



THE POLICE AND CRIME COMMISSIONER FOR NORTH  
YORKSHIRE AND THE CHIEF CONSTABLE OF NORTH YORKSHIRE

**Follow Up of Previous Internal Audit  
Recommendations – Visit One**

**FINAL 2.18/19**

**9 July 2018**

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<b>Debrief held</b>	13 June 2018	<b>Internal audit team</b>	Daniel Harris, Head of Internal Audit
<b>Draft report issued</b>	18 June 2018		Angela Ward, Senior Manager
<b>Responses received</b>	9 July 2018		Philip Church, Client Manager Andrew Carter, Lead Auditor
<b>Final report issued</b>	9 July 2018	<b>Client sponsor</b>	Risk and Assurance Manager
		<b>Distribution</b>	Risk and Assurance Manager

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# 1 EXECUTIVE SUMMARY

## 1.1 Introduction

As part of the approved internal audit periodic plan for 2018 / 2019 we have undertaken a review to follow up progress made by the organisations to implement the previously agreed management actions. The audits considered as part of the follow up review were:

- Governance - Structure, Reporting, Challenge and Decision Making
- Follow up of Previous Internal Audit Recommendations
- Human Resources: Recruitment
- Exhibits: Seizure, Storage and Disposal of Controlled Drugs
- Data Quality
- Exhibits Handling
- Appropriate Use of Places of Safety
- Complaints

The 12 management actions considered in this review comprised of two high and 10 medium priority. The focus of this review was to provide assurance that all actions previously made have been adequately implemented.

## 1.2 Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion the Police and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire has demonstrated **good progress** in implementing agreed management actions.

We confirmed that one management action remain on-going and have re-prioritised this original high priority action to medium given the progress made; this is detailed in section two of this report.

With regards to the Governance – Structure, Reporting, Challenge and Decision Making audit, we noted that the two management actions were superseded due to the introduction of revised governance arrangements which are currently out to consultation.

## 1.3 Action tracking

Action tracking is undertaken at the Police and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire and reported to the Joint Independent Audit Committee (JIAC) by exception via an Internal Audit Recommendations Tracker, which shows how many recommendations are completed and outstanding for each internal audit.

All actions from the Data Quality audit had been completed on the tracker, however our audit found that one action was on-going.

## 1.4 Progress on actions

Implementation status by review	Number of actions agreed	Status of management actions					
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Not yet due (5)	Completed or no longer necessary (1)+(4)
Governance - Structure, Reporting, Challenge and Decision Making	2	0	0	0	2	0	2
Follow up of Previous Internal Audit Actions	1	1	0	0	0	0	1
Human Resources: Recruitment	1	1	0	0	0	0	1
Exhibits: Seizure, Storage and Disposal of Controlled Drugs	1	1	0	0	0	0	1
Data Quality	1	0	1	0	0	0	0
Exhibits Handling	2	2	0	0	0	0	2
Appropriate Use of Places of Safety	3	3	0	0	0	0	3
Complaints	1	1	0	0	0	0	1

Implementation status by management action priority	Number of actions agreed	Status of management actions					
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Not yet due (5)	Completed or no longer necessary (1)+(4)
Medium	10	8	0	0	2	0	10
High	2	1	1	0	0	0	1
<b>Totals</b>	<b>12</b> <b>(100%)</b>	<b>9</b> <b>(75%)</b>	<b>1</b> <b>(8%)</b>	<b>0</b> <b>(0%)</b>	<b>2</b> <b>(17%)</b>	<b>0</b>	<b>11</b> <b>(92%)</b>

## 2 FINDINGS AND MANAGEMENT ACTIONS

This report has been prepared by exception. Therefore, we have included only those actions graded as 2 and 3. Each action followed up has been categorised in line with the following:

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

Data Quality																		
Ref	Management action	Audit finding	Current status	Updated management action														
1	<p>The Force Crime and Incident Registrar (FCIR) will remind Crime Management Unit (CMU) when crimes need to be referred to the Designated Decision Maker (DDM).</p> <p>DIs will be reminded they must document what they have reviewed on crime records and the reasons for their decision.</p>	<p>We obtained a copy of the e-mail that was sent to CMU staff to remind them of when crimes need to be referred to the Designated Decision Maker and confirmed that this was sent on 16<sup>th</sup> February 2018.</p> <p>We reviewed five crimes for outcomes that require review / approval by a DDM and noted the following:</p> <p>For four records, 12180074642, 12170083857, 12170162519 and 12180011535 we confirmed that they had been reviewed and a decision recorded by the DDM (Head of CMU).</p> <p>For the remaining record, 12180069613, there was no rational recorded and this had not gone to the DDM.</p>	2	<p>Part of original management action restated</p> <p>The FCIR will remind CMU when crimes need to be referred to the DDM.</p> <p><b>Responsible officer:</b></p> <p>Force Crime and Incident Registrar</p> <p><b>Priority:</b> Medium</p> <p><b>Implementation date:</b> 30<sup>th</sup> November 2018</p>														
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## APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high actions	Consideration of medium actions	Consideration of low actions
Good	> 75 percent	None outstanding	None outstanding	All low actions outstanding are in the process of being implemented
Reasonable	51 – 75 percent	None outstanding	75 percent of medium actions made are in the process of being implemented	75 percent of low actions made are in the process of being implemented
Little	30 – 50 percent	All high actions outstanding are in the process of being implemented	50 percent of medium actions made are in the process of being implemented	50 percent of low actions made are in the process of being implemented
Poor	< 30 percent	Unsatisfactory progress has been made to implement high actions	Unsatisfactory progress has been made to implement medium actions	Unsatisfactory progress has been made to implement low actions

# APPENDIX B: SCOPE

## Scope of the review

The internal audit assignment has been scoped to provide assurance on how Police and Crime Commissioner for North Yorkshire manages the following objective:

### Objective of the area under review

We will confirm the actions closed on ARM are supported by appropriate evidence to reflect what has been reported to management and the Joint Independent Audit Committee.

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

#### Areas for consideration:

- Internal Audit will undertake a review of agreed high and medium priority management actions which have been closed on ARM.
- We will also consider recommendations classified as 'fundamental' or 'significant' raised by the previous internal auditors which have been closed on ARM.

We will review closed actions on ARM two weeks prior to our audit visits in 8<sup>th</sup> January 2018 and 11<sup>th</sup> June 2018.

#### Limitations to the scope of the audit assignment:

- The review will only cover audit recommendations previously made, and we will not review the whole control framework of the areas listed above. Therefore, we will not provide assurance on the entire risk and control framework.
- We will only consider closed high and medium priority management actions and closed fundamental and significant recommendations.
- We will ascertain the status of recommendations through discussion with management and review of the recommendation tracking.
- We will not consider HMIC recommendations.
- Where testing is undertaken, our samples will be selected over the period since actions were implemented or controls enhanced.
- Our work does not provide any guarantee or absolute assurance against material errors, loss or fraud.



## APPENDIX C: ACTIONS COMPLETED

From the testing conducted during this review we have found the following actions to have been fully implemented and are now closed:

Assignment title	Management actions
Follow up of Previous Internal Audit Recommendations	Analyse data collected by the new telephone system to performance manage staff and resources.
Human Resources: Recruitment	Management will: <ul style="list-style-type: none"><li>Review the agency contract when it is due for renewal;</li><li>Going forward the management of the agency contract will be effectively managed by ensuring there is a dedicated account manager provided by the Agency at all times. This will be supported by the formal performance management as referred to in conclusion 1.2; and</li><li>The dip samples will be requested from internal audit for HR review and consideration whether management action is appropriate.</li></ul>
Exhibits: Seizure, Storage and Disposal of Controlled Drugs	Management will ensure that there is a clear documented process to evidence the following: <ul style="list-style-type: none"><li>Bags have been sealed and contents checked in the presence of a nominated responsible individual and that this is appropriately evidenced on Niche;</li><li>The bags being transported for disposal have been checked out on the system by an appropriately nominated individual and a fully itemised manifest of drugs taken for disposal accompanies the drugs to the incinerator;</li><li>Ensure that when final disposal of the exhibits is witnessed by appropriately nominated persons that all individuals sign the relevant documentation and that this is scanned back on to the disposal occurrence on Niche;</li></ul>
Exhibits Handling	NYP should consider the findings detailed in Appendix B; taking corrective action as required according to the risk appetite of the organisation. Internal Audit recommend that attention should be given to: <ul style="list-style-type: none"><li>Key Security arrangements;</li><li>Alarm setup and linkage; and</li><li>Sealing the Northallerton cage.</li></ul>

We have considered Appendix B and added comments to the individual points. Some items are linked to the proposed development of a new store at York and so will not be achieved until the new store is in place.

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Exhibits Handling	Wherever possible we are moving away from having keys to access temporary storage. Insurance-rated drop box safes have been installed for cash and valuable at all sites, drop box units are also now in place for the temporary storage of drugs at all sites. Consideration of rec 6 may lead to the installation of slam shut lockers for the temporary storage of firearms which will remove keys from this storage type. Keys held by OSOs/EMSOs within exhibits stores have access restricted to OSOs/EMSOs and we will ensure these are locked when not in use.
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Complaints	<p>The Force and PCC will undertake the following:</p> <ul style="list-style-type: none"><li>• Ensure that a plan is in place to address legislation changes / complaints reforms;</li><li>• Ensure there is increased communication between the OPCC and the PSD; and</li><li>• Consider the benefits of using a single system for recording all complaints.</li></ul>
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Appropriate Use of Places of Safety	<p>The Force should continue to develop effective partnership working, particularly via the NHS Partnership Commissioning Unit, to attempt to influence commissioning of services which improve outcomes for individuals when coming into contact with the police and in supporting and improving police officer decision making in respect of s.136 MHA detentions NYP has a full-time Mental Health Partnership Development Inspector, whose role is to deliver the specifics of this recommendation</p> <p>This post is funded until the remainder of the current financial year and is devoted to this endeavour.</p>
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Appropriate Use of Places of Safety	The Force, in liaison with the NHS Partnership Commissioning Unit should explore opportunities to obtain undertakings from all Mental Health Trusts across the North Yorkshire area to provide appropriately qualified doctors to undertake the mental health assessment of S136 MHA patients detained in police custody.
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Appropriate Use of Places of Safety	<p>The monitoring and reporting of s.136 MHA cases should be sufficiently detailed to:</p> <ul style="list-style-type: none"><li>• Identify instances where YAS are not requested to attend at the point of detention of a s.136 MHA patient. Remedial action should be taken to address instances on non-compliance with the conveyance policy to ensure that s. 136 MHA patients receive the appropriate clinical assessment at the point of detention.</li><li>• Identify instances where YAS do not provide the appropriate transportation to the relevant HBPOS. This information should be then fed into the Police, Health and Social Care Implementation Board to ensure that appropriate steps can be taken to ensure YAS comply with the requirements of the Crisis Care Concordant and the s.136 MHA Clinical Assessment and Transport Policy</li></ul>
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## FOR FURTHER INFORMATION CONTACT

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