2019          | Aug 2019          | Sept 2019   | Final report issued.                                   |
| Property Management                        | 10        | Mar 2020               |                       |                   |                   | July 2020   |  |
| General Data Protection Regulations (GDPR) | 7         | Nov 2019               |                       |                   |                   | Mar 2020    | Fieldwork Ongoing.                                     |
| Health & Safety                            | 10        | Mar 2020               |                       |                   |                   | July 2020   |  |
| Absence Management                         | 8         | July 2019              | July 2019             | July 2019         | July 2019         | Sept 2019   | Final report issued.                                   |
| Complaints Management                      | 8         | May 2019               | May 2019              | May 2019          | June 2019         | July 2019   | Final report issued.                                   |

| Auditable Area         | Plan Days | Planned Fieldwork Date | Actual Fieldwork Date | Draft Report Date | Final Report Date | Target JIAC | Comments          |
|------------------------|-----------|------------------------|-----------------------|-------------------|-------------------|-------------|-------------------|
| <b>Collaboration</b>   |           |                        |                       |                   |                   |             |                   |
| Performance Management | 12        | Oct 2019               | Nov 2019              |                   |                   | Mar 2020    | Fieldwork Ongoing |
| Business Continuity    | 12        | Jan 2020               |                       |                   |                   | Mar 2020    |                   |
| Health & Safety        | 12        | Feb 2020               |                       |                   |                   | Mar 2020    |                   |

## Appendix A3 – Definition of Assurances and Priorities

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

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



## Appendix A4 - Contact Details

### Contact Details

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## A5 Statement of Responsibility

### **Status of our reports**

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

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

*Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales to carry out company audit work.*



**AGENDA ITEM : 6a**

**NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER,  
NORTHAMPTONSHIRE POLICE and  
NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE**

**JOINT INDEPENDENT AUDIT COMMITTEE**

**11 DECEMBER 2019**

|                       |   |
|-----------------------|---|
| <b>REPORT BY</b>      | Business Planning Manager Julie Oliver        |
| <b>SUBJECT</b>        | Internal Audit Recommendations Summary Report |
| <b>RECOMMENDATION</b> | Committee to note report                      |

**1 PURPOSE OF THE REPORT**

- 1.1 This is the first Internal Audit plan carried out for Northamptonshire Fire and Rescue under the Governance of PFCC.
- 1.2 This report provides the Joint Independent Audit Committee (JIAC) with an update on the status of actions arising from recommendations made in internal audit reports.
- 1.3 The report contains actions arising from audits of both Northamptonshire Fire and Rescue Service and the Office of Northamptonshire Police and Crime Commissioner.

**2 OVERALL STATUS**

- The report shows 10 actions that have been identified and added from the first 6 internal audits.
- 3 actions have been completed.

- 7 actions have not yet reached their implementation date and remain ongoing.
- No actions have passed their implementation date and are overdue.

### **3 OVERVIEW**

#### **3.1 2019/20 Audits**

- 6 audits had been completed since the September JIAC making 10 recommendations.
- 3 actions have subsequently been completed and are closed.
- 7 have not yet reached their implementation date and remain ongoing.

3.2 The attached Summary of Internal Audit Recommendations Report shows details and the current status of all open audit actions.

3.3 The Fire Executive Board has oversight of all outstanding audit actions and directs the activities required to complete any actions that have passed their targeted implementation date.

#### **List of Appendices**

**Appendix 1:** Internal Audit recommendations Dashboard November 2019

## INTERNAL AUDIT RECOMMENDATIONS DASHBOARD

The required Audit opinion for every audit is provided in 3 parts as below:

| Control Environment Assurance |  |
|-------------------------------|--|
| Level                         | Definitions  |
| Substantial                   | Minimal control weaknesses that present very low risk to the control environment                               |
| Good                          | Minor control weaknesses that present low risk to the control environment                                      |
| Satisfactory                  | Control weaknesses that present a medium risk to the control environment                                       |
| Limited                       | Significant weaknesses that present a high risk to the control environment                                     |
| No Assurance                  | There are fundamental control weaknesses that present an unacceptable level of risk to the control environment |

| Compliance Assurance |   |
|----------------------|---|
| Level                | Definitions   |
| Substantial          | The control environment has substantially operated as intended although some minor errors have been detected. |
| Good                 | The control environment has largely operated as intended although errors have been detected                   |
| Satisfactory         | The control environment has mainly operated as intended although errors have been detected.                   |
| Limited              | The control environment has not operated as intended. Significant errors have been detected.                  |
| No Assurance         | The control environment has fundamentally broken down and is open to significant error or abuse.              |

| Organisational Impact |  |
|-----------------------|--|
| Level                 | Definitions  |
| Major                 | The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole |
| Moderate              | The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole   |
| Minor                 | The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole.                                 |

### Summary of Audit Outcomes

Audits are graded as No Assurance, Limited Assurance, Satisfactory Assurance, Good Assurance or Substantial Assurance for adequacy of system and compliance.


|            |   |        |   |   |   |   |
|------------|---|--------|---|---|---|---|
| Likelihood | H | S      | I | E | <b>The Agreed Actions are categorised on the following basis:</b> |   |
|            | M | S      | I | E |   |   |
|            | L | S      | S | I |   |   |
|            |   | L      | M | H |   |   |
|            |   | Impact |   |   |   |   |
|            |   |        |   |   | <b>Essential</b>  | Action is imperative to ensure that the objectives for the area under review are met.                     |
|            |   |        |   |   | <b>Important</b>  | Requires action to avoid exposure to significant risks in achieving objectives for the area under review. |
|            |   |        |   |   | <b>Standard</b>   | Action recommended enhancing control or improving operational efficiency.                                 |


## 2019/20


| AUDIT                     | DATE           | Adequacy of System | Compliance   | Organisational Impact of findings | Agreed Action plans |           |          |
|---------------------------|----------------|--------------------|--------------|-----------------------------------|---------------------|-----------|----------|
|                           |                |                    |              |                                   | Essential           | Important | Standard |
| Payroll                   | September 2019 | Good               | Good         | Minor                             | 0                   | 0         | 2        |
| Accounts payable          | September 2019 | Good               | Limited      | Moderate                          | 3                   | 0         | 0        |
| Accounts receivable       | September 2019 | Satisfactory       | Satisfactory | Minor                             | 0                   | 1         | 1        |
| Organisational Governance | October 2019   | Good               | Good         | Minor                             | 0                   | 0         | 2        |
| Policies & Procedures     | October 2019   | Good               | Satisfactory | Moderate                          | 0                   | 0         | 1        |
| Scheme of Delegation      | October 2019   | Good               | Limited      | Moderate                          | 0                   | 0         | 0        |
| Target Operating Model    | October 2019   |                    |              |                                   |                     |           |          |
| MTFP                      |                |                    |              |                                   |                     |           |          |
| ICT systems security      |                |                    |              |                                   |                     |           |          |


## OUTSTANDING RECOMMENDATIONS

**Key to Status**

 Action completed since last report


 Action ongoing

 Action outstanding and past its agreed implementation date

 Action no longer applicable or superseded by later audit action

### 2019/20

#### Payroll – October 2019

|   | Weakness/Risk   | Recommendation   | Priority | Management Response  | Timescale/ responsibility | Status   |
|---|---|--|----------|--|---------------------------|--|
| 1 | <p><b>WEAKNESS:</b></p> <p>Evidence was not made available as part of the internal audit to support mileage claims (fuel receipts).</p> <p><b>RISK:</b></p> <p>There is the risk that HMRC challenges and demands repayment of Input VAT claimed by NCFRA on expenses, if no supporting evidence has been retained.</p> | <p>Consider reviewing the wording of the Travel and Expenses Policy from “Employees must keep all receipts relating to claims made for up to six years.</p> <p>It is important that these receipts are retained, as they will need to be provided in the event of a VAT inspection. Failure to provide receipts covering business travel and expense claims made could result in the organisation paying back thousands of pounds to HMRC. Employees should ensure that all receipts are provided to managers on termination of employment.”</p> <p>To ensure that evidence is available for inspection as detailed at <a href="https://www.gov.uk/employer-reporting-expenses-benefits/record-keeping">https://www.gov.uk/employer-reporting-expenses-benefits/record-keeping</a></p> | standard | Assistant Chief Fire Officer Corporate Services to task an update to the Business Travel and Expenses Policy to include the retaining of receipts. | 31.12.2019                |  |

## Payroll – October 2019

|   | Weakness/Risk  | Recommendation  | Priority | Management Response  | Timescale/ responsibility | Status |
|---|--|---|----------|--|---------------------------|--------|
| 2 | <p><b>WEAKNESS:</b></p> <p>NCFRA do not receive reports from LGSS including monthly sign off reports, net pay variance, pay analysis reports, BACS listing or any summaries.</p> <p><b>RISK:</b></p> <p>Inappropriate payments made to staff.</p> <p>Actuals of staff salaries may not be as budgeted.</p> | NCFRA to liaise with LGSS to obtain monthly reports to aide management review of payroll to ensure the accuracy and completeness of payments made to staff. | Standard | <p>Head of Finance</p> <p>Reports will be requested from LGSS by 31/12/19</p> <p>If agreed by LGSS, reports will be used and in place from 1/4/20.</p> | 01.04.2020                |        |

## Accounts Payable – October 2019

|   | Weakness/Risk  | Recommendation   | Priority  | Management Response   | Timescale/ responsibility | Status |
|---|--|--|-----------|---|---------------------------|--------|
| 1 | <p><b>WEAKNESS:</b></p> <p>Evidence of quotations was not provided to support transactions of below £10k or between £10k and £25K.</p> <p><b>RISK:</b></p> <p>NCFRA could be paying too much for goods, services or works. Reputational risk of accusation of fraud or corruption.</p> | <p>OPFCC/NCFRA management to ensure that all budget holders are reminded of the requirements for evidence to be retained to support every transaction in line with the requirements within the NCFRA Corporate Governance Framework.</p> <p>(It was suggested that a Requisition to Order proforma be devised to support the ordering of goods, services and works).</p> | Essential | <p>Chief Fire Officer to task to Project Director of Enabling Services/ Procurement Board guidance notes for purchase orders to be produced and procurement policy reviewed.</p> <p>Quotes/evidence of value for money can be attached to ERP requisitions.</p> <p>Example Req231801862 PO no 31180002032 (quote attached).</p> | 31.03.2020                |        |



### Accounts Payable – October 2019

|   | Weakness/Risk  | Recommendation  | Priority  | Management Response  | Timescale/<br>responsibility | Status |
|---|--|---|-----------|--|------------------------------|--------|
| 2 | <p><b>WEAKNESS:</b></p> <p>Evidence was not provided to support transactions with a value of £25K or higher.</p> <p><b>RISK:</b></p> <p>NCFRA could be paying too much for goods, services or works. Reputational risk of accusation of fraud or corruption.</p> | <p>A procurement panel has been set up. The panel intend to complete a full review of all Suppliers where spend exceeds £25K with support from the East Midlands Strategic Commercial Unit.</p> <p>Actions will be taken to ensure that contracts or frameworks are agreed following on from formal tendering processes in line with the guidance within the NCFRA Corporate Governance Framework and the advice or collaboration with EMSCU.</p> | Essential | Chief Fire Officer to task to Project Director of Enabling Services/ Procurement Board to progress with support of EMSCU | 31.03.2020                   |        |

### Accounts Payable – October 2019

|   | Weakness/Risk  | Recommendation   | Priority  | Management Response   | Timescale/<br>responsibility | Status |
|---|--|--|-----------|---|------------------------------|--------|
| 3 | <p><b>WEAKNESS:</b></p> <p>Order dates on ERP later than the date on the invoice – retrospective orders.</p> <p><b>RISK:</b></p> | NCFRA will ensure that all expected expenditure will be committed on ERP at the beginning of the year. | Essential | Chief Fire Officer to task Project Director of Enabling Services/ Procurement Board Guidance notes for purchase orders (identified above) to include this | 31.03.2020                   |        |

|  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
|  | <p>Non-compliance with NCFRA Corporate Governance Framework</p> <p>Overspend – no commitment accounting</p> | <p>NCFRA will regularly review purchase order requisitions against invoice dates to ensure the problem of retrospective orders has improved. (As detailed within the NCFRA Corporate Governance Framework at D3 Ordering of Goods and Services point 2 of the Key Controls it states “All orders should be raised at the time of placing the order and not on receipt of the goods/services or invoice.”)</p> |  | <p>direction. Service wide communications to follow up will be required.</p> |  |  |
|--|---|---|--|--|--|--|

### Accounts Receivable – October 2019

|   | Weakness/Risk  | Recommendation   | Priority         | Management Response   | Timescale/ responsibility | Status |
|---|--|--|------------------|---|---------------------------|--------|
| 1 | <p><b>WEAKNESS:</b></p> <p>The Chargeable Services Policy dated August 2013 (B33) is out of date.</p> <p><b>RISKS:</b></p> <ul style="list-style-type: none"> <li>•This could result in NCFRA not collecting all monies due and income may therefore not be as budgeted.</li> <li>•Reputational risk</li> <li>•Misappropriation</li> </ul> | <p>NCFRA to review and update the Chargeable Services Policy (B33) to ensure that all special services to be charged are administered correctly in order that income is collected in line with the requirements within the NCFRA Corporate Governance Framework.</p> | <b>Important</b> | <p>Area Manager Operations to task to Joint Operations Manager to review and update the policy.</p> | 31.03.2020                |        |

## Accounts Receivable – October 2019

|   | Weakness/Risk  | Recommendation  | Priority | Management Response  | Timescale/<br>responsibility | Status |
|---|--|---|----------|--|------------------------------|--------|
| 2 | <p><b>WEAKNESS:</b></p> <p>There is no process in place for checking the details on the FB009 form against the current scale of charges for Special Services, to ensure accuracy, before the forms are entered onto the ERP system.</p> <p><b>RISK:</b></p> <ul style="list-style-type: none"> <li>•Reputational risk for NCFRA if charges are not accurate</li> <li>•Possible legal action to challenge the charges made</li> </ul> | <p>NCFRA to implement a checklist for use by the Service Information Team that checks the completion of the FB009 in its entirety including the amount detailed for charges for the Special Services and evidence that the customer has been notified of any discrepancy between the FB009 and the sales invoice. This could either be a separate sheet or a modification to the existing FB009 form.</p> | Standard | <p>Assistant Chief Fire Officer Corporate Services to task review of checklist and FB009.</p> <p>Due date in line with policy review</p> | 31.03.2020                   |        |

## Policies and Procedures – November 2019

|   | Weakness/Risk   | Recommendation   | Priority | Management Response   | Timescale/<br>responsibility | Status |
|---|---|--|----------|---|------------------------------|--------|
| 1 | <p><b>WEAKNESS:</b></p> <p>Not all new employees have completed the Workplace Induction Checklist.</p> <p><b>RISK:</b></p> <p>If employees do not act in accordance with NCFRA policies and procedures it could lead to reputational risks of fraud and corruption.</p> | <p>All new starters to read policies and procedures in order to complete the Workplace Induction Checklist.</p> <p>Evidence of completed Workplace Induction Checklist held for all employees (including retired fire fighters</p> | Standard | <p>Assistant Chief Fire Officer Corporate Services to task to Service Information Manager.</p> <p>Completed.</p> <p>Update from R Porter 22.11.2019</p> <p>Checklist in policy; outdated documents have been removed from NFRS systems;</p> | 30.11.2019                   |        |

|  |  |                                |  |  |  |
|--|--|--------------------------------|--|--|--|
|  |  | who commence retained duties). |  |  |  |
|--|--|--------------------------------|--|--|--|

### Organisational Governance – November 2019

|   | Weakness/Risk  | Recommendation   | Priority | Management Response   | Timescale/ responsibility | Status |
|---|--|--|----------|---|---------------------------|--------|
| 1 | <p><b>WEAKNESS:</b></p> <p>FEG - The minutes of the subsequent meetings/decision logs do not detail all of the actions detailed from the previous meeting.</p> <p><b>RISK:</b></p> <p>Actions may be missed and therefore the PFCC and CFO may not have a clear oversight of key organisational issues to ensure that NCFRA is operating effectively and efficiently in line with the IRMP and Fire and Rescue Plan.</p> | <p>To have a standing agenda item at each FEG meeting to review actions from previous meetings.</p> <p>Minutes of meetings to include details of updates/completion of actions from previous meetings.</p> | Standard | <p>Chief Fire Officer</p> <p>Completed.</p> <p>Update from R Porter 22.11.2019</p> <p>FEG standing agenda item added.</p> | 30.11.2019                |        |

### Organisational Governance – November 2019

|   | Weakness/Risk  | Recommendation   | Priority | Management Response   | Timescale/ responsibility | Status |
|---|--|--|----------|---|---------------------------|--------|
| 2 | <p><b>WEAKNESS:</b></p> <p>The OPFCC website under the About the Role link has not been sufficiently updated to include details of the PFCC's responsibilities for NCFRA as detailed within the NCFRA Corporate Governance Framework.</p> <p><b>RISK:</b></p> <p>The PFCC may not be seen as delivering all of his responsibilities as required within the Fire and Rescue National Framework for England and the Fire and Rescue Services</p> | <p>Review and update the OPFCC website to better reflect the PFCC's responsibilities for NCFRA</p> | Standard | <p>Paul Fell</p> <p>Updated and actions completed Update from P Fell 25.11.19</p> <p><a href="http://www.northantspfcc.org.uk/about/about-the-role/">http://www.northantspfcc.org.uk/about/about-the-role/</a></p> <p><a href="http://www.northantspfcc.org.uk/fire-and-rescue-plan/">http://www.northantspfcc.org.uk/fire-and-rescue-plan/</a></p> | 30.11.2019                |        |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <p>Act 2004. The lack of published clarity over the role on the OPFCC website may therefore result in unknown governance control over NCFRA, unclear partnership working with other agencies to ensure services and support for the population of Northamptonshire are met and lack of clarity on how he intends to improve local relationships with citizens and the Fire Service.</p> |  |  |  |  |  |
|---|--|--|--|--|--|



**Item: 6b**

## **Report to the Joint Independent Audit Committee 11 December 2019**

### **Internal Audit Recommendations Summary Report**

#### **RECOMMENDATION**

The Committee is asked to note this report.

#### **1 PURPOSE OF THE REPORT**

- 1.1 This report provides the Joint Independent Audit Committee (JIAC) with an update on the status of actions arising from recommendations made in internal audit reports.
- 1.2 The report contains actions arising from audits of both Northamptonshire Police and the Office of Northamptonshire Police and Crime Commissioner

#### **2 OVERALL STATUS**

- The report shows 36 actions that were open following the last JIAC meeting or have subsequently been added.
- 3 actions have been completed.
- 1 action has been superceded and is no longer applicable.
- 20 actions not yet reached their implementation date and remain ongoing.
- 16 actions have passed their implementation date and are overdue.

#### **3 OVERVIEW**

##### **3.1 2016/17 Audits**

- 11 audits were completed making 60 recommendations.
- 1 action remained open following the September JIAC meeting.
- 1 action has passed its implementation date and is overdue.

##### **3.2 2017/18 Audits**

- 11 audits were completed making 93 recommendations.
- 13 actions remained open following the September JIAC.
- 2 actions have subsequently been completed and are closed.
- 5 have not yet reached their implementation date and remain ongoing.
- 8 have passed their implementation date and are overdue.

### 3.3 **2018/19 Audits**

- 9 audits were completed making 39 recommendations.
- 16 actions remained open following the September JIAC.
- 3 action have subsequently been completed and are closed.
- 6 have not yet reached their implementation date and remain ongoing.
- 7 actions have passed their implementation dates and are overdue.

### 3.4 **2019/20 Audits**

- 4 audits had been completed prior to the September JIAC making 10 recommendations.
- 6 actions remained open following the September JIAC.
- 3 have subsequently been completed and are closed.
- 3 have not yet reached their implementation date and remain ongoing.

3.5 The attached Summary of Internal Audit Recommendations Report shows details and the current status of all open audit actions.

3.6 The Force Assurance Board has oversight of all outstanding audit actions and directs the activities required to complete any actions that have passed their targeted implementation date.

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## **EQUALITY, DIVERSITY AND HUMAN RIGHTS IMPLICATIONS**

None

## **HUMAN RESOURCES IMPLICATIONS**

None

## **RISK MANAGEMENT IMPLICATIONS**

None.

## **ENVIRONMENTAL IMPLICATIONS**

None

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Strategic Development, Risk and Business  
Continuity Advisor

### **Chief Officer Portfolio Holder:**

Simon Nickless, Deputy Chief Constable

### **Background Papers:**

Summary of Internal Audit Recommendations  
for JIAC November 2019

## INTERNAL AUDIT RECOMMENDATIONS DASHBOARD

### Summary of Audit Outcomes

Audits are graded as No Assurance, Limited Assurance, Satisfactory Assurance or Significant Assurance. Some thematic audits are advisory only and not graded. Recommendations are prioritised as Priority 1 (Fundamental), Priority 2 (Significant) or Priority 3 (Housekeeping) to reflect the assessment of risk associated with the control weaknesses.

### Northants Audits

#### 2016/17

| AUDIT  | DATE           | GRADE                  | RECOMMENDATIONS MADE |            |            |
|--|----------------|------------------------|----------------------|------------|------------|
|  |                |                        | Priority 1           | Priority 2 | Priority 3 |
| OPCC Victims Code                                    | June 2016      | Limited Assurance      | 0                    | 7          | 3          |
| Complaints Management                                | June 2016      | Satisfactory Assurance | 0                    | 2          | 2          |
| Firearms Licensing                                   | September 2016 | Satisfactory Assurance | 0                    | 2          | 1          |
| Financial Planning & Savings Programme               | November 2016  | Satisfactory Assurance | 0                    | 3          | 1          |
| Code of Corporate Governance                         | November 2016  | Satisfactory Assurance | 0                    | 4          | 3          |
| Procurement Follow Up – EMSCU level purchases > £25k | November 2016  | Limited Assurance      | 2                    | 3          | 1          |
| Procurement Follow Up – Local level purchases < £25k |                | Satisfactory Assurance |                      |            |            |
| Business Continuity                                  | December 2016  | Satisfactory Assurance | 0                    | 2          | 3          |
| ICT Review   | January 2017   | Satisfactory Assurance | 0                    | 3          | 1          |
| Walgrave Wellbeing Centre                            | January 2017   | Limited Assurance      | 2                    | 4          | 0          |
| Risk Management                                      | February 2017  | Satisfactory Assurance | 0                    | 5          | 0          |
| Capital Expenditure                                  | April 2017     | Limited Assurance      | 3                    | 2          | 1          |

#### 2017/18

| AUDIT                         | DATE      | GRADE             | RECOMMENDATIONS MADE |            |            |
|-------------------------------|-----------|-------------------|----------------------|------------|------------|
|                               |           |                   | Priority 1           | Priority 2 | Priority 3 |
| Audit Committee Effectiveness | June 2017 | Not Rated         | 0                    | 7          | 4          |
| Seized Property               | July 2017 | Limited Assurance | 4                    | 4          | 0          |



| AUDIT                    | DATE          | GRADE                  | RECOMMENDATIONS MADE |            |            |
|--------------------------|---------------|------------------------|----------------------|------------|------------|
|                          |               |                        | Priority 1           | Priority 2 | Priority 3 |
| Victims Code of Practice | July 2017     | Not Rated              | 0                    | 5          | 1          |
| Fleet Management         | August 2017   | Satisfactory Assurance | 0                    | 4          | 0          |
| Procurement Follow-up    | November 2017 | Satisfactory Assurance | 0                    | 4          | 0          |
| Core Financial Systems   | December 2017 | Satisfactory Assurance | 0                    | 7          | 3          |
| Data Quality             | January 2018  | Satisfactory Assurance | 0                    | 3          | 3          |
| Financial Planning       | February 2018 | Satisfactory Assurance | 0                    | 2          | 4          |
| Estates Management       | March 2018    | Limited Assurance      | 1                    | 4          | 1          |
| Crime Management         | May 2018      | Substantial Assurance  | 0                    | 0          | 4          |
| Counter Fraud Review     | May 2018      | Not Rated              | 3                    | 14         | 11         |

### 2018/19

| AUDIT                                   | DATE          | GRADE                  | RECOMMENDATIONS MADE |            |            |
|---|---------------|------------------------|----------------------|------------|------------|
|   |               |                        | Priority 1           | Priority 2 | Priority 3 |
| Absence Management & Wellbeing          | July 2018     | Limited Assurance      | 1                    | 2          | 2          |
| Northants Police - IT Strategy          | August 2018   | Satisfactory Assurance | 0                    | 1          | 1          |
| Victims Voice                           | October 2018  | Satisfactory Assurance | 0                    | 2          | 2          |
| Seized Property                         | November 2018 | Limited Assurance      | 2                    | 4          | 0          |
| MFSS Contract Management                | December 2018 | Limited Assurance      | 2                    | 2          | 0          |
| GDPR                                    | February 2019 | Limited Assurance      | 4                    | 0          | 4          |
| Service Delivery Model                  | February 2019 | Satisfactory Assurance | 0                    | 4          | 0          |
| Risk Management                         | April 2019    | Satisfactory Assurance | 0                    | 3          | 2          |
| Performance, Skills & Talent Management | 14 May 2019   | Satisfactory Assurance | 0                    | 1          | 0          |

### 2019/20

| AUDIT                 | DATE         | GRADE                  | RECOMMENDATIONS MADE |            |            |
|-----------------------|--------------|------------------------|----------------------|------------|------------|
|                       |              |                        | Priority 1           | Priority 2 | Priority 3 |
| Business Continuity   | 31 May 2019  | Satisfactory Assurance | 0                    | 1          | 0          |
| Complaints Management | 04 June 2019 | Satisfactory Assurance | 0                    | 1          | 2          |

| AUDIT                          | DATE           | GRADE                  | RECOMMENDATIONS MADE |            |            |
|--------------------------------|----------------|------------------------|----------------------|------------|------------|
|                                |                |                        | Priority 1           | Priority 2 | Priority 3 |
| Project / Benefits Realisation | 22 August 2019 | Satisfactory Assurance | 0                    | 2          | 0          |
| Absence Management & Wellbeing | 22 July 2019   | Satisfactory Assurance | 0                    | 4          | 0          |

### **Summary of Audit Recommendations Progress**

This table shows a summary of the progress made on new audit recommendations raised at each JIAC during the current year and annual totals for previous years where audit recommendations are still active.

#### **Position as at 10 September 2019**

| Previous Years Audits  | Totals for 2016/17 | Totals for 2017/18 | Totals for 2018/19 | 2019/20 Audits         | Reported to JIAC 26 Jul 19 | Reported to JIAC 30 Sep 19 |  |  |  | Totals for 2018/19 |
|------------------------|--------------------|--------------------|--------------------|------------------------|----------------------------|----------------------------|--|--|--|--------------------|
| Recommendations Raised | 60                 | 93                 | 39                 | Recommendations Raised | 4                          | 6                          |  |  |  | <b>10</b>          |
| Complete               | 59                 | 80                 | 23                 | Complete               | 3                          | 1                          |  |  |  | <b>4</b>           |
| Ongoing                | 0                  | 5                  | 9                  | Ongoing                | 1                          | 5                          |  |  |  | <b>6</b>           |
| Overdue                | 1                  | 8                  | 7                  | Overdue                | 0                          | 0                          |  |  |  | <b>0</b>           |

#### **Position as at 19 November 2019**

| Previous Years Audits  | Totals for 2016/17 | Totals for 2017/18 | Totals for 2018/19 | 2019/20 Audits         | Reported to JIAC 26 Jul 19 | Reported to JIAC 30 Sep 19 | Reported to JIAC 11 Dec 19 |  |  | Totals for 2018/19 |
|------------------------|--------------------|--------------------|--------------------|------------------------|----------------------------|----------------------------|----------------------------|--|--|--------------------|
| Recommendations Raised | 60                 | 93                 | 39                 | Recommendations Raised | 4                          | 6                          | 0                          |  |  | <b>10</b>          |
| Complete               | 59                 | 80                 | 27                 | Complete               | 4                          | 3                          | 0                          |  |  | <b>7</b>           |
| Ongoing                | 0                  | 5                  | 6                  | Ongoing                | 0                          | 3                          | 0                          |  |  | <b>3</b>           |
| Overdue                | 1                  | 8                  | 6                  | Overdue                | 0                          | 0                          | 0                          |  |  | <b>0</b>           |

## OUTSTANDING RECOMMENDATIONS

**Key to Status**



Action completed since last report



Action ongoing



Action outstanding and past its agreed implementation date



Action no longer applicable or superseded by later audit action

**2016/17**

### Risk Management – February 2017

|     | Observation/Risk  | Recommendation  | Priority | Management Response  | Timescale/ responsibility                           | Status |
|-----|---|---|----------|--|---|--------|
| 4.5 | <p><b>Training for OPCC Staff</b></p> <p><i>Observation:</i> In order to ensure that staff have the appropriate skills to identify, report and assess risks to their service areas, they should be provided with adequate and appropriate risk management and/or awareness training.</p> <p>Discussion with the Director of Delivery and Director of Resources and Governance confirmed that the risk management processes within the OPCC are currently under review and a new working methodology for risk management is to be implemented. This includes the use of the IPSO Risk Management software. The Director of Delivery has been trained on IPSO as he will be the officer who updates the system and it is not expected that any other members of staff will require access.</p> <p>However, other members of staff within the OPCC will require training on the new risk management processes, including their roles/responsibilities. Training was not provided on the previous methodology and will be required once the new risk management working practices have been finalised. At the time of the audit no training had been provided.</p> <p><i>Risk:</i> If staff do not have adequate risk management skills, key risks may not be identified and managed effectively across the OPCC.</p> | <p>Key staff within the OPCC should receive appropriate risk management training, whilst wider risk awareness should be developed across the OPCC including training on the new risk management processes implemented.</p> <p>A recommendation regarding training for OPCC staff was raised within the 2015/16 internal audit report of risk management. (OPCC)</p> | 2        | <p>The risk lead in the OPCC recognises this issue. The OPCC lead is currently reviewing and refreshing the OPCC risk policy. Once completed this will be shared with all staff and will be the subject of a whole team briefing to aid understanding. Training and awareness briefings will be arranged and delivered to all staff on the identification of, adoption of and management of risks.</p> <p>The lead officer is seeking to source more formalised training for himself. All of this will be documented for next audit.</p> <p>Update – The OPCC and Force are currently exploring joint training to be undertaken by an external provider in spring/summer 2018.</p> <p>Update: May 2018: The OPCC are seeking to procure new Risk management software with the Force and training will be undertaken after it is in place. This remains ongoing.</p> <p>Update August 2018 – New risk management training for the OPCC and Force is being developed in conjunction with Gallagher Bassett. Draft training material has been produced and is being evaluated prior to roll out of the training later in the year.</p> <p>Update Jan 2019 – The new risk management system is anticipated to be implemented in March 2019. The risks training will then be scheduled to be delivered.</p> | Paul Fell,<br>Director for Delivery<br>October 2017 |        |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
|  |  |  |  | <p>Update May 2019 – Training on the new system is scheduled for the beginning of July 2019. General risk management training will then be developed to be rolled out for all managers.</p> <p>Update – Training in the 4Risk system has been provided to key staff from the OPFCC and Force. General risk management training is being developed alongside Gallagher Bassett and this will be provided to all key staff.</p> |  |  |
|--|--|--|--|---|--|--|

## 2017/18

### Data Quality – January 2018

|     | Observation/Risk   | Recommendation  | Priority | Management response   | Timescale/responsibility   | Status |
|-----|--|---|----------|---|--|--------|
| 4.1 | <p><b>Niche Governance</b></p> <p><i>Observations:</i> When the Force adopted the Niche system a Niche Governance Board was set up to monitor any issues that the Force were facing in regard to the new system. Audit were informed that the Board meet on a quarterly basis and discuss wide ranging issues, from local governance to more operational issues such as data quality. Audit confirmed this through the Action Log that is maintained for this group. Whilst the Board does have a documented Terms of Reference in place it has not been reviewed or updated since its creation in 2014. In addition to the Niche Governance Board, a quarterly Data Quality Working Group meeting is held with leads of departments attending, including the Crime Management and Intelligence department, to discuss the operational issues. Whilst an action log is maintained to track the work this group is undertaking, there is no Terms of Reference in place that clearly sets out the role and responsibility that this group has.</p> <p>Moreover, there are two further groups who have a role in managing data quality in respect of Niche – the Regional Data Quality Team and the Local Data</p> | <p>The Force should put in place clear terms of reference for the Niche Data Quality Working Group. The Terms of Reference should include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Purpose</li> <li>• Scope</li> <li>• Membership</li> <li>• Decision making authority</li> <li>• Reporting Requirements</li> <li>• Frequency of meetings</li> <li>• Review period for terms of reference</li> </ul> <p>Moreover, the roles and responsibilities for data quality of the system should be clearly stated within the Terms of Reference of all Governance Groups for the Niche System, including the Regional &amp; Local Data Quality Teams.</p> | 2        | <p>Agreed. It would be best practice to update the Terms of Reference for the Niche Governance Board and review the remit of the Niche Working Group to ensure no duplication of responsibilities.</p> <p>Update - The terms of reference will be for review and update/resign off when the next governance board happens.</p> <p>Update - The Niche team, and interested parties, are working together to decide on ownership, format and frequency of ongoing meetings, and what that will look like is yet to be determined.</p> <p>There have been no further Niche governance boards to revisit or agree terms of reference, and the Business user group, which is looking to become a core part of the ownership of the strategy is also currently looking at how it will be run, governed etc. in the future with a new chair.</p> <p>The Data Quality strategy will not be updated to dictate what has been done so</p> | <p>Niche Operational Lead<br/>Jim Campbell<br/>30th April 2018</p> <p>Revised date 30 June 2018</p> <p>Advised June 2019 that Mark Manning is now the lead for this.</p> |        |

|  | Observation/Risk  | Recommendation | Priority | Management response   | Timescale/<br>responsibility | Status |
|--|---|----------------|----------|---|------------------------------|--------|
|  | <p>Quality Team. However, it is unclear on the remit and role of each team in dealing with data quality issues relating to Niche.</p> <p><i>Risk:</i> There is a lack of clear governance underpinning the management and maintenance of Niche.</p> |                |          | <p>far, but will be based on the new models once agreed.</p> <p>There is also national strategic prioritisation regarding data quality emerging which may also influence Northants next steps.</p> <p>Update Jan 19 - Due to significant capacity challenges, our limited size team has focused on priorities agreed through the Change Board to improve transparency and solutions to data quality issues:</p> <ul style="list-style-type: none"> <li>• Pronto – delivery of this middleware solution provides the opportunity to define and mandate inputting to agreed business rules, resulting in the greatest likelihood of improving data quality.</li> <li>• Qlik (proof of concept, business case and implementation of an enterprise solution) – this Visual Analytics platform provides self-serve access to near real time visualisations that allow better resource management, improved performance, a reduction in harm, mitigation of risk and a potential future reduction in more manual data mining work and associated software licences. There will be much greater transparency of data quality issues, empowering individuals and supervisors to take more ownership in addressing these and avoiding common mistakes.</li> </ul> <p>Update – The Regional Data Quality Team have produced a document outlining their roles and responsibilities. Det Supt Vernon has arranged to meet with key staff to review and formalise the internal governance arrangements.</p> <p>Update – A new Niche Governance Board is being established with relevant individuals informed and a first meeting to be arranged.</p> |                              |        |


|     | Observation/Risk  | Recommendation  | Priority | Management response   | Timescale/ responsibility  | Status |
|-----|---|---|----------|---|--|--------|
|     |   |   |          | <p>Update October 2019– The First Force Niche Strategy Meeting has taken place and a schedule of future meetings planned. Representation from key business area's are present.</p> <p>This will provide the forum to ultimately resolve this risk.</p> <ul style="list-style-type: none"> <li>➤ The Force has met with the Home Office and is in the process of setting up the Data quality dashboard for the force. This will inform our decisions in this area. ETA November 2019. This can be used to inform Regional and Local Data Quality Responsibilities.</li> <li>➤ A Draft National Data Quality Strategy is about to enter consultation, an early version has been obtained by the force.</li> </ul> |  |        |
| 4.2 | <p><b>Niche Data Quality Strategy</b></p> <p><i>Observations:</i> A Data Quality Strategy for the Niche system was been completed and signed off by the Deputy Chief Constable in February 2017. The aims of the Strategy is "to ensure that Northamptonshire has a system that can best protect people from harm, with consistently applied standards that deliver accurate statistics that are trusted by the public and puts the needs of victims at its core".</p> <p>The strategy sets out a number of tasks that it would like to achieve and the next steps that should be taken to deliver these.</p> <p>However, it was found that there is currently no monitoring of these next steps to ensure the aims of the strategy are being achieved.</p> <p><i>Risk:</i> Failure to achieve the aims of the Data Quality Strategy.</p> | <p>The Data Quality Strategy for the Niche system should be owned by the Niche Governance Board and it should be reviewed at each meeting to ensure that the achievements and next steps set out in the strategy are being delivered.</p> | <b>2</b> | <p>Agreed. The performance monitoring on the strategy had yet to be completed although this has been identified and will be carried out.</p> <p>Update – EH is updating the strategy ahead of handover as business as usual.</p> <p>Update – as per 4.1</p>   | <p>Niche Operational Lead<br/>Jim Campbell<br/>30th April 2018</p> <p>Revised date 30 June 2018</p> <p>Advised June 2019 that Mark Manning is now the lead for this.</p> |        |
| 4.6 | <p><b>Performance Reporting of Data Quality</b></p> <p><i>Observation:</i> The Force have developed a number of monitoring tools for data quality, including an application that reviews data quality issues within Niche, as well as a dashboard for individuals to see data quality issues.</p>   | <p>The Force should develop the reporting functionality of the data quality application to allow for effective performance reports on data quality issues to be utilised</p>  | <b>3</b> | <p>The performance team at the Force are already developing the reporting functionality across the Force systems. Liaison will be done with the Performance Team to ensure appropriate reports can be</p>   | <p>Niche Operational Lead<br/>Jim Campbell<br/>30th June 2018</p>  |        |

|  | Observation/Risk  | Recommendation   | Priority | Management response  | Timescale/<br>responsibility   | Status |
|--|---|--|----------|--|--|--------|
|  | <p>The data quality application allows an oversight of the data quality issues by volume, however there is no regular reporting of this performance data. Audit were informed that a Business Objectives reporting tool can summarise the data but is unable to track it over time to show the trend of issues being reported.</p> <p>Moreover, as the version of Niche used by the Force is the same as the regional partners, there is an opportunity for being able to benchmark the Force's data quality performance against other Forces to provide a contrast in data quality performance.</p> <p><i>Risk:</i> The data quality performance of the Force is unknown by key decision makers.</p> | <p>by those charged with governance of the system.</p> |          | <p>utilised in the management of data quality within Niche.</p> <p>The business intelligence tool we are looking to implement shortly will help increase the visibility of data quality issues. A project team is being established to progress a proof of concept and we have a good case study from another force to develop from.</p> <p>Update Jan 19 - The Data Quality App developed in ISD as a temporary measure to monitor key data quality issues is not the forces long term solution. Development resources are being recruited to support the rollout of more advanced functionality within Qlik, learning lessons from the Qlik Data Quality App and Dashboards developed in Avon &amp; Somerset. In the interim, The Regional Niche Data Quality Team manage key data quality issues on a daily basis, resolving duplicates and providing feedback in force. Summary statistics are then made available to assess ongoing trends. The Performance Team will also highlight and escalate Data Quality issues on a regular basis through to the Force Strategy Board.</p> <p>Update October 2019 – Discussions to take place with Qlik leads to review the Force Data Quality Dashboard (once available, ETA November 2019) to review and potentially present data quality issues to the end users to generate better awareness of the causes and hopefully task the correction of.</p> | <p>Advised June 2019 that Mark Manning is now the lead for this.</p> |        |

## Crime Management – May 2018

|     | Observation/Risk   | Recommendation   | Priority | Management response  | Timescale/<br>responsibility   | Status |
|-----|--|--|----------|--|--|--------|
| 4.1 | <p><b><u>Clear Roles &amp; Responsibilities</u></b></p> <p><i>Observation:</i> The Service Delivery Model was implemented by the Force in October 2017 and included changes to the way that the Force manages the incidents and crimes that are reported. The changes were designed to deliver efficiencies and ensure compliance with the National Incidents and National Crime Recording Standards throughout the process. Whilst the teams included as part of the process remain the same – Force Control Room and Crime Management Unit – their roles have changed slightly as to when a crime or incident is recorded, including the introduction of a new Managed Appointments Unit.</p> <p>The intranet provides the Force with details about each department and the Force Control Room and the Crime Management Unit have a page on the intranet. However, it was noted that the intranet pages have not been updated post the Service Delivery Model going live and therefore they are not in line with the current processes followed.</p> <p><i>Risk:</i> Lack of clarity within crime recording and crime management leading to failure to comply with relevant standards and regulations.</p> | <p>The roles and responsibilities stated on the intranet, for the departments involved in crime management and crime recording, should be updated to reflect the changes since the Service Delivery Model went live.</p> | 3        | <p>There are a number of changes in the next month with the crime allocation policy being finalised and Sgts being able to file crimes directly. The page will be refreshed/updated over the next month in line with these changes, this is an ongoing piece of work.</p> <p>Update – 06/08/18 - The Crime Allocation Policy is still awaiting agreement by Chief Officers. In addition there is now an ongoing review, Op Stereo, around demand management and resources. As soon as the policy is agreed the intranet will be updated.</p> <p>Update – 29/10/18 - The Crime Allocation policy has not yet been approved by Senior management. This may not be approved quite yet due to another structural crime review taking place.</p> <p>Update Jan 2019 – The new policy has been drafted in line with the further review of the Force structure and is currently being reviewed by the Head of Crime.</p> <p>Update – As part of the FP20 review a new Desktop Investigation team (static investigations) is being created from 1<sup>st</sup> July and there is a matrix detailing allocation of volume crime.</p> <p>The Crime Allocation Policy is still in draft form, it is awaiting further review and analytical work to see what the volume looks like.</p> <p>Update – The Interim Crime Allocation Policy was approved by the Force Executive Meeting on 02 August and subsequently published.</p> | <p>DI Tania Ash<br/>Head of Crime Management Unit</p> <p>31 July 2018</p> <p>Expected to be completed by end of September 2019</p> |        |



|  | Observation/Risk | Recommendation | Priority | Management response   | Timescale/ responsibility | Status |
|--|------------------|----------------|----------|---|---------------------------|--------|
|  |                  |                |          | <p>Update Oct 2019 – A request has been made to Forcenet administration to replace the existing CMU webpage with the attached revised information.</p>  <p>The role of the Crime Management Unit (2).</p> <p>The request includes the removal of docs that are irrelevant such as the old "screening and allocation" policies to be replaced with the two new policies (Proportionality policy and Interim allocation policy).</p> |                           |        |

### Counter Fraud Review– May 2018

|   | Recommendation  | Rationale   | Priority | Management response  | Timescale/ responsibility | Status |
|---|---|---|----------|--|---------------------------|--------|
| <b>EMSCU - Data Handling in the Procurement Process</b> |   |   |          |  |                           |        |
| 1   | OPCCN and Northamptonshire Police should consider moving the definitions sections to the start of the process.  | Staff should ensure they have a clear understanding of the terms referred to within the policy prior to reading it. | 3        | <p>Noted.</p> <p>EMSCU is a regional unit so this is not necessarily a matter for the Force.</p> <p>To be remitted to the EMSCU lead</p> <p>Update - The Policy is a regional Unit Policy and was reviewed last in Oct 2018 by the lead force and agreed; further variations will be reviewed in Oct 2019 to be agreed at the EMSCU board.</p> | Head of EMSCU             |        |
| 3   | OPCCN and Northamptonshire Police should update the third bullet point within section 4 policy statement to refer to the Information Security Policy. | It currently refers to the Security Policy, however we assume this is a typo.                                       | 3        | <p>Noted</p> <p>Update – The Force Information Security Manager has confirmed the process should refer to the Information Security Policy. This action is being reallocated to the Head of EMSCU.</p> <p>Update - The Policy is a regional Unit Policy</p>   | Head of EMSCU<br>30/09/18 |        |

|  | Recommendation   | Rationale  | Priority | Management response  | Timescale/<br>responsibility                   | Status |
|--|--|--|----------|--|--|--------|
|  |  |  |          | and was reviewed last in Oct 2018 by the lead force and agreed; further variations will be reviewed in Oct 2019 to be agreed at the EMSCU board.   |  |        |
| 4  | OPCCN and Northamptonshire Police should ensure that where decisions are made at the pre-tender stage, these decisions are documented and stored on file.  | Page 3 includes the decision made by the IAO as to which category of the data handling schedule should be included.<br>OPCCN and Northamptonshire Police should ensure that all procurement decisions are documented on file.                      | 2        | Noted.<br>EMSCU is a regional unit so this is not necessarily a matter for the Force.<br>To be remitted to the EMSCU lead<br>Update - Pre Procurement decisions are captured via the SOR/STA process and these are stored on the Crystal system.   | Head of EMSCU                                  |        |
| <b>EMSCU - Policy SME Friendly Procurement</b> |  |  |          |  |  |        |
| 1  | OPCCN and Northamptonshire Police should remind staff that although some of the rules with regards to SME tender exercises differ from normal exercises, staff must still comply with rules set out in the Business Interests and Additional Employment Procedure. | Staff may become complacent when dealing with smaller suppliers. It should be made clear that declarations of interest are still vitally important and if any conflicts of interest arise, staff should remove themselves from the tender process. | 2        | Noted.<br>EMSCU is a regional unit so this is not necessarily a matter for the Force.<br>To be remitted to the EMSCU lead.<br>Update - EMSCU run procurements for the force for any spend over £25k; all procurement rules are adhered to and staff are advised throughout the process of the rules.   | Head of EMSCU                                  |        |
| <b>Gifts and Hospitality Procedure</b>         |  |  |          |  |  |        |
| <b>Information Security Policy</b>             |  |  |          |  |  |        |
| 1  | OPCCN and Northamptonshire Police should make clear what they are referring to by the acronym 'ACC' within section 4.1.  | It is currently unclear as to who OPCCN and Northamptonshire Police is referring to. The policy needs to be as easy to understand as possible.   | 3        | Noted<br>Update - The policy review will be finalised by end of Sep 2018, at which point it will be considered whether a full re-write of the policy is needed. If full re-write is required this will be post appropriate accreditation for the author.<br><br>Update Feb 2019 – The IS policies have not yet been updated. The Information Security Strategy was given priority, and | Force Information security manager<br>30/09/18 |        |

|   | Recommendation   | Rationale   | Priority | Management response  | Timescale/<br>responsibility                   | Status |
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|   |  |   |          | the policies will be reviewed/rewritten in line with the new strategy.<br><br>Update Oct 2019 - This reference has been changed to "Deputy Chief Constable (DCC)".   |  |        |
| 2 | OPCCN and Northamptonshire Police should update section 4.5.1 'All Staff' to include the following:<br>'Staff should advise line managers and the Information Security Officer, as appropriate, of any potential weaknesses in information security or associated procedures'.   | This is proactive and should reduce future breaches or issues related to information security.  | 2        | Noted<br>Update - This will be reflected as part of the review at point 1<br><br>Update Oct 2019 - "Staff are obliged to report any security breaches, near misses or potential weaknesses in Information Security, including people, processes and technology weaknesses, to the Information Security Officer (via Force Form 1010)". | Force Information security manager<br>30/09/18 |        |
| 3 | OPCCN and Northamptonshire Police should update section 6 'All Staff' to include the following:<br>'Where staff are unclear on any matters relating to the implementation and application of this policy, they should seek clarification from the Information Security Officer or the Senior Information Risk Officer'.  | This area of information security can often be complicated. This demonstrates a clear line of communication if staff are not clear on the policy. | 3        | Noted<br>Update - This will be reflected as part of the review at point 1<br><br>Update Oct 2019 - Section 6 has been provisionally removed as part of the wider review but the suggested wording has been added to section 4.3 below the list of procedures (except SIRO reference is corrected to - Senior Information Risk Owner).  | Force Information security manager<br>30/09/18 |        |
| 4 | OPCCN and Northamptonshire Police should update Section 6 to include related documents. Some examples are:<br><ul style="list-style-type: none"> <li>• Computer Misuse Act 1990;</li> <li>• Copyright, Designs and Patents Act 1988;</li> <li>• Civil Contingencies Act 2004;</li> <li>• Freedom of Information Act 2000;</li> <li>• General Data Protection Regulation 2016 (as of 25 May 2018);</li> <li>• Human Rights Act 1998; and</li> </ul> | It is important that staff are aware of relevant legislation and documentation.   | 3        | Noted<br>Update - This will be reflected as part of the review at point 1<br><br>Update Oct 2019 - Section 6 has been provisionally removed as part of the wider review but the examples have been added to Section 3 - Legislative Compliance   | Force Information security manager<br>30/09/18 |        |

|                             | Recommendation   | Rationale   | Priority | Management response   | Timescale/<br>responsibility                                   | Status |
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|                             | <ul style="list-style-type: none"> <li>Official Secrets Acts 1911, 1920 and 1989.</li> </ul>   |   |          |   |  |        |
| <b>Scheme of Governance</b> |  |   |          |   |  |        |
| 2                           | OPCCN and Northamptonshire Police should make reference to the Intellectual Property Act (2014) within Appendix 1.   | Appendix 1, Section C6 currently refers to intellectual property. However, it does not mention the act by which it is governed.   | 3        | <p>Noted.<br/>EMSCU is a regional unit so this is not necessarily a matter for the Force.<br/>To be remitted to the EMSCU lead</p> <p>Update - The Scheme of Governance is an OPFCC document, not an EMSCU one.<br/>The Corporate Governance Framework issued in April 2018 included comments and input from all key partners and is a Joint Governance Framework for the Force and OPFCC.<br/>The recommendation will be considered and if appropriate, wording updated in the review which is scheduled to take place in the Summer of 2019. Revised completion date is October 2019.</p> <p>Update Oct 2019 - The review of the Corporate Governance Framework will incorporate these queries and be completed by the end of December 2019</p> | <p>Head of EMSCU</p> <p>OPFCC<br/>Oct 2019</p> <p>Dec 2019</p> |        |
| 3                           | With regards to the use of procurement cards, OPCCN and Northamptonshire Police should consider a 'key control' concerning a review of the actual purchases. | <p>Appendix 1, Section D9 currently details a review of who the cards are issued to and the limits on each card. However, it does not refer to the type of spend permitted on these cards.</p> <p>It is important that staff do not purchase items for personal use or items that could bring OPCCN and Northamptonshire Police into disrepute.</p> | 1        | <p>Noted.<br/>EMSCU is a regional unit so this is not necessarily a matter for the Force.<br/>To be remitted to the EMSCU lead</p> <p>Update - The Scheme of Governance is an OPFCC document, not an EMSCU one.<br/>The Corporate Governance Framework reflects the separate policies and financial instructions in place for Procurement Cards which will include how and when they are to</p>   | <p>Head of EMSCU</p> <p>OPFCC<br/>Oct 2019</p>                 |        |

|   | Recommendation  | Rationale  | Priority | Management response   | Timescale/ responsibility                      | Status |
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|   |   |  |          | <p>be used.</p> <p>The Corporate Governance Framework issued in April 2018 included comments and input from all key partners and is a Joint Governance Framework for the Force and OPFCC.</p> <p>The recommendation will be considered alongside the separate policies and financial instructions and if appropriate, wording updated in the review which is scheduled to take place in the Summer of 2019. Revised completion date is October 2019.</p> <p>Update Oct 2019 - The review of the Corporate Governance Framework will incorporate these queries and be completed by the end of December 2019</p>  | Dec 2019                                       |        |
| 4 | OPCCN and Northamptonshire Police should update the EU Procurement Thresholds. Supplies and services are now £181,302 (€221,000) and works are now £4,551,413 (€5,548,000). | Appendix 2, Appendix C details the old thresholds. The thresholds have been updated and are effective from 1 January 2018. | 2        | <p>Noted.</p> <p>EMSCU is a regional unit so this is not necessarily a matter for the Force.</p> <p>To be remitted to the EMSCU lead</p> <p>Update - The Scheme of Governance is an OPFCC document, not an EMSCU one.</p> <p>The Corporate Governance Framework issued in April 2018 included comments and input from all key partners and is a Joint Governance Framework for the Force and OPFCC.</p> <p>The recommendation will be considered and appropriate wording used to reflect that thresholds do change (and it is too big a document to update for every such change – this happens annually) and included in the review which is scheduled to take place in the Summer of 2019. Revised completion date is October 2019.</p> | <p>Head of EMSCU</p> <p>OPFCC<br/>Oct 2019</p> |        |

|  | Recommendation | Rationale | Priority | Management response  | Timescale/<br>responsibility | Status |
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|  |                |           |          | Update Oct 2019 - The review of the Corporate Governance Framework will incorporate these queries and be completed by the end of December 2019 | Dec 2019                     |        |

**2018/19**

**Seized Property – November 2018**

|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/ responsibility   | Status |
|-----|---|---|----------|--|---|--------|
| 4.1 | <p><b>Property Recording</b><br/> <i>Observation:</i> Audit carried out visits to two temporary stores to carry out testing to confirm that property records matched actual items in store. Audit testing found:</p> <ul style="list-style-type: none"> <li>323 items were recorded in the property management system but only 135 could be located</li> <li>26 items were physically in the property stores but were not recorded as being in that location on the property management system.</li> </ul> <p>There were similar findings in last years audit. Since last year a number of communications have been issued across the Force to remind officers and staff of the correct procedures to be followed when handling seized property.<br/> <i>Risk:</i> Where items are not tracked there is a risk of property going missing. This questions the integrity of the underlying records held on the NICHE system and could lead to reputational damage should key evidence or individuals' property be unable to be located.</p> | <p>There are a number of recommendations to address the root causes of these errors including – training and store audits (see 4.3 &amp; 4.4 below). The Force should continue with regular communications to help raise awareness of the issues.</p> <p>The Detained Property Team should review the items that audit could not locate and carry out inquiries to ensure they are located.</p> | 1        | <p>A business case was agreed for growth within the department, which will enable us to effect audits more frequently.</p> <p>The increased staffing will enable the investigation of anomalies and the development of officer training for the appropriate management of property. We have changed the rota, to include the investigation of anomalies.<br/> <i>Update - Recruitment progressed, interviews completed. Predominately external appointments which will be subject the vetting delays, hence anticipated starting Sept 19. Proposed start date for implementing new responsibilities i.e. training &amp; coaching officers - Oct 19.</i></p> <p>Communications will continue to be sent i.e. update circulated last week regarding electronic exhibits. See also 4.3 &amp; 4.4 for further staff engagement activities.<br/> <i>Update - Comms ongoing – i.e. shortly be circulating a new cash seizure protocol which will address the Insurance issues around cash holdings.</i></p> <p>There are issues with the data extracts from Niche, in that incorrect data is returned due to limitations of the system. A business objects universe has been developed, and staff from Property, are working with corporate development to develop accurate reports to be used in place of the existing Niche reports. Testing/quality assurance will take place</p> | <p>Detained Property Senior Manager<br/>           Sep 2019 - team growth (extended timeframe to include recruitment, training and implementation)<br/>           Coms Ongoing</p> <p>Dec 2018<br/> <i>Reporting development has commenced following a delayed start. Report testing and implementation should be complete by Mar 2019.</i></p> |        |

|  | Observation/Risk | Recommendation | Priority | Management response   | Timescale/<br>responsibility       | Status |
|--|------------------|----------------|----------|---|------------------------------------|--------|
|  |                  |                |          | <p>and should be finalised by the end of December 2018.<br/> Update - Testing/quality assurance should be finalised by the end of March 2019.<br/> Update – The Performance Team have to resource assistance to work with Michael Wrighton to produce and test the required reports which will be in place before the next audit</p> <p>Update Oct 2019 - Communications continue, for example we are shortly launching the 'Cash Counting Protocol' &amp; a coms package is being developed for circulation to support this and instruct officers accordingly. In respect of training, in addition to circulated coms, a Forcenet site is in development to support officers. A new staff model &amp; related timeline is linked to recruitment and the last staff to join will be in post for the 14/10/19. Following a training period, the new staff model will be implemented w.e.f. 1/12/19, whereby our Evidential Property (EP) officers will geographically base themselves to complete the required audits and train and coach officers. The Property Senior manager engages operational leads, to escalate issues. Temporary store audits are already rostered to identify and resolve discrepancies between Niche reports reflecting property held verses actual property held in temporary stores, which will be enhanced when the new staff model is implemented as above.</p> <p>The items that the auditors could not locate in the store have subsequently been located and the records on Niche corrected. Discrepancies will continue to occur due to human error (i.e. officers placing items in the wrong location, moving items for collection and not updating Niche etc.)</p> | <p>New staff model<br/>1/12/19</p> |        |



|     | Observation/Risk   | Recommendation   | Priority | Management response  | Timescale/<br>responsibility  | Status |
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|     |  |  |          | These are identified by the audits which currently take place monthly. With effect from 01/12/19 the new staffing model will allow these audits to take place on a weekly basis which will enable discrepancies to be corrected earlier.   |   |        |
| 4.2 | <p><b><u>NICHE Reports</u></b><br/> <i>Observation:</i> When audit carried out the testing to reconcile items recorded on the system to the physical location, a report from the Niche system provided the current items held within the store.<br/> The shelves within the temporary stores are numbered 1 – 31 and the date they are booked into the store should be the corresponding shelf number where they are stored. Therefore a report run on a set date should detail all items held on that particular shelf.<br/> However, it was identified by the Property Officers that when they ran reports on a set date, the reports included other items that had been actioned on these dates as well as those booked in on those days. Therefore the reports may not detail the exact location of the item when running this report type.<br/> The reporting capabilities of the Niche system are limited, however the Force are able to use Business Objects software to extract data from the Niche system. More accurate reporting would assist in quickly identifying the location of property held within the temporary stores.<br/> <i>Risk:</i> The Force are unaware of the full picture in regards to detained property as reports are unable to be produced to demonstrate key statistics.</p> | The detained property team should explore any reporting capabilities that will assist them in the management of detained property. | 2        | <p>Further to the comments in 4.1 re Niche reporting, the volume of property occurrences and associated property items causes difficulties with business object reports. Further work is required to assess how this can be improved, i.e. increasing the levels of accountability e.g. additional property locations, meaning reports are run for smaller volumes.<br/> Update - Property holding locations have been increased to support reporting functionality.</p> <p>Niche reports are limited, hence we reply on BOXI for reports that enable us to understand our property holdings and their status, and provide management oversight. Due to the volume of exhibits i.e. if you have 1 Niche location with 20000 exhibits (small items such as DNS samples) in that location, the BOXI system cannot cope with the volumes when searching the location, or return any data. Through increasing the locations, we are reducing the number of items/entities that Boxi is trying to report on, hence improving our ability to interrogate.</p> <p>We are also reviewing the management of temporary stores (shelves/collections etc). This includes comparisons to regional partner’s processes such as the introduction of a red/amber/green method as opposed to the use of dated shelves, to</p> | <p>Detained Property Senior Manager<br/> Mar 2019</p> <p>May 2019 (review &amp; implementation)</p> <p>CDD &amp; EP report collaboration ongoing. Some reports already created &amp; being tested. Others</p> |        |

|     | Observation/Risk   | Recommendation  | Priority | Management response  | Timescale/ responsibility   | Status |
|-----|--|---|----------|--|---|--------|
|     |  |   |          | <p>see if there are any improvements and efficiencies that can be made.<br/>Update - Review completed &amp; no benefits identified. Reporting improvements &amp; changes in staff responsibilities will support reporting requirements &amp; outcomes</p> <p>Update Oct 2019 - There are issues with the data extracts from Niche that are being investigated. A business objects universe has also been developed by Northants, to improve reporting capability. Evidential Property manager met with Sarah Crampton from the Corporate Development Department (CDD) &amp; others nominated from her team, and both teams continue to develop required reports including management oversight.</p>  | in development for Dec 2019   |        |
| 4.3 | <p><b>Property Audits</b><br/><i>Observation:</i> During the previous audit visit it was recommended that periodic audits of the temporary stores should be carried out to identify any missing items or incorrectly recorded items on the system so that remedial action can be taken.<br/>The Detained Property Team are now carrying out periodic audits of the temporary stores on a rotational basis in line with their collections.<br/>Where errors are found during the audits, officers responsible for the items are emailed and chased to locate the item or correctly record them in the system where applicable. However, an overall summary of the audits is not reported which increases the risk that senior officers are unaware of the current status of detained property around the region.<br/><i>Risk:</i> Actions are not taken to address issues that the property stores audits are highlighting.</p> | <p>The property audit process should be developed to ensure a summary of findings is appropriately reported to senior officers so that action can be taken to address the issues found in a timely manner.<br/>The Property Team should consider rolling out further audits of high risk areas such as Cash Valuables, Freezer, Firearms and Ammunition stores on a periodic basis to confirm items are correctly recorded.</p> | 2        | <p>The CJU senior management team circulate comms to the force via Force media avenues and via senior officers (chief superintendents &amp; Inspectors). CJU Senior management attend Force area SMT's where possible, to discuss ongoing issues. The approved business case and subsequent growth will enable us to affect audits more frequently, including the Cash Valuables, Freezer, Firearms and Ammunition stores.<br/>The increased staffing will facilitate the production of detailed reports for senior officers to understand and address issues in a timely manner.<br/>Update - See also 4.1 &amp; 4.2 above. A cash seizure protocol will address control issues, whereby facilities will support officers counting cash. The protocol also supports an exercise to be commenced in July, to count and bank all cash holdings.</p> | <p>Detained Property Senior Manager Ongoing</p> <p>Further to 4.1 .2- Sep 2019 (extended timeframe to include recruitment, training and implementation)</p> <p>Protocol &amp; cash counting to be implemented once stakeholder agreement confirmed,</p> |        |

|     | Observation/Risk   | Recommendation  | Priority | Management response   | Timescale/<br>responsibility  | Status |
|-----|--|---|----------|---|---|--------|
|     |  |   |          | <p>The increased staffing will facilitate the production of detailed reports for senior officers to understand and address issues in a timely manner and support the ongoing audits, including that of high value items</p> <p>Update - Reports to provide senior officers with information and oversight of property holdings are in development as referred above in 4.2. Known issues are reported by the Evidential property manager to senior officers or at SMT's. High risk audits have been completed for required areas including the safe/strong room, firearms and drugs holdings. Audits continue and frequency will increase when new staff model implemented.</p> <p>The evidential property position is discussed at the Criminal Justice Department Senior Management meeting and the Crime Command Senior Leadership team meeting each month. In addition reports have previously been provided for the Accountability Board, the Force Strategic Board and the Force Assurance Board.</p> | <p>expected Aug 19.</p> <p>New staff model - 1/12/19<br/>CDD &amp; EP report collaboration ongoing. Some reports already created &amp; being tested. Others in development for Dec 2019</p> |        |
| 4.4 | <p><b>Training</b><br/><i>Observation:</i> During the previous audit a recommendation was raised in regards to providing Officers with training to ensure that the correct processes were being followed when managing detained property. This was raised following audit findings that highlighted a number of cases where property was not recorded correctly. Due to lack of staffing resources there has been no roll out of detailed training as yet. Discussions with the Head of Detained Property confirmed that communications have been sent since the last audit however, due to staff shortages they have been unable to roll out detailed training as they had hoped to do.</p> | <p>The Force should proceed with plans to roll out further training with officers to ensure that property is correctly recorded. The Detained Property Team should consider updating their staff skills matrix to include the collection and transportation of detained property.</p> | 2        | <p>As per 4.3, discussions are held at a senior level to highlight areas of concern. As part of core training, new officers receive an input on property; however there is no mechanism for ongoing training. The approved business case will mean an increase in team leader posts, with additional resource to drive and facilitate a training program.</p> <p>Update - The new agreed structure includes coaching &amp; training as referred above.</p>  | <p>Detained Property Senior Manager<br/>Sep 2019 (extended timeframe to include recruitment, training and implementation)</p> <p>RFC timescales are Minerva</p>                             |        |

|     | Observation/Risk   | Recommendation   | Priority | Management response   | Timescale/responsibility   | Status |
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|     | <p>The Staff within the Detained Property Team have a training skills matrix to ensure the staff are fully competent in their duties. This was introduced three years ago and the staff who have been their longer than this have not completed the matrix as they are considered competent, It was noted that the Transport of Property between the temporary stores and central stores was missing from the current skills matrix.</p> <p><i>Risk:</i> Staff do not record the location and movements of detained property leading to lost items that could affect criminal prosecutions.</p>  |  |          | <p>The CJU senior manager is progressing a Niche 'request for change – RFC', which will change the way officers manage their property, streamlining processes. This will require a program of training which the new team leader posts will support.</p> <p>In respect of the training skills matrix, this has been adjusted to include the audit recommendation regarding transport</p> <p>Update - The Evidential Property (EP) Team updated their staff skills training matrix to include the collection and transportation of detained property as recommended by Mazars. The training matrix referred by Mazars reflects the tasks &amp; responsibilities that EP staff must demonstrate competency in, to pass their probation.</p> <p><b>Item Cleared</b></p> <p>The new staff model includes the required element of staff training, along with the development of the Forcenet Website to support this, as referred above.</p> | <p>(external company) dependant, but hopefully by Dec 2019.</p> <p><b>Cleared</b></p> <p>New staff model - 1/12/19. A Northants 'Request For Change (RFC)' has been submitted to simplify how officers manage property directly in Niche. This is Minerva dependant for implementation and no timeframe has been provided despite chasers.</p> |        |
| 4.5 | <p><b>Disposals</b></p> <p><i>Observations:</i> It was noted during the previous audit that the Detained Property Team had a backlog of items that were approved for disposal but, due to a lack of resources within the team, they had been unable to action the items awaiting disposal. Audit were informed that whilst additional resources have been added to the team, these took some time to put in place and therefore the team have only been able to deal with the current daily workloads from May 2018 onwards. As a consequence, there has not been a concentrated effort to reduce the back log. At the time of audit visit it was confirmed that there are 8,125 items that are awaiting disposal.</p> | <p>Actions to address the backlog of items for disposal should be agreed upon and implemented.</p> | 2        | <p>The approved business case included finances to recruit a team dedicated to clearing the backlogs in 1 year, from an agreed date when the recruited staff can be appointed.</p> <p>As an interim measure, a change in rotas and responsibilities has meant we have managed to chip away and clear some of the backlogs, such as sealed sacks and return to owner shelves. Work will continue to tackle the backlogs and this has been factored to provide a revised FTE</p>  | <p>Detained Property Senior Manager 1 year from team appointment. Initially the management post will be recruited, then the backlog team. All posts will need to be</p>  |        |

|  | Observation/Risk   | Recommendation | Priority | Management response  | Timescale/<br>responsibility   | Status |
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|  | <p>Audit were informed that Process Evolution undertook an independent review of the resourcing required to address the backlog. Their findings are due to be presented at the Change Board with associated options that could be taken to address this issue moving forward.</p> <p><i>Risk:</i> Inefficient use of detained property resources by retaining items beyond their required retained date. Potential breaches of legislation by holding items that are required to be disposed of.</p> |                |          | <p>requirement for the backlog team to complete the remaining backlogs when appointed.</p> <p>Update - Backlog team all now appointed and working through, investigating and disposing of property holdings.</p> <p>Niche tasks reduced from 12000 to less than 1000.</p> <p>Update - The backlog team have been appointed however there were vetting delays, which have resulted in the work not progressing as quickly as planned. Outside of core/new daily business, to date the backlog team have: cleared 27897 disposals, audited 77,471 centrally held exhibits, cleared a backlog of 1706 return to owner exhibits, counted 437 cash exhibits to support the Cash &amp; Income Generation officer (must be 2 individuals per count), audited and cleared 69,100 exhibits from bulk stores. They are now completing the second sweep of the central store, reviewing property pre Dec 2013 &amp; taking investigative decisions &amp; have reviewed and resolved 690 exhibits to date. This work will take considerable time, however frees up officer capacity in reviewing these property items. Once all pre 2013 is complete, they will move forward year by year, until all property has been reviewed in conjunction with the Core team. They have also supported the core team to clear a backlog of 12000 Niche tasks. Salthouse Road has also been cleared of all Evidential Property Some items remain outstanding including the clearance of Evidential Exhibits at the Campbell Square Basement, the continuing investigation &amp; clearance of all property orphans and the cleansing of Niche records linked to Genie requirements for RRD.</p> | <p>established via finance and human resources, and then recruited. Vetting currently has delays of a minimum of 12 weeks. Estimated timeframe for the completion of all backlog work outstanding will therefore be Mar 2020.</p> <p>Sept 2020 . Extension / roll over of finances required to complete this work due to the delayed commencement of the team and associated works. Estimated Sep 2020, reports once provided by CDD will identify a clearer forecast for this work and the required timeframe for completion.</p> |        |

|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/<br>responsibility   | Status |
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|     |   |   |          | The rollover of finances has been requested and the budget set to reflect this. However, the final budget will not be agreed until Jan/Feb 2020.   |  |        |
| 4.6 | <p><b>Cash Handling</b></p> <p><i>Observations:</i> When cash is detained by officers it is required to be counted with two officers present in a secure location. When this is not available, cash is bagged uncounted to be counted at a later time when this procedure can be complied with.</p> <p>Audit were informed that the central store does not have a 'sterile' room facility where cash can be safely and securely counted and therefore cash can remain uncounted for some time.</p> <p>It was noted that the Head of Detained Property has been working with the Financial Investigation Unit to develop appropriate procedures so that cash can be counted safely, securely and in a timely manner moving forward. However, this is still in development and it was noted that 157 items of uncounted cash were held within the Central Stores Safe at the time of audit visit.</p> <p><i>Risk:</i> Where cash is not counted the Force are not insured for the amount held, also the amount held may be in breach of the insurance limits.</p> <p>When cash may be returned to the owner, the integrity of a police officer may be questioned if the amount seized has not been stated on seizure.</p> | Appropriate procedures should be developed so that cash held within the Central Property Safe is counted for insurance and safeguarding purposes. | 1        | <p>The business case covered the risks in this area. Security has been significantly increased at the central detained property store. DP staff do not currently have a sterile room that meets the requirements for cash to be counted, and this is not part of their role.</p> <p>The Financial Crime team are kindly supporting DP, and a plan is in development for ongoing support in the short and medium term. Once the new Manager is appointed as part of the business case, they will need to review the roles of the team and include the development of the appropriate facilities and responsibility for this function.</p> <p>Update - Further to 4.3 above. A new cash seizure protocol is to shortly be introduced and will require officers to count cash which will be banked at the earliest opportunity, reducing Northants Police liability. The protocol also supports an exercise to be commenced in July, to count and bank all existing cash holdings.</p> <p>In addition, a Cash &amp; Income generation officer has been appointed and due to commence on the 15<sup>th</sup> July, and will oversee and address any cash related issues and set up an income generation scheme.</p> <p>Update – July 2019 – The new Cash Seizure Protocol has been drafted and circulated for comment by 12 August 2019.</p> | <p>Detained Property Senior Manager</p> <p>Mar 2019</p> <p>Aug 2019</p> <p>Ongoing</p> |        |

|  | Observation/Risk | Recommendation | Priority | Management response   | Timescale/<br>responsibility | Status |
|--|------------------|----------------|----------|---|------------------------------|--------|
|  |                  |                |          | <p>The Force are also procuring two devices to count, photograph and capture the serial numbers of detained cash.</p> <p>Update Oct 19 - A full audit of the safe/strong room was completed. Use of this space has changed, ensuring appropriate usage of the environment, and CCTV is installed and active, providing a deterrent should this be required. A full count of all cash holdings has been completed by the new Evidential Cash &amp; Income Generation officer, with support for the backlog team. We are currently holding (cash) £ 816,090.29. We are unable to bank case seized under PACE and only bank under PPA regulations or banked as POCA by FIU. A cash Seizure protocol has been developed by the Evidential Property manager with support from Financial Crime, and will be implemented 1/10/19, whereby all exhibits will be counted by officers to ensure insurance and audit requirements are met</p> <p>The cash seizure protocol was published on 04 October. Recommended for closure.</p> |                              |        |

## MFSS Contract Management – December 2018

|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/ responsibility   | Status |
|-----|---|---|----------|--|---|--------|
| 4.2 | <p><b>Performance Management</b></p> <p><i>Observation:</i> It has been acknowledged by the Force that the current service level agreement and associated key performance indicators between the Force and MFSS are being reviewed and updated. Audit were informed work is ongoing to finalise these and put them in place. In the meantime it was noted that some interim KPI's are being delivered at the Service Review Meeting between the Force and MFSS. These are currently focused on Finance and HR specifically and no overall review of total services is able to be effectively carried out.</p> <p>Audit found that the performance information that was provided to the Joint Oversight Committee was the same as the performance information provided at the Management Board. These groups have a different focus (strategic versus operational) and therefore would require differing information to allow for effective oversight and scrutiny of MFSS performance across the totality of services provided.</p> <p>From the performance information that was provided to the Force, there was a lack of analytical information that would allow context and root causes to be identified. One omission from the performance data was the number of errors that had occurred throughout the different service levels.</p> <p>MFSS have a complaints process that should be followed when individuals are not happy with the level of service received. They will investigate and resolve the matter within a set time frame. However, it was noted that the number of complaints received, investigated and resolved are currently not reviewed or reported as part of the performance information provided at any of the governance forums.</p> <p><i>Risk:</i> Poor performance by the shared service is not timely identified so appropriate actions can be put in place to address.</p> <p>The shared service fails to deliver the expected service to the Force</p> | <p>The Force should ensure that the updated SLA with MFSS is put in place as soon as possible to ensure effective performance indicators can be established.</p> <p>The Force should review the performance information that would be most relevant at each of the governance forums then work with MFSS to ensure they receive this information.</p> <p>The number of individual complaints raised and managed by MFSS should be centrally co-ordinated by the Force and form part of the service review meeting.</p> <p>Any unsatisfactory responses to complaints by MFSS should be escalated through the governance structure accordingly to ensure effective performance management.</p> | 1        | <p>Agreed</p> <p>The performance information is considered at the management Board and these papers will be made available to Force staff to review.</p> <p><u>Update Aug 2019</u><br/>MFSS have appointed a Customer Relations Manager who will manage this area of business.</p> <p>A new SLA has not yet been produced but progress is being made via the Management Board with regards to a 'recovery plan'. KPIs are being produced and monitored at both the Management Board and Service Review meetings.</p> <p><u>Update Nov 2019</u><br/>A performance measures workshop took place in November and a new framework is being developed between the partners.</p> | <p>Force MFSS Leads<br/>31 March 2019</p> <p>MFSS<br/>31 March 2019</p> |        |
| 4.3 | <b>Quality Control</b>  |   |          |  |   |        |



|  | Observation/Risk  | Recommendation   | Priority | Management response   | Timescale/<br>responsibility              | Status |
|--|---|--|----------|---|---|--------|
|  | <p><i>Observation:</i> The terms of reference for the Optimisation Board states that they will provide direction to the individual Business Process Transformation groups to drive improvements in the service processes and maintained an improvement plan. There are seven BPTs:</p> <ul style="list-style-type: none"> <li>- Purchase to Pay / Accounts &amp; Payables (Finance)</li> <li>- Recruit to Retire (HR)</li> <li>- Record to Report</li> <li>- Duty Planning</li> <li>- Logistics</li> <li>- Technology</li> <li>- Estates &amp; Facilities</li> </ul> <p>As previously mentioned in Recommendation 4.1, not all the groups have been meeting to carry out this review, with Duty Planning, Logistics and Estates &amp; Facilities having not met regularly to carry out their roles.</p> <p>However, the Optimisation Board does maintain an Improvement Plan that lists specific activities that are to be completed across the service lines. Audit reviewed the latest version of the plan and found that there are 38 open activities made up of 14 'not started', 22 'work in progress' and 2 'on hold'. For each activity it includes the area of service, the relevant BPT, an activity owner and an activity lead, although one key omission is a target / expected date of completion. Whilst not all start dates or date activity agreed was included on the plan, where dates were noted these dated back as far as 2014 in some cases.</p> <p>The improvement plan did include a prioritisation matrix of effort versus benefit for each activity listed to help the Board ensure they focus efforts in the right areas. However, due to the lack of target dates for completion, a large number of improvement activities are still outstanding.</p> <p>The Force were able to provide audit with a number of examples when the data they received from MFSS was not in line with their expectations. Whilst this included the process to 'pause' service requests when MFSS return queries to the Force, the number of paused SR's are not part of any monitoring or performance</p> | <p>The Improvement Plan should be updated to include target completion dates for activities to ensure MFSS and Partners are held to account for non-delivery of activities, the Force should raise this at the Optimisation Board.</p> <p>The Force should co-ordinate its data quality issues internally across the totality of services and ensure this is fed back to the MFSS Business Relationship Manager.</p> | 2        | <p>Agreed</p> <p><u>Update Aug 2019</u><br/>The Optimisation Board was deemed ineffective and subsequently discontinued.</p> <p>There is now a new more rigorous governance structure which includes the Service Review Sub-Committee (SISC) which meets monthly to review and task areas for improvement and to track progress.</p> <p>The BPTs have been replaced with Workstream Meetings that address more detailed issues and feed into the other boards so there is clear accountability and visibility.</p> <p><u>Update Nov 2019</u><br/>Further enhancements to the governance/meetings will be made now that Simon Roscoe is in post as Interim Head of MFSS.</p> <p>TO CLOSE</p> | <p>Force MFSS Leads<br/>31 March 2019</p> |        |

|            | Observation/Risk  | Recommendation  | Priority | Management response   | Timescale/ responsibility  | Status |
|------------|---|---|----------|---|--|--------|
|            | <p>review at present. Internally the Force does not co-ordinate the data quality issues across the totality of services.</p> <p><i>Risk:</i> Failure of the partners and MFSS to complete improvement activities leading to a poor quality service.</p> <p>Failure of the Board to hold individuals to account for nondelivery.</p> <p>Failure to evaluate the quality of data being used to scrutinise MFSS</p>  |   |          |   |  |        |
| <b>4.4</b> | <p><b>Governance, Communication &amp; Co-ordination</b></p> <p><i>Observation:</i> The Shared Service Joint Oversight Committee and Management Board terms of reference are set out in the Collaboration Agreement and the creation of the Optimisation Board, Business Process Transformation groups &amp; a Service Review Group has been developed. Audit reviewed the governance system in place and found that there are a number of ongoing reviews within the current governance structure:</p> <ul style="list-style-type: none"> <li>- The Collaboration Agreement itself is currently under review;</li> <li>- Optimisation Boards terms of reference has been re-drafted and is being re-named Service Improvement Sub- Committee;</li> <li>- A review of the BPT's role in the governance system is being undertaken.</li> </ul> <p>Moreover, it was clear that the seven Business Process Teams, that were set up to review specific MFSS services, have not all been taking place as intended. Audit found that internally at the Force the attendees at the various governance meetings were not communicating or coordinating appropriate information to allow a clear and consistent message to be delivered.</p> <p><i>Risk:</i> Problems/issues are not escalated through the governance structure by the Force. MFSS are not held to account at the correct governance forum.</p> <p>The Force does not get the service it requires through lack of individual service line improvements.</p> | <p>The Force should put in place appropriate co-ordination between the attendees of MFSS governance forums to ensure the key information is shared. The Force should seek clarity from MFSS and partners to confirm the roles of each governance forum as well as ensuring the BPT's are operating as intended.</p> | <b>2</b> | <p>Agreed</p> <p>The PCC has taken over as the Chair of the SSJOC and as such coordination within Northamptonshire has already improved as information from these forums is disseminated. The CEO is also part of the weekly MFSS senior team meeting. This will be further reviewed to see if all key individuals are updated.</p> <p>New terms of reference were already developed as part of the Task force work and the S22 is under review.</p> <p><u><a href="#">Update Aug 2019</a></u></p> <p>The governance structure, terms of reference and attendance requirements are now clear and have been agreed by all partners.</p> <p>Recommended for closure</p> | <p>Monitoring Officer/Project Director<br/>31 March 2019</p> <p>MFSS<br/>31 March 2019</p> |        |

| Observation/Risk  | Recommendation | Priority | Management response | Timescale/responsibility | Status |
|---|----------------|----------|---------------------|--------------------------|--------|
| The Force fails to manage the total service that it currently receives from MFSS. |                |          |                     |                          |        |

## GDPR – February 2019

| Observation/Risk   | Recommendation   | Priority | Management response  | Timescale/responsibility   | Status |
|--|--|----------|--|--|--------|
| <p><b>4.3 Resources</b></p> <p><i>Observation:</i> The organisation has two Full Time Equivalent (FTE) staff involved in disclosure requests. This includes not only Subject Access Requests (1 FTE) but also Freedom of Information (1 FTE). Other resources can support the process but this is additional activity to their own business as usual role. This ranks the force 5<sup>th</sup> out of the 5 East Midlands forces in available resource but 3<sup>rd</sup> out of 5 in total number of disclosure requests where we have reviewed GDPR processes. We also note the organisation has a significant back log of subject access requests beyond the 30 day response time, the largest of the five forces reviewed. This backlog, for the period between May and October 2018 was 69 subject access requests. This suggests the organisation has insufficient resources to manage its current work load, as well as move forward with areas such as action plan management and policy development. As such we would recommend that the organisation consider if more resource should be in place. The levels of formal training both to the Information Unit and wider organisation has been limited and should be improved. We do understand that the structure is currently under review and proposals have been made but these are currently on hold awaiting further information. <i>Risk:</i> The organisation has insufficient resources to manage the demand for disclosures and may be at risk of not achieving the statutory time limit.</p> | <p>The organisation should consider its resourcing levels in this area and in particular look to reduce its backlog of requests.</p> <p>The level of training provided to date to both the team and the wider organisation has been insufficient and further formal training should be considered which can then be cascaded to others internally.</p> | <b>1</b> | <p>Training needs analysis for Information Assurance, Information Security, Information Management, GDPR should be undertaken commissioned by IAB with a request for support from EMCHRS via the learning and development panel. This should be discussed at initial IAB meeting. Requires an overarching force wide plan, which considers teams and individual requirements. Forcenet messages should be formulated for more immediate issues.</p> <p>Update – Additional resources have been taken on until July 2020 which provides a temporary solution to the resourcing issues. A longer term solution will be discussed through IAB. Initial meetings have been held with EMCHRS about training.</p> <p>Update Oct 2019 – Resource was immediately addressed following the enforcement letter and an additional 4 FTE was provided from within force, all police officers on adjusted duties, this has since reduced to 3. This was in addition to the 2 FTE that had been highlighted through OBB, advertised and positions filled. Prior to the enforcement letter two police officers on adjusted duties had been assigned to the unit. Only the 2 FTE identified through OBB are permanent,</p> | <p>2 months for initial meeting to be held and discussed. 6 months for more extensive delivery plan to be formed and added to training needs and execution to begin. This should continue for the foreseeable future with no end date.</p> <p>IAB and EMCHRS August 2019</p> |        |

|     | Observation/Risk  | Recommendation   | Priority | Management response  | Timescale/<br>responsibility | Status |
|-----|---|--|----------|--|------------------------------|--------|
|     |   |  |          | <p>only 1 of which is allocated to ICO measured work. All other officers that were assigned to the unit are on a temporary basis. A force Business Analyst has carried out a review of processes, resource and demand. The final report, which is expected to comment on the required level of FTE for the unit as a whole and for each area of work, will not be released until 05/11/19.</p> <p>FOI training has been provided by NPCC for 2 members of the team, with additional 1 to attend when the course runs next in February. Training has not been available for DP staff due to NPCC not yet replacing their DP Officer.</p> <p>There is a proposed Training Plan in draft for approval via IAB to address training needs of the wider organisation in relation to IA/IM. There are action owners identified and clear accountability for delivery and timescales via Information Assurance Board. This plan is expected to be ratified at the October IAB.</p> |                              |        |
| 4.5 | <p><b>Information Asset Register</b></p> <p><i>Observation:</i> We were unable to evidence that an up to date Information Asset Register (IAR) has been completed, although there may be some documentation in both IT and in Information Security areas that would support its completion. The establishment of an IAR is important to establish how all data sources are identified, obtained managed, used and deleted by an organisation as well as responsible personnel, consent, and its location and is key under GDPR guidance and to manage the associated data risks.</p> <p><i>Risk:</i> The organisation may not fully understand what data it holds, where it is located and how it is obtained and managed in contravention of GDPR legislation.</p> | The organisation should review existing documentation with a view to establishing a current and effective IAR that defines data which is collected and currently stored, and this has been utilised to identify potential risks to compliance with GDPR. | 1        | <p>Ownership and tracking should sit with IAB.</p> <p>This had been completed but with gaps, largely due to individuals taking up position but unaware of their responsibility regarding it.</p> <p>This will form part of the induction project for the new Information Auditor.</p> <p>Update – The refresh of the Information Asset Register has started. This is being undertaken by the new Information Auditor. The work is ongoing with Asset owners given a deadline of 21 June to respond with any changes to the register.</p>   | From start date for Auditor. |        |

|     | Observation/Risk   | Recommendation   | Priority | Management response   | Timescale/<br>responsibility                                       | Status |
|-----|--|--|----------|---|--|--------|
|     |  |  |          | <p>Update – The Register is mostly completed. A small number of exceptions are being managed via IAB. The Register will be forever changing so management of it will be BAU.</p> <p>Update - The existing IAR has been updated with a handful of exceptions being managed via IAB. This has been used to identify and manage risks to GDPR compliance. Position will continue to improve as IAO's are briefed or trained, which is being addressed as part of the Training Plan for the wider organisation but the recommendation for a current and effective IAR is completed.</p> <p>Update 04/11/19 – The Register is now complete.</p> <p>Recommended for closure</p> |  |        |
| 4.6 | <p><b>Information Security Breach Guidance</b><br/> <i>Observation:</i> Whilst the general information security breach process is established internally and operating effectively there is a lack of guidance on the force's website to outside users which may lead to a lack of awareness in reporting potential breaches by members of the public.<br/> We understand that a review is currently ongoing to address policy guidance.<br/> <i>Risk:</i> Members of the public are not able to report information security breaches effectively.</p> | <p>Information security/data breach guidance should be included on the externally facing website regarding how to make complaint. This is currently in the process of being updated by the Information security officer.</p> | 3        | <p>To be tracked by IAB, ISO will liaise with SOH team to establish the mechanism and location, however this will be covered to some degree by the addition of the up to date Privacy Notice.</p> <p>Update – This will be factored into the Policy refresh.</p> <p>Update Oct 2019 - The Force Privacy Notice advises how to make complaint where it is believed that privacy has been breached. There is no specific guidance for Information Security Breach, but this is not deemed necessary due to the low likelihood of a security breach that doesn't relate to privacy being reported from the public.</p> <p>Recommended for closure</p>                        | <p>Information Security Manager<br/> March 2019 SOH dependant.</p> |        |

|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/responsibility                                  | Status |
|-----|---|---|----------|--|---|--------|
| 4.7 | <p><b>Data Protection Policy</b></p> <p><i>Observation:</i> A Data Protection policy is in place, but we noted that there are two policies publicly available via the force's website dated November 2017 and May 2018. These relate more to the previous Data Protection Act rather than the current GDPR influenced changes.</p> <p>We noted that a review is currently ongoing to address policy guidance.</p> <p><i>Risk:</i> Members of the public may not be properly informed of the Force's policy.</p> | Data Protection policy documentation on the force's website needs to be updated to reflect current guidance and in particular GDPR. | 3        | <p>To be tracked by IAB, DPO will liaise with SOH team to establish the mechanism and location, however this will be covered to some degree by the addition of the up to date Privacy Notice.</p> <p>Update Oct 2019 - The Data Protection Policy is awaiting a re-write, however as above, the privacy notice published through SOH covers much of this especially for members of the public.</p> | Information Security Manager<br>March 2019 SOH dependant. |        |

### Service Delivery Model – February 2019

|     | Observation/Risk   | Recommendation   | Priority | Management response  | Timescale/responsibility  | Status |
|-----|--|--|----------|--|---------------------------|--------|
| 4.1 | <p><b>Governance</b></p> <p><i>Observation:</i> The Force have created a new Force Strategy Board that is made up of five sub-boards:</p> <ul style="list-style-type: none"> <li>• Risk</li> <li>• Transformation</li> <li>• Leadership, Wellbeing &amp; Culture</li> <li>• Corporate Planning &amp; Resources</li> <li>• Service Improvement</li> </ul> <p>Audit reviewed the terms of reference for each forum to confirm that the Service Delivery Model has appropriate oversight and scrutiny within this governance structure.</p> <p>A Service Delivery Model representative was a member of all but one of the above meetings. It was noted that the Corporate Planning &amp; Resources terms of reference did not include them. Through discussion with staff it was confirmed this was an oversight and the membership of the five meetings should have been consistent.</p> <p>The Change Board is the governance forum that has oversees the delivery of the Service Delivery Model programme. It is noted that the new Transformation Board has similar aims and objectives to the Change</p> | <p>The Corporate Planning &amp; Resource terms of reference should be updated to ensure its membership aligns with the other Force Strategy Board sub boards and includes Service Delivery Model representation.</p> <p>The Force should review the roles of the Change Board and Transformation Board to ensure there is clarity in the roles of board to allow effective oversight and scrutiny to take place.</p> | 2        | <p>The FSB Terms of Reference were originally produced in draft and are being updated with this work being overseen by the DCC and Head of Corporate Services as part of a wider force governance review that is also considering the role of the Change Board.</p> <p>Update – SDM has effectively been replaced by the Future of Policing 2020 (FP20) programme. Reporting is now in place with FP20 governed through the Service Improvement Board with oversight through FEM/FSB</p> | March 2019 / DCC Nickless |        |

| Observation/Risk  | Recommendation | Priority | Management response | Timescale/<br>responsibility | Status |
|---|----------------|----------|---------------------|------------------------------|--------|
| Board in regards to oversight of SDM and thus this increases the risk of duplication of work and / or items 'falling between the gaps' if each board believes issues are being dealt with by the other.<br><i>Risk:</i> Oversight of the SDM programme is not incorporated within the Force Governance structure. |                |          |                     |                              |        |

### Risk Management - April 2019

| Observation/Risk  | Recommendation   | Priority | Management response            | Timescale/<br>responsibility           | Status |
|---|--|----------|--------------------------------|--|--------|
| <p><b>4.4 OPCC Risk Management Processes</b></p> <p><i>Observation:</i> Organisations should have agreed and robust procedures in place to manage risk and to provide stakeholders with assurance that risks are being effectively managed.</p> <p>The size of the respective organisations, and the level of resource available to oversee the risk management process, is acknowledged. Whilst the Force has a Risk &amp; Business Continuity Advisor in place, the role of risk management oversight for the OPCC is subsumed within the wider responsibilities of the Director of Delivery.</p> <p>With the forthcoming introduction of 4risk, audit understands that it is the intention to introduce two further members of the OPCC team to the process, thereby mitigating the current risk of reliance being placed on the one person.</p> <p>In addition to reporting on risk referred to above, Directors Meetings are held on a weekly basis within the OPCC, with the attendees being made up of the risk owners for each risk on the OPCC risk register. Whilst this gives the opportunity for risk to be discussed, and audit were provided with evidence that this had happened, it was acknowledged that consideration could be given to ensuring risk is a standing agenda item.</p> <p>The introduction of 4risk, together with other staff to support the oversight of risk within the OPCC, is an ideal opportunity to review and strengthen risk management arrangements.</p> | <p>As part of the review of risk management policies and procedures within the OPCC, consideration should be given to the following:</p> <ul style="list-style-type: none"> <li>Establishing the respective roles of the Risk Owners, Director of Delivery and two support staff in the risk management process.</li> <li>The above should include each person's access to 4risk and the expectations placed on them following the introduction of the new system.</li> </ul> <p>Developing a Forward Plan for the Directors Meeting where standard agenda items, such as risk management, are considered.</p> | 3        | <b>OPFCC Response - Agreed</b> | Paul Fell<br>1 <sup>st</sup> July 2019 |        |

|     | Observation/Risk   | Recommendation  | Priority | Management response  | Timescale/ responsibility              | Status |
|-----|--|---|----------|--|--|--------|
|     | <i>Risk:</i> The opportunity to strengthen risk management arrangements is missed.   |   |          |  |  |        |
| 4.5 | <p><b>4Risk</b></p> <p><i>Observation:</i> Both the Force and OPCC have utilised the IPSO software package for the recording and managing of risk for a number of years. As the system is now no longer supported, and is felt to no longer be fit for purpose, a procurement exercise was carried out and 4risk, a risk management solution provided by RSM, was selected as the proffered to new system. The benefits of using 4risk, as set out on the RSM website, include:</p> <ul style="list-style-type: none"> <li>• "enables reporting on profiling, categorisation and prioritisation of enterprise-wide risks;</li> <li>• provides visibility of the enterprise controls environment;</li> <li>• allows for enterprise wide assurance mapping and production of a board assurance framework;</li> <li>• tracks progress of actions through to implementation and outcome;</li> <li>• reduces risk management administration costs."</li> </ul> <p>At the time of the audit, 4risk was still going through user testing and, as such, IPSO was still being used to manage risk. It was envisaged that 4risk would be in place early in the new financial year. From discussions with the Risk &amp; Business Continuity Advisor, it was envisaged that 4risk would address many, if not all, the issues currently being encountered with IPSO, a number of which are highlighted in this report. As such, a fundamental action that will be need to be addressed once 4risk has been in place for a defined time will be a post-implementation review of the system. This would aim to measure whether the perceived benefits of the new system are being realised and, if not, what further action is required.</p> <p><i>Risk:</i> The 4risk system does not deliver the anticipated benefits, leading to risks to the Force and OPCC not being effectively managed.</p> | A post-implementation review of 4risk should be carried out to measure whether the perceived benefits of the new system are being realised and an action plan be established where appropriate. | 2        | <p>A post implementation review of the effectiveness of 4Risk will take place within 6 months of implementation.</p> <p>Update – Due the delayed full implementation of 4Risk the PIOR will now take place in March 2020</p> | <p>November 2019</p> <p>March 2020</p> |        |



## Performance, Skills & Talent Management – May 2019

|     | Observation/Risk   | Recommendation   | Priority | Management response   | Timescale/<br>responsibility                                    | Status |
|-----|--|--|----------|---|---|--------|
| 4.1 | <p><b>Quality Assurance of Performance Development Reviews (PDR)</b></p> <p><i>Observation:</i> The PDR Policy provides line managers with guidance on what the PDRs should include such as setting objectives and appropriate recording of evidence. The completed PDRs are currently submitted to the retained HR team who are able to demonstrate completion rates for the mandatory PDR. It was noted that there is currently no dip sampling to check that the contents of the PDR's are compliant with the PDR Policy. Moreover, there is no process in place for moderation of scores awarded for performance within the PDR process.</p> <p><i>Risk:</i> PDRs are completed but are inappropriate or ineffective for managing performance.<br/>Lack of consistency in PDR scoring.</p> | <p>The retained HR function should carry out dip sampling on completed PDRs to ensure they are compliant with Force Policy.</p> <p>The Force should consider an appropriate moderation process to ensure fairness and consistency within the performance management process.</p> | 2        | <p>Whilst I am not adverse to dip sampling or moderation, I am not sure this is where Hr should focus their time, however in the new structure that is being currently implemented, the business partner's role will be with the business to link in and ensure that moderation is undertaken. Add to this a level of dip sample via the Leadership administrators this will improve the outputs which should then be reported to the People Board</p> <p>Update Aug 19 – A PDR Implementation Plan has been put in place to support and manage the PDR process.<br/>Dip sampling could not take place in June as planned due to a system access issue. This is being actioned with MFSS and should allow us to dip sample PDRs in September as planned.<br/>PDR Moderation is scheduled for Feb and Mar 2020 with Ali Roberts (HR Business Partner).</p> <p>Update Oct 2019 - We had scheduled to dip sample in June and September which has passed due to being unable to access the data. We are still awaiting an outcome from Cheshire in terms of system access, this has been on-going since June this year.</p> | <p>End August 2019</p> <p>Head of HR /HRBP/ Leadership Team</p> |        |


**2019/20**

**Complaints Management**

|     | Observation/Risk  | Recommendation  | Priority | Management response   | Timescale/responsibility                                    | Status |
|-----|---|---|----------|---|---|--------|
| 4.2 | <p><b>Acknowledgement of Complaints</b><br/> <i>Observation:</i> Statutory Guidance details the requirement for complaints to be acknowledged within two days of receipt.<br/>           Testing of a sample of 20 complaints closed by the Force and all three complaints recorded against the Chief Constable (therefore handled by the OPFCC) in the year to date identified two cases where the acknowledgement had not been sent within two working days, both within Force PSD. Further discussions with the Business Manager (Professional Standards) confirmed reporting on performance may be difficult because the acknowledgements are not recorded within the Centurion system, therefore a review of processes may need to be performed.<br/> <i>Risk:</i> Complainants may be unaware if their complaint has been received and is being dealt with, potentially leading to more complaints and increasing the administrative duties required by the Force/OPFCC, which may result in increased workloads making compliance within statutory timeframes more difficult</p> | <p>The Force/OPFCC should seek assurances that complaints are being acknowledged within the statutory timeframes (two working days). Implementation of a Key Performance Indicator (KPI) should be considered or a review of processes to ensure acknowledgements are sent.</p> | 2        | <p>The auditor quite rightly pointed out that we could not demonstrate for each file he reviewed, that the IOPC Statutory Guidance of acknowledging receipt of complaints within 2 working days had been done on all cases. At the debrief meeting we discussed a KPI process to monitor this. However it was explained that in order to monitor this, we would have to build a new system/process in, to be able to report on it. There is not a mechanism within Centurion to document the acknowledgement letters, we are not required to report on this specific performance to the IOPC, HMIC or Home Office. We are monitored on our performance when recording complaints (within 10 working day) and this is reported on regularly, both internally and externally. We discussed this and could see little value in creating a new KPI process, especially when the complaint legislation will change within the next 12 months or so. However, we did discuss the value of reviewing the acknowledgement process within PSD as a whole, and to make sure that, a.) we are complying with the guidance, and b.) in future, if the OPFCC dip sample process were to include the 2 days acknowledgement process, we could demonstrate, when asked, that it had been done. We will be conducting a review of this process in due course.</p> <p>Update Oct 2019 - A review of the "2 day acknowledgement" process was carried out at the time of this being highlighted; this process is set out in the IOPC Statutory</p> | <p>Business Manager - PSD<br/>           September 2019</p> |        |

|  | Observation/Risk | Recommendation | Priority | Management response   | Timescale/<br>responsibility | Status |
|--|------------------|----------------|----------|---|------------------------------|--------|
|  |                  |                |          | <p>Guidance but not specified within the Police Reform Act. The review showed that members of the public, dependent on the method they used to make a complaint, would receive a timely update from within force but not always from PSD. If they complained directly into PSD by email, rather than via the FCR for example, PSD would send an acknowledgement. If the complaint was taken by FCR staff/officers over the telephone, then PSD would not acknowledge receipt of the complaint. A regional comparison was sought in order to adopt a best practise approach, however all 4 PSD's confirmed they did not complete the "2 day acknowledgement" process. Therefore, due to the Complaint legislation not prescribing the 2 day acknowledgement process, and as previous explained this is not monitored by the IOPC or HMIC, or in any performance reporting, we have not introduced any additional steps to ensure this is completed by PSD all of the time. In addition and of significance, we are currently working on the transition towards the Complaint legislative changes that commence on 1<sup>st</sup> February 2020, which will see one of the biggest overhaul in the Complaints legislation, and therefore efforts are focusing on these changes; it is of note that the 2 day acknowledgement process has been <u>removed</u> from the new IOPC Statutory Guidance.</p> <p>Recommended for closure</p> |                              |        |

## Project / Benefits Realisation



|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/<br>responsibility             | Status |
|-----|---|---|----------|--|--|--------|
| 4.1 | <p><b>Project Risk Registers</b></p> <p><i>Observation:</i> The project risk register should be a standing item on the Project Board agenda and discussed and updated at each meeting. Examination of project board minutes (4 for Qlik, 9 for SOH, and 10 for Pronto) identified seven cases where there was no evidence that the risk register had been discussed.</p> <p><i>Risk:</i> Risks to the project are not properly managed, potentially resulting in them materialising and impacting on the delivery of the project and the benefits expected.</p> | <p>The project risk register should be made a standing item on the agenda of all project board meetings. This requirement should be detailed within the Terms of Reference of the group / project board.</p>  | 2        | <p>There have been occasions at project boards when the Risk Register was placed at the end of the agenda and because of the volume of business there was no time to discuss it, or it was a very brief update which meant it wasn't recorded in the minutes.</p> <p>I will ensure that each change programme or project Terms of Reference includes an item to stipulate that the Risk Register must be discussed at each project board.</p> <p>Update Oct 2019 - The Project ToR template has been updated to reflect the actions and circulated this to all project and system optimisation resources. All ToRs will now include references to having risk as an agenda item for projects and the monitoring and delivery of benefits as a requirement to be managed through the project boards. Benefits management is also a PDR objective for all members of the Portfolio Office.</p> <p><br/>TOR_v1.0_190919.doc<br/>x</p> | Implemented / Business Change Manager    |        |
| 4.2 | <p><b>Post-Project Benefits Realisation Monitoring</b></p> <p><i>Observation:</i> A formal process should be in place to monitor and report upon the actual benefits that our realised from a project upon its conclusion. Discussions with the Business Change Manager confirmed that there is no set process in place for monitoring and reporting the realisation of benefits after a project has been implemented, and that historically this has been up to the individual project teams to manage.</p>  | <p>The Force should put in place an effective and consistent approach to post-project reviews in order to determine whether the original aims / benefits of the project have been realised. This should be included within the Terms of Reference for each project board.</p> | 2        | <p>This requirement has already been included in the Benefits Management guidance (copy attached). This guidance is available to the Managing Organisational Transformation team in Corporate Services as general advice on managing benefits realisation and is one of a number of papers or templates recently compiled to formalise our management of change projects.</p>  | September 2019 / Business Change Manager |        |

|  | Observation/Risk   | Recommendation | Priority | Management response  | Timescale/ responsibility | Status |
|--|--|----------------|----------|--|---------------------------|--------|
|  | <p><i>Risk:</i> The organisation is not able to determine whether the original aims (benefits) of the project have actually been realised.</p> |                |          | <p>Each ToR will also include this recommendation.<br/>I will prepare a template ToR so that these items are always included.</p> <p>Update Oct 2019 - The Project ToR template has been updated to reflect the actions and circulated this to all project and system optimisation resources. All ToRs will now include references to the monitoring and delivery of benefits as a requirement to be managed through the project boards. Benefits management is also a PDR objective for all members of the Portfolio Office.</p> <p>The benefits realisation process is being applied retrospectively to all existing projects. A spreadsheet has been developed to monitor benefits realisation for each project. We are also liaising with business areas when they submit business cases to identify benefits and will include these on our tracker which we are developing as part of our governance process.</p> |                           |        |

### Absence Management & Wellbeing

|     | Observation/Risk  | Recommendation  | Priority | Management response  | Timescale/ responsibility   | Status |
|-----|---|---|----------|--|---|--------|
| 4.1 | <p><b>Sickness Absence Management</b><br/><i>Observation:</i> The Force have an Attendance Management Policy that sets out the expectations of staff and line managers. It refers to the use of a self-service approach to recording sickness absence and the availability of HR to provide advice and guidance where needed.<br/>These expectations include:</p> | <p>HR should review the data available to confirm that individuals are recording sickness correctly in line with the stated procedure and return to work interviews are being conducted. The process for recording line manager communications with</p> | 2        | <p>This is accessible via direct system information on Qlik and line managers should ensure they regularly check and update this.<br/>The introduction of additional staff in HR will also support this as an overview and "secondary" dip sample.</p> | <p>All line managers<br/>Head of HR<br/>Recruitment in progress</p> <p>Head HR<br/>On-going</p> |        |

|  | Observation/Risk   | Recommendation  | Priority | Management response   | Timescale/<br>responsibility   | Status |
|--|--|---|----------|---|--|--------|
|  | <ul style="list-style-type: none"> <li>Staff to report sickness within 1 hour of their shift and report the expected number of sick days;</li> <li>Line managers to contact staff and maintain a record of communications on DMS;</li> <li>After 7 days of absence it is the staff members' responsibility to ensure that the "Statement of Fitness" is provided to their manager within 3 working days of its issue where the statement advised that they are unfit for work and line managers must record this on DMS;</li> <li>Managers must carry out a Return to Work Interview when an individual returns to work following each period of sickness absence and this must be recorded on DMS.</li> <li>A formal review to take place with individuals who have had more than three periods of sickness in a six month time periods.</li> </ul> <p>Audit carried out testing on a sample of 10 cases of sickness recorded over the previous six months and testing found:</p> <ul style="list-style-type: none"> <li>In four cases there was no record on DMS to support the correct sickness reporting procedure had been followed i.e. within 1 hour, expected number of days and the line manager communication had taken place;</li> <li>Six of the ten cases reviewed were for periods of sickness longer than seven days and required a Statement of Fitness. However, in 2/6 Statements were not evident on the system;</li> <li>Nine of the ten cases had returned to work after the sickness absences, however in 7/9 cases there was no record of a return to work interview;</li> <li>In two cases, the planning team had updated the individuals' sickness record.</li> </ul> <p>Audit carried out testing on a sample of five cases where a formal review should have taken place and found:</p> <ul style="list-style-type: none"> <li>In one instance from a review of DMS there was no evidence of a formal review having taken place.</li> </ul> | <p>staff who are off sick should be re-communicated to line managers and then reviewed to monitor compliance. Line Managers should be reminded of the need to upload Fit Notes for sickness absence longer than 7 days. Line Managers should be reminded of the need to complete Return to Work Interviews in all instances of sickness. Line Managers should be reminded of the need to complete a formal review for individuals having more than three periods of sickness in a six month period. All members of staff should be reminded, in cases of sickness absence, they should either call in prior to their shift starts or to contact their line manager at the earliest opportunity.</p> |          | <p>Within the HR hub on Forcenet there is a wide variety of tools and information all designed to assist managers and supervisors with attendance matters, and this has been well publicised and remains visible for them to take personal responsibility to review and use in their roles.</p> <p>To assist with this HR have appointed to a number of roles for a limited period of two years to help embed the correct management culture around attendance management. We advised the auditor around the Attendance Support Officer role whose role it will be to go out into the business and support around casework, correct procedures and contact with individuals, including signposting to the relevant support service outside and also two additional administration roles which, amongst other tasks to support managers, will review DMS and follow up with managers and supervisors where they have not completed the return to work forms or updated the individuals records with a fit note, absence dates etc.</p> <p>Update: 16/10/19<br/>HR Adviser Projects has now been recruited, concentrating on attendance and ensuring that line manager are completing the necessary information on DMS. They are looking at those individuals who are currently off sick and checking DMS. They are then contacting line managers informing them of where they have not updated an individual's record accordingly. Coaching of those managers to ensure that they are aware of their responsibilities and providing them with the necessary coaching in order to complete these tasks.</p> | <p>Head of HR<br/>All Line managers<br/>On-going</p> <p>March 2020</p> |        |

|     | Observation/Risk   | Recommendation   | Priority | Management response  | Timescale/ responsibility                            | Status |
|-----|--|--|----------|--|--|--------|
|     | <p>Issues were raised during the 2018/19 audit in respect of compliance with absence management procedures. Whilst testing confirmed that some improvements had been made, audit continued to find instances where evidence of following procedures was not always available.</p> <p><i>Risk:</i> Staff are not complying with the sickness absence procedures, leading the Force open to abuse of the system and unauthorised sickness absence not being addressed.</p> <p>Lack of oversight of compliance with the system leading to the Force being unaware of levels of compliance.</p>  |  |          | <p>Comms plan to be devised around attendance to remind individuals of their responsibilities.</p> <p>HR Advisers to undertake coaching sessions out in the business as a drop in to ask questions and advice, to be in place from November. HR Advisers attending monthly meetings with Sgt/Insp to talk about cases and individuals.</p> <p><br/>Attendance Action Plan.xlsx</p>  |  |        |
| 4.2 | <p><b>Wellbeing Strategy &amp; Monitoring.</b></p> <p><i>Observation:</i> The Wellbeing Strategy was refreshed in November 2018 and includes aims, goals, principles and strategic objectives.</p> <p>The Force have a Wellbeing Plan in place that supports the delivery of the Strategy. The Wellbeing Plan documents four facets of wellbeing identified by the College of Policing and, under each facet, it is outlined how they will be achieved. Additionally, the Force Strategy Board has identified five actions within the plan that would be taken forward as a priority.</p> <p>Whilst audit noted that verbal reporting of progress against delivery of the Wellbeing Plan to the relevant forums, including the FSB, is conducted, it is not reported formally by way of a documented report outline progress against target.</p> <p><i>Risk:</i> Lack of appropriate monitoring leading the Force to fail to achieve its strategic aims.</p> <p>Failure to monitor the delivery of the action plans leading the Force to fail to achieve the desired outcomes.</p> | <p>There should be a formally documented agreed monitoring process within the Wellbeing Governance structure to demonstrate the delivery of all strands of the Wellbeing Strategy at a strategic and operational level.</p> <p>There should be a formally documented action plan for the wellbeing plan to monitor progress and achievements of the future progress of the plan.</p> | 2        | <p>The wellbeing strategy is being re-vamped and re-launched in November with timescales and outcomes will be measured via the people board.</p> <p>Update: 16/10/19<br/>Wellbeing Plan to be re-launched in November. Wellbeing and Attendance tasking group set up to ensure that appropriate action is taken where required. Will report to the Culture and People Board – first meeting has taken place on 15/10</p> <p><br/>Wellbeing Action Plan.xlsx</p> | Head of HR<br>Autumn 2019                            |        |
| 4.3 | <p><b>Special Leave</b></p> <p><i>Observation:</i> The Force have a Special Leave policy that provides guidance to line managers on the approach to take when granting special leave for staff.</p>  | Staff and line managers should be reminded of the process for applying and approving special leave.  | 2        | The updated special leave policy has been in place since January and this audit found one example of a manager who had disregarded the process and authorised an   | Head HR<br>Plan rolled out when the new role starts, |        |

|     | Observation/Risk  | Recommendation  | Priority | Management response   | Timescale/ responsibility                                       | Status |
|-----|---|---|----------|---|---|--------|
|     | <p>It covers instances such as Compassionate Leave, Care Leave and Time Off for dependents. Following a recommendation raised during the 2018/19 audit, the special leave policy was updated to provide clarity to managers. As per the updated policy, managers are allowed to approve a maximum of five days. Requests for additional paid days will need to be referred to the head of department by the line manager for their consideration and authorisation. The head of directorate/department should email the HR Policy and Service Team to advice of their decision and the absence recorded on DMS.</p> <p>Audit carried out testing on a sample of five cases where special leave was granted and found:</p> <ul style="list-style-type: none"> <li>In one case nine days of special leave was granted by the line manager and had not been referred to the head of department for approval.</li> </ul> <p><i>Risk:</i> Special leave is applied incorrectly / inconsistently.</p> |   |          | <p>extended period of paid leave for their member of staff without going to the Head of Department. HR were made aware that the correct process was not followed in this case and provided strong advice to the Head of Department around the procedure that should have been followed. There is a plan in place to provide guidance and training to the planning team to assist them in advising managers around correct levels. Additionally, we have produced an electronic form which formally record decisions made by Heads of Department where they have authorised days over and above the 5 days. This will be publicised to update the force around the new form and the procedure that must be followed.</p> <p>Update:16/10/19<br/>Guidance being worked on in relation to special leave and working with planning. Concerns will be taken to wellbeing and attendance tasking group.</p> | <p>anticipated by Sept 2019<br/>Head HR<br/>End August 2019</p> |        |
| 4.4 | <p><b>Dip sampling</b><br/><i>Observation:</i> Following the previous audit of Absence Management and Wellbeing in 2018/19, a recommendation was raised to consider the use of dip sampling to confirm levels of compliance with the Absence Management policies and procedures. Audit noted that dip sampling was subsequently introduced and was conducted between July 2018 and January 2019. However, no further sampling has taken place at the time of the audit.<br/><i>Risk:</i> Lack of oversight of compliance with the system leading to the Force being unaware of levels of compliance.</p>  | <p>The use of dip sampling should be continued by HR and used to highlight areas for improvement.</p> | 2        | <p>The rationale for the lapse in dip sampling was due to the crossover of data between Oracle systems and DMS which would have made the information inaccurate therefore it was decided that this this needed to wait until Oracle Fusion was in place. In addition, with the introduction of Qlik managers can view information easily and are advised to do so, accountability for this is questioned at FSB in terms of compliance.</p> <p>Update:16/10/19<br/>Dip sampling has restarted with effect from 1/10/19 due to delay in recruiting to role. Recommended for closure</p>  | <p>Head HR<br/>End August 2019</p> <p>Dec 2019</p>              |        |



## Regional Collaboration Audits

2018/19

| AUDIT                        | DATE          | GRADE                  | RECOMMENDATIONS MADE |            |            |
|------------------------------|---------------|------------------------|----------------------|------------|------------|
|                              |               |                        | Priority 1           | Priority 2 | Priority 3 |
| Strategic Financial Planning | February 2019 | Satisfactory Assurance | 0                    | 4          | 0          |
| Risk Management              | February 2019 | Satisfactory Assurance | 0                    | 3          | 3          |
| Business Planning            | March 2019    | Satisfactory Assurance | 0                    | 2          | 1          |

### Strategic Financial Planning

|     | Recommendation   | Priority | Timescale/ responsibility             | Update   | Status |
|-----|--|----------|---------------------------------------|--|--------|
| 4.1 | We concur with attempts to establish a longer term financial plan. These should follow a clearly defined MTFP Process that is agreed and applied across the regions collaboration units. | 2        | CFOs/FDs<br>April 2019                | This was discussed agreed at the April 2019 meeting. Closed  |        |
|     | This should include a clear timetable for the preparation of plans and the appropriate levels of scrutiny through to final approval.   |          | CFOs/FDs<br>EMSOU HoFCS<br>April 2019 | This has been discussed and continues to be discussed during the MTFP and budget-setting processes. The HoFCS is working with the regional DCC on a first-cut of the budget (scenario modelled) for discussion with Chiefs, DCCs, PCCs, and CFOs. Closed |        |
|     | 1) Formally agree that the EMSOU HoFCs will be the central coordinating role for collaboration MTFPs under the leadership of the regional DCC.   |          | CFOs/FDs<br>April 2019                | This was discussed and agreed amongst CFOs at the April 2019 meeting. Closed   |        |
|     | 2) Form and agree a common set of principles and assumptions for the production of collaborative MTFPs that allows for a simplified data collation exercise.                             |          | CFOs/FDs<br>April 2019                | Budgeting timetables across the region are being consolidated by the Regional Secretariat Team on behalf of OPCCs. The 'ask' of the HoFCS and regional DCC has been discussed and tasked out by both the Resources Board and PCC/CC Board. Closed        |        |
|     | 3) Agree that assumptions over issues such as inflation are harmonized wherever possible.  |          |                                       |  |        |
|     | 4) Discuss the budgeting timetable with a view to setting out clear expectations of when MTFPs will be produced, shared and consolidated by the HoFCS.                                   |          |                                       |  |        |
| 4.2 | The Collaboration budget setting process should be aligned with local Forces to ensure budgets are sufficient to meet service requirements. When collaboration budgets include           | 2        | EMSOU HoFCS<br>Immediate              | The HoFCS will seek assurances from individual Finance departments regarding   |        |

|     | Recommendation   | Priority | Timescale/ responsibility | Update  | Status |
|-----|--|----------|---------------------------|---|--------|
|     | elements that are held with the local Force (such as Officers in Kind), these are correctly stated across the Force budget and the collaboration budget.   |          |                           | the content of Force budgets, which, it should be noted, remain a local matter. Where difficulties are encountered, the HoFCS will escalate via the respective CFO/FD for resolution. An update will then be provided to the CFOs/FDs. Complete |        |
| 4.3 | To ensure consistency and clarity for financial planning, clear reporting lines should be established so that individual(s) who have responsibilities for delivering budgets are clearly held to account.  | 2        | CFOs/FDs<br>April 2019    | Accountability is clear- the HoFCS reports regularly to CFOs, DCCs and both the Resources Board and PCC/CC Board. The empowerment of the HoFCS by CFOs should assist with that. Complete  |        |
| 4.4 | The Resource Board should determine a consistent approach to budget underspends and efficiency savings to ensure each collaboration unit is engaged and incentivised to deliver efficiency savings.<br><br>Moreover, there should be clarity when savings are being prepared and proposed so that it is understood what type of saving are being proposed and the impact for all stakeholders. | 2        | CFOs/FDs<br>April 2019    | This has been discussed but it is subject to a proposal that will be tabled to the Resources Board and then agreed with PCCs/CCs.   |        |

## Risk Management

|     | Recommendation   | Priority | Timescale/ responsibility  | Update   | Status |
|-----|--|----------|--|--|--------|
| 4.1 | The EMSOU unit should establish a Risk Management Policy or Strategy to formally document their existing system for managing risk.                 | 2        | Jon Peatling<br>EMSOU<br>30 June 2019  | A Risk Management Policy has been drafted for EMSOU – this will be introduced at the next Meeting of the Risk and Board (18 <sup>th</sup> July 2019) before wider circulation.<br>Nov 2019 – No further update   |        |
| 4.2 | The responsibilities of risk and actions owners that are assigned on collaboration unit risk registers should be clearly defined and communicated. | 3        | Jon Peatling<br>EMSOU<br>30 June 2019<br><br>Malcolm Turner<br>EMPLS<br>30 June 2019 | The role of Risk Owners will be defined in the Risk Management Policy.<br>Nov 2019 – No further update<br><br>The EMPLS Risk Management Policy has been revised in order to make clear the roles and responsibilities of risk owners, including refreshing the structure for |        |

|     | Recommendation   | Priority | Timescale/<br>responsibility          | Update   | Status |
|-----|--|----------|---------------------------------------|--|--------|
|     |  |          | Kerry Smith<br>EMOpSS<br>30 June 2019 | internal reporting of progress made in mitigation. –<br>Nov 2019 - Complete<br><br>As a result we are working through our risk register to ensure that all appropriate risks are moved back to risk owners and actions owners within the relevant force. Any risks for Specialist Operations Training are also being reviewed as with the changes made a number of individuals have also changed. For the remaining collaboration this will be completed by the 30 <sup>th</sup> June 2019.<br>Nov 2019 - Complete   |        |
| 4.3 | Collaborations should consider adopting a standard risk scoring matrix.<br><br>Mazars should recommend a consistent risk register format and scoring matrix. | 3        |                                       | Jon Peatling- Leics and Derby's have recently implemented a new Risk Management Software (Keto). Demo of the system has taken place with the collaborations to consider the relevance and appropriateness of implementing in the respective Units to ensure a consistent approach to the recording and scoring of risks. Discussions with respective leads in Derbys are Leics are taking place to pursue this opportunity.<br><br>Kerry Smith- Our risk scoring matrix has been shared with Jon Peatling. To assist in compiling a single agreed matrix.<br><br>Nov 2019 - No force update received. Mark Lunn looking into this action regarding Mazars recommending a consistent risk register format and scoring matrix. |        |
| 4.4 | The Collaboration Units should ensure that their Risk Registers are fully completed.   | 2        | Jon Peatling<br>EMSOU<br>30 June 2019 | Monthly review meetings are now held in EMSOU to ensure that risks are reviewed and updated on a regular basis.<br>Complete  |        |

|            | Recommendation  | Priority | Timescale/<br>responsibility   | Update  | Status |
|------------|---|----------|--|---|--------|
|            |   |          | Malcolm Turner<br>EMPLS<br>30 June 2019  | This action formed part of the same process as outlined at actions 4.2 and 4.5. Complete  |        |
|            |   |          | Kerry Smith<br>EMOpSS<br>30 June 2019  | One error on the risk register was found, which has now been corrected. Complete  |        |
| <b>4.5</b> | <p>The collaboration units should review their risk mitigation actions to confirm they clearly align to the risks.</p> <p>The collaboration units need to ensure that the risk registers are regularly reviewed and updated.</p> <p>Updates need to be specific to the risks and agreed mitigating actions.</p> <p>When the risk registers are reviewed by management within the collaboration units, the lack of updates on risks should be challenged and actions set to ensure risks are being actively managed.</p> | <b>2</b> | <p>Jon Peatling<br/>EMSOU<br/>30 June 2019</p> <p>Malcolm Turner<br/>EMPLS<br/>30 June 2019</p> <p>Kerry Smith<br/>EMOpSS<br/>30 June 2019</p> | <p>Monthly review meetings are now held in EMSOU to ensure that risks are reviewed and updated on a regular basis. Complete</p> <p>In tandem with 4.2 above. We have now revised the internal Policy to more clearly define the responsibility of the Silver (SMT) group for review of risks and the actions taken to mitigate them. The Risk Register has been updated and is now routinely reviewed on a minimum fortnightly cycle. Complete</p> <p>The mitigation of risks on the EMOpSS risk register were clearly aligned. A monthly review process has now been implemented and Jane Timms is responsible for this. An internal audit process of the risk register and a number of other areas of business is now being implemented. Complete</p> |        |
| <b>4.6</b> | The Forces should consider how the strategic risks of the collaboration units will be collated and reviewed. Moreover, who has responsibility for doing so.   | <b>3</b> | DCC Chris Haward<br>30 June 2019   | <p>EMSOU have a risk management meeting and risk register and we attend respective force boards. These are escalated where necessary to the EMSOU Governance Board and / or the DCC Board.</p> <p>DCC Board is now getting bi-annual updates from each collaborated function to look at demand, resources, effectiveness, efficiency and risks emerging.</p>  |        |

|  | Recommendation | Priority | Timescale/<br>responsibility | Update   | Status |
|--|----------------|----------|------------------------------|--|--------|
|  |                |          |                              | Kerry Smith- Operational risks will now sit on force risk registers and be monitored through the individual risk boards. For Specialist Operations Training, Jane Timms will attend each force risk board to ensure all forces who are part of the collaboration are aware of the risks. Quarterly, the risks are also reported to the Strategic Management Board and reviewed by CC Skelly. |        |

## Business Planning

|     | Recommendation  | Priority | Timescale/<br>responsibility  | Update  | Status |
|-----|---|----------|---|---|--------|
| 4.1 | <p>The EMSOU collaboration unit should progress plans to adopt business plans for the four main areas of operation – Serious Organised Crime, Major Crime, Forensic Services and Special Branch. A timetable should be established to ensure these business plans are put in place in a timely manner.</p> <p>The EMOpSS collaboration unit should ensure an appropriate business plan is adopted once the new format of the unit has been established.</p> | 2        | <p>Jon Peatling<br/>EMSOU<br/>March 2019</p> <p>Kerry Smith<br/>EMOpSS<br/>May 2019 with<br/>implementation<br/>to follow</p> | <p>No update received.</p> <p>Business plan has been written and approved for EMSOT.<br/><b>Complete</b></p>  |        |
| 4.2 | <p>The Collaboration Units should ensure that there is an agreed business planning process that is scheduled annually.</p> <p>The planning process should include:</p> <ul style="list-style-type: none"> <li>Coverage of both the current year but also includes future year considerations.</li> <li>The assessment of resources to achieve the stated objectives / priorities.</li> </ul>  | 2        | <p>Regional<br/>Collaboration<br/>Manager<br/>April 2019</p>  | <p>As with 4.3 this will need to be a Force lead process and as such discussions are taking place regarding the allocated lead to ensure this person can progress that action.</p>  |        |
| 4.3 | <p>The Forces should consider if a template/format for collaboration business plans should be established.</p>  | 3        | <p>Regional<br/>Collaboration<br/>Manager<br/>April 2019</p>  | <p>Elaine Grocock requested the existing business plans from collaboration units with a view of considering the current position prior to considering a template and awaits these being provided. It will be a Forces decision on whether a template/format should be established and discussions are currently taking place on</p> |        |

|  | Recommendation | Priority | Timescale/<br>responsibility | Update  | Status |
|--|----------------|----------|------------------------------|---|--------|
|  |                |          |                              | where this decision and consideration should be tabled. |        |



**AGENDA ITEM: 7a**

**NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER,  
NORTHAMPTONSHIRE POLICE and  
NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE**

**JOINT INDEPENDENT AUDIT COMMITTEE**

**11<sup>th</sup> December 2019**

|                       |                                  |
|-----------------------|----------------------------------|
| <b>REPORT BY</b>      | ACFO Rob Porter                  |
| <b>SUBJECT</b>        | NFRS HMICFRS Inspection updates. |
| <b>RECOMMENDATION</b> | Committee to note report         |

**1 Purpose of report**

1.1 To provide the Joint Independent Audit Committee with an update on the Service response to the HMICFRS inspection, since the paper, previously provided to JIAC in July 26<sup>th</sup> 2019.

**2 Relevant Fire Plan/ IRMP strategic objective/ priority**

2.1 This report contributes to the IRMP objectives of:

- Keeping our communities safe and well
- Keeping our staff safe and well
- Making the best use of resources

**3 Background**

3.1 The service provided JIAC with an overview of the inspection process as part of the previous paper submitted in July 2019.

3.2 This included a history of the services inspection phases and series of links to the inspection framework and associated service reports.

3.3 In summary, the Service was inspected in November 2018, and revisited in June 2019 following the identification of two 'causes of concern'.

#### 4 **Updates.**

##### 4.1 HMICFRS

4.2 The Service has now compiled and submitted the action plans for the two causes for concern identified in the full report, which was required by August 15<sup>th</sup> 2019.

4.3 The action plans for the causes for concern were published on the NFRS website in the interests of transparency.

4.4 A summary of the areas for improvement, taken from the full report can be found on **appendix 1**. Each one includes a short summary of progress to date.

4.5 **Appendix 2** sets out the more detailed action plans for the two causes of concern (MOC and Fire Cover Improvement), including progress against milestones. (The two documents have been embedded as they are excel documents and do not transfer easily into word documents.).

4.6 It is anticipated that, by January / Feb of 2020, the Service should be in a position submit an application to HMICFRS for the removal of these causes for concern.

4.7 The Service view the removal of the causes for concern as a significant goal and good evidence that improvements across the range of HMICFRS findings are being made.

#### 5 **Service improvement plan (SIP).**

5.1 The Service Improvement Plan (SIP) is driven by the IRMP. It is sectioned into the 3 strategic objectives; Keeping our Communities Safe and Well, Keeping our Staff Safe and Well, and Making the best use of resources. These align well with the 3 pillars of the HMICFRS inspection framework; Effectiveness, Efficiency and People.

5.2 The SIP is not a static document but a live plan, the intention is to use extracts from the plan for multiple purposes. This will provide increased visibility to Executive and Tactical leadership teams internally and so assist managers in directing resources to those areas we have decided are a priority for the service.

5.3 The SIP is structured around the 11 question areas, as outlined within the HMICFRS judgement criteria, this will simply make it easier to capture evidence when being inspected in the future.

5.4 It also enables the service to communicate its intention and so invite scrutiny externally.



**5.5** The full SIP is an Excel document, which the Business Services team within NFRS will manage, producing extracts to enable FEG and TLT to monitor it's delivery through assurance and performance forums such as DPB and SAB.

**5.6** An extract has been produced specifically for JIAC and is tailored to detail our actions (open/closed) against the HMICFRS inspection report and its recommendations. See **Appendix 3** (The document has been embedded as it is an excel document and does not transfer easily into word documents).

## **6 Assurance and Performance.**

6.1 The Service has produced a new Assurance and Performance framework. The new framework combines two separate assurance and performance frameworks into one document.

6.2 The combined Assurance and Performance framework was sent for consultation in October for 28 days, which closed on the 7<sup>th</sup> of November 2019. There will be a further period of responding to consultation submissions by the Service Assurance manager before it can be formally published. The draft Assurance and Performance Framework can be made available to JIAC if that is seen to be helpful.

6.3 It is anticipated that the new Assurance and Performance framework will be in place by January 2020.

6.4 Significant changes in the new arrangements include the formation of a 'Departmental performance Board', a 'Service assurance board' and the requirement for departments to compile a consolidated dashboard of assurance and performance activities, specific to that function.

## **7 Proposal**

7.1 The proposal is for the Joint Internal Audit Committee to note summary updates against each of the areas for improvement and the business planning methods that will be used to manage and track the actions moving forwards.

## **8 Alternative Options Considered**

8.1 At this stage there are no alternative options to be considered.

## **9 Financial Implications**

9.1 As was identified in the paper submitted to JIAC in July 2019, it is envisaged that improvement actions will be managed within the Services designated approved budget. If additional funding is required, these will be submitted to PFCC supported by a business case.



## **Appendix 1 – HMICFRS findings and updates since July 2019**

The HMICFRS findings were provided under one of three pillars as detailed below. The 20 Recommendations are set out with an short update. As has been explained, these will be incorporated and tracked through the Service Improvement Plan in future.

### **Effectiveness pillar.**

#### **Preventing fire and other risks.**

1. The service should ensure it allocates enough resources to prevention work. The service should evaluate its prevention work, so it understands the benefits better.

Update: The Service has reviewed the Senior Management Structure to ensure greater oversight of the Prevention work stream. This includes separating the Service Delivery Functions and recruiting a dedicated Prevention, Safeguarding and Partnership Manager – This is currently in its initial stages and the role has been recruited to in November 2019.

A New Service Delivery Management Team structure has been established to provide a better performance overview, actions have been agreed to streamline the use of CFRMIS reporting and provide greater clarity around prevention priorities.

#### **Protecting the public through fire regulation**

2. The service should assure itself that its risk-based inspection programme includes proportionate activity to reduce risk. It should also include appropriate monitoring and evaluation.

Update: The department structure has been reviewed; three new Protection Officers have been recruited and are now going through their initial training.

The risk based inspection strategy is now being reviewed to ensure it aligns to risk and resources. (This also includes potential learning from the Grenfell enquiry)

3. The service should ensure it provides enough informal fire safety information to the local business community.

Update: This is currently being reviewed by the Protection Manager to ensure wider engagement with the community by way of social media.

#### **Responding to fires and other emergencies**

4. The service should ensure it has an effective system for staff to use learning and debriefs to improve operational response and incident command.

Update: The service is currently reviewing and integrating Operational Learning (Debriefs and Operational Assurance) processes to maximise

efficiency in the coordination and deliverables for all staff via clearly defined learning outcomes aligned to National Operational Guidance – Operational Learning Best Practice document.

The Service have identified improvements required to the current debrief system that will integrate incident monitoring and ops assurance processes thus enhancing operational learning.

The Service are exploring the mechanism to bring together all aspects of operational learning to produce a quarterly report highlighting trends and risk assessment priorities and methods to translate operational learning into improvement.

**(Cause for Concern).**

5. We have serious concerns about Northamptonshire FRS's ability to respond to incidents. The service consistently doesn't have available its minimum number of fire engines. Senior managers are not routinely told when this happens.

**Recommendation**

The service should improve its process for monitoring the number of fire engines available, so that senior managers can make effective decisions.

Update: See Appendix 2 Fire cover document.

**Responding to national risks**

6. The service should ensure operational staff have good access to cross-border risk information.

Update: All MDT's have access to SSRI information within 10Km of the county boundary. Awareness of this information has been promoted throughout the Service.

7. The service should arrange a programme of over-the-border exercises, sharing the learning from these exercises.

Update: NFRS are introducing a new exercise framework which will include over the border risks and exercises. In 2019 approximately 30 exercises have been conducted 12 of which had over the border engagement with other services.

8. The service should ensure it is well-prepared to form part of a multi-agency response to a community risk identified by the local resilience forum, including a marauding terrorist attack, and that its procedures for responding to terrorist-related incidents are understood by all staff and are well tested.

Update: The Service are incorporating the testing of CT plans and multi-agency response into the service exercise framework. MTA

training packages for specialist and non-specialist personnel are currently being considered.

The Service has taken part in the regional CT exercise conducted as a part of LRF in November 2019.

## **Efficiency pillar.**

### **Making best use of resources**

9. The service needs to show a clear rationale for the resources allocated between prevention, protection and response activities. This should be linked to risks and priorities set out in an up-to-date integrated risk management plan.

Update: The IRMP was reviewed in the 2019/2022 post HMICFRS inspection. Further work will continue to review the use of resources in mitigating risk. Greater productivity is being considered as part of use of Bank and Station Personnel around Prevention and Protection activity. It is likely that additional prevention and protection resources will be required in order to increase capacity in these departments.

10. The service should ensure it has clear and robust processes to manage staff overtime.

Update: A new process is now being introduced within the Community Risk Groups to manage the use of overtime and monitor the hours done by staff. In addition the service is in the process of recruiting an additional 20 Firefighters in early 2020. This will include “over establishing” in order to better manage vacancies in the establishment. This will allow for natural wastage as well as reducing the numbers of staff required for overtime. Coupled to this NFRS will employ a number of staff to carry out day duties supporting on-call stations in order to reduce the need for overtime in On call stations. This will also have the benefit of increasing productivity in this area which has been affected by the need to provide cover in order to meet crew shortfalls.

The Service is installing a new pay claims system which allows for better reporting of overtime. The anticipated go live date is December 2<sup>nd</sup> 2019.

11. The service should ensure it has good business continuity arrangements in place that take account of all foreseeable threats and risks. It needs to review and test plans thoroughly.

Update: All departments have BC plans in place. The assurance manager is introducing a new assurance and performance framework, which will incorporate a review of Business continuity plans on a

regular basis. This will also include the implementation of a programme of BC plan testing.

Fire Control tests their BCP every quarter together with Warwickshire FRS to ensure the integrity of call handling, mobilising, fall back and evacuation arrangements.

### **Making the fire and rescue service affordable now and in the future**

12. The service should ensure it has sufficiently robust plans in place which fully consider the future management of its fleet and properties.

Update: The Service has developed new Fleet, equipment and ICT strategies linked to a revised capital plan and MTFP. There is also a joint police / Fire estates strategy.

13. The service should do more to identify areas where innovation, including the use of technology, can help it improve productivity and develop capacity.

Update: This area is continually under review, as such a full ICT review is required in order to ensure that technology better supports service delivery.

The Service Joint Command Unit is now fully operational and has greatly enhanced inter-operability at incidents.

The Service is now able to deploy a joint Police / Fire drone which has been used successfully at fires and in support of Police for missing persons.

### **People pillar**

#### **Promoting the right values and culture**

14. The service should assure itself that staff understand and have confidence in the purpose and integrity of health, safety and wellbeing policies, especially how to access wellbeing support.

Update: The Health and Wellbeing Board continues to promote awareness of the current provision for wellbeing support. This includes providing all managers with a clear process flowchart to outline the support available with a poster version being distributed for noticeboards.

The service has also engaged with 'Sapper Support', a charity that offers free 24/7 mental health support specifically for the armed forces and emergency services.

#### **Getting the right people with the right skills**

15. The service should ensure its workforce plan takes full account of the necessary skills and capabilities to carry out the integrated risk management plan.

Update: The Workforce and succession planning framework has been reviewed. There will be a need to engage some specialist support to develop a full workforce plan.

**(Cause for concern).**

16. Northamptonshire FRS needs to ensure that it has systems in place to effectively provide, record and monitor risk-critical training.

**Update** The Service is confident that it has made this standard and is determining the evidential requirements to submit an application to have the cause for concern removed.

Update: See Appendix 3 MOC document

**Ensuring fairness and promoting diversity**

17. The service should ensure leaders can demonstrate that they act on and have made changes as a direct result of feedback from staff. The service should also improve communications between senior managers and staff.

Update: The HMICFRS report refers to positive engagement with FEG members. Although further FEG visits have been held since, this action generally relates to middle managers. In discussion with the workforce they have confirmed that they value the face to face communication they get from the FEG visits. There are also plans to supplement this with regular video messages from FEG on specific subject areas.

Further focused work with middle managers is currently being scoped out.

18. The service should ensure that all staff understands the benefits of a diverse workforce.

Update: Further work is required around diversity training. The Service intends to undertake a peer assessment of its equality and diversity action plan – this is embedded within the IRMP 2019-2022 review. EDI training and ‘confirmation bias’ training is also being rolled out as part of manager seminars.

The Service has embedded the NFCC leadership framework into the promotion, training development and appraisal processes.

**Managing performance and developing leaders**

19. The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders.

This is being progressed by the Training function and sector experts are being consulted with.

20. The service should improve awareness and understanding of the selection and promotion process among all staff.

Update: All operational promotion processes have been reviewed and the promotions policy has been rewritten. The service is considering the introduction of a promotions scrutiny panel for all levels that will ensure impartiality. In addition, promotion boards, specifically at senior level, will incorporate membership from the OPFCC or external agency to promote objectivity.

## Appendix 2.

- Fire Cover plan. Cause of concern.



APP 2 JIAC. Fire  
Cover plan update 11

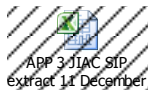
- Maintenance of Competence plan. Cause for concern.



App 2 JIAC MOC  
updates 11th Decent

## Appendix 3

- Service Improvement Plan extract for December 2019 JIAC. overview identifying HMICFRS actions.



APP 3 JIAC SIP  
extract 11 December



Fire Cover action plan:

**Objective: Ensure Minimum Fire Cover is maintained and managerial action in response to reduced appliance availability is consistent.**

**Action: FC1: Implement new Standards of Operational Response (SOR) and Fire Cover Model.**

| Ref:   | Details   | Deliverables   | Due date   | Owner                 | Status    | Narrative Update  | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage      |
|--------|---|--|------------|-----------------------|-----------|---|---|-----------------------|
| FC 1.1 | Agree Standards of Operational Response (SOR)   | SOR Embedded within draft IRMP 2019-2022   | 31-Jan-19  | ACFO Service Delivery | Completed | Reviewed SOR and background performance information embedded within IRMP 2019-2022. Presented to PFCC @ January 2019 Accountability Board, pre consultation.  |   | <a href="#">FC1.1</a> |
| FC 1.2 | Establish minimum level of fire cover with the public.  | Minimum number of pumps set at 14, included within public consultation of IRMP 2019-2022<br>Police and Crime Commissioner supports setting a minimum standard of 14 appliances, presented to Accountability Board. | 31-Jan-19  |                       | Completed | Presented at January Accountability Board and Approved by PFCC.   |   | <a href="#">FC1.2</a> |
| FC 1.3 | Public Consultation on revised IRMP 2019-2022 that introduces changes to Standards of Operational Response and sets a minimum standard of Fire Cover. | Effective Consultation process that captures a wider stakeholder view of proposals.<br>Consideration of public feedback on proposals.  | 31/03/2019 |                       | Completed | Public consultation of IRMP held from the 4th Feb 2019 to the 4th March 2019. Final consultation summary report included within evidence file. FEG reviewed feedback and presented to Accountability Board on the 2nd April 2019. Approved by the Police, Fire and Crime Commissioner and PFCC's decision reviewed at Police, Fire and Crime Panel on the 4th April 2019. |   | <a href="#">FC1.3</a> |
| FC 1.4 | Fire Authority Approval of Post Consultation IRMP 2019-2022   | Post Consultation Review of IRMP/ Changes at Accountability Board. Including formal decision in approving the IRMP 2019/2022.  | 02-Apr-19  | CFO                   | Completed | FEG reviewed feedback and presented to Accountability Board on the 2nd April 2019. Approved by the Police, Fire and Crime Commissioner and PFCC's decision reviewed at Police, Fire and Crime Panel on the 4th April 2019. CFO present overview of NFRS Challenges to Police, Fire and Crime Panel.   |   | <a href="#">FC1.4</a> |
|        |   | Police and Crime Panel Scrutiny of PFCC Decision on approving IRMP 2019-2022   | 04/04/2019 |                       | Completed | PFCC's decision reviewed at Police, Fire and Crime Panel on the 4th April 2019.   |   |                       |

**Action: FC2: Confirm Fire Cover Model and Organisational Response to appliance availability**

| Ref:   | Details  | Deliverables  | Due date   | Owner                 | Status            | Narrative Update   | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage      |
|--------|--|---|--|-----------------------|-------------------|--|---|-----------------------|
| FC 2.1 | Publish Fire Cover Review  | Internally published report to support evidence base around Fire Cover Review. Report to consolidate Fire Cover Review and develop wider understanding of county risk profile and Fire Cover Model.   | (Date updated from the 31/05/2019)<br>30/06/2019 | ACFO Service Delivery | Completed         | Review degradation plan around strategic locations. 30/05/2019 New degradation plan embedded within B1 following ECF approval on the 23rd May 2019 - Strategic response model also embedded within Policy . A further 14 days consultation being carried out to ensure understanding and feedback. New degradation plan to be embedded within the Fire Cover Review document and published. Due date extended to 30 June 2019. Mobilising Policy B1 approved and published. New Degradation plan embedded within B1 and published. |   | <a href="#">FC2.1</a> |
| FC 2.2 | Confirm organisational action in response to reduced appliance availability. | Embed the Fire Cover Model to promote awareness of appliance availability, where a local response is available or if the service is managing cover strategically, and confirm action when resources go below a minimum. This will link the degradation plan and strategic locations to ensure spatial coverage. | 30-Apr-19  |                       | Completed         | Bank Staff being used to crew to 16 appliances where possible to allow for RDS Fluctuations and sustaining minimum cover. Draft Model created and discussed with OOD's on the 17/04/2019. Degradation plan already embedded within Mobilising Policy B1. Strategic Locations being used to ensure spatial coverage. Model circulated to FEG, Agreed by AM Response and agreed with CFO (particularly around declaring critical incident if below 10 appliances for greater than 2hrs).   |   |                       |
|        |  | Agree Fire Cover Model with OOD's to ensure consistent action.  | 30-Apr-19  | Completed             | ACFO Shaun Hallam | Discussed with OOD's on the 17/04/2019, small amendments made and agreed by the group. Circulated to all OOD's on the 17/04/2019. Meeting held on the 01/05/2019, amended model produced following feedback.   |   | <a href="#">FC2.2</a> |

|  |  |  |   |                          |           |  |  |
|--|--|--|---|--------------------------|-----------|--|--|
|  |  | Embed Model within B1 Mobilising Policy.   | 31-May-19   | Operations Manager       | Completed | Initial draft produced 22/05/2019, Circulated to FBU 22/05/2019, on agenda for ECF 23/05/2019. Consultation with Fire Control conducted 20-26th May 2019 (SM Sadler/ GM Samwel). Intended to be consulted upon for 14 days from the 27th May 2019. Strategy Document agreed 03/06/2019 for RED/ Red Critical. Action closed as policy in place - although submitted for a further 14 days consultation.  |  |
| FC 2.3   | Enhance notifications of predicted and actual appliance availability to ensure managerial response to Fire Cover Issues.                       | RMC to provide weekly forecast of appliance availability to show hourly coverage. To enhance organisational awareness of strategic fire cover and promote managerial action. This also raises awareness of organisational resilience at different times of the day.  | 31-Jan-19   | RDS & RMC Review Manager | Completed | Weekly appliance availability published on Fire Place. Coverage for strategic stations emailed to officer group and management team prior to cover week. Predicted availability now being compared against actual availability. Difference highlights the impact of managerial action in response to notification of resource availability issues. Link to FC 5.1, weekly conference calls with RMC and Officer Group held on Monday and Friday to closely monitor appliance availability.   |  |
|  |  | To ensure that the OOD is informed when appliances < 14 as per mobilising policy B1. RDS & RMC Review Manager to monitor to ensure this is happening.  | 30-Apr-19   |                          | Completed | OOD Proposal that they are informed at 09:30 and 18:00 during their cover days by Control. Control will then inform as cover issues are identified, such as <14 appliances, <10 appliances, or spatial coverage issues. Control will make mitigating action to resolve. Notification issued to control on the 18/04/2019 following agreement by OOD's.   |  |
|  |  | Embed within the Fire Cover Model organisational action if appliance availability becomes critical, i.e. if less than 10 for more than 2 hrs. Notification to be made to duty Gold/ CFO/ Duty PO. Consideration of declaring a critical incident. Ensure accountability Board update, performance board and debrief. | 31-May-19   | ACFO Service Delivery    | Completed | See FC2.2 - Embedded within B1   |  |
|  |  | Ensure that Officer Group (Duty Gold/ OOD) review predicted availability on a weekly basis, and respond to actual availability in a consistent manner.   | 31-May-19   | AM Operational Support   | Completed | Conference Call details circulated to Gold group by AM Response. OOD Fire Cover response meeting held on the 17/04/2019 to ensure consistency in response. RMC Conference Call with OOD/ Duty Gold arranged for all officer groups at 10:00 Mondays and 10:00 Fridays to review predicted availability and take action. Log created on Resilience Direct. Action closed but additional resilience exercises to be created at the CDC to test policy and OOD/ Gold response to crewing issues.  |  |
| Realign Group Managers to provide greater oversight over RMC Function. | 30/03/2019   | Completed  | SM Urbani promoted to GM RMC as part of the RMC function to provide greater oversight of the RMC function/ appliance availability and RDS Review. |                          |           |  |  |
| FC 2.4   | Review structure of Resource Management Function to provide greater oversight of fire cover issues, RDS availability and predicted Fire Cover. | Review the use of CRG Watch Managers to provide additional Fire Cover and support the RDS staff, particularly around predicting availability.  | (Updated from the 31/05/2019)<br>30/07/2019   | ACFO Service Delivery    | Completed | Draft proposal created by AM Response, circulated to CRG GM's and outline discussions held with CRG WM's (10th April 2019). CRG WM's availability now published on daily officer availability sheet to raise awareness of their availability, their priority to provide RDS cover and improve appliance availability re-emphasised by CRG GM's, Weekly resources being used now showing CRG WM's (highlighted in RED) where they provide fire cover. Awaiting outcome of ongoing discussion around CRG WM's duty system, to improve weekend and daily 'pinch points'. Deadline extended to 30th July 2019 to allow for wider staff engagement around proposed model. 30/07/2019 - Review Complete, new duty system now being proposed to allow 7day working, aligned to officer cover groups to support managerial oversight and support for RDS and cover 7days per week. New action created implement proposals. |  |

[FC2.3](#)

[FC2.4](#)



|  |  |  |             |           |   |  |
|--|--|--|-------------|-----------|---|--|
|  | Implement new duty system for CRG WM's to provide enhanced RDS support and weekend managerial availability around Fire Cover and support weekend (Bank availability) | 31/10/2019 (Phase 1 Trial) 30/05/2020 (Phase 1 Evaluation/Phase 2) | AM Response | Open      | Options appraisal completed in regards to current and potential duty systems. Proposed option of aligning to training rota agreed by FEG on the 5th November. Budget allocated for 6 month trial to evaluate the impact, particularly around weekend availability. Phase 2 to be reviewed May 2020. Due date updated to 30 May 2020 to consider Findings of Phase 1 and agreed Phase 2. |  |
|  | Define the RMC Function to ensure clarity of role within the organisation.   | 31/05/2019   | AM Response | Completed | Proposed Terms of Reference circulated to AM Response/ RDS & RMC Review Manager. To be agreed and signed off by AM Response. JU to publish on the RMC page/ and send to SIT to publish.   |  |

Action: FC3: Develop resilience arrangements to ensure minimum Fire Cover is maintained.

| Ref:    | Details   | Deliverables  | Due date   | Owner                 | Status (Open/closed/proposed) | Narrative Update   | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage      |
|---------|---|---|--|-----------------------|-------------------------------|--|---|-----------------------|
| FC 3.1  | Review the Bank System to provide broader skill base and more flexible options around staff availability during the week and at weekends. | Review costing model for Bank to align to Grey Book conditions.   | 07-Apr-19  | ACFO Service Delivery | Completed                     | Bank Payments now aligned to grey book at time + 1/2, all NFRS Email sent, approximately 84 people now willing to support Bank, Bank Guidance Reviewed to include flexi crewing and voluntary co-responding. Supported by FBU as a local model. Current costs being monitored as part of Response Budget, anticipated 6/7 people per day for 7 days. Objectives to spread impact of Bank across more people, attract wider skills JO's/ Drivers to improve availability, improve motivation of RDS (Retention/ attending incidents/ opportunity for pay). Bank numbers reviewed - now 103 (26/04/2019) Usage of bank staff being monitored as part of monthly reporting. (16/05/2019 update) Active push to use CRG WM's (IIV) and WDS staff to reduce numbers of paid Bank Staff. RDS Bank Staff not being used if appliance availability is affected, RDS Bank staff must be available to be used for the bank. Strategic intent remains to remove the use of Bank - Monthly spend being monitored. Action links to revised RDS model moving forward that supports RDS model, including daytime and weekend availability. Cost benefit analysis of the Bank indicates on average 9-12 people are being used on a daily basis to maintain 16 appliances. (Keeping above minimum). New action established to consider a trial to recruit 12 people to a fixed bank to provide a resilience crew. |   | <a href="#">FC3.1</a> |
| FC 3.1a |   | Establish a trial to recruit a resilience crew for a 6 month period to structuralise the bank model to enhance organisational resilience. | 31/10/2019 (Paper agreed by OPFCC) - Revised Date to embed fixed bank 30/03/2020 |                       | Open                          | NEW ACTION (31/07/2019) - The Bank system has continually improved appliance availability. Based on the average number of people being used (around 12) on a daily basis, this trial will involve recruiting 12 people into a fixed bank as a resilience crew and subsequently support appliance availability in the same way. This will reduce the impact on crew welfare, improve sustainability, issues around pay scales and reduce reliance on the Bank Model. Paper to be presented to OPFCC in August. Update 22/11/2019 - Review of Current Establishment Numbers/ Retirement Profile and bank usage has led to an agreement to increase the WDS Establishment from 242 to 254 to structuralise the Bank Usage. Trial removed in favour of data analysis of current bank usage. Options for how these will be introduced, including recruitment campaign now being developed. To be in place by the 30/03/2020.  |   |                       |
| FC 3.2  | Establishing crewing model to improve 07:00-09:00 and 17:00-18:00 availability  | Review close proximity crewing viability.   | 31-May-19  | AM Response           | Completed                     | AM Response requested declarations of interest from WDS to support a close proximity crewing model. Potential payment options around 1 in 4 (as per Grey book) although consideration needs to be given to impact on RDS pay model and negative impact (WB14_2019). 15 people registered interest from WDS, 03/06/2019 24 people now registered interest. Action closed as model deemed viable due to interest shown, needs to align to reviewed RDS model and pay formula.  |   | <a href="#">FC3.2</a> |
|         |   | Trial Split Bank Shifts 07:00 - 13:00, 13:00 - 19:00. Review costing model.   | 31-May-19  |                       | Completed                     | Spit Bank has been used to cover pinch points in the morning. Action Closed.   |   |                       |
|         |   | CRG Station Managers to review P11D's, liaise with RDS staff to address the issue within current policy.                                  | 31-May-19  |                       | Completed                     | by CRG SM's. Highlighting issues between actual and predicted. SM reports received, need reviewing for consistency and ownership of actions. Positive challenge is now being made by CRG SM's around people working within their P11D's. CM meeting held on the 5th June 2019 with FEG to discuss Fire Cover and MOC issues. 30/07/2019 - Action Closed as business as usual. Ongoing engagement with CRG Managers and RDS workforce - forms part of RDS Review.   |   |                       |

|        |   |  |   |                       |           |   |  |                       |
|--------|---|--|---|-----------------------|-----------|---|--|-----------------------|
| FC 3.3 | Review Duty System for Daventry and Rushden VCS   | Review duty system to provide weekend availability. (Budget requirement)   | (Updated from 30/09/2019)<br>31/01/2020 | AM Response           | Open      | Action ongoing - local discussions held with Daventry, additional funding and business case required to support model. Consideration discussed with OPFCC as part of budget setting/ accountability board. 31/07/2019 - Duty system reviewed, this would require 4 additional posts at each station (40k x 8) at around 350k. To be considered as part of the 2019/2020 Precept build. Action extended to allow for precept discussions with OPFCC.   |  | <a href="#">FC3.3</a> |
| FC 3.4 | Review RDS Competencies and identify quick wins regarding skills gaps that will have the greatest impact on appliance availability  | Prioritise training/ recruitment to provide weekend and daytime availability.  | 31-May-19                               | CRG Group Managers.   | Completed | Closer discussions between CRG and Training to prioritise training. Recruit training plans to achieve ops skills now scheduled accordingly. Now business as usual.  |  | <a href="#">FC3.4</a> |
| FC 3.5 | Formalise mobilising arrangements to enhance organisational resilience for a large scale incident.  | Establish model to mobilise all available RDS staff (if not on an appliance) to a central point/ or incident to provide relief/ resilience crew.   | (updated from 31/05/2019)<br>30/06/2019 | ACFO Service Delivery | Completed | Prime text already used, but formal process to be developed, agreed and communicated. Minibuses located at RDS station with the driver, alerters used to mobilise RDS - driver then picks everyone up. Model put in place on the 01/06/2019. Policy/ procedure to be written up - action extended to 30th June 2019   |  | <a href="#">FC3.5</a> |
| FC3.5a |   | To embed F3.5 within mobilising policy B1 (post consultation)  | 31-Aug-19                               | AM                    | Completed | AM Pells to add the mobilising arrangement for large scale incident resilience to the mobilisation policy (post consultation). Will be completed and final document published by end of August 2019   |  |                       |
| FC 3.6 | Utilise all On-Call staff to respond to small scale incidents with reduced crew.  | Flexi Crewing training rolled out to all RDS sections.   | 30-Apr-19                               | AM Response           | Completed | KH to provide update - verbal update, all RDS have been trained, agreed as mandatory for all stations at ECF.   |  | <a href="#">FC3.6</a> |
| FC 3.7 | Enhance resilience by mobilising two Flexi-Crewing pumps to single location to provide an appliance.  | Develop Flexi Crewing model for RDS, to converge and provide an additional pump if required.   | (Updated from 30/04/2019)<br>30/06/2019 |                       | Completed | Policy decision made by ACFO Hallam on the 15/03/2019 to mobilise two Flexi Crewing Pumps to The Mounts to support Fire Cover in Northampton. Control informed to put this in the handover book as a decision. This was in response to the Kingsley Park Terrace incident. Further communications required to RDS staff. Discussed at ECF/ to be added to Mobilising policy B1. Date extended to 30th June 2019 to allow for B1 update - procedure in place. Closed   |  | <a href="#">FC3.7</a> |
| FC 3.8 | Review the RAPPEL policy around booking on and off by using the mobile phone to ensure the Service retains organisational oversight of appliance/ RDS appliance availability. | Ensure notification to control of how long a person will be off in the event of it affecting appliance availability. Managerial action if this puts fire cover below minimum levels. (Date extended to allow for staff engagement) | (Updated from 30/06/2019)<br>30/09/2019 | AM Response           | Completed | 12/04/2019 Gm Hardwick and SM Sadler produced outlined proposal, to be discussed with Andy Sturgess (FRSA) due to impact on RDS and availability issues. Extended to allow for Focus group, now being created to discuss RDS issues with flow chart. Extended to the 30th June 2019 to allow for focus group - led by AM Hallen. Updated 22/11/2019 Engagement with staff highlights significant cultural issues around the RDS Model, The perception is that this would have a detrimental impact on appliance availability and commitment by removing an element of flexibility. Now forms part of RDS Review and the introduction of a new RDS Mobilising system as part of the wider ICT Programme. |  | <a href="#">FC3.8</a> |
| FC 3.9 | Review the Failure to mobilise process to ensure managerial action is effective in reducing occurrences.  | Review the CRG Management action in response to notification from control of a failure to mobilize.  | 31-May-19                               | AM Response           | Completed | AM Response has reviewed the process and provided assurance that the policy and workflow is now reinforced within CRG. Failures to mobilise to be added to monthly scorecard.   |  | <a href="#">FC3.9</a> |

**Action: FC4: Review RDS Model to ensure Fire Cover is sustained.**

| Ref: | Details | Deliverables                            | Due date  | Owner       | Status (Open/closed/proposed) | Narrative Update  | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage |
|------|---------|---|-----------|-------------|-------------------------------|---|---|------------------|
|      |         | Appoint Project Manager for RDS Review. | 30-Apr-19 | AM Response | Completed                     | GM Urbani Appointed. PID/ Project Management Documentation required |   |                  |



|        |  |  |                                   |                          |                 |  |  |                       |
|--------|--|--|-----------------------------------|--------------------------|-----------------|--|--|-----------------------|
| FC 4.1 | Establish RDS Review   | Review current learning/ models across the sector to identify where improvements can be made.  | 30/09/2019 Extended to 30/03/2020 | RDS & RMC Review Manager | Open            | Ongoing research. GM Urbani now part of the national working group and Regional Working Group. Updated 22/11/2019 Date extended to allow for ongoing research and engagement as part of the RDS Review Project. PID and project plan now being finalised.  |  | <a href="#">FC4.1</a> |
|        |  | Establish RDS Working Group/ focus on recruitment/ Retention/ Engagement.  | 30-Jan-19                         |                          | Completed       | Monthly appointments established by GM Urbani now he leads RDS Review project. Ongoing work - BAU (Recruitment/ Training/ Retention). RDS Working Group Closed, to be replaced with Fire Cover Board.  |  |                       |
| FC 4.2 | Consider the option for staged RDS response model.   | Review Two stage RDS mobilising arrangements. To ensure immediate response capability and then delayed response capability. (Part of RDS Review)   | 30-Sep-19                         | AM Response              | Open            | Ongoing  |  | <a href="#">FC4.2</a> |
| FC 4.3 | Review RDS Recruitment Campaign/ Material  | Establish recruitment campaign that highlights diversity and understanding of the role of a Firefighter.   | 30/04/2019                        |                          | Completed       | Ashley Tugby providing the information (26/04/2019)/ New recruitment material produced, new videos launched to support changing role of the Service, linked to analysis of RDS leavers information.  |  | <a href="#">FC4.3</a> |
| FC 4.4 | Review RDS leavers to identify retention issues.   | Review exit questionnaires/ length of service and data around RDS staff who have let to identify trends that can inform action.  | 30/04/2019                        | IRMP Manager             | Closed/ Ongoing | <ul style="list-style-type: none"> <li>On average, we have 27 leavers each year – no particular trend over the years, but did have a larger number (36) in 2017</li> <li>The biggest reason for leaving is either 'other commitments' or 'personal' – this accounts for 57% of leavers.</li> <li>45% of leavers (72 out of 160), leave with less than 5 years service. Significantly 30% (49) of leavers have 2 years or less.</li> </ul> <p><b>- 2018-2019 data now received - final report being created. Leavers data will be reviewed as part of the Fire Cover Board. Additional qualitative interview data to be provided in addition to HR Metrics. Action Closed - Action remains business as usual.</b></p> |  | <a href="#">FC4.4</a> |
| FC 4.5 | Review the use of RAPPEL as a resource management system.  | IMSG to review other systems that will provide enhanced forecasting/ flexibility and reporting capability for the RDS model as part of the review.   | 30/10/2019                        | ACFO Corporate Services  | Completed       | Predicted and actual forecasting solution now embedded as business as usual. Action closed, but will be captured as part of RDS Review in regards to new system.   |  | <a href="#">FC4.5</a> |
| FC 4.6 | Review the current RDS Pay Model that supports the proportional cover provided, personal impact and enhanced daytime and weekend availability. | Supports the proportional cover provided, personal impact and enhances daytime and weekend availability. (Additional Funding Required)   | 30/10/2019                        | ACFO Service Delivery    | Open            | NEW ACTION (31/07/2019) - Being consider as part of RDS Review. Alternative models now being developed, although further research required before wider engagement.  |  |                       |
| FC 4.7 | Establish a Fire Cover Improvement Board   | To provide greater managerial oversight around wider Fire Cover issues, that will replace the RDS Review working group. To include representative bodies that supports wider negotiation around changes to duty systems, RDS models and managerial decision. | 30/08/2019                        |                          | Completed       | NEW ACTION (31/07/2019) - Board to be established directs Fire Cover Improvements inline with this plan. Board will be held on a bi-monthly basis. Minuted and published. Updated 22/11/2019 - Boards now established and running.   |  |                       |

**Action: FC5: Enhance Performance Information of appliance availability**

| Ref:   | Details  | Deliverables   | Due date  | Owner   | Status (Open/closed/proposed) | Narrative Update  | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage      |
|--------|--|--|-----------|---|-------------------------------|---|---|-----------------------|
| FC 5.1 | Ensure appliance availability and SOR Performance is embedded within the organisation performance reports. | SOR Performance information embedded within the Score Card                           | 31-May-19 | Operational Performance & Information Manager | Completed                     | Process to exact actual availability from RAPPEL created, allowing for 10minute availability averages. Report to be produced every two weeks to provide a running oversight and comparison. New performance report created that supports wider organisational awareness. Outcome indicators to be included within score card covering - average pumps available per month, % under 14, % 14-17, and % over 18. Report now created, to be embedded within scorecard. Note - this results in a large amount of processing work around the data and needs to be overcome by FC 4.5. Appliance availability report being presented to Accountability Board on the 11th June 2019. Regular performance information now be in provided to demonstrate predicted against actual appliance availability. The Service Scorecard is being reviewed to provide greater managerial(organisational) assurance and oversight, appliance availability is regularly reviewed at FEG/ SDMT. SOR performance is reviewed by OPFCC at accountability board on a monthly basis. |   | <a href="#">FC5.1</a> |
|        |  | Appliance availability provided that compares predicted against actual availability. | 31-May-19 |   | Completed                     |   |   |                       |
|        |  | Accountability Report includes appliance availability/ SOR.                          | 31-May-19 |   | Completed                     |   |   |                       |

Protection action plan:

**Objective: Enhance Protection Standards in Northamptonshire in line with the IRMP 2019/2021, Statutory Responsibilities and HMICFRS Feedback**

| Ref:   | Details   | Deliverables  | Due date   | Owner              | Status (Open/closed/proposed) | Narrative Update | RAG (RED - Overdue/ Amber - In Progress/ Green Completed) | Document Storage |
|--------|---|---|------------|--------------------|-------------------------------|------------------|---|------------------|
| PR 0.1 | Review the Protection Team Structure and Resources in line with the Risk Based Inspection Programme                 | Match Capacity to Risk, Recruit to the structure to ensure suitably skills, and organisational resilience/ succession planning.   | 31-Oct-19  | Head of Protection | Open                          |                  |   |                  |
| PR 0.2 | Review the Risk Based Inspection Programme  | The Risk Based inspection programme is aligned to foreseeable risk, proportionate around frequency of inspections and informs the skills/ resources required to deliver the programme.  | 31/11/2019 | Head of Protection | Open                          |                  |   |                  |
| PR 0.3 | Improve evaluation of protection activity to inform the risk based inspection programme.                            | Ensure evaluation of protection activity is embedded as part of the performance framework to enable effective evaluation of protection activity in reducing community risk.   | 31/01/2019 | Head of Protection | Open                          |                  |   |                  |
| PR 0.4 | Broaden access to protection advice.  | Review the provision of informal fire safety information to the local business community. Promote self help by expanding the availability of protection information to the public to support community protection.                                  | 31/01/2019 | Head of Protection | Open                          |                  |   |                  |
| PR 0.5 | The outcome of the Hackitt Review are embedded within the Protection Strategy.                                      | The risk based inspection programme is reviewed based on the findings, FPO training is reviewed, Operational Staff/ Procedures are updated and any wider statutory/ partnership changes are reflected in the Service's approach to mitigating risk. | 31/03/2019 | Head of Protection | Open                          |                  |   |                  |
| PR 0.6 | Develop protection skills across NFRS and utilise staff to support delivery of the Risk Based Inspection Programme. | To improve Protection skills across the service and utilise resources proportional to risk. This will aid the delivery of the risk based inspection programme.  | 31/03/2019 | Head of Protection | Open                          |                  |   |                  |
| PR 0.7 | Ensure the Service is embedded within the changing local authority governance structure.                            | The Service is suitably aligned to changes in the local authority governance structure to ensure the protection standards are embedded at the earliest opportunity to inform a safe built environment.  | 31-Mar-19  | Head of Protection | Open                          |                  |   |                  |



Prevention action plan:

**Objective: Enhance Delivery of Prevention Activity in Northamptonshire in line with the IRMP 2019/2021, Statutory Responsibilities and HMICFRS Feedback**

| Ref:   | Details   | Deliverables   | Due date | Owner              | Status (Open/closed/proposed) | Narrative Update | RAG (Red - Overdue/ Amber - In Progress/ Green - Completed) | Document Storage |
|--------|---|--|----------|--------------------|-------------------------------|------------------|---|------------------|
| PV 0.1 | HSV's is rolled out across the county, establishing an organisational target in line with risk and family group average   | We will broaden access to preventative advice through the use of HSV's and targeting the most vulnerable members of the community. We will continue to improve the number of HSV's completed. We will establish an organisational target that will be embedded within the Station Action Plans/ Score Card and performance framework to provide assurance of delivery. |          | Head of Prevention | Open                          |                  |   |                  |
| PV 0.2 | We will further develop our processes in measuring & evaluating our preventative activities (interop's)   | Prevention activity is suitably evaluated to ensure the use of resources is proportional to intended outcomes. Shared learning is promoted to inform future activity.  |          | Head of Prevention | Open                          |                  |   |                  |
| PV 0.3 | Refine our prevention activity, ensure resources are appropriately targeted to risk and the most vulnerable   | Improve analysis of risk across the county to inform use of resources.   |          | Head of Prevention | Open                          |                  |   |                  |
| PV 0.4 | Review the RTC's prevention approach with partners to ensure a collaborative approach to risk.  | Engage with the Road Safety Partnerships and align the Service's RTC's reduction programme to ensure a consistent approach.  |          | Head of Prevention | Open                          |                  |   |                  |
| PV 0.5 | We will embed local station plans & support local targeting of prevention activity by station based staff, through local activity & engagement with local community groups and the police | Develop local ownership of community risk, improved community outcomes and measureable improvements in the use of resources.   |          | Head of Prevention | Open                          |                  |   |                  |
| PC 0.6 | Review the Prevention Structure to ensure suitable resources for the co-ordination and leadership of prevention activity  | Establish a strategic lead for Prevention, Partnership and Safeguarding for the Service. Ensure the Prevention Department is suitably resourced to deliver the IRMP.   |          | ACFO               | Open                          |                  |   |                  |



Managing competence action plan:

**Objective: Support station personnel in the management of the MOC framework, ensuring Redkite records are accurate and up to date**

**Action: MC1: Implement a robust audit process that is linked with a centrally-directed training programme and prioritised on risk critical competences.**

| Ref:  | Details   | Deliverables   | Due date  | Owner  | Status    | Narrative Update   | RAG (Red - Overdue/ Amber - In Progress/ Green Completed) | Document Storage      |
|-------|---|--|-----------|--|-----------|--|---|-----------------------|
| MC1.1 | Process to be implemented that directs station and watch managers to conduct a quarterly audit of identified risk critical competences as directed by the Phase 3 team.   | First audit with clear instructions sent to CRG station managers (focussing on risk critical competences)  | 31-Dec-18 | ACFO Corporate Services/AM Operational Support | Completed | First audit started in Nov 2018: Evidence: emails entitled "enail for 1st audit" and "RedKite 1st Audit guidnace" . Second audit conducted Feb 2019 Evidence: emails entitled "email for 2nd audit" and "RedKite 1st Audit guidance" . |   | <a href="#">MC1.1</a> |
|       |   | All station managers to have returned first quarterly audit outcomes to Phase 3 team   | 25-Jan-19 |  | Completed | Returns from all station managers via various emails. Captured by Phase 3 team and reported through "Audit Log Version 2"  |   |                       |
|       |   | Template to be designed to provide consistency for SM audit returns for ongoing audit processes  | 26-Apr-19 |  | Completed | Blank template prepared ready for Feb2019 audit: evidence "competence record audit blank template"   |   |                       |
| MC1.2 | Quality Assurance process of station manager audit to be undertaken by Phase 3 team in quarter immediately following the station manager audit.   | Phase 3 team to have completed QA of SM audit and prepared report highlighting issues requiring action. Report to be shared with CRG Group managers, AM Service Delivery, T&D Manager and AM Operational Support (as well station reports to station manager reports). Report to include: % of audited units that show expired competence, training requirements or approaching expiry (to provide an indication of activity against MOCs); sampling of information recorded against units denoted bright or dark red; sampling to confirm correct enrollment; response to issues identified during audit. | 31-May-19 | Phase 3 Team                                   | Completed | Report completed and shared across T&D team for data cleansing prior to sending to CRGs for updates. Circulated to CRG's on 5th June. Evidence - "audit Log Version 2"   |   | <a href="#">MC1.2</a> |
|       |   | Two year sampling plan for use in ongoing QA of SM audit   | 30-Sep-19 | Phase 3 Team                                   | Completed | Sampling plan to comprise of dip sampling over two year period to be in place by end September   |   |                       |
| MC1.3 | Service-wide training programme to be designed which identifies competences to be trained on for each quarter. Programme to be linked to the ongoing audit process i.e. records for quarterly training will be audited in the following quarter by station managers, and the SM audit to be Quality Assured by Phase 3 team the next quarter. | 2 year programme identifying themed training for each quarter  | 31-May-19 | Phase 3 Team                                   | Completed | Programme prepared and being rolled-out in the Redkite user training programme. Evidence "2 year plan overview"  |   | <a href="#">MC1.3</a> |
|       |   | 2 year audit programme aligned with Training programme   | 31-May-19 |  | Completed | Completed. Evidence: Included in tabs 2 and 3 of the "2 year plan overview".   |   |                       |
| MC1.4 | Audit process completion and outcomes to be part of CRG performance management framework  | Monthly service standards report to include: confirmation of audit completion by station managers and actions as result of outcomes, monitoring of dashboard on a monthly basis, monitoring that training programme is being followed.   | 31-May-19 | CRG Managers                                   | Completed | 25/5/19 - awaiting confirmation from CRGs that MOC actions have been captured in service standards report. 5th June look to close; evidence needed from CRG to close - GM Ellison to provide 070619                                    |   | <a href="#">MC1.4</a> |
|       |   | AM and GM CRG inspections to include review and capture of how MOC issues identified through audit have been addressed   | 31-May-19 | AM Response/CRG Managers                       | Completed | 25/5/19 - awaiting confirmation from CRGs that MOC actions have been captured in AM/GM station inspection programme. 5th June look to close; evidence needed from CRG to close - GM Ellison to provide 070619                          |   |                       |

**Action: MC2: Publish policy and guidance that clarifies requirements and responsibilities for the management of MOC framework**

| Ref:  | Details  | Deliverables   | Due date  | Owner                         | Status    | Narrative Update  | RAG (Red - Overdue/ Amber - In Progress/ Green Completed) | Document Storage      |
|-------|--|--|-----------|-------------------------------|-----------|---|---|-----------------------|
| MC2.1 | Overarching Policy and guidance sheets for each competence area to be prepared that clarifies: • which competences are regarded as risk critical and hence impact on operational status of individuals • Who is responsible for overseeing and managing risk critical competences: • Who will make the | Draft policy sent out for consultation                                   | 29-Mar-19 | Training Manager              | Completed | Evidence: "MOC Policy v 0.3" Published on intranet as policy D15 'maintenance of competence'  |   | <a href="#">MC2.1</a> |
|       |  | Policy to be included in roll-out of training on the redkite MOC process | 31-May-19 | Training Manager/Phase 3 Team | Completed | Content of policy, including responsibilities of individuals, covered in the redkite user refresher training roll-out to all stations. Training package and Redkite user guide evidenced in MC4.1 |   |                       |
|       |  | policy published   | 31-May-19 | Training Manager              | Completed | Approved for publication by Tactical Leadership Team 15/5/19  |   |                       |



|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  | <p>Reviewing and managing non-core competencies, which will make the decision as to whether staff are removed from operational duties based on not maintaining competence in a specific area.</p> <p>Redkite system and who is responsible for each assessment. It will also include actions to take when revalidation dates are exceeded for risk critical competencies. ORMIG will approve actions on expired competencies following recommendations from capability groups.</p> <p>31-May-19</p> <p>Phase 3 Team</p> <p>Completed</p> <p>Evidence examples: "Competence guidance sheets part of the Redkite user refresher training roll-out - from KC"</p> |  |
|  |  |  |  |  |  | <p>Guidance sheets to be uploaded onto Moodle and included in roll-out of training on the Redkite MOC process</p> <p>31-May-19</p> <p>Phase 3 Team</p> <p>Completed</p> <p>7/6/19 KC to upload onto Fireplace on 10/6 and link Moodle to Fireplace. Leave action open until uploaded into Moodle.</p>  |  |

**Action: MC3: Ensure admin processes surrounding the recording of competence are effective**

| Ref:  | Details   | Deliverables   | Due date                          | Owner                | Status    | Narrative Update  | Document Storage |
|-------|---|--|-----------------------------------|----------------------|-----------|---|------------------|
| MC3.1 | Ensure that FB47, FB48 and FB 49 arrangements are being correctly processed so that personnel are listed on Redkite against correct locations and enrolled in appropriate competences | Review Redkite records at Brackley in direct response to the findings during HMICFRS inspection to ensure that leavers have been removed from the system   | 31-May-19                         | Phase 3 Team         | Completed | Notification received from CRG that out of date BA records and incorrect personnel records have now been updated. Evidence: Redkite records check                           |                  |
|       |   | Instruct all fire stations to check their Redkite records to ensure all personnel are recorded at correct locations and enrolled in correct competences, including the removal of leavers from the system.   | 31-Jan-19                         | CRG Managers         | Completed | Completed and chased in May 2019 by CRG GMS.  |                  |
|       |   | Review current FB HR form notifications to ensure the processes are allowing for all T&D requirements, including informing the Phase 3 team of staff moves so that Redkite can be updated.   | 31-May-19                         | Phase 3 Team         | Completed | Completed and tested by Robert Paladino. Evidence demonstration if necessary  |                  |
| MC3.2 | Review and, where appropriate, removal of unnecessary competence assessments for competences that are assessed centrally.   | Following consultation with workstream leads, removal of ACS from system (facilitated by Redkite), and notification sent to all watches and station personnel (to be also included in Redkite refresher training programme (MC4.1)). Awaiting Redkite Company to make amendments | 31/05/2019. Changed to 30/09/2019 | Phase 3 Team         | Completed | The ACS for removal have been identified and the Redkite user refresher training programme notified users of this intent. Redkite IT provider has removed the unneeded ACS. |                  |
|       |   | Interim improvements through the setting up of a single mailbox for FB29 submissions   | 08-Feb-19                         | Training Manager     | Completed | Complete. Evidence: demo of mailbox if necessary  |                  |
|       |   | Investigate potential of workflow system that is fully auditable and supports the process of FB29 recording  | 31-May-19                         | Training Manager/ICT | Completed | Investigation conducted and decided not to progress on cost v benefit grounds at this stage.  |                  |
| MC3.3 | Review of FB29 process to ensure process is correctly informing Redkite records.  | Look to use the course booking system to get central-based instructors to update Redkite automatically for central courses, and to implement a reviewed FB29 process for station based courses (ACS) so that instructors can more accurately record training courses             | 31-May-19                         | Phase 3 Team         | Completed | this will be considered as a longer-term enhancement to support a more efficient uploading of centrally run training. Deferred until end March 2020.                        |                  |

**Action: MC4: Implement a refresher training programme for the use of Redkite and the Management of MOC**

| Ref:  | Details   | Deliverables  | Due date  | Owner        | Status  | Narrative Update   | Document Storage |
|-------|---|---|-----------|--------------|---|--|------------------|
| MC4.1 | Refresher training programme for Redkite/MOC management to be prepared and implemented for existing staff to include: • Training for all station personnel to ensure understanding of how to achieve and maintain competence; • Training for all line managers in managing, recording and auditing the competence of staff and actions to take in relation to each competence if staff are not maintaining competence | Design content for training programme and delivery arrangements to include refresher on the use of Redkite for all station based staff and to include training on updated arrangements such as the need to record information against red indicators, competence guidance sheets, policy, restructuring of ACS, dashboard, audit process/responsibilities, training programme, revised FB29 process, the need to record all activities against MOCs (including training, incidents, standard tests, etc). | 15-Apr-19 | Phase 3 Team | Completed   | Completed - evidence: "Maintenance of competence improvement plan presentation police and fire" and "Redkite USER GUIDE" |                  |
|       | Present training programme for approval to a workgroup comprising end users, line managers, auditors, T&D manager and AlM Op Support for approval   | 26-Apr-19   | Completed |              | Completed - evidence: "Maintenance of competence improvement plan presentation police and fire" and "Redkite USER GUIDE"  |  |                  |
|       | Commence roll-out training programme to agreed timeline - to include initial hit of CRG WMS delivery followed by longer-term follow up by Phase 3 team  | 01-May-19   | Completed |              | Completed - evidence: "Maintenance of competence improvement plan presentation police and fire" and "Redkite USER GUIDE". Ongoing delivery of programme (RDS completed, WDS commenced and timeline to be confirmed) |  |                  |
|       | Add MOC input to all firefighters, supervisory manager, and middle manager development programmes or induction processes  | 01-Jun-19   | Completed |              | Completed - evidence "All development programmes" document showing content of development programmes for each role  |  |                  |
| MC4.2 | Ongoing arrangements to ensure new staff are trained on the Redkite/MOC process, and existing staff are refreshed regularly and updated on any changes  |   |           |              |   |  |                  |

**Action: MC5: Training workstream leads to triangulate and audit Redkite information**

| Ref:   | Details  | Deliverables   | Due date   | Owner                                       | Status    | Narrative Update  | RAG (Red - Overdue/<br>Amber - In Progress/<br>Green Completed) | Document Storage      |
|--------|--|--|------------|---|-----------|---|---|-----------------------|
| MCS.1  | Training workstream leads to ensure that all staff are up to date with centrally-run training/ assessments and that Redkite accurately reflects current status. This includes:<br>BA assessments; ICS, inc JESIP; Driving & EFAD; Safe working at height; Water; Hazmat/CBRN; RTC; IEC; Safeguarding; H&S; Phase 1 Ff program. | workstream leads to triangulate local records with redkite records to ensure accuracy and consistency  | 31-May-19  | <u>Workstream leads</u>                     | Completed | Inaccuracies between redkite records and local records identified and plans to resolve for BA, RTC, ICS, Driving/EFAD, Water, SWaH, IEC, Hazmat and CBRN by 31/5/19. Safeguarding and H&S de-prioritised due to delay in procurement of i-learn replacement packages. |   | <a href="#">MCS.1</a> |
|        |  | Scorecard reports to be put in place for each workstream for T&D Manager to review on a monthly basis that show % of respective staff competent. The scorecards should report on the risk critical elements of each workstream in line with redkite records. Any training needs identified or expired competences need to be recorded and respective watch managers notified (training needs recorded and uploaded onto redkite via FB167). Scorecards are required for ACs (Assessments of competence) for: |            |   |           |   |   |                       |
|        |  | BA assessments (including monthly scorecard for Oct - March BA programme)  | 31-May-19  |   | Completed | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | ICS, inc JESIP   |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | Driving & EFAD   |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | Water rescue and awareness   |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | Hazmat   |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | Phase 1 Ff prog  |            |   |           | postponed due to ongoing development in line with RDS review programme  |   |                       |
|        |  | RTC  |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | Safe Working at height   |            |   |           | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"   |   |                       |
|        |  | IEC  |            |   |           | Scorecard template prepared, completion planned June 2019   |   |                       |
|        |  | Winching   |            |   |           | Scorecard template prepared, completion planned June 2019   |   |                       |
| CBRN   | Scorecard Implemented. Evidence: "FEG MOC scorecard_310519PG"  |  |            |   |           |   |   |                       |
| MCS.1a | Health & Safety and Safeguarding E-Learning packages to be requested following procurement process   | Safeguarding<br>Health & Safety  | 30/09/2019 | Training Manager/Prevention/Health & Safety | Completed | IT packages have been purchased to be uploaded onto the MOODLE platform.  |   |                       |





| Strategic Objective - Effectiveness - Keeping our Communities Safe & Well |  |         |            |  |  |         |                  |
|---|--|---------|------------|--|--|---------|------------------|
|   | Action   | Status  | Due date   | Dependencies   | Narrative, update & Evidence   | HMICFRS | HMICFRS - detail |
| Identifying and analysing Risk  | Our Station Plans reflect local risk regarding Prevention, Protection and Response and are embed within the NFRS Assurance and Performance framework | Open    | Q1 2020/21 | Prevention (clarity around priorities) NFRS Performance & Assurance Framework  | Coordinated activity led by CRG's to consider how performance is measured, that activity is focused on risk and to improve CRG processes and increase prevention activity (Trial of software solution)   | ✓       | HMICFRS - detail |
|   | Implement new duty system for CRG-WM - to provide more consistent availability of across weekends and additional managerial support**                | Open    | Q1 2020/21 |  | Implemented on trial November 2019, for 6 months, Evaluation FIRECOVER PLAN REF FC2.4  | ✓       | HMICFRS - detail |
| Effective Response  | Bring forward proposals around the on-call (RDS) - to consider processes, systems, policy and pay model**  | Scoping | TBC        |  | RDS Review Project - scoping paper currently being completed. Additional funding required for any alternative to pay model - Initial engagement undertaken by PM to inform scoping document, this review will incorporate FC4.1, FC4.2 and FC4.6 in its scope and part of FC4.5 - to outline the requirement for any new IT system | ✓       | HMICFRS - detail |
|   | Ensuring staff have right skill sets to support maintenance of fire cover  | Scoping | Q3 2020/21 | CRG - to identify requirement  | Regarding Supervisory Skills, Specialisms (such as Water, EFAD, BA etc) within on-call (RDS) staff group.  | ✓       | HMICFRS - detail |
|   | Review of Daventry, Rushden and Brackley to explore provision of and improve fire cover**  | Open    | Q1 2020/21 | Budget requirement   | Explore patterns of working to support availability during peak shortage times and weekends  | ✓       | HMICFRS - detail |
|   |  |         |            |  |  |         | ✓                |
| Effective prevention activity   | Review current Community Safety Evaluation   | Open    | Q1 2020/21 | CFRMIS development & Data Management Strategy/post External - developments within sector (IRS data capture and NFCC work around community safety activity) | To consider how we evaluate our existing work, how might we record increased activity for NFRS.  | ✓       | HMICFRS - detail |
| We will protect the public through Fire Regulation                        | Design and implement new Risk Based Inspection Plan (RBIP)   | Open    | Q1 2020/21 | Business Services CFRMIS development   | Defining high risk premises is complex and includes consideration of factors such as sleeping risk and crowded places. This revised RBIP will incorporate this broader risk understanding in our planning  | ✓       | HMICFRS - detail |
|   | Design and implement new report using wider data sets from CFRMIS  | Open    | TBC        | Business Services (SW) to extract and interrogate relevant information (CFRMIS) - require timescale from Senior Performance Analyst to inform planning.    | Aim is to develop reports which will allow the protection team to understand the impact protection intervention has, support to the development and refinement to the RBIP and to identify future targeting.   | ✓       | HMICFRS - detail |
|   | Initial review of informal fire safety advice provided to businesses   | Scoping | Q1 2021/22 | SIT  | Informal information regarding protection safety to businesses   | ✓       | HMICFRS - detail |
| Responding to local and national risks                                    | New Threats Response - CT (MTA/CBRN)   | Open    | Q1 2020/21 | National Guidance External - Police/EMAS   | PDCA reviewed and IA developed to consider wider response preparedness considering HM18.   | ✓       | HMICFRS - detail |
|   | Review Exercise Framework and Programme  | Open    | Q1 2020/21 | Service Delivery   | Operational Effectiveness/Assurance Manager, New IA to be developed to include OPS-02  | ✓       | HMICFRS - detail |



Strategic Objective - People : Keeping our Staff Safe & Well

| Action  | Status  | Due date   | Dependencies  | Narrative, update & Evidence   |
|---|---------|------------|---|--|
| Review existing MOC framework to ensure effectively directing and recording staff competencies.**   | Open    | Q4 2019/20 | CRG Managers<br>Redkite - Business case pending for development of system | Including ensuring appropriate;<br><ul style="list-style-type: none"> <li>• links to acquisition and revalidation training</li> <li>• frequency and content</li> <li>• AC and MOC allocation</li> <li>• competence guidance documents</li> <li>• Reporting processes (scorecard and enquiry)</li> <li>• alignment with NOGP training specs</li> <li>• supporting packages</li> <li>• audit arrangements</li> <li>• IT system</li> </ul> to include MOC for new HSV and FP roll-out |
| Right people with the right skills<br><br>Next stage expansion of Redkite MOC frameworks to other staff groups**  | Open    | Q2 2020/21 | Officer groups, Fire Staff, Specialist Instructors                        | Was TRG10 & TRG11 (to close)<br>Including;<br><ul style="list-style-type: none"> <li>• Officer MOC framework (Q4-19/20)</li> <li>• Fire staff MOC framework (Q2 -20/21)</li> <li>• Specialist instructor MOC frameworks</li> <li>• Business skills and all staff training packages (GDPR, H&amp;S, safeguarding, E&amp;D, etc)</li> </ul> FPO staff (Procurement timeline for new e-learning?)   |
| Work with the Operational Effectiveness and Joint Operations team to support the operational learning programme and help ensure that operational learning is appropriately captured, shared, trained for and managed across the Service to mitigate operational risk. | Open    | Q4 2019/20 | Link to JOT 05  | This was OPS-02?? that Phil asked to be closed. Discussion with Phil will be needed as Paul doesn't think this has been completed. Is this ref DMT/debriefs?   |
| Develop and implement an organisational engagement strategy   | Scoping | Q2 2020/21 | OPFCC   | To cover internal and external engagement (Employee and customer), and so involves key depts. including CRG delivery, Prevention, IRMP consultation, Protection etc.   |
| Promoting the right values and culture<br><br>Conduct an organisation cultural audit  | Open    | Q4 2019/20 | Recruitment of EDI Officer  | Require funding for and EDI professional to support this work. Cultural audit provision via external source (Northampton Uni)  |

|  |                        |            |      |   |
|--|------------------------|------------|------|---|
|  |                        | Q3 2019/20 | Open | Review the Service Health & Wellbeing Strategy  |
| Including the launch and integration of Sapper Support. Implementation of Officer and Watch mental health resilience sessions. TRiM implementation, training, documentation. Agree budget and communication plan | Training & Development | Q3 2020/21 | Open | Evolve the current and introduce new wellbeing to support options, to enhance ease of availability, profile and understanding for all staff |



| Strategic Objective - Effectiveness : Keeping our Communities Safe & Well |  |         |            |   |   |         |   |
|---|--|---------|------------|---|---|---------|---|
|   | Action   | Status  | Due date   | Dependencies  | Narrative, update & Evidence  | HMICFRS | HMICFRS - detail  |
| Identifying and analysing Risk  | Our Station Plans reflect local risk regarding Prevention, Protection and Response and are embeded within the NFRS Assurance and Performance framework | Open    | Q1 2020/21 | Prevention (clarity around priorities) NFRS Performance & Assurance Framework   | Coordinated activity led by CRG s to consider how performance is measured, that activity is focused on risk and to improve CRG processes and increase prevention activity. (Trial of software solution)   | ✓       | Develop station based prevention plans in line with local risk<br>x HMI9 - Show a clear rationale for the resources allocated between prevention, protection and response activities. This should be linked to risks and priorities set out in an up-to-date integrated risk management plan  |
|   | Implement new duty system for CRG-WM - to provide more consistent availability of across weekends and additional managerial support**                  | Open    | Q1 2020/21 |   | Implemented on trial November 2019, for 6 months. Evaluation. FIRECOVER PLAN REF FC2.4  | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern). Firecover Plan ref FC2 - Confirm Fire Cover Model & Organisational Response to appliance availability FC2.4   |
| Effective Respose   | Bring forward proposals around the on-call (RDS) - to consider processes, systems, policy and pay model**  | Scoping | TBC        |   | RDS Review Project - scoping paper currently being completed. Additional funding required for any alternative to pay model. Initial engagement undertaken by PM to inform scoping document, this review will incorporate FC4.1, FC4.2 and FC4.6 in its scope and part of FC4.5 - to outline the requirement for any new IT system | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern) Firecover Plan - FC4 - Review RDS model to ensure FireCover is sustained This review will incorporate FC4.1, FC4.2 and FC4.6 in its scope and part of FC4.5 - to outline the requirement for the system                              |
|   | Ensuring staff have right skill sets to support maintenance of fire cover  | Scoping | Q3 2020/21 | CRG - to identify requirement   | Regarding Supervisory Skills, Specialisms (such as Water, EFAD, BA etc) within on-call (RDS) staff group.   | ✓       | x HMI 15 ensure its workforce plan takes full account of the necessary skills and capabilities to carry out the integrated risk management plan   |
|   | Review of Daventry, Rushden and Brackley to explore provision of and improve fire cover**  | Open    | Q1 2020/21 | Budget requirement  | Explore patterns of working to support availability during peak shortage times and weekends   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern). Firecover Plan ref FC3 - Develop resilience arrangements to ensure min. Firecover is maintained. FC3.3  |
|   | Review current Community Safety Evaluation   | Open    | Q1 2020/21 | CFRMIS development & Data Management Strategy/post External - developments within sector (IRS data capture and NFCC work around community safety activity | To consider how we evaluate our existing work, how might we record increased activity for NFRS  | ✓       | HMI1 - Ensure allocates enough resources to prevention work. Evaluate its Prevention work so it understands the benefits better   |
| We will protect the public through Fire Regulation                        | Design and implement new Risk Based Inspection Plan (RBIP)   | Open    | Q1 2020/21 | Business Services CFRMIS development  | Defining high risk premises is complex and includes consideration of factors such as sleeping risk and crowded places. This revised RBIP will incorporate this broader risk understanding in our planning   | ✓       | HMI2 - Assure that the risk-based inspection programme includes proportionate activity to reduce risk. Also include appropriate monitoring and evaluation<br>x HMI9 - Show a clear rationale for the resources allocated between prevention, protection and response activities. This should be linked to risks and priorities set out in an up-to-date integrated risk management plan |
|   | Design and implement new report using wider data sets from CFRMIS  | Open    | TBC        | Business Services (SW) to extract and interrogate relevant information (CFRMIS) - require timescale from Senior Performance Analyst to inform planning.   | Aim is to develop reports which will allow the protection team to understand the impact protection intervention has, support to the development and refinement to the RBIP and to identify future targeting.  | ✓       | HMI2 - Assure that the risk-based inspection programme includes proportionate activity to reduce risk. Also include appropriate monitoring and evaluation   |
|   | Initial review of informal fire safety advice provided to businesses   | Scoping | Q1 2021/22 | SIT   | Informal information regarding protection safety to businesses  | ✓       | HMI3 - Ensure provision of enough informal fire safety information to the local business community  |
| Responding to local and national risks                                    | New Threats Response - CT (MTA/CBRN)   | Open    | Q1 2020/21 | National Guidance External - Police/EMAS  | PDCA reviewed and IA developed to consider wider response preparedness considering HMI8.  | ✓       | x HMI8 - Ensure it is well prepared to form part of a multi-agency response to a community risk identified by the local resilience forum, including a marauding terrorist attack, and that its procedures for responding to terrorist related incidents are understood by all staff and are well tested   |
|   | Review Exercise Framework and Programme  | Open    | Q1 2020/21 | Service Delivery  | Operational Effectiveness/Assurance Manager. New IA to be developed to include OPS-02   | ✓       | x HMI7 - Arrange a programme of over the border exercises, sharing the learning from these exercises  |

Strategic Objective - People : Keeping our Staff Safe & Well

| Action  | Status  | Due date   | Dependencies  | Narrative, update & Evidence   |
|---|---------|------------|---|--|
| Review existing MOC framework to ensure effectively directing and recording staff competencies.**   | Open    | Q4 2019/20 | CRG Managers<br>Redkite - Business case pending for development of system | Including ensuring appropriate;<br><ul style="list-style-type: none"> <li>• links to acquisition and revalidation training</li> <li>• frequency and content</li> <li>• AC and MOC allocation</li> <li>• competence guidance documents</li> <li>• Reporting processes (scorecard and enquiry)</li> <li>• alignment with NOGP training specs</li> <li>• supporting packages</li> <li>• audit arrangements</li> <li>• IT system</li> </ul> to include MOC for new HSV and FP roll-out |
| Right people with the right skills<br>Next stage expansion of Redkite MOC frameworks to other staff groups**  | Open    | Q2 2020/21 | Officer groups, Fire Staff, Specialist Instructors                        | Was TRG10 & TRG11 (to close)<br>Including;<br><ul style="list-style-type: none"> <li>• Officer MOC framework (Q4-19/20)</li> <li>• Fire staff MOC framework (Q2 -20/21)</li> <li>• Specialist instructor MOC frameworks</li> <li>• Business skills and all staff training packages (GDPR, H&amp;S, safeguarding, E&amp;D, etc)</li> </ul> FPD staff (Procurement timeline for new e-learning?)   |
| Work with the Operational Effectiveness and Joint Operations team to support the operational learning programme and help ensure that operational learning is appropriately captured, shared, trained for and managed across the Service to mitigate operational risk. | Open    | Q4 2019/20 | Link to JOT 05  | This was OPS-02?? that Phil asked to be closed. Discussion with Phil will be needed as Paul doesn't think this has been completed. Is this ref DMT/debriefs?   |
| Develop and implement an organisational engagement strategy   | Scoping | Q2 2020/21 | <b>OPFCC</b>  | To cover internal and external engagement (Employee and customer), and so involves key depts. including CRG delivery, Prevention, IRMP consultation, Protection etc.   |
| Promoting the right values and culture<br>Conduct an organisation cultural audit  | Open    | Q4 2019/20 | <b>Recruitment of EDI Officer</b>   | Require funding for and EDI professional to support this work. Cultural audit provision via external source (Northampton Uni)  |
| Review the Service Health & Wellbeing Strategy  | Open    | Q3 2019/20 |   |  |
| Evolve the current and introduce new wellbeing to support options, to enhance ease of availability, profile and understanding for all staff   | Open    | Q3 2020/21 | Training & Development  | Including the launch and integration of Sapper Support. Implementation of Officer and Watch mental health resilience sessions. TRiM implementation, training, documentation. Agree budget and communication plan   |

Strategic Objective - Efficiency : Making the best use of our Resources

|   | Action  | Status  | Due date   | Dependencies                           | Narrative, update & Evidence  |
|---|---|---------|------------|--|---|
| Making the best use of resources  | Reduce use of overtime and improve oversight/audit  | Open    | Q1 2020/21 | Implementation of new pay system       | As part of development of new pay system, consideration to be given to appropriate reports and QA for overtime. CRG managers to implement clear overtime monitoring and authorisation procedures - these will be considered at Establishment Board and so help to inform succession planning. |
|   | Implement exercises to support business continuity planning   | Open    | Q4 2019/20 | TLT                                    | To re-invigorate framework and introduce a series of business continuity exercises at Department and Service Level. Improve metrics/reporting of exercise undertaken  |
|   | Initiate an increase of additional crew(s) to provide resilience and bolster daytime availability** | Scoping | Q1 2020/21 | Linked to RMC FC 05                    | Agreement to fund additional establishment to support firecover and embed fixed bank (12 FF) - location and duty sytem to be determined; developing options. Business Services to support action.<br>FIRECOVER PLAN REF FC3.1   |
| Affordable way of managing risk of fire and other risks now and into the future | Development of capital strategies to support delivery (Fleet, equipment, ICT, Property)**           | Open    | Q3 2019/20 | Captial Plan, all relevant departments | Development of planning timetable around the captial strategy spend. To finalise plan and produce a timetable of projects/PDCA's for delivery.  |
|   | Development of Joint estates strategy with Police (OPFCC Lead)                                      | Open    | Q4 2019/20 | <b>Estates Board</b>                   | Joint Estates Strategy will be delivered 2019/20 with projects falling out of this.   |



| Strategic Objective - Effectiveness : Keeping our Communities Safe & Well |             |  |  |   |         |  |
|---|-------------|--|--|---|---------|--|
|   | BS Ref note | Action   | Status   | Narrative, update & Evidence  | HMICFRS | HMICFRS - detail   |
| Effective Response  | FC1         | Implement new Standards of Operational Response (SOR) and Fire Cover Model   | Closed   | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2019   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern)                                     |
| Effective Response  | FC2         | Confirm Fire Cover Model and Organisational Response to appliance availability   | Partially completed (except FC2.4)             | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern)                                     |
| Effective Response  | FC3         | Develop resilience arrangements to ensure minimum Fire Cover is maintained   | Partially completed (except FC3.1a, and FC3.3) | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern)                                     |
| Effective Response  | FC4         | Review RDS Model to ensure Fire Cover is sustained   | Partially completed (except FC4.1 and FC4.5)   | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern)                                     |
| Effective Response  | FC5         | Enhance Performance Information of appliance availability  | Closed   | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI 5 Improve process for monitoring the number of fire engines available so that senior managers can make effective decisions (Cause for concern)                                     |
| Responding to local and national risks                                    |             | Update Mobile data terminals (MDT's) with Over the Border Risk Information   | Closed   | Completed - Business as usual   | ✓       | HMI6 - Ensure operational staff have good access to cross-border risk information  |
| Right people with the right skills  | MC1         | Implement a robust audit process that is linked with a centrally-directed training programme and prioritised on risk critical competencies | Partially completed (except MC1.2)             | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI16 - Ensure that it provides, assesses and accurately records suitable operational training and that all operational staff have the proper risk-critical skills (Cause for Concern) |
| Right people with the right skills  | MC2         | Publish policy and guidance that clarifies requirements and responsibilities of MOC framework  | Closed   | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI16 - Ensure that it provides, assesses and accurately records suitable operational training and that all operational staff have the proper risk-critical skills (Cause for Concern) |
| Right people with the right skills  | MC3         | Ensure admin processes surrounding the recording of competence are effective   | Partially completed (except MC3.2)             | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI16 - Ensure that it provides, assesses and accurately records suitable operational training and that all operational staff have the proper risk-critical skills (Cause for Concern) |
| Right people with the right skills  | MC4         | Implement a refresher training programme for the use of redkite and the Management of MOC  | Closed   | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI16 - Ensure that it provides, assesses and accurately records suitable operational training and that all operational staff have the proper risk-critical skills (Cause for Concern) |
| Right people with the right skills  | MC5         | Training workstream leads to triangulate and audit redkite information   | Partially completed (except MCS.1a)            | Detail captured in Service Improvement Plan in response to HMICFRS Recommendations Aug 2020   | ✓       | HMI16 - Ensure that it provides, assesses and accurately records suitable operational training and that all operational staff have the proper risk-critical skills (Cause for Concern) |
| Promoting fairness and diversity  |             | Consider existing formal grievance process and requirement for informal procedure  | Closed   | HMICFRs recommendation to identify a process for recording grievances (informal/formal) - Formal grievance procedure in place. NFRS decision: creation of a process around informal grievances would by it's very nature render the grievance as 'formal' - no further action to pursue this aspect. Accept that unable to quantify volume or report on number for informal grievances. | ✓       | x Identify a process for recording grievances (informal/formal) HMICFRS feedback - first debrief   |
| Making the best use of resources  |             | Cost-benefit analysis of current 'Bank' system   | Closed   | ACFO Service Delivery undertook desktop review of the Bank and submitted recommendations to stabilise NFRS establishment. This was considered by OPFCC Accountability Board in Sept 2019. Initially the proposal was to trial an increase to establishment, decision taken was to permanently increase baseline.  | ✓       | HMI22 - Consider whether to conduct a cost-benefit analysis for 'Bank' system expenditure to inform longer term learning (letter)  |



**ITEM: 7b**

**NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER,  
NORTHAMPTONSHIRE POLICE and NORTHAMPTONSHIRE FIRE AND RESCUE  
SERVICE JOINT INDEPENDENT AUDIT COMMITTEE**

**11 DECEMBER 2019**

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>REPORT BY</b>      | D/Chief Superintendent Caroline Marsh |
| <b>SUBJECT</b>        | HMICFRS PEEL Review Update Report     |
| <b>RECOMMENDATION</b> | To note the Report                    |

## **1. Purpose**

The purpose of this report is to update the Joint Independent Audit Committee on the findings of the now published HMICFRS PEEL Review and provide a summary of the Force's immediate response to the findings.

## **2. Background**

The Force was subject to an HMICFRS integrated PEEL inspection in January 2019. The inspection took place over a two week period from Monday 14th January 2019 during which the performance of the force was assessed against nine of the ten core inspection questions. At the conclusion of the inspection the Force received a verbal debrief from the inspectors highlighting a number of areas for concern. The final inspection report was published in September 2019.



Integrated PEEL  
report - NHP.pdf

A summary of the main causes for concern is detailed in the below table along with a comparison with the Force's previous grading in 2017. HMICFRS defines a 'cause for concern' as a serious or critical shortcoming in a force's practice, policy or performance.

| Pillar & Question                             | 2019                        |                              | 2017                        |                              |
|---|-----------------------------|------------------------------|-----------------------------|------------------------------|
| <b>Effectiveness</b>                          | <b>Requires Improvement</b> |                              | <b>Requires Improvement</b> |                              |
| 1. Preventing crime and anti-social behaviour | <b>Requires Improvement</b> | 3 AFIs                       | Requires Improvement        | 3 AFIs                       |
| 2. Investigating crime                        | <b>Inadequate</b>           | Cause of Concern with 6 Recs | Requires Improvement        | 5 AFIs                       |
| 3. Protecting vulnerable people               | <b>Requires Improvement</b> | Cause of Concern with 3 Recs | Requires Improvement        | 4 AFIs                       |
| 4. Tackling serious and organised crime       | <b>Requires Improvement</b> | 4 AFIs                       | Requires Improvement        | Cause of Concern with 6 Recs |
| 5. Armed policing                             | Not graded                  |                              | Not graded                  |                              |
| <b>Efficiency</b>                             | <b>Inadequate</b>           |                              | <b>Good</b>                 |                              |
| 6. Meeting current demands                    | Inadequate                  | Cause of Concern with 4 Recs | Good & Requires Improvement | 3 AFIs                       |
| 7. Planning for the future                    | Requires Improvement        | 3 AFIs                       | Requires Improvement        | 1 AFI                        |
| <b>Legitimacy</b>                             | <b>Requires Improvement</b> |                              | <b>Requires Improvement</b> |                              |
| 8. Treating the public fairly                 | Requires Improvement        | 3 AFIs                       | Requires Improvement        | 4 AFIs                       |
| 9. Ethical and lawful workforce behaviour     | Good                        | 1 AFI                        | Good                        | 0                            |
| 10. Treating the workforce fairly             | Requires Improvement        | 5 AFIs                       | Requires Improvement        | 3 AFIs                       |

The following attachment provides additional details regarding each of the AFI's along with the operational leads.



Inspection report  
AFIs and Leads.pdf

### **3. Force Response to the Findings**

In response to the findings of the HMICFRS PEEL inspection the Force established the Futures Project which is the brand name for the Service Improvement Plan now being implemented by Northamptonshire Police.

The plan is a four phase, Force wide approach, being implemented at pace, including a major remodelling of the Force that will address the concerns of the Inspectorate. The programme has 6 principles that any changes should seek to address. The change principles are:

1. Clear accountability and ownership
2. Resolve at the first point of contact
3. Least number of handovers / processes
4. Reduce demand failure
5. Flexible – Ability to flex resource to demand
6. Promote collaborative team working

- **Phase One – Focus, Visibility and Ownership**

Phase One was the initial phase of the programme and included a revised daily briefing structure designed to provide greater accountability and clearer lines of ownership in managing threat, harm and risk.

Senior Leaders from the force conducted visits to Humberside Police and Avon and Somerset Police in order to look at their operating models, observe good practice and learn from the experiences of forces that have undertaken successful change programmes to significantly improve their performance.

Additionally, a Peer Review was undertaken by College of Policing which was commissioned and completed in May 2019. The final report supports the Forces own assessment of what their issues are and therefore what needs to change. The Peer Review Team have reviewed the proposed structural and process changes that are planned as part of the Futures Project, including the implementation of the Desk Based Investigation Model which was being piloted during their review. They were satisfied that the change programme is addressing the fundamental problems identified in the review.

- **Phase Two – Creating Stability and Capacity**

Phase Two involved structural and process changes to the way the force investigated volume crime. It included clear improvements to key functions including demand management at the point a crime is reported, streamlining desk based investigations for volume crime and a revised crime allocation policy to ensure demand was allocated to the most appropriate resource in a timely manner.

A proposal for a desk based investigation team was developed from the pilot consisting of Police Officers and Police Staff suitably skilled to investigate and resolve crimes from a desk based setting using available technology. The team adopted new processes for reviewing CCTV still images submitted by the public, taking statements electronically and undertaking any desk based tasks necessary to resolve the crime.

The supporting analysis for this work was completed in June 2019 along with recruitment of suitable staff in to the management structure. The Initial Investigation Team went live on 1<sup>st</sup> July 2019.

Running in parallel to this work has been a review of the night time economy. This work is now complete and supports a reduction of 9 officers per tour of duty in this role. This model was implemented in October 2019 resulting in the release of additional resources back to volume and priority investigations. There has also been a significant investment in upskilling the workforce which has included the role out of a 3 day Professionalising Investigation Programme to all supervisors and the use of temporary contracted staff, funded by the OPFCC, to work as mentors / coaches to develop officers and complete an evidential review function.

### **Phase Three – Shaping the Organisation**

Phase Three is the restructure of the Force to a geographical operating model which was implemented on 14<sup>th</sup> October 2019. This change saw the Force move from a thematic model, to one which provides greater accountability and ownership for service delivery at a local level.

The new model has simplified the departments within the Force to ensure that local problems are dealt with at a local level while providing flexible access to resources to tackle issues which require additional focus.

As part of this phase of implementation, the force has adjusted several of its neighbourhood boundaries to align exactly to the unitary authority to better facilitate coherent partnership working. The new place-based policing model aims to provide greater accountability to local communities, giving the public a named senior officer responsible for policing and tackling crime in their area.

### **Phase Four – Future Vision**

Phase Four will ensure a long-term 3-5 year plan is in place that sees Northamptonshire Police continue to improve and strive to deliver an outstanding service. The plan has been developed under the guidance of Bernard Marr who is a leading expert in business performance management and has worked to support the development of several other forces. Bernard started working with the Force in June to develop three key stages:



1. To identify the strategic goals and priorities and turn them into a future plan. This has been done in close collaboration with the chief officers, key people in the organisation as well as key external stakeholders.
2. Develop a set of objectives and key performance indicators to help monitor and track performance.
3. To provide skills transfer in the form of a masterclass including the best-practice approaches for managing, reporting and monitoring police performance as well as regular performance coaching for the organisation.

This work has developed a comprehensive Futures Plan (FP25 Plan) which is attached.



FP25 Plan.pdf

## 5. Governance

The Chief Constable has clearly defined the overarching strategic direction and goals for the force within the FP25 Plan. In support of this plan a set of objectives and metrics have been developed defining precisely what the force wants to achieve against each of the identified goals, and exactly how they will be measured (Key Performance Questions and Key Performance Indicators). Governance of the FP25 Plan is through the Force Strategic Board (FSB) chaired by the Chief Constable on a 6 weekly cycle. A full list of objectives and metrics can be viewed in the following attachment:



FP25 plan with KPQs  
and KPIs v3.pdf

Governance of the Service Improvement Plan is being overseen by the Chief Constable through the PEEL Board supported by the work of the Service Improvement Board (SIB) chaired by the Deputy Chief Constable.

PEEL Board tracks the cause for concern areas identified in the HMICFRS inspection. During PEEL Board the Chief Constable is provided with updates on the progress of the causes for concern by both the AFI Owner and the Futures Project Change Team. The purpose of the board is to provide the chief Constable with assurance that performance improvements are being progressed and implemented.

Service Improvement Board tracks all of the remaining AFI's that are not identified as a cause for concern. This board is the overseeing body that directs all structural, policy and process change to address the identified HMICFRS areas for improvement. The board is the design authority for the force to ensure all aspects of developing the operating model are done in a way that considers the full system impact, providing oversight to task and finish groups as necessary. The Culture and

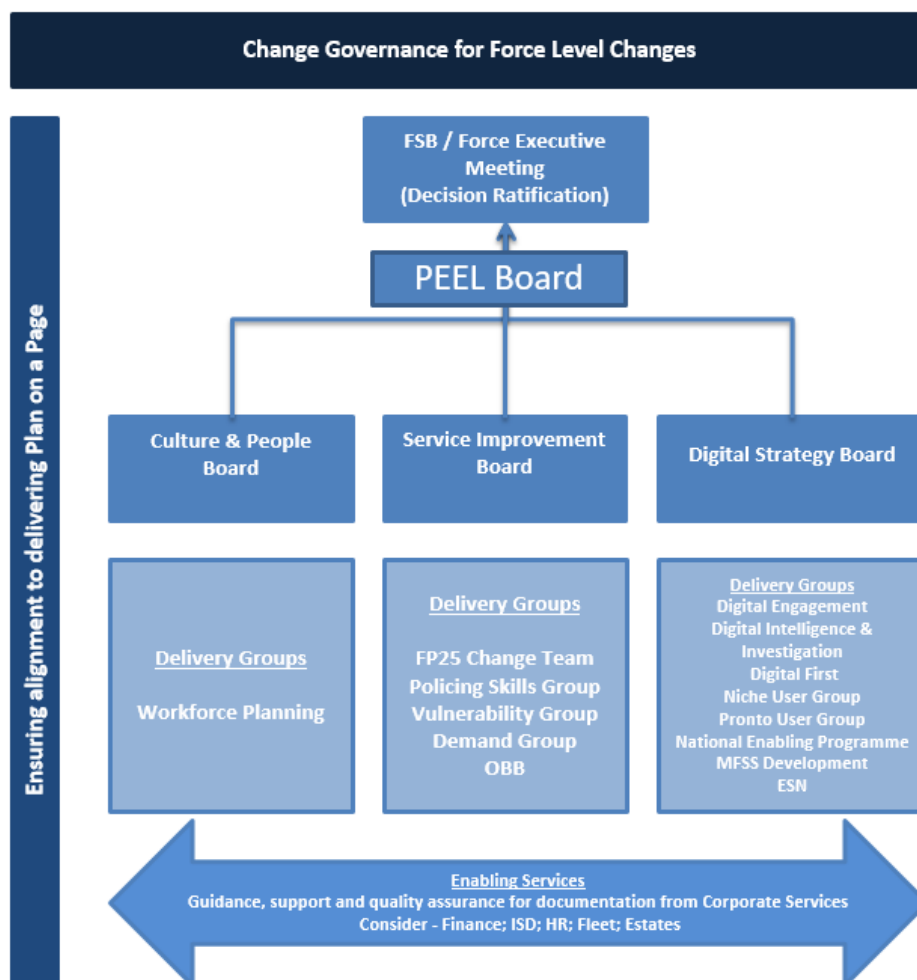
People Board works closely with the Service Improvement Board to ensure all people services and policies are coherent with the service improvement plan.

Service improvement is monitored monthly through this board, ensuring that a number of supporting task and finish groups remain responsive to the urgent needs of the organisation, public and partners.

The Task and Finish Groups include:

- **Policing Skills Group:** Identifying wholesale improvements to crime investigation processes
- **Vulnerability Group:** Ensuring the Force is working effectively with partners to identify vulnerability and minimising risk of harm to the public
- **Demand Group:** Identifying current hidden and future demand and new processes to manage it.
- **Criminal Justice Group:** Identifying and implementing process improvements to the delivery of our Criminal Justice Services.

The above described governance structure is illustrated below:



## 6. Service Improvement Performance

This section provides examples of performance improvements delivered to date against the HMICFRS Causes for Concern:

### **Appointment Times**

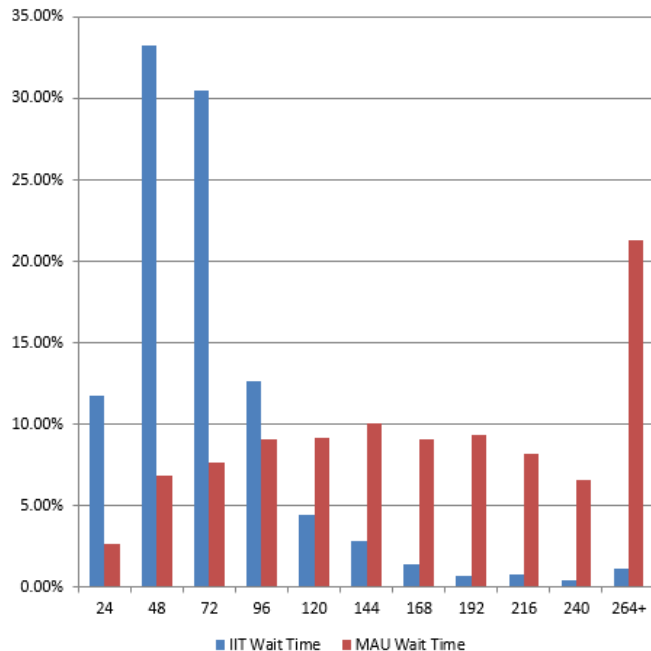
#### **(Cause for Concern Efficiency: Meeting current Demand – Inadequate)**

The MAU appointment wait time:  
Majority 120-144hrs (5 days)  
Often there would be waits of a week

IIT appointment wait time:  
Majority 24-48hrs (1 day)

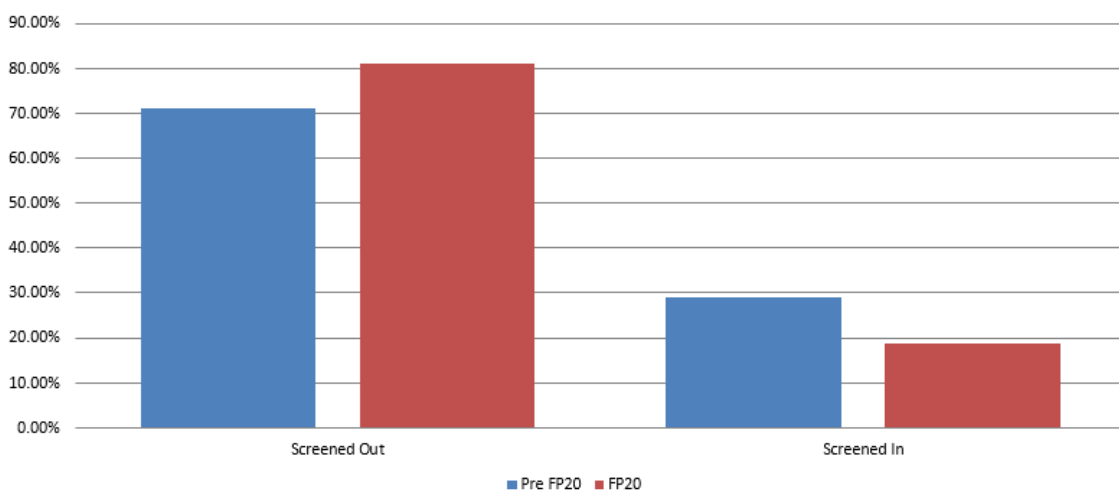
For several weeks we have been able to offer same day appointments and we are seeing an increase in the number of appointments dealt with in the 0-24hr window

The IIT appointments that wait longer than 24-48hrs are normally downgraded incidents we have been unable to make a deployment



### **Crime Investigations**

#### **(Cause for Concern Effectiveness: Investigating Crime – Inadequate)**

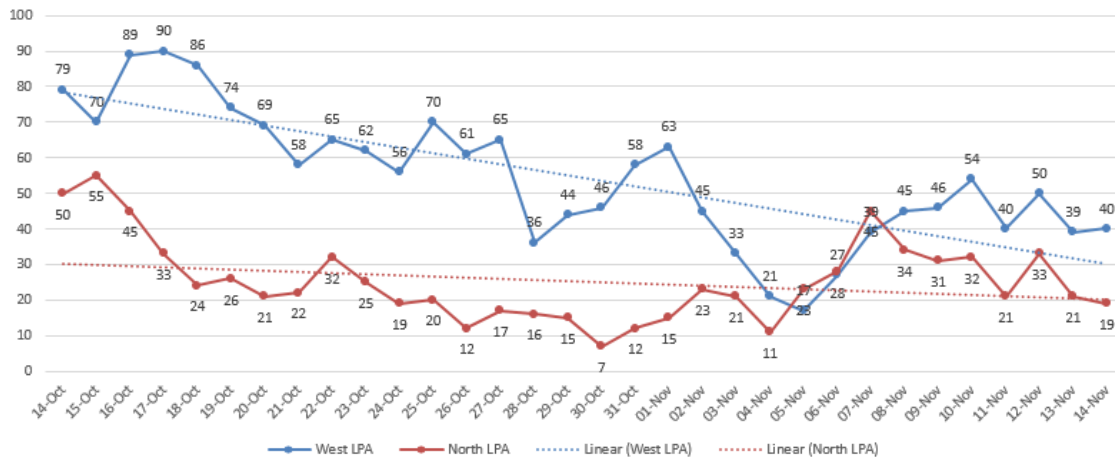
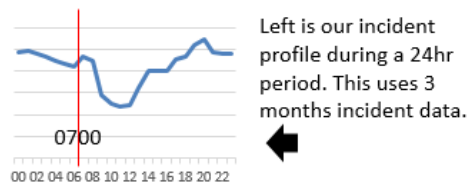


The FCR record a third of all of the force crime at source  
Previously 28.9% of these crimes would go on to be investigated  
Solvability and Proportionality policies have been created  
Now 18.9% of crimes are sent for secondary investigations by the IIT

### **Dispatch Queues**

**(Cause for Concern Efficiency: Meeting current Demand – Inadequate)**

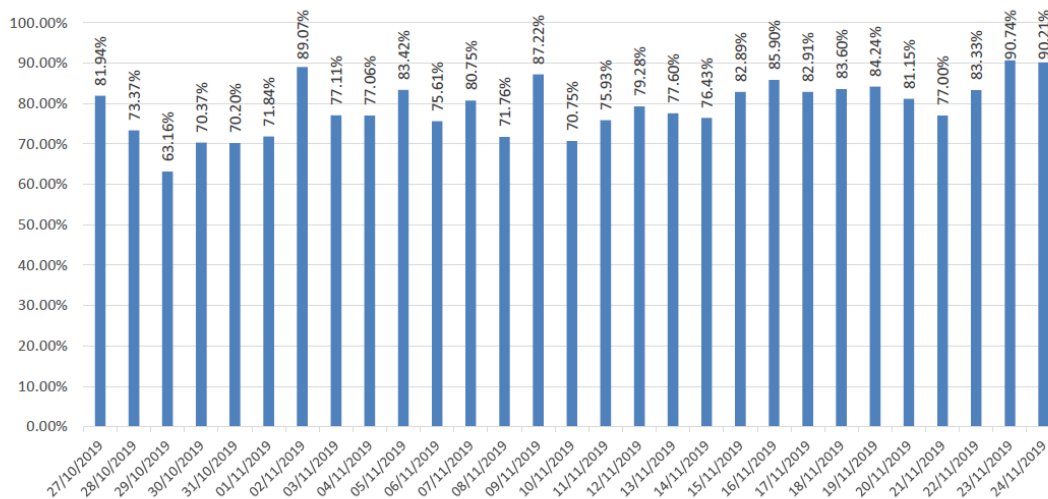
Dispatch queues with a snap shot taken at 0700 each day. This shift change-over for both the FCR and Response. The chart plots the number of incidents in each of the queues.



**24 Hour Crime Recording Compliance**

**(Cause for Concern Effectiveness: Protecting Vulnerable People – Requires Improvement)**

**Force 24hr Compliance – Daily**



**12 Month Average:  
73.3%**

**28 day rolling Average:  
79.1%**

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# **PEEL: Police effectiveness, efficiency and legitimacy 2018/19**

An inspection of Northamptonshire Police

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## What this report contains

This report is structured in four parts:

1. Our overall narrative assessment of the force's 2018/19 performance.
2. Our judgments and summaries of how effectively, efficiently and legitimately the force keeps people safe and reduces crime.
3. Our judgments and any areas for improvement or causes of for each component of our inspection.
4. Our detailed findings for each component.

## Our inspection approach

In 2018/19, we adopted an [integrated PEEL assessment](#) (IPA) approach to our existing PEEL inspections. This combines into a single inspection the effectiveness, efficiency and legitimacy areas of PEEL. We now assess forces against every part of our IPA programme every year.

As well as our inspection findings, our assessment is informed by our analysis of:

- force data and management statements;
- risks to the public;
- progress since previous inspections;
- findings from our non-PEEL inspections;
- how forces tackle serious and organised crime locally and regionally; and
- our regular monitoring work.

Four questions are exempt from our risk-based approach, because in these areas we consider the risk to the public important enough to inspect all forces every year.

We extended the risk-based approach that we used in our 2017 effectiveness inspection to the efficiency and legitimacy areas of our IPA inspections. This means that in 2018/19 we didn't inspect all forces against all areas. The table below shows the areas we inspected Northamptonshire Police against.



| <b>IPA area</b>                            | <b>Inspected in 2018/19?</b> |
|--|------------------------------|
| Preventing crime and anti-social behaviour | Yes                          |
| Investigating crime                        | Yes                          |
| Protecting vulnerable people               | Yes                          |
| Tackling serious and organised crime       | Yes                          |
| Armed policing                             | Yes                          |
| Meeting current demands                    | Yes                          |
| Planning for the future                    | Yes                          |
| Treating the public fairly                 | Yes                          |
| Ethical and lawful workforce behaviour     | Yes                          |
| Treating the workforce fairly              | Yes                          |

## **Force in context**

Note: please see separate document. Will be included for publication.

## Overall summary of inspection findings

| Effectiveness                                       | Requires improvement | Last inspected |
|---|----------------------|----------------|
| Preventing crime and tackling anti-social behaviour | Requires improvement | 2018/19        |
| Investigating crime                                 | Inadequate           | 2018/19        |
| Protecting vulnerable people                        | Requires improvement | 2018/19        |
| Tackling serious and organised crime                | Requires improvement | 2018/19        |
| Armed policing                                      | Ungraded             | 2018/19        |

| Efficiency                                  | Inadequate           | Last inspected |
|---|----------------------|----------------|
| Meeting current demands and using resources | Inadequate           | 2018/19        |
| Planning for the future                     | Requires improvement | 2018/19        |

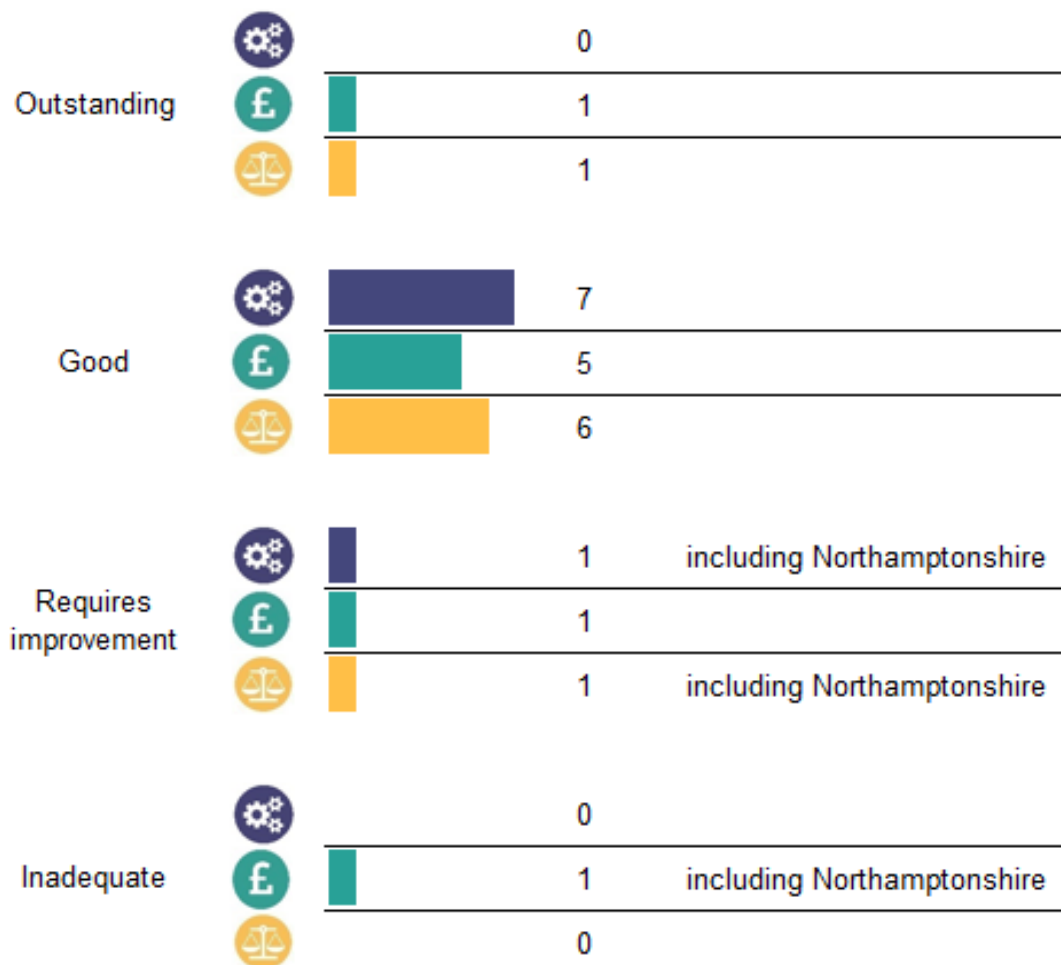
| Legitimacy                             | Requires improvement | Last inspected |
|--|----------------------|----------------|
| Fair treatment of the public           | Requires improvement | 2018/19        |
| Ethical and lawful workforce behaviour | Good                 | 2018/19        |
| Fair treatment of the workforce        | Requires improvement | 2018/19        |

NOTE: Supporting text for the overall judgment will be finalised following pre-publication checks.

## How does the force compare with similar forces?

We compare Northamptonshire’s performance with the forces in its most similar group (MSG). These forces are Cheshire, Derbyshire, Staffordshire, Kent, Avon and Somerset, Essex and Nottinghamshire. MSGs are groups of similar police forces, based on analysis of demographic, social and economic factors. For more information about MSGs, see our website.

**Figure 1: Pillar judgments for the Northamptonshire Police, compared with forces in its MSG**



# How effectively does Northamptonshire Police reduce crime and keep people safe?

## Requires improvement

### Summary

Northamptonshire Police is improving its approach to crime prevention. It needs to better analyse the information it has so it can allocate resources more effectively. It should also build on working more closely with communities to help it be more effective in preventing crime and anti-social behaviour.

The force has improved its approach to problem solving since our last inspection. However, there is still more work to do in this area. Better and more consistent processes would help the force prevent more crime.

Northamptonshire Police doesn't have the resources to investigate crime effectively enough. This has resulted in a backlog of crimes being allocated to investigators. There are plans for improvements, but the force has been slow to put these in place.

The force doesn't support victims as well as it should. This is down to a lack of resources in some cases, and policies and standards not always being in place in other cases. The force doesn't manage offenders effectively, which can sometimes present a risk to the public.

Northamptonshire Police needs to better understand the nature and scale of vulnerability. Since our last inspection, the force has got better at identifying vulnerability. However, it doesn't consistently support all vulnerable victims.

Tackling serious and organised crime is one of the force's six priorities. It has developed a better understanding since our last inspection and continues to make improvements.

### Preventing crime and tackling anti-social behaviour

#### Requires improvement

Northamptonshire Police has made some positive changes in its approach to crime prevention since our last inspection. It now has dedicated local policing teams working more closely with communities and organisations. It also has new plans, setting out clear objectives, which will build on this success. Crime prevention needs to be a priority when assigning tasks, and senior staff need to monitor this. Training should also be reviewed and updated where necessary.

We were pleased to see more of a focus on identifying hidden threats since our last inspection. The force now needs tackle other threats, including cyber crime. There is evidence that the force has plans to do this.

Northamptonshire Police needs to use social media more effectively to engage with communities. This will help it work better with harder to reach communities.

New approaches to problem solving, including working more with other organisations, means the force has improved in this area since our last inspection. There now needs to be more consistency across the county. This includes analysing the effectiveness of activity and supervision, and sharing information with other organisations.

An early intervention pilot hub is offering good support to vulnerable children and their parents. A new initiative to divert young people from gang violence has also been introduced. Both schemes appear very promising and we look forward to the results.

### **Areas for improvement**

- The force should improve how it analyses information and intelligence. This will help it better understand crime and anti-social behaviour in Northamptonshire. It will then be able to target activity more effectively.
- Local policing teams should communicate with communities regularly. The force should also problem solve with other organisations to prevent crime and anti-social behaviour.
- The force should share what it does well internally and with external organisations it works with. This would help improve its approach to preventing crime and anti-social behaviour.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Prioritising crime prevention**

Northamptonshire Police understands the importance of crime prevention, and its neighbourhood policing has improved since our last inspection. The force now has local policing teams dedicated to working with neighbouring organisations. This helps prevent crime and anti-social behaviour and solve problems in local communities.

While the number of officers and staff working in these teams has reduced, they are no longer redeployed elsewhere to carry out other work. This means they are now able to spend almost all their time on their main tasks. These are community engagement, problem solving and crime prevention.

Crime prevention is not a consistent part of the force's task assignment processes. Senior staff overseeing prevention activities is limited. This means the force may be missing chances to prevent crime. Most neighbourhood officers and staff have had some problem solving and crime prevention training. For some, however, this was over 18 months ago, and may need refreshing.

Neighbourhood policing teams have developed new plans to prevent crime. The main objectives include:

- Making the best use of information;
- Working with other organisations and problem solving;
- Research and development; and
- Improving neighbourhood policing.

This new approach invites the public to work with neighbourhood policing teams to identify and resolve local problems. The focus is on working with the public, rather than simply providing a service. During our fieldwork, the strategy had just been launched and the workforce were not yet achieving all the objectives.

The force plans to introduce a continuous professional development scheme for neighbourhood policing teams. This will help to build their skills and knowledge, making them more effective.

### **Protecting the public from crime**

Northamptonshire Police has improved its understanding of the threats communities face. We were pleased to see evidence of up-to-date beat profiles. Neighbourhood teams can now access these from their mobile devices. The profiles include:

- Specific information and summaries about recently reported crimes;
- Details of known offenders;
- Potentially vulnerable people.

The force analyses some of these threats. It now needs to do more to build a more detailed picture. A focus should be on threats that are often less visible, such as modern slavery.

The force is targeting activity to better understand hidden threats. For example, it takes part in meetings with various agencies to tackle cuckooing. This is where drug dealers take over the home of a vulnerable person to use it for drug dealing. The force now needs to work with agencies to better understand how to tackle other threats, such as cyber-crimes. The force has plans to do this. It will then be able to give clearer guidance to neighbourhood teams.

Neighbourhood teams talk to the public and organisations informally to get a better understanding of threats faced by communities. This helps local supervisors understand problems affecting some communities. Yet it isn't clear how this is used to provide a county-wide picture. Local engagement is inconsistent, which means that neighbourhood teams don't fully understand their communities. This includes harder to reach groups and those less likely to contact the police. The teams use survey monkey and carry out some local activities.

The force isn't using social media effectively enough in its work with communities. It has a single Facebook page which provides information, but there is limited dialogue. This means that the force is missing opportunities to engage with harder to reach communities, which may reveal hidden harms.

Northamptonshire Police's approach to problem solving has improved since our last inspection. However, it still isn't up to the standard its communities should expect. Northamptonshire Police uses the OSARA model for problem solving (objective, scanning analysis, review and assess). There were examples of plans in this area, with some involving other organisations and residents. These plans are reviewed and supervised on a local level, but they are not overseen by a senior officer or force wide.

The force has recently introduced a 'problem solvers group', involving other organisations. Its aim is to analyse the effectiveness of tactical activity, and share lessons learned and what is being done well.

There isn't enough capacity to analyse problem-solving approaches to tackling long term crime problems, or to test the effectiveness of efforts to address them. When teams need extra specialist resources; they are not getting the support they need because the processes that are in place aren't effective enough. As a result, the force is missing opportunities to prevent crime from occurring in the first place.

There is an inconsistent approach to involving other organisations in problem-solving activities. The police carry out activity in some communities, but not in all parts of the county. Some of these plans are shared via E-CINs, a web-based case-recording system. But most activity is only on the force's crime and intelligence system (Niche RMS).

Most plans shared with other agencies are about specific individuals or known problem addresses. There is limited evidence of joint working to tackle long-standing crime or anti-social behaviour hot spots. In some parts of Northamptonshire, the force regularly shares information with other groups. Teams go to council and local parish meetings, and work with the community safety or stronger safer neighbourhood partnerships. However, the approach is inconsistent across the county.



We were pleased to see the Wellingborough neighbourhood team's work with a local joint action group. However, the approach is inconsistent across the county as these aren't established in all areas. This means that the force may be missing opportunities to tackle the underlying causes of crime problems. Sharing information and working with others could help the force improve its problem solving.

The workforce's use of wider powers to tackle anti-social behaviour is inconsistent. Officers and staff displayed a reasonable knowledge of the powers available to them, but they don't routinely make full use of them. As a result, the use of these powers has fallen.

Northamptonshire Police uses early intervention appropriately to reduce harm in communities. We visited the force's early intervention pilot hub. It has long-term objectives to reduce harm in communities. The hub provides a comprehensive service to safeguard vulnerable children and families. It is a significant investment in police time. With support from other partner, we examined evidence of wide-ranging help being given to vulnerable children and their parents:

In one case we reviewed, children had been referred by staff at their primary school. This instigated a home visit by a PCSO from the hub, who identified a wide range of issues that needed multi-agency attention.

The family's housing was inadequate for their needs. The PCSO worked with a registered social landlord (RSL) to move the family from private rented accommodation to an RSL home.

The PCSO also organised for immediate help from a local foodbank. The family then received an emergency food parcel delivery and weekly food supplies.

The mother and children were in fear of the father who had been recently released from prison for domestic abuse offences. The force worked with the relevant authorities to find a different school and GP surgery. This kept the chances of the children or mother seeing the father to a minimum.

The PCSO also worked with the troubled families officer from the Department for Work and Pensions (DWP). The officer made sure the mother was receiving appropriate benefits and was enrolled in job seekers programmes.

We were also briefed on the new gang intervention programme – Community Initiative to Reduce Violence (CIRV). Both schemes appear very promising and we look forward to the results.

## Investigating crime

### Inadequate

The force can't manage investigative demand effectively. Investigative demand exceeds capacity and capability, and during our inspection there were large backlogs in crimes yet to be assigned for investigation. We are concerned about the effect this is having on the service to the public.

Senior officers need to oversee and supervise investigations more, and standards need to be scrutinised. Investigations allocated to CID or specialist teams are generally well investigated, but this isn't the case for volume crime investigations.

There are several different teams handling telephone investigations, which is inefficient. Call handling is good, but risk assessments are not always properly recorded.

While police attend emergency calls within the target timescales, this isn't the case for 'prompt' graded calls. The lack of clarity about target timescales needs to be addressed.

The force is aware that it needs more trained investigators and is trying to address this. In the meantime, hundreds of cases are still waiting to be allocated and workloads are too high.

Victim care, support and safeguarding needs to improve. Some victims wait for appointments for up to ten days and victims are not always kept updated on the status of their investigation. The force is changing its structures and practices to address these problems, but they weren't in place when we inspected.

The force's approach to suspect and offender management is not good enough. Arrangements to identify and apprehend suspects and offenders lack senior oversight.

Investigators would benefit from having a better understanding of their disclosure obligations. Improving the use of post and pre-charge bail would improve criminal justice outcomes for victims.

### Cause of concern

The force can't manage current demand effectively. It doesn't have enough capacity or capability to investigate crime as effectively as it should. This is affecting the service too often.

Northamptonshire Police is failing to respond appropriately to some vulnerable people. This means it is missing some opportunities to safeguard victims and secure evidence.

## Recommendations

To address this cause of concern, we recommend that within 12 months the force should:

- Improve the effectiveness of its investigations.
  - Make sure senior officers clearly and effectively oversee crime investigations and standards.
  - Make sure all crimes are allocated quickly to investigators with the appropriate skills, accreditation and support. They will then be able to investigate them to a good standard, on time.
  - Make sure it is fully compliant with the Code of Practice for Victims of Crime.
  - Make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough avoid delaying investigations.
  - Make sure it uses bail and 'released under investigation' correctly to keep the public safe.
  - Make sure that people listed as 'wanted' on the police national computer (PNC) are quickly located and arrested.
- Improve its approach to protecting vulnerable people.
  - Improve call response and initial investigation for all vulnerable victims.
  - Improve its response to missing and absent children by categorising information correctly. Regularly and actively supervise missing person investigations to properly safeguard victims.
  - Analyse information held on systems to better understand the nature and scale of vulnerability. It should then act on its findings relating to missing people, domestic abuse, human trafficking, modern slavery and child sexual exploitation.
- To make sure it can meet demand, it should develop plans to address its current capacity, capability and efficiency problems.
  - Change its operating model to remove inefficient practices.
  - Create a central record of the skills available within the existing workforce.

- Reorganise the workforce to make sure officers have the skills needed to meet demand.
- Carry out a thorough assessment of current and future demand, covering all elements of policing.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Investigation quality**

Northamptonshire Police doesn't have enough capacity or capability to investigate crime as effectively as it should. This often affects the service that it offers. Too often, senior staff aren't overseeing investigations. And there is a lack of effective scrutiny or audit systems in place to make sure investigations are of a good standard and not delayed. The force has plans to improve investigative standards, but it has been slow to put these in place.

Investigations allocated to CID or specialist teams (such as Domestic Abuse Prevention and Interventions Team - DAPIT, and Operation Solar which investigate some rapes) are generally well investigated. This isn't the case for investigations of other crimes such as burglary, sexual assault, some violent crimes and thefts. As investigative demand exceeds capacity, we found large backlogs in crimes yet to be allocated to investigators. This is affecting the service the force offers to the public.

There are too many teams handling telephone investigations. At the time of our fieldwork, there were at least three units carrying out desk-top investigations. This is inefficient and offers a poor service. The force aims to carry out desk-top investigations for 43 percent of crimes. This is where a person's needs are assessed over the phone. People are then offered appointments in cases where the risk assessment considers it appropriate. These are handled by the managed appointments unit (MAU).

The MAU doesn't have enough supervisors, and some victims can often wait for appointments for between five and ten days. This means investigations go on for longer than they should, and lines of enquiry and opportunities to safeguard victims are being missed.

Call handling is generally effective. The operators show empathy and gather relevant information quickly. Staff use the THRIVE model (threat, harm, risk, vulnerability, engagement) to assess appropriate police response. On some occasions, this isn't properly recorded on the force's command and control system (STORM) or Niche RMS.

Police usually attend emergency graded calls within the target timescale. However, calls graded as 'prompt' are rarely attended within the force's one-hour target arrival time. There is a lack of clarity about target times for attending 'prompt' graded calls.

It would be helpful for attendance times to be included in the force's call handling policy. In most incidents, appropriate resources are allocated. And 'golden hour' actions (the initial hour at the scene of an incident for collection of evidence) and handovers are good in most cases.

Northamptonshire Police is making reasonable efforts to increase its investigative capability. This includes trying to make the role more desirable by paying for study books and granting study leave. The force doesn't have enough trained investigators. Currently, 81.7 percent of posts are filled. We found examples of crimes being allocated to staff who didn't have enough training, or those with workloads that were already too high. Many officers and staff we spoke to were working on between 20 and 30 investigations. At the time of our inspection, there were over 300 cases awaiting allocation. Some of these were almost six months old.

Student officers start their policing career working on uniformed response policing teams. In Northamptonshire, student officers rotate into the force investigations team for several months during their first two years. We found examples of these students returning to the team at the end of this period with caseloads of up to 30 crimes.

The force can't consistently and effectively investigate crime and support victims. Before our fieldwork, we examined 60 closed files and highlighted to the force several concerns. Twenty of these were referred to the force for immediate attention and action. Reasons included unresolved lines of enquiry, a lack of supervision, or delays in investigations that may affect outcomes. Only 37 cases had been investigated effectively. During this file review, we found a burglary involving a vulnerable victim which had been allocated to a student special constable to investigate. During fieldwork, we found many more cases where lines of enquiry hadn't been followed up. This included tracing and interviewing named suspects.

At the time of our inspection, investigators couldn't quickly examine a mobile phone using a kiosk. A swift digital examination of a mobile phone while someone is in custody can open new lines of enquiry and influence charging decisions. There were also delays in carrying out CCTV enquiries, including seizure and examination. And we found examples of summary cases expiring as so much time had passed. Summary only cases are normally tried at magistrate's court. In general, proceedings must be commenced within six months of the criminal act being complained of. Here are some examples of cases we found during our fieldwork:

We reviewed a case of racially aggravated threatening behaviour involving neighbours. The initial report was received in mid-May 2018, and it was graded for priority attendance within one hour. Yet police didn't attend that day. This was despite the victim's concerns about his family, given that the alleged perpetrator was a neighbour. An appointment was made, and full details taken eight days later. The case wasn't allocated to an investigating officer for another five weeks (late June 2018).

There was no investigative action and the victim wasn't updated for a further six weeks (mid-August 2018). This means it had taken almost three months from initial reporting to the investigation starting.

The suspect was booked in for a voluntary interview in November 2018, six months after the alleged incident, but refused to attend. A decision was made not to arrest the suspect. This was despite clear provisions stated in the police and criminal evidence act to "arrest a suspect to enable the prompt and effective investigation of the offence".

In late November 2018, a supervisor carried out a serious crime review. This should have happened within two days of the offence being reported. A further seven-day review by a detective inspector was not done at all. The case was suitable for summons, but no action was taken. The case was classified as 'no further action' by the Crown Prosecution Service and the victim was updated in mid-December 2018.

We reviewed a common assault case reported in March 2018 between two people who didn't know each other. Following a verbal argument, one male assaulted another male outside a supermarket. He then left in a vehicle. Police attended and collected the evidence within the 'golden hour'.

Initial investigations identified the registered keeper of the vehicle (early April). The driver was then identified. The case was reallocated to a different investigating officer in late May 2018. They incorrectly assumed the CCTV didn't show the assault, and that it wasn't in a viewable format. The new investigator tried to get a duplicate copy of the CCTV. The officer who viewed it wasn't asked to give a statement. During mid-June, the investigator made attempts to contact the suspect.

There was no activity in this case until a supervisory review in early October 2018, when the investigator was off sick. There was no other evidence of supervisory review.

By November 2018, the prosecution time limits had expired. The investigating officer then updated the victim by leaving a voicemail, telling them that the case was now closed. The suspect in this case was dealt with for different offences in April and October 2018. Both occurred before the date of this investigation expired.

Too often, the lack of effective supervision is a critical factor in the force failing to effectively investigate crimes. Fewer than half of the investigations we examined had been properly supervised. This included investigation plans, reviews, safeguarding plans and crime finalisation. Some hadn't benefited from any meaningful investigative activity for many months.

Examples include a domestic burglary that was initially dealt with by response officers. There was no evidence of a supervisor overseeing it before it was handed to CID. There was also a theft case that hadn't been progressed or reviewed by a supervisor in more than four months.

The delay in investing in IT equipment to examine seized devices for evidence is causing significant backlogs. This is affecting the force's performance and public satisfaction. There is a plan to reduce the backlog in the high-tech crime unit (HTCU), which the force has been trying to tackle for several years.

The wait time is currently 18 months and not expected to be in line with the national average (six months) for at least another year. Not having enough digital storage capacity is also a major reason the backlog. The force has been slow to address this problem. The wait time for examining exhibits means that offenders aren't quickly brought to justice. Staff in several units voiced their frustration about the wait time.

There are shortcomings in the standard of victim care and support. Victim personal statements are rarely obtained and there is poor victim code compliance. The way investigators recorded victim contact or care on Niche RMS is inconsistent. Sometimes these records are only found on the back of the witness statement.

There is a lack of understanding and compliance with the victim's code of practice. We reviewed a sexual assault case which after three months still hadn't been allocated to an investigating officer. The victim had only received one update, four days after making the initial report.

In situations where victims didn't support further police action, there was often no further investigation. This was despite there being clear lines of enquiry available. At times, this led to the investigator not considering the wider risks posed by the suspect before closing the investigation. The force is developing new crime allocation and investigative standards policies. At the time of our inspection, it wasn't clear when these would be put in place.

### **Catching criminals**

Since 2015, our inspections identified that the force needs to improve how it manages suspects. It has developed a new policy for dealing with 'wanted' suspects, although this hadn't been fully put in place at the time of our fieldwork.

The force doesn't actively manage the number of outstanding named suspects and there is little supervision in daily management meetings. In the year to October 2018, Northamptonshire Police had 3.52 wanted records per 1,000 population on the Police National Computer (PNC). This is high compared with England and Wales. The force's approach to managing foreign offenders is inconsistent.

ACRO manages the UK Central Authority for the Exchange of Criminal Records (UKCA-ECR), which exchanges conviction information with other EU Member

States. Within Northamptonshire Police, submissions have reduced. This means there are missed opportunities to manage offenders and protect the public.

There are limited governance arrangements to manage and prioritise policing activity and locate 'wanted' suspects. The force needs to make sure that there are clear measures in place to help managers understand organisational and operational risk and allocate and co-ordinate resources.

There isn't a good enough understanding of post and pre-charge bail among the workforce. We reviewed several live and closed cases and found an over-reliance on releasing suspects under investigation (RUI) rather than using bail. This was due to a lack of knowledge.

We reviewed an indecent assault case on a 17-year-old victim. We identified that there was a linked crime involving a different victim. Plus, a previous historic allegation of abuse involving the suspect's younger sister. Bail was granted with conditions, but no application was made to extend it beyond 28 days. This was because the suspect had complied with his bail conditions and lived a distance from the victims. This failed to consider the continued safeguarding and care of the victims. This was also evident in other cases we examined. A lack of supervisory intervention made these problems worse.

Rape investigators make regular use of 'voluntary attendance'. This means they miss opportunities to grant bail conditions following arrest. Where bail conditions had been used, they were often replaced with RUI after 28 days if the suspect hadn't contacted the victim. There were also child sexual exploitation (CSE) cases where the team hadn't used bail conditions to manage those arrested for CSE offences or to support the victims. This means that victims may not be properly safeguarded and may be at risk of intimidation.

There is a lack of understanding about disclosure obligations. There hasn't been any specific disclosure training for investigators, other than a generic e-learning module. Many trained investigators we spoke to had never drafted a disclosure schedule. Investigators rely heavily on case workers preparing disclosure schedules, and accredited investigators have limited disclosure knowledge. This is because the force gives this responsibility to a specialist criminal justice team.

Northamptonshire Police's approach to managing forensic hits has deteriorated since our last inspection. In 2017, the force introduced a co-ordinator role to manage all cases where there was a forensic hit or link. Since July 2018, the post holder has been moved to other duties. During that time, there hadn't been an audit of the progress of these forensic hits or the outcome of the named suspect.

A recent investigation highlighted significant issues with how the force monitors forensic identifications. One example was when a suspect was not arrested for a



sexual offence forensic hit. The same suspect went on to commit a second sexual offence. This led to an IOPC investigation and internal misconduct proceedings.

There is a plan to use Niche RMS to help audit the process to prevent this happening again. At the time of our fieldwork, there were no mechanisms in place to make sure this doesn't happen again. This means that opportunities to detect crimes and prevent further offending are being missed.

## **Protecting vulnerable people**

### **Requires improvement**

Northamptonshire Police is committed to protecting vulnerable people. However, it doesn't understand well enough the nature and scale of vulnerability. Officers and staff identify vulnerable people but could do more to act on their findings to help them provide appropriate support and protection. The force is leading an early intervention scheme, focusing on children of primary school age. If successful, this could be extended throughout the force.

Some vulnerable victims are affected by the delays in crime investigations. Several victims hadn't been contacted and didn't know when they would be. This means that they may not be properly safeguarded.

The force's arrest rate for domestic abuse is higher than the rate for England and Wales. Yet the charge rate is lower than the national average. This may mean that victims are not receiving an effective service. Northamptonshire Police should use their own analytical findings to make improvements.

A team of specialist investigators aim to support the highest risk domestic abuse victims. Yet they don't have enough resources to support all high-risk victims. The force needs to introduce measures to improve victim care and safeguarding.

Northamptonshire Police works alongside mental health nurses to support people in mental health crisis and to reduce the number of people detained in police custody.

The force's approach to identifying and reducing cases involving missing children needs to improve. Some children have repeatedly gone missing for extended periods and have been at risk of serious harm.

We are pleased to find the force has improved its approach to managing registered sex offenders.

### **Understanding and identifying vulnerability**

Northamptonshire Police is committed to protecting vulnerable people. However, it doesn't understand well enough the nature and scale of vulnerability. We were pleased to see that it has commissioned problem profiles on domestic abuse, missing people, child sexual exploitation, human trafficking and modern slavery.

However, it hasn't acted on the findings to make sure the workforce has a good understanding of the scale of vulnerability and can deal with the problem.

The force uses the College of Policing definition of vulnerability and the workforce has a basic understanding of the definition. Officers and staff submit many public protection notices (PPNs). These summarise the vulnerabilities of victims and witnesses and neighbourhood teams have knowledge of some vulnerable victims in their area.

Officers and staff appear to recognise their role in recording when they encounter vulnerable people. However, we found very few examples of them proactively looking to identify vulnerable people or get a better understanding of vulnerability. For example, not all neighbourhood officers are aware of the children's care homes in their area. This means that the force may be missing opportunities to protect vulnerable children.

Within the control room, identifying vulnerability has improved since our last inspection. Vulnerability and repeat flags on the force's command and control system (STORM) helps prioritise vulnerability and repeat victims at first contact. At the time of our inspection, a team in the force control room was piloting a scheme, led by the College of Policing. It included carrying out desk-based investigations for some low-level domestic abuse incidents. We look forward to seeing the results of the pilot.

The force works with a range of external agencies to identify and safeguard potentially vulnerable people. We were briefed about some county lines operations where social workers have attended with police who have warrants. This helps to identify people who may be being exploited by criminal groups and need safeguarding.

The force is leading an early intervention pilot initiative with the local authority and NHS. It covers the north east part of Northampton and focuses on children of primary school age. It aims to support those who have had adverse childhood experiences (ACEs).

The hub receives referrals from schools, partner agencies and the multi-agencies safeguarding hub (MASH, via police protection notices). These referrals are assessed and can instigate support services intervening. There has been an interim evaluation by the University of Northamptonshire, and a final evaluation was under way when we inspected. Depending on the findings, the approach will be rolled out across the rest of the force area, targeting high risk schools.

Vulnerability issues are not effectively identified within the unallocated crime queues (crimes that have been reported and recorded but not yet allocated to an investigator). We found cases at the Criminal Justice Centre in Northampton where vulnerable people hadn't been contacted and didn't know when they would be. This means that victims may not be properly safeguarded.

## Responding to incidents

Northamptonshire Police attend most emergency calls on time. And it consistently attends emergency calls (grade 1 - immediate) involving vulnerable victims within the target response time of one hour. However, it doesn't consistently attend prompt calls (grade 2) within the target time of two hours. This means that some vulnerable people don't get the service they need and may be put in danger.

The force needs to improve how it responds to domestic abuse incidents and safeguarding victims. Response officers carry out immediate safeguarding of high-risk domestic abuse victims. But the approach to long-term safeguarding is inconsistent. Particularly around standard and medium-risk incidents, and other non-domestic vulnerability cases.

The force made 3,409 domestic abuse arrests in the 12 months to September 2018. This means its arrest rate is 40 percent, which is above the national average of 32 percent. Of cases where the force uses arrest or voluntary attendance, it will use voluntary attendance 3.24 percent of the time. This is below the England and Wales rate of 9.25 percent.

A detailed domestic abuse problem profile was published in 2018. It isn't clear what changes the force has made because of it. The profile sets out an increase in response times for grade 2 domestic abuse incidents. These account for 40.3 percent of all domestic abuse incidents. The analysis reveals the average time from the first call to first dispatch of a resource is over three hours. The average time between dispatching the resource and its arrival is 61 minutes. This means that police attendance is sometimes four hours after the initial call. This is twice as long as the force's own target. The profile also identifies that the longer it took officers to arrive at a scene of a domestic incident, the less likely an arrest would be.

This highlights the negative effect this can have on outcomes, with more likelihood of outcome 16 (evidential difficulties and victim declines to prosecute) where an arrest hadn't occurred. Outcome 16 was recorded in 52 percent of domestic abuse cases in Northamptonshire, compared with 33 percent nationally. The force has one of the lowest charge rates for domestic abuse incidents. It is 16.3 percent compared with the national average of 22 percent. This means that victims of domestic abuse may not be receiving an effective service. The force should make sure that it uses the findings from analytical reports to improve the service it provides.

Investigative and safeguarding responses to most domestic abuse incidents are inconsistent. Response officers or the force investigations team deal most standard risk domestic abuse cases. Many of them don't have enough training and have very heavy workloads.

Specialist investigators are based in the domestic abuse prevention and interventions team (DAPIT). The team's objectives include identifying repeat victims

and perpetrators. However, there aren't enough resources to investigate all high-risk domestic abuse incidents. This means that domestic abuse victims, and including some high-risk victims, aren't getting the standard of service they need.

Northamptonshire Police works with organisations to provide specialist safeguarding to vulnerable people. Officers have access to support from mental health professionals through Operation Alloy. The operation is a mental health triage scheme set up in partnership with a mental health trust. Mental health nurses work with officers attending incidents that involve people with mental health conditions. Officers we spoke to said that the scheme is positive because they are better informed about the correct course of action to take. This means vulnerable people get a better service. The scheme generally operates between 8.00am and midnight. And the University of Northampton's Institute for Public Safety, Crime and Justice is evaluating it.

The force has also begun a 12-month pilot scheme called the 'high intensive network Northamptonshire'. It supports the main users of mental health and police services. This should reduce the number of section 136 mental health detentions. People who use the service sign a voluntary agreement, to promote independence. Progress is tracked and there has been initial success which has seen less contact from the service user to the NHS and police. Feedback is used to improve services.

The force works with agencies to identify and respond to cases of child sexual exploitation (CSE). There is a multi-agency reducing incidents of sexual exploitation (RISE) team. It investigates allegations of CSE, targets offenders, manages and develops intelligence, and engages with vulnerable children and young people.

The RISE team is made up of police, social workers and a specialist nurse. Agencies can refer a child at risk of exploitation to the team. Staff then carry out a thorough risk assessment of the case. The assessment considers information from:

- Missing episodes;
- School concerns
- Misuse of substances;
- Carer relationships;
- Accommodation concerns;
- Abusive/exploitative behaviour;
- Engagement with appropriate services;
- Sexual health;
- Associations with gangs/criminal or adults who pose a risk; and

- Social media.

A review panel then agrees a risk management plan and sends a referral to other agencies. This process is overseen by the Northamptonshire Safeguarding Children's Board.

Northamptonshire Police's approach to dealing with missing people is not always effective. We found examples of missing children, who are at risk of exploitation, being categorised as absent or 'missing – no risk'. Policies state that this shouldn't happen. Yet we found 107 cases of missing children being dealt with under the category 'missing – no apparent risk (absent)' between January 2018 and January 2019. These records relate to 76 separate children. Fifteen of these have been reported missing more than once occasion, and six children with three or more absent records during this period. In one recent case, a 17-year-old female was recorded as 'missing no risk/absent' for over 48 hours.

The force has improved its understanding of the nature and scale of some missing people cases since our last inspection. Although it hasn't yet acted on its findings. It now has a problem profile for missing people under the age of 18. This includes some detailed analysis of the problem and makes several recommendations for next steps.

We found limited evidence of the force working with other agencies to problem solve and address the underlying issues in cases where children go missing regularly. Information relating to missing people is often only held on the missing persons IT system (compact). The information isn't routinely transferred onto the crime and intelligence system (Niche RMS). This means that opportunities to develop intelligence on connected serious and organised crime problems may be missed. For example, some children who repeatedly go missing may be vulnerable to child sexual exploitation (CSE) or being 'groomed' into joining gangs or organised crime groups.

Some forces create plans, known as trigger plans, for people that repeatedly go missing. These include places where the person has been found before, people they are known to associate with, and other information already known about the missing person. Northamptonshire Police doesn't have any equivalent trigger plans for the most frequently missing children. Although it intends to create these and add them to a Niche record.

In 2018, the force's national child protection inspection (NCPI) made several recommendations relating to missing children. These haven't yet been addressed. The inspection identified poor risk assessment processes in the force control room. This resulted in risks to children being assessed incorrectly. This means that vulnerable children may not be adequately protected from harm.

## **Supporting vulnerable victims**

Neighbourhood teams are aware of the registered sex offenders and dangerous offenders in their area. They would benefit from working consistently with the management of sexual or violent offenders team (MOSOVO). This means that opportunities to gather intelligence may be missed.

Northamptonshire Police has an effective MARAC process. MARAC (Multi Agency Risk Assessment Conference) involves regular local meetings to address domestic abuse issues. Police referrals follow the charity SafeLives' recommendations. Of all referrals to the MARAC, 86 percent are from the force. The national police referral rate averages 66 percent. There have been 167 domestic violence protection orders (DVPOs) granted between January 2018 to December 2018.

The force uses legal powers to protect victims of domestic abuse. The provisions available through Clare's Law are managed well, with regular weekly panel meetings that make sure information is shared promptly, where appropriate.

The force has adopted Operation Encompass. This aims to safeguard and support children and young people who have been involved in, or are affected by, domestic abuse related incidents. If a child has been affected by an incident, a school's 'key adult' is contacted by 9am the next day and told about the incident. Arrangements are then made to support the child at school. The force doesn't ask for feedback specifically from vulnerable victims to improve its services.

The force works with agencies to make sure that vulnerable people are safeguarded. The force's multi-agency safeguarding hub (MASH) deals with children's safeguarding matters. A different team deals with safeguarding adults. The children's MASH exchanges information between agencies. Officers who attend incidents complete a public protection notice (PPN). This summarises the vulnerabilities of victims and is then sent to the MASH. Staff in the MASH share PPNs with social care, who also send the information to agencies if certain criteria are met. At times when social workers aren't available, deciding if a case meets the threshold for a strategy meeting can be inconsistent. This means that opportunities to safeguard some children may be missed.

The force is proactive in identifying those who share indecent images of children online. It has achieved positive results in the past from the cases initiated by the National Crime Agency's child exploitation and online protection team.

The force monitors the relevant systems daily but not all notifications are acted on. This may present a risk to children. Investigators in the high-tech crime unit (HTCU) review and classify digital images of abuse. The police online investigation team (POLIT) then take enforcement or disruptive action. This has increased the HTCU's workload and created backlogs in their cases awaiting action. It also means that opportunities to safeguard victims may be being missed.

HTCU investigators are provided counselling every six months to support them in this difficult area of policing. The force is aware of the capacity problems within the HTCU. It plans to review the working arrangements with the POLIT to improve the service it provides.

Northamptonshire Police adequately manages and assesses the risks posed by dangerous and sex offenders. We were pleased the force had reduced the backlog of visits to registered sex offenders (RSO) since our last inspection. There were over 300 outstanding visits back then. During this inspection, there were 44 outstanding visits to RSOs. These consisted of two very high, 11 highs, 15 medium and 16 low-risk offenders.

The force uses its powers effectively to protect the public. It is managing 366 individuals subject to Sexual Offences Prevention Orders, 283 Sexual Harm Prevention Orders and four Sexual Risk Orders. The force should continue to make sure that it has a sustainable solution to manage the risks posed by RSOs.

## **Tackling serious and organised crime**

### **Requires improvement**

Northamptonshire Police has improved its approach to tackling serious and organised crime (SOC), but there is still more work to do. The force remains heavily focused on prosecuting those taking part in SOC, but it plans to improve its prevention, protection and preparation capabilities.

The force has a better understanding of SOC particularly for county lines, firearms and gang violence. The force shares information with other agencies more regularly. This will further enhance the force's understanding of all SOC threats.

Northamptonshire Police lacks capability to be fully effective at tackling SOC. This is due to limited knowledge and skills around a range of tactics, particularly covert options. The force receives some tactical advice and support from the regional organised crime unit, but it should draw on this support more often. The force would benefit from using financial tactics more to tackle SOC. It is now raising awareness of this subject among staff.

Northamptonshire Police has some initiatives in place to identify those at risk of being drawn into SOC and deter them from offending. The force has also run some operations to tackle county lines with other agencies to safeguard vulnerable people and to encourage joint working.

The force needs to improve its approach to managing organised criminals with other organisations to reduce re-offending. The force has only basic arrangements in place to manage some organised criminals' activity in prison and on release.

The force uses social media and leaflet drops to raise the public's awareness of serious and organised crime. It would benefit from targeting activity in areas where it needs more information from the public. The force aims to review its SOC investigations to inform future activities.

### **Areas for improvement**

- The force should develop a more detailed understanding of all threats posed by serious and organised crime. To do this, it needs to define what information it needs from other agencies. It should reduce the backlog of intelligence submissions awaiting evaluation and analysis. This would make sure it identifies and acts on all important information quickly.
- The force should enhance its approach to the 'lifetime management' of organised criminals. This would minimise the risk they pose to local communities. This approach should consider additional orders, the powers of other organisations and tools to deter organised criminals from continuing to offend.
- The force should better understand of the impact of its work on serious and organised crime across the 'four Ps'. It must use learn to maximise the force's disruptive effect on this criminal activity.
- The force should assign capable lead responsible officers to all active organised crime groups. This must be part of a long-term, multi-agency approach to dismantling them. Lead responsible officers should take a balanced approach across the 'four Ps' framework and have a consistently good knowledge of available tactics.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Understanding threats**

Northamptonshire Police has recently set out its vision and policing priorities. Serious and organised crime is one of its six priorities.

The force has developed a better understanding of serious and organised crime (SOC) since our last inspection. Particularly in relation to county lines, firearms and gang violence. The force now has a structured approach to identifying and prioritising those involved in SOC through their new serious crime matrix.

The force intelligence bureau (FIB) developed the matrix. It scans force IT systems for new crimes and intelligence potentially relating to organised crime and criminals. These include firearms, knives, noxious substances, modern slavery, human trafficking, child exploitation, cuckooing, drugs, serious sexual offences, public protection notices and threats between criminal groups. FIB analysts then apply



MORiLE scoring to information from the matrix. This helps the force when it allocates resources every fortnight. The force is developing the matrix so it can use data from other agencies. This will provide more detailed intelligence.

The force has completed a problem profile on child sexual exploitation. This is being assessed and developed by the county council analyst. It will give the force and county council a better understanding of the problem. They can then develop joint plans to tackle it.

The serious crime matrix is used to assess threats posed by organised crime groups (OCGs), urban street gangs and those involved in county lines offences. Neighbourhood teams use up-to-date information from beat profiles and the force intranet (Force Net). This is giving them a better awareness of county lines and other serious and organised criminals.

Good quality analytical products are now used by analysts and intelligence teams. A good quality local serious and organised crime profile is supporting the force's work with other agencies. This profile is updated every quarter and published internally and externally. It is also sent to independent advisory groups (IAGs).

The force has tried to gather intelligence from other partners through the serious and organised crime partnership board. However, analytical products currently rely heavily on police data. This means that intelligence isn't as complete as it could be.

At the time of our fieldwork, there was a backlog in processing intelligence reports submitted by officers and staff. There is a robust triage process in place to make sure vulnerability and force priorities, such as SOC, are processed on time. There are delays, however, in some intelligence being acted on. Until the information is processed, it isn't visible to everyone who may need it. The force has a plan to reduce and manage this backlog. In the meantime, opportunities to understand and tackle serious and organised crime may be being missed.

Northamptonshire Police shares data with organisations about serious and organised crime. It understands where there are gaps exist in intelligence and requests information from other agencies. At a tactical level, police officers, staff and teams in other agencies spoke highly of the cuckooing partnership group in Northampton. The group exchanges information and has multi-agency intervention plans in place.

The force also accessed Gangmasters and Labour Abuse Authority (GLAA) data. This helped inform its human trafficking and modern slavery problem profile. Health care practitioners attended visits where there were concerns about potential slavery.

More could be done strategically when gathering intelligence on organised crime groups (OCGs). The force asks for information from agencies (often using E-CINs, a web-based case-recording system). However, there isn't a mechanism where

agencies can share information regularly. This means it is difficult to get a full understanding of all serious and organised crime threats, particularly for cyber-crime.

The force intends to address this in several ways. It plans to:

- Publish a strategic threat assessment;
- Allocate resources strategically every quarter; and
- Launch a new intelligence requirement. This should help agencies better understand how the information they hold may help the police. Agencies will then be better able to gather new information to support the police tackle serious and organised crime.

The force doesn't identify and assess all organised crime groups (OCGs) consistently. As of 1 April 2018, Northamptonshire Police had mapped 29.7 OCGs per one million of the population. This is below the rate for England and Wales. This is a reduction compared with 1 July 2017, when the figure was 32.7 OCGs per one million population.

A high proportion of mapped OCGs are involved in supplying drugs. This indicates that the force doesn't fully understand or manage OCGs involved in other types of criminality. By not proactively identifying and mapping all OCGs, the force is limiting its own understanding of serious and organised crime. It is also undermining the regional and national threat picture.

The force receives some tactical advice from the regional organised crime unit (ROCU). This gives it a better understanding of OCGs in the county. The force should draw on regional support more often.

Northamptonshire Police uses a structured approach to assess urban street gangs, county lines and other criminal networks. This helps the force understand the threat they pose. It now needs to be more consistently proactive in its approach.

Information relating to missing people is often only held on the missing persons system (compact). It isn't routinely transferred onto the crime and intelligence system (Niche RMS). This means that opportunities to develop intelligence on connected serious and organised crime problems may be being missed. For example, some children repeatedly going missing may be vulnerable to exploitation or may be being 'groomed' into joining gangs or organised crime groups. This means that the force doesn't have a full understanding of serious and organised crime.

### **Serious and organised crime prevention**

Northamptonshire Police has some initiatives in place to identify those at risk of being drawn into SOC and deter them from offending. The new gang intervention programme, Community Initiative to Reduce Violence (CIRV), is based on a programme used in Glasgow, Cincinnati and Boston (USA). It has Home Office

funding for two years. Other cities that have taken part have seen a fall in gang violence and offending. Employment has also increased among those involved in such programmes. This is a new project for the force and we look forward to seeing the results.

The force is also running an early intervention pilot in one part of the county. It involves working with schools to identify children at risk of becoming involved with, or victims of, crime at the earliest opportunity. The University of Northamptonshire is evaluating it.

The force doesn't have an effective approach to managing lifetime offenders with other organisations. This isn't helping to reduce organised criminals re-offending. The force has only basic arrangements in place to manage some organised criminals' activity in prison and on release. And these arrangements aren't used consistently.

The force is told about prison releases six months before the date, but people only receive minimal monitoring when they are released. And there isn't any continued work with the regional organised crime unit (ROCU) to monitor the offender's activities in prison.

The force is managing four serious crime prevention orders (SCPOs) – all instigated by the ROCU. The force hasn't initiated any SCPOs in the past 12 months and there is little evidence that the current SCPOs are being monitored or enforced. These orders can restrict offenders' abilities to plan, fund and commit serious crime in future. The force recognises that it needs to improve in this area.

The force has some innovative ways to raise awareness among the public of serious and organised crime. It has created the Operation Viper brand, which promotes police activity against SOC. This is carried out through social media and traditional ways such as leaflet drops.

There have been many SOC press campaigns. These include Operation Bling, which raised awareness about unexplained wealth. The head of corporate communications is a member of the county partnership media board. The board has worked with the community safety partnership on knife crime linked into SOC. This activity could be more targeted to where there are gaps in intelligence.

The force has co-hosted a series of events with the community engagement charity ROC. The aim is to encourage community involvement in tackling SOC. Officers and the youth offending service staff visit primary and secondary schools to talk about county lines, child sexual exploitation and violence.

### **Disruption and investigation**

Northamptonshire Police prioritises activity that tackles serious and organised crime. It uses analysis and MoRiLE scoring to support its decisions.

The force identifies OCGs according to national guidance. It then shares these with the ROCU to be mapped, with appropriate tiers allocated. The force has a better relationship with the ROCU since our last inspection. This is helping to tackle serious and organised crime.

There is an active force-wide SOC partnership board. The two community safety partnerships are responsible for governing the SOC strategy. The partnership board reports into these. We found examples of the force working well with agencies to tackle SOC. For example, social workers join policing teams carrying drug supply warrants to identify vulnerable people who may need access to social care services.

Lead responsible officers (LROs) have been appointed since our last inspection. They have some training on crime disruption tactics, but most would benefit from more training to make knowledge and skills more consistent across departments.

The force regularly reviews 4P plans and threat assessment scores at a monthly OCG management board. The board governs the force's approach to tackling SOC, holding the LROs to account on how they manage OCGs across the 4Ps. It also considers resources and capability to tackle these offenders. Some of the 4P plans show improvements since our last inspection. They reference signposting vulnerable individuals into the early intervention hub or cuckooing groups.

The force remains focused on prosecuting people taking part in serious and organised crime. It plans to improve its prevention, protection and preparation capabilities. To help achieve this, it has appointed a superintendent. They will make sure that effective senior leadership supports the force's approach to tackling serious and organised crime.

Northamptonshire Police lacks capability to be fully effective at tackling SOC. This is due to limited knowledge and skills around a range of tactics, particularly covert options. The force is training the proactive and SOC teams to use covert techniques.

The force is also reviewing its roads policing capability to establish whether this is enough to tackle SOC and county lines. We identified some good examples of departments working together to tackle serious and organised crime and county lines, such as Operation Saxon. The force is also working more closely with other agencies, including the Metropolitan and West Midlands police forces.

The force has made an impact on SOC across the 4Ps. It regularly reviews 4P plans and threat assessment scores. The force records disruptions of OCGs and individuals in line with national guidance. A disruption moderation panel is used to achieve this.

The force doesn't routinely review its SOC investigations to encourage learning. And there is no evidence of good practice or holding post-operation debriefs to identify 'lessons learned'. The force is addressing this by developing the moderation panel to not only review the impact of disruptive activity, but to act as a learning forum for

SOC. Colleagues from the regional organised crime unit attend panel meetings. There are plans for learning and development colleagues to evaluate its potential.

The force makes limited use of financial investigation tactics to tackle SOC. Financial investigators are allocated to some SOC investigations, but not all. It is raising awareness among the workforce, through training, of the role of financial investigators. It is too early to know what the impact will be.

Northamptonshire Police has recently received the findings of an NPCC and Home Office peer review. It mirrors our findings and makes several recommendations.

## **Armed policing**

HMICFRS has previously inspected how well forces provide armed policing. This formed part of our 2016 and 2017 effectiveness inspections. Subsequent terrorist attacks in the UK and Europe have meant that the police service maintains a focus on armed capability in England and Wales.

It is not just terrorist attacks that place operational demands on armed officers. The threat can include the activity of organised crime groups or armed street gangs and all other crime involving guns. The [Code of Practice on the Police Use of Firearms and Less Lethal Weapons](#) makes forces responsible for implementing national standards of armed policing. The code stipulates that a chief officer be designated to oversee these standards. This requires the chief officer to set out the firearms threat in an armed policing strategic threat and risk assessment (APSTRA). The chief officer must also set out clear rationales for the number of armed officers (armed capacity) and the level to which they are trained (armed capability).

### **Understanding the threat and responding to it**

The force has a good understanding of the potential harm facing the public. Its APSTRA conforms to the requirements of the code and the [College of Policing guidance](#). The APSTRA is published annually and is accompanied by a register of risks and other observations. The designated chief officer reviews the register frequently to maintain the right levels of armed capability and capacity.

The force also has a good understanding of the armed criminals who operate in Northamptonshire and neighbouring forces areas. Northamptonshire Police is alert to the likelihood of terrorist attacks and has identified venues that may require additional protection in times of heightened threat.

All armed officers in England and Wales are trained to national standards. There are different standards for each role that armed officers perform. Most armed incidents in Northamptonshire Police are attended by officers trained to an armed response vehicle (ARV) standard. However, incidents sometimes occur that require the skills and specialist capabilities of more highly trained officers.

Northamptonshire Police currently works with Leicestershire Police and Lincolnshire Police to provide all aspects of armed policing. Recently agreement has been reached to change this relationship to one that only focuses on delivering consistent standards of training and command of armed operations in all three forces.

Northamptonshire Police has enough ARV capability and has plans to increase this further during 2019 in response to changes to existing working arrangements agreed with regional colleagues.

We found that Northamptonshire Police has good arrangements in place to mobilise officers with enough specialist capabilities in line with the threats and risks identified in its APSTRA.

### **Working with others**

It is important that effective joint working arrangements are in place between neighbouring forces. Armed criminals and terrorists have no respect for county boundaries. Therefore, armed officers must be prepared to deploy flexibly in the knowledge that they can work seamlessly with officers in other forces. It is also important that any one force can call on support from surrounding forces in times of heightened threat.

Northamptonshire Police has enough ARV officers and specialist capabilities in line with the threats set out in the APSTRA. Until recently Northamptonshire had joint arrangements in place with Leicestershire and Lincolnshire police forces to provide armed policing. The three forces have agreed to continue to share training facilities which helps to standardise procedures as well as reducing costs. The governance of these new arrangements is however still developing. We will monitor progress closely.

We also examined how well-prepared forces are to respond to threats and risks. Armed officers in Northamptonshire Police are trained in tactics that take account of the types of recent terrorist attacks. Also, Northamptonshire Police has an important role in designing training exercises with other organisations that simulate these types of attack. We found that these training exercises are reviewed carefully so that learning points are identified, and improvements are made for the future.

In addition to de-briefing training exercises, we also found that Northamptonshire reviews the outcome of all firearms incidents that officers attend. This helps ensure that best practice or areas for improvement are identified. We also found that this knowledge is used to improve training and operational procedures.

# How efficiently does Northamptonshire Police operate and how sustainable are its services?

## Inadequate

### Summary

Northamptonshire Police is reactive in its approach to policing and has a limited understanding of demand. Demand analysis is out of date and needs to be refreshed, and the force doesn't understand its workforce capabilities well enough. Work has begun to address this, but there needs to be wider analysis to get a fuller picture of demand.

There aren't enough resources to cope with investigative demand. As a result, there are backlogs of crimes not allocated to investigators. A new change programme has been set up to change the force's operating model to better meet demand and be more efficient. The force has invested in new technologies which offer opportunities for the workforce to become more efficient and visible through mobile working.

The force is committed to joint working. It benefits from working with other agencies but can't quantify these, in terms of cost savings or added resilience. Northamptonshire County Council is currently restructuring to become two unitary authorities. This means there is significant uncertainty about future partnership arrangements.

Northamptonshire Police has sound financial plans. And the finance team are more rigorous in budget setting than when we last inspected.

The force's understanding of future demand is limited. It intends to better understand current demand first. It will then be able to better predict and plan for future demand.

The force has an ambitious vision to improve its services. It acknowledges that its current plans aren't enough to achieve this.

### Meeting current demands and using resources

#### Inadequate

Northamptonshire Police doesn't understand current demand well enough. While the force has carried out some analysis of demand, the last detailed analysis was carried out in 2017. The force did some work to better understand hidden demand in 2018, but hasn't been any more done since then. The force's operating model is not efficient enough, with multiple handover points between units. Not being able to meet demand leads to delays in services to the public. The force has commissioned work

to get a better understanding of current and future demand. It plans to change its operating model to enable it to better manage demand.

The force has plans to improve how it oversees and scrutinises the benefits resulting from changes and improvements. It also has plans to factor in expected benefits to financial plans.

A multi-force shared service isn't bringing the benefits that it could as staff aren't sufficiently trained or supported to use the system. This means that the force only has a limited understanding of the resources and workforce skills available to it. The force plans to address these problems. The service will then be able to bring the benefits and savings that are expected.

Recent ICT investments include new laptops, mobile phones and body-worn video cameras. The force now needs to make sure the workforce use ICT systems more efficiently and effectively.

### **Assessing current demand**

Northamptonshire Police has a limited understanding of demand and is highly reactive in its approach. The force recognises that the nature and complexity of crime is changing. Senior leaders have identified that public welfare and safeguarding demand has increased. This places greater demands on specialist public protection services.

The force is monitoring trends in types of crimes and incidents. However, the last comprehensive analysis of demand formed part of the force's 2017 change programme, the service delivery model (SDM). This is now out of date and hasn't yet been updated.

Since our fieldwork, the force has established a new change programme (Futures Project 2020, FP20). It is updating the demand profile and reviewing the force's operating model. FP20 will also determine the most appropriate shift patterns for the core functions of response, investigations and neighbourhoods. This will help manage demand.

The force has commissioned limited analysis and activity to uncover, and understand trends in, hidden demand. While the force has done some work to better understand the nature and extent of modern slavery and human trafficking through a problem profile produced in October 2018, there has been no new or broader analysis of hidden demand since our last inspection.

The force recognises the importance of understanding demand and has invested in demand modelling software (Process Evolution). As there isn't enough capacity in business support teams, it hasn't been able to maintain a comprehensive analysis.



The force has commissioned a 'response review'. This forms part of FP20 to build a more comprehensive and up-to-date understanding of current demand. While the response review may identify opportunities for change, it must form part of a wider assessment of current and future demand. This will make sure that any changes to the force's operating model consider all elements of policing.

### **Understanding factors that influence demand**

Northamptonshire Police has some processes that sometimes suppress or hide demand. The force's plans to address these problems aren't insufficient.

At the time of our fieldwork, investigative demand was outstripping capacity and there were large backlogs in crimes yet to be allocated to investigators. Many teams were conducting telephone investigations or resolution, with some victims being passed between these units. This is inefficient and provides the public with a poor service.

The force aims to – and successfully completes – triage or conduct desk-top investigations for 43 percent of crimes. It offers appointments to the public in cases where the risk assessment indicates it is appropriate. The Managed Appointments Unit (MAU) handles these.

While there has been a good take-up by the public, the MAU completes only minimal tasks and doesn't see cases through to the end. This has created work for other departments and generates more, and unplanned, handovers between departments. While the public may be happy that they have seen a police officer relatively quickly after reporting some crimes, the service is inefficient. At the time of our fieldwork, there were at least two other units carrying out some sort of desk-top investigation.

The force is aware of the inefficiencies and has developed plans to address some of these problems. But it has been slow to put in place meaningful change. This means that some ineffective practices have become established.

Since our fieldwork, the force has established FP20. It has also appointed a Detective Chief Superintendent to lead a team to bring about necessary changes.

### **Working with others to meet demand**

Northamptonshire Police is committed to joint working and has extensive regional collaboration arrangements.

The force works closely with Northamptonshire Fire and Rescue Service. The focus is largely on public safety initiatives and arson investigations. The police and crime commissioner took on fire service governance in early 2019. A focus now is to find new ways for the police and fire service to work together. A new board is overseeing this work. It is starting with considering the impact of agile working at future sites for police and fire and rescue services.

The force has some officers and staff based in Northamptonshire County Council's (NCC's) offices. The council is going through a restructure to become two unitary authorities. Its financial and governance problems could put more demand on police services when other services are cut.

The future local government reorganisation is likely to make these arrangements more complicated. The force has allocated a senior officer to work closely with the council. This is to make sure there are suitable impact assessments of proposed changes on local policing services.

While Northamptonshire Police is committed to joint working, it doesn't have the resources to manage demand efficiently across agencies. It has a long history of working with East Midlands Operational Support Service (EMOpSS) and the East Midlands Special Operations Unit (EMSOU). The force reports that it benefits from these partnerships. It recognises that it can't prove if they provide tangible benefits in either cost savings or more resilience.

We are pleased that the force is reviewing the service received through EMOpSS and EMSOU. It has already made some changes to allocating resources.

### **Innovation and new opportunities**

Northamptonshire Police is searching externally for examples of innovation and good practice to help manage demand. Examples include the new gang intervention initiative (Community Initiative to Reduce Violence, CIRV). The force also reviewed Devon and Cornwall Police's approach to wellbeing. It is putting in place Avon and Somerset Constabulary's data analytics tools (Qlik). We are pleased these initiatives being used in Northamptonshire Police. The approach now needs to be more co-ordinated.

The force doesn't have a recognised resource to develop new technologies to improve efficiency. Business cases for improving existing systems or new systems are brought by individual business units.

The chief officer team invites feedback and encourage frontline officers and staff to put forward ideas. However, there is no structured method for workforce ideas to be developed. The force needs to make sure that operational and business support teams work closely with technology services. This will identify suitable system improvements or replacements to improve efficiency.

### **Investment and benefits**

Northamptonshire Police demonstrates a basic understanding of the benefits that can result from investments. It understands what technology can offer policing and is prepared to invest to improve productivity and services to the public.

The force has invested in digital technologies such as new laptops. And it has given officers access to police systems on force mobile devices to encourage agile working

and to speed up the time it takes for information to be added to force computer systems. The workforce has started to make good use of the technologies, but it can't show the return on that investment yet.

The force aims to make cashable savings through increasing productivity. Officers having direct access to force systems on their mobile devices will mean the force can reduce some administrative support functions. It will also be able to make some cashable savings by switching off some old computer systems to reduce license costs.

The force recognises that it needs to better monitor benefits from change programmes. To achieve this, it has made changes to scrutinise and oversee changes. A new post in the corporate services team will support this work. The expected benefits haven't yet been factored into the force's medium-term financial plans. The force has plans to do this.

The force is preparing to join the new national single online home platform, and it is an early adopter. It is waiting for clarification on costs and benefits from the national team. Benefits will include making it easier for the public to access services. This may increase demand for some policing services. There may also be efficiency savings if some demand can be managed online. The force has costed plans for airwave radio replacement. The current handsets can be used when services are switched over to the new emergency services network.

### **Prioritising different types of demand**

The force prioritises activity on an ad hoc basis, with little understanding of demand or public expectations. The analysis carried out for the service delivery model is now out of date. Changes that were made as a result of the analysis haven't been formally evaluated.

Staff in many departments referred to the current operating model as not being fit for purpose. We found extensive backlogs in the crime allocation process which have come about since SDM changes. There are varying assumptions about the reasons for the model not being fit for purpose and/or functioning as anticipated. At the time of our fieldwork, there was no clear understanding of where and how to make changes to improve its effectiveness.

The force's new change programme (FP20) is developing a new operating model. The force is working toward ambitious timescales to implement changes during 2019.

### **Assigning resources to demand and understanding their costs**

Northamptonshire Police's financial plans are based on sound assumptions, which have been developed with operational leads. The 2019/20 budget-setting process is now complete, with the finance team now taking a more rigorous approach. It worked

closely with enabling services, such as the resources and planning teams, and operational colleagues to set budgets.

The force has just completed a zero-based budget for all budgets over £10,000. Financial and workforce planning is more regulated, and the force has a better understanding of workforce gaps. The recent outcome-based budgeting (OBB) exercise is a positive step forward. It should provide the force with a solid evidence base for resourcing decisions. At the time of our inspection, less than 20 percent of spending had been reviewed. And it hadn't resulted in any significant reallocation of resources to priorities, although there are plans to do this.

The exercise identified some areas where savings could be made, including special constable recruitment. It also established where reinvestment will be necessary. When we inspected, the exercise had achieved approximately £250,000 worth of savings. The force plans to continue the OBB approach alongside a wider review of its operating model. It will also address the areas for improvement we have found.

### **Workforce capabilities**

Northamptonshire Police has a very limited understanding of the workforce's skills. It doesn't have central record of the skills available and it isn't able to predict the skills it will need in the future. The force is aware that it doesn't have enough cyber skills within the workforce. It doesn't yet have a plan to address this. The force is using external apprenticeship levy funding to help it fill some roles where there are skills gaps.

The force is also using this funding for some police staff roles. The intention is that the police staff will achieve a leadership qualification. Some analytical roles would be particularly suitable as the force has had difficulty recruiting for these. The leadership qualification should help attract and retain good quality candidates.

If the force had a better understanding of the workforce's skills, it could target its recruitment initiatives more effectively. It is missing the opportunity to fill some skills gaps and make sure the workforce is equipped to react appropriately. An audit of tactical and operational skills for police officers is under way. This builds on an operational skills audit from 2016 but is not expected to be complete until 2020.

The force has no plans to have a comprehensive skills audit covering the whole workforce and non-operational skills. It has conducted a 360-degree supervision audit. This has helped understand some of the workforce strengths and weaknesses in its current and future leaders. The lack of a wider understanding of current skills and capabilities means it doesn't have a good understanding of future needs.

The force hasn't yet effectively assessed its future workforce requirements based on its skills and capabilities gaps, and of changing demand. And there isn't enough capacity, with many staff off sick and officers on restricted duties for extended

periods. The force has been attempting to address both sickness and restricted numbers. Progress has been very slow, with little evident in the past 12 months.

### **More efficient ways of working**

Northamptonshire Police doesn't clearly measure the benefits of working with other forces and constabularies.

The force uses the multi-force shared service (MFSS), as does Cheshire Police, Nottinghamshire Police and the Civil Nuclear Constabulary. Problems with the system aren't helping the force to work more efficiently. Poorly performing back office systems and processes are acting as barriers to progress.

When the force put MFSS in place in 2010, it reduced its human resources and finance teams by 31 percent because the system is self-service. This meant that supervisors did some tasks themselves, such as recording sickness. However, they didn't have enough training to do this. Without enough training or confidence in using the system, the workforce isn't using as it should be used. At the same time, not enough staff remain within human resources to support the workforce with MFSS.

As a result, the workforce is using locally created spreadsheets instead of the MFSS system. The spreadsheets contain some information on workforce skills, deployments and sickness. This is inefficient, inconsistent and means data from MFSS can't be seen throughout the force or trusted for reporting purposes. There are plans for the system to be upgraded. These development costs will be on top of the existing system costs. The force is reviewing its longer-term options as it hasn't been able to make sure the MFSS collaboration brings the benefits and savings expected.

### **Working with others**

The force has a basic understanding of where contributions from other agencies are likely to reduce. There has been some work to identify and respond to these.

NCC was recently considering withdrawing the social workers based within the multi-agency safeguarding hub (MASH) and moving them to a virtual MASH. The force has worked closely with the council to complete an impact assessment of this proposed change. It has been agreed that the current co-located children's MASH should remain as it is. This will make sure that the effective service the public receives remains.

The force has some plans to work with other agencies to reduce demand collectively. It has invested significantly in police officer and police community support officer (PCSO) resource into the early intervention hub pilot scheme. This is a long-term crime prevention initiative. It targets children exposed to adverse childhood experiences and chaotic lifestyles. The aim is to prevent them from becoming involved in gangs, crime and youth offending.

This is a good example of the force working with education, adult and children's services, NHS partners and private industry. The University of Northampton is evaluating the scheme, before any plans to broaden it are considered.

## **Using technology**

There are still some weaknesses in the capabilities and cost effectiveness of some enabling services. There has been a lack of capacity in ICT and HR services in recent years as teams explored joint-working ventures with other forces and constabularies. The decision not to take part in a tri-force ICT initiative with Leicestershire and Nottinghamshire Police has left the force with limited capacity. The force is now trying to address this capacity shortage.

Northamptonshire Police now has a high-level ICT strategy. It has made significant investment in mobile technologies for frontline officers. This includes new laptops, mobile devices with access to force systems, and body-worn video cameras. The force is not yet able to show the return on this investment.

Northamptonshire Police has some good ICT capability and agile working in place. However, there are inefficiencies in the way the workforce uses some of its computer systems. This is most obvious with the crime, intelligence, custody and case preparation system (Niche RMS) and MFSS.

The force needs a clear plan to address these inefficiencies and introduce changes in its systems and processes. This will help it use its ICT more effectively.

## **Planning for the future**

### **Requires improvement**

Northamptonshire Police has a limited understanding of future demand. The force has invested in demand modelling software, but there are not enough trained staff to make effective use of it. The force is addressing this problem. Its focus, initially, is on understanding current demand and becoming more efficient. It has set up a Futures Project 2020 to define and implement a new operating model.

The force is struggling to meet demand. It plans to change its operating model and recruit more officers, which will help address this problem. The force has updated its policing priorities to make sure the workforce and the public are clear about the force's vision.

The force is making progress in its financial planning, but it still has work to do in this area. For example, financial, estates and workforce plans aren't fully co-ordinated yet. And joint working plans with other agencies are limited.

While the force has some ways to identify talented members to staff, there are no formal talent management processes. There is some succession planning, but this is

limited. There is a process for senior leaders to understand the potential among supervisors and managers. The force has made some improvements since our 2017 inspection, but these aren't wide-ranging enough.

It plans to communicate more with the public to better understand expectations. It will use this information in its planning for the future. And work is under way to build on joint working with the fire service.

### **Areas for improvement**

- Make sure it understands the demand for its services, and what the public expects, are kept up to date by regularly reviewing the information it has. This should be carried out alongside local authorities, other emergency services and partner organisations. This will make sure that it takes the necessary steps to meet current and likely future demand.
- Make sure that workforce planning covers all areas of policing. That there is a clear rationale, based on evidence, to reorganise staff to meet current and future demand.
- Make sure that the additional staff, resulting from the growth in council tax precept, are allocated to areas of greatest risk, demand and to address skills gaps in the workforce.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Assessing future demand for services**

Northamptonshire Police has a limited understanding of future demand. The comprehensive demand analysis carried out as part of the SDM is now over 18 months out of date. The force recognises the importance of understanding demand. It has invested in demand modelling software (Process Evolution). A lack of capacity in business support teams has meant that it hasn't been able to maintain thorough analysis. The force is aware of this and has established the Futures Project 2020 (FP20). This will update the demand profile and predict future demand.

The force's priority is dealing with current demand. Until current demand is under better control, it can't make meaningful predictions about future demand. It has commissioned limited analysis and activity to uncover, and understand trends in, hidden demand. This means that the force can't evaluate what likely future demand could be. The force plans to build this capability into its future operating model.

### **Understanding public expectations**

Northamptonshire Police has some understanding of what the public expects. However, it isn't clear on how these expectations are changing.

The force has recently set out its policing priorities, and officers and staff understand and value these. However, it has made little attempt to understand how public expectations are changing. There is minimal evidence of the force working with the public to understand people's expectations. However, the force has developed an online tool to do this, which will launch in 2019.

Technology has transformed the way some crime is carried out and how the public want to work with the police. The force's prevention capability is heavily geared towards traditional prevention activity. This approach needs to be updated to address the changes in this area.

The force is preparing to join the single online home platform (being developed by the national digital policing portfolio). Dates of implementation weren't known when we inspected. When in place, this will offer the public more ways to contact the force. This includes providing more information online. This will mean that some processes will need to adapt to make sure all information is assessed and handled appropriately. The force's strategic change board is managing these changes.

### **Prioritising**

Northamptonshire Police has recently set out its vision and policing priorities. A new policing plan was published in January 2019. It states six priorities as being:

- Serious and organised crime;
- Child abuse and exploitation;
- Rape and sexual violence;
- Preventing/reducing road fatalities and serious injury;
- Residential burglary; and
- Domestic abuse.

There are also two sets of overlapping themes. These are: the 'impact of drugs' and 'vulnerability; and 'mental health' and a force strapline of 'fighting crime, protecting people'.

Staff have welcomed the updated priorities as it gives them more clarity. However, the priorities aren't based on a thorough enough understanding of future demand or changing public expectations.

The force is facing a range of challenges in managing current demand. This is especially true within crime investigation. The force is developing plans to better manage current and projected demand. The police, fire and crime commissioner has approved an increase in precept. This will mean the force can have more staff to help address some of these problems.



## **Future workforce**

Northamptonshire Police needs to improve its workforce plans. We are pleased that it has recruited 149 more police officers in the past 12 months. Yet there was a limited plan for where and how these officers would be deployed. The force also underestimated the scale and impact of the support these new officers would need in their first two years. The new officers bring the force up to its planned establishment figure. It should make sure that future workforce plans reflect demand. It must also consider the support these new officers will need.

The force is making some efforts to tackle inequalities in rank mix and diversity. The lack of a detailed skills audit limits how effective recruitment, training workforce development planning can be. The force makes use of external recruitment and national schemes such as direct entry, Police Now and apprenticeships. However, these aren't tailored to address skills gaps.

It is important that the extra staff are allocated to areas of greatest risk, demand and to address skills gaps in the workforce.

## **Finance plans**

Northamptonshire Police is facing significant financial challenges in the medium term. The latest plans show a serious financial challenge facing the force over the next four years. The force also has a budget deficit of around £2m in 2019/20. This is expected to rise to around £7m by 2023/24.

The force can't rely on reserves to balance the budget. As these are already allocated for other uses, including redeveloping the Wootton Hall headquarters estate. The force is also exploring borrowing options to support this redevelopment.

The force is developing plans for balancing the budget from 2019/20 onwards. Continuing to use outcome-based budgeting (OBB) will form part of this. The force acknowledges that the usefulness of the first phase of OBB was limited. This was due to a lack of capacity in the change team and not enough rigorous review by managers. However, lessons have been learned. The force is putting more staff in the change team and it plans to better prepare its leaders in the business skills they need. Leaders will then be able to make sure that similar activities in the future generate the savings or changes to working practices needed. The force is committed to addressing its financial challenges and future financial planning forms part of FP20.

Financial, estates (buildings and facilities) and workforce plans are not currently fully co-ordinated. The force has reduced its estate and associated running costs. It is also exploring opportunities to make the joint working arrangements with Northamptonshire Fire and Rescue Services more effective.

There are limited plans for new collaborative working arrangements. This is mainly due to the uncertainty around the prospects for local authority partnerships. The force is missing opportunities to harness the funding available from Section 106 grants. It recognises it can make better use of these grants, as the local population is increasing, and house building continues.

### **Leadership and workforce development**

The force has some methods to develop its leaders for the future. And it is aiming to build diversity within its leadership teams.

The force now uses a 360-degree feedback questionnaire to understand management capabilities. All potential leaders go through this as part of a leadership programme. This is helping senior leaders to understand the potential among their supervisors and managers.

There are no formal talent management processes, and succession planning is under-developed. The force is yet to establish a comprehensive and well publicised system to identify talented individuals across all ranks, grades, roles and departments.

There is some succession planning for police officers because there are defined career pathways. However, there is no proactive strategy for this, which would help police officers to prepare. There is no structure in place for staff who have very limited opportunities for development. And there is limited succession planning. This affects the force's capability when police leave specialised roles or senior positions. The force is missing opportunities to identify members of the workforce with potential to become senior leaders.

### **Ambition to improve**

Northamptonshire Police has a strong ambition to improve the service it provides. The chief officer team acknowledges that the force's current plans aren't enough to address the problems it faces.

Since our last inspection, the force developed plans to address some of the problems we found in 2017. While most of these are evidence based, they don't cover all aspects of policing. The force has been slow to make meaningful changes.

During our fieldwork, we found many inefficient practices, not enough capacity and capability to manage current demand, and a limited understanding of future demand. Chief officers recognise the scale of the challenge ahead and the force is now developing more detailed plans to address the problems. The new chief constable has instigated a review of the force's operating model. He has also redefined the force's priorities and has changed operational and strategic governance arrangements.

The force recognises it may need to change or reduce its services. It is aiming to communicate with the public more. This will help better understand expectations, which will help inform future plans.

An options appraisal of the human resources and finance system (MFSS) has also been commissioned to address the problems and to determine long term options.

The force is committed to joint working with local organisations. However, it is uncertain if these partnerships will continue and how much extra demand the police may face as a result.

The force is working closely with local authority colleagues during the NCC restructure. The force is assessing options for how it can best work when the new two unitary authorities are in place from April 2020. NCC has already made funding cuts. The significant cuts are to the Trading Standards and non-statutory safeguarding budgets. This may affect demand for policing services.

The police, fire and crime commissioner has established a team to develop joint working between the police and fire service. They have an ambitious vision for the future.

# How legitimately does Northamptonshire Police treat the public and its workforce?

## Requires improvement

### Summary

The force doesn't consistently seek feedback from the public to improve its approach. Although we did see some good examples of force leaders working with communities.

The force understands how to use force appropriately. Officers use stop and search powers appropriately. And the force is committed to continue to learn and improve in this area.

Northamptonshire Police behave ethically and lawfully. Effective anti-corruption measures are in place. Leaders publicise their expectations and the force's values well throughout the workforce.

The force has a reasonable understanding of workforce diversity. It has made some improvements since our last inspection. This includes recruiting an equalities and positive actions officer.

It needs to be more aware of levels of wellbeing among its workforce. It will then be able to offer more, and better, support to staff. Plans are in place to improve the situation and staff have already seen positive changes

There are limited talent management programmes or structured ways to develop both officers and staff. Poor performance is not always tackled. The workforce doesn't perceive as fair the processes for performance, talent management and promotion. This is having a negative effect on workforce morale and productivity.

There is a new leadership programme for supervisors and we are pleased to find that most staff now have regular meetings with their staff. The workforce is feeling optimistic about the future and are positive about the vision of the new chief constable.

### Treating the public fairly

#### Requires improvement

Northamptonshire Police needs to be more consistent in how it communicates with the public. It doesn't consistently seek public feedback to improve its approach and the force could make more use of social media. The force would also benefit from

focusing on harder to reach groups, and those less likely to contact the police. The force makes some good use of such as cadets, volunteers and special constables.

The force complies with recording requirements relating to use of force. It uses lessons learned to improve its approach in this area. The force doesn't yet externally scrutinise the use of force but has plans to introduce this.

The force's reasonable grounds panel has improved recording standards around stop and search, but the panel isn't seen as a support function by the workforce. This means that some officers are reluctant to use the power. The force would benefit from promoting the benefits of the panel among the workforce.

There is an external scrutiny group for stop and search, although membership doesn't fully represent all communities. The force has started to better understand the disproportionately high numbers of black and minority ethnic groups being stopped. The force is now improving its practice as a result.

### **Areas for improvement**

- The force should improve the way it communicates with the different communities it serves.
- The force should make sure it has effective external scrutiny on stop and search.
- The force should make sure it has effective external scrutiny on the use of force.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Treating people fairly and respectfully**

Some – but not all – leaders demonstrate an understanding of the value of working with communities, procedural justice, and treating the public with fairness and respect. The force needs to be more consistent in how it communicates with the public. It would benefit from focusing on harder to reach groups, and those less likely to contact the police.

The force doesn't consistently seek public feedback to improve its approach. There is an over-reliance on traditional methods, such as community alerts and beat surgeries. We found some positive examples of force leaders responding to community concerns. For example, recognising that communities would like a more robust response to burglary. This approach isn't yet consistent.

The force could make more use of social media. It is currently only used by the corporate communications department to post information. The force has two community engagement officers who attend events, such as faith centre days and

work with community leaders. These officers are carrying out meaningful work and building relationships with some communities, but they can't be expected to service the whole county. The force needs to make sure neighbourhood teams communicate more often and consistently with the public. It needs to tailor its work to meet local needs.

Northamptonshire Police strives to promote the use of such as cadets, volunteers and special constables. The force uses volunteers in many ways. These roles include chaplains, volunteers on horseback and emergency service cadet leaders. Plus, there are around 100 street watch volunteers.

There are about 250 special constables. They are in traditional roles of response policing or supporting pre-planned events, such as football matches. Only 52 special constables can carry out independent patrols. The force is looking into also using them in other in specialist roles, such as tackling cyber crime. Some special constables work with neighbourhood teams. The force should consider building on this.

Knowledge and understanding of unconscious bias are generally good among the workforce. However, some of those we spoke to weren't able to say how this knowledge had positively affected their communications with the public. This training hasn't been provided to police staff, but it is scheduled for 2019.

### **Using force**

The workforce understands how to use force and record it appropriately. It complies with the National Police Chiefs' Council (NPCC) recording requirements. The force has an officer safety training package. It has recently been amended to include tactical communications, based on learning from a complaint case.

The force has an internal 'use of force' monitoring group. The group has started to analyse variations in the use of force. It doesn't yet externally scrutinise the use of force. It does, however, have plans to introduce this.

The force doesn't routinely review body worn video footage to assess the use of force. However, it is viewed by the professional standards department (PSD) if there is a complaint.

Use of force incidents taking place in custody are dip sampled and cross checked against CCTV. Being more proactive through wider dip sampling of body worn video camera footage may identify where lessons can be learned.

### **Using stop and search powers**

Officers understand how to use stop and search appropriately and the use of the power is well supervised. This means that the force shows a commitment to continual learning around stop and search. Unfortunately, there is a reluctance among some of the workforce to use the power. The force's reasonable grounds

panel has been broadly effective in improving recording standards. And although it is designed to be a supportive and learning process, it is not perceived as such by officers.

The panel process is contributing to the fall in the use of stop and search powers. To address this, the force should promote its benefits to officers. The force plans to provide a one-day training package during 2019 for uniformed officers and special constables on stop search and unconscious bias. The aim is to encourage its use and ensure effective recording practices.

We reviewed a random sample of 100 stop and search records to assess the reasonableness of the recorded grounds. Eighty-eight percent of those records contained reasonable grounds. Our assessment is based on the grounds recorded by the searching officer, and not the grounds that existed at the time of the search.

In the sample we reviewed, we also discovered many searches involving suspicion of possession of drugs, rather than supply of drugs. This is unlikely to fit with force priorities.

In our [2017 legitimacy report](#), we recommended that all forces should:

- Track and analyse detailed stop and search data to understand reasons for variations;
- Take action on those; and
- Publish the analysis and the action by July 2018.

We found that the force has complied with some of these recommendations. However, it doesn't identify the extent to which find rates differ between people from different ethnicities or across different types of searches. As a result, there isn't separate identification of find rates for drug possession and supply-type offences. Also, it isn't clear that the force monitors enough data to identify the prevalence of possession-only drug searches. Or the extent to which these align with local or force-level priorities. We reviewed the force's website. There was no obvious mention of analysis to understand and explain reasons for variations, or any subsequent action taken.

Northamptonshire Police has an internal stop and search monitoring group. The group is provided with detailed data to identify patterns and trends. The group has started to better understand the disproportionately high numbers of black and minority ethnic groups being stopped. The force is now improving its practice as a result.

The force has recently instructed that body worn video cameras are used for all stop and search encounters. The internal scrutiny group reviews this footage to identify lessons that can be learned.

There is also an external scrutiny group for stop and search. It is chaired by a chief inspector and community representatives attend. The group meets quarterly and listens to community feedback. However, members aren't provided with fully comprehensive data to help them understand the issues. And membership isn't fully representative of communities. The police officer chair reduces the independence of the group.

## **Ethical and lawful workforce behaviour**

### **Good**

Northamptonshire Police behaves ethically and lawfully. The workforce understands expected standards of behaviour and is aware of its obligations associated with business interests, reportable associations, gifts and hospitality.

All officers and staff have up to date vetting appropriate to their role. The force has enough resources to fully vet its workforce and recent system upgrades have made the vetting unit more efficient. The force complies with its obligations for barred and advisory lists.

The force uses feedback from its workforce when developing policies. It would benefit from promoting more awareness of its ethics committees among its workforce.

Abuse of position is well-publicised throughout the workforce and is recognised as serious corruption. The force asks for information about corruption from a variety of sources and an anonymous public reporting line will be available soon too. The force provides appropriate support to staff and officers who report wrongdoing; and investigations are conducted promptly.

Northamptonshire Police has raised awareness of potential corruption among its workforce and has trained supervisors to look for the signs. It works to reassure the public by publishing cases.

### **Areas for improvement**

- The force should monitor its vetting decisions to identify disparities and disproportionality (e.g. BAME groups), and act to reduce them where appropriate.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Maintaining an ethical culture**

Northamptonshire Police's workforce behaves ethically and lawfully. Leaders communicate their expectations well and there is a good understanding of these



expectations across the organisation, championed by the chief officer team. Staff discuss difficult ethical issues. Some ask the professional standards department (PSD) for advice.

Leaders promote the four values expected of officers and staff – honest, fair, reliable and approachable. These values have been widely promoted, and awareness among the workforce is good. Most leaders understand the importance of acting as ethical role models, and to foster a no-blame culture.

Force policies are accessible and equality impact assessments are in line with the code of ethics. The force equality adviser reviews all policies, and the force involves the staff unions. This makes sure that the force policies and procedures are properly evaluated.

Acceptable and unacceptable behaviours are communicated well. The force circulates the results of misconduct hearings/meetings. And PSD circulates a monthly 'lessons learned' bulletin. These activities support acceptable, and reduce unacceptable, standards of behaviour. They will also improve future performance.

The force has internal and external ethics committees, with the chief constable chairing the internal panel. The internal committee recently used a staff survey to identify which ethical issues to raise. The promotion system was amended as a result. Although many officers and staff are not aware of these committees, their purpose, or how to use them. The ethics committees don't play enough role in ethical communications across the force. More could be done to make the workforce aware of these groups and share what was discussed.

Northamptonshire Police complies with all aspects of the vetting code and authorised professional practice (APP). It also fulfils its obligations to provide details to the College of Policing for the barred and advisory lists. These lists stop people who have left the service under investigation, or have been dismissed, from re-joining or working in law enforcement.

The force has enough resources available to fully vet the workforce. New software has recently replaced the previous system in the vetting unit. This has made the unit more efficient and allows better maintenance of vetting through annual reviews. This work reduces the chances of the force employing an inappropriate member of staff. It will soon start to review cases where individuals fail vetting to identify any inconsistencies or unfairness.

Officers and staff understand the standards of behaviour that are expected of them. And they are aware of their obligations associated with business interests, reportable associations and gifts and hospitality policies. The workforce trusts the various reporting methods. The force makes good use of the integrity registers and monitors compliance. This work will reduce the likelihood of corruption within the force.

## **Tackling corruption**

Northamptonshire Police has enough capability and capacity to address corruption issues. It has an effective anti-corruption strategic assessment, and has a satisfactory governance and refresh process. The force collects and analyses data from several sources to identify early any corrupt behaviour or vulnerability to corruption. It intervenes early to reduce this risk.

Abuse of position is in the force's anti-corruption strategic assessment. It has raised awareness among its workforce through PSD 'lessons learned' bulletins. It also reassures the public by publicising cases and encouraging the reporting of inappropriate behaviour.

In 2017, the force submitted a plan to address our 2016 national recommendations about the abuse of position for a sexual purpose. This is now in place. The force recognises and records the abuse of position as serious corruption. It refers cases to the independent office for police conduct (IOPC) as required. We reviewed 60 cases – 16 needed IOPC referrals. These were made in all but two cases and the force accepts that these cases should have been referred. Complying with the referral criteria is likely to increase the public's trust that serious corruption is dealt with appropriately.

The force has passive monitoring systems in place across almost all its ICT equipment. This includes the new mobile devices.

The force asks its workforce for information about corruption and organisations that support vulnerable people. This provides it with good corruption intelligence. An external reporting line will soon launch. The workforce reports business interests and notifiable associations. There are minimal backlogs and information is gathered on time.

The force ensures all intelligence and allegations involving potential criminal behaviour by officers and staff are fully investigated. It needs to consider how it protects those who report wrongdoing. The workforce know it must report notifiable associations and there is a good awareness of the confidential reporting line (called Bad Apple). However, many said they felt nervous about using it as they were concerned they wouldn't remain anonymous.

## **Treating the workforce fairly**

### **Requires improvement**

There are examples of the force inviting feedback from staff. These include an 'ask the chief' section on the intranet and staff network groups are involved in plans for change. Decisions are sometimes made in isolation, for example changing a shift pattern based on the feedback from one team. This may have a negative impact on the effectiveness of demand management force-wide.

The workforce is feeling optimistic about the future and positive about the visibility and vision of the new chief constable. The last staff survey was in 2017 and we look forward to seeing the results of the one planned for 2019.

The force needs to better understand wellbeing issues. Sickness absence across the workforce is high. Occupational health provision doesn't meet demand, and the force only operates a limited range of preventative measures to improve workforce wellbeing. There is now improved support for those on maternity and paternity leave. Wellbeing services that are available aren't publicised enough. Levels of support should improve when more permanent staff have filled temporary roles. Wellbeing is a priority in the new leadership programme, which should help address the problem.

The force needs to better support supervisors to tackle poor performance. It has plans to address this. There is a new leadership programme for supervisors and we are pleased to find that most now have regular meetings with their staff.

Outside of national schemes, there are limited talent management programmes or structured ways to develop both officers and staff. The workforce doesn't perceive as fair the processes for performance, talent management and promotion. This is having a negative impact on workforce morale and productivity.

### **Areas for improvement**

- The force should improve the way it communicates with the workforce to increase trust and confidence in its leaders. It should communicate the action it takes in response to issues identified by the workforce.
- The force should make sure that it has effective processes in place to identify and understand the causes of potential disproportionality, and to take effective action.
- The force should improve its provision of preventative healthcare measures for the workforce and ensure that wellbeing is considered in decisions around managing demand resource allocation. This should include making sure it provides suitable training, support and capacity for its supervisors so that they have the necessary time to recognise the signs and provide the necessary early intervention response for managing wellbeing issues.
- The force should improve how it manages individual performance and identifies talent within the workforce.
- The force should tackle the workforce perception of unfairness in Northamptonshire Police through ensuring that its performance, talent management and promotion and selection processes are accessible and perceived by the workforce as fair.

We set out our detailed findings below. These are the basis for our judgment of the force's performance in this area.

### **Improving fairness at work**

There are some systems and processes in place for leaders to get feedback from the workforce about fairness and how to treat staff. These, however, are limited. There is some evidence of senior leaders demonstrating changes had been made as a result of staff feedback. For example, the force has recently reviewed the fairness at work policy. The policy defines the approach for handling grievances. The review involved benchmarking with other forces. And the force got feedback from interested parties such as focus groups.

The review led to many recommendations. These included improved training for line managers, better record keeping, and a process to learn lessons from grievances raised. The chief constable has a regular video blog where he invites feedback. There is also an 'ask the chief' section on the force's intranet pages. This is where the chief constable or a nominated representative responds to questions within a set timeframe.

Those responsible for managing change communicate regularly with the different staff networks. The staff networks represent different groups within the workforce. Representatives from these groups confirmed that they felt they were suitably consulted on change plans. However, there is a lack of awareness of these consultation activities among the wider workforce.

The force asks for feedback and challenge from staff networks. It aims to use this to inform future plans. The force hasn't carried out a staff survey since 2017. The next one is planned for 2019. We look forward to the findings.

Officers and staff feel optimistic about the future. And many made positive comments about the visibility of, and messages from, the chief constable, who started in August 2018.

Decisions are sometimes made in isolation, following feedback from individuals or small groups. For example, the force changes the shift patterns of some investigators based on feedback from officers and staff working in these teams. Some of the workforce may feel pleased they have been listened to. However, the shift patterns had been designed to meet the demand profile of the service delivery model. Changes to shift patterns may also demand management or have other consequences.

Northamptonshire Police handles grievances well. We examined ten cases, and all had been resolved in line with the ACAS Code of Practice. The force acts quickly to address areas of perceived unfairness. This minimises the stress involved for those raising grievances.

The force doesn't consistently track the underlying causes of workforce complaints. If it had a better understanding of the reasons behind grievances, it would help to identify problems, and learn from them.

Northamptonshire Police has dedicated leads for their diversity objectives. These include:

- Community engagement
- Hate crime
- Stop and search
- Equality impact assessments
- Representative workforce
- A supportive and inclusive environment.

The force has a reasonable understanding of workforce diversity and acknowledges that diversity within its workforce varies. Since our last inspection, it has recruited an equalities and positive actions officer. The officer is supporting the force's diversity strategy address inconsistencies within the workforce.

The force collects data for age, gender, disability, sexual orientation, religion and ethnicity. This is scrutinised at the equality and diversity board. A chief officer oversees the board, which meets quarterly.

Data is recorded on its Centurion system. This means the force can identify and analyse inconsistencies in how it treats officers and staff who face complaint and misconduct allegations. It doesn't yet carry out this work. This may affect the way some officers and staff are dealt with during complaint and misconduct processes.

The delays in forensically examining digital devices in the high-tech crime unit is a factor in delays in misconduct cases. This which may have a negative impact on the wellbeing of those involved and affect outcomes.

The force doesn't analyse the information it has on people applying for roles. This means it can't identify if there are reasons stopping people from joining which may be affecting the workforce profile.

It doesn't ask the people leaving why they are going. The force does carry out exit interviews, but only if someone asks for one. It is missing opportunities to better understand, and respond to, the reasons behind why some people leave. This will be affecting retention levels.

There is a perception among the workforce of unfairness and a culture of favouritism. Staff don't feel recruitment, retention and progression processes are fair. The force

doesn't use information it has about those applying for promotion to find out if there are any inconsistencies.

Officers and staff we spoke to referred to a culture of favouritism. Examples included some people getting promoted, while other credible candidates were overlooked. The force needs to tackle these perceptions of favouritism. Until this happens, fairness can't be truly embedded.

### **Supporting workforce wellbeing**

Although leaders promote wellbeing, Northamptonshire Police doesn't have a consistent and accessible wellbeing service for its workforce. The service isn't valued among the workforce and related activities don't follow good practice.

The force has a limited focus on wellbeing and staff aren't fully aware of the services on offer. The force doesn't adequately identify and understand wellbeing issues as well as it could. There has been little progress on understanding wellbeing issues since our 2017 inspection.

Leaders aren't briefed enough to carry out for their wellbeing responsibilities effectively. The force now routinely reviews sickness, and the reasons. However, it doesn't consider other factors that may affect wellbeing, productivity and morale.

The force recognises the impact high workloads have on workforce wellbeing. It plans to review its operating model and services it provides. This will help it better manage workforce pressure and improve wellbeing. The force also use support from the national police wellbeing service.

The force's approach to wellbeing is reactive. There are only limited examples of early intervention or preventative action. The force does, to a degree, address the wellbeing needs of its workforce when they are absent from work through ill health. People with physical health problems and those who have suffered trauma receive broadly effective support.

The force can't routinely identify early signs of stress or address its causes. This would minimise the number of officers and staff unable to work because of ill health. There is an employee assistance programme available. This offers confidential counselling, financial advice and other such support. Levels of take-up among the workforce isn't clear.

Supervisors have some information to help them recognise the warning signs. This helps them intervene early to prevent wellbeing concerns escalating. The high number of temporary supervisors means that there is a lack of consistency. Around a quarter of sergeants and half of inspectors were temporary at the time of our fieldwork. The force has promotion campaigns planned to fill these posts permanently. This should mean supervisors can provide consistent, good quality supervision and support.

The force should consider how often it monitors and analyses its own management information. It should also consider the methods it uses to better understand any threats and risks to wellbeing.

Wellbeing features heavily in the new leadership programme and we were pleased that most staff now have regular one-to-one meetings with their supervisor. The workforce values this. Officers and staff we spoke to said there had been a significant change in the past 12 months. Supervisors now better understand their teams' wellbeing, workload, welfare and performance needs. This means supervisors can better support them.

The force isn't making effective use of its intranet to promote and understand the wellbeing needs. The intranet could be used to raise awareness or signpost staff to support services.

Sickness absence across the workforce is high. A group has been set up to tackle the issue. The force is trying to better understand the reasons behind high sickness levels, but it hasn't yet been able to reduce the level. During our fieldwork, occupational health provision didn't meet demand. There is now better support for those on maternity and paternity leave. A 'maternity buddies' support group has been set up.

The force has plans to improve wellbeing support to the workforce and intends to have developed the Blue Light Charter developed by autumn 2019.

### **Managing performance and development of officers and staff**

Northamptonshire Police has made limited progress to manage and develop workforce performance since our last inspection.

A new personal development review (PDR) system is part of a planned upgrade to the force's human resources system (MFSS). This, however, has been delayed. In the meantime, the force is manually completing PDRs. This means that there are no accurate force-wide data completion rates or their quality.

The force doesn't have a way to routinely:

- Identify talented officers and staff;
- Develop or improve individual performance;
- Support career development; or
- Improve wellbeing.

PDRs are essential but staff don't see them as useful or effective, unless they are seeking promotion. Without a proper PDR system, the force recognises that it is

difficult to identify and develop talented staff or carry out effective succession planning.

The force needs to make sure that supervisors feel supported when tackling poor performance. Many supervisors reported that they are reluctant to manage poor performance as they fear a grievance may be raised against them.

HR advice hasn't been effective. We were briefed on cases where poorly performing staff were moved around rather than the poor performance tackled. Members of the workforce we spoke to were concerned that poor performance isn't tackled effectively. This is seen as being due to a lack of HR support and weak leadership to deal with under-performance. The force recognises that supervisors who challenge under-performance don't get enough support when taking robust action. It is striving to tackle this.

Northamptonshire Police doesn't do enough to identify talent within its workforce. Aside from national schemes, there are limited ways to develop both officers and staff. The force needs to do more to make sure officers and staff have access to talent management schemes.

Since our last inspection, the force now uses the competency and values framework (CVF) to recruit, develop and keep officers. This will help it identify talent. The force supports candidates by identifying as early as possible when boards and other promotion processes will take place. This helps candidates plan, and to arrange relevant mentoring and coaching support. This is a positive step for police officers. However, there is no equivalent system for police staff. Some police staff feel they are not valued. The force may be missing opportunities to develop and keep some police staff.

The workforce doesn't feel that the processes for performance, talent management and promotion are fair. Promotion processes have been reviewed, but the perception of unfairness remains. This will mean that some people don't apply for promotion because they don't think they will be fairly treated. Senior leaders are aware of this perception and are working to address this. The force needs to identify and remove barriers to promotion.



## **Annex A – About the data**

Note: please see separate document. Will be included for publication.

| <b>1. Preventing Crime and ASB</b> |                              |                      |
|------------------------------------|------------------------------|----------------------|
| <b>Grading 2019</b>                | <b>Direction of Progress</b> | <b>Grading 2017</b>  |
| Requires Improvement               | ↔                            | Requires Improvement |

### Summary Findings

Northamptonshire Police is improving its approach to crime prevention. It needs to better analyse the information it has so it can allocate resources more effectively. It should also build on working more closely with communities to help it be more effective in preventing crime and anti-social behaviour.

The force has improved its approach to problem solving since our last inspection. However, there is still more work to do in this area. Better and more consistent processes would help the force prevent more crime.

| <b>AFIs 2019</b>   | <b>Lead/s</b>   | <b>SRO</b>   |
|--|---|--|
| 1. The force should improve how it analyses information and intelligence. This will help it better understand crime and anti-social behaviour in Northamptonshire. It will then be able to target activity more effectively. | <ul style="list-style-type: none"> <li>• Ch. Supt. Crime, Intel and Safeguarding - Mark Behan</li> <li>• Director of Intelligence/Supt Central Intelligence - Emily Vernon</li> </ul> | <ul style="list-style-type: none"> <li>• ACC Protective Services - Simon Blatchly</li> </ul> |
| 2. Local policing teams should communicate with communities regularly. The force should also problem solve with other organisations to prevent crime and anti-social behaviour.  | <ul style="list-style-type: none"> <li>• Ch. Supt Head of Local Policing - Mick Stamper</li> <li>• Operational Supt – Chris Hillery and Dennis Murray</li> </ul>                      | <ul style="list-style-type: none"> <li>• ACC Local Policing – James Andronov</li> </ul>      |
| 3. The force should share what it does well internally and with external organisations it works with. This would help improve its approach to preventing crime and anti-social behaviour.                                    | <ul style="list-style-type: none"> <li>• Ch. Supt Corporate Services/FP20 – Caroline Marsh</li> <li>• Supt. Corporate Services – Jen Helm</li> </ul>                                  | <ul style="list-style-type: none"> <li>• DCC Simon Nickless</li> </ul>                       |

| 2. Investigating Crime |                       |                      |
|------------------------|-----------------------|----------------------|
| Grading 2019           | Direction of Progress | Grading 2017         |
| <b>INADEQUATE</b>      | ↩                     | REQUIRES IMPROVEMENT |

### Summary Findings

Northamptonshire Police doesn't have the resources to investigate crime effectively enough. This has resulted in a backlog of crimes being allocated to investigators. There are plans for improvements, but the force has been slow to put these in place. The force doesn't support victims as well as it should. This is down to a lack of resources in some cases, and policies and standards not always being in place in other cases. The force doesn't manage offenders effectively, which can sometimes present a risk to the public.

**The Force has been given a Cause of Concern:** The force can't manage current demand effectively. It doesn't have enough capacity or capability to investigate crime as effectively as it should. This is affecting the service too often. This has resulted in an overall recommendation (linked to protecting vulnerable people and managing current demand).

### To address this cause of concern, HMICFRS recommend that within 12 months the force should:

- Improve the effectiveness of its investigations.

| Recommendations 2019   | Lead/s   | SRO   |
|--|--|---|
| 1. Make sure senior officers clearly and effectively oversee crime investigations and standards.   | <ul style="list-style-type: none"> <li>• Ch. Supt. Crime, Intel and Safeguarding - Mark Behan</li> <li>• Supt Crime – Paul Rymarz</li> </ul> | <ul style="list-style-type: none"> <li>• ACC Protective Services - Simon Blatchly</li> </ul>                        |
| 2. Make sure all crimes are allocated quickly to investigators with the appropriate skills, accreditation and support. They will then be able to investigate them to a good standard, on time. | <ul style="list-style-type: none"> <li>• As above</li> </ul>   | <ul style="list-style-type: none"> <li>• As above</li> </ul>  |
| 3. Make sure it is fully compliant with the Code of Practice for Victims of Crime.   | <ul style="list-style-type: none"> <li>• As above</li> </ul>   | <ul style="list-style-type: none"> <li>• As above</li> </ul>  |
| 4. Make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough avoid delaying investigations.   | <ul style="list-style-type: none"> <li>• As above</li> </ul>   | <ul style="list-style-type: none"> <li>• ACC Local Policing – James Andronov with Digital Portfolio Lead</li> </ul> |
| 5. Make sure it uses bail and 'released under investigation' correctly to keep the public safe.  | <ul style="list-style-type: none"> <li>• As above</li> </ul>   | <ul style="list-style-type: none"> <li>• ACC Protective Services - Simon Blatchly</li> </ul>                        |
| 6. Make sure that people listed as 'wanted' on the police national computer (PNC) are quickly located and arrested.  | <sup>191</sup> <ul style="list-style-type: none"> <li>• As above</li> </ul>  | <ul style="list-style-type: none"> <li>• As above</li> </ul>  |

| 3. Protect Vulnerable People                      |                       |                      |
|---|-----------------------|----------------------|
| Grading 2019                                      | Direction of Progress | Grading 2017         |
| Requires Improvement <b>with Cause of Concern</b> | ↩                     | Requires Improvement |

### Summary Findings

Northamptonshire Police needs to better understand the nature and scale of vulnerability. Since our last inspection, the force has got better at identifying vulnerability. However, it doesn't consistently support all vulnerable victims.


**The Force has been given a Cause of concern:** Northamptonshire Police is failing to respond appropriately to some vulnerable people. This means it is missing some opportunities to safeguard victims and secure evidence.

This has resulted in an overall recommendation (linked to investigation and managing current demand).

**To address this cause of concern, HMICFRS recommend that within 12 months the force should:**

- Improve its approach to protecting vulnerable people.

| Recommendations 2019   | Lead/s  | SRO  |
|--|---|--|
| 1. Improve call response and initial investigation for all vulnerable victims.   | <ul style="list-style-type: none"> <li>• Supt. Force Control Room – Ash Tuckley</li> <li>• Operational Supt x 2 (North and West)</li> </ul>           | <ul style="list-style-type: none"> <li>• ACC Local Policing – James Andronov</li> </ul>      |
| 2. Improve its response to missing and absent children by categorising information correctly. Regularly and actively supervise missing person investigations to properly safeguard victims.  | <ul style="list-style-type: none"> <li>• Ch. Supt. Crime, Intel and Safeguarding - Mark Behan</li> <li>• Supt Safeguarding – Rich Tompkins</li> </ul> | <ul style="list-style-type: none"> <li>• ACC Protective Services - Simon Blatchly</li> </ul> |
| 3. Analyse information held on systems to better understand the nature and scale of vulnerability. It should then act on its findings relating to missing people, domestic abuse, human trafficking, modern slavery and child sexual exploitation. | <ul style="list-style-type: none"> <li>• As above</li> </ul>  | <ul style="list-style-type: none"> <li>• As above</li> </ul>                                 |

| 4. Tackling Serious and Organised Crime |   |  |
|---|---|--|
| Grading 2019                            | Direction of Progress   | Grading 2017                               |
| Requires Improvement                    |  | Requires Improvement with Cause of Concern |

### Summary Findings

Tackling serious and organised crime is one of the force's six priorities. It has developed a better understanding since our last inspection and continues to make improvements.

Northamptonshire Police has improved its approach to tackling serious and organised crime (SOC), but there is still more work to do. The force remains heavily focused on prosecuting those taking part in SOC, but it plans to improve its prevention, protection and preparation capabilities.

Northamptonshire Police lacks capability to be fully effective at tackling SOC. This is due to limited knowledge and skills around a range of tactics, particularly covert options.

| AFIs 2019   | Lead/s  | SRO  |
|---|---|--|
| 1a. The force should develop a more detailed understanding of all threats posed by serious and organised crime. To do this, it needs to define what information it needs from other agencies.<br>1b. It should reduce the backlog of intelligence submissions awaiting evaluation and analysis. This would make sure it identifies and acts on all important information quickly. | <ul style="list-style-type: none"> <li>Ch. Supt. Crime, Intel and Safeguarding - Mark Behan</li> <li>Director of Intelligence/Supt Central Intelligence - Emily Vernon</li> </ul> | <ul style="list-style-type: none"> <li>ACC Protective Services - Simon Blatchly</li> </ul> |
| 2. The force should enhance its approach to the 'lifetime management' of organised criminals. This would minimise the risk they pose to local communities. This approach should consider additional orders, the powers of other organisations and tools to deter organised criminals from continuing to offend.   | <ul style="list-style-type: none"> <li>Ch. Supt. Crime, Intel and Safeguarding - Mark Behan</li> <li>Supt Crime – Paul Rymarz</li> </ul>  | <ul style="list-style-type: none"> <li>As above</li> </ul>                                 |
| 3. The force should better understand of the impact of its work on serious and organised crime across the 'four Ps'. It must use learn to maximise the force's disruptive effect on this criminal activity.   | <ul style="list-style-type: none"> <li>As above</li> </ul>  | <ul style="list-style-type: none"> <li>As above</li> </ul>                                 |
| 4. The force should assign capable lead responsible officers to all active organised crime groups. This must be part of a long-term, multi-agency approach to dismantling them. Lead responsible officers should take a balanced approach across the 'four Ps' framework and have a consistently good knowledge of available tactics.   | <ul style="list-style-type: none"> <li>As above</li> </ul>  | <ul style="list-style-type: none"> <li>As above</li> </ul>                                 |

## 5. Armed Policing

Not graded – therefore no AFIs are given

SRO: ACC Protective Services – Simon Blatchly

Lead: Supt. Central Operations – Sarah Johnson

### Summary Findings

#### Understanding the threat and responding to it

- The force has a good understanding of the potential harm facing the public. Its APSTRA conforms to the requirements of the code and the College of Policing guidance. The APSTRA is published annually and is accompanied by a register of risks and other observations. The force also has a good understanding of the armed criminals who operate in Northamptonshire and neighbouring forces areas.
- Northamptonshire Police is alert to the likelihood of terrorist attacks and has identified venues that may require additional protection in times of heightened threat.
- Most armed incidents in Northamptonshire Police are attended by officers trained to an armed response vehicle (ARV) standard. However, incidents sometimes occur that require the skills and specialist capabilities of more highly trained officers.
- Northamptonshire Police currently works with Leicestershire Police and Lincolnshire Police to provide all aspects of armed policing. Recently agreement has been reached to change this relationship to one that only focuses on delivering consistent standards of training and command of armed operations in all three forces.
- Northamptonshire Police has enough ARV capability and has plans to increase this further during 2019 in response to changes to existing working arrangements agreed with regional colleagues.
- We found that Northamptonshire Police has good arrangements in place to mobilise officers with enough specialist capabilities in line with the threats and risks identified in its APSTRA.

#### Working with others

- Northamptonshire Police has enough ARV officers and specialist capabilities in line with the threats set out in the APSTRA. Until recently Northamptonshire had joint arrangements in place with Leicestershire and Lincolnshire police forces to provide armed policing. The three forces have agreed to continue to share training facilities which helps to standardise procedures as well as reducing costs. The governance of these new arrangements is however still developing. We will monitor progress closely.
- Armed officers in Northamptonshire Police are trained in tactics that take account of the types of recent terrorist attacks. Also, Northamptonshire Police has an important role in designing training exercises with other organisations that simulate these types of attack. We found that these training exercises are reviewed carefully so that learning points are identified, and improvements are made for the future.
- In addition to de-briefing training exercises, we also found that Northamptonshire reviews the outcome of all firearms incidents that officers attend. This helps ensure that best practice or areas for improvement are identified. We also found that this knowledge is used to improve training and operational procedures.

## 6. Meeting current demands and using resources

| Grading 2019      | Direction of Progress | Grading 2017  |
|-------------------|-----------------------|---|
| <b>INADEQUATE</b> | ↓                     | GOOD – Understanding demand<br>Requires Improvement – Using its resources |


**Summary Findings:** Northamptonshire Police is reactive in its approach to policing and has a limited understanding of demand. Demand analysis is out of date and needs to be refreshed, and the force doesn't understand its workforce capabilities well enough. Work has begun to address this, but there needs to be wider analysis to get a fuller picture of demand. There aren't enough resources to cope with investigative demand. As a result, there are backlogs of crimes not allocated to investigators. A new change programme has been set up to change the force's operating model to better meet demand and be more efficient.

**The Force has been given a Cause of Concern:** The force can't manage current demand effectively. It doesn't have enough capacity or capability to investigate crime as effectively as it should. This is affecting the service too often. This has resulted in an overall recommendation (linked to investigation and protecting vulnerable people).

**To address this cause of concern, HMICFRS recommend that within 12 months the force should:**

- To make sure it can meet demand, it should develop plans to address its current capacity, capability and efficiency problems.

| Recommendations 2019  | Lead/s  | SRO  |
|---|---|--|
| 1. Change its operating model to remove inefficient practices.                                      | <ul style="list-style-type: none"> <li>• Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> </ul>  | <ul style="list-style-type: none"> <li>• DCC Simon Nickless</li> </ul> |
| 2. Create a central record of the skills available within the existing workforce.                   | <ul style="list-style-type: none"> <li>• Head of Human Resources – Barbara Barrett</li> </ul>   | <ul style="list-style-type: none"> <li>• As above</li> </ul>           |
| 3. Reorganise the workforce to make sure officers have the skills needed to meet demand.            | <ul style="list-style-type: none"> <li>• Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> <li>• Head of Human Resources – Barbara Barrett</li> </ul> | <ul style="list-style-type: none"> <li>• As above</li> </ul>           |
| 4. Carry out a thorough assessment of current and future demand, covering all elements of policing. | <ul style="list-style-type: none"> <li>• Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> </ul>  | <ul style="list-style-type: none"> <li>• As above</li> </ul>           |

| 7. Planning for the future |   |              |
|----------------------------|---|--------------|
| Grading 2019               | Direction of Progress   | Grading 2017 |
| Requires Improvement       |  | Good         |

### Summary Findings

The force's understanding of future demand is limited. It intends to better understand current demand first. It will then be able to better predict and plan for future demand. The force has an ambitious vision to improve its services. It acknowledges that its current plans aren't enough to achieve this.

| AFIs 2019  | Lead/s  | SRO  |
|--|---|--|
| 1. Make sure it understands the demand for its services, and what the public expects, are kept up to date by regularly reviewing the information it has. This should be carried out alongside local authorities, other emergency services and partner organisations. This will make sure that it takes the necessary steps to meet current and likely future demand. | <ul style="list-style-type: none"> <li>Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> </ul>  | <ul style="list-style-type: none"> <li>DCC Simon Nickless</li> </ul> |
| 2. Make sure that workforce planning covers all areas of policing. That there is a clear rationale, based on evidence, to reorganise staff to meet current and future demand.  | <ul style="list-style-type: none"> <li>Head of Human Resources – Barbara Barrett</li> <li>Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> </ul> | <ul style="list-style-type: none"> <li>As above</li> </ul>           |
| 3. Make sure that the additional staff, resulting from the growth in council tax precept, are allocated to areas of greatest risk, demand and to address skills gaps in the workforce.   | <ul style="list-style-type: none"> <li>Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> <li>Head of Human Resources – Barbara Barrett</li> </ul> | <ul style="list-style-type: none"> <li>As above</li> </ul>           |



| <b>8. Treating the public fairly</b> |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| <b>Grading 2019</b>                  | <b>Direction of Progress</b> | <b>Grading 2017/2019</b>    |
| <b>Requires Improvement</b>          | ↔                            | <b>Requires Improvement</b> |

**Summary Findings**

The force doesn't consistently seek feedback from the public to improve its approach. Although we did see some good examples of force leaders working with communities.

The force understands how to use force appropriately. Officers use stop and search powers appropriately. And the force is committed to continue to learn and improve in this area.

| <b>AFIs 2019</b>  | <b>Lead/s</b>  | <b>SRO</b>  |
|---|--|---|
| 1. The force should improve the way it communicates with the different communities it serves. | <ul style="list-style-type: none"> <li>• Ch. Supt. Head of Local Policing – Mick Stamper</li> <li>• Head of Corporate Communications – Rich Edmondson</li> </ul>       | <ul style="list-style-type: none"> <li>• ACC Local Policing – James Andronov</li> </ul> |
| 2. The force should make sure it has effective external scrutiny on stop and search.          | <ul style="list-style-type: none"> <li>• Ch. Supt. Head of Local Policing – Mick Stamper</li> <li>• Ch. Insp. Local Policing (North) – Lara Alexander Lloyd</li> </ul> | <ul style="list-style-type: none"> <li>• As above</li> </ul>                            |
| 3. The force should make sure it has effective external scrutiny on the use of force.         | <ul style="list-style-type: none"> <li>• Ch. Supt. Head of Local Policing – Mick Stamper</li> <li>• Ch. Insp. Local Policing (West) – James Willis</li> </ul>          | <ul style="list-style-type: none"> <li>• As above</li> </ul>                            |

| <b>9. Ethical and Lawful Workforce Behaviour</b> |                              |                     |
|--|------------------------------|---------------------|
| <b>Grading 2019</b>                              | <b>Direction of Progress</b> | <b>Grading 2017</b> |
| <b>Good</b>                                      | ↔                            | <b>Good</b>         |

**Summary Findings**

Northamptonshire Police behave ethically and lawfully. Effective anti-corruption measures are in place. Leaders publicise their expectations and the force's values well throughout the workforce.

| <b>AFI 2019</b>  | <b>Lead/s</b>  | <b>SRO</b>   |
|--|--|--|
| 1. The force should monitor its vetting decisions to identify disparities and disproportionality (e.g. BAME groups), and act to reduce them where appropriate. | <ul style="list-style-type: none"> <li>Supt Head of PSD – Pauline Sturman</li> </ul> | <ul style="list-style-type: none"> <li>DCC Simon Nickless</li> </ul> |

| 10. Treating the workforce fairly |                       |                      |
|-----------------------------------|-----------------------|----------------------|
| Grading 2019                      | Direction of Progress | Grading 2017         |
| Requires Improvement              | ↔                     | Requires Improvement |

### Summary Findings

The force has a reasonable understanding of workforce diversity. It has made some improvements since our last inspection. This includes recruiting an equalities and positive actions officer. It needs to be more aware of levels of wellbeing among its workforce. It will then be able to offer more, and better, support to staff. Plans are in place to improve the situation and staff have already seen positive changes. There are limited talent management programmes or structured ways to develop both officers and staff. Poor performance is not always tackled. The workforce doesn't perceive as fair the processes for performance, talent management and promotion. This is having a negative effect on workforce morale and productivity. There is a new leadership programme for supervisors and we are pleased to find that most staff now have regular meetings with their staff. The workforce is feeling optimistic about the future and are positive about the vision of the new chief constable.

| AFI 2019  | Lead/s  | SRO  |
|---|---|--|
| 1. The force should improve the way it communicates with the workforce to increase trust and confidence in its leaders. It should communicate the action it takes in response to issues identified by the workforce.  | <ul style="list-style-type: none"> <li>Head of Human Resources – Barbara Barrett</li> <li>Ch. Supt. Corporate Services/FP20 – Caroline Marsh</li> </ul> | <ul style="list-style-type: none"> <li>DCC Simon Nickless</li> </ul> |
| 2. The force should make sure that it has effective processes in place to identify and understand the causes of potential disproportionality, and to take effective action.   | <ul style="list-style-type: none"> <li>Head of Human Resources – Barbara Barrett</li> </ul>   | <ul style="list-style-type: none"> <li>As above</li> </ul>           |
| 3. The force should improve its provision of preventative healthcare measures for the workforce and ensure that wellbeing is considered in decisions around managing demand resource allocation. This should include making sure it provides suitable training, support and capacity for its supervisors so that they have the necessary time to recognise the signs and provide the necessary early intervention response for managing wellbeing issues. | <ul style="list-style-type: none"> <li>Head of Human Resources – Barbara Barrett</li> </ul>   | <ul style="list-style-type: none"> <li>As above</li> </ul>           |
| 4. The force should improve how it manages individual performance and identifies talent within the workforce.   | <ul style="list-style-type: none"> <li>As above</li> </ul>  | <ul style="list-style-type: none"> <li>As above</li> </ul>           |
| 5. The force should tackle the workforce perception of unfairness in Northamptonshire Police through ensuring that its performance, talent management and promotion and selection processes are accessible and perceived by the workforce as fair.  | <ul style="list-style-type: none"> <li>As above</li> </ul>  | <ul style="list-style-type: none"> <li>As above</li> </ul>           |

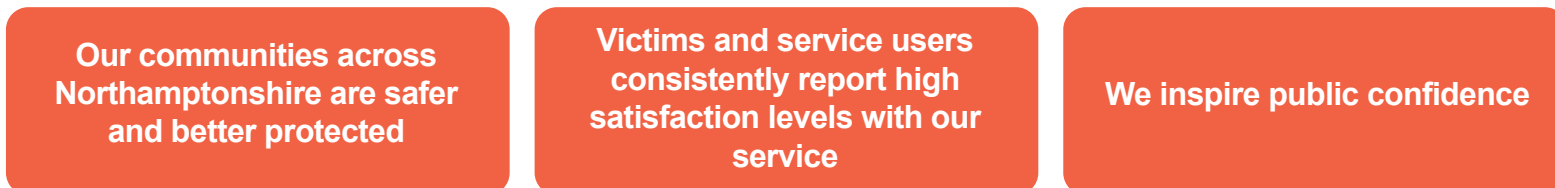
# FP25 Plan



**Mission:** Fighting Crime, Protecting People

**Vision:** Northamptonshire Police will provide an outstanding policing service, putting the public first in all that we do, and in doing so will support stronger, safer and sustainable communities

## Our outcome deliverables:



Help deliver the Northamptonshire Police and Crime Plan

## What we need to be best at:



## What will help us get there:



## The resources we need to be successful:



# FP25 Plan

## KPQs and KPIs

In an emergency call **999**  
For non emergencies call **101**



[www.northants.police.uk](http://www.northants.police.uk)



**Northamptonshire Police**

Fighting crime, protecting people



# FP25 Plan



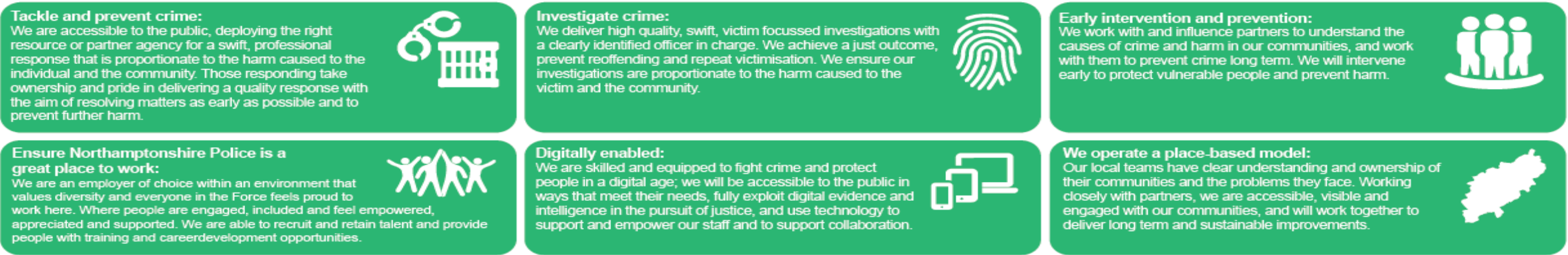
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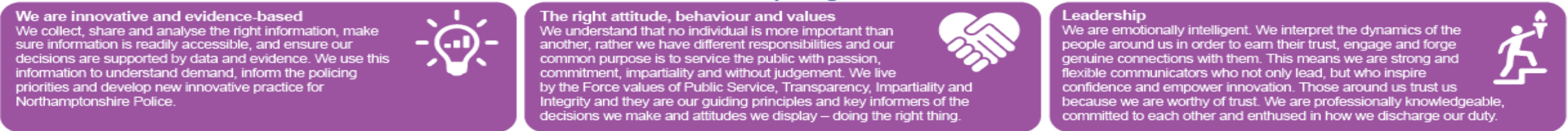
## Our outcome deliverables:



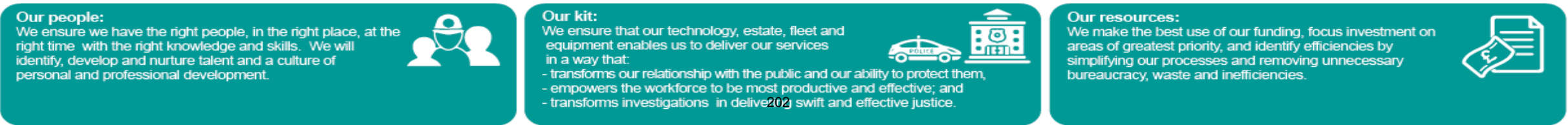
## What we need to be best at:



## What will help us get there:



## The resources we need to be successful:





### Tackle and prevent crime:

We are accessible to the public, deploying the right resource or partner agency for a swift, professional response that is proportionate to the harm caused to the individual and the community. Those responding take ownership and pride in delivering a quality response with the aim of resolving matters as early as possible and to prevent further harm.



Operational lead (goal owner) – Ch Supt Mick Stamper  
Chief Officer lead – ACC Andronov

HMIC AFIs linked to this area:

3.1 Improve call response and initial investigation for all vulnerable victims.

3.2 Improve its response to missing and absent children by categorising information correctly. Regularly and actively supervise missing person investigations to properly safeguard victims.

Other potential KPIs (not ratified by goal lead):

- Identification of vulnerable victims at point of contact (% of all callers plus audit results)
- Missing person investigations with supervisor update
- Missing person investigations with prompt risk assessment

|   |   |
|---|---|
| <b>To what extent are we accessible to the public?</b>                            | <i>Call Abandonment Rates at Triage</i>   |
|   | <i>% of 999 Calls answered within 10 seconds</i>  |
|   | <i>Victim Satisfaction Survey - Ease of Contact</i>   |
|   | <i>% of Calls defaulting to the Force Control Room via IVR through the 'Other' route or due to an Invalid selection</i> |
| <b>To what extent do we respond to issues in a timely and appropriate manner?</b> | <i>% of Crimes being logged through Single Online Home</i>  |
|   | <i>Median Response Times (Confirmed to Arrival)</i>   |
|   | <i>Non-Attendance Rates at G1 and G2</i>  |
|   | <i>Assessment of THRIVE effectiveness/compliance and Initial Incident Grading</i>                                       |
|   | <i>Assessment of Incidents to understand whether right resource deployed/partner agencies could have supported</i>      |
|   | <i>Median Call Answering Times (Post-Triage)</i>  |
| <b>To what extent do we resolve incidents effectively as early as possible?</b>   | <i>% of G1 incidents attended by a Neighbourhood Resource as First Attending Resource</i>                               |
|   | <i>DA Arrests per 1000 Incidents</i>  |
|   | <i>% of screened-in crimes with an arrest within 72h</i>  |
|   | <i>Repeat Victimization Rate</i>  |
|   | <i># of Complaints regarding Initial Service</i>  |
|   | <i>Call Abandonment Rates Post-Triage</i>   |
|   | <i>% of Incidents that are Resolved over the Telephone at First Point of Contact</i>                                    |
| <i>% of Incidents where the Caller is a Frequent Caller (3x in 90 Days)</i>       |   |

### Investigate crime:

We deliver high quality, swift, victim focussed investigations with a clearly identified officer in charge. We achieve a just outcome, prevent reoffending and repeat victimisation. We ensure our investigations are proportionate to the harm caused to the victim and the community.



Operational lead (goal owner) – D Ch Supt Mark Behan

Chief Officer lead – ACC Blatchly

HMIC AFIs linked to this area:

- 2.1 Make sure senior officers clearly and effectively oversee crime investigations and standards.
- 2.2 Make sure all crimes are allocated quickly to investigators with the appropriate skills, accreditation and support. They will then be able to investigate them to a good standard, on time.
- 2.3 Make sure it is fully compliant with the Code of Practice for Victims of Crime.
- 2.5 Make sure it uses bail and 'released under investigation' correctly to keep the public safe.
- 2.6 Make sure that people listed as 'wanted' on the police national computer (PNC) are quickly located and arrested

|  |  |
|--|--|
| <b>To what extent does the Force have the necessary investigative skills mind-set and culture?</b>                       | <i>Internal assessment of investigative aptitude/mindset of officers during training</i>                             |
|  | <i>Internal assessment of current investigative mindset within force</i>   |
|  | <i>Number of Officers applying for NIE exam (PIP2) &amp; pass rates</i>  |
|  | <i>% of roles in CID + specialist investigation with PIP2 qualified officers</i>                                     |
|  | <i>BAT assessment of investigation quality (incl. telephone investigations, supervisory footprint, file quality)</i> |
| <b>To what extent do we conduct quality investigations that result in timely and proportionate outcomes for victims?</b> | <i>% Crimes with Supervisory review in latest 28 days</i>  |
|  | <i>BAT assessment of outcome suitability and appropriateness</i>   |
|  | <i>Average workloads per officer</i>   |
|  | <i>Median Life of a Crime</i>  |
|  | <i>Current backlogs within CMU, IIT and HTCUC queues</i>   |
|  | <i>% of Victim Based Crimes with VCOP Form attached within 7 days of the crime being created</i>                     |
| <b>How effectively do we catch criminals and manage those suspected of committing crime?</b>                             | <i>Assessment of the quality and timeliness of VCOP Updates</i>  |
|  | <i>% of Unsuccessful Cases at Court due to Disclosure Obligations</i>  |
|  | <i>Positive Action Rate (OC1-8, 20, 22)</i>  |
|  | <i>Median Length of Time our Suspects are Outstanding for</i>  |
|  | <i>Median Length of Time Suspects are Outstanding for with an active Forensic hit (snapshot)</i>                     |
|  | <i>% of our suspects on RUI, for which they have been RUI'd for 60+ days</i>   |
|  | <i>% of Outcomes as OC17 Time Limit Expired</i>  |
| <i>% of Closed Bails that resulted in RUI</i>  |  |
| <i>% of Foreign National Detainees with an ACRO Check</i>  |  |
| <i>Median Time Suspects were Wanted on PNC</i>   |  |



### Early intervention and prevention:

We work with and influence partners to understand the causes of crime and harm in our communities, and work with them to prevent crime long term. We will intervene early to protect vulnerable people and prevent harm.



Operational lead (goal owner) – Ch Supt Sean Bell  
Chief Officer lead – ACC Andronov

HMIC AFIs linked to this area:

|   |   |
|---|---|
| <b>How well do we identify those most at risk of causing future harm?</b>                           | Attrition rate for referrals into EI hub<br>The attrition rate referrals into CIRV<br>Repeat Suspect/Offender rate on crime   |
| <b>How well do we work with partners to prevent crime and how successful are our interventions?</b> | AIM/CIRV internal assessment of activity to prevent further offending<br>EI internal assessment of partnership working<br>Service user feedback - Family feedback<br>Percentage of active AIM/CIRV members who are identified as suspect or offenders on offences<br>percentage of repeat child victims with previous OC20/22<br>Repeat referrals to YOS/PaDS |

### Early intervention and prevention:

We work with and influence partners to understand the causes of crime and harm in our communities, and work with them to prevent crime long term. We will intervene early to protect vulnerable people and prevent harm.



Operational lead (goal owner) – Ch Supt Sean Bell  
Chief Officer lead – ACC Andronov

HMIC AFIs linked to this area:

*3.3 Analyse information held on systems to better understand the nature and scale of vulnerability. It should then act on its findings relating to missing people, domestic abuse, human trafficking, modern slavery and child sexual exploitation.*

### How well do we identify those vulnerable people most at risk of harm?

- How many people are frequent subjects on Public Protection Notices?
- Percentage of Child Concern PPNs identifying CSE Concerns for the subject
- Percentage of crimes with a child victim but no PPN submitted for the subject
- Percentage of missing Children who are frequent missing children
- Domestic abuse repeat victimisation rate (crime and non-crime)
- Audit report findings on the number of missed crimes

### How well do we effectively safeguard vulnerable people?

- Return home interview completion rates
- MARAC repeat rate
- MOSOVO percentage of RSO visits overdue
- Percentage of repeat nominal detained under 136 powers
- DA crimes evidential difficulty rate
- DA repeat suspect/offender rate on all occurrences
- BAT assessment of offences with a vulnerable victim
- Internal assessment of partnership working within the MASH

**Ensure Northamptonshire Police is a great place to work:**

We are an employer of choice within an environment that values diversity and everyone in the Force feels proud to work here. Where people are engaged, included and feel empowered, appreciated and supported. We are able to recruit and retain talent and provide people with training and career development opportunities.



Operational lead (goal owner) – Barbara Barrett  
 Chief Officer lead – DCC Nickless

**HMIC AFIs linked to this goal:**

*10.3 The force should improve its provision of preventative healthcare measures for the workforce and ensure that wellbeing is considered in decisions around managing demand resource allocation. This should include making sure it provides suitable training, support and capacity for its supervisors so that they have the necessary time to recognise the signs and provide the necessary early intervention response for managing wellbeing issues.*

*10.4 The force should improve how it manages individual performance and identifies talent within the workforce.*

*10.5 The force should tackle the workforce perception of unfairness in Northamptonshire Police through ensuring that its performance, talent management and promotion and selection processes are accessible and perceived by the workforce as fair.*

|  |  |
|--|--|
| <p><b>To what extent do our people perceive Northamptonshire Police inclusive, fair and transparent?</b></p> | <ul style="list-style-type: none"> <li>• % of workforce feeling part of decision making</li> <li>• FAW raised</li> <li>• Turnover rate (Maintain at 8-10%)</li> </ul>  |
| <p><b>How proud are people to work for the force?</b></p>  | <p>Net promotor score from staff survey or similar</p>   |
| <p><b>What level of employee engagement do we have?</b></p>  | <ul style="list-style-type: none"> <li>• % of workforce completing staff survey</li> <li>• % of workforce viewing key messages from chief officers</li> <li>• Absence levels</li> </ul>  |
| <p><b>How well do we attract people to apply to work in the force?</b></p>                                   | <ul style="list-style-type: none"> <li>• Hits on force website and conversion to applications</li> <li>• Offers made (MFSS)</li> <li>• Recruitment fayre attendance</li> <li>• Recruitment campaign success as full cohorts – 100% aspiration</li> </ul> |
| <p><b>To what extent does our workforce reflect the diversity of Northamptonshire?</b></p>                   | <ul style="list-style-type: none"> <li>• % of workforce by protected characteristics and difference to MSG</li> <li>• New applicant data by protected characteristics</li> </ul>   |

### Digitally enabled:

We are skilled and equipped to fight crime and protect people in a digital age; we will be accessible to the public in ways that meet their needs, fully exploit digital evidence and intelligence in the pursuit of justice, and use technology to support and empower our staff and to support collaboration.



Operational lead (goal owner) – Clare Taylor  
Chief Officer lead – ACC Andronov

HMIC AFIs linked to this goal:

2.4 Make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough avoid delaying investigations

|  |   |
|--|---|
| <b>To what extent does our technology enable easy and convenient communication with the public?</b>                                    | Internal assessment of our effectiveness of social media communication  |
|  | Volume of traffic via Single Online Home (SoH)  |
|  | % SoH traffic re-directed from social media   |
|  | % of SoH website feedback i) Meets My Needs (Top 2 boxes), ii) Recommend to someone else (Top 2 boxes)                    |
|  | % new vs returning SoH visitors   |
|  | % agree (Top 2 boxes) "I find it easy to communicate with Northants Police"   |
|  | Preferred channel for communicating with Northants Police   |
| <b>How well does our technology support effective and efficient investigations or calls for service?</b>                               | % of 101 calls diverted away from the FCR by the IVR  |
|  | No. PNC queries conducted via Pronto mobile   |
|  | % of crimes recorded via Pronto mobile  |
|  | % of hours CAID available (from 01/12/19)   |
|  | HTCU backlog  |
|  | % of mobile phone exhibits analysed via the mobile phone kiosks   |
|  | % arrests where detainee has been identified via mobile pronto fingerprint hit  |
| <b>To what extent does the workforce have the necessary expertise to maximise the technology it has access to?</b>                     | % of total recorded BWV retained beyond standard retention period [new policy from 2020-01]                               |
|  | Specific DEMS KPIs to be defined [live from 2020-04]  |
|  | Qualitative assessment of Niche data quality  |
|  | Volume of calls for service into ISD  |
|  | Extent that workforce believe they have skills and investigative mind-set to obtain & manage digital evidence effectively |
| <b>To what extent does our workforce have access to the information they need at the right time whenever or wherever they need it?</b> | Extent that workforce believe they have skills and knowledge to use existing Force technologies effectively               |
|  | Which technological improvements would help officers / staff fulfil their roles more effectively                          |
|  | % of Pronto activity submitted outside of Police premises   |
|  | % of hours per month email, Niche, Pronto, Storm available (from 01/12/19)  |
|  | Volume of email accounts moved to the cloud   |
| <b>How well can we share information in a digital format with our partner agencies with ease?</b>                                      | Realisation of defined Office365 business benefits (benchmarked to pre-business trial*)                                   |
|  | Number of partners with guest accounts for Force's Office 365 environment [live from 2020-04]                             |
|  | % of child concern and adult at risk PPNs shared digitally via Office 365 with partners                                   |
|  | No. organisations who have uploaded CCTV into DEMS [from 2020-04?]  |
|  | % of file links that can be accessed first time via DEMS by CPS or other partners [from 2020-04?]                         |

\*Jan to Mar 2020  
potential (aspirational) KPI

**We operate a place-based model:**

Our local teams have clear understanding and ownership of their communities and the problems they face. Working closely with partners, we are accessible, visible and engaged with our communities, and will work together to deliver long term and sustainable improvements.



Operational lead (goal owner) – Ch Supt Mick Stamper  
 Chief Officer lead – ACC Andronov

HMIC AFIs linked to this area:

*1.2 Local policing teams should communicate with communities regularly. The force should also problem solve with other organisations to prevent crime and anti-social behaviour.*  
*1.1 The force should improve how it analyses information and intelligence. This will help it better understand crime and anti-social behaviour in Northamptonshire. It will then be able to target activity more effectively.*  
*8.1 The force should improve the way it communicates with the different communities it serves.*

Other KPIs for consideration

- LIP surveys completed and themes emerging
- CSEW data on accessibility and dealing with local concerns

|  |  |
|--|--|
| <p><b>How effective are we at identifying emerging threats, issues and problems in our communities?</b></p>  | <i>The volume/percentage of crime or crime harm in Priority Neighbourhoods</i>             |
|  | <i>The number of active ASB priority occurrences</i>                                       |
|  | <i>Volume of active OSARAs within the community</i>  |
|  | <i>Number and percentage of Intel Submissions from NHT resources</i>                       |
|  | <i>Volume of hate incidents reported and the percentage within Priority Neighbourhoods</i> |
|  | <i>Internal assessment of CTA and HASHBAG outcomes</i>                                     |
|  | <i>Internal Tasking process assessment of risk and emerging threats within the LPAs</i>    |
| <p><b>How successful are we at resolving identified threats, issues and problems in our communities?</b></p> | <i>The positive outcome rate for crimes in Priority Neighbourhoods</i>                     |
|  | <i>Internal assessment of the use of ASB powers</i>  |
|  | <i>The percentage of closed OSARAs identified as being rated "good"</i>                    |
|  | <i>Internal assessment of the Community Engagement Strategy</i>                            |
| <p><b>To what extent are we accessible, visible, engaged with and reflective of our communities?</b></p>     | <i>Percentage of Stop Searches in Priority Neighbourhoods</i>                              |
|  | <i>Volume of hours NHT resource spent in Priority Neighbourhoods</i>                       |
|  | <i>Number of Hours Specials and Cadets contributed each month</i>                          |
|  | <i>Internal Assessment of social media interactions</i>                                    |



## We are innovative and evidence-based

We collect, share and analyse the right information, make sure information is readily accessible, and ensure our decisions are supported by data and evidence. We use this information to understand demand, inform the policing priorities and develop new innovative practice for Northamptonshire Police.



Operational lead (goal owner) – Andrew Wilson  
Chief Officer lead – DCC Nickless

HMIC AFIs linked to this area:

*1.3 The force should share what it does well internally and with external organisations it works with. This would help improve its approach to preventing crime and anti-social behaviour.*

6.1 Change its operating model to remove inefficient practices.

6.4 Carry out a thorough assessment of current and future demand, covering all elements of policing

## Other KPIs for consideration

- Engagement with best practice (CoP, other forces)

|   |  |
|---|--|
| <p><b>To what extent does the force have high quality information that is fit for its intended uses in operations, decision making and planning and adds value to the organisation?</b></p> | <ul style="list-style-type: none"> <li>• Progression against recommendations in the Data Maturity Assessment (supported by OCiP)</li> <li>• Force engagement with Year of Data Quality (supported by OCiP) - quarterly</li> <li>• PND data quality assessment dashboard position (OCiP national comparison)</li> </ul> |
| <p><b>To what extent does the organisation have the ability to read, work with, analyse and interpret information to make it valuable and meaningful?</b></p>                               | <ul style="list-style-type: none"> <li>• Data literacy self-assessment and monitoring through survey</li> <li>• Usage of Business Intelligence Tools within meetings and briefings (Qlik, SfN, Performance Hub etc.)</li> </ul>  |
| <p><b>How well are the force using evidence and lessons learned to inform decisions about “what works” and our future state?</b></p>  | <ul style="list-style-type: none"> <li>• Number of evaluations of activities</li> <li>• Number of activities that uses evidence from research</li> </ul>   |
| <p><b>How well are the force successfully delivering new developments?</b></p>  | <ul style="list-style-type: none"> <li>• Funds spent on innovation?</li> <li>• The number of innovative initiatives that have been delivered</li> </ul>  |
| <p><b>to what extent are measurable benefits identified in the proposal for change and how are these then tracked and realised?</b></p>   | <ul style="list-style-type: none"> <li>• Proportion of change initiatives with post implementation reviews</li> <li>• Amount of time/cost savings generated by activities that is realised</li> </ul>  |

## The right attitude, behaviour and values

We understand that no individual is more important than another, rather we have different responsibilities and our common purpose is to service the public with passion, commitment, impartiality and without judgement. We live by the Force values of Public Service, Transparency, Impartiality and Integrity and they are our guiding principles and key informers of the decisions we make and attitudes we display – doing the right thing.



Operational lead (goal owner) – Supt Pauline Sturman  
Chief Officer lead – DCC Nickless

HMIC AFIs linked to this goal:

*8.2 The force should make sure it has effective external scrutiny on stop and search.*

*8.3 The force should make sure it has effective external scrutiny on the use of force*

*9.1 The force should monitor its vetting decisions to identify disparities and disproportionality (e.g. BAME groups), and act to reduce them where appropriate.*

*10.2 The force should make sure that it has effective processes in place to identify and understand the causes of potential disproportionality, and to take effective action.*

**To what extent is the behaviour of our officers and staff consistent with our values?**

- Complaints for specific reasons associated with values of public service, transparency, impartiality and integrity
- Positive Feedback received from members of the public – officer and staff who embody the principle of ‘doing the right thing’
- Staff survey responses to my supervisors decisions are consistent
- Staff survey – responses on bullying
- Reasonable grounds panel views of stop searches

**How well does our workforce demonstrate their commitment to the Code of Ethics?**

- Results of reasonable ground panel for stop search
- Staff survey responses to “I would feel supported if I made a mistake”
- Workforce views on challenging discrimination
- Comparison of vetting timeliness by ethnic groups

## Leadership

We are emotionally intelligent. We interpret the dynamics of the people around us in order to earn their trust, engage and forge genuine connections with them. This means we are strong and flexible communicators who not only lead, but who inspire confidence and empower innovation. Those around us trust us because we are worthy of trust. We are professionally knowledgeable, committed to each other and enthused in how we discharge our duty.



Operational lead (goal owner) – Supt Jen Helm  
Chief Officer lead – Chief Constable Adderley

AFIs linked to this goal:

*10.1 The force should improve the way it communicates with the workforce to increase trust and confidence in its leaders. It should communicate the action it takes in response to issues identified by the workforce.*

**To what extent does Northamptonshire Police deliver great leadership?**

- Staff survey how is the leadership at chief officer level
- Staff survey how is the leadership at superintendent level
- Staff survey how is the leadership at line management level
- Percentage of supervisor roles on temporary ranks
- Length of service of Supervisors
- Percentage of supervisors with core supervisor modules
- Percentage of upheld fairness at work complaints

**To what extent does Northamptonshire Police deliver great collaborative leadership?**

- Survey from sub group boards of how well different departments are collaborating
- BAT assessment of leadership and collaborative leadership within the force

**How well does the force communicate with the workforce?**

- internal assessment of the communication strategy for leadership and personnel development
- Viewings of vlogs by chief officers



### Our people:

We ensure we have the right people, in the right place, at the right time with the right knowledge and skills. We will identify, develop and nurture talent and a culture of personal and professional development.



Operational lead (goal owner) – Barbara Barrett  
Chief Officer lead – DCC Nickless

HMIC AFIs linked to this goal:

*6.2 Create a central record of the skills available within the existing workforce.*

*6.3 Reorganise the workforce to make sure officers have the skills needed to meet demand.*

*7.2 Make sure that workforce planning covers all areas of policing. That there is a clear rationale, based on evidence, to reorganise staff to meet current and future demand.*

*7.3 Make sure that the additional staff, resulting from the growth in council tax precept, are allocated to areas of greatest risk, demand and to address skills gaps in the workforce.*

*10.1 The force should improve how it manages individual performance and identifies talent within the workforce.*

### Other KPIs for consideration

- Identification and nurturing of talent – individuals with specialist skills/flight risk etc

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| <p><b>How effectively do we deploy our people resources to meet business need</b></p>   | <ul style="list-style-type: none"> <li>• Vacancy factor across the force and function</li> <li>• % of workforce with out of date competencies</li> <li>• Length of service by rank and by role</li> <li>• Acting and temporary ranks</li> <li>• Median time for acting/temporary ranks</li> </ul> |
| <p><b>To what extent is everyone able to undertake a PDR, subsequently identifying their learning needs and agree a CPD plan with their manager to develop and improve?</b></p> | <ul style="list-style-type: none"> <li>• % of workforce with a PDR created and objectives added</li> <li>• % of workforce with a CPD plan</li> <li>• Staff survey results on how well they feel they are supported to develop and improve</li> </ul>  |
| <p><b>How well do we identify Force learning needs and address them?</b></p>  | <ul style="list-style-type: none"> <li>• Frequency of TNAs completed</li> <li>• Breadth of TNA scope</li> <li>• Speed of response from initial identification to delivery of relevant training</li> <li>• Role profiling</li> </ul>   |
| <p><b>How skilled and capable are we to meet our future service needs and demand?</b></p>   | <ul style="list-style-type: none"> <li>• Forecasting our workforce and identifying gaps in skills and competencies</li> <li>• Succession planning for specialist roles</li> </ul>   |
| <p><b>How confident are we that we have an affordable workforce development plan?</b></p>   | <ul style="list-style-type: none"> <li>• Current and forecasted cost of the workforce as % of overall budget</li> </ul>   |

### Our kit:

We ensure that our technology, estate, fleet and equipment enables us to deliver our services in a way that:

- transforms our relationship with the public and our ability to protect them,
- empowers the workforce to be most productive and effective; and
- transforms investigations in delivering swift and effective justice.



Operational lead (goal owner) –  
Chief Officer lead – DCC Nickless

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|--|---|
| <b>What are the kit requirements and how well are we addressing them?</b>                            | <ul style="list-style-type: none"><li>• % of frontline workforce and vehicle with correct kit (have to define the correct kit)</li><li>• Spend on hire vehicles (current and forecasted)</li><li>• Ratio of vehicles to frontline staff</li><li>• Spend on uniform/vehicles/estate – track over time</li></ul>  |
| <b>To what extent does our current kit allow us to fight crime and protect people?</b>               | <ul style="list-style-type: none"><li>• % of eligible workforce with Taser</li><li>• Use of force where public are injured</li><li>• Turnaround time of vehicles in the garage (following accident etc)</li><li>• Utilisation rate of vehicles</li><li>• % of vehicles with all kit (inspections/ audits)</li><li>• Near miss reports due to failure of equipment</li></ul> |
| <b>How well do we understand and meet the thresholds and priorities for new and replacement kit?</b> | <ul style="list-style-type: none"><li>• Forecasted costs of kit with uplift of officer number</li><li>• Age/mileage profile of fleet and replacement requirements</li><li>• Rejected orders because of insufficient rationale</li><li>• Accuracy of forecasts vs future demand for kit</li></ul>  |
| <b>To what extent are we providing suitable and safe environments for those who use them?</b>        | <ul style="list-style-type: none"><li>• Footfall through front counter/joint counter areas and % of all contacts</li><li>• Faults reported and fixed within SL</li><li>• Satisfaction of workforce with work environment</li><li>• Accidents at work</li><li>• savings made by switch to renewable energy sources</li></ul>   |

### Our resources:

We make the best use of our funding, focus investment on areas of greatest priority, and identify efficiencies by simplifying our processes and removing unnecessary bureaucracy, waste and inefficiencies.



Operational lead (goal owner) – Vaughan Ashcroft  
Chief Officer lead – DCC Nickless

HMIC AFIs linked to this goal:

7.2 Make sure that workforce planning covers all areas of policing. That there is a clear rationale, based on evidence, to reorganise staff to meet current and future demand.

7.3 Make sure that the additional staff, resulting from the growth in council tax precept, are allocated to areas of greatest risk, demand and to address skills gaps in the workforce.

|   |  |
|---|--|
| <b>How well do we align budgets to priority areas?</b>                              | Budget (£) allocated to each functional area<br>Budget (%) allocated to each functional area<br>Budget monitoring – overspends against priority areas<br>OBB Report – investment areas compared to priorities<br>HMICFRS Value for Money stats – Functional benchmarking |
| <b>To what extent do we minimise overtime costs by aligning resources to demand</b> | Overtime reports – actual vs budget<br>What is Bank holiday minimum cover – does it align to demand?<br>Value and reasons for unplanned overtime<br>Number and % shifts changed with less than 7 days' notice<br>HMICFRS VFM Profiles – our expenditure vs MFG average   |
| <b>How effective are our corporate governance arrangements?</b>                     | Have any breaches occurred? How many?<br>Internal audit report on Core Financials – recommendations<br>Review in light of aligning to Fire – when was it last reviewed?  |
| <b>How well do we achieve efficiency of processes and value for money?</b>          | Savings achieved against target<br>Overspends identified in budget monitoring<br>OBB Report - outcomes<br>Audit conclusion on Value for Money<br>Outcomes of MFSS process reviews (SISC Meeting)<br>MFSS KPI Pack – relevant excerpts                                    |



## AGENDA ITEM 8

### NORTHAMPTONSHIRE POLICE AND CRIME COMMISSION, NORTHAMPTONSHIRE FIRE AND RESCUE AUTHORITY and NORTHAMPTONSHIRE POLICE

#### JOINT INDEPENDENT AUDIT COMMITTEE

11 December 2019

|                       |   |
|-----------------------|---|
| <b>REPORT BY</b>      | Paul Bullen, Director for Delivery, OPFCC |
| <b>SUBJECT</b>        | Estates Strategy Update                   |
| <b>RECOMMENDATION</b> | For the committee to note the report      |

#### 1. Background

1.1 The Police, Fire and Crime Commissioner, as the owner of the estates for police and fire and rescue, develops the Estates Strategy to ensure it remains fit for purpose to underpin operational policing and fire and rescue services.

1.2 As part of the review, the PFCC is seeking to ensure that the strategy is affordable and provides value for money in delivery of the two services, bringing the strategy together for the combined estate.

#### 2 Developing the Joint Estates Strategy

2.1 The existing Police only strategy was agreed by the PFCC in 2018. Fire and Rescue had no specific estates strategy prior to the transfer of governance to the PFCC.

2.2 The PFCC became the Fire and Rescue Authority on 1<sup>st</sup> January 2019. As part of the business case that was submitted to government to enable the governance change, the PFCC highlighted the desire to bring the estates of police and fire together, to enable greater operational effectiveness and efficiencies.

- 2.3 The police chief officer team has also changed in the time since the previous estate strategy was agreed. A revised operating model for policing is being put in place through FP20 and FP25 (the branding given to the revised change programme in Force) and as a result the existing estate strategy requires review to ensure it remains fit for operational needs.
- 2.4 The revised joint strategy builds on the principles of the previous police strategy, taking into account the changes that have occurred since then. The strategy importantly must be realistic, achievable, deliverable and affordable.
- 2.5 In early 2019, both chief officer teams were invited to consider their operational requirements for a future estate. In addition, the PFCC's views were sought to understand the strategic drivers for the estate.
- 2.6 During the summer 2019, both chief officer teams provided the PFCC with their broad operational requirements. These highlighted the broad locations that were required to deliver operational business, rather than stipulating that it had to be any particular existing building.
- 2.7 At the same time as meeting operational need for the present, the strategy needs to build in flexibility for the longer term in anticipation of future changes wherever possible. A series of high level principles were therefore agreed between the chief officers and the PFCC. The principles were used to build the detailed strategy and implementation plan.
- 2.8 A working group including representatives from finance, OPFCC and estates and facilities developed the more detailed proposals.
- 2.9 The detailed proposals were discussed through a workshop with the Chief Constable, Chief Fire Officer and PFCC in October 2019.
- 2.10 The working group have refined the strategy based on the feedback at the workshop. The working group are ensuring that the strategy feeds the capital programmes for both organisations and finance colleagues are involved to ensure that the strategy is affordable for both organisations.
- 2.11 The strategy will be complete and approved in early 2020.

### **3 Key Issues within the Revised Strategy**

3.1 The following key principles underpin the revised joint strategy:

- Consolidated and rationalised joint estate to enable investment in the frontline
- Improved accessibility and visibility
- Flexible estate to meet changing operational needs
- Enhance property and asset management to improve safety, security and sustainability

3.2 The strategy will be a 20 year strategy, in keeping with the need for longer term strategic thinking and longer term capital programmes. This will therefore provide more detail in the early years of the strategy whilst setting a direction of travel for the longer term, taking into account operational requirements but building in flexibility as well.

3.3 The differences between the two services is also considered through the strategy. Fire and rescue require bases in certain locations for responding in a timely manner to incidents. Policing has greater flexibility in bases. This will be reflected in the strategy.

#### **4 Governance**

4.1 Governance of the Strategy remains through an annual Board chaired by the PFCC and involving both chief officer teams. A Working Group meets more regularly (as required) to ensure the development and delivery of the agreed strategy, proposing changes for the following year.

4.2 The leadership of the strategy has altered through the year, with the Force taking the lead during the early part of the year, before it returned to the OPFCC to lead on. The Director for Delivery provides the lead, chairing the Working Group.

4.3 Individual decisions to purchase/build or dispose of buildings are subject to business cases that are shared for operational inputs with the chief officer teams before a decision is taken by the PFCC.

#### **5 Next Steps**

5.1 A final strategy will be approved by the PFCC, following further consultation with the Chief Constable and Chief Fire Officer. The PFCC intends to share the final strategy with the Police, Fire and Crime Panel in the first instance. However, the timing of this has been impacted upon by the pre-General Election period (Purdah).

5.2 The proposals in the strategy will be costed but will also be included in the individual organisations' capital programmes.

5.3 Business cases will be prepared for individual schemes within the strategy. This will ensure that appropriate payback considerations are taken into account before investing in, or disposing of, properties.



**AGENDA ITEM: 11**

|                       |   |
|-----------------------|---|
| <b>REPORT BY</b>      | Chief Finance Officer   |
| <b>SUBJECT</b>        | Joint Independent Audit Committee (JIAC) - Agenda Plan – Updated Dec 2019 |
| <b>RECOMMENDATION</b> | To discuss the agenda plan  |

| Date of JIAC                                     | 20.03.19 | 6.6.19<br>FINAL<br>ACCOUNTS<br>WORKSHOP | 26.7.19  | 30.9.19  | 27 November<br>2019<br>Workshop | 11.12.19 | February FP20<br>Workshop<br>26 February<br>2020 | 11 March<br>2020 | 3 June 2020<br>Accounts<br>Workshop | 29 July<br>2020 | 7 October<br>2020 | November<br>2020<br>Workshop<br>TBC | 16 December<br>2020 |
|--|----------|---|----------|----------|---------------------------------|----------|--|------------------|-------------------------------------|-----------------|-------------------|-------------------------------------|---------------------|
| Confirmed agenda to be circulated                | 22.02.19 |   | 28.06.19 | 02.09.19 |                                 | 12.11.19 |  |                  |                                     |                 |                   |                                     |                     |
| Deadline for papers to be submitted to OPCC (HK) | 06.03.19 |   | 12.07.19 | 13.09.19 |                                 | 26.11.19 |  |                  |                                     |                 |                   |                                     |                     |
| Papers to be circulated                          | 13.03.19 | 01.06.19                                | 19.07.19 | 23.09.19 |                                 | 03.12.19 |  |                  | 31 May 2020                         |                 |                   |                                     |                     |



| Date of JIAC                                | 20.03.19                                       | 6.6.19<br>FINAL<br>ACCOUNTS<br>WORKSHOP       | 26.7.19  | 30.9.19   | November 2019<br>TBC<br>WORKSHOP | 11.12.19  | February FP20<br>Workshop<br>Date TBC                | 11 March<br>2020                               | 3 June 2020<br>Accounts<br>Workshop           | 29 July<br>2020  | 7 October<br>2020   | November<br>2020<br>Workshop<br>TBC | 16 December<br>2020      |
|---|--|---|--|---|----------------------------------|---|--|--|---|--|---|-------------------------------------|--------------------------|
|   | Apologies                                      |   | Apologies  | Apologies   |                                  | Apologies   |  | Apologies                                      |   | Apologies  | Apologies   |                                     | Apologies                |
|   | Declarations                                   |   | Declarations   | Declarations  |                                  | Declarations  |  | Declarations                                   |   | Declarations   | Declarations  |                                     | Declarations             |
|   | Meetings log and actions                       |   | Meetings log and actions                                 | Meetings log and actions  |                                  | Meetings log and actions                              |  | Meetings log and actions                       |   | Meetings log and actions                                 | Meetings log and actions  |                                     | Meetings log and actions |
|   |  |   | Meeting of members and Auditors without Officers Present |   |                                  |   |  |  |   | Meeting of members and Auditors without Officers Present |   |                                     |                          |
| <b>Governance, Assurance and Strategies</b> |  |   |  |   |                                  |   |  |  |   |  |   |                                     |                          |
|   | Capital Prog 2019/20 PFCC & CC NCFRA           |   |  | Budget & MTFP process and plan update & Timetable PFCC & CC NCFRA | Enabling Services Update         |   | FP25, Demand and Force Management Statement Workshop | Capital Prog 2019/20 PFCC & CC NCFRA           |   |  | Budget & MTFP process and plan update & Timetable PFCC & CC NCFRA |                                     |                          |
|   | Treasury Mgmt Strategy 2019/20 PFCC & CC NCFRA | Statement of Accounts Review: PFCC & CC NCFRA | Statement of Accounts Update: PFCC & CC NCFRA            | Statement of Accounts Update: PFCC & CC NCFRA                     | Seized and Found Property Update | Corporate Governance Framework Review PFCC & CC NCFRA | JIAC Self Assessment                                 | Treasury Mgmt Strategy 2019/20 PFCC & CC NCFRA | Statement of Accounts Review: PFCC & CC NCFRA | Statement of Accounts Update: PFCC & CC NCFRA            |   |                                     |                          |
|   | Capital Strategy 2019/20 PFCC & CC NCFRA       | JIAC annual report review                     | JIAC Annual Report and Terms of Reference Review         | Treasury Management outturn 2018/19 & 2019/20 Update NCFRA PFCC   |                                  |   |  | Capital Strategy 2019/20 PFCC & CC NCFRA       | JIAC annual report review                     |  | Treasury Management outturn 2018/19 & 2019/20 Update NCFRA PFCC   |                                     |                          |
|   |  |   |  |   |                                  |   |  | Results of the JIAC Self Assessment            |   |  |   |                                     |                          |
| <b>HMICFRS Reviews</b>                      |  |   |  |   |                                  |   |  |  |   |  |   |                                     |                          |
|   | HMIC VFM                                       |   |  |   |                                  |   |  |  |   |  |   |                                     |                          |
|   | HMIC reviews – update CC NCFRA                 |   |  |   |                                  | HMIC reviews – update CC NCFRA                        |  |  |   |  | HMIC reviews – update CC NCFRA                                    |                                     |                          |



| Date of JIAC            | 20.03.19  | 6.6.19<br>FINAL<br>ACCOUNTS<br>WORKSHOP | 26.7.19         | 30.9.19  | November 2019<br>TBC<br>WORKSHOP | 11.12.19   | February FP20<br>Workshop<br>Date TBC | 11 March<br>2020  | 3 June 2020<br>Accounts<br>Workshop | 29 July<br>2020   | 7 October<br>2020   | November<br>2020<br>Workshop<br>TBC | 16 December<br>2020  |
|-------------------------|---|---|-----------------|--|----------------------------------|--|---------------------------------------|---|-------------------------------------|---|---|-------------------------------------|--|
| <b>Updates:</b>         |   |   |                 |  |                                  |  |                                       |   |                                     |   |   |                                     |  |
|                         | Update on: MFSS   |   | Update on: MFSS | Update on: MFSS  |                                  | Update on:<br>MFSS & LGSS  |                                       | Update on:<br>MFSS &<br>LGSS  |                                     | Update on:<br>MFSS &<br>LGSS  | Update on:<br>MFSS &<br>LGSS  |                                     | Update on:<br>MFSS & LGSS  |
|                         | Update on: Fire<br>Governance                           |   |                 | Update on:<br>Business<br>Continuity and<br>Disaster Recovery<br>PFCC<br>CC<br>NCFRA |                                  |  |                                       | Update on:<br>Performance<br>Frameworks<br>NCFRA<br>CC  |                                     |   | Update on:<br>Business<br>Continuity<br>and Disaster<br>Recovery<br>PFCC<br>CC<br>NCFRA   |                                     | Update on: ICT<br>Governance,<br>Behavioural<br>Change and<br>Finance<br>Arrangements  |
|                         | Update on :<br>Fire Governance                          |   |                 |  |                                  | Update on:<br>Estates<br>Strategy<br>PFCC<br>NCFRA   |                                       |   |                                     |   |   |                                     |  |
|                         |   |   |                 | Dates of Meetings<br>and Workshops<br>2019   |                                  |  |                                       |   |                                     | Update on:<br>Fraud &<br>Corruption<br>Controls<br>and<br>Processes<br>PFCC & CC<br>NCFRA   | Dates of<br>Meetings<br>and<br>Workshops<br>2019  |                                     |  |
|                         | Update on PFCC<br>Monitoring<br>Officer<br>Arrangements |   |                 | Update on Key<br>Roles   |                                  | Member<br>Update on:<br>CIPFA Training<br>Day for Audit<br>Committee<br>Members (or<br>other Training<br>and<br>Development) |                                       | Member<br>Update on:<br>CIPFA<br>Training Day<br>for Audit<br>Committee<br>Members<br>(or other<br>Training and<br>Developmen<br>t) |                                     | Member<br>Update on:<br>CIPFA<br>Training<br>Day for<br>Audit<br>Committee<br>Members<br>(or other<br>Training<br>and<br>Developm<br>ent) | Member<br>Update on:<br>CIPFA<br>Training Day<br>for Audit<br>Committee<br>Members<br>(or other<br>Training and<br>Developmen<br>t) |                                     | Member<br>Update on:<br>CIPFA Training<br>Day for Audit<br>Committee<br>Members (or<br>other Training<br>and<br>Development) |
| <b>Risk Management:</b> |   |   |                 |  |                                  |  |                                       |   |                                     |   |   |                                     |  |
|                         | PFCC Risk Register                                      |   |                 | Force strategic<br>risk register   |                                  | PFCC Risk<br>Register  |                                       | Force<br>strategic risk<br>register   |                                     | PFCC Risk<br>Register   | Force<br>strategic risk<br>register   |                                     | PFCC Risk<br>Register  |
|                         | NCFRA Risk<br>Register                                  |   |                 | NCFRA Risk<br>Register   |                                  |  |                                       | NCFRA Risk<br>Register  |                                     |   | NCFRA Risk<br>Register  |                                     |  |

| Date of JIAC                                       | 20.03.19 | 6.6.19<br>FINAL<br>ACCOUNTS<br>WORKSHOP | 26.7.19  | 30.9.19   | November 2019<br>TBC<br>WORKSHOP | 11.12.19  | February FP20<br>Workshop<br>Date TBC | 11 March<br>2020   | 3 June 2020<br>Accounts<br>Workshop | 29 July<br>2020  | 7 October<br>2020                                       | November<br>2020<br>Workshop<br>TBC | 16 December<br>2020                                     |
|--|----------|---|--|---|----------------------------------|---|---------------------------------------|--|-------------------------------------|--|---|-------------------------------------|---|
| <b>Internal Audit</b>                              |          |   |  |   |                                  |   |                                       |  |                                     |  |   |                                     |   |
| Internal Audit Plan 19/20<br>PFCC & CC             |          |   | Internal Audit Plan 19/20 NCFRA                                  |   |                                  |   |                                       | Internal Audit Plan 20/21<br>PFCC & CC<br>NCFRA          |                                     |  |   |                                     |   |
|  |          |   | Internal Audit Annual Report 18/19<br>PFCC & CC                  |   |                                  |   |                                       |  |                                     | Internal Audit Annual Report 19/20<br>PFCC & CC<br>NCFRA |   |                                     |   |
| Progress report<br>PFCC & CC                       |          |   | Progress report<br>PFCC & CC<br>NCFRA                            | Progress report<br>PCC & CC<br>NCFRA                      |                                  | Progress report<br>PCC & CC<br>NCFRA                    |                                       | Progress report<br>PCC & CC<br>NCFRA                     |                                     | Progress report<br>PCC & CC<br>NCFRA                     | Progress report<br>PCC & CC<br>NCFRA                    |                                     | Progress report<br>PCC & CC<br>NCFRA                    |
| Implementation of recommendations<br>PFCC & CC     |          |   | Implementation of recommendations<br>PFCC & CC                   | Implementation of recommendations<br>PFCC & CC<br>NCFRA   |                                  | Implementation of recommendations<br>PFCC & CC<br>NCFRA |                                       | Implementation of recommendations<br>PFCC & CC<br>NCFRA  |                                     | Implementation of recommendations<br>PFCC & CC<br>NCFRA  | Implementation of recommendations<br>PFCC & CC<br>NCFRA |                                     | Implementation of recommendations<br>PFCC & CC<br>NCFRA |
| <b>External Audit:</b>                             |          |   |  |   |                                  |   |                                       |  |                                     |  |   |                                     |   |
| External Audit Plan 18/19<br>NCFRA                 |          |   | External Audit Update:<br>PFCC & CC<br>NCFRA                     | Update on External Audit<br>ISA260:<br>PFCC & CC<br>NCFRA |                                  |   |                                       | External Audit Plan 19/20:<br>PFCC & CC<br>NCFRA         |                                     | External Audit<br>ISA260:<br>PFCC & CC<br>NCFRA          | External Audit Annual<br>Audit Letter                   |                                     |   |
| External Audit Verbal Update<br>PFCC & CC<br>NCFRA |          |   | External Audit proposed Fee Scales 2019/20<br>PFCC & CC<br>NCFRA |   |                                  |   |                                       | External Audit proposed Fee Scales<br>PFCC & CC<br>NCFRA |                                     |  | External Audit Verbal Update<br>PFCC & CC<br>NCFRA      |                                     | External Audit Verbal Update<br>PFCC & CC<br>NCFRA      |
| <b>Plan, Training and AOB:</b>                     |          |   |  |   |                                  |   |                                       |  |                                     |  |   |                                     |   |
| Agenda plan  |          |   | Agenda plan  | Agenda plan   |                                  | Agenda plan   |                                       | Agenda plan  |                                     | Agenda plan  | Agenda plan   |                                     | Agenda plan   |
|  |          |   |  |   |                                  |   |                                       | Members Training/Updates                                 |                                     | Members Training/Updates                                 | Members Training/Updates                                |                                     | Members Training/Updates                                |
| AOB  |          |   | AOB  | AOB   |                                  | AOB   |                                       | AOB  |                                     | AOB  | AOB   |                                     | AOB   |
| Next meeting                                       |          |   | Next meeting   | Next meeting  |                                  | Next meeting  |                                       | Next meeting   |                                     | Next meeting   | Next meeting  |                                     | Next meeting  |