



THE CHIEF CONSTABLE OF NORTH YORKSHIRE

Crime Data Integrity Action Plan

REVISED FINAL

Internal audit report: 6.18/19

25 October 2018

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP
will accept no responsibility or liability in respect of this report to any other party.



CONTENTS

1 Executive summary	2
2 Detailed findings	5
Appendix A: Scope	14
Appendix B: Further information.....	17
For further information contact	18

Debrief held	23 August 2018	Internal audit team	Daniel Harris, Head of Internal Audit
Draft report issued	12 September 2018		Angela Ward, Senior Manager
			Philip Church, Client Manager
Responses received	19 October 2018		Andrew Carter, Senior Auditor
Final report issued	19 October 2018 25 October 2018	Client sponsor	Chief Constable
			Head of Information Management
		Distribution	Chief Constable
			Head of Information Management

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

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

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

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 EXECUTIVE SUMMARY

1.1 Background

As part of the 2018/19 approved internal audit plan we have undertaken an audit of the Crime Data Integrity (CDI) Action Plan 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).

Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) carried out a 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. A series of recommendations were made as a result of this report and the Force have developed a CDI Action Plan in order to address the recommendations, which required implementation within six months.

A new group, CDI Improvement Group, has been established to implement the recommendations provided by HMICFRS following the CDI inspection, and to address and manage overall data improvement requirements and to discuss audit activity and key findings. These meetings are chaired by the Assistant Chief Constable and are attended by the Force Crime and Incident Registrar (FCIR), Service Improvement Manager and representatives from training and operational policing.

1.2 Conclusion

Testing of the actions identified to meet the recommendations made by HMICFRS found that of the 28 actions to be delivered only nine have so far been fully implemented. There is an action plan in place that is being actively monitored by the CDI Improvement Group, but this action plan has not been sufficiently developed to identify due dates for actions, or RAG ratings for the actions, meaning that action owners are not being routinely held to account for timely completion of their actions.

Due to a lack of resources, responsibility for the data quality reporting and N100 offences review has not yet been transferred from the Information Management Team to the Crime Recording and Occurrence Management Unit (CROMU) and therefore they have had limited capacity to undertake audit activity. 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. Completion of corrective activity and analysis associated with Data Quality reports which should be completed but CROMU staff has had an impact on audit activity.

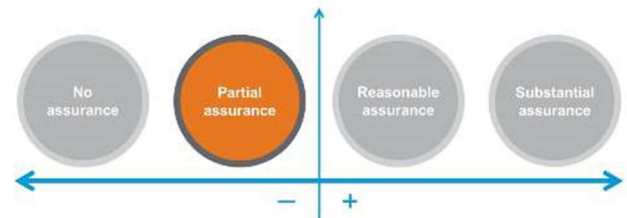
The Force could not demonstrable progress had been made in relation to the HMICFRS recommendation of training for staff in relation to crime recording. The actions relating to this recommendation urgently need progressing in order to mitigate the risk of the Force not improving when subject to re-inspection for crime data integrity.

We have agreed **two high**, **two medium** and **four low** 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:

- An action plan has been developed that addresses all of the recommendations made as part of the HMICFRS. Individual owners have been assigned to actions and there are due dates partly in place to ensure delivery in accordance with the timescales set out in the Crime Data Recording Report.
- The Implementation of the Action Plan is monitored by the CDI Improvement Group which meets on a monthly basis. The purpose of the group, in the short term is to agree and implement an action plan to manage a programme of work to address the areas for improvement and recommendations provided by HMICFRS following their CDI. In the long term the group will continue to address and manage overall data improvement requirements following the CDI focus.

We have summarised our **high priority management** action below and further details on the medium and low priority actions can be found in section two of this report:

- A total of 28 actions have been identified in order to ensure that the recommendations raised by HMICFRS are addressed within the time frames specified. At the time of the audit of the 28 actions, nine of these actions have been marked as completed, therefore 19 remain outstanding despite the six-month deadline as per the HMICFRS CDI Report for implementation. From discussions with the Chair of the CDI Improvement Group it was acknowledged that the six-month deadline as per the HMICFRS report had passed, however the CDI Action Plan and its actions were seen as a direction of travel for the Force. **(High)**
- We reviewed the actions in place to address the recommendations and noted that of those currently in progress, that there was sufficient evidence that progress was being towards implementation. However, during the audit we could not obtain any evidence to demonstrate that any training in relation to crime recording has been undertaken or that there is a training plan in place to demonstrate compliance with HMICFRS's recommendation that within six months the force should design and provide training for all staff that make crime-recording decisions. We attended the CDI Improvement Group meeting held on 23rd August 2018 and an updated was provided to that meeting that the training plan was due to be developed by the end of September. Given the tight deadlines to then implement training ahead of any possible re-inspection we believe there is a risk that the Force will not be able to demonstrate reasonable progress to implementing this recommendation. **(High)**

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	Low	Medium	High	
Standards of Data Recording	0	(14)	8	(14)	4	2	2
Total	4	2	2				

* 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
1	<p>An action plan has been developed that addresses all of the recommendations made as part of the HMICFRS.</p> <p>Individual owners have been assigned to actions and there are due dates in place to ensure delivery in accordance with the timescales set out in the Crime Data Recording Report.</p>	Yes	No	<p>We obtained the latest CDI Action Plan (version 5) and reviewed the plan to ensure that it captured all of the recommendations as made within the HMICFRS report.</p> <p>We found that one of the recommendations relating to the action plan was not captured, namely: 'multiple crimes are always recorded when described within incident records or identified as part of other recorded crime investigations'</p> <p>We then obtained version 4 of the CDI Action Plan and confirmed that this version included this recommendation and had actions assigned to the above recommendation.</p>	Low	<p>CDI Action Plan will be immediately updated to capture the recommendation and associated action.</p> <p>Responsible Officer:</p> <p>Assistant Chief Constable</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
				From review of the two action plans it appears that actions relating to this recommendation have not been reported to the CDI Improvement Group since March 2018 and appear to still be open.		<p>Implementation Date:</p> <p>End of November 2018</p>
				We reviewed the format of the CDI Action Plan and found that it was a standard format used across the Force for action plans. One column detailed in the spreadsheet is 'due by' which should be used to detail when the action is due to be completed by. We found that this column is not being utilised and discussions with the FCIR established that as the recommendations are time limited, the column was not being used. However, given that a number of actions remaining ongoing at the time of the audit, despite the six month deadline to complete all recommendations passing, it would appear prudent to utilise this column. We also found that there is no RAG rating given to any of the open actions to indicate whether there is any risk in implementing the actions or to RAG rate the progress.	Medium	<p>All actions will be allocated due dates and a RAG rating.</p> <p>Responsible Officer:</p> <p>Assistant Chief Constable</p> <p>Implementation Date:</p> <p>End of September 2018</p>
				A total of 28 actions have been identified in order to ensure that the recommendations raised by HMICFRS are addressed within the time frames specified. At the time of the audit of the 28 actions, nine of these actions had been marked as completed, therefore 19 remain outstanding despite the six-month deadline as per the HMICFRS CDI Report for implementation lapsing. Of the 19 recommendations not yet implemented, 15 are in progress and we verified that progress was ongoing and adequately documented. Four have yet to be progressed and these actions all related to training. There was no evidence presented at the time of the audit that any progress has been made in implementing and developing an adequate training programme in relation to recording crime. Whilst a review of the training provided has been undertaken by the FCIR and the training team, no further progress has been made by the training team to ensure that appropriate training is developed and delivered.	High	<p>All actions where no progress has been made will be reported to the Operations Delivery Board and further support obtained where appropriate.</p> <p>Responsible Officer:</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management																								
				<p>Discussions with the ACC confirmed that whilst it was acknowledged that the six-month deadline as per the HMICFRS report had passed, the CDI Action Plan and its actions were a direction of travel. Furthermore, discussions highlighted that areas have improved when the sample checking has been undertaken and that a 20% rise in recorded crime (the amount anticipated by HMICFRS that North Yorkshire Police was underreporting) then this evidences that progress has been made.</p> <p>A peer review is scheduled to be undertaken 12 to 14 September by Devon and Cornwall Police, who were rated inadequate and then got to good in a 12-month period, to understand the level of progress that North Yorkshire Police have made.</p> <p>The ACC stated that as Chair of the CDI Improvement Group he was happy that a plan is in place and defined actions are progressing and that the HMICFRS recommendations, whilst stating six months, would be re-assessed after 12 months. However, the ACC believed that the risk was not whether the recommendations were achieved within the timeframes recommended by HMICFRS but that the cultural changes required in relation to recording crimes was successfully embedded.</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 crime outcomes are not being recorded correctly and that further action may be taken by HMICFRS.</td> <td colspan="3">Actions to address HMICFRS recommendation have not been completed.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Compliance</th> <th>Rating</th> </tr> <tr> <td>Probably</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 crime outcomes are not being recorded correctly and that further action may be taken by HMICFRS.			Actions to address HMICFRS recommendation have not been completed.			Probability	Financial	Reputational	Operational	Compliance	Rating	Probably	Negligible	Minor	Minor	Minor	5:8		<p>CDI Improvement Group</p> <p>Implementation Date:</p> <p>End of November 2018</p>
Risk Exposure			Root causes																											
Risk that crime outcomes are not being recorded correctly and that further action may be taken by HMICFRS.			Actions to address HMICFRS recommendation have not been completed.																											
Probability	Financial	Reputational	Operational	Compliance	Rating																									
Probably	Negligible	Minor	Minor	Minor	5:8																									
2	<u>HMICFRS Recommendation</u> Within six months, North Yorkshire Police should review the operating arrangements of its	Yes	No	<p>Action: a briefing to be drafted and provided from Head of FCR to the dispatchers regarding the importance of passing this information to the response officer.</p> <p>Status: this action has been marked as implemented.</p>	Low	A briefing to be drafted and provided from the Head of FCR to the																								

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
	<p>Force control room and CROMU to ensure that these secure the recording of all reported crimes at the first point of report when sufficient information exists to do so and in any event within 24 hours of receipt of the report.</p> <p>This should include ensuring that, when a report of crime has been made, dispatchers always pass this information to attending officers thereby assisting them to make correct crime-recording decisions.</p> <p>Two actions have been identified by the Force to be implemented:</p> <ul style="list-style-type: none"> A briefing to be drafted and provided from Head of FCR to the dispatchers regarding the importance of passing this information to the response officer. reality testing is to be conducted once the training has been delivered to FCR staff. 			<p>Discussions with the Service Improvement Manager confirmed that a personal verbal briefing to dispatchers had been undertaken by the Chief Inspector to remind them of their responsibilities. All staff had received the training and that the second action relating to reality testing would cover whether this had been effective.</p> <p>A written briefing was also produced for staff and the update to the CDI Improvement Group on 1 May 2018 stated that 'this work is incorporated into the training days. A CI has produced a briefing for staff regarding the information passed to officers and the accuracy of this. Additional justification must be recorded against crimes that have been closed by call-handlers.'</p> <p>We requested a copy of this briefing during the audit but we were not provided with a copy due to the author being on leave at the time of the audit</p> <p>It was stated that this action was completed, however this action was not included on the latest version of the CDI Action Plan.</p> <p>Action: reality testing is to be conducted once the training has been delivered to FCR staff.</p> <p>Status: this action remains ongoing.</p> <p>Discussions with the Service Improvement Manager confirmed that this reality testing had just been commenced due to the necessary personnel being available to undertake the testing.</p> <p>At the CDI Improvement Group held on 23rd August 2018 an update was given that a member of the CROMU staff was currently in the process of undertaking this reality testing. This consists of going through the calls received and looking at the STORM log to identify whether or not the information received from the phone log by the dispatcher had been inputted correctly and that if a crime had been identified it was recorded at the first instance.</p> <p>This reality testing is taking time as the calls are not stored in any particular order therefore they have to be found by the member of staff from the Force Control Room and then listened to in full. Discussions with the Service Improvement</p>		<p>dispatchers regarding the importance of passing this information to the response officer.</p> <p>Responsible Officer:</p> <p>Service Improvement Manager</p> <p>Implementation Date:</p> <p>End of September 2018</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
				Manager identified that he expected the member of staff to complete two or three checks a day.		
3	<u>HMICFRS Recommendation</u> Ensure that the arrangements they have in place to inform victims upon the cancellation of a recorded crime are adhered to Two actions have been identified by the Force to be implemented: <ul style="list-style-type: none"> reality test to be scheduled by the FCIR for three months time (01.06.18). FCIR to draft a timetable of audit activity for 2018/19. 	Yes	No	Action: FCIR to draft a timetable of audit activity for 2018/19. Status: action has been marked as completed. We obtained the timetable of audit activity that has been developed for the 2018/19 financial year and reviewed to ensure that activity was detailed and in accordance with the reality testing set out in the other actions in the CDI Action Plan. We noted that the reality test - victim's updated when crimes cancelled had been included in the work programme for June but that this work has yet to be undertaken and had not yet been rescheduled due to staffing resource issues. Review of the work programme for July 2018 to March 2019 identified that no activity has been assigned to this period. Discussions with the FCIR confirmed that the work programme was in need of update but had been overtaken by other priorities due to staffing shortages within the CROMU / CMU. This action is marked as completed and whilst a draft programme has been developed, this programme does not fully document the audit activity for 2018/19.	Low	FCIR will draft a fully completed timetable of audit activity for 2018 / 2019 and monitor activity to ensure that they are undertaken. Responsible Officer: Force Crime and Incident Registrar Implementation Date: End of November 2018
4	<u>HMICFRS Recommendation</u> Within six months, the force should design and provide training for all staff that make	Yes	No	Action - Training Services to carry out a review of what training exists and is delivered in relation to crime recording, NCRS, and NSIR. This action is still to be implemented Discussions with the FCIR and Service Improvement Manager confirmed that the review of crime recording training has been completed and this has	High	Training Services will carry out a review of what training exists and is delivered in relation to crime

Ref Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority Action for management
<p>crime-recording decisions. This should include training on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the information needed for a crime-recording decision to be made; <input type="checkbox"/> the expectation that reported crime is recorded at the first point that sufficient information exists to record a crime, which in most cases will be at the point of report; <input type="checkbox"/> the importance, for the purpose of making a crime-recording decision, of believing the first account of the victim, particularly with regard to domestic abuse incidents; <input type="checkbox"/> the correct application of incident types when opening and closing an incident record in Storm; <input type="checkbox"/> the recording of rape crimes, particularly where the victim suffers from mental health problems or the victim or suspect are under the age of 13; and the proper use of classification N100 for reports of rape; <input type="checkbox"/> incidents involving multiple crime records, particularly those reported during an on-going 			<p>found there is not a significant amount of CDI related training content being delivered. Discussions have taken place with the Training Manager with regards to how training can be delivered but to date this training has still not been agreed or delivered.</p> <p>We attempted to speak to the Training team as part of the audit to further understand the training requirements and anticipated delivery but we were not able to validate that training needs have been identified and appropriate training developed.</p> <p>An update provided to the CDI Improvement Plan Group we attended on 23.08.2018 confirmed that a training plan was to be created to identify what training was required. However, given that there has been six months to implement this action against the recommendation, no progress has been made on implementing this.</p>	<p>recording, NCRS, and NSIR.</p> <p>Responsible Officer:</p> <p>Training Manager</p> <p>Implementation Date:</p> <p>End of November 2018</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
	<p>investigation into a previously recorded crime;</p> <p><input type="checkbox"/>malicious communications, harassment, common assault, public order offences and offences of make, take or distribute indecent images of children; and</p> <p><input type="checkbox"/>the additional verifiable information required in order to make crime-cancellation decisions.</p> <p>Four actions has been identified by the Force to be implemented:</p> <ul style="list-style-type: none"> • Training Services to carry out a review of what training exists and is delivered in relation to crime recording, NCRS, and NSIR. • Upon completion of the training review, determine what revisions in terms of content and established courses is required. • Establish what the existing training provision is and the plan for future training provision. 					

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
	<ul style="list-style-type: none"> Training Plan options are to come back to the next meeting. 					
4	<p><u>HMICFRS Recommendation</u></p> <p>Review the processes in place for the identification and recording of reports of crime received directly into its public protection department from partner organisations (such as social services), and from internal sources and ensure these systems support the correct recording of these crimes in accordance with the crime-recording rules.</p> <p>Three actions have been identified by the Force to be implemented:</p> <ul style="list-style-type: none"> review the existing process for the recording of crime in the Multi-Agency Safeguarding Team (MAST). consider best practise from peer reviews to identify the best possible solution. contact is to be made with the Crime Registrar for Merseyside Police regarding the progress made in relation 	Yes	No	<p>Action: review the existing process for the recording of crime in the VAT and MAST.</p> <p>Status: this action has not yet been implemented.</p> <p>Discussions with the FCIR confirmed that she attended Safeguarding Senior Management Team (SMT) to discuss initial scope of the review and that she had meet with key stakeholders and that members of VAT are creating their own occurrences and making crime recording decisions. After meeting with the safeguarding team, it was agreed that crime recording decision should come to CROMU. Currently the FCIR is awaiting process maps to completed and then she will meet again with the Safeguarding SMT to agree and implement the new process.</p> <p>Action: consider best practise from peer reviews to identify the best possible solution.</p> <p>Status: this action has yet to be implemented.</p> <p>Discussions with the ACC confirmed that a peer review is scheduled to be conducted by Devon and Cornwall Police on 12 to 14 September. This peer review will be an assessment of progress to date and is being conducted by Devon and Cornwall Police as a force that have moved from 'Inadequate' to 'Good' for Crime Recording over the previous year. Discussions with ACC, we</p>	Medium	<p>Review the existing process for the recording of crime in the VAT and MAST.</p> <p>Responsible Officer:</p> <p>Force Crime and Incident Registrar</p> <p>Implementation Date:</p> <p>End of November 2018</p> <p>A peer review will be undertaken 12th to 14th September by Devon and Cornwall Police.</p> <p>Responsible Officer:</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
	to crime recording, with a request for the action plan used.			were advised that this will be used as a benchmark to measure the progress being made. We therefore confirmed that this action remains ongoing.		CDI Improvement Group Implementation Date: End of September 2018

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 the Force has appropriate plans in place to address recommendations raised by the HMICFRS.	Standards of Data Recording	Corporate Risk Register

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

In 2017 North Yorkshire Police received an inadequate overall judgement in respect of crime-recording. The HMICFRS made a number of recommendations and areas for improvement. We will review the Force's action plan to address the below recommendations and undertake testing where appropriate to confirm the actions taken have been embedded:

Recommendations

- Within three months, the force should:
 - develop and implement procedures for the effective supervision of crime-recording decisions throughout the whole force; and
 - review its systems and processes for the recording of classification N100.
- Within six months, North Yorkshire Police should review the operating arrangements of its force control room and CROMU to ensure that these secure the recording of all reported crimes at the first point of report when sufficient information exists to do so and in any event within 24 hours of receipt of the report. This should include:
 - a review of the incident types used in Storm – the force's incident management system – to satisfy itself that when a reported incident contains a report of crime the incident type used correctly indicates that this is the case;
 - ensuring that, when a report of crime has been made, dispatchers always pass this information to attending officers thereby assisting them to make correct crime-recording decisions;
 - ensuring that incident updates from attending officers are always recorded within incident logs with sufficient accuracy and detail, particularly where this is used to justify not recording a reported crime; and

- satisfying itself as to the effectiveness and efficiency of its arrangements for the recording of crimes through the CROMU.
- Within six months, the force should put in place arrangements to ensure that:
 - at the point of report, particularly in domestic abuse cases, greater emphasis is placed on the initial account of the victims; and
 - multiple crimes are always recorded when described within incident records or identified as part of other recorded crime investigations.
- Within six months, the force should design and provide training for all staff that make crime-recording decisions. This should include training on:
 - the information needed for a crime-recording decision to be made;
 - the expectation that reported crime is recorded at the first point that sufficient information exists to record a crime, which in most cases will be at the point of report;
 - the importance, for the purpose of making a crime-recording decision, of believing the first account of the victim, particularly with regard to domestic abuse incidents;
 - the correct application of incident types when opening and closing an incident record in Storm;
 - the recording of rape crimes, particularly where the victim suffers from mental health problems or the victim or suspect are under the age of 13; and the proper use of classification N100 for reports of rape;
 - incidents involving multiple crime records, particularly those reported during an on-going investigation into a previously recorded crime;
 - malicious communications, harassment, common assault, public order offences and offences of make, take or distribute indecent images of children; and
 - the additional verifiable information required in order to make crime-cancellation decisions.

Areas for improvement

- ensure that the arrangements they have in place to inform victims upon the cancellation of a recorded crime are adhered to.
- review the processes in place for the identification and recording of reports of crime received directly into its public protection department from partner organisations (such as social services), and from internal sources and ensure these systems support the correct recording of these crimes in accordance with the crime-recording rules.
- improve how it collects diversity information from victims of crime and how it uses this to inform its compliance with its equality duty.

Limitations to the scope of the audit assignment:

- Our review will not confirm the outcome of any further HMICFRS inspections or re-inspections of this area.
- We will not validate that crimes have been recorded accurately or in accordance with Home Office rules.
- This review will not replicate a HMICFRS inspection.
- Testing will be performed on a sample testing so will not confirm the actions identified to address the recommendations are embedded throughout the organisation.
- We will comment on the actions to address the recommendations raised by the HMICFRS.
- 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:

- Assistant Chief Constable
- Head of Information Management
- Superintendent (Crime)
- Force Crime and Incident Registrar
- Records Manager
- Service Improvement Manager

Documentation reviewed during the audit:

- CDI Action Plans
- Crime Reporting Performance Information
- Records from the NICHE system
- Violent Crime Audit Outcome Report
- CDI Improvement Group TOR and agenda
- NSIR / NCRS Annual Audit Plans
- Audit Summary Reports
- HMIC Crime Data Integrity Inspection report

FOR FURTHER INFORMATION CONTACT

Dan Harris, Head of Internal Audit

Tel: 07792 948767

Daniel.Harris@rsmuk.com

Angela Ward, Senior Manager

Tel: 07966 091471

Angela.Ward@rsmuk.com

Philip Church, Client Manager

Tel: 07528 970082

Philip.Church@rsmuk.com