



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

JOINT INDEPENDENT AUDIT COMMITTEE

7th October 2020 at 10.00am to 12.30pm

**Microsoft Teams virtual meeting
(the Teams meeting room will open from just after 09.30am)**

**If you should have any queries in respect of this agenda, or would like to join
the meeting please contact Kate Osborne 03000 111 222**

Kate.Osborne@northantspfcc.pnn.gov.uk

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***

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Public Meeting of the Joint Independent Audit Committee				Time
	There will be a private meeting of the committee members with the auditors without officers or the public present before the start of the formal meeting.			10-10.15
	Public meeting of the Joint Audit Committee			
1	Welcome and Apologies for non- attendance -			10.15
2	Declarations of Interests			10.30
3	Meeting Log and Actions – 29 th July 2020	Chair	Report	10.35
4a. 4b.	Budget & MTFP process and plan update & Timetable PFCC & CC NCFRA	Vaughan Nick Alexander	Report Report	10.40
5a. 5b.	Statement of Accounts: Update - PFCC & CC Plan and Update - NCFRA	EY/HK/Vaug han	Verbal Report To Follow	10.50
6a. 6b.	Treasury Management outturn 2019/20 & 2020/21 update NCFRA PCC	Vaughan Biyi Adegobola/Ni ck Alexander	Report Report	11.00
7a. 7b.	HMIC reviews update: CC NCFRA	Simon Nickless Rob Porter	Report Report	11.10
8a. 8b.	Internal Audit Progress report PCC & CC NCFRA	Mazars – Mark Lunn LGSS – Duncan/Jaci nta	Report Report	11.25
9a. 9b.	Implementation of Internal Audit Recommendations PFCC & CC NCFRA	Richard Baldwin/Julie Oliver	Report Report	11.40
10	Agenda Plan	Helen	Report	11.55
11	AOB	Chair	Verbal	12.00
12	Confidential items – any	Chair	Verbal	12.05
13	Resolution to exclude the public	Chair	Verbal	12.05
	Items for which the public be excluded from the meeting: 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:			

	<i>“That under Section 100A (4) of the Local Government Act 1972, the public be excluded 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>			
	Update on Proposed Financial and ERP System Services and Changes			12.05
14a.	NCFRA - Update on LGSS	Paul Bullen	Report	
14b.	Policing – Update on MFSS	Paul Bullen	Report	
14c.	Future Systems Update	Paul Bullen	Report	
15	Risk Register – NCFRA	Julie Oliver	Report	12.20
16	<p>Future Meetings held in public:</p> <ul style="list-style-type: none"> • 16 December 2020 <p>Proposed 2021 Dates:</p> <ul style="list-style-type: none"> - 10th March 2021 - 29th July 2021 - 6th October 2021 - 15th December 2021 <p>Future Workshops not held in public:</p> <ul style="list-style-type: none"> • November 2020 – Date and content TBC • February 2021 – Date and Content TBC • June 2021 – Date TBC • November 2021 – Date and Content TBC 			12.30

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:

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

or by email to:

kate.osborne@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

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Agenda Item : 3

Joint Independent Audit Committee (JIAC) ACTION LOG –29 JULY 2020

Attendees: Members: John Beckerleg (JB), John Holman (JH), Gill Scoular (GS),

Helen King (HK), Nick Alexander (NA), Neil Harris, EY (NH), Rob Porter (RP), Mark Lunn (ML), Barry Mullen (BM), Kate Osborne (KO), Vaughan Ashcroft (VA), Julie Oliver NCFRA Officer (JO)

Agenda	Issue	Action	Responsible	Comments
1			Chair	<ul style="list-style-type: none"> Apologies: Paul Bullen (PB); DCC Simon Nickless (SN); Duncan Wilkinson, LGSS IA (DW); Nicci Marzec (NM)
2	Declarations of Interests		Chair	<ul style="list-style-type: none"> None
3	Meeting Log and Actions – 11 March 2020	Action: JB to circulate self-assess documents	Chair	<ul style="list-style-type: none"> JB – committee self assessment work – has examined national work on this – CIPFA template being used. JB send to committee JH – query regarding treasury management ethical considerations– HK said these would be considered in the 20/21 strategy. Finance structure development – HK & VA – Martin Savage – technical accountant joining mid August., followed by recruitment of assistant accountant to have full joint finance team.
4	Draft Report of the JIAC and Terms of Reference review		Chair	<ul style="list-style-type: none"> Overall quite positive and will be presenting document to Police, Fire and Crime panel in the autumn. Positive response to report JB welcomed feedback to suggest improvements by the end of the week.
5a 5b	External Audit Progress Update 2018/19 and 2019/20 PFCC & CC		EY	<ul style="list-style-type: none"> NH – verbal update. Pleased to report audit report has been issued for NCFRA and Voice. 29/07 audit opinion to be released for PCC and CC – just waiting for final sign off. There has been additional disclosures in relation to covid 19 Thanks to HK and VA for their support and information on this.

	<p>NCFRA</p>	<p>Action: two virtual workshops</p> <p>Update 25/9/20:</p>		<ul style="list-style-type: none"> • 18/19 audits to be closed by end of 29/07/20 <ul style="list-style-type: none"> - JB – what is audit opinion – NCFRA – unqualified opinion on the statements, unqualified value for money conclusion. Emphasis of matter included in report. - Police and PCC – represent true and fair view. Except for VFM opinion on MFSS - Voice – unqualified opinion (given prior to march committee meeting.) <p>HK gave thanks to Neil and Julie and VA and finance team for hard work and working together and looked forward to 19/20 moving forward. Committee gave thanks to all for their hard work too.</p> <p>2019/20</p> <ul style="list-style-type: none"> • NH – due to start NCFRA at end August and timetable agreed. In process of finalising process with CC audit. NH aim to ensure completion by November timetable deadline. • Different considerations required due to covid 19 in light of 2019/20 accounts. In addition looking into valuations – specifically asset values impacted by covid 19. NH highlighted proportionate viewpoint would be taken. • HK – good discussions had on 19/20 audits – version 9 NCFRA being reviewed. Aim to publish as soon as possible. Draft inspection dates based on review meeting 29/07/20. • Audit schedule August 2020 • NCFRA on track, police slightly behind, not cause for concern. • Audit committee workshop – HK will feedback after publication date confirmed. Two virtual workshops – 1 for fire 1 for police & PCC – ideally August & Sept. HK, KO and JB to arrange workshops • JB – audit plan – NH to email details to committee and JB will coordinate responses and send to HK
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		<p>One workshop undertaken September 2020 (NCFRA) and Policing scheduled for October 2020</p> <p>Action: NH to email details of audit plan</p> <p>Update: To be discussed with Agenda</p>		<ul style="list-style-type: none"> • JB – fees position? – NH advised: 1.) close of 18/19 – no change since March meeting. 2.) 19/20 – PSAA representations re: sustainability of public regime. Incremental cost rises need to be considered. • JH – how you approach asset valuation in current climate – NH – consult real estate team for advice. Other assets – potentially not impacted but important to look at.
6a	Internal Audit Report 19/20 outturn		LGSS Audit	<ul style="list-style-type: none"> • LGSS – HK delighted with first annual opinion and the areas covered. Gave thanks to team. • JF – it details the opinion on the framework of governance. There is a positive and good working relationship between LGSS NCFRA and HK. All audits have been achieved. No negative impact due to covid. JF moving forward aim is to improve from 'satisfactory'. • JB – asked if there is any area that can be improved upon - JF – Purchase orders & the authorisation. JF identified there was work in hand to ensure individuals follow new process. ICT was also
6b	NCFRA PFCC & CC			

			Mazars	<p>another area and the continued improvement of examining organisational risks (finance and budgets for example). HK – supportive of these recommendations</p> <ul style="list-style-type: none"> • HK pleased with the report – more embedding of processes moving forward is needed. RP has been supportive pushing these processes into team working. Plan to examine asset and asset management moving forwards. HK highlighted Asset Management as an area for assurance in 20/21. • Mazars – ML – adequate assurance opinion – areas of weakness identified along with deferred aspects. ML highlighted this is based on year-end 31 March 2020 • Progress of assurance – year on year comparison table – page 51 – highlights improvements – there is visible improvement. Members agreed page 51 looked positive. • Appendix a2 – audit opinions – GDPR, payroll – these will be looked at closely again in 20/21 • JB – appendix A2 – “access to payroll performance report were not available” – issue is that they don’t exist so couldn’t be accessed for audit report. JB suggested rewording report to avoid misinterpretation. • JB – impact of Covid on current control framework – ML there is an agreed annual plan that is still suitable but it was important to review the control environment to identify any changes required. • Suggested that a “lessons learned” piece would be useful to review what went well around Covid. • Areas for review: Wellbeing of staff, information management & information security (remote working/ data access). • HK thanked Mazars – PCC will be pleased in change of assurance levels and progress.
7a	Internal Audit Progress report 20/21		Mazars	<ul style="list-style-type: none"> • Mazars - • 1 audit ‘property management’ affected by covid – as it involves physical verification – so moved into 20/21 • Collaboration audits – performance management finalised, health and safety and business continuity in draft –will be finalised shortly.
7b	PCC & CC NCFRA			

			<p>LGSS Audit</p>	<ul style="list-style-type: none"> • JB – draft audits – were these a part of the original plan? ML – impact due to collaborative audits. HK – plans to work on these to make more swift/ timely. • JB – what can be done to improve the collaborative audits timeframes – ML – Elaine Grocock in post is helping drive the new processes to improve collaborative working. • JB requested to be made aware if there is an impact on the timeline in order to monitor the delivery of audits. • JH raised issue of the impact of Brexit – ML look at this in regard to risk management approach. HK reassured JH that this is still being addressed internally. There is also a new Superintendent recruited to lead on Brexit • JB – gave thanks to Mazars for hard work on all audits. <ul style="list-style-type: none"> • LGSS – JF – submitted 20/21 plan with audit charter. Consultation with HK and team regarding proposals. • Plan is set – however if any changes occur due to current circumstances (including Brexit) committee will be consulted • Covid considerations – these have been incorporated within the plan to look at spend and the impact • Looking at controls over assets– documenting location and condition of assets is important – now included in plan • JF –plan is sufficient, but it is a flexible and agile document that can be changed as needs require • Charter – audits rules and regulations – LGSS presented a charter to committee – it identifies purpose, responsibility and authority of LGSS. • JB – queried links of audit to the risk register. JF – because the NCFRA risk register is ‘work in progress’ these links are not obvious. Once risk register is more informed, links will be clearer • HK impressed with the thorough process around the audit plan. • Covid audit – JB &HK interested to see impact on spending. • JH – maximising recovery process could benefit from Covid audit. • JB thanked LGSS for work and looked forward to updates
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8a 8b	Implementation of internal and audit recommendations NCFRA PFCC & CC	Report back on IT – RP Update: Scheduled on Agenda Plan for February 2021 Action: CM to draft plan for next JIAC Update: For consideration of circulation outside of meeting RB – to look at shared planning template.	RP SN	<ul style="list-style-type: none"> • NCFRA – very busy year. Useful and eye opening. Overall progress – 3 audits completed. 11 recommendations in total – many of which have been impacted through covid. RP “good position overall” • Report highlighted Overdue recommendations – some of which have new deadlines (as some were impacted by covid and others relating to ongoing ICT issues) • ICT capacity is being examined – will feedback next meeting • Discussion around rewording “risks” to “weaknesses”. This is being examined with DW in August 2020 <ul style="list-style-type: none"> • PFCC & CC – • 8 actions open since March. Closed 8 since March • JB happy about closure on NICHE issue – 1 still outstanding – relating to data quality. • Discussion around NICHE data quality strategy – currently included in general data quality strategy. Working progress – agenda item in Information Assurance Board. Timeline for completion of this is currently not known - CM – set a plan bring to next JIAC to offer assurances to committee. <ul style="list-style-type: none"> • April 2019 – audit of risk management – 4risk system – this has now taken place – questionnaire sent July. Overall view it that it is fit for purpose. • Wellbeing strategy not signed off (26/06/20) action plan pending. • Balance transfers and financials still outstanding. • GDPR follow up – JB – has this been solved completely? View taken that it is an ongoing consideration to ensure monitoring processes are in place. • JB – balance transfers – currently yellow – cannot be complete until 18/19 accounts are signed off. Imminent. • It was recognised there had been progress with issues. Committee agreed this was showing good process. • JB – RB – to look at shared planning template. To support shared way to produce business plans and business cases.
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		<p>To support shared way to produce business plans and business cases.</p> <p>Update: For consideration in due course</p>		
9	Agenda Plan	<p>Action: HK to invite CC and CFO to future JIAC</p> <p>Update: PFCC and Chief Fire Officer attending. CC apologies as a diary clash and will attend a future date</p>	Chair	<ul style="list-style-type: none"> • HK – reaching end of current plan. To add future draft as agenda point on October meeting • HK – PCC asked to be invited to Oct JIAC – approved. • HK asked committee to consider Chief Constable and Chief Fire officer to be invited. JB supportive of attendance. • HK asked for feedback regarding agenda template from members. Suggestion to explore areas that Chief officers would like to be included at audit
10	AOB		Chair	<ul style="list-style-type: none"> • None
11	Confidential Items		Chair	<ul style="list-style-type: none"> •

12	Resolution to exclude public		Chair	•
13	Update on: MFSS & LGSS	Programme timetable and cost implications / cost savings in light of future plans. (Workshop)	PB	<ul style="list-style-type: none"> • Joint Operating Committee has met and final decision made. Communication has been sent to MFSS staff • Discussions around shared services between Fire and Police - no plans to merge systems. • JB – would like to see programme timetable and cost implications/ cost savings in light of future plans.
14	Risk Register - CC		SN	<ul style="list-style-type: none"> • RB – since last meeting 8 risks closed – report explained 3 new risks since March <p>Additional considerations raised by members:</p> <p>Enabling services – not on risk register – discussions to be had to decide if this should be included in the corporate risk register</p> <p>Brexit impact to also be examined</p> <p>Report still mentioned SDM – needs updating to FP25</p> <p>Gov. direction on 5g</p>
	<p>Future Meetings held in public:</p> <ul style="list-style-type: none"> • 7 October 2020 • 16 December 2020 <p>Future Workshops not held in public:</p>			

	<ul style="list-style-type: none">• August and September to look at account audits (PCC & CC September, NCFRA August)• November – enabling services plan			
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AGENDA ITEM: 4a

NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER, NORTHAMPTONSHIRE POLICE and NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE JOINT INDEPENDENT AUDIT COMMITTEE 7 OCTOBER 2020

REPORT BY	Vaughan Ashcroft
SUBJECT	Budget and MTFP Process and Plan 2020/21 – Update and Timetable
RECOMMENDATION	To consider the report

1. Purpose of the Report

- 1.1. To update JIAC on the Medium Term Financial Plan (MTFP) and budgeting process.
- 1.2.

2. Background

- 2.1. The MTFP is updated throughout the year to reflect new pressures and savings.
- 2.2. The full Budget Build Guidance paper has been produced to give context to the 2021/22 budget round, to provide guidance for the finance team and to give assurance to those charged with governance. The document is broadly similar to the paper in the last two years, which proved a useful tool and was well received by all.
- 2.3. The key principles of the 2021/22 paper are summarised below.

3. Budgeting Principles

- 3.1. FP25 has been established across the organisation and will underpin the budget-setting process. All budgetary decisions need to be tested against it and should support delivery of its key objectives.

- 3.2. The budget needs to be prepared in support of the priorities identified in the Police and Crime Plan.
- 3.3. The budget will be benchmarked against the indicative MTFP figures included in the 2020/21 Police and Crime Panel budget report.
- 3.4. Variations to the approved MTFP will be documented and scrutinised by the CFOs.
- 3.5. Statutory and other unavoidable costs will be budgeted as required and variations to previous assumptions and ultimately presented to the PFCC for consideration.
- 3.6. Devolved Budget Holders will be fully consulted and given opportunity to provide operational context throughout the budget build process. Those departments included in the Outcome-Based Budgeting exercise will have the deepest involvement in the process. Others will contribute by way of one-to-one budgeting conversations with Finance Advisors.
- 3.7. Where practicable, budget proposals will be calculated using a zero-based approach.
- 3.8. Detailed workings will be recorded for all budgets over £10k or of a politically sensitive nature.
- 3.9. The 2021/22 budget will be presented in such a way to clearly show department level and the subjective breakdown of Force budgets, in particular to identify the cost of enabling services vs. operational policing.

4. Assumptions

- 4.1. The MTFP that was built and approved as part of the 2020/21 budgeting process was based on prudent grant assumptions including scenarios of differing levels of officer uplift funding. The medium and worst case assumptions resulted in estimated 2021/22 funding gaps of £0.5m and £3.0m respectively. The message from government is that the uplift programme will continue despite the impact of the Covid-19 pandemic.
- 4.2. It is expected that there will be a significant impact on council tax receipts following the Covid-19 pandemic and a number of additional scenarios have been modelled to scope the potential impact. These explore the varying effect of some material uncertainties including:
 - 4.2.1. Collection Fund Deficits as a result of falling collection rates.

- 4.2.2. Impact on tax base growth.
- 4.2.3. Comprehensive Spending Review 2020
- 4.2.4. Government spending cuts across policing and the wider public sector.
- 4.3. No changes have been made to assumed annual precept increases of 1.99%.
- 4.4. The pay award assumption for both officers and staff was included at 2.5% per year, which matches the agreed September 2020 increase for officers. The police staff increase is still under consultation.
- 4.5. There have been no further adjustments made to the other general MTFP assumptions at this stage.

5. Pressures and Savings

- 5.1. The approved budget included £300k of overtime savings that needed to be achieved by the Force in order to balance the 2020/21 budget. Whilst this continues to be challenging for some areas of the organisation, there is no intention to increase budgets back to the previous level.
- 5.2. There are a number of other pressures that have been identified since the budget was originally approved, mainly in order to fund improvements identified by HMICFRS and FP25 work.
- 5.3. Savings include £0.78m for capital financing as a result of 2019/20 capital spending and additional one-off revenue contributions. It is suggested that this could be used as an additional revenue contribution to capital spending and reduce future financing costs further.
- 5.4. Following the precept increase in 2019/20, the PFCC approved an establishment increase in Police Officers, utilising reserves to maintain this level for as long as prudent. This is in addition to the national police uplift.
- 5.5. Given the increasingly uncertain levels of central and local funding, the budget will need to be prepared with options to enable decisions to be made quickly regarding possible savings.

6. Timelines

- 6.1. A detailed timetable has been produced to ensure key milestones are met (Appendix A). This allows sufficient time to provide papers in good time for key meetings and includes:

30th October 2020 – Initial budgeting work completed and reviewed, to be refined during November.

8th December 2020 – Accountability Board consider draft budget proposals and funding allocations.

10th December 2020 – Police, Fire and Crime Panel consider PFCC's potential precept considerations.

12th January 2021 – Accountability Board to agree proposed budget.

3rd February 2021 – Police, Fire and Crime Panel to consider proposed budget and precept.

March 2020 (date TBC) – Associated strategies shared with JIAC.

7. Conclusion

7.1. Work continues on the budget and the budget and MTFP in line with agreed timescales.

7.2. The 2021/22 deficit could vary greatly as a result of the spending review, council tax receipts and uplift funding, so the budget needs to be built with these challenges in mind. Options will need to be available to reduce the budget requirement should the funding envelope be insufficient.

7.3. The MTFP will continue to be revised as new information becomes available.

Appendix A – Timetable

8. Force Deadlines	Key Meetings		
		Activity	Timescale
			Lead
		Team Briefing on Budget Build	26/08/20
		Budget Process to be drafted	04/09/20
		Force budget templates distributed for completion	04/09/20
		Joint CFO/FD Board – 20/21 monitoring (Apr-Aug) + 21/22 base budget requirements	17/09/20
		Deadline for JIAC Papers	25/09/20
		Joint CC/PCC Board – strategic update on SR announcement and EMSOU review	29/09/20
		Capital Programme reviewed & finalised	30/09/20
		Police Staff reconciled and updated on Excel template	30/09/20
		Advise of OPFCC funded posts/activities in the Force budget	30/09/20
		JIAC Consider:	07/10/20
		Update on MFSS	PB
		2021/22 Budget & MTFP Process	HK/VA
		Statement of Accounts update	HK/VA
		Treasury Management 19/20 & 20/21	HK/VA
		Accountability Board	10/10/20
		OPFCC Directors budget proposals due	15/10/20
		Budget bids completed by Finance Advisors	16/10/20
		First level of scrutiny by Finance supervisors	19/10/20- 23/10/20
		Consolidation of devolved budgets into Master Model	19/10/20- 30/10/20
		DCC Board – Draft 21/22 budget requirement for each collaboration	28/10/20
		Draft Capital Programme Shared with OPFCC	31/10/20
		Draft Treasury Management Strategy shared with OPFCC	31/10/20
		Force Draft Budget discussed by S151s	31/10/20
		Final Draft OPFCC Budgets	31/10/20
		2020 Spending Review	TBC Oct/Nov?
		Updated draft MTFP to be shared with OPFCC	13/11/20
		Accountability Board	10/11/20
		Deadline for JIAC papers	04/11/20
		Deadline for Police, Fire and Crime Panel Papers	26/11/20
		Joint CC/PCC Board – submission of the Collaborative budgets and PCC fund requests	26/11/20
		DCC Board – review of 20/21 budgets if not previously agreed	28/10/20
		Finalise draft budget proposals and reports	01/11/20- 30/11/20
		Provisional Police Settlement Announced	???
		Accountability Board – Consider:	08/12/20

Force budget proposals (pending final settlement)		VA
JIAC	16/12/20	
Police, Fire and Crime Panel – Budget Monitoring and budget update (as at Q2) and PFCC’s precept intentions	10/12/20	HK
DCC Board	04/01/21	SN
Accountability Board – Agree: Force budget 2021/22 Capital Programme Treasury Management Strategy Reserves Strategy	12/01/21	VA/HK VA/HK VA/HK VA/HK
Draw the line on Council Tax Changes/Taxbase to finalise total budget and requirement	15/01/21	HK/VA
Police, Fire and Crime Panel Papers finalised	22/01/21	HK/ALL
Joint CC/PCC Board – review of 2021/22 budgets if not previously agreed	28/01/21	
Statutory Date for CT Surplus and Taxbase Confirmations	31/01/21	LA’s
Police, Fire and Crime Panel consider proposed budget and precept, Capital Programme and associated strategies	03/02/21	HK/PCP
Accountability Board	09/02/21	
Police, Fire and Crime Panel Response to Budget	17/02/21	PCP
PFCC Issues Precept	21/02/21	HK
Advise of Grant and Council Tax Settlement Dates and Amounts	21/02/21	HK
DCC Board – review of 2020/21 projected outturn for collaborative units	02/03/21	SN
Accountability Board	09/03/21	
Joint CC/PCC Board – review of 20/21 projected outturn for treatment of over/under spends	25/03/21	
Issue Budgets to Budget Holders	31/03/21	HK/VA



AGENDA ITEM: 4b

NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER, NORTHAMPTONSHIRE POLICE and NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE JOINT INDEPENDENT AUDIT COMMITTEE 7 OCTOBER 2020

REPORT BY	Nick Alexander
SUBJECT	Fire ~ Budget and MTFP Process and Plan 2020/21 – Update and Timetable
RECOMMENDATION	To consider the report

1. Purpose of the Report

1.1. To update JIAC on the Medium Term Financial Plan (MTFP) and budgeting process.

2. Background

2.1. The MTFP is updated throughout the year to reflect new pressures and savings.

2.2. The full Budget Build Guidance paper has been produced to give context to

- The 2021/22 budget round,
- Provide guidance for the finance team; &
- To provide assurance to those charged with governance.

The document is broadly similar to Police's, which provided a robust basis for budgeting and has been well received by all.

2.3. The key principles of the 2021/22 paper are summarised below.

3. Budgeting Principles

- 3.1. The budget needs to be prepared in support of the priorities identified in the Fire and Rescue Plan.
- 3.2. The budget will be benchmarked against the indicative MTFP figures included in the 2020/21 Police, Fire and Crime Panel budget report.
- 3.3. Variations to the approved MTFP will be documented and scrutinised by the S151 Officer.
- 3.4. Statutory and other unavoidable costs will be budgeted as required and variations to previous assumptions and ultimately presented to the PFCC for consideration.
- 3.5. Devolved Budget Holders will be fully consulted and given opportunity to provide operational context throughout the budget build process. This will be conducted by one-to-one conversations with the Finance Advisor (Fire), Technical Accountant or Joint Head of Finance.
- 3.6. Where practicable, budget proposals will be calculated using a zero-based approach.
- 3.7. Detailed workings will be recorded for all budgets over £6k or of a politically or otherwise sensitive nature.
- 3.8. The 2021/22 budget will be presented in such a way to clearly show department level and the subjective breakdown of Fire budgets, in particular to identify the cost of enabling services vs. operational activities.

4. Assumptions

- 4.1. The MTFP that was built and approved as part of the 2020/21 budgeting process was based on prudent grant assumptions. This resulted in estimated 2021/22 funding gap of £0.1m. Currently there are no assumptions that additional grant will be available to support Covid-19 responses.
- 4.2. It is expected that there will be a significant impact on council tax receipts following the Covid-19 pandemic and a number of additional scenarios have been modelled to scope the potential impact. These explore the varying effect of some material uncertainties including:
 - Collection Fund Deficits as a result of falling collection rates.
 - Impact on tax base growth.
 - Comprehensive Spending Review 2020

- Government spending cuts across Fire and the wider public sector.

4.3. No changes have been made to assumed annual precept increases of 1.99%.

4.4. The pay award assumption for Fire Fighters was 2.0% and for staff was 2.5% per year, which was slightly in excess of the agreed increase for staff.

4.5. There have been no further adjustments made to the other general MTFP assumptions at this stage.

5. Pressures and Savings

5.1. The approved budget included some savings that needed to be achieved in order to balance the 2020/21 budget. Whilst this continues to be challenging work is on-going to ensure that this is delivered for the start of 2021/22. There continues to be no intention to increase budgets back to the previous level.

5.2. Following the precept increase in 2020/21, the PFCC approved an establishment increase in Fire Fighters, this will continued to be reviewed to ensure that it is sustainable throughout the MTFP.

5.3. Given the increasingly uncertain levels of central and local funding, the budget will need to be prepared with options to enable decisions to be made quickly regarding possible savings.

6. Timelines

6.1. A detailed timetable has been produced to ensure key milestones are met (Appendix A). This allows sufficient time to provide papers in good time for key meetings and includes:

3rd November 2020 – Initial budgeting work completed and reviewed, to be refined during November.

8th December 2020 – Accountability Board consider draft budget proposals and funding allocations.

10th December 2020 – Police, Fire and Crime Panel consider PFCC's potential precept considerations.

12th January 2021 – Accountability Board to agree proposed budget.

3rd February 2021 – Police, Fire and Crime Panel to consider proposed budget and precept.

March 2020 (date TBC) – Associated strategies shared with JIAC.

7. Conclusion

- 7.1. Work continues on the budget and the budget and MTFP in line with agreed timescales.
- 7.2. The 2021/22 deficit could vary greatly as a result of the spending review, council tax receipts and uplift funding, so the budget needs to be built with these challenges in mind. Options will need to be available to reduce the budget requirement should the funding envelope be insufficient.
- 7.3. The MTFP will continue to be revised as new information becomes available.

Appendix A – Timetable

8. Fire Deadlines	Key Meetings
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Activity	Timescale	Lead
Budget Process to be drafted	14/09/2020	NA
Service budget templates distributed for completion	15/09/2020	VA
Budget workshop	15/09/2020	NA
Team Briefing on Budget Build	17/09/2020	NA
Deadline for JIAC Papers	25/09/2020	ALL
Capital Programme reviewed & finalised	30/09/2020	NA/VA/HK/PB
Police Staff reconciled and updated on Excel template	30/09/2020	DS
Recharges between Police and Fire discussions	30/09/20* TBC	NA/VA/HK
FEG meeting to discuss outline budget process and guidance	06/10/2020	NA
JIAC Consider: 2021/22 Budget & MTFP Process Statement of Accounts update Treasury Management 19/20 & 20/21	07/10/2020	HK/VA HK/VA HK /VA
Accountability Board	09/10/2020	
Budget bids completed by Finance Advisors	16/10/2020	NA
First level of scrutiny	19/10/20- 23/10/20	NA
Consolidation of devolved budgets into Master Model	19/10/20- 30/10/20	DS
Budget Discussion with CFO	27/10/2020	NA
SLT Board – review of 20/21 budgets if not previously agreed	29/10/2020	NA
Draft Capital Programme Shared with OPFCC	30/10/2020	MS
Draft Treasury Management Strategy shared with OPFCC	30/10/2020	NA/Biyi/ DC
Draft Budget discussed	03/11/2020	VA/HK/ NA
Initial Budget Discussion with Chief Fire Officer	04/11/2020	NA
2020 Spending Review	TBC Oct/Nov?	
Draft Budget Discussion with FEG	05/11/2020	NA
Deadline for JIAC papers	05/11/2020	ALL
Accountability Board	10/11/2020	
Draft MTFP & Budget Discussion with CFO	11/11/2020	NA
Updated draft MTFP to be shared with OPFCC	13/11/2020	NA
Deadline for Police, Fire and Crime Panel Papers	26/11/2020	HK
MTFP Discussion with FEG	01/12/2020	NA
Finalise draft budget proposals and reports	01/11/20- 30/11/20	NA
Provisional Settlement	???	HOME OFFICE
Accountability Board – Consider:	08/12/2020	NA

NCFRA budget proposals (pending final settlement)		
Police, Fire and Crime Panel – Budget Monitoring and budget update (as at Q2) and PFCC’s precept intentions	10/12/2020	HK
JIAC	16/12/2020	
Accountability Board – Agree: Service budget 2021/22 Capital Programme Treasury Management Strategy Reserves Strategy	12/01/2021	VA/HK/NA VA/HK/NA NA/HK HK
Draft Funding and Further MTFP Discussion with CFO	13/01/2021	NA
Draw the line on Council Tax Changes/Taxbase to finalise total budget and requirement	15/01/2021	CFO
Police, Fire and Crime Panel Papers finalised	22/01/2021	HK/ALL
Joint Chief Fire Officer/PCC Board – review of 2021/22 budgets if not previously agreed	28/01/2021	
Statutory Date for CT Surplus and Taxbase Confirmations	31/01/2021	LA’s
Police, Fire and Crime Panel consider proposed budget and precept, Capital Programme and associated strategies	03/02/2021	HK/PCP
Accountability Board	09/02/2021	
Police, Fire and Crime Panel Response to Budget	17/02/2021	PCP
PFCC Issues Precept	21/02/2020	HK
Advise of Grant and Council Tax Settlement Dates and Amounts	21/02/2020	HK
DCC Board – review of 2020/21 projected outturn for collaborative units	02/03/2021	SN
Accountability Board	09/03/2021	
Joint CC/PCC Board – review of 20/21 projected outturn for treatment of over/under spends	25/03/2021	
Issue Budgets to Budget Holders	31/03/2021	HK/VA

Northamptonshire
Commissioner Fire
and Rescue
Authority
Audit planning report
Year ended 31 March 2020
7th October 2020 Joint Independent
Audit Committee



Private and Confidential

September 2020

**Joint Independent Audit Committee
Northamptonshire Commissioner Fire and Rescue Authority**

Dear Joint Independent Audit Committee members (JIAC)

2019-2020 Audit planning report

We are pleased to attach our Audit Plan which sets out how we intend to carry out our responsibilities as auditor. Its purpose is to provide the Joint Independent Audit Committee (JIAC) with a basis to review our proposed audit approach and scope for the 2019/20 audit in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2015 Code of Audit Practice, the Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA) Ltd, auditing standards and other professional requirements. It is also to ensure that our audit is aligned with the Committee's service expectations.

This plan summarises our assessment of the key risks driving the development of an effective audit for the Authority, and outlines our planned audit strategy in response to those risks. This supplements our completion since the last Committee meeting of our 2018-2019 audit of the Authority's financial statements and value for money arrangements. We have drawn on our understanding of the Authority's strategic, operational, financial and risk environment pre and post Covid-19 pandemic, as well as our knowledge of the Authority's financial reporting systems and control environment from our first year audit. I presented our audit risk assessment and approach verbally to the Committee's accounts workshop which was held on the 15th September 2020. Having received and considered the draft 2019-2020 accounts, we have also made substantial progress with our substantive audit testing of significant account balances during September 2020. We will update the JIAC with the current status of our audit and preliminary findings at its meeting on the 7th October 2020. We anticipate that we will be able to issue our opinion on the Authority's financial statements and our conclusion on your value for money arrangements by MHCLGs revised target date for the publication of the 2019-2020 financial statements of 30th November 2020. We will also update the JIAC if our assessment changes during the course of the audit.

This report is intended solely for the information and use of the JIAC and management, and is not intended to be and should not be used by anyone other than these specified parties. We welcome the opportunity to discuss this report with you on 7th October 2020 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Neil Harris

For and on behalf of Ernst & Young LLP

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Appendices



Public Sector Audit Appointments Ltd (PSAA) issued the "Statement of responsibilities of auditors and audited bodies". It is available from the PSAA website (<https://www.psa.co.uk/audit-quality/statement-of-responsibilities/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The "Terms of Appointment and further guidance (updated April 2018)" issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature. This report is made solely to the Overview and Audit Committee and management of Northamptonshire Commissioner Fire and Rescue Authority in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Joint Independent Audit Committee, and management of Northamptonshire Commissioner Fire and Rescue Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Joint Independent Audit Committee and management of Northamptonshire Commissioner Fire and Rescue Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01

Overview of our 2019/20 audit strategy



Overview of our 2019/20 audit strategy

The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the JIAC with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Valuation of land and buildings	Inherent risk	Reduction in risk or focus	Property, Plant and Equipment (PPE) represents significant balances in the Authority's accounts and is subject to valuation changes, impairment reviews and depreciation charges. Material judgemental inputs and estimation techniques are required to calculate the year-end PPE balances held in the balance sheet. As the Authority's asset base is significant, and the outputs from the valuer are subject to estimation, there is a higher inherent risk assets may be under/overstated or the associated accounting entries incorrectly posted. The current economic uncertainty caused by Covid-19 has significantly increased the risk that property asset valuations (based on market conditions) may be materially misstated. The risk has reduced to inherent because the Authority revalued all of its land and buildings at inception (1 st January 2019) and at 31 st March 2019, and have done so again for the period to 31 st March 2020. There are no significant changes to the valuer's methodology, capital spend or use of the assets. We involved our real estate specialists in the prior year to support the audit team on the testing of valuation assumptions and judgements, with no significant matters arising.
Pension liability valuation	Inherent risk	No change in risk or focus	<p>The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Northamptonshire County Council and the Firefighters Pension Scheme. The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Authority's balance sheet.</p> <p>The information disclosed is based on the IAS 19 reports issued to the Authority by the actuary of the Pension Schemes. Accounting for these schemes involves significant estimation and judgement and due to the nature, volume and size of the transactions we consider this to be a higher inherent risk. We will also consider if the Authority has included the impact of the Goodwin and McCloud case judgement in the valuation of its Pension Liability.</p>

Overview of our 2019/20 audit strategy

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Going Concern: Compliance with ISA 570	Inherent risk	New risk for 2019/20	<p>The Going Concern auditing standard (ISA 570) has been revised in response to enforcement cases and well-publicised corporate failures where the auditor's report failed to highlight concerns about the prospects of entities which collapsed shortly after. The revised standard extends requirements to report to regulators where we have concerns about going concern.</p> <p>In particular for the 2019/20 audit we will undertake sufficient and appropriate audit procedures to review the adequacy of management's disclosures, assumptions and stress testing on their assessment of going concern in response to Covid-19. This work will be a continuation of the disclosures and documented assessment which were finalised prior to our issue of the 2018-2019 opinion on the Authority's financial statements. These disclosures and assessment became essential as the Authority's accounts were not authorised for issue prior to the Covid-19 outbreak in March 2020.</p>

Overview of our 2019/20 audit strategy

Materiality – Northamptonshire Commissioner Fire and Rescue Authority

Planning
materiality

£955k

Last year, we set materiality on the basis of 1% of gross assets. This was because the Authority came into existence for the final three months of the 2018-2109 financial year, and we determined that the users of accounts would be influenced and informed by the accuracy of the opening balances, assets and liabilities transferred to the Authority from Northamptonshire County Council. For 2019-2020 financial year, the Authority has had a full year of service provision and spend. We have therefore determined that the users of accounts would be influenced by the level of spend and performance on fire and rescue services. We have set our materiality level at 2% of gross expenditure from the draft 19-20 accounts. We will revisit the appropriateness of this level throughout the audit and our understanding at that stage of the implications from Covid-19 on the Council's viability and investments.

Performance
materiality

£477k

Performance materiality has been set at £447k, which represents 50% of materiality. In light of the prior year corrected audit findings and weaknesses reported by Internal Audit in their 2019-2020 audit programme on some of the Authority's systems of internal control, we do not yet have sufficient assurance that the likelihood of misstatements either due to fraud or error is low to enable us to increase our level to 75% of materiality.

Audit
differences

£47k

We will report all uncorrected misstatements relating to the primary statements (comprehensive income and expenditure statement, balance sheet, movement in reserves statement and cash flow statement) greater than £47k. Other misstatements identified will be communicated to the extent that they merit the attention of the JIAC.

Materiality – Firefighter's Pension Fund

Planning
materiality

£174k

Materiality has been set at £174k, which represents 2% of the calculated benefits payable from the draft 2019-2020 accounts.

Performance
materiality

£87k

Performance materiality has been set at £87k, which represents 50% of materiality, consistent with the prior year for similar reasons set out above for the Authority's accounts.

Audit
differences

£8.7k

We will report all uncorrected misstatements on the Pension Fund greater than £8.7k. Other misstatements identified will be communicated to the extent that they merit the attention of the JIAC.

Overview of our 2019/20 audit strategy

Audit scope

This Audit Plan covers the work that we plan to perform to provide you with:

- Our audit opinion on whether the financial statements of Northamptonshire Commissioner Fire and Rescue Authority give a true and fair view of the financial position as at 31 March 2020 and of the income and expenditure for the year then ended; and
- Our conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness.

We will also review and report to the National Audit Office (NAO), to the extent and in the form required by them, on the Authority's Whole of Government Accounts return.

Our audit will also include the mandatory procedures that we are required to perform in accordance with applicable laws and auditing standards.

When planning the audit we take into account several key inputs:

- Strategic, operational and financial risks relevant to the financial statements;
- Developments in financial reporting and auditing standards;
- The quality of systems and processes;
- Changes in the business and regulatory environment; and,
- Management's views on all of the above.

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant to the Authority.

Taking the above into account, and as articulated in this audit plan, our professional responsibilities require us to independently assess the risks associated with providing an audit opinion and undertake appropriate procedures in response to that. Our Terms of Appointment with PSAA allow them to vary the fee dependent on "the auditors assessment of risk and the work needed to meet their professional responsibilities". PSAA are aware that the setting of scale fees has not kept pace with the changing requirements of external audit with increased focus on, for example, the valuations of land and buildings, the valuation of pension obligations, the introduction of new accounting standards such as IFRS 9 and 15 in recent years as well as the expansion of factors impacting the value for money conclusion. Therefore to the extent any of these or any other risks are relevant in the context of Northamptonshire Commissioner Fire and Rescue Authority's audit, we will discuss these with management as to the impact on the scale fee.



02

Audit risks



Audit risks

Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

Misstatements due to fraud or error *

What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

We have also considered whether fraud risks could manifest themselves in other significant account balances in the Authority's financial statements. We note that there have been no significant capital additions in-year or Revenue Expenditure Funded by Capital under Statute (REFCUS). Therefore the risk of incorrect capitalisation of revenue expenditure is low.

Although we see moderate risk on the accounting for accruals and provisions, we do not believe there is a heightened incentive on the Authority to override judgements in these areas for this to be significant. Nonetheless, in view of the control weaknesses identified by Internal Audit, we are adopting 50% performance materiality and testing the assertions associated with these balances at a more appropriate threshold.

What will we do?

- Identifying fraud risks during the planning stages.
- Inquiry of management about risks of fraud and the controls put in place to address those risks.
- Understanding the oversight given by those charged with governance of management's processes over fraud.
- Consideration of the effectiveness of management's controls designed to address the risk of fraud.
- Determining an appropriate strategy to address those identified risks of fraud.
- Performing mandatory procedures regardless of specifically identified fraud risks, including testing of journal entries and other adjustments in the preparation of the financial statements.

Audit risks

Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the risk/area of focus?

Valuation of Land and Buildings

The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.

Pension Liability Valuation

The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Northamptonshire County Council.

The Authority's pension fund deficit is a material estimated balance and the Code requires that this liability be disclosed on the Authority's balance sheet. The information disclosed is based on the IAS 19 report issued to the Authority by the actuary to Northamptonshire County Council and also the Firefighters Pension Fund. Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. In addition, every three years, a formal valuation of the whole fund is carried out in accordance with the LGPS Regulations 2013 to assess and examine the ongoing financial position of the fund. The IAS19 report for 2019/20 will reflect the updated membership numbers provided for this triennial valuation.

An additional consideration in 2019/20 will be the impact of Covid-19 on the valuation of complex (Level 3) investments held by Northamptonshire Pension Fund, for example private equity investments where valuations as at 31 March 2020 will have to be estimated.

What will we do?

We will:

- Consider the work performed by the Authority's valuers, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;
- Sample testing key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre);
- We will also consider if there are any specific changes to assets that have occurred and that these have been communicated to the valuer;
- Consider changes to useful economic lives as a result of the most recent valuation; and
- Test accounting entries have been correctly processed in the financial statements.

We will:

- Liaise with the auditors of Northamptonshire County Council, to obtain assurances over the information supplied to the actuary in relation to the Authority;
- Assess the work of the LGPS pension fund actuary and the Firefighters pension fund actuary including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by the National Audit Office for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; and
- Review and test the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19.
- Assess the results of the triennial valuations, including the assumptions used and the impact on the Council's pension liability.
- Engage early with the Council, and their actuary, to understand any ongoing impact of the McCloud judgement, GMP rulings and Goodwin case on the IAS19 liability.
- Consider the nature and value of level 3 investments held by Northamptonshire Pension Fund and the proportion of the overall Fund relating to the Authority in order to identify any additional procedures required to support the estimates of the valuation of these asset as at 31 March 2020.

Overview of our 2019/20 audit strategy

Inherent Risks and Other areas of audit focus (cont.)

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the risk/area of focus?

What will we do?

Going Concern disclosures

Covid-19 has created a number of financial pressures throughout the public sector. This includes reductions in income as well as additional cost pressures. Fire and Rescue Authorities are considering the impact of the financial support from MHCLG that covers all financial consequences of Covid-19.

CIPFA's Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 sets out that organisations that can only be discontinued under statutory prescription shall prepare their accounts on a going concern basis.

However, International Auditing Standard 570 Going Concern, as applied by Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom, still requires auditors to undertake sufficient and appropriate audit procedures to consider whether there is a material uncertainty on going concern that requires reporting by management within the financial statements, and within the auditor's report. We are obliged to report on such matters within the section of our audit report 'Conclusions relating to Going Concern'.

To do this, the auditor must review management's assessment of the going concern basis applying IAS1 Presentation of Financial Statements.

The auditor's report in respect of going concern covers a 12-month period from the date of the report, therefore the Authority's assessment will also need to cover this period.

In light of the unprecedented nature of Covid-19, its impact on the funding of public sector entities and uncertainty over the form and extent of government support, we will be seeking a documented and detailed consideration to support management's assertion regarding the going concern basis and particularly with a view whether there are any material uncertainties for disclosure.

We will review your updated going concern disclosures within the financial statements under IAS1, and associated financial viability disclosures within the Narrative Statement. We expect you to disclose any material uncertainties that do exist.

These disclosures should also include the process that has been undertaken for revising financial plans and cashflow, liquidity forecasts, known outcomes, sensitivities, mitigating actions including but not restricted to the use of reserves, and key assumptions (e.g. assumed duration of Covid-19).

Our audit procedures to review these will include consideration of:

- Current and developing environment;
- Liquidity (operational and funding);
- Mitigating factors;
- Management information and forecasting; and
- Sensitivities and stress testing.

Audit risks

Inherent Risks and Other areas of audit focus (cont.)

Impact of Covid-19

The ongoing disruption to daily life and the economy as a result of the Covid-19 virus will have a pervasive impact upon the financial statements. Understandably, the priority for the Authority to date has been to ensure the safety of staff and the delivery of business critical activities. However, the financial statements will need to reflect the impact of Covid-19 on the Authority's financial position and performance. We wish to highlight the wide range of ways in which it could impact the financial statements, these include, but not be limited to:

- Revenue recognition – there may be an impact on income collection (share of Business rates) if businesses and residents are unable to work and earn income due to the lockdown and restriction of movement due to COVID-19.
- Tangible assets – there may be impairment of tangible assets if future service potential is reduced by the economic impact of the virus. The Authority may also have already incurred capital costs on projects where the economic case has fundamentally changed.
- Pensions – volatility in the financial markets is likely to have a significant impact on pension assets, and therefore net liabilities.
- Receivables – there may be an increase in amounts written off as irrecoverable and impairment of year-end balances due to the increased number of businesses and residents unable to meet their financial obligations.
- Holiday and sickness pay – the change in working patterns may result in year-end staff pay accruals which may be noticeably different to prior years.
- Government support – any Covid-19 specific government support is likely to be a new transaction stream and may require development of new accounting policies and treatments.
- Annual Governance Statement – the widespread use of home working is likely to change the way internal controls operate. The Annual Governance Statement will need to capture how the control environment has changed during the period and what steps were taken to maintain a robust control environment during the disruption. This will also need to be considered in the context of internal audit's ability to issue their Head of Internal Audit opinion for the year, depending on the ability to complete the remainder of the internal audit programme.

We will provide an update on the impact of Covid-19 on the Authority's financial statements, and how we have responded to the additional risks of misstatement, in our audit results report.

In addition to the impact on the financial statements themselves, the disruption caused by Covid-19 may impact on management's ability to produce the financial statements and our ability to complete the audit to the planned timetable. For example, it may be more difficult than usual to access the supporting documentation necessary to support our audit procedures. There will be additional audit procedures we have to perform to respond to the additional risks caused by the factors noted above.



03

Value for Money Risks



Value for Money

Background

We are required to consider whether Northamptonshire Commissioner Fire and Rescue Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

For 2019/20 this is based on the overall evaluation criterion:

"In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people"

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

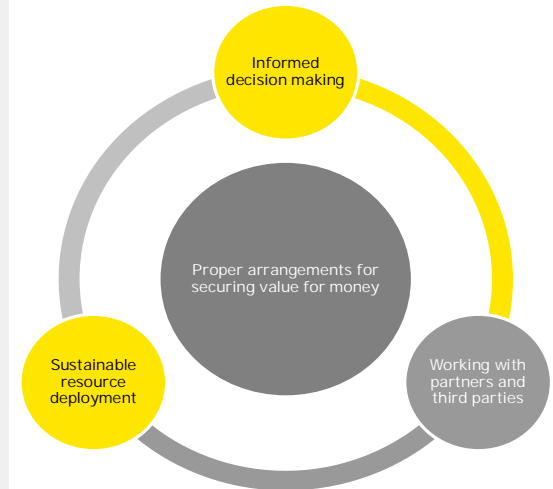
In considering your proper arrangements, we will draw on the requirements of the CIPFA/SOLACE framework for local government to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risks that we consider significant, which the Code of Audit Practice defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public"

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risks there is no requirement to carry out further work. We consider business and operational risks insofar as they relate to proper arrangements at both sector and organisation-specific level. In 2019/20 this has included consideration of the steps taken by the Authority to consider the impact of Brexit on its future service provision, medium-term financing and investment values. Although the precise impact cannot yet be modelled, we anticipate that Authority will be carrying out scenario planning and that Brexit and its impact will feature on operational risk registers.

Our risk assessment has therefore considered both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders. This has resulted in the identification of the significant risk noted on the following page which we view as relevant to our value for money conclusion.



Value for Money Risks

What is the significant value for money risk?	What arrangements does the risk affect?	What will we do?
<p>Financial resilience.</p> <p>Since inception from the 1st January 2019, the Authority has increased its level of general working balances and reserves and has exceeded the targets set out in the approved business case for Fire governance approved by the Home Office. We considered the Authority's financial resilience arrangements in the prior year and as part of our assessment of going concern.</p> <p>However, the Chief Financial Officer continues to note in her section 25 report, budget monitoring reports, medium term planning and narrative statement to the audited 18-19 and unaudited 19-20 accounts that the Authority still faces financial challenges and uncertainties that if not managed well pose a risk to its future sustainability and resilience.</p>	<ul style="list-style-type: none"> • Sustainable resource deployment 	<p>Our approach will focus on:</p> <ul style="list-style-type: none"> • Reviewing the Authority's 2020/21 budget setting process and assumptions. • Reviewing the Authority's medium term financial plan against our qualitative and quantitative financial resilience tools. • Undertaking a review of supporting mitigation, savings and efficiency programmes only where we identify any remaining significant risks on the Authority's financial position and future sustainability. • Considering the outcome of our going concern audit procedures and whether this shines any light on weaknesses in the Authority's arrangements to secure its financial resilience in the 2019-2020 financial year.



04

Audit materiality



Audit materiality

Materiality

Materiality

For planning purposes, materiality for 2019/20 has been set at £955k and £174k for the pension fund. This represents 2% of the Authority's prior year gross expenditure on provision of services and benefit's payable respectively. It will be reassessed throughout the audit process. We have provided supplemental information about audit materiality in Appendix C.

Main statements:



Firefighter's pension fund:



We request that the Joint Independent Audit Committee confirm its understanding of, and agreement to, these materiality and reporting levels.

Key definitions

Planning materiality – the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

Performance materiality – the amount we use to determine the extent of our audit procedures.

Audit difference threshold – we propose that misstatements identified below this threshold are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the income statement and balance sheet that have an effect on income or that relate to other comprehensive income.

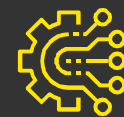
Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement and movement in reserves statement or disclosures, and corrected misstatements will be communicated to the extent that they merit the attention of the JIAC, or are important from a qualitative perspective.

Specific materiality – We have set a materiality of £1k for remuneration disclosures, related party transactions, members' allowances and exit packages which reflects our understanding that an amount less than our materiality would influence the economic decisions of users of the financial statements in relation to this.



05

Scope of our audit



Scope of our audit

Our Audit Process and Strategy

Objective and Scope of our Audit scoping

Under the Code of Audit Practice our principal objectives are to review and report on the Authority's financial statements and arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code.

We issue an audit report that covers:

1. Financial statement audit

Our objective is to form an opinion on the financial statements under International Standards on Auditing (UK).

We also perform other procedures as required by auditing, ethical and independence standards, the Code and other regulations. We outline below the procedures we will undertake during the course of our audit.

Procedures required by standards

- Addressing the risk of fraud and error;
- Significant disclosures included in the financial statements;
- Entity-wide controls;
- Reading other information contained in the financial statements and reporting whether it is inconsistent with our understanding and the financial statements; and
- Auditor independence.

Procedures required by the Code

- Reviewing, and reporting on as appropriate, other information published with the financial statements, including the Annual Governance Statement; and
- Reviewing and reporting on the Whole of Government Accounts return, in line with the instructions issued by the NAO.

2. Arrangements for securing economy, efficiency and effectiveness (value for money)

We are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.

Scope of our audit

Our Audit Process and Strategy (continued)

Audit Process Overview

Our audit involves:

- Identifying and understanding the key processes and internal controls; and
- Substantive tests of detail of transactions and amounts.

For 2019/20 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics:

We will use our computer-based analytics tools to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

- Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and
- Give greater likelihood of identifying errors than random sampling techniques.

We will report the findings from our process and analytics work, including any significant weaknesses or inefficiencies identified and recommendations for improvement, to management and the Overview and Audit Committee.

Internal audit:

We will review internal audit plans and the results of their work. We will reflect the findings from these reports, together with reports from any other work completed in the year, in our detailed audit plan, where they raise issues that could have an impact on the financial statements.



06 Audit team



Audit team

Audit team and Use of specialists

Audit team

The core audit team is led by Neil Harris as Associate Partner, Julie Kriek and Chipo-Grace Tete as Engagement Manager and Lead Senior respectively.

Use of specialist

When auditing key judgements, we are often required to rely on the input and advice provided by specialists who have qualifications and expertise not possessed by the core audit team. The areas where either EY or third party specialists provide input for the current year audit are:

Area	Specialists
Valuation of Land and Buildings	Authority's property valuer, EY Estates (EY specialist) where we believe it is appropriate to do so.
Pensions disclosure	Pension Funds Actuary, EY Pensions Advisory and PwC (Consulting Actuary to the National Audit Office)

In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.

We also consider the work performed by the specialist in light of our knowledge of the Authority's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

- Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable;
- Assess the reasonableness of the assumptions and methods used;
- Consider the appropriateness of the timing of when the specialist carried out the work; and
- Assess whether the substance of the specialist's findings are properly reflected in the financial statements.



07 Audit timeline



Audit timeline

Timetable of communication and deliverables

Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2019/20.

From time to time matters may arise that require immediate communication with the JIAC and we will discuss them with the JIAC Chair as appropriate. We will also provide updates on corporate governance and regulatory matters as necessary.

The disruption caused by Covid-19 may impact on our ability to complete the audit to the planned timetable. For example, it may be more difficult than usual to access the supporting documentation necessary to support our audit procedures. There will be additional audit procedures we have to perform to respond to the additional risks caused by the factors noted above. The timetable below is therefore provisional and will need to be revisited throughout the period. We will discuss any potential delays to the timetable with officers and the JIAC Chair. In recognition of this, MHCLG have provided flexibility to Local Government bodies on the timetable for the preparation of draft accounts (by the end of August 2020), the public inspection period (by September 2020) and the target date for publication of audited financial statements (by end of November 2020)

Audit phase	Timetable	Committee timetable	Deliverables
Planning: Risk assessment and setting of scopes	September/October 2020		Audit Planning Report
Walkthrough of key systems and processes	September/October 2020		
Year end audit	September/ October 2020		
Audit Completion procedures*	October/November 2020	November 2020	Audit Results Report Audit opinions and completion certificates
Conclusion of reporting*	November 2020	December 2020	Annual Audit Letter

*We wish to highlight to the committee that the 2019/20 Northamptonshire Pension Fund is expected to be completed around November 2020 and any delays in the 2019/20 Northamptonshire Pension Fund audit will impact the timetable for the audit completion and conclusion of the Council's audit in relation to IAS 19 assurance provided by the pension fund auditors for the Council's pension liability.



08

Independence



Introduction

The FRC Ethical Standard and ISA (UK) 260 “Communication of audit matters with those charged with governance”, requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in June 2016, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

Required communications

Planning stage	Final stage
<ul style="list-style-type: none"> ▶ The principal threats, if any, to objectivity and independence identified by Ernst & Young (EY) including consideration of all relationships between the you, your affiliates and directors and us; ▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review; ▶ The overall assessment of threats and safeguards; ▶ Information about the general policies and process within EY to maintain objectivity and independence. ▶ Where EY has determined it is appropriate to apply more restrictive independence rules than permitted under the Ethical Standard [note: additional wording should be included in the communication reflecting the client specific situation] 	<ul style="list-style-type: none"> ▶ In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed; ▶ Details of non-audit services provided and the fees charged in relation thereto; ▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us; ▶ Written confirmation that all covered persons are independent; ▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy; ▶ Details of any contingent fee arrangements for non-audit services provided by us or our network firms; and ▶ An opportunity to discuss auditor independence issues.

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We also provide information on any contingent fee arrangements, the amounts of any future services that have been contracted, and details of any written proposal to provide non-audit services that has been submitted;

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.

Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Neil Harris, your audit engagement partner and the audit engagement team have not been compromised.

Self interest threats

A self interest threat arises when EY has financial or other interests in the Authority. Examples include where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake permissible non-audit services and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval. The ratio of non-audit fees to audit fees is not permitted to exceed 70%.

At the time of writing, the current ratio of non-audit fees to audit fees is nil. No additional safeguards are required.

A self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4.

There are no other self interest threats at the date of this report.

Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of the Authority. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

Relationships, services and related threats and safeguards

Other threats

Other threats, such as advocacy, familiarity or intimidation, may arise.

There are no other threats at the date of this report.

New UK Independence Standards

The Financial Reporting Authority (FRC) published the Revised Ethical Standard 2019 in December and it will apply to accounting periods starting on or after 15 March 2020. A key change in the new Ethical Standard will be a general prohibition on the provision of non-audit services by the auditor (and its network) which will apply to UK Public Interest Entities (PIEs). A narrow list of permitted services will continue to be allowed.

Summary of key changes

- Extraterritorial application of the FRC Ethical Standard to UK PIE and its worldwide affiliates
- A general prohibition on the provision of non-audit services by the auditor (or its network) to a UK PIE, its UK parent and worldwide subsidiaries
- A narrow list of permitted services where closely related to the audit and/or required by law or regulation
- Absolute prohibition on the following relationships applicable to UK PIE and its affiliates including material significant investees/investors:
 - Tax advocacy services
 - Remuneration advisory services
 - Internal audit services
 - Secondment/loan staff arrangements
- An absolute prohibition on contingent fees.
- Requirement to meet the higher standard for business relationships i.e. business relationships between the audit firm and the audit client will only be permitted if it is inconsequential.
- Permitted services required by law or regulation will not be subject to the 70% fee cap.
- Grandfathering will apply for otherwise prohibited non-audit services that are open at 15 March 2020 such that the engagement may continue until completed in accordance with the original engagement terms.
- A requirement for the auditor to notify the Audit Committee where the audit fee might compromise perceived independence and the appropriate safeguards.
- A requirement to report to the audit committee details of any breaches of the Ethical Standard and any actions taken by the firm to address any threats to independence. A requirement for non-network component firm whose work is used in the group audit engagement to comply with the same independence standard as the group auditor. Our current understanding is that the requirement to follow UK independence rules is limited to the component firm issuing the audit report and not to its network. This is subject to clarification with the FRC.

Next Steps

We will continue to monitor and assess all ongoing and proposed non-audit services and relationships to ensure they are permitted under FRC Revised Ethical Standard 2016 which will continue to apply until 31 March 2020 as well as the recently released FRC Revised Ethical Standard 2019 which will be effective from 1 April 2020. We will work with you to ensure orderly completion of the services or where required, transition to another service provider within mutually agreed timescales.

We do not provide any non-audit services which would be prohibited under the new standard.

Other communications

EY Transparency Report 2019

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2019:

https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/about-us/transparency-report-2019/ey-uk-2019-transparency-report.pdf



09

Appendices



Appendix A

Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Housing, Communities and Local Government.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

	Planned fee 2019/20	Scale fee 2019/20	Final Fee 2018/19
	£	£	£
Total Fee - Code work	Note 1	25,000	25,000
Total fees	TBC	25,000	25,000

All fees exclude VAT

(1) For 2019/20, the scale fee of £25,000 (plus VAT) will be impacted by a range of factors, for example the valuations of land and buildings, the valuation of pension obligations, audit procedures associated with going concern and Covid-19 which will result in additional work, on which we will update the JIAC, as the audit progresses.

The agreed fee presented is based on the following assumptions:

- Officers meeting the agreed timetable of deliverables;
- Our accounts opinion and value for money conclusion being unqualified;
- Appropriate quality of documentation is provided by the Authority; and
- The Authority has an effective control environment.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Authority in advance.

Fees for the auditor's consideration of correspondence from the public and formal objections will be charged in addition to the scale fee.

In addition, we are driving greater innovation in the audit through the use of technology. The significant investment costs in this global technology continue to rise as we seek to provide enhanced assurance and insight in the audit.

In addition, we are in an unprecedented period of change. A combination of pressures are impacting Local Audit and has meant that the sustainability of delivery is now a real challenge. This is requiring us to revisit with PSAA the basis on which the scale fee was set. The factors behind this are explained in more detail on the following pages.

Appendix A

Fees

We do not believe the existing scale fees provide a clear link with both a public sector organisation's risk and complexity. For an organisation such as the Authority the extent of audit procedures now required mean it will take up to 1,000 hours to complete a quality audit.

Summary of key factors

1. Status of sector. Financial reporting and decision making in local government has become increasingly complex, for example from the growth in commercialisation, speculative ventures and investments. This has also brought increasing risk about the financial sustainability / going concern of bodies given the current status of the sector.
 - To address this risk our procedures now entail higher samples sizes of transactions, the need to increase our use of analytics data to test more transactions at a greater level of depth. This requires a continual investment in our data analytics tools and audit technology to enhance audit quality. This also has an impact on local government with the need to also keep pace with technological advancement in data management and processing for audit.
2. Audit of estimates. There has been a significant increase in the focus on areas of the financial statements where judgemental estimates are made. This is to address regulatory expectations from FRC reviews on the extent of audit procedures performed in areas such as the valuation of land and buildings and pension assets and liabilities.
 - To address these findings, our required procedures now entail higher samples sizes, increased requirements for corroborative evidence to support the assumptions and use of our internal specialists.
3. Regulatory environment. Other pressures come from the changing regulatory landscape and audit market dynamics:
 - Parliamentary select committee reports, the Brydon and Kingman reviews, plus within the public sector the Redmond review and the new NAO Code of Audit practice are all shaping the future of Local Audit. These regulatory pressures all have a focus on audit quality and what is required of external auditors.
 - This means continual investment in our audit quality infrastructure in response to these regulatory reviews, the increasing fines for not meeting the requirements plus changes in auditing and accounting standards. As a firm our compliance costs have now doubled as a proportion of revenue in the last five years. The regulatory lens on Local Audit specifically, is greater. We are three times more likely to be reviewed by a quality regulator than other audits, again increasing our compliance costs of being within this market.

Appendix A

Fees

Summary of key factors (cont'd)

4. As a result Public sector auditing has become less attractive as a profession, especially due to the compressed timetable, regulatory pressure and greater compliance requirements. This has contributed to higher attrition rates in our profession over the past year and the shortage of specialist public sector audit staff and multidisciplinary teams (for example valuation, pensions, tax and accounting) during the compressed timetables.
 - We need to invest over a five to ten-year cycle to recruit, train and develop a sustainable specialist team of public sector audit staff. We and other firms in the sector face intense competition for the best people, with appropriate public sector skills, as a result of a shrinking resource pool. We need to remunerate our people appropriately to maintain the attractiveness of the profession, provide the highest performing audit teams and protect audit quality.
 - We acknowledge that local authorities are also facing challenges to recruit and retain staff with the necessary financial reporting skills and capabilities. This though also exacerbates the challenge for external audits, as where there are shortages it impacts on the ability to deliver on a timely basis.




Next steps

- In light of recent communication from PSAA, we have quantified the impact of the above to be able to accurately re-assess what the baseline fee is for the Council should be in the current environment. Neil Harris has had a discussion with the Chief Financial Officer on a provisional baseline fee of £50,000 which has not been agreed. As we conclude our 2019/2020 audit planning procedures, we will discuss with management our final estimate of the additional fee. We will discuss the basis for the proposed increase to the baseline fee with the Authority's Chief Financial Officer and update the JIAC on the next steps. Any proposed change to the baseline fee and fee variations are subject to approval by PSAA.

Appendix B




Required communications with the JIAC

We have detailed the communications that we must provide to the Joint Independent Audit Committee.

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Terms of engagement	Confirmation by the JIAC of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	Audit planning report – October 2020
Significant findings from the audit	<ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Significant difficulties, if any, encountered during the audit • Significant matters, if any, arising from the audit that were discussed with management • Written representations that we are seeking • Expected modifications to the audit report • Other matters if any, significant to the oversight of the financial reporting process 	Audit results report – November 2020





Appendix B

Required communications with the JIAC (continued)

			 Our Reporting to you
Required communications	 What is reported?	 When and where	
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements • The adequacy of related disclosures in the financial statements 	Audit results report – November 2020	
Misstatements	<ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation • The effect of uncorrected misstatements related to prior periods • A request that any uncorrected misstatement be corrected • Corrected misstatements that are significant • Material misstatements corrected by management 	Audit results report – November 2020	
Fraud	<ul style="list-style-type: none"> • Enquiries of the JIAC to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity • Any fraud that we have identified or information we have obtained that indicates that a fraud may exist • A discussion of any other matters related to fraud 	Audit results report – November 2020	
Related parties	<ul style="list-style-type: none"> • Significant matters arising during the audit in connection with the entity's related parties including, when applicable: • Non-disclosure by management • Inappropriate authorisation and approval of transactions • Disagreement over disclosures • Non-compliance with laws and regulations • Difficulty in identifying the party that ultimately controls the entity 	Audit results report – November 2020	




Appendix B

Required communications with the JIAC (continued)

			 Our Reporting to you
Required communications	 What is reported?	  When and where	
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> • The principal threats • Safeguards adopted and their effectiveness • An overall assessment of threats and safeguards • Information about the general policies and process within the firm to maintain objectivity and independence 	<p>Audit planning report – October 2020</p> <p>Audit results report – November 2020</p>	
External confirmations	<ul style="list-style-type: none"> • Management's refusal for us to request confirmations • Inability to obtain relevant and reliable audit evidence from other procedures 	<p>Audit results report – November 2020</p>	
Consideration of laws and regulations	<ul style="list-style-type: none"> • Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off • Enquiry of the JIAC into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the JIAC may be aware of 	<p>Audit results report – November 2020</p>	
Internal controls	<ul style="list-style-type: none"> • Significant deficiencies in internal controls identified during the audit 	<p>Audit results report – November 2020</p>	

Appendix B

Required communications with the JIAC (continued)

			 Our Reporting to you
Required communications	 What is reported?	 When and where	
Representations	Written representations we are requesting from management and/or those charged with governance	Audit results report – November 2020	
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	Audit results report – November 2020	
Auditors report	<ul style="list-style-type: none"> Any circumstances identified that affect the form and content of our auditor's report 	Audit results report – November 2020	
Fee Reporting	<ul style="list-style-type: none"> Breakdown of fee information when the audit plan is agreed Breakdown of fee information at the completion of the audit Any non-audit work 	Audit planning report – October 2020 Audit results report – November 2020	

Appendix C

Additional audit information

Other required procedures during the course of the audit

In addition to the key areas of audit focus outlined in section 2, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

Our responsibilities required by auditing standards

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting.
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtaining sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Authority to express an opinion on the consolidated financial statements. Reading other information contained in the financial statements, the JIAC reporting appropriately addresses matters communicated by us and whether it is materially inconsistent with our understanding and the financial statements; and
- Maintaining auditor independence.

 Appendix C

Additional audit information (continued)

Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

Materiality determines:

- The locations at which we conduct audit procedures to support the opinion given on the Group financial statements; and
- The level of work performed on individual account balances and financial statement disclosures.

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.



AGENDA ITEM: 6A

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

JOINT INDEPENDENT AUDIT COMMITTEE

7th October 2020

REPORT BY	Biyi Adegbola, NCC Treasury Manager, Nick Alexander, NCFRA Head of Finance
SUBJECT	Treasury Management outturn 2019/20 & 2 nd Quarter 20/21 Update for NCFRA
RECOMMENDATION	To consider report

1 PURPOSE OF THE REPORT

- 1.1 This report provides the Joint Independent Audit Committee (JIAC) with an update on Treasury Management Activities for NCFRA for the year 2019/20 and the 2nd quarter of 2020/21.

2. BACKGROUND

- 2.1 Treasury Management is governed by the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice on Treasury Management (the Code). The Code has been developed to meet the needs of Local Authorities and its recommendations provide a basis to form clear treasury management objectives and to structure and maintain sound treasury management policies and practices.
- 2.2 The Code was adopted via the Treasury Management Strategy Statement (TMSS), which was approved for the 2019-20 financial year in March 2019. It requires the Authority to produce an annual treasury report and a half yearly report.
- 2.3 The Treasury Management Strategy included an assessment of the potential Capital Programme for NCFRA. Whilst a number of elements in the programme are being progressed, it is very likely that there will be significant slippage in the programme, reducing the need for borrowing in the short term.

- 2.4 At this stage in the year, there are no proposed changes to the authorised limit and operational boundary.

3 BORROWING

- 3.1 In 2019/20 no borrowing took place. In 2020/21 to date, the Authority does not currently have any borrowing.
- 3.2 The Authority can raise loan finance in order to primarily fund its Capital spending plans but also for short term cash flow purposes.
- 3.3 The actual amount of new borrowing required each year is determined by capital expenditure plans, capital funding available, the actual Capital Financing Requirement (CFR), forecast reserves, cash flow analysis, and current and projected economic conditions.

4 INVESTMENTS

- 4.1 The authority in 2019/20 only holds a saving account and there are no other investments. The position from last financial year has not changed and is reflected in the table showing the current position for Q1 2020/21.

Table 1.

INVESTMENT PORTFOLIO	Actual 2019/20 £000	Actual 2019/20 %	Actual Quarter 2 20/21 £000	Actual Quarter 1 %
Treasury investments				
Bank	6,722	<u>100%</u>	<u>9,147</u>	<u>100%</u>
Others	Nil	0%	<u>Nil</u>	0%
TOTAL TREASURY INVESTMENTS	6,722	100%	<u>9,147</u>	100%

- 4.2 The Authority's general policy objective is to invest its surplus funds prudently. As such the Authority's investment priorities, in priority order, are:
- security of the invested capital;
 - liquidity of the invested capital; and
 - the yield received from the investment.
- 4.3 The Authority, has been maintaining a robust cash flow model to understand liquidity requirements before undertaking any investment activity that may expose the Authority to risk.
- 4.4 Following over a year of activity, with the support of Treasury services supplied through NCC, the Chief Finance officer will review the cash flow modelling to establish any requirement for revised parameters for investment activity going forward.

5 INTEREST RATE OUTLOOK

- 5.1 The Authority's assessment of the likely path for Bank base rate, investment market rates previously presented is shown below against the current forecast

Table 2

Comparison of forecast for Bank Rate (March 2020) v previous forecast (19/20)								
	Jun-20	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22
30.3.20	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10
30.3.19	1.25	1.25	1.25	1.50	1.75	1.75	1.75	2.00
Change	-1.15	-1.15	-1.15	-1.40	-1.65	-1.65	-1.65	-1.90

- 5.2 The world has changed considerably since we provided a forecast on interest rate. We are now in a completely different environment where interest rate forecasting is much more problematic and tentative than it is in normal circumstances and reflective in the change shown above.
- 5.3 The main issue has been impact of the coronavirus on the economy. Although these change doesn't significantly impact the Authority in that it does not have borrowing costs to offset. The change will impact the forecast on expected interest income on investments.

6 PRUDENTIAL AND TREASURY INDICATORS

- 6.1 There is a requirement under the Local Government Act 2003 for Authorities to have regard to CIPFA's Prudential Code for Capital Finance in Local Authorities (the "CIPFA Prudential Code") when setting and reviewing their Prudential Indicators. The Prudential Code was recently updated in 2018.
- 6.2 The Prudential indicators and borrowing limits are shown in Appendix A.

Appendix A
Treasury and Prudential Indicators

Prudential Indicator	2019-20 Actual	2020-21 Q2 Forecast
Authorised limit for external debt	----- £5.400m -----	-----
Operational boundary for external debt	----- £4.500m -----	-----
Capital Financing Requirement (CFR)	Nil	£2.965m
Upper limit of fixed interest rates based on net debt	100%	0%
Upper limit of variable interest rates based on net debt	50%	0%
Principal sums invested > 365 days	£0.000m	£0.000m
Maturity structure of borrowing limits:-		
Under 12 months	Max. 80% Min. 0%	0.0%
12 months to 2 years	Max. 50% Min. 0%	0.0%
2 years to 5 years	Max. 50% Min. 0%	0.0%
5 years to 10 years	Max. 50% Min. 0%	0.0%
10 years and above	Max. 100% Min. 0%	0.0%



AGENDA ITEM: 6b

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

**JOINT INDEPENDENT AUDIT COMMITTEE
7 OCTOBER 2020**

REPORT BY	Vaughan Ashcroft
SUBJECT	Policing – Treasury Management Update
RECOMMENDATION	To consider report

Purpose of Report

- To inform the Joint Internal Audit Committee (JIAC) of the borrowing, capital financing, lending and cash management activities during the period 1st April 2020 to 30th June 2020.

Recommendation

- The JIAC is requested to consider the contents of the report.

Background

- The 'Code of Treasury Management' published by the Chartered Institute of Public Finance and Accountancy (CIPFA), and recommended by the Home Office, has been adopted by the Office of the PFCC for Northamptonshire ("the OPFCC").
- Comments on specific activities are as follows:-

i) Capital Financing/Long Term Borrowing

A new Local Authority Loan was taken out in April 2020 to finance the capital programme for the purchase of Darby Close for £10m.

External debt at 30th June 2020 with PWLB was £10.8m with an average interest rate of 1.16%.

ii) Lending of Surplus Funds

Funds that are temporarily surplus are invested. Funds invested in overnight accounts earned 0.05% during the period covered by the report and on longer term deposits earnings ranged from 0.05% up to 0.20%. The interest earned is dependent on both the size and duration of each investment.

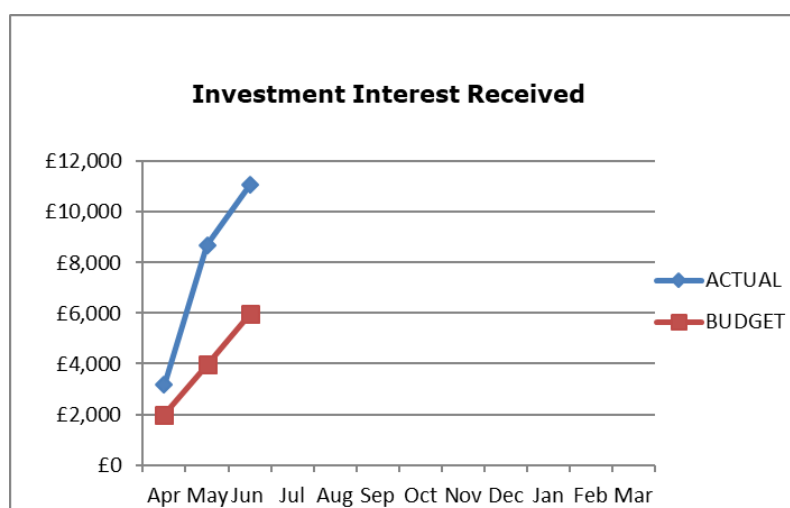
In 2020/21, the OPFCC is predicted to generate £23.5k of investment income against a budget of £23.8k, resulting in a deficit of £0.3k. The OPFCC will continue to invest with permitted institutions (Natwest/RBS, Barclays, Lloyds and Santander)

during the year. However, the lower investment returns are attributable to the reduction in interest rates being offered by the various financial institutions for 9 months of the year due to the economy changes through Covid 19. The decision to borrow internally for capital purposes also reduced the overall level of cash available for investment.

At each month-end and up to and including 30th June 2020, the following investment balances were outstanding according to the OPFCC's Treasury Management Policy:

End of Month	Outstanding 'Money Market' Investments	Outstanding Call Account Balances
Apr-19	£0.0m	£12.7m
May-19	£0.0m	£10.5m
Jun-19	£0.0m	£9.7m

The following graph demonstrates interest earned (cumulative) during the period against the profiled budget:



The 2020/2021 Home Office Police Pension Fund grant totalling £19.2m is expected in early July 2020 which will be a significant increase to surplus funds available to invest. Investment levels will then generally fall towards the end of the financial year.

Credit Ratings of Permitted Institutions

- The credit ratings for institutions permitted by the Treasury Management Policy have been provided by Link Asset Services and reviewed to assess the security of the OPFCC's cash reserves.

The ratings for each institution (as assessed by Fitch, Standard & Poor's and Moody's respectively) currently used by the OPFCC are as follows (correct at 30th June 2020):

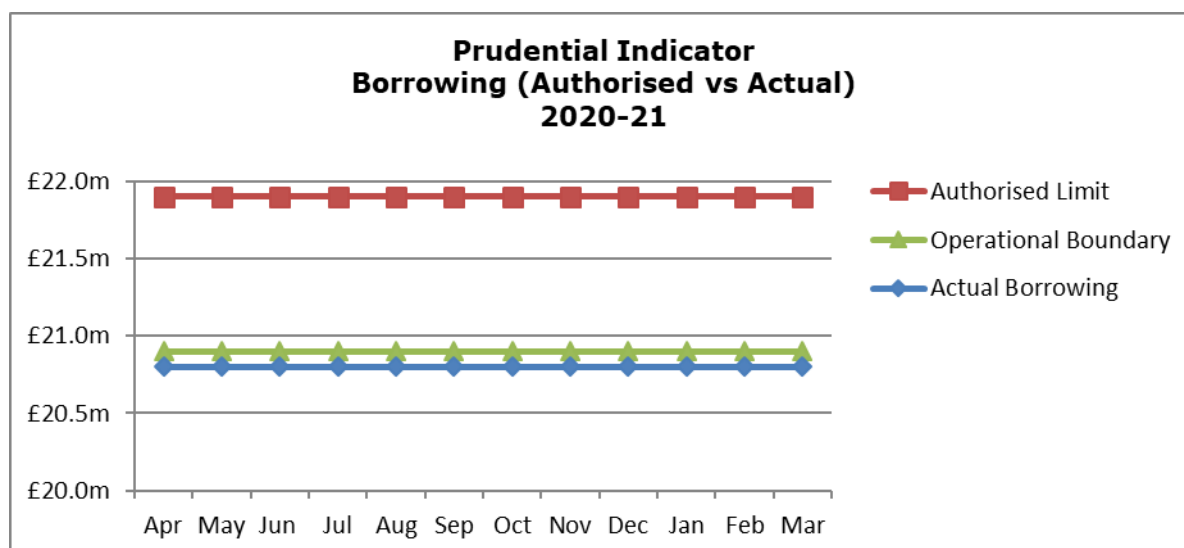
Bank / Building Society	Ratings at 1st April 2020	Ratings at 30th June 2020
Royal Bank of Scotland PLC	F1 / A-1 / P-1	F1 / A-1 / P-1
Santander UK PLC	F1 / A-1 / P-1	F1 / A-1 / P-1
Barclays Bank plc	F1 / A-1 / P-1	F1 / A-1 / P-1
Lloyds Bank plc	F1 / A-1 / P-1	F1 / A-1 / P-1

The highest potential ratings awarded by each agency over the term used by the OPFCC ("short-term" – i.e. less than 365 days) are F1+ / A-1+ and P-1 respectively. The ratings seen above are, whilst not the top rating, typical of the level awarded to other UK banks.

Overall, the level of risk presented by investing with the above-mentioned institutions is proportionate and does not contravene the overriding principle of protecting the OPFCC's resources (in this case the cash reserves).

External Debt – Authorised Limits

6. The OPFCC's debt is monitored against the 'authorised limit' and 'operational boundary' on a monthly basis. The authorised limit for 2020/21 is £21.9m and is the statutory limit determined under section 3(1) of the Local Government Act 2003. This has not been exceeded. The operational boundary is £20.9m which is the maximum level of projected external debt.



Maturity Structure of Debt

7. The Prudential Code recommends that the OPFCC sets upper and lower limits for the maturity structure of its fixed rate borrowing.

	Upper Limit	Lower Limit	Actual
Under 12 months	33%	0%	94%
12 months and within 24 months	33%	0%	0%
24 months and within 5 years	33%	0%	0%
5 years and within 10 years	66%	0%	3%
10 years and above	100%	0%	3%

The decision was made to borrow on a 12 month basis following professional advice that interest rates would be preferable if any longer-term borrowing was delayed until after PWLB consultation. The relatively low value of existing debt causes the Maturity Structure indicator to be breached very easily. Both CFOs have reviewed this and are happy with the rationale around the borrowing decision and that the

limits will be reviewed in preparation for the 2021/22 Treasury Management Strategy.

8. The actual values move as fixed maturity dates draw nearer with each advancing year.

Investment of Principal Sums

9. In line with the Treasury Management policy no sums have been invested for more than 364 days.

Implications

Financial: As described in the report.

Legal: None.

Equality Impact Assessment: None identified

Risks and Impact: As described in the report.

Link to Police and Crime Plan: 20/21 Approved budget

Background Papers

Treasury Management File

Contact Names

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

7th October 2020

REPORT BY	D/Chief Superintendent Caroline Marsh
SUBJECT	HMICFRS Update Report
RECOMMENDATION	For information only. No decision required

1. Purpose

The purpose of this report is to update the Joint Independent Audit Committee on the Force progress with regards to the recommendations in the 2019 HMICFRS PEEL Review.

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 was graded inadequate. HMICFRS identified the force as a cause of concern with 3 main recommendations for improvement.

HMICFRS defines a 'Cause for Concern' as a serious or critical shortcoming in a force's practice, policy or performance. The full 2019 Inspection report is attached.

Appendix 1 of this report is a copy of the full 2019 HMICFRS PEEL report.

3. Cause of Concern

The Cause of Concern has three recommendations:

1. To improve the effectiveness of our investigations.
2. To improve our approach to protecting vulnerable people.
3. To develop plans to address capacity, capability and efficiency to ensure we can meet demand.

The recommendations have been broken down as follows:

Investigation

- 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 COP for Victims of Crime;
 - make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough to avoid delaying investigations;
- make sure it uses bail and 'released under investigation' correctly to keep the public safe; and
- make sure that people listed as 'wanted' on the Police National Computer are quickly located and arrested

Vulnerability

- To improve its approach to protecting vulnerable people, it should:
- improve call response and initial investigation for all vulnerable victims;
 - improve its response to missing and absent children by categorising information correctly, and regularly and actively supervise missing person investigations to properly safeguard victims; and
 - 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.

Demand

- To make sure it can meet demand, it should develop plans to address its current capacity, capability and efficiency problems. It should:
- 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; and
 - carry out a thorough assessment of current and future demand, covering all elements of policing.

4. Governance Structure

The Chief Constable has clearly defined the overarching strategic direction and priorities for the force and the FP25 Programme. Governance of the FP25 Plan is through the Force Strategic Board (FSB) chaired by the Chief Constable on a 6 weekly cycle.

Governance of the Service Improvement work is being overseen by the Deputy Chief Constable through the Service Improvement Board (SIB). The Deputy Chief Constable is accountable to the Chief Constable for this work. The Chief Constable periodically request updates at FSB on the progress of the improvement work.

Service Improvement Board tracks all of the outstanding HMICFRS Recommendations AFI's. 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 final ratification of any major change is through the Force Executive Meeting chaired by the Chief Constable.

5. Cause of Concern Service Improvement Work

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 Programme 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 to address the concerns of the Inspectorate.

Each of the recommendations associated to the Cause of Concern and Areas for Improvement (AFI's) have been allocated to a Senior Responsible Officer (SRO) in the Executive Team, relevant to their portfolio. A department business lead has also been allocated to deliver the improvements required. All of the AFI's have a current action plan and the progress of action plans are monitored by the Business Assurance Team. The Business Assurance Team are also prioritising audit work in relation to the recommendations which relate to the Cause of Concern to provide reassurance to the Chief Constable that improvements are being realised.

Appendix 2 of this report is a succinct two page summary detailing the HMICFRS Cause of Concern, 3 associated recommendations and 19 Areas for Improvement.

Appendix 3 is a detailed presentation on the Force Progress against HMICFRS Cause of Concern Recommendations. The presentation can be delivered by D/Chief Superintendent Caroline Marsh at JIAC on 7th October if required.

4. Crime Data Integrity (CDI) Inspection Findings

In January 2020 the force was subject to a thematic HMICFRS Inspection on Crime Data Integrity. The inspection examined key areas of crime recording and was conducted in 3 phases:

Phase 1 was an unannounced information gathering visit that commenced on the 6th January 2020.

Phase 2 was an inspection of Force Control Room voice recordings, incident records, and crime records.

Phase 3 was field testing including interviews with identified managers and practitioners.

The data collection window was from 1st June 2019 to 30th November 2019.

Findings: The inspection concluded in March 2020. The findings were published in September 2020 with an overall HMICFRS rating of '**Good**' for the Force. Findings showed a significant improvement since the last inspection of Northamptonshire Police in 2014.

The published Inspection Report states that: *'Northamptonshire Police has made changes to its systems and processes to improve crime recording. These changes, supported by relevant training and messages from the force crime and incident registrar (FCIR) and his deputy, have improved the crime recording standards the force is achieving'*.

The 2020 Inspection findings report that overall crime recording compliance for the force was at **92.03%** excluding fraud. Violence offences crime recording compliance was at **89.21%**, and sexual offences crime recording compliance was **96.24%**.

Other relevant positive comments extracted from the report are as follows:

- Crime recording has improved since the two 2014 inspections.
- FCR staff now record crime at first point of contact most of the time.
- Introduction of the Initial Investigation Team (IIT) is seen as positive.
- The role of the Telephone Resolution Team (TRT) is seen as positive.
- There is an effective process to identify and rectify incorrect crime recording decisions by use of the CMU and Crime and Incident Audit Team, (Crime Registrar's CDI compliance team).
- There is an effective process to identify and record modern slavery crimes.
- The Force has completed the majority of the national and Northamptonshire specific recommendations from 2014.

HMICFRS estimated that Northamptonshire Police are still under recording over 5,300 crimes per year. As a service the Force acknowledges there are still improvements to be made in this area.

Following the Inspection a 20 point action plan has been drawn up by the Crime Registrar to address further areas for improvement. Each area of the plan has been

allocated to an owner and progress against the action plan now features as a standing monthly agenda item at Service Improvement Board.

5. HMICFRS Police Performance Oversight Group Disengagement

Northamptonshire Police has been engaged in the Police Performance Oversight Group (PPOG) since June 2019. De-escalation back to 'scan' will take place when HMI Zoe Billingham is satisfied that the force has adequately addressed areas of concern and she has confidence that the improved performance will be sustained in the future.

HMICFRS are proposing to carry out a remote review of the force between September and December 2020 concentrating on assessments that will provide evidence that the force has addressed the recommendations relating to the Cause of Concern.

Northamptonshire Police are now proactively seeking to provide evidence to HMICFRS on progress towards completion of the 19 individual AFIs and overarching Cause of Concern.

Similarly, evidence for the 13 pieces of improvement activity that are encompassed within the 3 recommendations and one overarching Cause of Concern are being provided to HMICFRS for consideration.

6. Conclusion

The activity outlined in this paper will continue to be taken forward in line with the Force Strategic Plan and FP25 Programme. This paper and accompanying presentation has been submitted for the information and consideration of the Joint Independent Audit Committee.



PEEL: Police effectiveness, efficiency and legitimacy 2018/19

An inspection of Northamptonshire Police

July 2019

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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.

IPA area	Inspected in 2018/19?
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

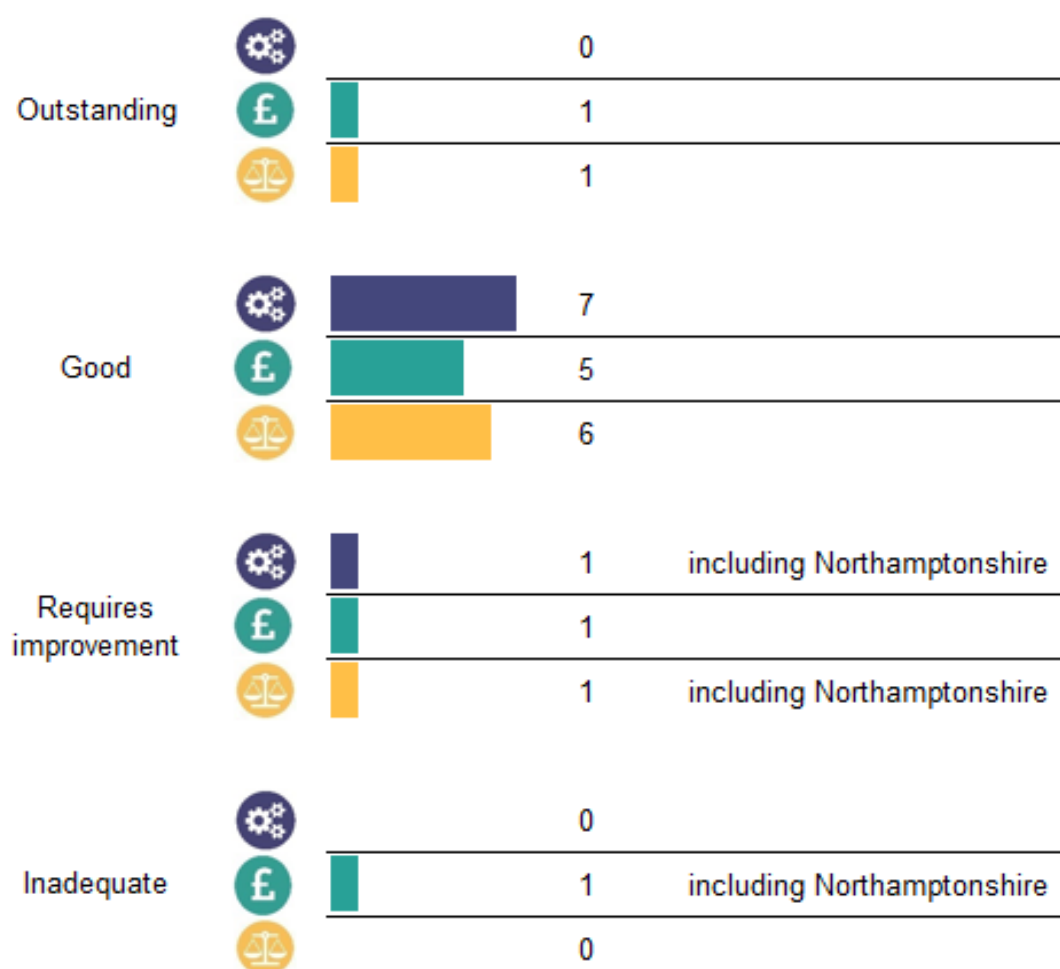
Legitimacy	Requires improvement	Last inspected
Fair treatment of the public	Requires improvement	2018/19
Ethical and lawful workforce behaviour	Good	2018/19
Fair treatment of the workforce	Requires improvement	2018/19

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.



Northants Police 2018/19 PEEL Inspection

= One Cause of Concern

This relates to our inability to manage current demand effectively. Our lack of capability or capacity to investigate effectively and our failure to respond appropriately to some vulnerable people.

It also triggered 19 AFIs.



The **Cause of Concern** has three recommendations:

1. To improve the effectiveness of our investigation.
2. To improve our approach to protecting vulnerable people.
3. To develop plans to address capacity, capability and efficiency to ensure we can meet demand.

The **19 AFIs** from the 2018/19 PEEL Inspection are on the reverse.



1. Investigation

- 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 COP for Victims of Crime;
- make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough to avoid delaying investigations;
- make sure it uses bail and 'released under investigation' correctly to keep the public safe; and
- make sure that people listed as 'wanted' on the Police National Computer are quickly located and arrested.

2. Vulnerability

- To improve its approach to protecting vulnerable people, it should:
- improve call response and initial investigation for all vulnerable victims;
 - improve its response to missing and absent children by categorising information correctly, and regularly and actively supervise missing person investigations to properly safeguard victims; and
 - 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.

3. Demand

- To make sure it can meet demand, it should develop plans to address its current capacity, capability and efficiency problems. It should:
- 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; and
 - carry out a thorough assessment of current and future demand, covering all elements of policing.

Plus, National and Local Thematic Inspections create AFIs and Recommendations.
The reports below are still open for Northants and can be found on Sharepoint with details of AFIs and Recs that need updating:

- IOM
- Undercover policing in E and W(2014)
- Counter-terrorism policing - Prevent programme
- Police response to fraud (2019)
- Evidence Led DA Prosecutions
- National Child Protection Inspections
- NCPI Northamptonshire (2018 / 2019)
- Policing and mental health (2018)
- Roads Policing (new)
- Stalking and harassment (2017/2019)
- Policing Modern slavery and human trafficking (2017)
- CPS response to crimes against older people (2019)
- Police initial response to hate crime (2018)
- Police contact management, call handling, FCR 2018/19
- Police response to cyber-dependent crime (2019)

PEEL 2018/19 Inspection AFIs

1. 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.
2. 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.
3. The force should make sure that workforce planning covers all areas of policing and that there is a clear rationale, based on evidence, to reorganise staff to meet current and future demand.
4. The force should 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.
5. The force should improve the way it communicates with the different communities it serves.
6. The force should make sure it has effective external scrutiny on stop and search.
7. The force should make sure it has effective external scrutiny on the use of force.
8. The force should monitor its vetting decisions to identify disparities and disproportionality (e.g. BAME groups), and act to reduce them where appropriate.
9. 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.
10. 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.
11. 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.
12. The force should improve how it manages individual performance and identifies talent within the workforce.
13. 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.
14. Local policing teams should communicate with communities regularly. The force should also problem solve with other organisations to prevent crime and anti-social behaviour.
15. 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.
16. 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.
17. 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.
18. 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.
19. The force should 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.

JIAC October 2020

HMICFRS Update



Northamptonshire Police

Fighting crime. Protecting people

22/09/20

1

Overview

HMICFRS Inspection 2019



January 2019 Inspection, officially reported in September 2019.



Resulted in HMICFRS identifying Northamptonshire Police as a Cause of Concern.



The Force is currently monitored closely by the Police Performance Oversight Group.

Causes of Concern and Recommendations ¹⁴⁷

Northants Police 2018/19 PEEL Inspection = One Cause of Concern

This relates to our inability to manage current demand effectively. Our lack of capability or capacity to investigate effectively and our failure to respond appropriately to some vulnerable people.

It also triggered 19 AFIs.

The Cause of Concern has three recommendations:

1. To improve the effectiveness of our investigation.
2. To improve our approach to protecting vulnerable people.
3. To develop plans to address capacity, capability and efficiency to ensure we can meet demand.

2

Scope

This presentation focus's on the forces progress around the recommendations that constitute the HMICFRS Cause of Concern.

The Board requested an update on the HMICFRS Inspection work.

The covering report describes the timescales and process for completion of the service improvement work, and the governance process to oversee this.

The presentation contains a detailed update regarding the ongoing service improvement work in relation to the 3 recommendations. This has been broken down into 13 individual work streams for ownership and monitoring purposes.



3

Cause of Concern Service Improvement Work

Investigating Crime

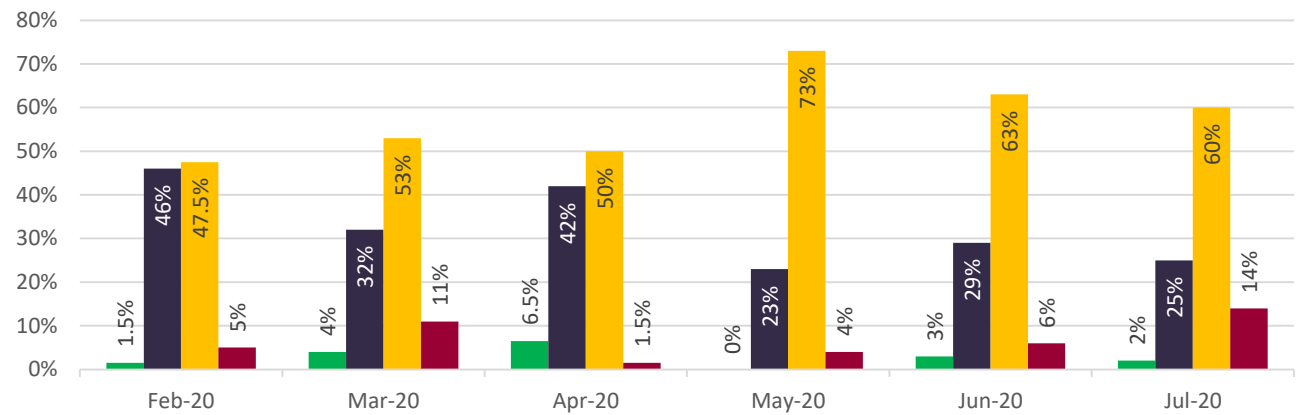
1. Make sure senior officers clearly and effectively oversee crime investigations and standards

5 crimes are reviewed each month by each LPA managers, from Inspector to Supt. With 11 the detective ranks from DCI to DC/Supt.

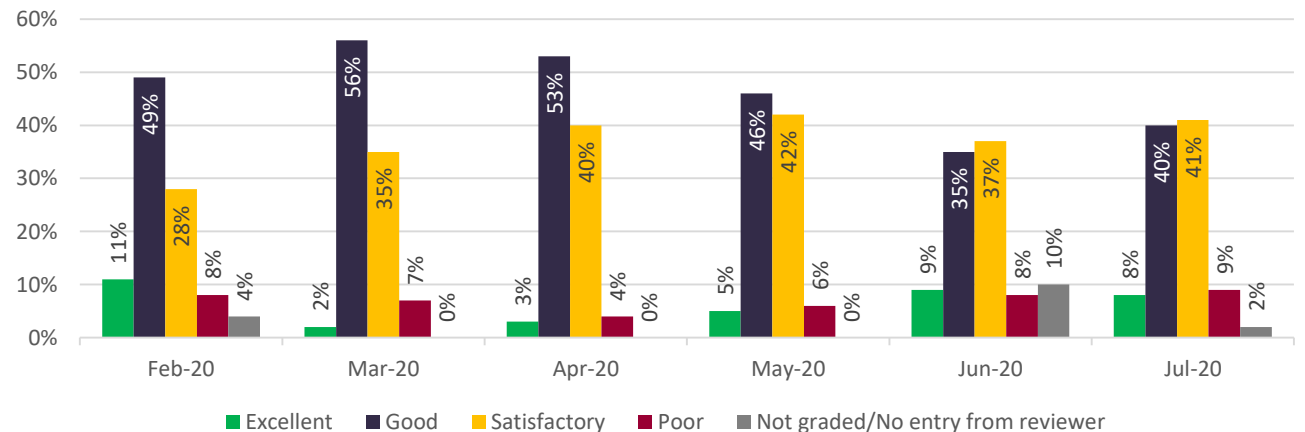
1435 reviews have been completed to date, these are a mix of PIP1 and PIP 2 crimes.

The reviews look at initial attendance, the force allocation policy, safeguarding, supervisory oversight, victim updates (VCOP), decision making and Bail/RUI. This is completed using a question set determined by the administrator (D/Supt Rymarz).

Senior Detective Reviews



Local Senior Manager Reviews

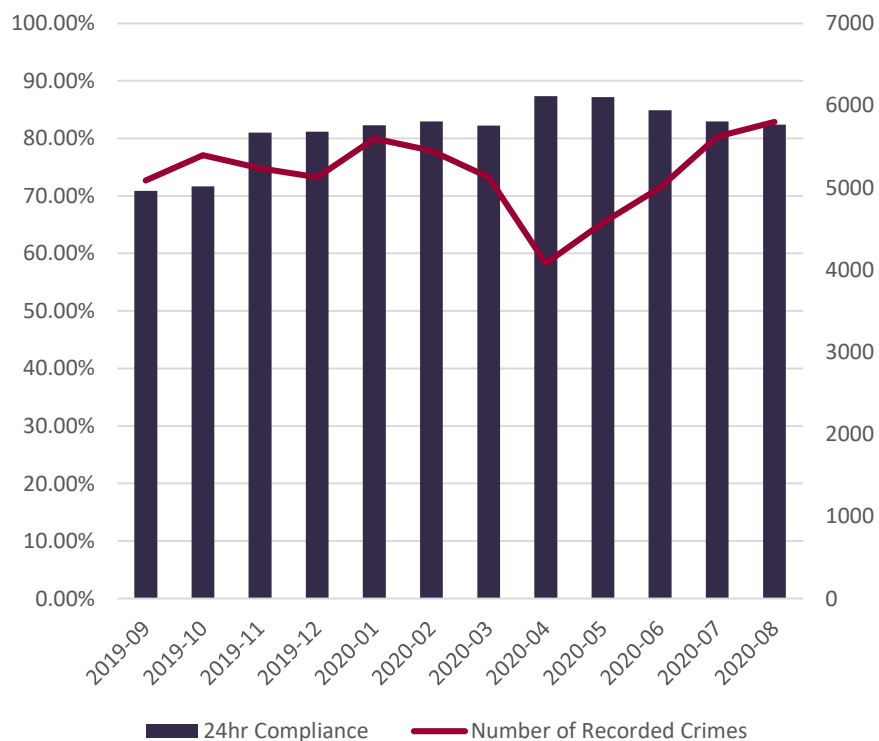


Investigating Crime

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.

There are 2 main areas of the business where there is a requirement for PIP2 qualified officers. These are CID and Public Protection.

CID now has 75% of its officers trained to Detective level. There is a further 8.4% currently completing their portfolio to become qualified.



Our approach to 24hr crime recording compliance has been sustained and performance has remained consistent.

Unsurprisingly we have seen our performance improve during the lockdown period, this is due to demand reduction which can be seen by the lower number of crimes recorded during April and May.

Since demand has increased 24hr compliance has returned to the levels seen before lockdown

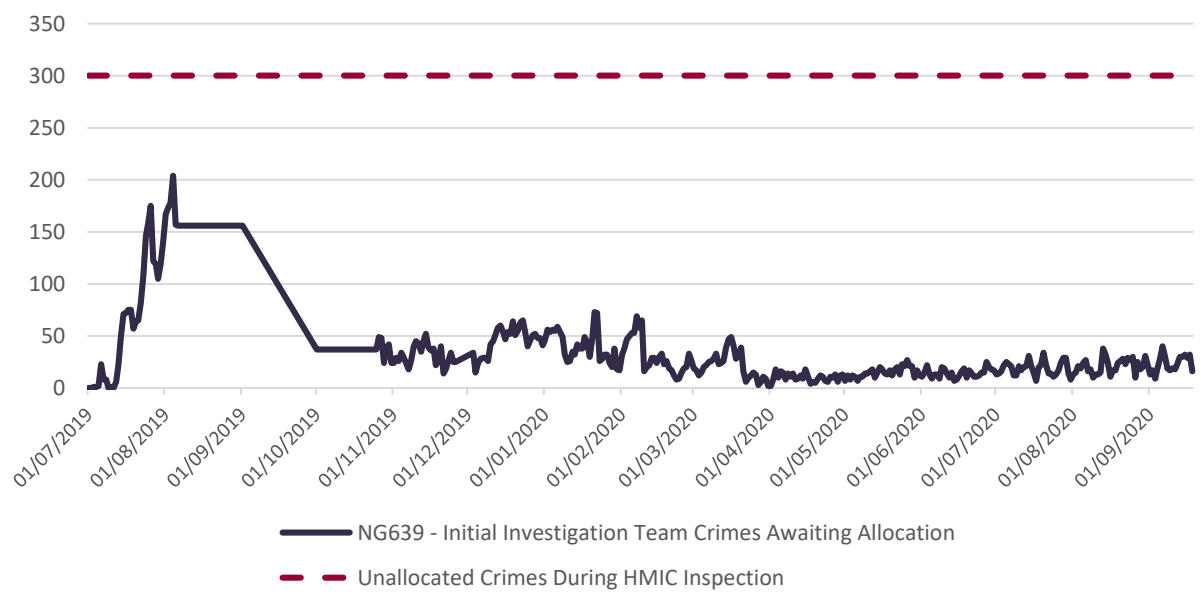
Investigating Crime

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.

A previous HMIC inspection found that the Force Investigation Team (FIT) had a backlog of unallocated crimes in excess of 300. The FIT created silo working and created a handover culture.

The FIT was dismantled and the Initial Investigation Team was created to investigate with low risk high volume crime conducting appointments with victims and retaining the investigation where appropriate to resolve.

Since the Initial Investigation Team commenced in July 2019 other than the initial demand spike associated to embedding processes we have seen consistently low numbers of crimes waiting to be allocated.



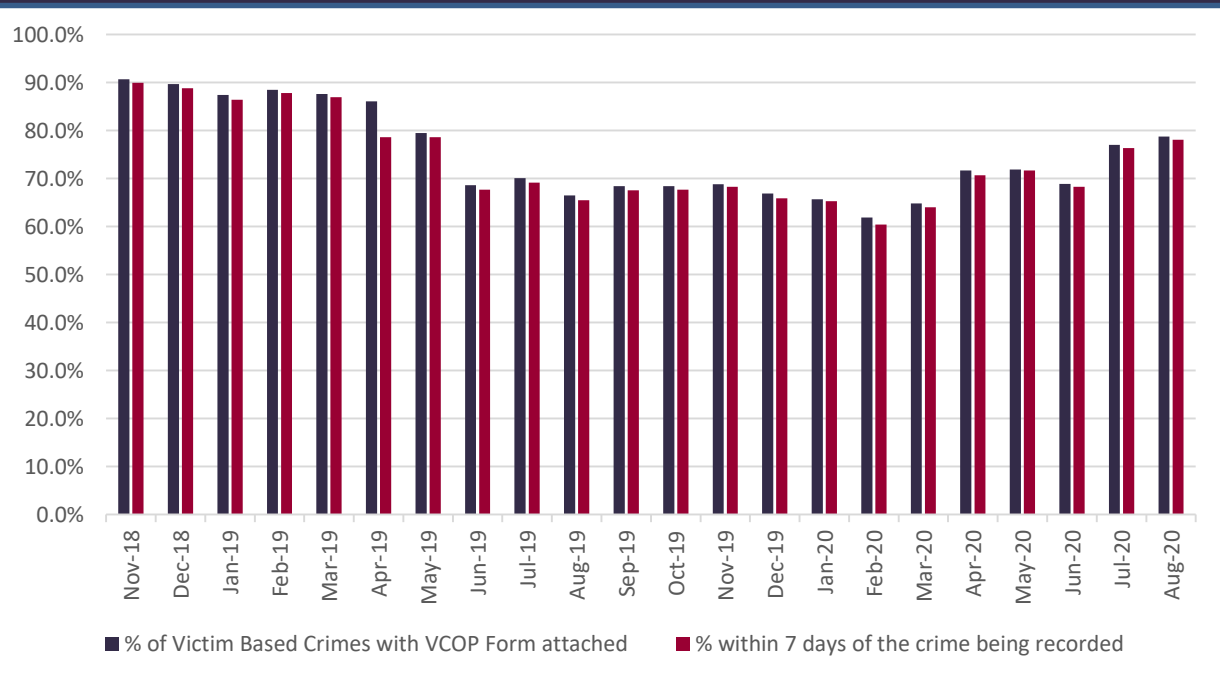
Investigating Crime

3. Make sure it is fully compliant with the Code of Practice for Victims of Crime.

The following chart shows the % of victim based crimes where a VCOP has been attached during the month, in addition it shows the % that had been attached within 7 days.

There has been a recent increase in VCOP compliance which could be linked to the direction issued by D/C/Supt Behan and C/Supt Stamper to ensure contact with the victim is completed.

Work is being undertaken to make further improvements to compliance. This includes NICHE optimisation to see what changes could be made to support compliance and the ability to analyse the content of a VCOP entry.



Investigating Crime

4. Make sure it can retrieve digital evidence from mobile phones, computers and other electronic devices quickly enough avoid delaying investigations.

For a long period it has appeared the work within Hi Tec Crime Unit (HTCU) has been increasing but breaking the various queues down we can see that our more serious HTC work stream had been reducing until recently. However there has been increases in the Digital Triage Team and more recently the Kiosk queue CJC & WWJC.

The number of self service viewing suits has increased from 2 to 8. Additionally the number of competent users is 14, training is scheduled for this to increase to 28.

There has been investment in “GrayKey” allows work which is currently out-sourced to Leicester to be completed in force.

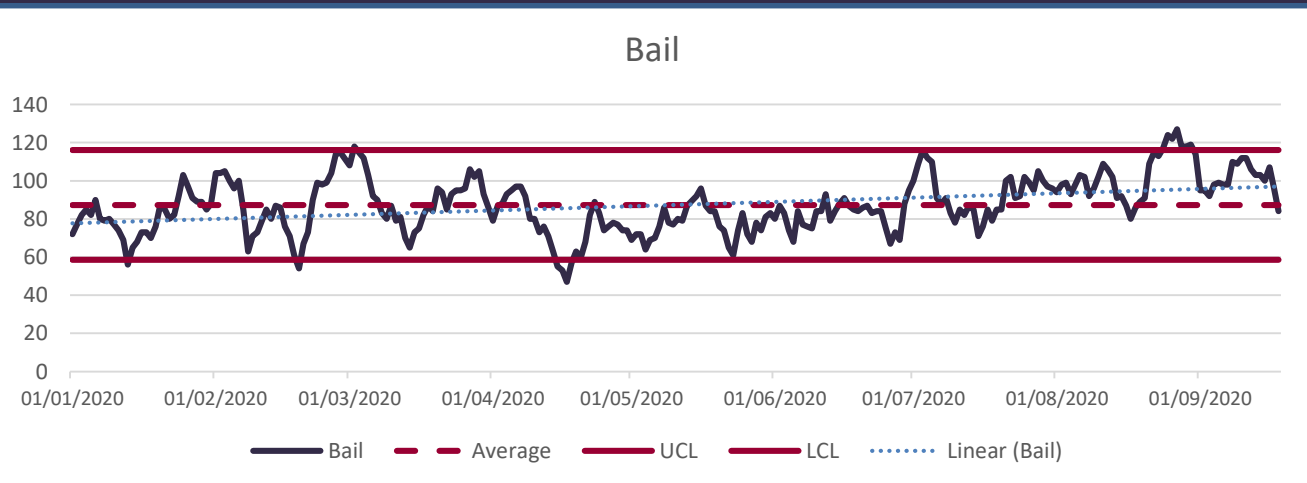
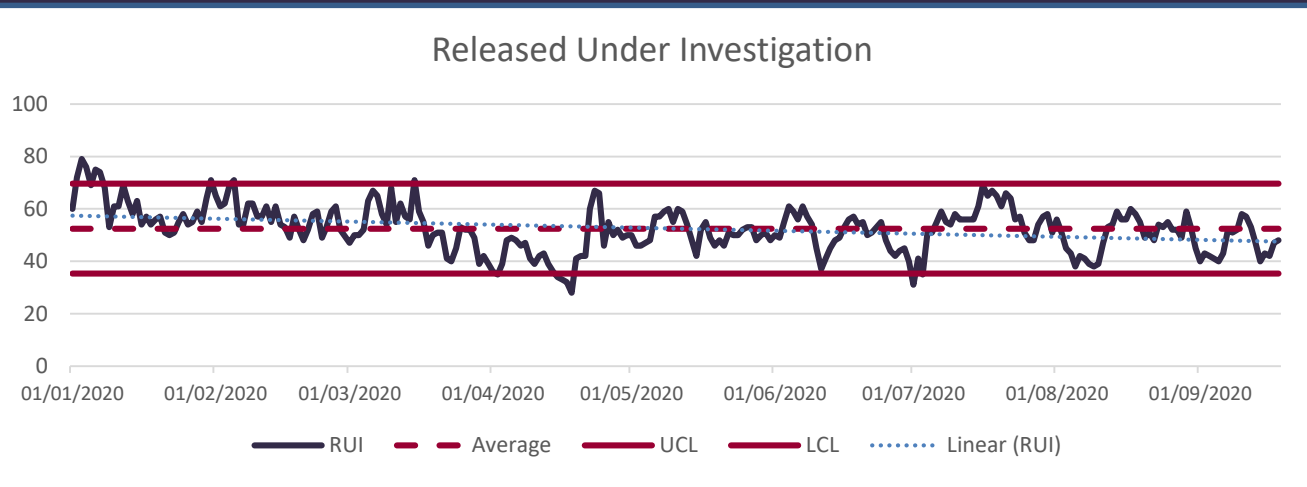


Investigating Crime

5. Make sure it uses bail and 'released under investigation' correctly to keep the public safe.

The number of suspects released from custody RUI is decreasing, the number of people granted Bail is increasing.

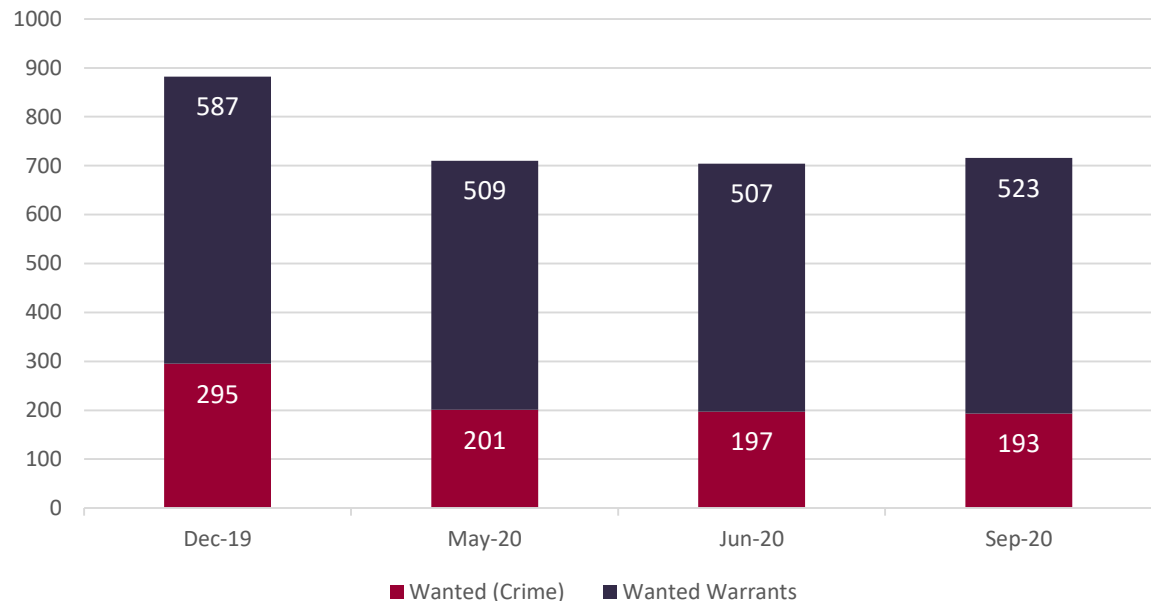
Concern was originally raised that we weren't bailing enough suspects, choosing to release people RUI. Bail conditions restrict the movements of a suspect which can safeguard the victim.



Investigating Crime

6. Make sure that people listed as 'wanted' on the police national computer (PNC) are quickly located and arrested.

The number of people wanted on PNC is currently 715, this has decreased from 882 in December 2019. With changes to how our data had previously been captured it is not possible to look at our performance further. However there has now been a consistent approach agreed and as such we can measure this more frequently.



This number of wanted people can be separated further into two categories, Wanted Warrant (523) and Wanted Crime (193)

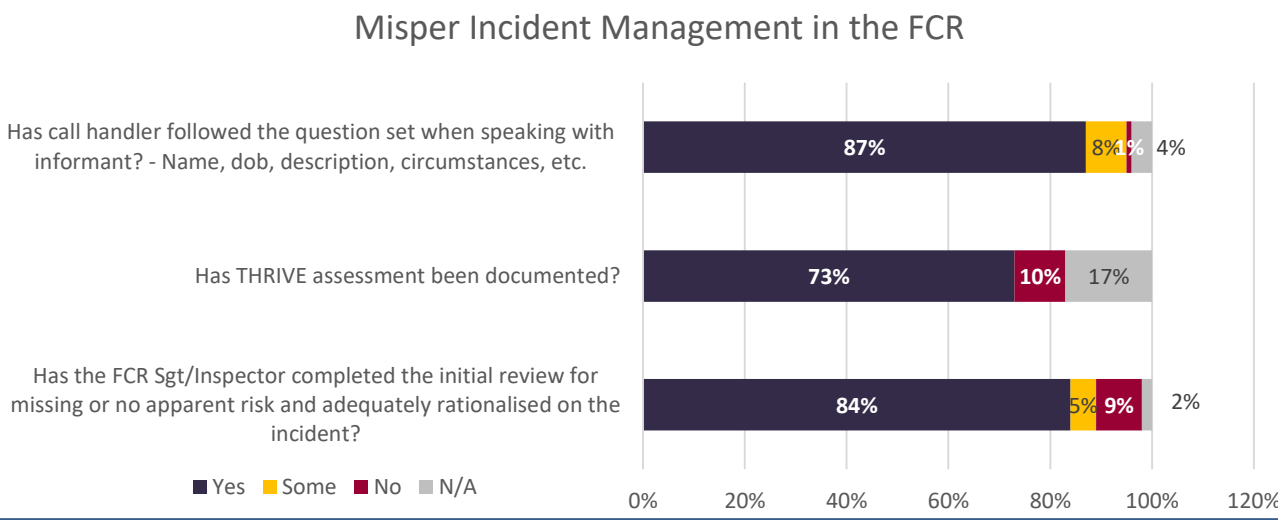
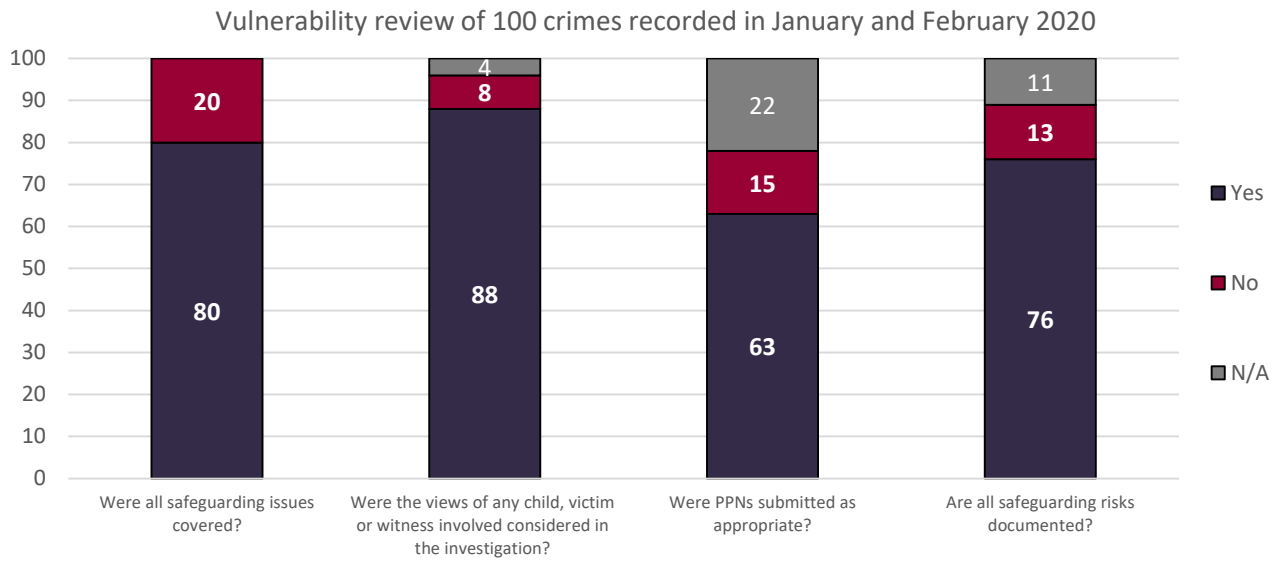
The Threat Harm Risk is managed via the grading Category A, B and C (warrants only).

Wanted Crime is being addressed through a 28 day supervisor review process with each person wanted for a crime managed by the OIC/Sgt with regular reviews on the crime.

Protecting Vulnerable People

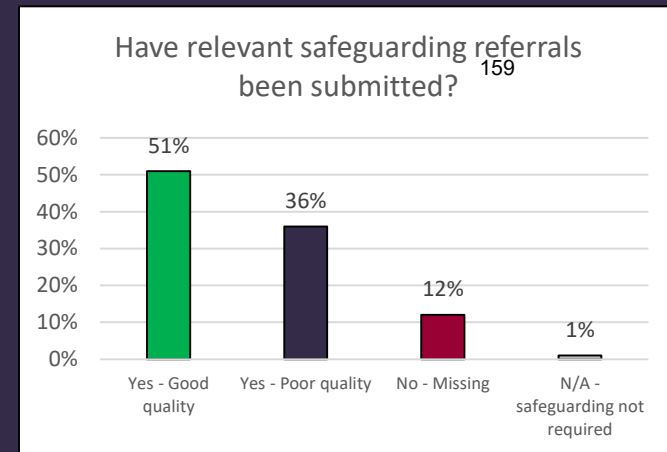
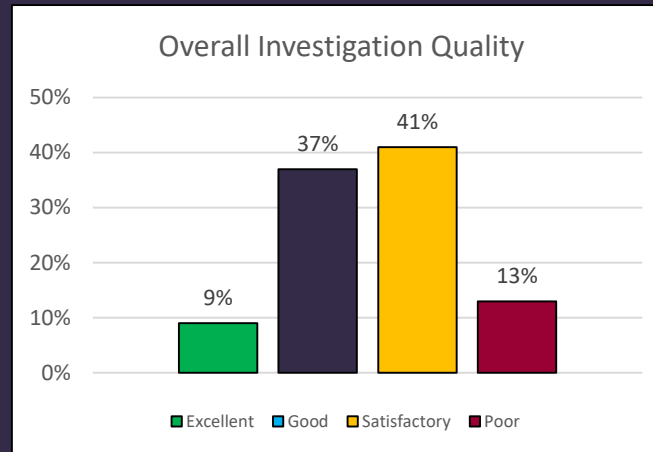
1. Improve call response and initial investigation for all vulnerable victims.

Reviews by the Business Assurance Team have been completed regarding 158 vulnerability management within crimes and the management of our missing children.

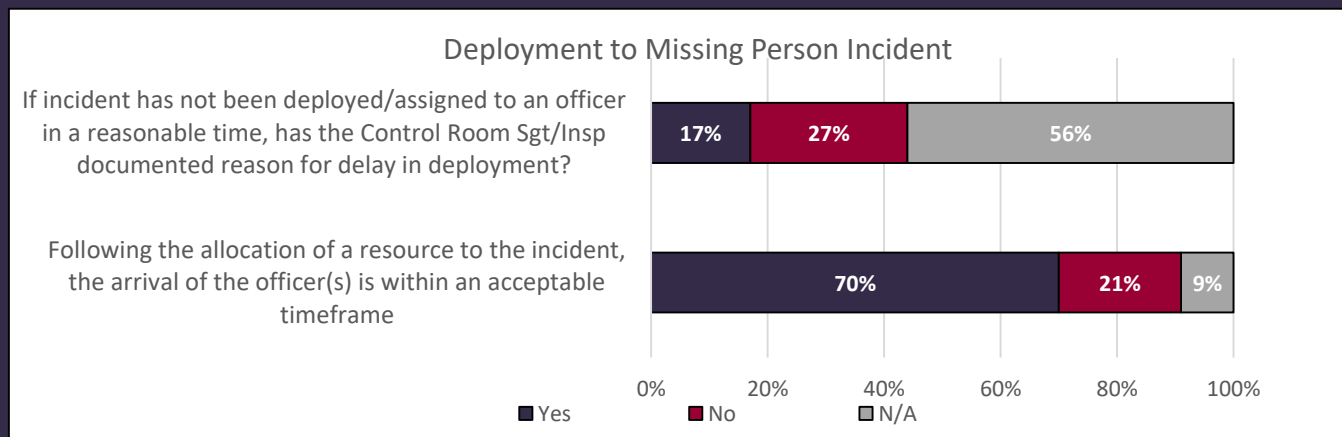


Protecting Vulnerable People

2. Improve its response to missing and absent children by categorising information correctly. Regularly and actively supervise missing person investigations to properly safeguard victims.



- Nearly half of cases were found to be of either excellent or good quality, 41% were satisfactory and 13% poor.
- When considering results by gender, slight variations were found in quality of investigations. A higher proportion (15.5%) of male cases investigated were found to be of a poor quality compared to the female cases (10%).
- Results showed that following the allocation of a resource to the incident, in 23% of deployments officers failed to arrive within an acceptable timeframe. However this is partly due to officers being unavailable when assigned an incident and are unable to attend immediately. Work is being conducted with the FCR to only assign an officer to an incident if the officer is available for deployment.



Protecting Vulnerable People

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.

Strategic Problem Profiles are completed per quarter. These are predetermined in line with our priorities, intel requirements and AFIs. 160

Agreed 2020 profiles:

Q1 - Young People – **Complete**

Q2 - Rape and Sexual Violence – **Complete**

Q3 - Crime and Intelligence Strategic Assessment – **In Progress**

Q4 - Serious and Organised Crime Community Profiles

The Force Performance Hub is managed by our Performance and Insights team. It provides analysis on key areas linked to our priorities. Monthly frameworks are created and can be viewed by anyone in the force.

Performance Hub



Serious and Organised Crime

- Gun Crime ...
- Knife Crime ...



Child Abuse and CSE

- Safeguarding Children Framework ...
- Safeguarding Children Infographic ...



Rape and Sexual Offences

- Rape_and_SSO_framework_data_YE May2020 ...
- Rape_and_SSO_framework_data-YEMar20 ...



Preventing Road Casualties

- Roads Performance Framework ...

Crime and Investigations

- Active Warrants by Area ...
- Crime and Investigations framework April 2020 ...
- Custody Framework ...
- Released Under Investigation (RUI) and Bail Figures ...

Safeguarding Adults

- Mental Health Infographic ...
- Missing Persons Framework ...
- Missing Persons Infographic ...
- MOSOVO infographic ...
- Safeguarding Adults Framework ...

Neighbourhoods and Prevention

- ASB Monthly Report ...
- ASB Weekly Report ...
- Community Profiles ...
- Hate Crime Infographic Q4 Jan - Mar 2020 ...
- Hate Crime Report May 2020 ...



Residential Burglary

- Target Progress Report - Burglary Home Invasion ...
- Report 40- Weekly Burglary Report 28.01.2020 ...
- Report 39- Weekly Burglary Report 21.01.2020 ...
- Report 38- Weekly Burglary Report 14.01.2020 ...
- Report 37- Weekly Burglary Report 07.01.2020 ...

1 - 5



Domestic Abuse

- Domestic Abuse infographic ...
- Domestic Abuse Monthly Infographic ...
- Domestic Abuse Performance Framework ...
- Domestic Abuse Quarterly Infographic ...
- Domestic Abuse Repeat Victims and Perpetrators ...

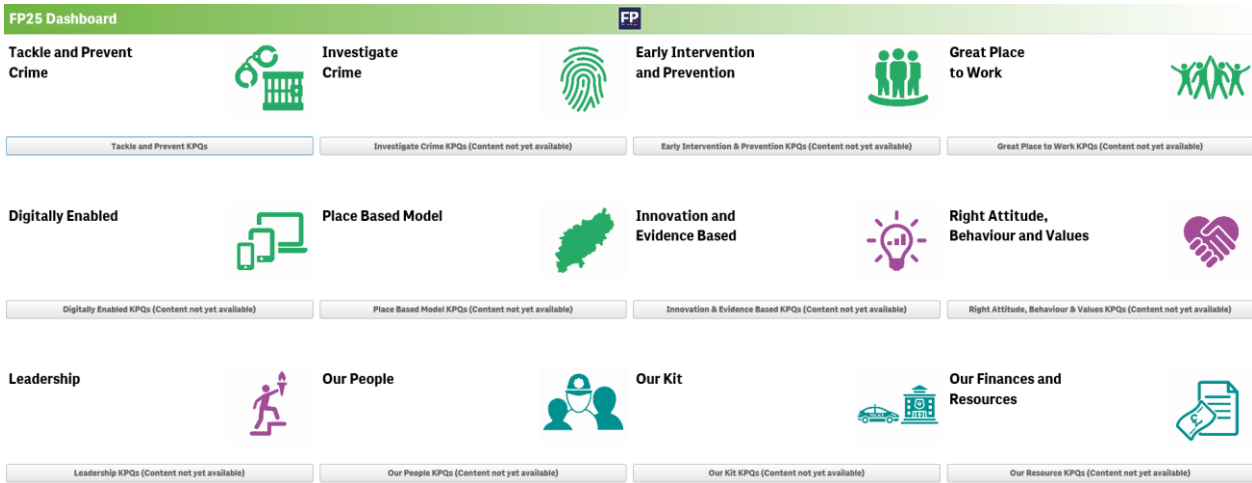
Protecting Vulnerable People

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.

Qlik is used to visualise and analyse the data we hold, this gives the user the live overview of the force performance. 161



New dashboards are being created in line with FP25 plan, policing priorities and AFI's. Each area is given its own dashboard answering KPQs set out by the business leads.



Protecting Vulnerable People

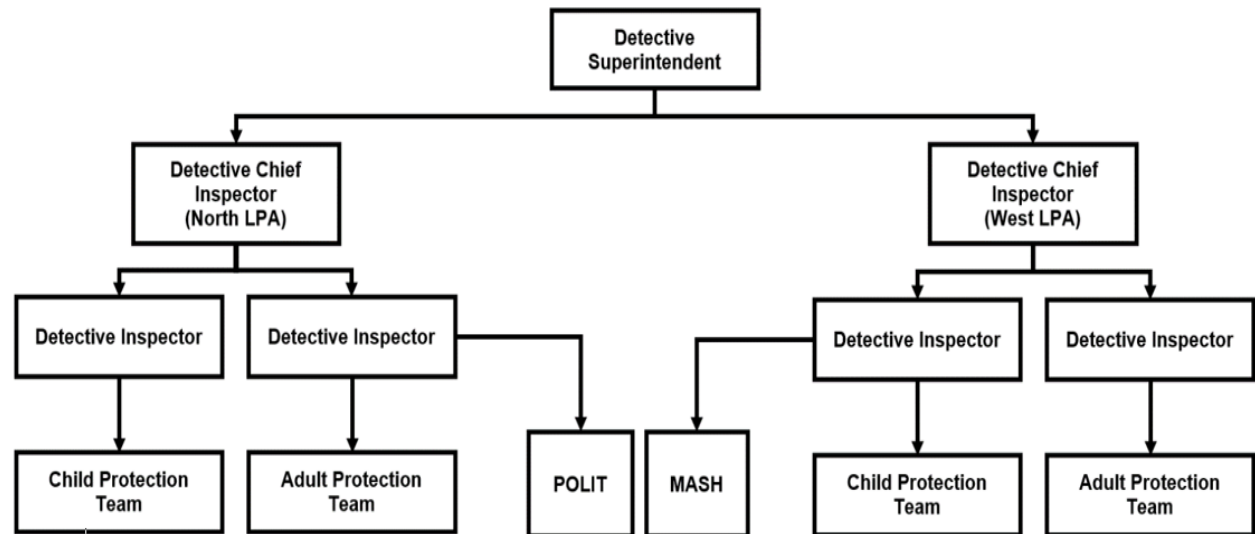
Analyse information held on systems to better understand the nature and scale of vulnerability. It should then act on its findings relating to missing people, domestic abuse, human trafficking, modern slavery and child sexual exploitation.

With the Northamptonshire adopting a geographical model for local policing we have explored whether this approach would be suitable for our Crime, Public Protection and Intelligence departments. This has now been signed off by the Chief Constable.

There has been an investment of a temporary Assistant Chief Constable for 6 months to progress the vulnerability work and an additional 2 Superintendents in Serious and Organised Crime & Prevention and Intervention.

Public Protection

- Focus on safeguarding the most vulnerable
- LPA aligned with the same working structure as already seen in Response, Intelligence and Crime
- Local delivery and accountability
- Ability to flex resources within the command



Protecting Vulnerable People

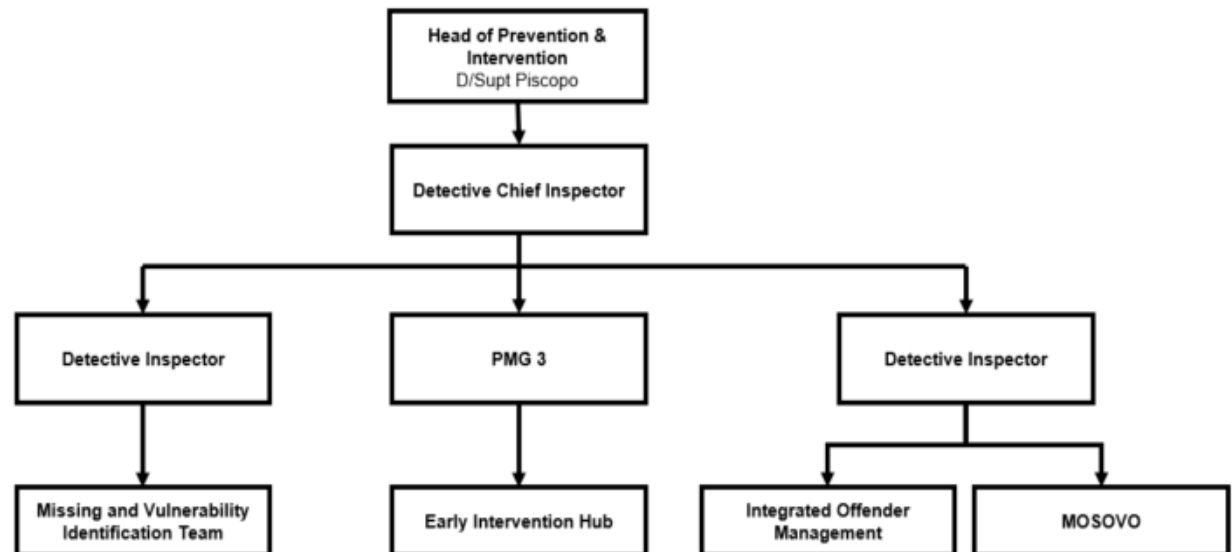
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Prevention & Intervention

- Dedicated Superintendent leading on partnership working
- Creation of a Offender Management Hub (CIRV/IOM/YOS and MOSOVO)
- Missing and Vulnerability Identification Team (MAVIT) focuses on the those who are at risk of CE and CSE



Meeting Current demands and using resources

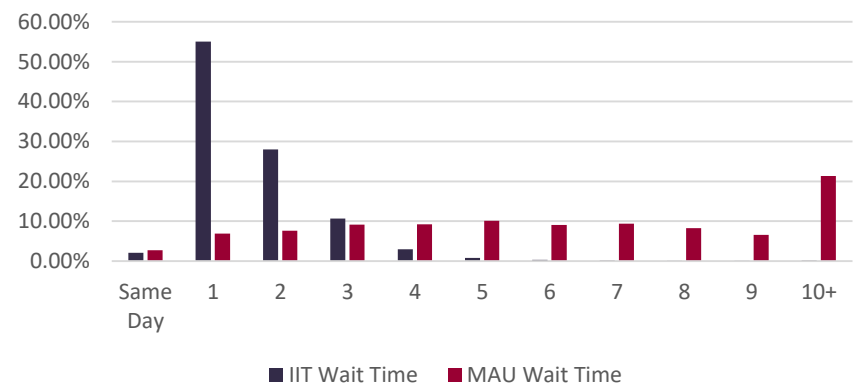
1. Change its operating model to remove inefficient practices.

The introduction of the LPAs saw a change to a geographically aligned model. This drove FP25 principles including clear accountable ownership, least number of handovers and processes and the ability to flex resource to demand.

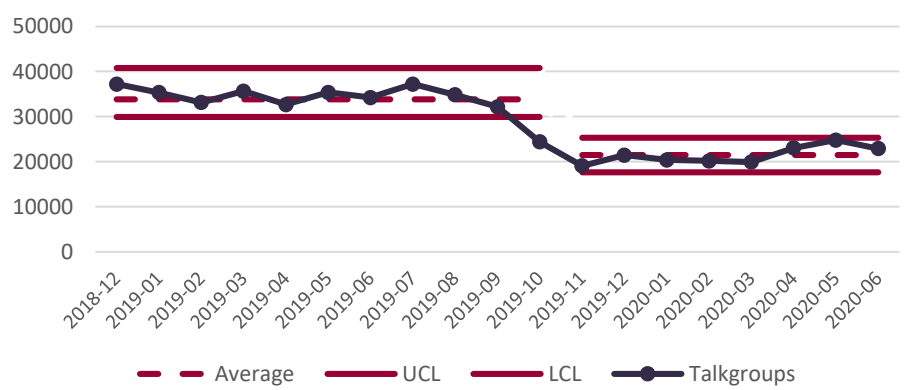
Change to our operating model is ongoing:

- Initial Investigation Team July 2019
- Placed Based Policing Model Oct 2019
- Force Control Room Review March 2020
- Crime, Intel & Public Protection Implementation Phase

Our appointment wait times are consistently short and with just over 12 months of data, 57% of all IIT appointments have taken place within 1 day. 98.6% of IIT appointments have taken place within 4 days. Many outside this time are at the request of the victim.



Changes from 4 to 2 talk groups required more efficient use to ensure officer safety so that demand didn't outstrip capacity. There has been a 38.9% reduction in the minutes used.



Meeting Current demands and using resources

2. Create a central record of the skills available within the existing workforce.

Attempts have been made to create the required central record of skills; however, the L&D system on Oracle Fusion is an immature module and not able to hold the data we require.

Work with EMCHRS, MFSS, Cap Gemini and partners has taken place for a suitable resolution, but it requires too much work with no guarantees of a fix.

The chosen option is to create an bespoke system which ensures all our requirements are met.

The build of this began in July with it currently scheduled for completion in December. This is ahead of the initial 6 month proposed completion date.

The work is already generating interest from other forces due to the expected user benefits.



Meeting Current demands and using resources

3. Reorganise the workforce to make sure officers have the skills needed to meet demand.

Through the work undertaken by FP25 Change Project reviews, the Force Demand Assessment, and Outcome Based Budgeting; the force has sought to understand its demand and identify structural and process changes to assist in achieving goals.

Consideration has been given to, for example, staffing numbers, training, technology and unnecessary duplication of demand.

Specifically work has been conducted to:

- Increase the number of PIP2 trained staff
- Train specialists (MOSOVO & POLIT) to use Kiosks in order to triage their own work
- Increase the number of Standard Response drivers in force
- Provide customer services training



The Phase 3 Forcewide Demand Assessment was completed in May and the product was presented at Change Steering Board

For Phase 4, a scoring matrix has been developed to inform the prioritisation of analytical support to teams across the organisation. It assesses each team on 10 factors including demand, performance, technology enablers, interdependencies; with a view to informing both the priority, the type of support that could be offered.

The Information Unit have self-referred to pilot this phase 4 approach.

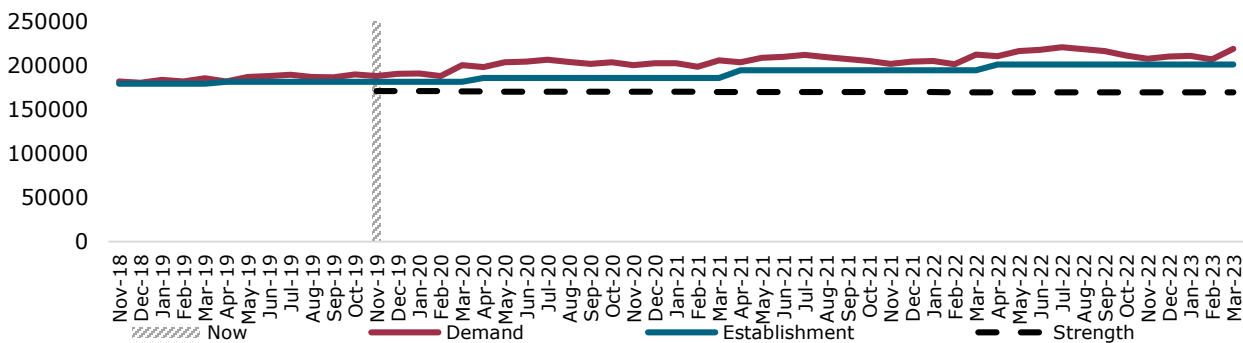
Meeting Current demands and using resources

4. Carry out a thorough assessment of current and future demand, covering all elements of policing.

Current demand is outstripping the capacity of available police hours. The current gap across all policing and enabling functions equates to a shortfall of **217,526 hours for 2019/20**

The gap between capacity and anticipated demand is forecast to increase to **532,089 hours by 2023**

To meet the gap identified in Phase 3 analysis across the Force, at least **73 additional officers/staff are needed now** and approximately **333 additional officers/staff will be required by 2023**



4

Conclusion



Overall Progress Confidence

Performance data provides evidence of sustained improvements but there is still much work to be done.

Improving Investigation

The Force continues to make significant improvement in investigations, improving supervision and oversight to increase performance and quality.

Vulnerability

The Force is developing its management of vulnerability including structural changes to better and more consistently protect the most vulnerable. It is embracing technology to continue during COVID 19

Understand current & future demand

The Force is closely monitoring demand and is showing significant improvement in driving down demand and reducing queues / improving performance.



AGENDA ITEM 7b

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

JOINT INDEPENDENT AUDIT COMMITTEE

7th October 2020

REPORT BY	ACFO Rob Porter
SUBJECT	NFRS HMICFRS Inspection updates.
RECOMMENDATION	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 on December 11th 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 were inspected by HMICFRS for the first time in November 2018 while still part of Northamptonshire County Council (NCC). Governance for NFRS changes on 1st January 2019 when the Northamptonshire Commissioner Fire and Rescue Authority was formed, with the Authority being the Police, Fire and Crime Commissioner (PFCC).

3.2 The Service were informed by the HMICFRS of two areas of concern on 14 March 2019 following that inspection and asked the Service to submit an action plan setting out how we would address these causes of concern. The Service then developed an internal action plan which was shared with the HMICFRS inspection team.

3.3 NFRS requested that the HMICFRS inspection team revisited the service in June 2019 to view progress against the action plans. It was noted within the revisit letter:

“The Service has detailed action plans which have senior responsible owners, deadlines and specific action owners. We found appropriate governance structures within the Service and through the PFCC who scrutinise progress. We believe the service and its senior managers now have a better understanding of the problems, helped by better data. This helps decision-making and allows for better monitoring. Overall, we are encouraged by what we found on our revisit. Although the service has more to do in relation to both causes of concern, it has made significant improvements”.

3.4 This revisit was after governance had changed from NCC to the PFCC. The Service had since restructured to provide greater strategic focus around these particular areas

3.5 In March 2020 HMICFRS revisited the Service to monitor progress against two causes for concern in relation to:

- a) Fire Engine availability and the process for managing this; and
- b) Process for assuring itself that its firefighters had all necessary safety critical skills needed to respond to emergency incidents.

3.6 The summary findings in a letter from Zoe Billingham, HM Inspector of Fire and Rescue Services. It was noted within the revisit letter that: *‘The tangible improvements we saw have mitigated the risks to public safety that we identified in our original inspection’* The final letter can be found on the following link <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/northamptonshire-frs-revisit-letter-2020.pdf>

3.7 HMICFRS have also requested a progress update on our Causes of concern and improvement actions which will be submitted W/C 21st September 2020.

4 Causes for Concern.

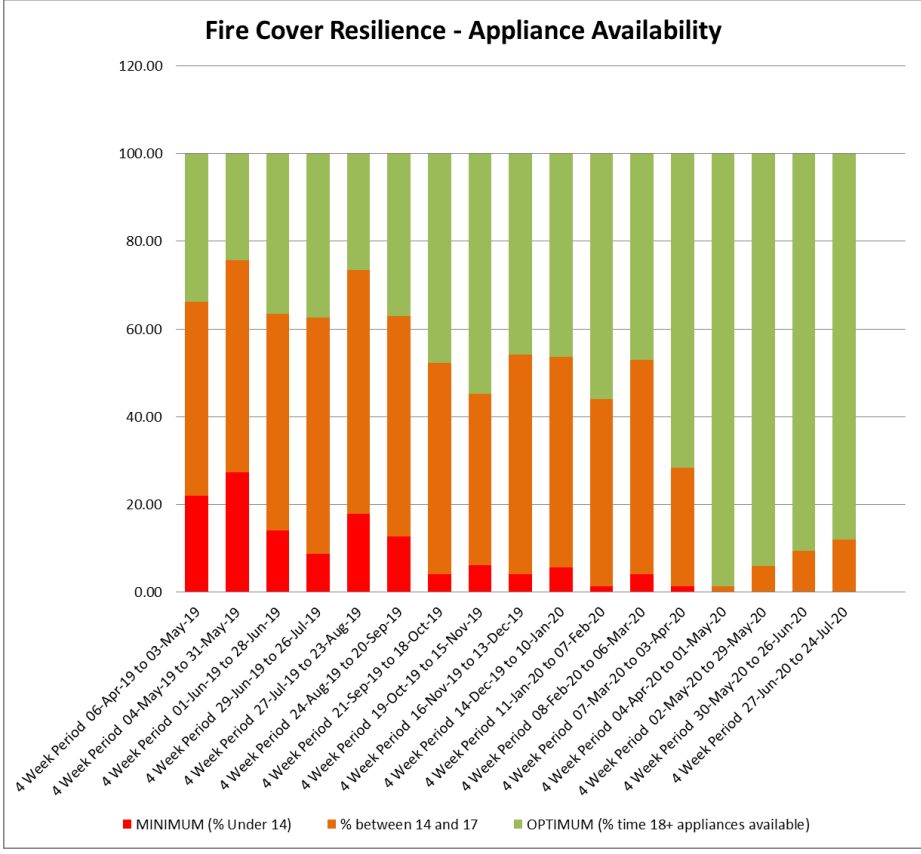
4.1 Cause for Concern 1.

Ensure minimum fire cover is maintained, and consistent managerial actions in response to reduced engine availability

4.1.1 We pledged to maintain a minimum of 14 fire engines to support our strategic response capability. Over the last 18 months we have worked hard to achieve

this and have increased our average availability from just over 16 to 20. Over the same period of time we have seen the percentage of appliance availability below 14 drop from 27% to zero; and our percentage above 18 (optimum) rise from 34% to on average >80% (Figure 1). These figures exclude the use of flexi appliances which provides an additional level of Fire Cover and Organisational resilience as detailed within Figure 2.

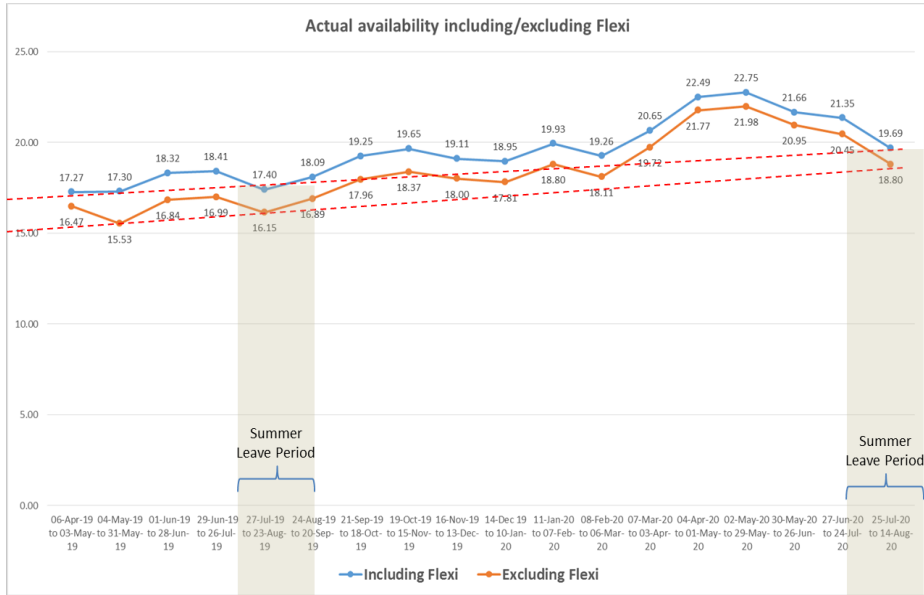
Figure 1: Fire Cover Resilience



4.1.2 NFRS has seen a continuous improvement in appliance availability (including and excluding flexi-appliances) since the cause for concern was issued. Note: although COVID-19 had a positive impact on on-call appliance availability, the

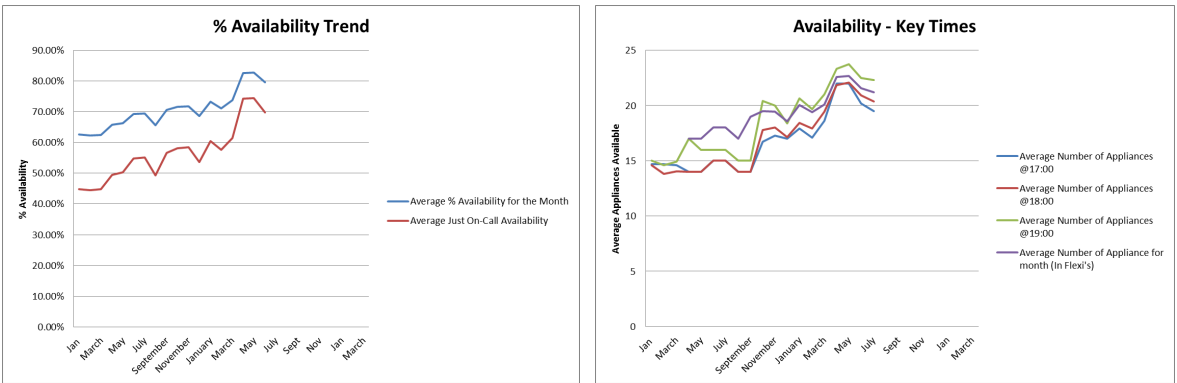
trend has been continuously positive during this period and aligns to the upward trend in on-call availability and a reduction in Bank/ Overtime spend.

Figure 2: Appliance Availability Trend



4.1.3 Within the IRMP 2019-2022 NFRS also committed to improving availability at key times and weekends. This continues to improve in line with wider availability trends.

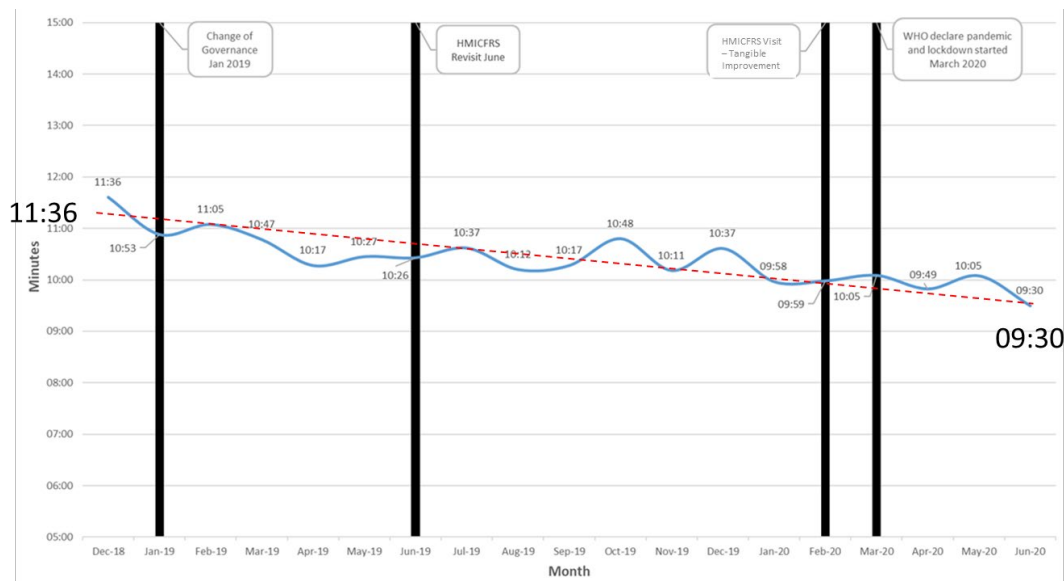
Figure 3: On-Call Availability/ Key Times



4.1.4 This sustained increase in availability means the right fire engines in the right place at the right time. It is a direct result of increased managerial oversight, recruitment, selection and focused training which has increased fire engine availability across the county.

- 4.1.5 NFRS have developed and embedded robust performance management information; this demonstrates the direct correlation between appliance availability and SOR attendance times.
- 4.1.6 The average response times have improved month on month since the Governance change to OPFCC. In December 2018 average response times were 11 minutes & 36 seconds; this has now reduced to the agreed SOR time of a 10 minute average for all incidents.

Figure 4: NFRS Average Response Times



4.2 Cause for Concern 2.

Support station staff in the management of the maintenance of their competency framework, to ensure that computerised records are accurate and up to date

- 4.2.1 The Service devised a comprehensive action plan in relation to maintenance of competence for risk critical skills. This plan was previously submitted to HMICFRS.
- 4.2.2 All actions within the plan have been implemented and as a result, NFRS have full oversight of risk critical competency for all staff which is reported to the Fire Executive group on a monthly basis.
- 4.2.3 To accompany the overview of competency, the Service has in place a suite of guides and processes that ensure risk critical skills are accurately reported on and that action is taken when necessary.
- 4.2.4 The RedKite Maintenance of Competence framework has been restructured to differentiate the competencies that require centrally-run revalidation, from those competencies that are managed at station level, providing clarity to station personnel on the areas of competence that should be facilitated on station.

- 4.2.5 We have embedded a Maintenance of Competence policy which describes responsibilities for managing the maintenance of competence. This has formalised a positive structure of audit and oversight.
- 4.2.6 The process includes regular auditing of Redkite training records by Station Managers supported by the Training departments phase three team (responsible for service wide monitoring of risk critical skills) An audit guide is in place to ensure that the end to end process is completed consistently.
- 4.2.7 The audit process is aligned to a two-yearly training programme which identifies areas to be covered each quarter. The audit report template gives a breakdown of numbers of personnel in date for each of the risk critical skills.
- 4.2.8 Underpinning the risk critical areas is a competence guidance sheet that explains how the maintenance of competence is managed, who is responsible for each element, and the actions to take when someone does not meet the required standard or revalidation timescales.
- 4.2.9 The risk critical competencies are identified and captured in a performance scorecard that is presented to the departmental Performance Board each month.

5 Area For Improvement (AFI's)

- 5.1 The further 18 areas for Improvement (AFI's) identified spanning across the three pillars of Effectiveness, Efficiency and People, have been mapped and incorporated into the Service Improvement Plan (SIP).
The SIP consists of a number of 'Improvement actions', separate projects, or, if they are 'business as usual' activities, are reported on via departmental dashboards.
- 5.2 Please see **appendix 1** for an update against each of the Area's for improvement.

6 Revised Performance Framework

- 6.1 The Service introduced a new Assurance and Performance framework in the autumn of 2018 (published in December 2019) to ensure that progress against these Service Improvements are effectively managed, alongside improving accountability and organisational oversight.

The Service is embedding this new framework with each cycle taking one quarter. This bedding-in has been affected by the COVID -19 outbreak. Despite the impact of the outbreak, the Service have still maintained its focus on delivery

of its key objectives and functions through the Departmental Performance Boards and the Service Assurance Board.

- 6.2 The Assurance & Performance framework is supported by the Local Government Shared Service (LGSS) Internal audit schedule, which had been suspended for the period of the COVID-19 outbreak and recommenced in July. Moving forward, NFRS see the internal audit process as a positive thing to confirm and scrutinise our Assurance activities.

7 Financial Implications

- 7.1 Delivery of these causes of concern and AFI's will be achieved within the current Medium Term Financial Plan (MTFP). Where additional funding is required this will be presented to the Commissioner for consideration, supported by a business case that addresses any performance improvement requirements that cannot be achieved within current budgets.

**APPENDIX 1.
NFRS update on progress of Areas for Improvement.**

Effectiveness.

Preventing fire and other risks.

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

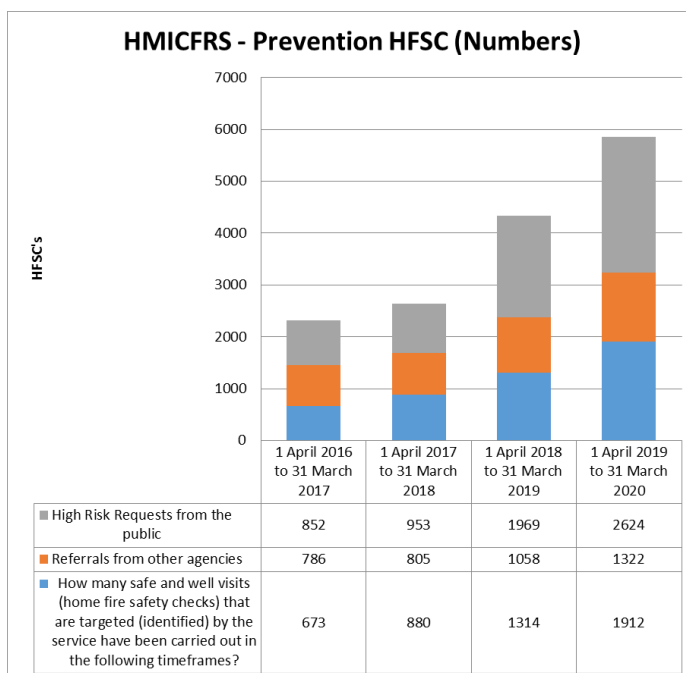
Update: The Service reviewed the Senior Management Structure to ensure greater oversight of the Prevention work stream. This included separating the Service Delivery Functions and recruiting a dedicated Prevention, Safeguarding and Partnership Manager.

The Prevention department structure has been reviewed to ensure it is able to support service delivery. Vacant posts have been filled and the forthcoming recruitment of a new Complex Case Officer will free up capacity within the specialist Home Safety Team and ensure the service discharges its duty to safeguard those at risk.

A New Service Delivery Management Team structure (Prevention, Protection, and Response) 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. A performance dashboard has been developed to reflect those priorities.

Progress has been made in actively increasing the number of HFSC's completed compared to previous years as detailed below.

Figure 5: HFSC Trend



Community outcomes as detailed within the IRMP 2019-2022 continue to show improvement, and consistent or better than family group average.

Figure 6: Outcome Measures/ Family Group

Community Outcomes - 2020	July	YTD Actuals		NFRS Less than or More than FG2 *
		2019/07	2020/07	
NI 33 (A) - No. of Deliberate Primary Fires per 10,000 population		1.50	0.87	↓
NI 33 (B) - No. of Deliberate Secondary Fires per 10,000 population		2.35	2.18	↓
NI 49 (1) - No. of Primary Fires per 100,000 population		49.76	38.52	↓
D1 - Number of accidental dwelling fires per 10,000 dwellings		3.71	3.47	↓
BVPI 143 (i) - The No. of deaths arising from accidental fires in dwellings per 100,000 population		0.00	0.13	↑
BVPI 143 (ii) - The No. of injuries (excluding precautionary checks), arising from accidental fires in dwellings per 100,000 population		0.94	0.67	↓
BVPI 207 - Non-Domestic Fires per 1000 Non-Domestic premises		2.15	1.43	↓

The Service is now developing an evaluation framework and reviewing the Prevention Strategy, to continue to inform the use of resources moving forward. This will not only align to service wide initiatives but link with revised local station plans and local activity in ensuring the efficient use of resources.

While COVID-19 has naturally affected the Services ability for direct engagement, it continues to deliver high risk Home Fire Safety Checks to the most vulnerable members of the community. Alternative delivery methods have been developed to ensure essential high risk advice is provided. Lessons learnt during this time highlight the need for the continuation of a collaborative approach in accessing and analysing vulnerable person's data to inform prevention activity. This will not only be a focus across partners and inform the Future Northants programme, but form part of the revised interoperability programme.

Table 1: Prevention Scorecard (COVID)

SCORECARD Q1 - Prevention Team	April	May	June	TOTAL
HST - Prevention Team only				
Advice Letter	17	9	17	43
TA (not leading to visit)	20	8	17	45
HSV (all will have had triage and TA prior)	29	40	66	135
of which ATF TD	17	23	26	66
Refits	8	15	13	36
Fire setter Interventions	2	2	4	
Pharmacy Support coordination				2271

Comm Education and Engagement				
FB Live Engagement	732	10061	23749	
FB Live Views	17800	51900	99565	
FB analytics maximum estimated reach				167000
Videos for NESC		4 hours		
Youth Engagement				
FB Live Engagement - cadet facing		4	2	
Safe Guarding NESC Referral		1		
NESC welfare phone calls		29	23	
Facebook Pre-recorded engagements		4		
Lessons		1	2	
Lesson Prep with cadets		2	2	
NESC Volunteers		6	9	
DofE Reengagements		0	10	
Community Safety Activity			1	
Training Undertaken				
Firesetter course		4 modules	4 modules	

The Service continues to review its Prevention, partnership and safeguarding activity as part of the ongoing Interoperability Programme to maximise the opportunities under a single governance model and the use of its combined resources in improving community safety.

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.**

The risk based inspection strategy has been reviewed to ensure it aligns to risk and resources. This review looked across the premises within the county taking account of a number of factors to develop a three year plan targeting the county's higher risk premises.

NFRS embedded high rise buildings as part of the RBIP, who will receive a further physical inspection by the end of this year, well ahead of the 2021 deadline.

Evaluation of the Protection activity and monitoring of the Risk Based inspection programme is now being embedded within the performance framework and the review of CFRMIS.

The Protection department structure has been reviewed, and three additional Fire Protection Officers are now in post and completing their training modules. Their training has been facilitated by means of remote video training forums, due to Covid-19, and so they will be able to achieve competent status on schedule.

As part of the development for these officers, the wider groups of commercial premises, outside of the higher risk premises, are to be targeted to provide a proportion of inspection within these groups and contribute to the FPO's development.

The Covid restrictions have required new ways of working to deliver the Protection and enforcement work, but high risk inspections (through alternative methods) have continued, focussing on Care Homes, the impact of a loss of staff on industry, and now, changes due to social distancing and licensing.

Table 2: Protection Scorecard (COVID-19)

Premises Type	Total	FPO's made, attempted and/or visited 100 waste sites within the county to assist NFRS's Risk Intelligence and establish a view over storage and impact under COVID
HOTEL/BOARDING HOUSE	15	
OFFICE	2	
RECYCLING/WASTE SITES	1	26 complaints of poor fire safety standards have been received from 3 rd parties and all actioned/investigation started within 24 hours (recognising resolution may take longer)
OLD PERSONS HOME	79	
OLD PERSONS HOME	12	
DISABLED PERSONS HOME	14	36 jobs undertaken by an FPO's post incident (fires and false/unwanted alarms)
HOME FOR MENTALLY HANDICAPPED	150	
NURSING HOME	42	
COMMUNITY HOME (INC. CHILDS)	64	
HOSPITAL-AREA HEALTH AUTHORITY	1	
BOARDING SCHOOL	1	
FLATS (BUILDING ACT 1984)	10	
HIMO - HOSTEL TYPE	1	
HIMO-NON LICENSABLE	4	
HIMO-LICENSABLE	12	
HOTEL/BOARDING HOUSE	1	
OTHER RESIDENTIAL ACCOM	5	
Sheltered Housing	1	
DAY SCHOOL - COUNTY COUNCIL	312	
DAY SCHOOL - PRIVATE	12	
SPORT STADIUM WITH SAFETY CERT	1	
OTHER NON-RESIDENTIAL	1	
TOTAL Audits Completed	741	

The service is also currently scoping its plan in relation to High Rise and High Risk premises following the allocation of additional funding to support post Grenfell inspection work. In total the service received £60K for High Rise and £61K for High Risk.

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

Update: This activity is now being managed within the business planning process as an Improvement action.

In mid-2019, NFRS joined the County's 'Growth Hub partnership', working alongside colleagues from Local Authorities to support a commercial 'one stop shop' for the County, which allow referrals to be received and passed to partners thus providing a wider service to, for example, new businesses.

The service has now agreed additional support and better integration of the Joint Police & Fire function. One of the key focuses of this is to increase and improve the use of social media and the NFRS website to support the provision of better information to the business sector.

In response to the Covid outbreak the Service produced additional online guides and support materials for businesses and other stakeholders. The Service also provided bespoke guidance, which supplements the 'Covid Secure' guidance, to allow promotion of the fire safety agenda whilst recognising the ongoing health risks.

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: Operational Learning is an element of the Operational Assurance work stream and is being managed through the Service Improvement Plan.

The debriefing processes are undergoing a complete review to provide assurance that operational learning is shared across the organisation effectively to maximise improvement in response and command functions. This review is supported by staff engagement from representatives of the Service who feed into the Operational Learning user group. To support this work, the draft Fire Standard and National Operational Guidance for Operational Learning is being applied.

The objectives of the debriefing review is to improve the efficiency of the processes and enable learning outcomes to be shared in a timely manner.

It also seeks to improve understanding of the range of learning outcomes to inform personnel, allow trend and performance analysis, improve operational training/ exercise requirements and support Service wide improvements.

Performance standards for each operational learning product are in place and are monitored monthly through a Service approved dashboard which include a range of performance metrics. For example, Minor debriefs are now being processed within 30 days with a conclusion report being sent to the originator. Also, major debriefs are being processed with a 60 day timeline with the output report being published for all NFRS staff and external agencies to view.

Performance Review of Command (PRC's) debriefs are held following large incidents or incidents of significance which link direct to the Major debrief and feed into the learning outcomes for the organisation and externally via the JESIP NOL/JOL process.

Further improvements are planned to change the format of the current operational debrief reports and provision of other products to support Service training and development.

Responding to national risks

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

Update: Completed. All MDT's have access to over the border, site specific risk information within 10Km of the county boundary. Awareness of this information has been promoted throughout the Service.

Linked to the Grenfell Tower Inquiry Action Plan, a PORIS training product (Provision of risk information system) is being developed and a review of associated criteria for maintenance of competence and assessment criteria forms part of that work.

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

Update: Complete -NFRS have introduced a new exercise framework, which covers the requirement for over the border exercises. This includes NFRS attending exercises in other FRS's as well as inviting our neighbouring service to participate in exercises at specific risks or thematic exercises in Northamptonshire.

In the last financial year the service completed 53 operational exercises with 35 being multi-agency and 17 being over the border exercises involving appliances either in Northamptonshire or in neighbouring counties.

All exercises are recorded centrally, linked to training records and are reported monthly on the Exercise database and departmental dashboard.

7. **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 (MTA), and that its procedures for responding to terrorist-related incidents are understood by all staff and are well tested.**

Update: This is being managed as an improvement action within the SIP.

MTA Ops Guidance, Policy and Procedures

A new suite of Ops Articles and PowerPoint training materials are in production to include awareness and training to operational personnel on MTA.

There is new guidance about 'warm zone' working and the role of non-specialist responders, the role of NILO, SEFT and a NILO Policy, all documents are aligned with the NOG, national proficiency framework, NILO guidance and JOPs.

MTA Non-specialist responders (WDS/RDS)

All on call stations have received input on latest MTA response plan including national MTA/Op video (non-specialist role) and role of the NILO (Northants). This requirement is captured on Redkite when staff are enrolled in the relevant MOC framework aligned to NOG and proficiency framework.

WDS staff will be completed in the coming months; this was delayed due to COVID.

To support awareness and training, the Service continues to develop and be part of exercises to test the response to multi-agency incidents. Including; IED/building collapse exercise scenarios. The Service is working with other responder's agencies, and cross border colleagues, at a regional exercise (delayed due to Covid).

A multi-agency exercise for CBRNe is in the planning phase) to test the local response, and as a host of national resilience mass decontamination assets (delayed due to Covid).

MTA Specialist Responders

Specialist Firefighting Team (SEFT) receive regular training to maintain Knowledge and understanding of local and national policy and guidance. This ensures Fire Hazard Management capabilities are maintained to support armed policing.

NILO's

National Inter-agency Liaison Officers cadre meet quarterly for CPD and attend/support regional and national CT exercising programme including military CBRNe. NFRS have trained NILO's who can be embedded into a CT Intelligence Cell during early stages of CT incident and link into FRS silver and Gold during multi-agency response.

Three additional/replacement NILO's have been selected as per national criteria and standards.

MTA Control Room Staff

Input has been delivered on MTA response plan and action cards for mobilising/notification process have been updated. Training is now provided to new starters as part of phase 1 training. Further training/awareness planned for 2020/21 for control room specific MTA/Op P content has been impacted by Covid and will be rescheduled. The training is aligned to new Fire Control competency framework and is mapped against NOG and proficiency framework.

In addition, a programme of "No notice" MTA exercises has been held with the Control room to stress test plans and action cards. This included stress testing plans and procedures with Nor Pol FCR and commanders, to evaluate plans and identify any learning.

CT Incident Awareness - ACT

All NFRS staff (Ops and FRS staff) are currently in the process of being enrolled to undertake the a new operational package.

Commander Training

The roll out of NILO role and MTA video has been completed. During Covid outbreak virtual training was completed on public order, NILO role and multi-agency responder approach. A virtual MTA plan scenario has been delivered as part of the training/exercise programme to test and review learning.

Non CT/other local community LRF risk

The Service has undertaken a key role as part of LRF response to the Covid -19 outbreak, to date the Service has attended 60 SCG's. The Service implemented its Strategic Response Arrangements policy, to ensure an effective internal and external response was in place to support the multi-agency coordination efforts.

Efficiency.

Making best use of resources

- 8 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.**

The service has established a greater integrated Service Delivery Management Team (SDMT) structure to ensure closer working and allocation of resources across Protection, Prevention and Response in prioritising activities and collectively mitigate risk across all three functions. A key focus has been to ensure a more sustainable and resilient structure aligned to the risk profile within the IRMP.

SDMT are now focussing on establishing and embedding an evaluation framework to inform the wider use of resources in mitigating risk.

Protection:

NFRS have reviewed its risk based inspection programme in line with the risk profile of the county as part of the IRMP background risk information and changing risk profile. The structure has been reviewed to ensure a proportional allocation of resources to deliver the programme effectively.

- Three new Protection Officers have been recruited and trained to support delivery of the Risk Based Inspection programme. The additional resource will also support the Services response to the Grenfell enquiry and subsequent action plan.
- Additional Protection training for CRG personnel has started which will enhance the Services Protection knowledge/ capacity, although it has been impacted by the Covid-19 outbreak. New ways of delivering Protection training remotely are being developed to continue this work.

Prevention:

The prevention structure has been reviewed, with the introduction of two new key posts – HFSC co-ordinator and Complex Case Officer.

Improved performance information is now be used to monitor delivery of targeted prevention activity, which not only supports a wider partnership approach to mitigate risk but encompasses greater use of station staff in the delivery of preventative activity.

A step change has been achieved in improving the use of station personnel in the delivery of preventative activities; actively contributing to the increased number of HFSC's completed as detailed above. This is being further developed through revised station plans that closely link to the prevention scorecard and outcome measures.

Response:

A key focus area has been around stabilising the structure and providing a more resilient Fire Cover model (particularly On-Call) aligned to the IRMP, by reducing the dependency on Overtime and Bank Staff.

To support establishment/ workforce planning, a board of key managers is convened every two months to reconcile HR and finance information to ensure efficiency and effectiveness. The board covers; recruitment, development, promotion and succession planning to ensure financial oversight and organisational stability

- 20 firefighters were recruited in March 2020 and, following training, have been posted to watches at Fire Stations across the county from 28 June 2020. This has resulted in the Service being slightly over establishment, but allows for the predicted retirement profile that mitigates any predicted shortfalls in establishment. As a result dependency on pre-arranged Overtime continues to reduce, providing a more sustainable and resilient structure that was preciously under resourced.
- Additional WDS staff are being used flexibly to support on-call availability and strategic fire cover.

The dependency of Bank staff to support on-call availability is reducing, with availability continuing to improve due to improved managerial oversight and action. Where Bank Staff are being utilised at an additional cost, the Police Fire and Crime Commissioner has agreed to increase the establishment from 242 (WDS) to 254 and structuralise the bank.

A comprehensive review of the On-Call system is being carried that focusses on 5 key areas: System, Support, Recruitment, Retention and Development.

As detailed above, in relation to the Cause for concern around fire cover, the resources allocated to support on-call availability is not only having a positive impact on appliance availability but also SOR times,

organisational resilience in line with the IRMP objectives and contributes to the wider prevention activities.

Measurable improvements can be seen in Area for Improvement No 1 shown above. The data shows improved outcome measures in SOR and availability. This demonstrates that the new SDMT arrangements are not only proving efficient but also effective.

IRMP Refresh:

NFRS are currently reviewing and revising its process for protection and prevention in response to COVID-19, to not only inform our risk profile but our response to how we deliver our risk based approach.

In response to COVID-19 learning, access to vulnerability data and the planned review of underpinning IRMP Risk information we will be reviewing our risk profile to inform the next IRMP refresh during 2021.

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

The Service introduced a new pay claims system (ECS) in December 2019 which provides greater functionality and reporting of overtime. Including:

- Improved assurances process for the authorisation of Overtime has been embedded within the Community Risk Group.
- The new ECS system now provides wider managerial oversight of Overtime Spend, informing decisions and the effective use of resources.
- This now provides greater transparency around Casual, Pre-Arranged and Training Expenditure through monthly ECS reporting.

Resource planning as part of the establishment board is significantly reducing the dependency on overtime as detailed above.

Dependency on Overtime has greatly reduced along with the improvements in resources planning as detailed above; along with a reduction in a dependency on Bank spend.

10 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: This is being managed as an improvement action within the SIP. The service has an organisational Business Continuity Plan in place and all departments have BC plans in place. The Service has introduced a new assurance and performance framework, which incorporates a review of Business continuity plans on a regular basis.

Business continuity and Service resilience, has been tested to the extreme during the Covid outbreak and the existing plan to implement a programme of BC plan testing will be delayed whilst the learning outcomes from the pandemic are determined.

Through the outbreak managers were able to rely on current plans to clarify critical functions, and although impacted, the majority of individual departments reported that critical functions were maintained throughout. This was confirmed via the departmental performance boards and Service Assurance Board that continued to run through the COVID period.

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

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

The Service has developed Fleet, Equipment, ICT and Estates Strategies linked to a revised capital plan and MTFP.

As a result, a procurement process has begun for replacement appliances as well as a number of special appliances and a specification is being drawn up for a replacement aerial. In addition, procurement processes are underway for replacement equipment utilising S106 funding where appropriate.

A joint enabling services director has been appointed to lead on a series of areas that will enhance efficiency. All of these areas have their own agreed plans and governance arrangements with the aim of integrating functions with the Police to enhance resilience, efficiency and effectiveness, these include:

- 1) Estates - A joint Police/Fire estates strategy has been approved and is being implemented with various projects planned to be completed this financial year i.e. Move to Darby Close, Stores move to Brackmills.
- 2) ICT – A Joint Chief Digital Officer for Police and Fire has been appointed and is due to start mid-November, this post

will oversee both ICT/ISD departments and develop a new joint digital strategy for both services. In addition, there is a Fire ICT improvement plan in place to improve the ICT infrastructure as a key enabler for further improvement. This includes significant capital investment this financial year.

- 3) HR – Plans to integrate HR functions in line with the end of the Fire LGSS contract in December 2020.
- 4) Fleet – A process is underway to streamline the management of Fleet with the aim of fully integrating the functions. A suitable joint premises has been identified and is currently under offer.
- 5) Finance – A new Joint Finance team is now operational with enhanced support to Fire.

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

The Service have produced a Capital plan and an ICT plan and a series of work streams are scheduled for 2020. Initial work will be centred on building up the IT infrastructure which has been underfunded for a number of years.

A Joint Digital Officer for Police and Fire has been appointed. The aim of this post is to identify areas for improvement in the short term and provide the overview and expertise for the Digital Transformation of both services going forward. The expectation is that the new post holder, Claire Chambers, will commence November 2020.

People

Promoting the right values and culture

13 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.

This recommendation is managed under the direction of the Health and Wellbeing Board, chaired by ACFO Rob Porter. The health and wellbeing workstream has recently been allocated a lead Officer

The Health and Wellbeing Board continues to promote awareness of the current provision for wellbeing support by means of regular updates, weekly bulletins and posters. The Service intranet has been used to provide managers with support with updated flowcharts, improved guidance, advice and links to external resources.

The Health and Well Being strategy is under review (delayed by Covid).

In addition to in-house support from Employee Assist and Kind Minds, the Service has engaged with 'Sapper Support' a charity that offers free 24/7 mental health support specifically for the armed forces and emergency services and has been in discussions with the Firefighters Charity to role out a programme of awareness of their MH services.

On the most recent Round of FEG visits, the FEG member carried out a short exercise with the staff they were visiting to ascertain their understanding of what to do if they identified if a colleague or member of staff may need help. This highlighted the improved understanding of the many outlets we provide to aid peoples wellbeing.

The next round of visits staff have been asked to discuss a and present a briefing on *the benefits of diversity in the Fire and Rescue Service; what is meant by 'positive action' in relation to recruitment, why the need for 'positive action' and its limitations*

The Wellbeing Support Team are developing the means by which they analyse the data and inputs that come to the group to better shape future service provision.

Throughout the outbreak the Well Being Support Team carried out many proactive activities that recognised the additional stress and anxiety that resulted. These included:

- A series of stress relief and relaxation exercises in a 'wellbeing week', which were widely circulated in the Service and made available to all staff.

- The Service have promoted daily online fitness sessions which have been provided by Tier one, who are the provider for all of the Services fitness testing. Fitness testing has resumed with arrangements in place to allowing regular fitness testing to resume with appropriate infection controls.
- The Well Being and Support Team have reported a significant rise in direct referrals, as well as manager referrals for support, during the outbreak which is good evidence that visibility and awareness is improving across the Service.
- The team also provided counselling support for those staff members that undertook additional work for other agencies i.e. the Mortuary and ambulance work. This specific area is going to be evaluated to see if there are any lessons to be learned from a wellbeing perspective.
- The team report that they are receiving very positive feedback for the support that has been made available in response to the outbreak
- The Service conducted a staff survey in response to Covid which had a strong health and wellbeing focus. The questions look to confirm how useful and accessible the available wellbeing and support services are for staff. There have been over 150 responses. The data has been analysed and the findings shared with service
- The Service has recently carried out a Stress survey for all staff. The resulting action plan is being overseen by FEG.

In addition to the information above; the Service is in the process of rolling out a confidential reporting line (third party) to ensure that staff can provide safe and confidential advice should they ever find themselves in a position where they witness wrongdoing in the workplace and do not feel confident they can speak with their direct line manager. In addition, the Service we have procured will provide us with the opportunity to carry out a comprehensive diagnostic gap analysis, where we can self-score our arrangements across 34 standards covering governance (accountability, written policy and procedures, and reviews and reporting), operations (support and protection, recording and investigations, and resolutions and feedback), and staff engagement, (communications and training).

Getting the right people with the right skills

14 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: This work stream is being led by the Establishment Board, chaired by the AM for Response, Kerry Blair, which will progress the issues of succession planning and workforce development for all functions as part of its remit. This will be further informed by the review of the IRMP in 2021.

- WDS Establishment has been increased from 242 to 254.
- 16 new On-Call staff have been recruited during COVID-19
- 20 New WDS Recruits have been recruited to fill the under establishment position and allow for the forecasted retirement profile 2020-2021.
- The Prevention Structure has been reviewed within the introduction of a new HFSC co-ordinator and Complex Case Officer.
- Three new Protection Officers have been recruited and trained to support delivery of the Risk Based Inspection programme. The additional resource will also support the Services response to the Grenfell enquiry and subsequent action plan.
- Establishment strength is now showing a reduction in dependency on pre-arranged overtime and use of Bank Staff to support availability.

Following the feedback, the Service has developed a new succession and Workforce planning framework in line with the Workforce development strategy and linked to the NFCC people Strategy. This will also be a key area for a future joint Police/Fire HR function as NFRS have not had professional workforce planning support previously.

Ensuring fairness and promoting diversity

15 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.

An organisational engagement strategy has been produced which will also feed into ongoing work covering Culture and Engagement, both internally and externally.

As previously stated the debrief processes have been updated in order that staff receive feedback in a shorter timescale.

During Covid, FEG visits have been supplemented by weekly updates and a virtual video call in with the CFO / FEG. The virtual meetings with the CFO have been very well received, especially by those that are working from home, or are shielding.

Communication with the Service is being bolstered by TLT through the preparation of a post meeting outcome / briefing report that is shared across the Service.

A survey has been conducted asking staff for their views, comments and experiences with a strong focus on health and wellbeing. A separate Organisational debrief has been conducted seeking commentary on core organisational issues. A third survey has been completed with the aim to identify those transformational opportunities that have been presented by the Covid in respect of different ways of working. The input from these surveys will inform a number of different work streams and the findings will be shared with staff as soon as is practicable.

In addition the development of a joint Fire/OPFCC communications team is underway with posts for the new team being advertised with the hope that it will be in place for November 2020. This will enhance both the services internal and external comms capability including specific capacity for social media and website development.

16 The service should ensure that all staff understand the benefits of a diverse workforce.

The Service actively promotes the benefits of a diverse workforce by targeted engagement with staff and numerous community groups.

For the current round of FEG visits, watches have been asked to discuss and present a briefing to the visiting FEG members on *'the benefits of diversity in the Fire and Rescue Service; what is meant by 'positive action' in relation to recruitment, why the need for 'positive action' and its limitations'*.

EDI responsibility has been allocated a lead Officer and an EDI committee and action group has been established to progress the EDI Strategy and provide focussed delivery of the EDI Action Plan.

The first meeting of the newly formed NFRS EDI Committee was held in July (having been delayed due to Covid). This EDI action group will provide focussed delivery on the Service EDI action plan.

The following are some actions that we have undertaken since our HMICFRS feedback:

NFRS have sent representatives to a national LGBT+ network which was recently established, further meetings are due to be arranged as and when restrictions are lifted.

Internally, Manager's seminars have been enhanced to include a range of informative topics including workshops and discussions on unconscious bias, Positive action, and cultural values.

Two new equality, diversity and inclusion eLearning training packages have been rolled out across the service, the first for all staff, and the second aimed specifically at managers.

The Service has built on previous successful recruitment drives, with the recent recruitment drive for Wholetime firefighters resulting in an increase of over 30% female intake including one recruit from a minority group (white non-British).

This last, and the previous, recruitment campaign, is being analysed to better inform positive action initiatives for future recruitment processes. This will better help the Service to understand why there is still relatively low representation among BAME recruits despite applying best practice.

Station plans are being developed which include the requirement for activities specifically targeted at underrepresented communities in the County. Its' aim is to build confidence and enhance understanding both for the Service and also for the Community.

Managing performance and developing leaders

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

Although promotion processes can be used to help identify high performing staff and subsequently prioritise development and support, we recognise there are other performance related methods that can identify those with the talent we require to continually improve the Service we deliver.

The Service is in the process of aligning its Succession planning/Talent management framework to that of the new NFCC "Succession planning in the UK FRS" approach which is to take a "Whole organisational approach" as opposed to a micro level "individual approach".

This is a multi-faceted approach and looks at formal development programmes as well as development in its wider sense with its focus on developing pools of people able to step up to the next level while also developing management skills to be effective at the level they are currently working.

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

Update: We have reviewed all promotion processes and we have embedded all updated policies for promotion and development. These processes incorporate the NFCC leadership framework as a core component. Communication on these changes have been extensively carried out.

Promotion selection processes were carried out over summer 2020, in line with the revised policy, to fill Crew, Watch, Station and Group Manager vacancies as they arise over the next 12 months.

An annual promotion cycle will be implemented from January 2021. This work is being overseen by the Establishment Board.

Promotion boards, specifically at senior level, will incorporate membership from the OPFCC or external agency to promote objectivity. In addition a more diverse range of staff have undertaken interview skills training and formed part of the interview panels for Crew and Watch Managers thus providing a broader and more rounded view of candidates.

Agenda Item 8A



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

Internal Audit Progress Report 2020/21

September 2020

Presented to the Joint Independent Audit Committee meeting of: 7th October 2020

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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 31st March 2021 which was considered and approved by the JIAC at its meeting on 11th March 2020.
- 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 2020/21 audit plan, this being in regard to Fleet Management. Further details are provided in Appendix A1.
- 2.2 The impact of the Covid-19 lockdown have posed several challenges to the internal audit process and the move to remote auditing has caused some initial delays in setting dates when the audits will be carried out. Both parties have worked hard to ensure the audits could be completed and Mazars have held regular catch up meetings with the Force and OPCC Chief Finance Officers to discuss this. The Procurement Audit is planned to begin on the week commencing 5th October and for the two IT audits within the 2020/21 audit plan the key contacts have been identified and planning meetings arranged, prior to the dates to complete the audit being finalised. Moreover, audit has also provided support to the OPCC in regards to the changes being made to the payroll process for VOICE.
- 2.3 We have not identified any issues with regard to completing Northamptonshire's 2020/2021 Internal Audit Plan at this stage but will keep this under constant review and provide the JIAC with updates where issues are impacting upon our ability to deliver the audit plan. Should this become a reality we will raise this with the Chief Finance Officers and the JIAC, with options to have a priority-based approach should the situation arise where all audits cannot be completed before 31st March 2021.
- 2.4 In relation to the 2019/20 Collaboration reports we have issued the final report in regard to Health & Safety with further details provided in Appendix A1. This means the Business Continuity Report for 2019/20 remains outstanding, the draft report was issued in May 20 and the Lead CFO is collating the management comments for this audit. The CFO leads for the three collaboration audits in 2020/21 have been agreed at the latest regional CFO meeting and audit will be arranging planning meeting so these audits can be set up
- 2.5 Summary table of work to date below:

Northamptonshire 2020/21 Audits	Report Status	Assurance Opinion	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
Fleet Management	Final	Limited	-	5	2	7
Total				5	2	7

Collaboration 2019/20 Audits	Report Status	Assurance Opinion	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
Performance Management	Final	Satisfactory		1	4	5
Health & Safety	Final	Satisfactory		3	3	6
Business Continuity	Draft					
Total				4	7	11

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	
3	Progress report to the JIAC	7 working days prior to meeting.	
4	Issue of draft report	Within 10 working days of completion of final exit meeting.	100% (1/1)
5	Issue of final report	Within 5 working days of agreement of responses.	100% (1/1)
6	Follow-up of priority one recommendations	90% within four months. 100% within six months.	N/A
7	Follow-up of other recommendations	100% within 12 months of date of final report.	N/A
8	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork.	100% (2/2)
9	Customer satisfaction (measured by survey)	85% average satisfactory or above	100% (1/1)

Appendix A1 – Summary of Reports

Fleet Management

Overall Assurance Opinion	Limited
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	5
Priority 3 (Housekeeping)	2

As part of the Internal Audit Plans for 2019/20 for the Offices of the Police and Crime Commissioners for Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire and the Office of the Police, Fire and Crime Commissioner of Northamptonshire and the respective Police Forces, we have undertaken an audit of the controls and processes in place in respect of the Force's Fleet Management.

The specific areas that formed part of this review included: Fleet strategy, Maintenance programme, Fleet Management system, Procurement of new vehicles, Performance monitoring & reporting.

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

- There is a comprehensive and approved Fleet Management Strategy in place which is aligned with the strategic and medium / long term objectives of the OPFCC and Force.
- Delivery of the Fleet Management Strategy is supported by an agreed implementation plan and there are robust monitoring arrangements in place.
- An effective maintenance programme is in place that supports the objective that fleet vehicles are available when and where required.
- The maintenance programme is supported by an effective schedule of inspections and services.
- The Force utilises a robust fleet management system upon which a complete and up to date record of vehicles is maintained.
- The procurement of new vehicles demonstrates value for money and is aligned to planned capital expenditure.
- Budget control processes ensure that actual spend is in accordance with the approved budget.
- Management information is available to enable effective monitoring of performance against the Fleet Management Strategy and delivery the maintenance programme.

We raised five priority 2 (significant) recommendations where the control environment could be improved upon. The finding, recommendation and response from the relevant collaboration units is detailed below:

<p>Recommendation 1</p>	<p>The Force should ensure that there is a robust monitoring mechanism in place, to monitor the tailpipe emissions for the Force's fleet.</p> <p>Carbon emission data should be taken into consideration by the Force when procuring new vehicles.</p>
<p>Finding</p>	<p>As part of the Transport Strategy 2017-2021, the Force has set a target to reduce tailpipe emissions by 31% by 2020, in accordance with the Climate Change Act. The Transport Manager is responsible for monitoring this metric.</p> <p>Audit have noted that the Force have not updated the monitoring spreadsheet in place for this since May 2016. Therefore, there is insufficient evidence in place to confirm performance against the target.</p> <p><i>Risk:</i> The Force are unable to demonstrate one of the objectives set out in the Transport Strategy has been met effectively.</p> <p>Failure to reduce emissions in accordance with Climate Change Act.</p>
<p>Response</p>	<p>Following audit, figures have been put together from management information regarding all aspects of travel rail, flights, fuel etc and we are looking to extrapolate essential mileage from the MFSS system to give us correct figures. I have asked one of our data analysts to put this in to a spreadsheet, graph to show our current usage and set a target for 2023. I am currently looking at suitable hybrid vehicles which are feasible for use and Estates are looking at the implementation of charging points across the Force which will enable me to purchase pure electric vehicles for non-response teams.</p> <p>Transport Strategy and Implementation Plan</p>
<p>Timescale</p>	<p>March 2021</p>

<p>Recommendation 2</p>	<p>The Force should ensure the servicing of vehicles is carried out in line with the schedule set out. This should be supported through accurately tracking the mileage of vehicles and ensuring these are booked in for the required work in a timely manner, particularly for vehicles that the manufacturer stipulates should have their oil changed every 6,000 miles.</p>
<p>Finding</p>	<p>There is a schedule in place at the Force that sets the parameters for the interval period at which services are undertaken for vehicles. Audit were advised that mileage of vehicles is tracked and then the mileage dictates when services are due. The interval period depends on the vehicle type, and is as follows:</p> <ul style="list-style-type: none"> • ARV's (Armed Response Vehicles) – serviced every 6,000 miles; • Response Unit's – serviced every 8,000 miles and; • All other vehicles – serviced every 10,000 miles. <p>There has been a change in the interval periods since the previous audit, as the Force has decided to service response units (which were previously serviced every 6,000 miles driven), to now be serviced every 8,000 miles. This is because response units do not undergo the same level of intensity as the ARV's.</p>

	<p>Whilst these service intervals are set, it is also noted that to ensure manufacturer warranties remain valid, certain work must be completed at set intervals, such as oil changes every 6,000 miles. Audit reviewed a sample of 15 vehicles to ensure the service of the vehicle is being carried out in line with the parameters set in the servicing schedule. From the testing undertaken, audit noted seven vehicles that have not been serviced in line with the servicing schedule, with the following results:</p> <ul style="list-style-type: none"> • Four ARV's which were serviced after the 6,000-mile interval (ranging between 6,900 – 11,600 miles after the previous service); • One ARV which was serviced after approximately 4,000 miles; • One vehicle that was not serviced after the 12-month interval; • One response vehicle being serviced after 8,700 miles after the previous service (as opposed to 8,000) and; • One response vehicle was serviced after approximately 6,800 miles after the previous service (as opposed to 8,000 miles). <p><i>Risk:</i> Non-compliance with the Force's servicing schedule, does not demonstrate value for money for services that are being undertaken before their due date.</p> <p>The Force cannot demonstrate value for money is being achieved for services completed after their due date, as this increases the likelihood of further costs being incurred later in the life of that vehicle.</p> <p>Increased risk to the safety of officers, as a result of delayed services of ARV's.</p>
Response	<p>With the introduction of a new fully automated Fleet Management System connected to a Telematics or Fuel system providing up to date mileages and vehicle check data these issues would be resolved. Our current paper process is outdated and time consuming by using tablets within the workshop environment the updates will be instant and the data integrity will be greatly improved. The service schedules set are a guide and a cushion is built in for additional mileage incurred this has to be done to enable an unforeseen lack of vehicles due to (RTC, Defect which cannot be planned for)</p> <p>Looking to invest in a new telematics solution which will enable direct accurate mileage data from vehicle canbus to Fleet management system</p>
Timescale	March 2022

Recommendation 3	<p>The Force should ensure the records held on the TranMan system are accurate, as the Force utilises the TranMan system to coordinate the servicing programme.</p> <p>Furthermore, the Force should explore the possibility of moving away from an over reliance on physical copies of job cards, thus reducing the risk of human error. This can be done by exploring ways to integrate the process of inputting data of completed services into the fleet management system automatically.</p>
Finding	<p>A job card is generated for each time a vehicle is repaired/serviced at the Force's workshop. This is a paper copy which lists details pertaining to the vehicle, including the mileage and registration, the reason why the vehicle has been called into the workshop and details of the work undertaken including parts used, their costs and any</p>

	<p>labour costs. This paper-based data then requires manual input into the TranMan system.</p> <p>Audit reviewed a sample of 10 vehicles to ensure the records of vehicles recorded on the TranMan system are up to date and can be reconciled back to the respective job cards.</p> <p>Audit testing found five instances where the record of the vehicle held on TranMan did not reconcile with the information recorded on the physical job card. The discrepancies occurred on the following vehicle records:</p> <ul style="list-style-type: none"> • KX12FKY • VK63RJJ • KX65DOH • FV63EBM • KX12DVF <p>Furthermore, audit noted one vehicle (KS53RYB), which last had a service and MOT completed on 04/02/2020. However, the service and MOT prior to this was completed on 06/12/17 – demonstrating a delay of over two years. Audit queried this with management and were advised during those two years, this vehicle was being used as a training vehicle and therefore had not left the site. However, audit were not provided with sufficient evidence to support this.</p> <p><i>Risk:</i> Records held in TranMan are not accurate, which could render the servicing and maintenance programme ineffective, as services and MOT's will not be undertaken at the right time.</p> <p>Furthermore, the Force's servicing programme does not represent value for money.</p>
Response	<p>Due to the current paper-based process the timings between closure of job cards and manual input onto the system creates the issue. As per management comments to 4.3 above the new system with tablets will replace this entire process and ensure the Fleet Management System remains accurate and correct.</p>
Timescale	<p>March 2022</p>

<p>Recommendation 4</p>	<p>The Force should clarify their position regarding what their priorities are relating to older vehicles, whether this is to ensure that the maximum utilisation is sourced from the vehicle or whether priority is to be given to the tailpipe emissions objectives.</p> <p>Once a clear approach has been agreed, a longer-term replacement schedule should be drafted to support the future capital requirements to meet the fleet replacement needs.</p>
<p>Finding</p>	<p>Replacement of Vehicles</p> <p><i>Observation:</i> From a review of the Vehicle Replacement Policy Schedule 2020-21, audit noted there is a guidance document which indicates the replacement interval for each vehicle model, based on the vehicle life and the mileage with no vehicle having a vehicle life beyond 10 years. However, the schedule mentions that certain vehicles, namely Response and Neighbourhood vehicles, will be reviewed at 100,000 miles so that it is</p>

	<p>not necessary that the age of these vehicles will be given priority, as mileage is considered the cost-effective parameter.</p> <p>Audit reviewed the list of vehicles that the Force has in the fleet and noted 46 vehicles that were older than 10 years. All 46 vehicles were raised with management, and it has been noted that these are pending replacement.</p> <p>From a review of 23 of these vehicles, it was noted the Force has either replaced, is planning to replace, is salvaging or auctioning 16 of these vehicles. For the remainder of vehicles, the Force had a sound reasoning why vehicles were being retained, including vehicles that are being used as training vehicles but with mileage in excess of 100,000. However, per the current guidance retaining vehicles beyond ten years is contrary to the guidance provided in the Vehicle Replacement Policy.</p> <p>Moreover, through discussions with the Head of Transport, it has been noted that the Force intends to replace vehicles pre-2015 due to the changes in the regulations relating to emissions under the Road Vehicle Emission Performance Standards. However, this is not currently factored into the existing Vehicle Replacement Policy.</p> <p>Risk: The Force are unable to demonstrate alignment to their carbon emission objectives, through the retention of older vehicles.</p> <p>Non-compliance of the guidance provided in the Vehicle Replacement Policy, as the vehicles used for training are over 100,000 miles.</p>
Response	<p>The replacement programme is currently based on mileage and age and role of vehicle, but emissions will start to factor more prominently in the coming years, and this will be part of the replacement programme. After this end of financial year, we will be in a much better position with the replacement/removal of older vehicles.</p> <p>The training vehicles are not driven mainly used for searches, prisoner scenarios and would not be cost effective to purchase a vehicle solely for that use as it would use minimal mileage, hence the retention of high mileage/age vehicle which are at end of life.</p> <p>Transport Strategy and Replacement programme will be reviewed to reflect the needs of the Force whilst being mindful of the emissions objectives</p>
Timescale	March 2021

<p>Recommendation 5</p>	<p>The Force should effectively scrutinise the performance of the Transport department, and frequently set performance objectives to ensure the department's operations represent value for money to the Force.</p> <p>This should include the production of performance reports, which monitor a set of KPI's the Force aims to achieve from the fleet.</p> <p>Furthermore, the Force should undertake an exercise to quantify the amount of productive time the Force is losing due to manually inputting data into the TranMan system. This will enable the Force to better understand the additional costs being incurred as a result of the current system. This exercise could also include assessing the cost of holding inaccurate data and the impact this is having on the servicing</p>
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	programme. The result of this will enable the Force to effectively compare the advantages against the disadvantages of the current TranMan system.
Finding	<p>There are no arrangements in place to monitor performance against the Transport Strategy, and as such the Force is unable to demonstrate adherence to the OPFCC's strategic objectives set out in the Police and Crime Plan 2019-2021, particularly ensuring the service is the most efficient and effective it can be.</p> <p>The performance in the workshop is not monitored due to the ineffectiveness of the TranMan system and the integrity of the data recorded within the system.</p> <p>There is no management information available which robustly monitors performance against the Transport Strategy. This prevents the Force from demonstrating value for money has been achieved in the management of the Transport vehicles. Furthermore, these vehicles are valuable public assets and the Force are unable to demonstrate robust scrutiny of performance has therefore taken place.</p> <p><i>Risk:</i> There is an insufficient oversight over Transport, and improvement opportunities are missed through a lack of scrutiny.</p>
Response	Implementation of new Fleet Management System will enable with agreed KPI's to be set that can be easily reported on.
Timescale	March 2022

We raised two priority 3 recommendations of a more housekeeping nature relating to:

- Fleet Availability

The Force should ensure that scheduling of repairs or services of vehicles take into consideration when calculating fleet availability.

The Force should ensure that there is effective monitoring of their fleet availability.

- Jobs raised on TranMan

The Force should ensure that jobs raised on the TranMan system are accurately categorised with priority level and timescales for completion. This will allow greater clarity of the performance of the technicians and permit better management of the servicing programme including scheduling services effectively, particularly as the Force rely on manual insertion of data from physical job cards.

The TranMan dashboard should be updated to show a clearer picture of outstanding work needed on the Fleet, this should include appropriate prioritisation of the jobs that have been raised.

Furthermore, where a defect job relates to a minor RTC, the Force should ensure these are categorised accurately, to prevent the convolution of the different defect jobs, all of which warrant different priority levels.

Overall Assurance Opinion	Satisfactory
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	3

Since 2015/16 all Forces in the East Midlands have agreed to allocate internal audit time to provide assurance over the collaborative arrangements that are in place across the region. Over the first two years Internal Audit have undertaken high level reviews of the governance arrangements within most of the regional collaboration units. However, starting in 2018/19 thematic reviews have been carried out by audit, and have been carried out across a sample of regional collaboration units to provide each Force with assurance over key areas including Risk Management and Strategic Financial Planning.

As part of this review we have carried out an audit of the processes in place across the region in respect of Health and Safety within a sample of collaboration units agreed by the CFOs – East Midlands Collaborative Human Resource Services Occupational Health Unit (EMCHRS OHU) and East Midlands Special Operations Unit (EMSOU).

Our audit considered the following area objectives:

Roles and Responsibilities

- The roles and responsibilities are clearly defined and the individuals concerned are fully aware of these;
- Appointed officers have been assigned to support the unit to meet its H&S responsibilities.

Policies and Procedures

- The unit has in place policies and procedures, which incorporate relevant legislative requirements and provide clear guidance to staff.
- The policies and procedures in place are comprehensive, up-to-date and available to all relevant members of staff.
- The existing policies and procedures are regularly reviewed to ensure they are up to date.

Governance

- There is an appropriate and effective governance structure in place through, which Health and Safety issues are reviewed, scrutinised and managed.
- Health and Safety is promoted across the unit to ensure awareness from both police staff and police officers.

Monitoring and Reporting

- Health and Safety information is accurately produced and regularly reported to allow for effective monitoring, decision making and reporting in line with senior management requirements.
- There is an effective system in place for recording, maintaining and reporting Health & Safety data including any incidents or near misses.
- There is an effective system in place to ensure lessons are learned from Health and Safety incidents or near misses to prevent repeat incidents occurring.
- Appropriate oversight and reporting arrangements are in place and are working effectively.

Training

- Staff are fully supported, with relevant training and guidance provided to allow compliance with health and safety requirements and responsibilities.

- The unit has a robust process in place to monitor the level of health and safety training undertaken by key staff.

We raised three priority 2 (significant) recommendations and three priority 3 (housekeeping) where the control environment could be improved upon. The finding, recommendation and response from the relevant collaboration units is detailed below:

Recommendation 1	EMCHRS OHU should review the Force Health and Safety Policy and Procedure and ensure they record where their approach differs from the policy and procedure, for instance the responsibilities assigned to roles across the collaboration unit.
Finding	<p>The unit adopt the policy and procedures of the Force, whilst this appears to be a reasonable approach to prevent the duplication of work it is noted that differences will be present.</p> <p>For example, the responsibilities set out in the Forces procedure cover the OPCC, the DCC, Director of H&S etc. These roles differ to the collaboration unit set up and therefore it needs to be considered how this is to be formally recorded to ensure accountability is clearly set for H&S.</p> <p>It was also noted from review of the H&S Procedures that the unit have adopted from Leicestershire that it states, "Regional units are required to have support managers in place to co-ordinate health and safety within their unit." The OHU does not currently have a support manager filling this role and it is being undertaken by the Head of OHU.</p> <p><i>Risks:</i> The responsibilities for H&S are not clearly stated for the collaboration unit.</p>
Response	<p>The OHU would benefit from a Business Support Manager. The Leics Principle Health & Safety Advisor said it would be useful to have a SPOC in the OHU unit.</p> <p>The Health and Safety Advisor for Leicestershire Police has agreed to attend the OHU SLT meetings to provide further support for the unit.</p> <p>The Force Health and Safety terms of reference request for review as in 4.1.</p>
Timescale	Implemented

Recommendation 2	EMSOU & OHU should consider maintaining records of incidents and near misses for their staff that are passed to the Forces to ensure a clear audit trail is maintained and no incidents are missed.
Finding	The EMSOU Health & Safety Protocol outlines the process to be followed for accident reporting. It makes clear references to the individual Forces being responsible for recording H&S incidents: " <i>Managers of staff who have been injured or made ill through work related causes will ensure that the Health and Safety Advisor of that individual's Force has been made aware.</i> "

	<p>EMSOU maintain records of incidents that have occurred at their premises however it was noted that EMSOU do not maintain records of when such incidents have been passed to the Force to deal with. Therefore, if staff have not reported the incident to the Force there is a risk it will go unreported.</p> <p>The OHU adopt Leicestershire reporting process for H&S incidents, however it was noted in some scenarios where OHU Staff are operating on other Force premises and an incident occurs there is an expectation that the Force would record the incident where it occurs. Similarly, to EMSOU, the OHU do not keep records of this therefore no audit trails to confirm incidents have been captured.</p> <p><i>Risk: Accidents or incidents are not reported</i></p>
Response	<p>EMSOU Currently has its own Injury on Duty reporting form and staff are aware of this and are encouraged to use it. In future we will put out a 6-monthly reminder to all staff via the weekly bulletin reminding them of the process.</p> <ul style="list-style-type: none"> - This reminder will also include the instruction that Staff are to report all injuries or near misses - Where injuries are reported to other forces directly then these are usually passed back to EMSOU for information or investigation. <p>Going forward EMSOU will carry out routine checks to see if any injuries have been reported to forces to ensure that they are picked up (however we must be wary of double reporting occurring).</p> <p>OHU Reports of accidents, incidents and near misses are now recorded on a spreadsheet.</p>
Timescale	Implemented

Recommendation 3	<p>EMSOU should review the training records of managerial posts and then remind those who have not completed the H&S training to do so.</p> <p>EMSOU should ensure the Training administrators monitor levels of H&S training for EMSOU staff to ensure compliance with the five-year refresher period.</p>
Finding	<p>Both EMSOU and the OHU align with Leicestershire Polices' approach to H&S training, with a number of H&S training levels in place to provide staff with the training they need to fulfil their health and safety responsibilities, dependent on their role within the organisation as noted below.</p> <p>When staff join the organisation they undertake induction training, which includes a basic level of health and safety training.</p> <p>If staff hold a managerial post, then they are required to undertake a bespoke H&S Training session that is run by Leicestershire Police. However, it was noted that the</p>

	<p>records to confirm attendance at this training are out of date as the training course has not taken place for a few years. Audit were informed that EMSOU are working towards a five-year refresher of H&S training. However, from audit testing, of the four staff that had completed the course, three had completed it longer than five years ago.</p> <p>Audit were informed that levels of attendance are reported into Leicestershire's H&S Committee, where EMSOU have representation.</p> <p><i>Risk:</i> Staff with legal responsibilities for health and safety have not received appropriate training to carry out these duties.</p>
Response	Going forward a specific list will be kept for H & S training and this will be monitored for attendance and review dates. Records of the 5-year refresher will be kept, however due to turnover of managerial roles there are likely to be very few staff who remain in post longer than 5 years.
Timescale	Implemented

We raised three priority 3 recommendations of a more housekeeping nature relating to:

EMCHRS OHU: Health & Safety Policy & Procedure

EMCHRS OHU should formally adopt their Health and Safety Policy & Procedure.

EMCHRS OHU should ensure when the Force H&S Policy is updated that any changes made do not impact upon their approach.

EMSOU: Health & Safety Policy/Protocol

EMSOU should ensure a schedule is in place to review and update the H&S Protocol on a regular basis.

EMSOU should confirm where legal responsibilities for H&S lie for their collaboration unit and define this within their protocol.

EMSOU should update the format of the Protocol to ensure it includes but not limited to:

- Document Owner
- Version Control
- Last Review Date
- Date of next review
- Officer/Board Approval

Governance

EMSOU should review and updated the Risk, Assurance and Compliance Meeting Terms of Reference to ensure it remains up to date with the operations of the unit.

OHU should include Health & Safety as a standard agenda item at the Senior Leadership Team meeting.

Appendix A2 Internal Audit Plan 2020/21

Auditable Area	Plan Days	Planned Fieldwork Date	Actual Fieldwork Date	Draft Report Date	Final Report Date	Target JIAC	Comments
Core Assurance							
Core Financial Systems	25	Q3					
Governance	10	Q3					
Procurement (MINT)	10	Q4					
Strategic & Operational Risk							
Seized Property/ Property Management	6	TBC					
Fleet Management	10	July 2020	July 2020	August 2020	August 2020	October 2020	Final Report Issued.
Performance Management	10	Q4					
Governance	10	Q3					
Workforce Planning	10	Q4					
Health & Safety	10	Q4					
Procurement (Compliance)	8	October 2020					
IT							
GDRP	5	Q3					
IT Security	10	Q3					

Auditable Area	Plan Days	Planned Fieldwork Date	Actual Fieldwork Date	Draft Report Date	Final Report Date	Target JIAC	Comments
Collaboration							
Workforce Planning	18	Q4					
Wellbeing	16	Q4					
Budgetary Control	12	Q4					

Appendix A3 – Definition of Assurances and Priorities

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

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

Appendix A4 - Contact Details

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.

**Internal Audit Update Report for period ending
30th September 2020**

Author and Contact: Duncan Wilkinson, Chief Internal Auditor, 01908 252089
Helen King, Chief Finance Officer

Executive Summary

This report provides the Joint Internal Audit Committee with a summary of the progress made towards the delivery of the Northamptonshire Commissioner Fire and Rescue Authority's 2020/21 Internal Audit plan as at the 30th September 2020.

1. Recommendation(s)

Committee to note the report.

2. Background

- 2.1. Under its terms of reference, the Joint Internal Audit Committee receives regular progress reports from the Chief Internal Auditor outlining the results of audits carried out and the key themes arising. The current report for the period ended 30th September 2020 is attached at Appendix 1.

3. Implications:

3.1. Policy

None.

3.2. Legal

This report does not identify any legal issues.

3.3. Other Implications

None

4. Risk and Resources:

4.1. None.

Appendix 1 – Progress Update Report.

LGSS Internal Audit & Risk Management

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

Audit and Fraud Progress Update – Q2

Duncan Wilkinson, Chief Internal Auditor

07 October 2020

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 March 2020 to end of September 2020.
- 1.2 **Annex A** (page 4) 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 onset of the covid 19 pandemic at the start of the financial year and the ensuing period of lock down meant audit work could not be progressed. This report covers progress made since on audits brought forward from the previous financial year as well as audits within the new plan year that have been started.

2 PROGRESS AGAINST 2019/20 AUDIT PLAN

- 2.1 **Annex B** (page 6) shows the status update of work completed or in progress, for 2019/20 audits that were due to be completed in Q4 but the timelines were impacted by the pandemic lock down.
- 2.2 All of the 2019/20 audits that were reported as in progress at the last Committee have now progressed to final report stage. As agreed with management the audits for quarter 4 involved follow up of findings from earlier audits, with extensive substantive testing of transactions to assess embeddedness of controls. The results from these tests have been grouped within single reports where appropriate.
- 2.3 Assurance ratings are given for both the adequacy of the System and compliance with the System of Controls. The definitions are detailed in Annex A and Annex B highlights the assurance levels for the reports issued to management since the last Committee. In summary, 4 reports were completed showing

Assurance Rating	No of Audit Reports	
	Adequacy of System	Compliance
Good	4	2
Satisfactory	0	1
Limited	0	1
Total	4	4

The reports have been issued to management and include Action Plans highlighting agreed actions needed to improve the control environment as appropriate.

The Combined report on substantive testing over - Accounts Payable, Accounts Receivable and Payroll audit was given a **Limited assurance opinion** for compliance with controls. Field work identified the following key weaknesses:

- Not all spends are supported by frameworks, contracts or quotations in line with the requirements of the NCFRA CGF or detailed on the Pipeline spreadsheet.
- Purchases were not always supported by a purchase order at time of commitment of the spend, with significant levels of retrospective purchase orders being entered onto ERP.
- Payroll overpayment had been identified but had not been recovered in a timely manner.

3 PROGRESS Against 2020/21 AUDIT PLAN

- 3.1 The key target for the Internal Audit Service is to complete the agreed Plan by the 31st March 2021. **Annex B** (page 6) shows audits to be completed in 2020/21. Audits that were due to be started in Q1 were affected by the pandemic lockdown when audit work was temporarily suspended. These have now been moved to Q2.
- 3.2 In consultation with Senior Management, the following changes are proposed to be made to the Plan:
- The audit review of HMIRC Outcomes is proposed to be withdrawn and the time reallocated. The Authority was recently notified of a pending inspection by HMIRC and it was concluded that the Internal Audit would potentially be a duplication of the inspection, adding little value. It was agreed that performance against the aspects of the action plan would be reviewed as part of the target operating Model - Performance monitoring review.
 - Starting times for C19 Spend Analysis and Asset management reviews are proposed to be moved to Q3 – October 2020, due to Finance resources being applied to priority work on completing the Financial Statements.
- 3.3 As at the 31 August 2020, all of the audits carried over due to the pandemic lockdown have been completed and the terms of reference for 3 reviews in the current year’s plan have been agreed with Management.
- 3.4 The table below provides a precis of the objectives of the audits to be undertaken and the associated key risks.

Assignment	Status	Objectives and Risk
Corporate Governance		<p>Objective(s) To provide assurance that the Strategic and Senior governance of NCFRA is effective and it allows statutory obligations to be fulfilled</p> <p>Risks(s) Financial and Reputational risk</p>
Key Policies		<p>Objective(s) To provide assurance that Key Policies and Procedures for NCFRA are established and operating effective.</p>

Assignment	Status	Objectives and Risk
		Risks(s) Reputational & Fraud Risks
Target operating Model – Performance Monitoring		Objective(s) To provide assurance as to robustness of performance monitoring arrangements Risk(s) Poor delivery leading to reputational and H&S risks
Financial Controls Environment		Objective(s) To provide assurance over the effectiveness of financial controls Risk(s) Reputational and fraud risks
MTFP/Budgetary controls		Objective(s) To provide assurance that. Budgetary controls are operating effectively Risk(s) Reputational and fraud risks
Accounting systems (AP/AR)		Objective(s) To provide assurance that the process Risk(s) Inappropriate payments made/ Income due not collected
Covid 19 – Payment Analysis	Progress on hold	Objective(s) To provide assurance that that spend is consistent with organisational decisions and the Covid 19 pandemic restrictions. Risk(s) -financial strain/ overspend
Payroll		Objective(s) To ensure all employees of NCFRA are bona fide and are paid the right amount at the right time. Substantive testing of large sample Risk(s) Inappropriate payments made
ICT Systems		Objective – To provide assurance that IT systems and infrastructures are secure Risk – Data protection and reputational risks
HMIRC outcomes	Cancelled	
Grenfell Action Plan	In progress	Objective – To provide assurance that process for monitoring implementation of improvement actions is adequate Risk- reputational and safeguarding risk
Asset Management	Progress on hold	Objective – To provide assurance as to adequacy of process for managing assets – movements; disposals, documenting

Assignment	Status	Objectives and Risk
		Risk – Financial and fraud risk
Risk Management		Quarterly support to Risk Owners for the effective identification / assessment of risk, periodic review and action tracking.

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.

Organisational Impact	
Level	Definitions
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.

ANNEX B

2020/21 - Audit Plan for NCFRA

AUDIT TITLE	STATUS	PROGRESS	Quarter Work Allocated	Assurance Rating System	Compliance
Brought Forward- 2019/20					
Organisational Governance	Closed	Final Report	n/a	Good	Satisfactory
Scheme of Delegation	Closed	Final Report	n/a		
Policies and Procedures	Closed	Final Report	n/a		
Accounts Payable	Closed	Final Report	n/a	Good	Limited
Accounts Receivable	Closed	Final Report	n/a		
Payroll	Closed	Final Report	n/a		
Target Operating Module	Closed	Final Report	n/a	Good	Good
Medium Term Financial Planning	Closed	Final Report	n/a	Good	Good
Risk Management			n/a	Workshops completed & continue	
Plan - 2020/21					
Corporate Governance			Q3		
Key Policies		Planning	Q3		
Target operating Model – Performance Monitoring			Q4		
Financial Controls Environment			Q2 -Q4		
MTFP/Budgetary controls			Q4		
Accounting systems (AP/AR)			Q4		
Covid 19 – Payment Analysis	Open	ToR agreed	Q3		
Payroll			Q4		
ICT Systems			Q4		
HMIRC Outcomes	Cancelled	Cancelled	Q3		
Grenfell Action Plan	Open	In progress	Q2		
Asset Management	Open	ToR agreed	Q3		
Risk Management			Q2-Q4		As above



COMMUNITY JUSTICE SECURITY



Report to the Joint Independent Audit Committee 07 October 2020

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 Northamptonshire Police and the Office of Northamptonshire Police, Fire and Crime Commissioner and also East Midlands Collaboration Units.
- 1.3 The attached Summary of Internal Audit Recommendations Report shows details and the current status of all open audit actions.
- 1.4 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.

2 NORTHAMPTONSHIRE AUDITS

2.1 Overall Status

- The report shows 8 actions that were open following the last JIAC meeting or have subsequently been added.
- 6 actions have been completed.
- 0 actions remain ongoing.
- 2 actions have passed their implementation dates and are overdue.

3 OVERVIEW

3.1 2017/18 Audits

- 11 audits were completed making 93 recommendations.
- 1 action remained open following the July JIAC.
- 1 action has passed its implementation dates and is overdue.

3.2 2018/19 Audits

- 9 audits were completed making 39 recommendations.
- 1 action remained open following the July JIAC.

- 1 action has subsequently been completed and is closed.

3.3 **2019/20 Audits**

- 8 audits were completed making 20 recommendations.
- 6 actions remained open following the July JIAC.
- 5 actions have subsequently been completed and are closed.
- 1 action has passed its implementation dates and is overdue.

4 COLLABORATION AUDITS

4.1 **2018/19 Audits**

- 3 audits were completed making 13 recommendations.
- 1 action remains ongoing.

4.2 **2019/20 Audits**

- 2 audits were completed making 11 recommendations.
- 3 recommendations have been completed and are closed.
- 8 recommendations have been partially completed but have actions that are ongoing or overdue.

EQUALITY, DIVERSITY AND HUMAN RIGHTS IMPLICATIONS

None

HUMAN RESOURCES IMPLICATIONS

None

RISK MANAGEMENT IMPLICATIONS

None.

ENVIRONMENTAL IMPLICATIONS

None

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Background Papers: Summary of Internal Audit Recommendations
for JIAC July 2020

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

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
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

AUDIT	DATE	GRADE	RECOMMENDATIONS MADE		
			Priority 1	Priority 2	Priority 3
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
Project / Benefits Realisation	22 August 2019	Satisfactory Assurance	0	2	0
Absence Management & Wellbeing	22 July 2019	Satisfactory Assurance	0	4	0
Force Management of MFSS Arrangements	21 January 2020	Satisfactory Assurance	0	2	0
GDPR Follow Up	04 June 2020	Limited Assurance	2	0	0
Core Financials	08 July 2020	Satisfactory Assurance	1	2	2
Balance Transfers	01 July 2020	Significant Assurance	0	0	1

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 29 July 2020

Previous Years Audits	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	Reported to JIAC 11 Mar 20	Reported to JIAC 29 Jul 2020	Totals for 2018/19
Recommendations Raised	93	39	Recommendations Raised	4	6	0	2	8	20
Complete	92	38	Complete	4	5	0	2	4	15
Ongoing	0	1	Ongoing	0	0	0	0	4	4
Overdue	1	0	Overdue	0	1	0	0	0	1

Position as at 21 September 2020

Previous Years Audits	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	Reported to JIAC 11 Mar 20	Reported to JIAC 29 Jul 2020	Totals for 2018/19
Recommendations Raised	93	39	Recommendations Raised	4	6	0	2	8	20
Complete	92	39	Complete	4	6	0	2	7	19
Ongoing	0	0	Ongoing	0	0	0	0	0	0
Overdue	1	0	Overdue	0	0	0	0	1	1

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

2017/18

Data Quality – January 2018

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
4.2	<p>Niche Data Quality Strategy</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>	2	<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>Update - December 2019.</p> <p>The National Data Quality Strategy is about to be signed off. We will then need to develop a local strategy to cover implementation and monitoring/governance We have not yet been able to secure our Data Quality Dashboard, (awaiting ISD change) will be pressed in 2020 to attempt to raise the priority.</p> <p>A Data Maturity Assessment is planned Mid Feb 2020 for the force. Both of these actions will assist in informing the local strategy.</p> <p>An initial Data Quality meeting took place on 30/10/19, where to above two points were discussed, Pauline Sturman has been appointed the lead for Data Quality.</p> <p>Update February 2020 - The software has been successfully installed and the relevant data tables created. We will receive our</p>	<p>Niche Operational Lead Jim Campbell 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>	


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	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
				<p>PND dashboard shortly before the 16th March 2020.</p> <p>Update Apr 2020 – There are wider data quality issues than just Niche. Proposals are being prepared for a Force Data Quality Board which will address the wider issues and this will be reflected in a forcewide Data Quality Strategy.</p> <p>Update Sept 2020 – After the recent ICO Audit a force wide action plan has been agreed and adopted, overseen by the (SIRO). As part of this work Supt Hillery has been identified as the SRO for Data quality and is currently writing a data Strategy on behalf of the force. Once agreed a data quality board will be established to cover the Information assets across the force. This will include Niche.</p>		


2018/19

Risk Management - April 2019

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.5	<p>4Risk</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"> • "enables reporting on profiling, categorisation and prioritisation of enterprise-wide risks; 	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 PIR will now take place in March 2020</p> <p>Update – Due to the Covid19 outbreak the PIR did not take place in March and will be rescheduled</p>	<p>November 2019</p> <p>July 2020</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<ul style="list-style-type: none"> • <i>provides visibility of the enterprise controls environment;</i> • <i>allows for enterprise wide assurance mapping and production of a board assurance framework;</i> • <i>tracks progress of actions through to implementation and outcome;</i> • <i>reduces risk management administration costs."</i> <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.</p> <p>From discussions with the Risk & 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>			<p>Update – The PIR has been scheduled for 23 July 2020.</p> <p>Update – A questionnaire was sent to key users in July 2020 with a review meeting then held on 23 July. A report has been produced outlining a number of recommendations for improvements. Most of these will be addressed through training and the guidance notes but some will require further discussion with RSM. An action plan has been created to implement the recommendations.</p> <div style="text-align: center;">  </div> <p>Post Implementation Review - 4 Risk v1.0 F</p>		

2019/20**Absence Management & Wellbeing – July 2019**

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.2	<p>Wellbeing Strategy & Monitoring.</p> <p><i>Observation:</i> The Wellbeing Strategy was refreshed in November 2018 and includes aims, goals, principles and strategic objectives. 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. 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. 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 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> <div style="text-align: center;">  <p>Wellbeing Action Plan.xlsx</p> </div> <p>Update: 12/2/20 Wellbeing Plan revised and to be presented at the Culture and People Board on 24 February 2020. Resources have been limited to deliver the new plan as the responsibility lies with as part of a role within People Services. New</p>	Head of HR Autumn 2019	

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	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
				<p>part time wellbeing adviser started on 12/2, this will assist with the monitoring and meeting the requirements of the plan.</p> <p>Update 05/05/20 – The plan is still being drawn up and will be presented to the next Leadership and Culture Board.</p> <p>Update – The strategy was reviewed at FEM and sent to the Culture and People Board on 15 June, where it was agreed. Due to go to FEM for final sign off, Friday 26 June. Once final sign off had been agreed then the action plan to be finalised.</p> <p>Update – The strategy has been approved by FEM and the Ok Bluelight Framework has been adopted as the action plan. The plan will be reviewed at the People & Culture Board</p>		

Core Financials – July 2020

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.2	<p>Reconciliations</p> <p><i>Observation:</i> MFSS carry out a number of control account reconciliations at the end of each month,</p>	The Force should request that MFSS ensure that all	2	Agreed – Complete, following the transition to Oracle Cloud and the issues encountered	Fiona Aston Complete	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
	<p>including Accounts Payable, Accounts Receivable, Net Pay and Payroll to ensure the general ledger is correctly stated.</p> <p>Audit noted that the Net Pay and Payroll Suspense reconciliations for the months of May, July and September 2019 were prepared and/or reviewed more than 1 month following period end. This resulted in a number of reconciliations being prepared and reviewed as a batch. This nullifies the purpose of performing control account reconciliations. Additionally, the Force is not notified when reconciliations are going to be completed, reviewed or distributed late. They also have not provided authorisation for these reconciliations to be performed late and/or in batches.</p> <p>Furthermore, it was noted that for the Payroll Suspense account, there are a large number of unreconciled items, increasing from 68 in May to 163 in September, with the respected value increasing from £30k to £57k.</p> <p>Audit also noted that MFSS complete a monthly reconciliation of the General Ledger against the Force bank statements for Income, Payments and Salaries. Audit noted that for the months of May, July and September, the reconciliations were not completed in a timely manner.</p> <p>Through discussion with retained finance, it was noted that no reconciliations were produced by MFSS for the first six months of the financial year. The first set of reconciliations received was in October 2019. This was as a result of the implementation of Oracle Fusion.</p> <p><i>Risk:</i> Inefficient use of MFSS time in compiling historic data to enable monthly reconciliation.</p> <p>The Net Pay and Payroll statements are inaccurate. Reconciliations are inappropriately and/or incorrectly completed.</p>	<p>reconciliations are completed and reviewed in a timely manner, i.e. within 1 month of the period end.</p> <p>The Force should liaise with MFSS to ensure that historic balances are investigated and cleared down.</p> <p>The Force should request that MFSS seek authorisation from the Force when looking to perform reconciliations more than one month after the period end and provide notice to the Force when this is unarranged.</p> <p>[Force/MFSS]</p>		<p>initially within the GL Team relating to reporting and the payroll costing set up which have been resolved MFSS are now completing all control account reconciliations within 1 month of the period end.</p> <p>Agreed – Fiona Aston MFSS Compliance Manager tasked to work with Debbie Clark to clear historic balances.</p> <p>Agreed – MFSS will advise the Force if reconciliations will not be completed within one month of period end.</p> <p>Update - 12/08/2020 Complete and now Business as Usual</p>	<p>Fiona Aston and Debbie Clark September 2020</p> <p>Fiona Aston June 2020 Complete</p>	
4.3	<p>Approval of Overtime/TOIL claims</p> <p><i>Observation:</i> Payment of overtime and TOIL claims currently take place prior to any approval and all other controls (line manager and DMS checks) are retrospective. This allows for false/invalid claims to be</p>	<p>The Force should consider implementing a preventative control for overtime/TOIL authorisations to ensure that these are appropriate and</p>	2	<p>There are controls within the overtime app to prevent duplicate claims and to highlight unusual claims at double time for review by the planning team. This happens at the time of the claim, prior to payment.</p>	Complete	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
	<p>made and not picked up until after they have been paid.</p> <p>This has been highlighted recently where an individual, who is being processed through disciplinary procedures, was found to make invalid claims. This was for invalid mileage claims from March 2017 to February 2018 and invalid overtime/TOIL claims from February 2017 to April 2018. Although these have been picked up by the current (retrospective) controls, these payments could have been prevented with detective/approval controls.</p> <p>From our work at other Forces we noted a different way of working using the DMS software. The rates and scenarios for overtime/TOIL are included within the system and this allows for an automatic calculations of entitlements based on when employees book on and book off. Then weekly line managers approve the time submitted which acts as approval of the overtime and toil recorded.</p> <p><i>Risk:</i> Invalid Overtime/Toils is claimed and paid/awarded</p>	<p>accurate. This should be considered in light of the new system.</p> <p>A simple solution could be to move the current retrospective review by line managers to prior to payment, therefore acting as a preventative approval.</p> <p>[Force]</p>		<p>A report is being devised that will allow further manual checking of overtime claims for anomalies prior to being submitted for payment. This will include checking against leavers reports which would prevent occurrences such as the example given.</p> <p>Management information on overtime payments has been enhanced for 2020/21 and managers are required to review claims in more detail than previously (albeit this will still be after payment). There is also work ongoing to report on overtime trends via Qlik which will make it even easier for managers to scrutinise more deeply and to be held to account by budget holders.</p> <p>Use of DMS for overtime payments will be considered as part of the work-stream for future system development.</p> <p>Update - 12/08/2020 The overtime app is sending out overtime claim details so that managers than query claims prior to payment.</p> <p>Complete</p>	<p>Vaughan Ashcroft August 2020</p>	
4.4	<p>Reporting of Payroll Performance Data</p> <p><i>Observations:</i> MFSS currently report performance data for purchasing, payables and receivables to the Force which highlight key data, including:</p> <ul style="list-style-type: none"> No. of requisitions transferred to orders within 3 days. % of invoices paid on time. <p>However, at present there is no review of performance for payroll processing. The review of this performance data would identify any issues or concerns in the payroll processing and allow actions to be taken in a timely manner.</p> <p>This issue was raised in 2017/18 audit, but audit has not been able to confirm if any changes have been</p>	<p>The Force should liaise with MFSS to ensure that appropriate performance data is provided with regards payroll processing. This could include, but not be limited to, the following:</p> <ul style="list-style-type: none"> No. of overpayments & underpayments. Value of overpayments & underpayments. Reasons for overpayment i.e. late 	1	<p>Agreed - MFSS Payroll will provide the data as recommended, in the form of an excel spreadsheet, by the 1st working day of the month following the period in which the transactions took place. i.e. June payroll data will be provided by 1st July</p> <p>Update - 12/8/2020 Ongoing. The in-house payroll team are monitoring these performance areas and reporting back via Louise Davies. MFSS</p>	<p>Steve Gall July 2020</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
	<p>made, as access to payroll performance reports were not available.</p> <p><i>Risk:</i> Poor performance is not identified in a timely manner.</p> <p>Errors in payroll processing result in financial loss for the Force</p>	<p>notification by Force, MFSS missed SLA for Payroll Date etc.</p> <p>[Force/MFSS]</p>		<p>are still working on producing this for us and have been chased for an update.</p> <p>Update 24/09/20 We have received partial data on payroll performance this month (due to staff resource issues at MFSS). We are in the process of getting access to run the Service Request data directly so that we can pull this information ourselves going forward. Our retained payroll team are auditing manually the pay runs each month. This is helping prevent mistakes on payroll but not perfect. Therefore we are also in the process of gaining access to the Oracle payroll system for our retained payroll team, to improve the overall payroll performance.</p>		
4.5	<p>Debtor Recovery Letters</p> <p><i>Observation:</i> Debt recovery letters are sent out by MFSS to customers where debts are more than 31 days past due. Further letters are issued at regular intervals, again by MFSS. Letters can be sent by email or post, depending on the preference selected by the debtor when set up.</p> <p>Audit noted that a control weakness where debt recovery communications would not be recorded on the system, if this communication method was set to via email. Therefore staff should be reminded to ensure they record all debt recovery actions on the Oracle system.</p> <p>Furthermore, audit also noted that the Debt Recovery process document does not include time frames for the different debt recovery actions, including debtors' letters.</p> <p><i>Risk:</i> The Force suffer financial losses from non-recovery of income from debtors</p>	<p>The Force should request that MFSS ensure that all debt recovery actions are recorded including email communications, either in Oracle or an offline method.</p> <p>The Force should request that MFSS update Debt Recovery guidance notes to include time frames for debt recovery actions.</p> <p>[MFSS]</p>	3	<p>The letter process is automated and runs weekly and sends an email or generates a letter for all invoices that are overdue by over 31 days. The control is that MFSS carry out checks to ensure that this process completes without any errors or warnings. Any errors (failure to deliver emails etc) are investigated and rectified.</p> <p>Agreed – Cheryl Scott MFSS Accounts & Purchasing Team Leader tasked with updating documentation by 30th June 2020</p>	<p>Pam Rourke Controls in place</p> <p>Cheryl Scott Complete</p>	

Balance Transfers – July 2020rt

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.1	<p>Reporting from DMS</p> <p><i>Observation:</i> The Force has not yet transferred balances related to areas outside of Accounts Payable, Accounts Receivable and Inventory. This is due to delays in the 2018/19 external audit and finalisation of closing balances for areas such as Property, Plant & Equipment; Cash; and, Reserves.</p> <p><i>Risk:</i> Balances will be incorrectly transferred or may be erroneously adjusted</p>	<p>The Force should ensure that reconciliations are carried out on balances that they transfer to provide assurance that this has been correctly completed.</p> <p>The Force should ensure that a reconciliation is carried out over all balances following the final transfer to provide assurance that the transfer has been correctly completed and agrees to closing balances and signed accounts.</p>	3	<p>Balances for the financial year end have now been updated in Fusion to align to the current Financial Statement position.</p> <p>It is assumed that in accordance with the draft ISA260 no further actions will be required.</p> <p>Confirmed - Completed</p>	Nick Alexander June 2020	

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

2019/20

AUDIT	DATE	GRADE	RECOMMENDATIONS MADE		
			Priority 1	Priority 2	Priority 3
Performance Management	February 2020	Satisfactory Assurance	0	1	4
Health & Safety	September 2020	Satisfactory Assurance	0	3	3

Strategic Financial Planning

	Recommendation	Priority	Timescale/ responsibility	Update	Status
4.4	<p>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.</p> <p>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.</p>	2	<p>CFOs/FDs April 2019</p> <p>(renewed deadline end of April 2021)</p>	<p>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.</p> <p>Is scheduled for discussion at the February Resources Board where a renewed target timescale will be discussed</p> <p>Update - This has been discussed but it is subject to a proposal that will be tabled at the PCC Business Meeting in April 2020.</p>	

	Recommendation	Priority	Timescale/ responsibility	Update	Status
				Update - CFOs/FDs still discussing with a view to agreeing a consensus for the Resources Board. Target date for agreement 30/6/20 for application to 2020/21 financial year. Implementation date is subject to change	

Business Planning

	Recommendation	Priority	Timescale/ responsibility	Update	Status
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"> Coverage of both the current year but also includes future year considerations. The assessment of resources to achieve the stated objectives / priorities. 	2	Regional Collaboration Manager April 2019	<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> <p>Update – Apr 20 - As with 4.3 this action was discussed by DCC's in March 2020. 'Heads of' collaborations units are being issued with a recommended timeline for them to follow alongside guidelines on the essential information to be included within a business plan.</p> <p>Update - The planning cycle has been shared across collaborations</p>	
4.3	The Forces should consider if a template/format for collaboration business plans should be established.	3	Regional Collaboration Manager April 2019	<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 where this decision and consideration should be tabled.</p> <p>Feb 2020 - While this action was originally allocated to the Regional Collaboration Manager to co-ordinate the consideration</p>	

	Recommendation	Priority	Timescale/ responsibility	Update	Status
				<p>to implement a template/format for collaboration business plan needs to be a force based one. A request has been made for this audit agenda item to be tabled at the DCC board for discussion for a way forward. I is due to be discussed at the March board and a renewed target date for 4.2/4.3 to be discussed then.</p> <p>Update – As per 4.2</p> <p>Update - The planning cycle has been shared across collaborations</p>	

2019/20

Performance Management

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.1	<p>Governance</p> <p><i>Observation:</i> As part of the audit review into the performance management frameworks in place, audit reviewed the terms of reference of the governance forums responsible for managing performance. It was noted at a number of the collaboration units that were reviewed that the terms of reference had not been reviewed for some time or did not contain some key details.</p> <p>Two forums that review performance at EMSOU are the Strategic Governance Group and the Performance Management Group. It was noted that the terms of reference for these groups had not been updated since July and October 2018 respectively.</p> <p>The Board terms of reference for the EMCHRS L&D does not include the Chair, Core Membership, Frequency of Meeting, Key Information Sources, Interdependencies or Administration Support.</p> <p><i>Risk:</i> Responsibility for managing performance is not clearly stated or carried out effectively.</p>	<p>EMSOU should review and update the Performance Management Group and Strategic Governance Group terms of reference on a regular basis to ensure they remain up to date.</p>	3	<p><u>EMSOU</u></p> <p>The requirement to review is agreed. A 12 monthly review cycle will be established for both of these meetings.</p> <p>Update Sep 20 - The PMG TOR is currently being reviewed and will be discussed at the next PMG meeting on 2 November 2020. The EMSOU Strategic Governance Board TOR will be reviewed in October and presented to the next planned meeting on 19 November 2020 for agreement</p>	<p><u>EMSOU</u></p> <p>DSU Kirby 12 monthly from May 2020</p>	
		<p>EMCHRS L&D should update the Management Board terms of reference to ensure key details are included. These should be reviewed and updated on a regular basis.</p>		<p><u>EMCHRS L&D</u></p> <p>Terms of Reference for all governance will be reviewed and a review cycle established</p> <p>Update Sep 20 - The TOR have been updated, primarily to show the change of name and the emphasis of the collaboration. These will be discussed at the Board on the 23rd September and they will be forwarded once these have been approved.</p>	<p><u>EMCHRS L&D</u></p> <p>Peter Ward</p>	
4.2	<p>EMCHRS L&D: Performance Data</p> <p><i>Observation:</i> Audit reviewed the monthly performance packs that are produced by the unit, which focus upon the percentage of officers/staff who have completed mandatory training within each of the four Forces that the unit covers. Whilst this is an indicator that the unit is delivering the service for the Forces, other factors</p>	<p>EMCHRS L&D should consider including other performance metrics in its performance report that provide a better view of unit specific performance.</p>	3	<p><u>EMCHRS L&D</u></p> <p>In light of the new structure established in April 20 a new set of performance measures will be agreed at the next Regional L&D Management Board.</p>	<p><u>EMCHRS L&D</u></p> <p>Peter Ward 23rd June 2020</p>	

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	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<p>affect these figures such as Forces releasing the officers and staff to attend the courses that are available. Through discussions with the collaboration unit, other unit specific performance data could be used to manage performance including the utilisation levels of trainers and number of training places available for the Forces. Therefore the unit should consider adding additional performance metrics to the current performance packs to provide a more detailed review of performance.</p> <p>Audit reviewed the processes in place for collating the performance data within the unit and it was noted that this currently involves collating up to 200 paper evaluation forms each month and then entering these into electronic format.</p> <p>The evaluation of training is key performance data for the collaboration unit, consideration of a more effective and efficient way of collating this data should be considered.</p> <p>From audit testing on the accuracy of performance data it was noted that one minor error in the data was found. It did not change the KPI.</p> <p><i>Risk:</i> Ineffective use of resources in the production of performance data.</p>	<p>EMCHRS L&D should consider alternate solutions for the production of course evaluation.</p>		<p>The effectiveness of these measures will be reviewed as part of the review cycle and will align to stakeholder expectations.</p> <p>Update Sep 20 - EMCHRS L&D is now East Midlands Specialist L&D Hub. We have changed the way we do performance. We will give advice and guidance to each force on how they wish to measure. We as the specialist hub, use a tracker document; we deliver very little training; we oversee the training and are responsible for the compliance of training.</p> <p>A business case is being put together to put a case forward to provide options of systems that can be used to conduct Level 1 feedback. The software solution should support the EMCHRS L&D evaluation strategy and allow for future development of services thereby potentially achieving a greater return on initial investment. The current transitional process is for the standard template form to be produced locally and given to delegates. It is a generic, non-event/trainer specific form, developed to gather level 1 evaluation feedback including 3 key performance indicator data. Specific details are entered manually by the delegate. Only forms for events selected by criteria set out within the L&D evaluation procedure are processed for reporting purposes. Due to resources and the transitional state of some business processes, the current focus of reports is higher level management</p>	<p>EMCHRS L&D Peter Ward</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
				information, specifically focusing on key performance indicators. This process covers all "in scope" training delivered at Derbyshire, Nottinghamshire, Leicestershire and Northants including regional crime. Due to Forces taken on Microsoft 365 as an overall system tool, it would looked into, if this is a possible way forward. Currently within Evaluations the more detail evaluations such as Level 3, is conducted online using Survey Monkey, due to the nature of the detail and also the logistics of this, being done on case by case. Under the new Entry routes of policing (PEQF) we regular use survey monkey to conduct Student Satisfaction survey around training and their tutor phase of the programme. Due to being under external scrutiny such as the Educational Skills Funding Agency (ESFA) and The Office for Standards in Education, Children's Services and Skills (Ofsted) and other external bodies the importance of conducting these evaluations is of high priority and also high risk, for performance and outcomes.		
4.3	<p>EMCJS: Performance Data</p> <p><i>Observation:</i> Audit carried out testing on the accuracy of the performance data included within the EMCJS regional scorecard which contains a lot of different performance metrics within it. It was noted from testing that in a number of the metrics tested, the exact figures for the month could not always be reproduced, this was due to changes that could have been made since the original data was</p>	EMCJS should consider updating its performance process to save the source data so a clear audit trail for performance is maintained.	3	<p><u>EMCJS</u></p> <p>The source data will be retained within excel and saved as a matter of course and the data will be checked by a secondary person prior to its circulation with immediate effect.</p>	<p><u>EMCJS</u></p> <p>Samantha Lilley-Brown and Paul Naisby – with immediate effect</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<p>produced. The source data for performance packs is not retained when it is produced.</p> <p>Moreover audit also identified one case where the incorrect figures were used and there were some formula errors within the scorecard that displayed incorrect averages. These errors were corrected when highlighted by audit, however to ensure no repeats quality checks should be considered.</p> <p>Audit noted that one individual carried out the process of collating the performance scorecard, and the process is not documented. Therefore the unit needs to consider resilience should the individual be unavailable to complete the performance data processing.</p> <p><i>Risks:</i> The performance data produced by EMCJS does not reflect the true position.</p> <p>EMCJS are unable to produce its performance reports in a timely manner.</p>	<p>EMCJS should consider ensuring a secondary quality check on performance figures prior to them being issued.</p> <p>EMCJS should consider documenting the procedures for producing its performance scorecards to provide resilience in the event existing staff are unavailable to carry out the process.</p>		<p>Update Sep 20 - The source data is now retained within excel and saved as a matter of course.</p> <p>Update Sep 20 - The data is now checked by a secondary person prior to its circulation.</p> <p>The scorecard can be replicated by the other audit and performance officer and the information and templates are to be saved on a share drive on the EMRN to facilitate this.</p> <p>Update Sep 20 - The scorecard can be replicated by the other audit and performance officer and the information and templates are to be saved on a share drive on the EMRN to facilitate this.</p>	<p>Samantha Lilley-Brown and Paul Naisby – with immediate effect</p> <p>Paul Naisby – as of 27th April 2020</p>	
4.4	<p>Performance Measures</p> <p><i>Observation:</i> Each collaboration unit carries out a variety of functions and services for the Forces and due to this it can be difficult to assign performance targets or measures that clearly demonstrate what good performance looks like.</p> <p>Whilst targets may not be applicable in all the performance metrics, indicators of good or bad performance should be included to provide those charged with managing performance with a better understanding of the performance metrics being presented. Examples include:</p>	<p>When presenting performance metrics EMCJS, EMCHRS L&D and EMSOU should consider what good performance should look like to provide users with a better understanding of how well the unit is performing in that area.</p>	2	<p><u>EMSOU</u></p> <p>EMSOU have commissioned a performance project to review existing performance reporting, strip out unnecessary bureaucracy and make better use of the gathered data.</p> <p>All departments will report via a standard template and all data will be held in one, bespoke database. That database will be capable of being queried via Power BI, allowing a far more agile approach to performance monitoring.</p>	<p>DCS Kirby June 2020</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<ul style="list-style-type: none"> EMCHRS L&D KPI's relate to % of Force's staff who have undertaken mandatory training, some RAG ratings are applied but these have not been reviewed and updated for some time. EMCJS the custody metrics are recorded but no indication of what good should look like e.g. a downward trend or upward trend or an expected percentage. EMSOU have no performance targets in most areas due to the nature of the work they undertake, however trend analysis is utilised where possible to demonstrate performance but it was unclear what trend demonstrated good performance. <p>Once a better understanding of levels of performance are in place this will allow those charged with managing performance to put in place appropriate actions in areas of underperformance.</p> <p><i>Risk:</i> Lack of clarity on levels of collaboration performance. Actions are not set to address areas of underperformance.</p>			<p>Whilst targets would not be helpful for most EMSOU work, this system will allow us to see our effect in many ways, such as commodities seized and offenders imprisoned, but also important information on the effect of our operations in communities, such as the overall reduction of risk from an OCG.</p> <p>The data can be separated out for departments, teams, threat areas and so on, allowing for questions to be answered in different ways to cater for changing contexts.</p> <p>This deals with the issue of good performance, and how that is defined, given that stakeholders will have a range of views.</p> <p>Update Sep 20 - In progress. EMSOU have commissioned a performance project to review existing performance reporting, strip out unnecessary bureaucracy and make better use of the gathered data. All departments will report via a standard template and all data will be held in one, bespoke database. That database will be capable of being queried via Power BI, allowing a far more agile approach to performance monitoring. Whilst targets would not be helpful for most EMSOU work, this system will allow us to see our effect in many ways, such as commodities seized and offenders' imprisoned, but also important information on the effect of our operations in communities, such as the overall reduction of risk from an OCG. The data can be</p>		

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
				<p>separated out for departments, teams, threat areas and so on, allowing for questions to be answered in different ways to cater for changing contexts.</p> <p>The EMSOU PMG is also being reworked with the main focus on 'what does good look like' – to complement the data work that is underway.</p>		
				<p><u>EMCJS</u> There are a few areas within the scorecard that targets could be attributed to. However, a lot of the data is for information only and can't be targeted i.e. throughput. The scorecard will be reviewed and targets will be included where deemed appropriate.</p> <p>Update Sep 20 - There are a few areas within the scorecard that targets could be attributed to. However, a lot of the data is for information only and can't be targeted i.e. throughput. The scorecard will be reviewed and targets will be included where deemed appropriate.</p>	EMCJS Samantha Lilley-Brown and Paul Naisby – as of 22 nd May 2020	
				<p><u>EMCHRS L&D</u> A Performance Management Group is in place and will benchmark L&D performance measures to ensure that these ultimately drive improved performance.</p>	EMCHRS L&D Already in place	
4.5	<p>Performance Information versus Management Information <i>Observation:</i> Each unit has a lot of data that it utilises when creating performance packs or reports. However audit noted in a number of instances that there is a</p>	When presenting performance metrics EMCJS, EMCHRS L&D and EMSOU should consider the separation of management	3	<p><u>EMSOU</u> The new performance system described above will be able to show demand data and so on, but also data that points</p>	DSU Kirby June 2020	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<p>separation between management information and what could be considered pure performance data. For example:</p> <ul style="list-style-type: none"> The EMCJS Regional Scorecard includes a number of different tabs that include demographics of those in custody, number of mental health assessors called etc. Whilst this is important data for the management of the service, these are not performance indicators and therefore could be clearly separated out so a clear list or dashboard of the performance indicators are displayed. The EMCHRS L&D performance pack shows the reasons for non-attendance at the training courses it runs but this is a management information tool not a performance measure. The EMSOU performance packs contain some demand data such as number of reviews done by the regional review unit. <p>To ensure the performance of the unit is clearly presented in management reports the units should review how the information is presented. <i>Risk:</i> Lack of clarity in performance reporting</p>	information from performance information		<p>towards the effectiveness and efficiency of any given unit. It will be flexible enough to combine and separate management data and performance data as required. Importantly, performance data can be looked at across departments, which is crucial for the integrated nature of EMSOU's work. For example, a SOC operation will not be completed by a SOC syndicate alone, the input of the SIU and other teams needs to be understood.</p> <p>Update Sep 20 - In progress: the new performance system will be able to show demand data and so on, but also data that points towards the effectiveness and efficiency of any given unit. It will be flexible enough to combine and separate management data and performance data as required. A proof of concept has been run across SOC and EMSOU are now looking at resources to roll this out across the organisation. The reworking of the PMG as described above will also assist with this.</p>		
				<p><u>EMCJS</u> On the completion of the review of the scorecard as detailed in section 4.4, the areas where performance targets can be included will be separated onto a specific performance tab on the scorecard. This will make the performance information easier to identify.</p>	<p><u>EMCJS</u> Samantha Lilley-Brown and Paul Naisby – as of 29^h May 2020</p>	
				<p><u>EMCHRS L&D</u></p>	<p><u>EMCHRS L&D</u></p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
				The performance Management Group will consider Management Information v Performance Information to help inform overall performance data for the function.	In place	

Health & Safety

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
4.1	<p>EMCHRS OHU: Health & Safety Policy & Procedure</p> <p><i>Observation:</i> Audit were informed that the collaboration unit has adopted Leicestershire Polices' Health and Safety Policy and were operating in line with this.</p> <p>However it was noted that there was no formal record of this adoption of policy by the EMCHRS OHU Management Board. Therefore for clarity it should be formally adopted.</p> <p>Also as the Force policy is reviewed and updated the unit should ensure that the changes do not affect the unit.</p> <p><i>Risk:</i> The responsibilities for health and safety are not understood and are therefore not carried out.</p>	<p>EMCHRS OHU should formally adopt their Health and Safety Policy & Procedure.</p> <p>EMCHRS OHU should ensure when the Force H&S Policy is updated that any changes made do not impact upon their approach.</p>	3	<p>OHU to attend the Leics Executive Health and Safety committee meeting moving forward.</p> <p>Peter Coogan to check with DCC Nixon about reviewing the Leics Executive Health and Safety Committee terms of reference to include OHU.</p>	<p>Head of OHU May 2020</p> <p>Chair of the Leics Executive H&S Committee.</p>	
4.2	<p>EMCHRS OHU: Roles & Responsibilities</p> <p><i>Observation:</i> As noted in rec 4.1 above, the unit adopt the policy and procedures of the Force, whilst this appears to be a reasonable approach to prevent the duplication of work it is noted that differences will be present.</p> <p>For example the responsibilities set out in the Forces procedure cover the OPCC, the DCC, Director of H&S etc. These roles differ to the collaboration unit set up and therefore it needs to be considered how this is to be formally recorded to ensure accountability is clearly set for H&S.</p> <p>It was also noted from review of the H&S Procedures that the unit have adopted from Leicestershire that it states "Regional units are required to have support</p>	EMCHRS OHU should review the Force Health and Safety Policy and Procedure and ensure they record where their approach differs from the policy and procedure, for instance the responsibilities assigned to roles across the collaboration unit.	2	<p>The OHU would benefit from a Business Support Manager. The Leics Principle Health & Safety Advisor said it would be useful to have a SPOC in the OHU unit,</p> <p>The Health and Safety Advisor for Leicestershire Police has agreed to attend the OHU SLT meetings to provide further support for the unit.</p> <p>The Force Health and Safety terms of reference request for review as in 4.1.</p>	Implemented	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
	managers in place to co-ordinate health and safety within their unit.” The OHU does not currently have a support manager filling this role and it is being undertaken by the Head of OHU. <i>Risks:</i> The responsibilities for H&S are not clearly stated for the collaboration unit.					
4.3	<p>EMSOU: Health & Safety Policy/Protocol</p> <p><i>Observation:</i> EMSOU has its own H&S Protocol in place that sets out the means by which the Unit will manage risks to the health and safety of its staff and those that are affected by their work. It was noted that the current format of the protocol does not include version control, policy owner and date of review. Audit also noted that in comparison to some of the Forces’ H&S Procedures, it was noted that one omission from the EMSOU protocol is the clearly defined legal responsibilities for H&S. Whilst it is noted that the EMSOU H&S Protocol is currently under review, consideration should be given to the format and setting a schedule for regular review.</p> <p><i>Risk:</i> The H&S protocol does not align with the current operations of the unit. The roles and responsibilities for H&S as stated in the protocol are not aligned with the current structure of the unit.</p>	<p>EMSOU should ensure a schedule is in place to review and update the H&S Protocol on a regular basis.</p> <p>EMSOU should confirm where legal responsibilities for H&S lie for their collaboration unit and define this within their protocol.</p> <p>EMSOU should update the format of the Protocol to ensure it includes but not limited to:</p> <ul style="list-style-type: none"> • Document Owner • Version Control • Last Review Date • Date of next review • Officer/Board Approval 	3	<p>This will sit alongside the review arrangements that are already in place for EMSOU Standard Operating Procedures (SOP’s). An annual review will take place to ensure that it remains relevant and applicable.</p> <p>The Lead Force for each collaboration is set out with Schedule 4 of each S22 Agreement. So for H&S it will be either Leics or Derby’s.</p> <p>The H&S Protocol will be updated to include the requested formats – this will then be incorporated within the annual review arrangements</p>	<p>Head of Finance and Corporate Services. Next Review Jan 2021.</p> <p>May 2020 - Complete</p> <p>June 2020</p>	
4.4	<p>Governance</p> <p><i>Observations:</i> The governance structure for H&S at EMSOU rests with the Risk, Assurance & Compliance Meeting. A review of the Terms of Reference for this forum confirmed the responsibilities of this group, however it was noted that the ToR was last reviewed and updated in October 2018. To ensure it remains up to date this should be reviewed and updated regularly.</p>	<p>EMSOU should review and updated the Risk, Assurance and Compliance Meeting Terms of Reference to ensure it remains up to date with the operations of the unit.</p>	3	<p><u>EMSOU</u> Terms of Reference for the Risk and Assurance Board are to be reviewed and updated. Future reviews to be conducted on an annual basis.</p>	<p>EMSOU Head of Unit June 2020</p>	
	<p>As a small collaboration unit, OHU does not have a separate Health & Safety governance forum but any issues or actions needed would be discussed at the Senior Leadership Team meeting. Audit noted that H&S is not a standard agenda item, therefore to ensure it is still considered at each meeting an item</p>	<p>OHU should include Health & Safety as a standard agenda item at the Senior Leadership Team meeting.</p>		<p><u>OHU</u> Health and Safety has now been added as a standard agenda item at the OHU SLT meeting and the OHU SLT terms of reference have been updated to include H&S.</p>	<p>Implemented</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/responsibility	Status
	<p>should be added. Audit were also informed that it had been agreed that the H&S Advisor at the Force had agreed to attend these meetings as requested, to provide further support for the unit.</p> <p><i>Risks:</i> The governance of Health and Safety at EMSOU and EMCHRS OHU is not clearly and correctly stated.</p>					
4.5	<p>Accident Reporting</p> <p><i>Observation:</i> The EMSOU Health & Safety Protocol outlines the process to be followed for accident reporting. It makes clear references to the individual Forces being responsible for recording H&S incidents: "<i>Managers of staff who have been injured or made ill through work related causes will ensure that the Health and Safety Advisor of that individual's Force has been made aware.</i>"</p> <p>EMSOU maintain records of incidents that have occurred at their premises however it was noted that EMSOU do not maintain records of when such incidents have been passed to the Force to deal with. Therefore if staff have not reported the incident to the Force there is a risk it will go unreported.</p> <p>The OHU adopt Leicestershire reporting process for H&S incidents, however it was noted in some scenarios where OHU Staff are operating on other Force premises and an incident occurs there is an expectation that the Force would record the incident where it occurs. Similarly to EMSOU, the OHU do not keep records of this therefore no audit trails to confirm incidents have been captured.</p> <p><i>Risk:</i> Accidents or incidents are not reported</p>	<p>EMSOU & OHU should consider maintaining records of incidents and near misses for their staff that are passed to the Forces to ensure a clear audit trail is maintained and no incidents are missed.</p>	2	<p><u>EMSOU</u></p> <p>EMSOU Currently has its own Injury on Duty reporting form and staff are aware of this and are encouraged to use it. In future we will put out a 6-monthly reminder to all staff via the weekly bulletin reminding them of the process.</p> <ul style="list-style-type: none"> - This reminder will also include the instruction that Staff are to report all injuries or near misses - Where injuries are reported to other forces directly then these are usually passed back to EMSOU for information or investigation. <p>Going forward EMSOU will carry out routine checks to see if any injuries have been reported to forces to ensure that they are picked up (however we must be wary of double reporting occurring)</p>	<p>Head of EMSOU Dec 2020</p>	
				<p><u>OHU</u></p> <p>Reports of accidents, incidents and near misses are now recorded on a spreadsheet.</p>	<p>Head of OHU April 2020</p>	
4.6	<p>Training: EMSOU</p> <p><i>Observations:</i> Both EMSOU and the OHU align with Leicestershire Polices' approach to H&S training, with a number of H&S training levels in place to provide staff with the training they need to fulfil their health and safety responsibilities, dependent on their role within the organisation as noted below.</p> <p>When staff join the organisation they undertake induction training, which includes a basic level of health and safety training.</p>	<p>EMSOU should review the training records of managerial posts and then remind those who have not completed the H&S training package to do so.</p> <p>EMSOU should ensure the Training administrators monitor levels of H&S training for EMSOU</p>	2	<p>Going forward a specific list will be kept for H & S training and this will be monitored for attendance and review dates. Records of the 5 year refresher will be kept, however due to turnover of managerial roles there are likely to be very few staff who remain in post longer than 5 years.</p>	<p>Head of EMSOU Sept 2020</p>	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility	Status
	<p>If staff hold a managerial post then they are required to undertake a Managerial Health & Safety Training course. This should be completed via an e-learning package via NCALT. Audit carried out testing on 10 managerial posts across EMSOU-SOC and it was noted that 6/10 had not completed the e-learning course. It was noted that the Training Administrator does not have access to the e-learning system and therefore cannot monitor and report on the levels of up to date H&S training. This had to be done via individuals training records which is a timely manual process. It was highlighted that, at present, there is no refresher training required for staff who complete the managerial training package. From audit testing, of the four staff that had completed the course, the most recent was in 2017 with the oldest being in 2013.</p> <p><i>Risk:</i> Staff with legal responsibilities for health and safety have not received appropriate training to carry out these duties.</p>	<p>staff to ensure compliance with the five year refresher period.</p>				



AGENDA ITEM 9b

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

JOINT INDEPENDENT AUDIT COMMITTEE

7th October 2020

REPORT BY	Business Planning Manager Julie Oliver
SUBJECT	Internal Audit Recommendations Summary Report
RECOMMENDATION	Committee to note 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 Fire and Rescue Service and the Office of Northamptonshire Police and Crime Commissioner.
- 1.3 This report includes an update on recommendations on all internal audit reports which have been issued as final as at the time of writing the report.

2 OVERALL STATUS

- The report shows 1 action that has not yet reached their implementation date and remain ongoing.
- 7 actions that have passed their implementation date & are overdue.
- 2 actions have been completed.

3 OVERVIEW

3.1 **2019/20 Audits**

- 1 audit has been completed since the July JIAC raising 1 additional recommendation.
- 1 has not yet reached their implementation date and remain ongoing.
- 7 have passed their implementation date & are overdue.
- 2 actions have been completed.

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.

3.4 **2020/21 Audits**

No Internal Audits have been completed as yet.

List of Appendices

Appendix 1: Internal Audit recommendations v2.2

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	The Agreed Actions are categorised on the following basis:	
	M	S	I	E		
	L	S	I			
		L	M	H		
		Impact			Essential	Action is imperative to ensure that the objectives for the area under review are met.
					Important	Requires action to avoid exposure to significant risks in achieving objectives for the area under review.
					Standard	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	Good	Good	Minor	0	0	0
Target Operating Model	June 2020	Good	Good	Minor	0	0	1
MTFP	June 2020	Good	Good	Minor	0	2	1
ICT systems security	February 2020	Limited	Limited	Moderate	1	4	1
Organisational Governance, Scheme of Delegation and Policies and Procedures	July 2020	Good	Satisfactory	Moderate	0	1	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.


2019/20 Audits	Reported to JIAC 11th Dec 2019	Reported to JIAC 11th March 2020	Reported to JIAC 29th July 2020	Totals for 2019/20
Recommendations Raised	10	0	10	20
Complete	3	2	6	11
Ongoing	7	5	4	4
Overdue	0	0	5	5


2020/21 Audits	Reported to JIAC 7th October 2020 (19/20 Audit)	Reported to JIAC	Reported to JIAC	Reported to JIAC	Totals for 20/21
Recommendations Raised	1				
Complete	2				
Ongoing	1				
Overdue	7				


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
2	<p>WEAKNESS:</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>RISK:</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> <p>HK Update 27/5/20 - Completed – A monthly bundle of reports have been received from LGSS which can be used to inform and ensure accuracy and completeness checks.</p> <p>HK Update 14/7/20 – A bundle of all payroll reports available has been received and the Head of Joint Finance will consider with the service and LGSS which reports most appropriately meet the needs and how best to do so. This work has been delayed due to Covid and Statutory accounts pressures, therefore, this recommendation has been picked up in the updated AP/AR/Payroll/Procurement report currently issued in draft. It is proposed that the recommendation will be closed</p>	<p>01.04.2020</p> <p>New due date</p> <p>31.10.20</p>	

				<p>in this report and monitored as part of the new report. The owner will be the Head of Joint Finance and a proposed completion date, cognisant of revised statutory and audit deadlines will be October 2020, but progressed earlier where possible.</p> <p>NA update 22/9/20 Unfortunately, this is not progressed yet, however, I have asked for a meeting following the year end process and the end of their teams consultation meetings, so that we're able to focus on what is deliverable by the team with the resources they have available that maintains our confidence in the controls they have in place and delivers us timely and meaningful information. Due to be completed by 31/10/20</p>	
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Accounts Payable – October 2019

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
3	<p>WEAKNESS:</p> <p>Order dates on ERP later than the date on the invoice – retrospective orders.</p> <p>RISK:</p> <p>Non-compliance with NCFRA Corporate Governance Framework</p> <p>Overspend – no commitment accounting</p>	<p>NCFRA will ensure that all expected expenditure will be committed on ERP at the beginning of the year.</p> <p>NCFRA will regularly review purchase order requisitions against invoice dates to ensure the problem of retrospective orders has improved. (As detailed within</p>	Essential	Chief Fire Officer to task Project Director of Enabling Services/ Procurement Board Guidance notes for purchase orders (identified above) to include this direction. Service wide communications to follow up will be required.	<p>31.03.2020</p> <p>New due date 31/10/20</p>	

		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.”)		22.1.20 PB Update: Finance colleagues are reviewing this and flagging issues as required. PB 4.5.20 FEG DPB feedback – Continue to monitor PB 15/7/20 Continue to monitor and review progress in AR/AP IA report/actions at Oct accountability.		
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Accounts Receivable – October 2019

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/responsibility	Status
1	<p>WEAKNESS:</p> <p>The Chargeable Services Policy dated August 2013 (B33) is out of date.</p> <p>RISKS:</p> <ul style="list-style-type: none"> •This could result in NCFRA not collecting all monies due and income may therefore not be as budgeted. •Reputational risk •Misappropriation 	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.	Important	<p>Area Manager Operations to task to Joint Operations Manager to review and update the policy.</p> <p>PP 15/7/20 B33 policy consultation closed today. The policy will need an update and period of further consultation following the consultation feedback.</p> <p>FEG 3.9.20 B33 published. Completed</p>	<p>31.03.2020</p> <p>Completed</p>	

ICT – March 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/responsibility	Status
3	WEAKNESS: NCFRA doesn't obtain the assurance from obtaining penetration testing from an approved external supplier.	NCFRA should consider commissioning penetration testing using a CREST approved supplier.	Important	Owner - Enabling Services Manager (Head of ICT)	Penetration testing 30th June Sept 2020	

	RISK: NCFRA network vulnerabilities not identified resulting in successful Cyberattack.			<p>9.7.20 Penetration testing due by 31st July 2020</p> <p>6.8.20 ICT DPB update Pen testing by end of September</p> <p>PB update 22.9.20 Pen testing is being undertaken now and will have draft in place in time for JIAC (7.10.20) finalised by end of October</p>	<p>New due date 31/10/20</p> <p>Cyber essentials plus 31st December 2020</p>	
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ICT – March 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
4	<p>WEAKNESS: There isn't a documented IT Disaster Recovery Plan</p> <p>RISK: Lack of an IT Disaster Recovery Plan increases the negative impact on frontline and support NCFRA operations in the event of an IT Disaster Event.</p>	NCFRA should create, approve and test an IT Disaster Recovery Plan, using best practice guidance.	Essential	<p>Agreed</p> <p>2.7.20 Update from Paul B recovery plan on schedule to be completed by end of July</p> <p>6.8.20 ICT DPB update Draft DRP by end of August</p> <p>PB update 22.9.20 Delay in drafting; plan due to be agreed by end of October.</p>	<p>Enabling Services Manager (Head of ICT)</p> <p>31/10/2020</p>	

ICT – March 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
6	WEAKNESS: two of the risks on the IT Risk Register are specific control weaknesses rather than risks.	Review the two control led risks on the IT risk register to	Important	Agreed	Enabling Services Manager	

	<p>Impact: Wider control environment not considered because IT risk register leads with weaknesses in specific controls.</p>	<p>ensure the starting point is a risk rather than a specific control -. "IT10 Lack of resilience in systems and hardware (SAN)" and "IT11 New server operating system not in place by 31st December 2009</p>		<p>2.7.20 Review and training of IT risk register was scheduled in by LGSS. Postponed due to covid 19 & redeployment of LGSS staff. Julie progressing risk register titles with David Lamb & training to be rescheduled following meeting with LGSS 22/7/20. New due date 31st August 2020.</p> <p>11.8.20 – LGSS unable to support risk training until at least Q3. LGSS will continue to support JO review of ICT risk register. Move back to 30/09/20</p> <p>21.9.20 LGSS training booked to support full review of ICT risk register in October. Had been postponed due to Covid. New date 30.11.2020</p>	<p>30th June 2020</p> <p>New due date 30.11.20</p>	
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TOM – June 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
1	<p>WEAKNESS:</p> <p>NCFRA are not publishing the latest figures of its strategic objectives as outlined on page 33 of the IRMP on their website</p> <p>RISK:</p> <p>Reputational</p>	<p>The IRMP states "We will regularly publish the latest figures against these measures on our website during the lifetime of this plan".</p> <p>RECOMMENDATION:</p> <p>Appropriate information should be published in order that members of the Northamptonshire communities are able to understand how NCFRA are</p>	Standard	<p>ACFO Corporate Services to task it to AM Business Services.</p> <p>Completion end of July 2020</p> <p>FEG 3.9.20. Information published. Completed</p>	<p>31/07/20</p> <p>Completed</p>	

		delivering against its outcome measures.			
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MTFP - June 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/responsibility	Status
1	<p>WEAKNESS: A Collaborative Agreement, Northamptonshire Police and Fire Collaboration Arrangements (NPFCA), has been drafted but has not yet been agreed by all parties.</p> <p>RISK: Improvements to efficiencies and effectiveness of NCFRA could be impacted.</p>	<p>RECOMMENDATION:</p> <p>The Collaborative Agreement should be agreed by all parties.</p> <p>MANAGEMENT COMMENTS:</p> <p>Agreed – this is a requirement of the Home Office Financial Management Code of Practice and needs to be in place.</p>	Important	<p>Chief Finance Officer</p> <p>30 September 2020</p> <p>HK 17.9.20 Still chasing signatures. Currently with Chief Constable.</p>	30/09/20	

MTFP - June 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/responsibility	Status
2	<p>WEAKNESS: The OPFCC CFO and the Finance Technician raised some concerns relating to not all budget holders having the skills and competencies to manage their budgets under the existing arrangements. This includes being ready for monitoring visits, understanding the reports, the importance of effective and evidenced forecasting and the implications of not managing their budget adequately.</p>	<p>RECOMMENDATION:</p> <p>Ensure all budget holders have the skills and competencies to manage their budgets. Training should be provided as appropriate.</p>	Important	<p>Joint Head of Finance and Director of Enabling Services</p> <p>NA Update 22.9.20 MTFP Rec 2 – Had an initial meeting with the new training manager (Phil Pells) and we have agreed the following course of actions, which will be followed up with another</p>	<p>30/09/20</p> <p>New due date 31/10/20</p>	

	<p>RISK: Overspend on budgets, budget volatility prevents effective and informed decision making.</p>	<p>MANAGEMENT COMMENTS: Agreed. Delegated budgets are a responsibility and within the existing arrangements, it is essential a budget manager understands their expenditure plans, opportunities and pressures and that accurate forecasting</p>		<p>meeting to begin or complete actions in around a fortnight; To revisit group training for all senior managers as a specific agenda items; Allow for individual specific training if any of those managers have not yet received it; We are proposing to set up a section in the promotion training courses, to include a mandatory module on budget management To introduce a basic financial training package for all staff, so that are more financially aware, to include items such as purchasing rules and regulations, the finance system & funding budget view. Due for completion 31.10.20 in line with Payroll 2 (above)</p>		
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Combined OG SoD and PP – July 2020

	Weakness/Risk	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
1	<p>WEAKNESS: Transactional testing of Accounts Payable continues to highlight that Financial Regulations and Contract Procurement Rules and Standing Orders are not being adhered to for all expenditure.</p> <p>RISK: Paying too much for goods, services or works. Overspend – no commitment accounting.</p>	<p>RECOMMENDATION: All staff involved in raising or authorising a purchase should be reminded of the procurement procedure requirements as outlined at 6.2 of NCFRA CGF and the Processes for Procurement document.</p> <p>A report should be run from ERP Gold each month and reviewed at the Procurement Board meetings. The report should identify spend</p>	Important	<p>Paul Bullen December 2020</p>	31.12.20	

	<p>Reputational risk or accusations of fraud and corruption.</p>	<p>per Supplier to ensure that quotations and contracts are in place in line with the requirements of the CGF and cross referenced to the Contracts and Pipeline documents to ensure that they are recorded on the spreadsheets. Any anomalies should be identified and appropriate action taken to ensure evidence is held to support.</p> <p>MANAGEMENT COMMENTS: Agreed</p>				
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Joint Independent Audit Committee

7 October 2020

AGENDA ITEM: 10

REPORT BY	Chief Finance Officer
SUBJECT	Joint Independent Audit Committee (JIAC) - Agenda Plan – Updated September 2020
RECOMMENDATION	To discuss the agenda plan

1. Background

- 1.1 The agenda plan incorporates statutory, good practice and agreed scrutiny items has been updated to reflect the two statement of accounts workshops, together with the Committee dates for 2021.
- 1.2 Meetings and workshops shaded in dark grey have already taken place. These are included for reference and to inform the annual plan.
- 1.3 The annual plan is scheduled to align with existing Accounts and Audit regulation dates for the Statement of Accounts (31 May and 31 July deadlines), updated for 2019/20 due to COVID, where statutory dates were changed to 31 August and 30 November respectively.
- 1.4 Whilst the 2021 plan reflects pre-covid dates for 2020/21 accounts, both locally and across the public sector there are still challenges in meeting this. The Sir Tony Redmond review proposes a number of areas which includes the consideration of later statutory dates.
- 1.5 Therefore, whilst auditors and officers will continue to work closely together to achieve a timely, efficient and quality statement of accounts and audit process, members are advised that it is likely that there will continue to be a need for flexibility within the plan to accommodate the statement of accounts requirements.
- 1.6 As they have done so throughout 2018/19 and 2019/20, the S151 officers will continue to work closely with the external auditors to work towards aligning the statement of accounts and audit process with the Audit and Accounts regulations timescales and brief key stakeholders as needed.
- 1.7 Whilst one accounts workshop is usually held in June of each year, due to the unique situation for 2019/20, two workshops are tabled for 2019/20. One workshop for NCFRA took place in September and the PFCC and CC workshop will be held in October.

2 Members are asked to consider and take a view on the following:

- 2.1 Members are asked to consider whether they wish to hold a workshop in November.
- 2.2 What subjects would the Committee like to consider for future workshops? Areas raised previously by the Committee for consideration have included:

From Discussion	JIAC Annual Report and additional future priorities 2019/20
NCFRA ICT Update following internal audit and recommendation progress updates.	Enabling Services programme Update
Overview of complaints arrangements introduced following legislation changes in 2020.	Review of New Procurement Arrangements
Overview of Ethics arrangements	Review of Other Audit Committees

- 2.3 To assist members, the above areas have been incorporated into the plan for consideration (in red type).

JIAC Annual Plan January 2020-December 2021 (Updated September 2020)

Date of JIAC	February FP20 Workshop 26 February 2020	11 March 2020	29 July 2020	15 September 2020 Fire Accounts Workshop	7 October 2020	15 October 2021 Police Accounts Workshop	November 2020 Workshop TBC	16 December 2020	February Workshop TBC	10 March 2021	Date TBC Accounts Workshops	29 July 2021	6 October 2021	TBC November Workshop	15 December 2021
Confirmed agenda to be circulated			1.7.20		1.9.20			6.11.20		29.1.21		17.6.21	20.8.21		5.11.21
Deadline for papers to be submitted to OPFCC (KO)			17.7.20		25.9.20			4.11.20		25.2.21		15.7.21	23.9.21		2.12.21
Papers to be circulated			22.7.20		30.9.20			9.12.20		2.3.21		21.7.21	28.9.21		8.12.21

Date of JIAC	February FP20 Workshop Date TBC	11 March 2020	29 July 2020	15 September 2020 Fire Accounts Workshop	7 October 2020	15 October 2021 Police Accounts Workshop	November 2020 Workshop TBC	16 December 2020	February Workshop TBC	10 March 2021	Date TBC June 2021 Accounts Workshops	29 July 2021	6 October 2021	TBC November Workshop	15 December 2021
Standing Items		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			
Statutory and Inspection	FP25, Demand and Force Management Statement Workshop				Budget & MTFP process and plan update & Timetable PFCC & CC NCFRA			Update on: Fraud & Corruption Controls and Processes PFCC & CC NCFRA		Update on: Business Continuity and Disaster Recovery PFCC CC NCFRA		Update on: Fraud & Corruption Controls and Processes 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: NCFRA	Treasury Management outturn 2019/20 & 2020/21 Update NCFRA PFCC	Statement of Accounts Review: PFCC & CC				Treasury Mgmt Strategy 2019/20 PFCC & CC NCFRA	Statement of Accounts Review: NCFRA PFCC & CC	Statement of Accounts: NCFRA PFCC & CC	Treasury Management outturn 2019/20 & 2020/21 Update NCFRA PFCC		
					Annual Attendance of the PFCC and Chief Officers			JIAC Self-Assessment and Review of Other Audit Committees (TBC)				Annual Attendance of the PFCC and Chief Officers			JIAC Self-Assessment (TBC)
					HMIC reviews – update CC NCFRA						HMIC reviews – update CC NCFRA			HMIC reviews – update CC NCFRA	

Date of JIAC	February FP20 Workshop Date TBC	11 March 2020	29 July 2020	15 September 2020 Fire Accounts Workshop	7 October 2020	15 October 2021 Police Accounts Workshop	November 2020 Workshop TBC	16 December 2020	February Workshop TBC	10 March 2021	Date TBC June 2021 Accounts Workshops	29 July 2021	6 October 2021	TBC November Workshop	15 December 2021
Scrutiny		<i>Update on: MFSS & LGSS (In restricted)</i>	<i>Update on: MFSS & LGSS</i>		<i>Update on: MFSS, LGSS, New System Arrangements</i>					<i>Update on: MFSS, LGSS, New System Arrangements</i>			<i>Update on: MFSS, LGSS, New System Arrangements</i>		
		Update on: Performance Frameworks NCFRA CC							Complaints New System Arrangements						
								Update on Processes in Place for how Ethics is overseen (not detail)	Update on NCFRA ICT Arrangements and Processes			Enabling Services programme Update			
													Update on New Procurement Arrangements		Update on: Business Continuity and Disaster Recovery PFCC CC NCFRA
Risk Management										Risk Policy and Processes – Annual Review - NCFRA - PFCC - CC					
		Force strategic risk register	Force strategic risk register		NCFRA Risk Register			PFCC Risk Register		Force strategic risk register			NCFRA Risk Register		PFCC Risk Register

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Internal Audit and Updates to Internal Audit Recommendations		Internal Audit Plan 20/21 PFCC & CC NCFRA								Internal Audit Plan 21/22 PFCC & CC NCFRA						
			Internal Audit Annual Report 19/20 PFCC & CC NCFRA									Internal Audit Annual Report 20/21 PFCC & CC NCFRA				
		Progress report PCC & CC NCFRA	2019/20 Progress/ Plan report PCC & CC NCFRA		Progress report PCC & CC NCFRA				Progress report PCC & CC NCFRA		Progress report PCC & CC NCFRA		Progress report PCC & CC NCFRA			Progress report PCC & CC NCFRA
		Implementation of recommendations PFCC & CC NCFRA	Implementation of recommendations PFCC & CC NCFRA		Implementation of recommendations PFCC & CC NCFRA				Implementation of recommendations PFCC & CC NCFRA		Implementation of recommendations PFCC & CC NCFRA		Implementation of recommendations PFCC & CC NCFRA			Implementation of recommendations PFCC & CC NCFRA
External Audit		External Audit ISA260 2018/19			External Audit 2019/20 Plan and Update - NCFRA					External Audit Plan & Proposed Fee Scales 20/21: PFCC & CC NCFRA						
		External Audit Plan & Proposed Fee Scales 19/20: PFCC & CC NCFRA			External Audit Update - NCFRA					External Audit Update PFCC & CC NCFRA					External Audit Update PFCC & CC NCFRA	
								External Audit ISA260 2019/20: PFCC & CC NCFRA				External Audit ISA260 2020/21 PFCC & CC NCFRA				
								External Audit Annual Audit Letter PFCC & CC NCFRA							External Audit Annual Audit Letter PFCC & CC NCFRA	

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Standing Information		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		Members Training/ Updates	Members Training/ Updates		Members Training/ Updates
		AOB	AOB		AOB			AOB		AOB		AOB	AOB		AOB
		Next meeting	Next meeting		Next meeting and 2021 dates			Next meeting		Next meeting		Next meeting	Next meeting and 2022 dates		Next meeting