



THE CHIEF CONSTABLE OF NORTH YORKSHIRE

Positive Action Plan

FINAL

Internal audit report 3.19/20

9 July 2019





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1 EXECUTIVE SUMMARY

1.1 Background

As part of the approved internal audit programme for 2019 / 2020, we reviewed the control environment surrounding the plan for positive action at North Yorkshire Police.

Positive action can be defined as “A range of measures allowed under the Equality Act 2010 which can be lawfully taken to encourage and train people from under-represented groups to help them overcome disadvantages in competing with other applicants.”

In late 2018, the National Police Chiefs’ Council (NPCC) issued the 2018-2025 Workforce Representation, Attraction, Recruitment, Progression and Retention Toolkit with the aim to provide guidance to enhance positive action to regional constabularies.

North Yorkshire Police have adapted the toolkit into a Positive Action Delivery and Progression Plan which, following guidance from the NPCC, categorises actions into the following areas:

1. Leadership and Culture;
2. Attraction and Recruitment;
3. Retention;
4. Progression;
5. Wellbeing and Fulfilment; and
6. Exit from Service with Dignity.

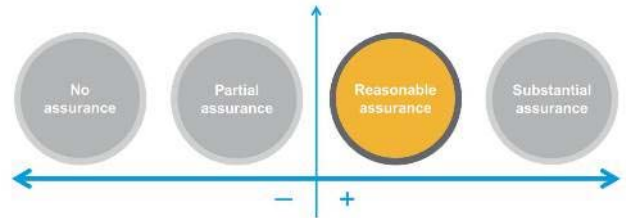
1.2 Conclusion

Based upon testing conducted within this review, the Chief Constable of North Yorkshire can take **reasonable assurance** regarding that an established control framework is in place through the Positive Action Delivery and Progression Plan, but further work is required to enhance the framework to ensure activities are managed effectively within the required timeframe. We would like to emphasise that this opinion was formed regarding the Positive Action Delivery and Progression Plan only and does not reflect the steps already taken to enhance diversity at North Yorkshire Police. The level of assurance provided reflects the remaining time available to develop and implement the Positive Action Delivery and Progression Plan (2025).

We recognise that the infrastructure is already in place at North Yorkshire Police to maintain an effective Positive Action Delivery and Progression Plan e.g. regular meetings of Positive Action Groups, delivery plans covering each six positive action areas etc. We believe the control environment can be greatly enhanced through improving completeness of data fields within the Positive Action Delivery and Progression Plan and frequently reviewing and updating progress towards action completion, ensuring all points listed in the NPCC toolkit are addressed.

Internal audit opinion:

Taking account of the issues identified, the Chief Constable of North Yorkshire can take **reasonable assurance** that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied. However, we have identified issues that that need to be addressed in order to ensure that the control framework is effective in managing this area.



1.3 Key findings

We highlighted the following areas where the control framework could be enhanced resulting in the following four **medium priority** management actions being agreed:

- We noted it was unclear which members of staff were accountable and responsible for each of the six areas within the Positive Action Delivery and Progression Plan.
- We noted that RAG ratings for actions within the positive action dashboard did not correspond to the delivery plans for five of the six areas.
- We noted that not all actions within the delivery plans were assigned RAG ratings.
- We noted variable levels of completion regarding action updates being provided by the action owners and target dates assigned for completion.

The other key findings from this review are as follows:

- We obtained a copy of the Silver Level Positive Action Group Terms of Reference. We confirmed that meetings were held on a bi-monthly basis as per required through the Terms of Reference. Through inspection of minutes, we confirmed that the Positive Action Delivery and Progression Plan was discussed and recorded within the minutes.
- We obtained a copy of the Gold Level Inclusion and Diversity Board Terms of Reference. With the exception of the December 2018 meeting which was cancelled, we confirmed that meetings were held on a quarterly basis as per required through the Terms of Reference. Through inspection of minutes, we confirmed that the Positive Action Coordinator was present and positive action was discussed and recorded within the minutes.

For further information, including figures from the findings mentioned above, please see section two of this report.

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.

Area	Control design not effective*		Non Compliance with controls*		Agreed actions		
	Low	Medium	High	Low	Medium	High	
Positive Action Plan	0	(7)	5	(7)	1	4	0
Total	1	4	0	0	1	4	0

* 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 areas 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	There is a designated champion for each of the six areas within the Positive Action Delivery and Progression Plan: 1) Leadership and Culture; 2) Attraction and Recruitment; 3) Retention; 4) Progressions; 5) Wellbeing and Fulfilment; and	Yes	No	We noted that there was no formally documented list of staff members which are responsible or accountable for each area of the Positive Action Delivery and Progression Plan. Through discussions with the Talent Management Lead, we understand there were informally designated people for some areas of positive action, but we understand there was no corresponding responsibility or accountability attached to the roles undertaken. If there is no specified designated champion for each area, including the responsibility and accountability for planning and implementing strategic and operational actions, there is a risk that the positive action toolkit will not be adequately developed over the 2018-2025 timeframe.	Medium	Responsible and accountable staff members for each of the six areas of the Positive Action Delivery and Progression Plan will be formally decided and documented through the Bronze Level Positive Action Group minutes. <u>Implementation date</u> 31 December 2019 <u>Responsible Owner</u>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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6) Exit from Service.

The champion is tasked with maintaining the action plan for the area and attends Bronze Level Positive Action Group meetings to provide an update on progress made.

Risk exposure			Root cause		
Positive Action toolkit will not be adequately developed over the required timeframe.			Responsible and accountable personnel for each area of positive action not defined.		
Probability	Financial	Reputational	Operational	Legal	Rating
Probable	Negligible	Negligible	Minor	Negligible	5.8

Bronze Positive Action Group Lead

2	Progress towards action plans are categorised using the "RAG" rating system, where each control is issued a colour to reflect the current status of the action. The ratings are scheduled as follows: <ul style="list-style-type: none"> Blue: new action this period; Green: on schedule; Orange: on schedule but requires action by the action owner to maintain progress; 	Yes	No	<p>We obtained a copy of the Positive Action Delivery and Progression Plan and confirmed a "RAG" rating system was in operation.</p> <p>We inspected the status of each control within the Positive Action Current Dashboard and each sub control within the tab for the six positive action categories, with the aim to verify compliance with the RAG rating. Our results are as follows:</p> <p><u>Positive Action Current Dashboard</u></p> <p>We confirmed 40 of the 48 controls within the Positive Action Current Dashboard had been assigned a RAG rating. We noted the remaining eight controls had not been rated according to the RAG rating system.</p> <p>We further noted that the RAG ratings for Attraction and Recruitment, Progression and Retention on Workforce Plan did not correspond to the individual ratings for each control in the individual delivery plans.</p> <p><u>1) Leadership and Culture Delivery Plan</u></p> <p>We confirmed 11 of the 22 controls within the Leadership and Culture Delivery Plan had been assigned a RAG rating. We noted the remaining 11 controls had not been rated according to the RAG rating system.</p>	Medium	<p>On a bi-annual basis, the Bronze Positive Action Group will extensively review the Positive Action Delivery and Progression Plan to ensure outdated content is updated.</p> <p>The Positive Action Delivery and Progression Plan document will be presented at Bronze Level Positive Action Group meetings on a monthly basis for reference.</p> <p>Where actions have not been assigned a RAG rating, this will be flagged and a designated staff member responsible for the positive action area will update appropriately.</p>
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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"> Yellow: behind schedule and requires review; and Red: seriously behind schedule and there is at risk of failure requiring immediate attention. <p>All actions on the delivery plan are assigned a RAG rating to indicate current status of the control.</p>			<p><u>2) Attraction and Recruitment Delivery Plan</u></p> <p>We confirmed 56 of the 59 controls within the Attraction and Recruitment Delivery Plan had been assigned a RAG rating. We noted the remaining three controls had not been rated according to the RAG rating system.</p> <p><u>3) Retention Delivery Plan</u></p> <p>We confirmed one of the 15 controls within the Retention Delivery Plan had been assigned a RAG rating. We noted the remaining 14 controls had not been rated according to the RAG rating system.</p> <p><u>4) Progression Delivery Plan</u></p> <p>We confirmed that none of the 27 controls within the Progression Delivery Plan had been graded according to the RAG rating system.</p> <p>If the RAG rating system is not consistently applied across all controls within the Positive Action Delivery and Progression Plan, there is a risk that the attached status of controls will not be clearly or concisely communicated.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk exposure</th> <th colspan="3">Root cause</th> </tr> </thead> <tbody> <tr> <td colspan="3">Status of Positive Action Delivery and Progression Plan not effectively monitored.</td> <td colspan="3">Not all actions within the Positive Action Delivery and Progression Plan was assigned a RAG rating.</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>Negligible</td> <td>Minor</td> <td>Negligible</td> <td>5.8</td> </tr> </tbody> </table>	Risk exposure			Root cause			Status of Positive Action Delivery and Progression Plan not effectively monitored.			Not all actions within the Positive Action Delivery and Progression Plan was assigned a RAG rating.			Probability	Financial	Reputational	Operational	Legal	Rating	Probable	Negligible	Negligible	Minor	Negligible	5.8		<p><u>Positive Action Current Dashboard.</u></p> <p>The Positive Action Current Dashboard will be reconciled to the delivery plan and summarise the overall RAG rating for all sections within each of the six areas within the Positive Action Delivery and Progression Plan.</p> <p><u>Implementation date</u></p> <p>31 December 2019</p> <p><u>Responsible Owner</u></p> <p>Bronze Positive Action Group Lead</p>
Risk exposure			Root cause																											
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3	Each action within the Positive Action Delivery and Progression Plan is assigned a	Yes	No	We obtained a copy of the Positive Action Delivery and Progression Plan with the aim to verify whether controls with specified actions were assigned to a current member of staff and future target date was defined.	Medium	A designated responsible person will be assigned to each of the actions detailed in the delivery plans with																								

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
	responsible person and a corresponding target date for review.			<p><u>1) Leadership and Culture Delivery Plan</u></p> <p>Of the 22 controls with a specified action within the Leadership and Culture Delivery Plan, we confirmed:</p> <ul style="list-style-type: none"> • 17 of these defined a future target date. • 13 were assigned an action owner. <p>We confirmed the five outlying controls regarding target dates were due to:</p> <ul style="list-style-type: none"> • Four cases of omission of target date. • One case of defined target date having lapsed. <p>We confirmed the nine outliers regarding defined action owners were due to omission of defined responsible personnel for the control.</p> <p><u>2) Attraction and Recruitment Delivery Plan</u></p> <p>Of the 48 controls with a specified action within the Attraction and Recruitment Delivery Plan, we confirmed:</p> <ul style="list-style-type: none"> • None of these defined a future target date. • 37 were assigned an action owner. <p>We understand 30 of these actions were assigned to a Recruitment and Talent Advisor, who departed from North Yorkshire Police in early June 2019.</p> <p>We confirmed the 48 outlying controls regarding target date were due to:</p> <ul style="list-style-type: none"> • Nine cases where the target date had lapsed and not been updated. • One case where the target date was assigned as "TBA" though last update was provided in November 2017. • 38 cases where the target date had been omitted. <p>We confirmed the 11 outliers regarding defined action owners were due to:</p>		<p>target implementation or progress dates included.</p> <p>When an action is completed, the action owner and target date data fields will be classified as completed.</p> <p><u>Implementation date</u></p> <p>31 December 2019</p> <p><u>Responsible Owner</u></p> <p>Bronze Positive Action Group Lead</p>

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"> Five cases where the action was allocated to a DC, who departed from North Yorkshire Police in November 2018 and had not yet been updated. Six cases where action owner had been omitted. 		
				<p><u>3) Retention Delivery Plan</u></p>		
				<p>Of the 14 controls with a specified action within the Retention Delivery Plan, we confirmed eight of these defined a future target date and nine were assigned an action owner.</p>		
				<p>We confirmed the six outlying controls regarding target date were due to:</p>		
				<ul style="list-style-type: none"> Two cases where the target date had lapsed and not been updated. Four cases of omission of a target date. 		
				<p>We confirmed the five outliers regarding defined action owners were due to:</p>		
				<ul style="list-style-type: none"> One case where the action was assigned to a DC, who departed from North Yorkshire Police in November 2018 and has not yet been updated. Four cases where action owner had been omitted. 		
				<p><u>4) Progression Delivery Plan</u></p>		
				<p>Of the 27 controls with a specified action within the Progression Delivery Plan, we confirmed five of these defined a future target date and 25 were assigned an action owner.</p>		
				<p>We confirmed the 22 outlying controls regarding target date were due to:</p>		
				<ul style="list-style-type: none"> Three cases where the target date was defined as "on-going", therefore not specifying a time to review progress. Five cases where the target date was defined at "TBA", therefore not specifying a time to review progress. Seven cases where the defined target date had lapsed and not been updated. 		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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- One case where the target date was listed as "w/c 6th November onwards" but no year was specified.
- Four cases of omission of the target date.
- Six cases where the target date had been omitted

We confirmed the two outliers regarding the **defined action owners** were due to the action owner being omitted.

5) Wellbeing and Fulfilment Delivery Plan

Of the two controls with a specified action within the Wellbeing and Fulfilment Delivery Plan, we confirmed none of these defined a future target date and none were assigned an action owner.

6) Exit from Service with Dignity Delivery Plan

Of the two controls with a specified action within the Exit from Service with Dignity Delivery Plan, we confirmed none of these defined a future target date and all two were assigned an action owner.

Risk exposure			Root cause		
Lack of defined implementation dates and action owners could result in actions not being delivered within the appropriate timeframe.			Not all actions within the delivery plans are assigned an action owner or target implementation date.		
Probability	Financial	Reputational	Operational	Legal	Rating
Probable	Negligible	Negligible	Minor	Negligible	5.8

4	Actions which have been reported as green through the RAG rating	Yes	No	<p><u>Leadership and Culture</u></p> <p>From a population of eight actions categorised as on schedule within the Leadership and Culture Delivery Plan, we took a sample of five with the aim to trace back to source documentation.</p>	Medium	Commentary will be assigned to each action within the Positive Action Delivery and Progression
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Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management		
				<p>system are ongoing or have been achieved.</p> <p>Green RAG rating is categorised as on schedule.</p>		<p>For all five samples, we received confirmation the actions were on schedule or completed as per stated by the RAG rating.</p> <p>From the perspective of all actions, regardless of RAG rating, we noted that of the 24 actions listed within the Leadership and Culture Delivery Plan an update was assigned to 22 of these actions.</p> <p>For the remaining two, there was no update provided, implying that no action had been undertaken to address these two points.</p> <p><u>Attraction and Recruitment</u></p> <p>From a population of 21 actions categorised as "on schedule" within the Attraction and Recruitment Delivery Plan, we took a sample of five with the aim to trace back to source documentation.</p> <p>For all five samples, we confirmed the actions were on schedule or completed as per stated under the RAG rating.</p> <p>From the perspective of all actions, regardless of RAG rating, we noted that for 15 of the 62 actions listed within the Attraction and Recruitment Delivery Plan, there was no update provided, implying that no action had been undertaken to address these 15 points.</p> <p><u>Retention</u></p> <p>From a population of one action categorised as "on schedule" within the Retention Delivery Plan, we took a 100% sample with the aim to trace back to source documentation.</p> <p>We confirmed the actions were on schedule or completed as per stated under the RAG rating.</p> <p>From the perspective of all actions, regardless of RAG rating, we noted that for four of the 19 actions listed within the Retention Delivery Plan, there was no</p>		<p>Plan to provide an update of steps taken or planned steps to address the listed action.</p> <p>Commentary will be categorised under one of the following headings:</p> <ul style="list-style-type: none"> • Action completed. • Action ongoing; and • Action not yet addressed. <p><u>Implementation date</u></p> <p>31 December 2019</p> <p><u>Responsible Owner</u></p> <p>Bronze Positive Action Group Lead</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
				updates provided, implying that no action had been undertaken to address these four points.		
				<u>Progression</u>		
				We were unable to test the Progression Delivery Plan for compliance due to none of the controls being assigned a RAG rating.		
				A finding regarding completeness of RAG ratings for actions has already been raised through control two within this report.		
				From the perspective of all actions, regardless of RAG rating, we noted that for 17 of the 44 actions listed within the Progression Delivery Plan, there was no update provided, implying that no action had been undertaken to address these 17 points.		
				<u>Wellbeing and Fulfilment</u>		
				From a population of two action categorised as "on schedule" within the Wellbeing and Fulfilment Delivery Plan, we took a 100% sample with the aim to trace back to source documentation.		
				For all two samples, we confirmed the actions were on schedule or completed as per stated under the RAG rating.		
				From the perspective of all actions, regardless of RAG rating, we noted that for 20 of the 24 actions listed within the Wellbeing and Fulfilment Delivery Plan, there was no update provided, implying that no action had been undertaken to address these 20 points.		
				<u>Exit from Service with Dignity</u>		
				We were unable to test the Exit from Service with Dignity Delivery Plan, due to none of the actions being assigned a RAG rating.		
				From the perspective of all actions, regardless of RAG rating, we noted that for eight of the 11 actions listed within the Exit from Service with Dignity Delivery		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management
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Plan, there was no update provided, implying that no action had been undertaken to address these eight points.

Risk exposure			Root cause		
Lack of progress updates could result in actions not being implemented in a timely manner.			Not all actions within the delivery plans had progress update provided.		
Probability	Financial	Reputational	Operational	Legal	Rating
Probable	Negligible	Negligible	Minor	Negligible	5.8

5	There is a Terms of Reference in place for the Bronze Level Positive Action Group. Meetings are minuted and conducted on a monthly basis.	Yes	No	<p>We obtained a copy of the Bronze Level Positive Action Group Terms of Reference. With the exception of the September 2018 meeting which was cancelled, we confirmed that meetings were held on a monthly basis.</p> <p>Through inspection of minutes, we confirmed that Positive Action Coordinator was present at each meeting. We noted that the October and December 2018 meetings of the Bronze Level Positive Action Group went ahead, but no minutes were available to confirm content of discussion.</p>	Low	<p>For each meeting of the Bronze Level Positive Action Group a record of content discussed will be made documented.</p> <p><u>Implementation date</u> 31 December 2019</p> <p><u>Responsible Owner</u> Bronze Positive Action Group Lead</p>
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Risk exposure			Root cause		
Reduced clarity regarding actions taken / discussed by the Bronze Level Positive Action Group.			Not all the Bronze Level Positive Action Group meetings had not been minuted.		
Probability	Financial	Reputational	Operational	Legal	Rating
Probable	Negligible	Negligible	Minor	Negligible	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 area:

Objectives of the area under review

The organisation has an appropriate framework in place to monitor the implementation of the National Police Chiefs' Council's Workforce Representation – Attraction, Recruitment, Progression and Retention Toolkit.

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

Areas for consideration:

The National Police Chiefs' Council issued the Workforce Representation – Attraction, Recruitment, Progression and Retention Toolkit (2018 – 2025) that will create a culture that values difference and diversity. We will consider the following key components:

- Leadership and Culture;
- Attraction / Recruitment;
- Retention;
- Progression;
- Wellbeing and Fulfilment; and
- Exit from Service with Dignity.

We will review the action plan in place to confirm this reflects the key requirements of the Workforce Representation – Attraction, Recruitment, Progression and Retention Toolkit. We will confirm, through sample testing, that key initiatives have been achieved and confirm this back to source documentation.

We will also consider the governance reporting arrangements throughout the organisation on the achievement of the key components.

Limitations to the scope of the audit assignment:

- Testing will be completed on a sample basis, so we cannot confirm all components have or will be achieved within the required timeframe.
- 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 not review policies and procedures for adequacy or confirm their application in practice.
- We will not comment on the appropriateness of the actions taken, but confirm they are in place or being worked towards.
- 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:

- Talent Management Lead
- Positive Action Coordinator
- Inclusion and Diversity Coordinator
- Temporary Superintendent

Documentation reviewed during the audit:

- NPCC Workforce Representation, Attraction, Recruitment, Progression and Retention Toolkit
- NYP Positive Action Delivery and Progression Plan
- Minutes from Bronze Level Positive Action Group meetings
- Minutes from Silver Level Positive Action Group meetings
- Minutes from Inclusion and Diversity Board

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