



THE CHIEF CONSTABLE OF NORTH YORKSHIRE

Data Quality

FINAL

Internal audit report 13.17/18

1 March 2018

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CONTENTS

1 Executive summary	2
2 Detailed findings	5
Appendix A: Scope	16
Appendix B: Further information.....	18
For further information contact	19

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Final report issued	1 March 2018	Client sponsor	Deputy Chief Constable Head of Information Management
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Distribution	Deputy Chief Constable Head of Information Management
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1 EXECUTIVE SUMMARY

1.1 Background

As part of the 2017/18 approved internal audit plan we have undertaken an audit of Data Quality on behalf of the Chief Constable of North Yorkshire to review how the Force is ensuring that crimes are being recorded consistently and accurately in accordance with Home Office Counting Rules (HOCR) and National Crime Recording Standards (NCRS).

Call handlers in the Force Control Room record all incidents on the STORM Command and Control System as a result of a call for service. Upon closure, all incidents are automatically transferred into Niche RMS. The Crime Recording and Occurrence Management Unit (CROMU) record and validate all crimes in Niche; crimes that have been transferred from the command and control system and crimes that require creating directly into Niche. The Crime Management Unit, which is made up of five members of staff, then review all recorded crimes in Niche to assess compliance with the HOCR and NCRS, as well as validating all crime outcomes.

Her Majesty's Inspectorate of Constabulary (HMIC) carried out a Crime Data Integrity (CDI) inspection in November 2017, the results were published on 15 February 2018 with an overall judgement of inadequate. This judgement was due to failures to make correct crime-recording decisions at the first opportunity, which was caused by officers and staff not understanding their responsibility for crime-recording and limited supervision of crime-recording decisions made by officers and staff.

To ensure NCRS and HOCR standards are complied with, there is a Force Crime and Incident Registrar (FCIR) in place who acts as a final arbiter for the audit process, the interpretation of the counting rules and assigning outcomes. The FCIR develops an annual audit plan each year to ensure crime recording is consistent and accurate across the Force, we have reviewed this as part of our audit. The Force also has a Designated Decision Maker (DDM) in place who is independent from the investigation function. The DDM reviews offences taken into consideration, alternative disposals and crimes where the offender has died or is too ill for proceedings to take place.

The FCIR has access to the Deputy Chief Constable via the Operational Performance (Ops) Board and Information Assurance Board (IAB), and can also contact the Deputy Chief Constable informally outside of these meetings. A new Group, the Crime Data Integrity (CDI) Improvement Group, is in the process of being approved, these meetings will commence from March 2018. The Deputy Chief Constable will chair these meetings and FCIR will be in attendance. The purpose of this Group will be to implement an action plan for the recommendations provided by HMIC following the CDI inspection, and to address and manage overall data improvement requirements and to discuss audit activity and key findings.

Our review has focussed on the reviews carried out by the FCIR and DDM, we also carried out testing for a sample of crime outcomes to ensure they complied with HOCR and NCRS.

1.2 Conclusion

Testing of a sample of crimes found that they were not always being sent to DDM when required, and DIs acting as DDMs were not explaining their decisions effectively. Our testing of crime outcomes also found instances of non-compliance when the police officer had not included all required evidence for the outcome.

Due to a lack of resources, the Information Management Team have had limited capacity to undertake audit activity this year. As a result those areas identified as most high risk have been prioritised: all sexual offences, safeguarding occurrences and data quality reports which identify potential unrecorded crimes. Updates were provided to Ops Board and Deputy Chief Constable, however the Head of Information Management and FCIR were aware there was a lack of accountability of recommendations raised in these audits, and implementation of actions was not always followed up.

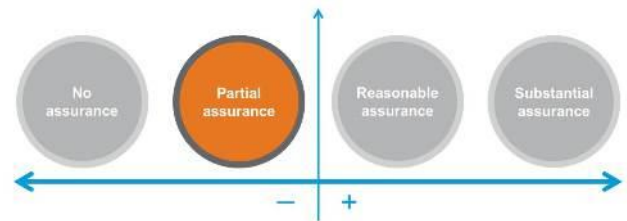
We have suggested ways to address accountability of audit findings and recommendations and to follow these up in section two of this report.

We have agreed **one low**, **three medium** and **one high** priority management actions as a result of our findings. Further details of our findings and actions can be found in section two of this report.

Internal audit opinion:

Taking account of the issues identified, the Chief Constable of North Yorkshire can take **partial assurance** that the controls to manage this risk are suitably designed and consistently applied.

Action is needed to strengthen the control framework to manage the identified risk.



1.3 Key findings

The key findings from this review are as follows:

- As the HMIC audit report was only published on 15 February 2018, the Force has implemented a number of interim actions to address the recommendations made. A more comprehensive action plan had been produced that included all of these recommendations. This action plan will be presented and approved at the first CDI Improvement Group meeting in March 2018.
- An update on findings from the regular Sexual Offences Audits that had been carried out in the year had been provided to Ops Board.
- The FCIR had sufficient access to the Deputy Chief Constable and other members of senior management, and would have direct contact with them at the CDI Improvement Group meetings that were due to start in March 2018.

We have agreed five management actions, including **one high** and **three medium priority**, in relation to the following findings, further details can be found in section two of this report:

- The National Crime Recording Standards procedure that was available to staff on the intranet was not the most up-to-date version.
- Due to a lack of resources, the Information Management Team have had limited capacity to undertake audit activity this year. As a result those areas identified as most high risk have been prioritised: all sexual offences, safeguarding occurrences and data quality reports which identify potential unrecorded crimes. Supervisors were not carrying out regular monitoring to ensure that recording of information follows appropriate standards.
- A Designated Decision Maker (DDM) had been appointed, however our testing found outcomes that required DDM approval were not being sent to the DDM to approve. For a sample of 11 crimes we tested that required approval by a DDM, only two had been approved appropriately.
- We reviewed a sample of crimes from a sample of five outcomes and found that although there was compliance in the majority of the testing, there were instances of non-compliance with the Force's guidance and national guidance.

- We have also reviewed the Audit Summary Reports provided by the FCIR following their audits and have provided suggestions to address accountability of recommendations and recommendation follow up.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Risk	Control design not effective*		Non Compliance with controls*		Agreed actions		
					Low	Medium	High
Standards of Data Reporting	0	(7)	5	(7)	1	3	1
Total					1	3	1

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 DETAILED FINDINGS

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

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

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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Risk: Standards of Data Reporting

1	<p>Policies and supporting procedures are in place and provide direction and clarity on how the Force manage the recording of crimes.</p> <p>The documents are reviewed on a periodic basis and is available to staff.</p> <p>The following policies / procedures are in place to support data reporting:</p>	Yes	No	<p>We reviewed the policies in place around data quality and confirmed that all apart from one were in date.</p> <p>The National Crime Recording Standards procedure was last reviewed in July 2015 with the comment on it stating that it should remain in force until it is replaced or July 2016, however it had not been reviewed since and was still in place. There was evidence that the Policy had been updated and sent to the Policy, Procedure and Inspection Administration Officer in April 2016 and again in June 2016 when it had not been updated, however this version had not been uploaded onto the intranet.</p> <p>All had been reviewed by an appropriate member of staff.</p> <p>Three had gone to Joint Corporate Risk Group for approval after the previous review, four had not as JCRG approval was not required.</p>	Low	<p>The up-to-date version of the National Crime Recording Standards procedure will be uploaded onto the intranet.</p> <p>Responsible Officer:</p> <p>Force Crime and Incident Registrar</p> <p>Implementation Date:</p> <p>End of February 2018</p>
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	<ul style="list-style-type: none"> Collection and Recording of Police Information Procedure; Crime Recording and Occurrence Management Procedure; Records Management Policy; Data Quality Procedure; Incident Management and Deployment Procedure; National Crime Recording Standards Procedure; and National Standard for Incident Recording Procedure. 			<p>We confirmed all policies were available on the intranet.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Risk of incorrect National Crime Recording Standards Procedures being followed.</td> <td colspan="3">Out of date policy on the intranet.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Probable</td> <td>Nil</td> <td>Negligible</td> <td>Minor</td> <td>Negligible</td> <td>5:4</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Risk of incorrect National Crime Recording Standards Procedures being followed.			Out of date policy on the intranet.			Probability	Financial	Reputational	Operational	Legal	Rating	Probable	Nil	Negligible	Minor	Negligible	5:4		
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2	The Force Crime and Incident Registrar develops an annual audit plan to commence in April each year.	Yes	No	<p>We confirmed there was an annual audit plan in place for the year April 2017 - March 2018 which had been developed by the Force Crime and Incident Registrar, however audits had been limited to areas identified as high risk: sexual offences, safeguarding occurrences and data quality reports that identify potentially unrecorded crimes.</p> <p>The audit plan is developed according to</p>	Medium	<p>Other areas of the Home Office Counting Rules will be reviewed as part of the Force Crime and Incident Registrar's annual audit plan.</p> <p>Regular monitoring of crime recording will be undertaken</p>																								
				<p>We were advised that this was due to a lack of resources in the Information Management Team and the HMIC audit using resources, the FCIR made</p>																										

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	<p>crime categories that present the highest risk to the public and / or the force and areas previously identified as requiring improvement.</p> <p>The audit plan is reviewed throughout the year at Ops Board meetings and Information Assurance Board (IAB) meetings and updated as and when there are changes in priority.</p> <p>If a specific issue is identified through scheduled activity or an ad-hoc audit is requested by the Chief Officer Team, then the audit schedule will be reviewed, amended and re-prioritised to accommodate the requirements.</p>			<p>the decision that the limited resources in the team high risk areas of business were prioritised.</p> <p>Review of the Public Safety and Welfare (PSW) audit that had been completed in September 2016 found it had an overall 'poor' rating, yet no further audits on these occurrences had been carried out since to see if there was an improvement in the identification and recordings of crimes.</p> <p>The Collection and Recording of Police Information Procedure states that supervisors should be carrying out regular monitoring to ensure that recording of information follows appropriate standards, discussions with the FCIR and the Records Manager found that this was not taking place.</p> <p>If this exercise was being undertaken, it could be used to inform the FCIR's annual audit plan, and the FCIR could take assurance from the results so they could focus resources in areas of high risk.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Risk of errors in crime recording in other crime classifications not being detected.</td> <td colspan="3">Audits of other accounting rules are not being carried out.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Probable</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>5:8</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Risk of errors in crime recording in other crime classifications not being detected.			Audits of other accounting rules are not being carried out.			Probability	Financial	Reputational	Operational	Legal	Rating	Probable	Negligible	Minor	Minor	Minor	5:8	<p>by supervisors, this monitoring will be reviewed by the Information Management Team to inform their audit plan, identify areas of weakness and to take assurance where crimes are being recorded in accordance with National Crime Recording Standards and Home Office Counting Rules.</p> <p>Responsible Officers:</p> <p>Force Crime and Incident Registrar</p> <p>Services Improvement Manager</p> <p>Implementation Date:</p> <p>July 2018</p>
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3	When audits have been completed by the Force Crime and Incident Registrar, an Audit Summary Report is sent to the Responsible Managers which summarises the findings	Yes	No	<p>We confirmed that Ops Board had been updated with key figures from the sexual offences compliance audits at the meetings in September and November 2017 and January 2018.</p> <p>A review of audit summary reports for audits of sexual offences, PSW, safeguarding, restricted occurrences found the following:</p>	Medium	The Information Management Team will consider introducing the following improvement to ensure ease of action tracking and accountability for recommendations:																							

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	of the audit and lists recommendations. The new Crime Data Integrity (CDI) Improvement Group that is due to commence meeting in March 2018 and is chaired by the Deputy Chief Constable will discuss the annual audit plan, and findings from each audit at the CDI Improvement Group meetings.			<ul style="list-style-type: none"> There were no implementation dates for the recommendations made. It was unclear who was responsible for the actions in the recommendations. For the sexual offences audit, it was unclear which issues were recurring and which were new issues arising from that particular audit. Where there were recurring areas of poor or fair compliance, it was not clear whether an investigation had taken place to establish why. <p>Discussions with key staff established that recommendations raised in these actions were not being followed up. We interview to the Service Improvement Manager who confirmed that he had completed the recommendation for him to provide feedback (to deployment managers) but had not then followed this up with the managers to ensure feedback was passed on to CMU / CROMU / FCR.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Risk that audit recommendations are not being implemented, and errors in recording crimes are still being made.</td> <td colspan="3">It is unclear who is responsible for implementing recommendations, and there is no method to follow up implementation.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Probable</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>Minor</td> <td>5:8</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Risk that audit recommendations are not being implemented, and errors in recording crimes are still being made.			It is unclear who is responsible for implementing recommendations, and there is no method to follow up implementation.			Probability	Financial	Reputational	Operational	Legal	Rating	Probable	Negligible	Minor	Minor	Minor	5:8		<ul style="list-style-type: none"> Recurring findings and new findings will be separated so it is clearer where there are repeat issues. Responsible owners will be asked to provide an explanation for recurring findings to be added to the audit summary report. A responsible owner and implementation date will be included for all recommendations raised. Discuss findings with deployment managers before the audit summary is provided to agree suitable recommendations to address the findings and realistic implementation dates. <p>To follow up actions:</p> <ul style="list-style-type: none"> Implement an action tracker for recommendations - include responsible owners and implementation dates: <ul style="list-style-type: none"> ➤ This could be a live document saved in a
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						<p>shared area where responsible owners update when they have completed actions; or</p> <ul style="list-style-type: none"> ➤ Only the Information Management team have access to the tracker, and an update from responsible owners will be requested ahead of CDI Improvement Group meetings. • When the recommendation is for Deployment Managers to share the information in the audit workbooks, FCIR will be copied into correspondence with Deployment Managers or FCR / CROM / CRM staff to confirm that appropriate action is being taken with relevant people. • The FCIR will request an update on the outcome of meetings between Deployment Managers and their staff, to see if

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						<p>any training needs have been identified.</p> <ul style="list-style-type: none"> Where audits find that compliance is poor, these audits should be repeated to ensure that findings and recommendations have been addressed by staff. Where there is repeated poor compliance (e.g. regular sexual offences audits), responsible owners will provide an explanation for the continued poor compliance and they will evidence what they have done to address this. <p>Responsible Officer:</p> <p>Head of Information Management</p> <p>Implementation Date:</p> <p>July 2018</p>
4	The Designated Decision Maker (DDM) for the Force is the Service Improvement Manager.	Yes	No	<p>We reviewed 11 crimes for outcomes that require review / approval by a DDM:</p> <ul style="list-style-type: none"> The DDM had reviewed the crime in two instances, in these two instances he had reviewed the report and confirmed they agreed with the outcome. 	High	<p>The FCIR will remind CMU when crimes need to be referred to the DDM.</p> <p>DIs will be reminded they must document what they</p>

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	<p>The DDM reviews crimes with outcomes 1a, 2a, 3a, 4 and 5, to ensure they have been recorded correctly and the correct outcome has been applied.</p> <p>There are some exceptions to these outcomes where the DDM does not need to review them (e.g. for alternative disposals, where initial offence charged was an assault, but the crime was closed as a lesser assault).</p>			<ul style="list-style-type: none"> In two instances a DI had reviewed the crime and confirmed they agreed with the outcome, however they had not confirmed that they had reviewed the record and agreed the offender could be linked to other crimes, as the outcome would suggest in these two instances. In one instance a DS had reviewed and approved the outcome, with an explanation of why, however this should have been reviewed by a DI or the DDM. Six of the outcomes had not been reviewed by anyone. Two of the crimes we reviewed, that had not been reviewed by the DDM had the wrong outcome applied to them. <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">Risk of incorrect Outcomes being applied to crimes.</td> <td colspan="3">Outcomes are not being sent to the DDM that require DDM approval.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Compliance</th> <th>Rating</th> </tr> <tr> <td>Probable</td> <td>Negligible</td> <td>Negligible</td> <td>Minor</td> <td>Minor</td> <td>5:8</td> </tr> </tbody> </table>	Risk Exposure			Root causes			Risk of incorrect Outcomes being applied to crimes.			Outcomes are not being sent to the DDM that require DDM approval.			Probability	Financial	Reputational	Operational	Compliance	Rating	Probable	Negligible	Negligible	Minor	Minor	5:8		<p>have reviewed on crime records and the reasons for their decision.</p> <p>Responsible Officer:</p> <p>FCIR</p> <p>Implementation Date:</p> <p>End of April 2018</p>
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5	<p>Outcomes are determined following the Home Office Counting Rules for Recorded Crime.</p> <p>There are 21 different outcomes for recorded crimes.</p>	Yes	No	<p>For a sample of five out of the 21 outcomes, we took a sample of five crimes that had been recorded under each and carried out testing to confirm that the crime had been recorded in accordance with National Guidance. We focussed our testing of outcomes on cautions, community resolutions and evidential difficulties.</p> <p>Our findings are below:</p> <p>1. Outcome type 2. A Youth Offender has been cautioned by the Police</p>	Medium	<p>Officers will be reminded when to record the following on Niche:</p> <p>1. How gravity factors have been applied by police;</p> <p>2. Victims' views need to be taken into consideration</p>																								

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	There is a Data Quality Assurance Manual in place that provides guidance on what information needs to be recorded / evidenced for crimes under each outcome.			<ul style="list-style-type: none"> In all instances the personal details of the offender and victim had been recorded in compliance with local guidance. In all instances the offender had accepted responsibility for the offence or had admitted to the offence. In all instances the victim had been informed of the outcome. In one instance there was no evidence the offender had signed a caution pro forma - this is a fail for this outcome. In one instance there was no evidence that gravity factors had been applied, this is not a fail for the outcome but there is a risk if the gravity factors have not been considered that a caution may not have been appropriate. In two instances there was no evidence that the victim's view had been considered before the caution was administered, this is not a fail for this outcome but officers should ensure that the victim's view is taken into account and the victim has been consulted with ahead of the charge being issued. <p>2. Outcome type 3. An adult offender has been cautioned by the Police</p> <ul style="list-style-type: none"> In all instances the personal details of the offender and victim had been recorded in compliance with local guidance. All compliance requirements had been complied with for both simple cautions and conditional cautions. The offender had physically signed or electronically signed a caution pro-forma. In four instances there was no evidence that the victim's view had been considered before the caution was administered, this is not a fail for this outcome but officers should ensure that the victim's view is taken into account and the victim has been consulted with ahead of the charge being issued. 		<p>before cautions are administered;</p> <p>3. PNC / local records have been checked to ensure suspects are eligible for community resolutions; and</p> <p>4. When to apply outcomes 15 and 16.</p> <p>The Community Resolution form / the caution read to offenders will be reviewed to ensure it fully explains the implications of the community resolution including possible disclosure as part of an enhanced DBS check.</p> <p>The form may need to be updated, or officers should confirm on niche they have read the appropriate caution statement to the offender if this covers the implications fully.</p> <p>Responsible Officers:</p> <p>FCIR and Inspector for Community Resolution Action</p> <p>Implementation Date:</p> <p>July 2018</p>

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				<ul style="list-style-type: none"> One of the offences was a conditional caution, however the offender had not met the requirements of the conditional caution so they were charged, however the record on Niche had not been updated to reflect this. 		
				<p>3. Outcome type 8. A Community Resolution has been applied in accordance with College of Policing Guidance</p>		
				<ul style="list-style-type: none"> In all instances the personal details of the offender and victim had been recorded in compliance with local guidance. there was evidence to show the suspect accepted responsibility for the offence in all instances. The victim consented to community resolution and was updated of the outcome in all instances. The outcome was suitable in four instances because the offence was a 'less serious' offence and in one instance it was suitable because of the offender's age, history, and victim request. The community resolution form does not explain implications, including possible disclosure as part of an enhanced DBS check. There was no evidence on the Niche records that this information had been communicated to the offenders. There were three instances where there was no evidence that PNC and local records had been checked to ensure the suspect was eligible for this outcome. In two of these cases the offender was eligible, however in one instance the offender had previous community resolutions, so this outcome may not have been suitable in this instance. In three instances there was no evidence that gravity matrix factors had been taken account of. 		

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				<p>4. Outcome type 15. Evidential Difficulties named suspect identified - the crime is confirmed and the victim supports police action but evidential difficulties prevent further action.</p> <p>We tested six crimes for this outcome, three CPS decisions and three non-CPS decisions.</p> <ul style="list-style-type: none"> In all instances the personal details of the offender and victim had been recorded in compliance with local guidance For the three outcomes that were CPS decisions we confirmed there was an MG3 form attached to the record. In one instance there was no evidence that the victim supported police action, there was no explanation of the evidential difficulty and the victim had not been informed of how the crime was being dealt with. These factors suggest the crime was given the incorrect outcome. In all other instances, there was evidence that the victim did support police action, there was an explanation of the evidential difficulty of the case and the victim or their representative had been informed of the outcome. 		
				<p>5. Outcome type 16. Evidential Difficulties victim based - named suspect identified - the victim does not support (or has withdrawn support) police action</p> <ul style="list-style-type: none"> In all instances the personal details of the victim had been recorded in compliance with local guidance. In one instance the personal details of the suspect had not been recorded in compliance with local guidance, as the suspect had not been correctly identified, the wrong outcome had been applied to this crime. In one instance there was no evidence that the victim supported the investigation, the wrong outcome had been applied to this crime. 		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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- Victims or their representatives had been informed of the outcome, in one instance there was a lack of engagement from the victim, the police were unable to contact them and they had not provided a statement or responded to letters, it was assumed they would know the crime would not be dealt with.

Risk Exposure			Root causes		
Risk that crime outcomes are being recorded incorrectly, with insufficient evidence to support the outcome.			NCRS and HOCR are not being complied with.		
Probability	Financial	Reputational	Operational	Compliance	Rating
Probably	Negligible	Minor	Minor	Minor	5:8

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risk:

Objective of the risk under review	Risks relevant to the scope of the review	Risk source
To ensure crimes have been recorded consistently and in accordance with the National Crime Recording Standards (NCRS) and Home Office Counting Rules (HOOCR).	Standards of Data Reporting	Corporate Risk Register

When planning the audit the following areas for consideration and limitations were agreed:

- Policies and supporting procedures were in place and provided direction and clarity on how the Force manage the recording of crimes. The policies are reviewed on a periodic basis and is available to staff.
- The Force Crime Registrar has appropriate access to the Force's senior management team and there is auditable evidence of communication with the Force's senior management team.
- A risk-based annual audit plan has been developed including the engagement with stakeholders and key themes / historical performance has been reviewed to ensure resource is used effectively.
- Review of the audits undertaken and how actions identified were implemented and followed up.
- Designated Decision Makers (DDMs) had been appointed and decisions made were reviewed to ensure standards are maintained.
- Review of how transfer, cancellation and reclassification of crimes was managed.
- We selected a sample of crimes from a sample of outcomes to confirm the crime had been recorded in accordance with the Force's own detailed findings and national guidance.

Limitations to the scope of the audit assignment:

- We have not confirmed all crimes have been recorded in accordance with the Home Office Counting Rules or other national guidelines.
- We did not undertake a complete review of the quality of data recorded in Niche as testing was undertaken on a sample basis only.

- We have not duplicated or replicated the HMIC's approach or testing.
- Testing was completed on a sample basis.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Head of Information Management
- Force Crime and Incident Registrar
- Records Manager
- Service Improvement Manager

Documentation reviewed during the audit:

- Collection and Recording of Police Information Procedure
- Crime Recording and Occurrence Management Unit Procedure
- Data Quality Procedure
- Incident Management and Deployment Procedure
- Incident Management and Deployment Procedure
- National Crime Recording Standards Procedure
- National Standard for Incident Recording Procedure
- Records Management Policy
- CDI Improvement Group TOR and agenda
- Operations Board meeting minutes
- Information Assurance Board meeting minutes
- NSIR / NCRS Annual Audit Plans
- Audit Summary Reports
- HMIC Crime Data Integrity Inspection report

FOR FURTHER INFORMATION CONTACT

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