



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

Follow Up of Previous Internal Audit Management Actions – Visit 2

FINAL

Internal audit report 8.20/21

2 March 2021



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Final report issued	2 March 2021
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Client sponsor	Deputy Chief Constable Managing Director Head of Business Design and Assurance
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1 EXECUTIVE SUMMARY

1.1 Introduction

As part of the approved internal audit plan for 2020/2021 we have undertaken a review to follow up progress made by the organisations to implement the previously agreed management actions.

The scope of the review covers management actions closed from 21 July 2020 to 4 January 2021, and as such the audits considered as part of the follow up review were:

- Human Resources: Wellbeing;
- Seized Exhibits: Temporary Stores;
- Integrated Offender Management;
- Disciplinary and Misconduct Process;
- Service Operations;
- Data Quality;
- Follow Up of Previous Internal Audit Management Actions – Visit 2; and
- Open Investigations and Crimes.

The 28 management actions considered in this review comprised of **five high** and **23 medium** priority actions. The focus of this review is 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, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire have demonstrated **reasonable progress** in implementing agreed management actions.

Of the 28 management actions considered in the review, we confirmed that 24 of these actions had been fully implemented and one management action superseded. We have raised three management actions (two on-going and one not implemented) comprised of **one high** and **two medium** priority actions. We have re-categorised the high action to medium, and details of all three actions are as follows:

Human Resources: Wellbeing:

- The original report identified issues in the monitoring of actions from the Wellbeing Project Plan. The Senior Welfare and Wellbeing Advisor is responsible for maintain the Wellbeing Project Plan. However, we did not obtain evidence that the reporting of actions within the Wellbeing Project Plan was raised with the People Board to decide where actions should be reported and the required frequency of reporting.

We understand that the new Head of People Services is now in post and a re-structuring exercise is being undertaken of the People Services Department. It is understood that the position of wellbeing will be considered as part of the re-structure. **(Medium)**

Seized Exhibits: Temporary Stores (Originally High):

- We verified that the temporary stores included as part of the initial review (Harrogate, Northallerton, Scarborough and York) have undertaken more frequent audits of the temporary store property against the Niche system. However, there is still a large number of items and discrepancies which exist on the Niche system. The Front Counter and Exhibits Lead evidenced that these discrepancies are often due to duplicates created on the system, which is beyond the control of the property store staff. Addressing all discrepancies within the Niche system would be a resource-intensive exercise and exceeds the capacity of the Property store staff. We reviewed five examples of duplications within the Niche system with the Front Counter and Exhibits Lead and records suggest that duplicates in the system were created by the Prosecution Team, suggesting Prosecution Team processes may need to be updated. The Front Counter and Exhibits Lead will raise a business case for an Exhibits data analyst post to investigate discrepancies in detail and to be able to research into result findings to better manage the property store holdings force wide.
As the property store teams (in conjunction with the front counter teams) have increased the completion of weekly audits, we have re-categorised the action from high priority to medium. **(Medium)**

Follow Up of Previous Internal Audit Management Actions - Visit 2:

- Discussions with the Force Crime and Incident Registrar established that there is not the resource capacity within the Crime Recording and Occurrence Management Unit (CROMU) to undertake regular audits as originally planned. We understand that the Service Improvement Manager is submitting a business case to increase resourcing with CROMU to assist with audit capacity. **(Medium)**

1.3 Action tracking

Action tracking is undertaken at the Police, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire and reported to the Joint Independent Audit Committee (JIAC). Recommendations are recorded within the Audit Recommendations Manager (ARM), which details which recommendations are completed, outstanding or superseded for each internal audit review.

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)
Human Resources: Wellbeing	5	4	0	1	0	0	4
Seized Exhibits: Temporary Stores	2	1	1	0	0	0	1
Integrated Offender Management	4	4	0	0	0	0	4
Disciplinary and Misconduct Process	6	6	0	0	0	0	6
Service Operations	3	3	0	0	0	0	3
Data Quality	1	1	0	0	0	0	1
Follow Up of Previous Internal Audit Management Actions - Visit 2	2	0	1	0	1	0	1
Open Investigations and Crimes	5	5	0	0	0	0	5

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	23	20	1	1	1	0	21
High	5	4	1	0	0	0	4
Totals	28 (100%)	24 (86%)	2 (7%)	1 (3.5%)	1 (3.5%)	0 -	25 (89.3%)

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.

Human Resources: Wellbeing								
Ref	Management action	Audit finding	Current status	Updated management action				
1	<p><u>Wellbeing Project Plan</u></p> <p>The responsibility of maintaining the Wellbeing Project Plan will be assigned to another member of the HR or Welfare Department.</p> <p>The Interim Head of HR and Training Department will raise the reporting of actions within the Wellbeing Project Plan at the People Board to decide where the actions should be reported and the frequency of reporting.</p> <p>Original priority:</p> <p>Medium</p> <p>Implementation date:</p> <p>31 December 2019</p>	<p>Discussions with the Senior Welfare and Wellbeing Advisor established that the structure of the team has changed a lot since the audit was undertaken.</p> <p>The Force have a new Head of People Services in post and are currently undergoing a restructure. The process for maintaining the Wellbeing Project Plan will be reviewed in due course and new ways of working will come into play, therefore we were unable to obtain sufficient evidence during the audit that the action had been completed as the Team are unsure where wellbeing will sit within the new structure.</p> <table><tr><th>Risk exposure</th><th>Root cause</th></tr><tr><td>Inconsistent monitoring of actions could lead to inadequate wellbeing support services for NYP staff.</td><td>Actions in the Wellbeing Project Plan are not adequately monitored.</td></tr></table>	Risk exposure	Root cause	Inconsistent monitoring of actions could lead to inadequate wellbeing support services for NYP staff.	Actions in the Wellbeing Project Plan are not adequately monitored.	3	<p>The process for maintaining the Wellbeing Project Plan will be reviewed as part of the Force's restructure now that the new Head of People Services is in post.</p> <p>The reporting of actions within the Wellbeing Project Plan will be raised at the People Board to determine where actions should be reported and the required reporting frequency.</p> <p>Responsible Officer:</p> <p>Head of People Services</p> <p>Senior Welfare and Wellbeing Advisor</p>
Risk exposure	Root cause							
Inconsistent monitoring of actions could lead to inadequate wellbeing support services for NYP staff.	Actions in the Wellbeing Project Plan are not adequately monitored.							

Priority:

Medium

Implementation date:

30 September 2021

Seized Exhibits: Temporary Stores				
Ref	Management action	Audit finding	Current status	Updated management action
2	<p>The Front Counter and Exhibits Lead will review the discrepancies identified to ensure Niche reflects the property store and vice versa.</p> <p>Common themes identified such as OiC not updating Niche appropriately will be communicated and escalated, where necessary.</p> <p>Original priority:</p> <p>High</p> <p>Implementation date:</p> <p>31 August 2020</p>	<p>The original management action was raised due to a large number of discrepancies identified during the audit between items in the temporary property stores and the Niche system. We met with the Front Counter and Exhibits Lead to discuss the implementation of the action, and whilst we understand that discrepancies were reviewed following the audit, the majority of discrepancies identified are due to inaccurate data within the Niche system and are beyond the property store staff's ability to amend, for example, duplicates made in the system by other teams. However, evidencing follow up of the specific discrepancies from the audit was not possible.</p> <p>Since the audit, additional resources, including local managers, have been implemented at the stores to assist in the management of property. This has had a positive impact on the Force's ability to conduct regular audits of the temporary property store. Common themes such as officer errors and wrong locations are identified, and actions taken against discrepancies are recorded (for example, tasks assigned to officers in the occurrence enquiry log (OEL) on Niche). We followed up five action examples in the Harrogate January 2021 audits and verified these were appropriately actioned on Niche.</p> <p>The Front Counter and Exhibits Lead explained that more frequent audits now occur at each of the four locations reviewed during the audit: Harrogate, Scarborough, Northallerton and York. We requested the last three weeks of weekly audits conducted at each store. The Front Counter and Exhibits Lead provided files for Harrogate, Scarborough and Northallerton. However, audits at the York temporary store have been less frequent due to staffing issues, and only one audit was conducted within January 2021.</p>	2	<p>The Front Counter and Exhibits Lead will submit a business case to recruit an Exhibits data analyst position to increase resources to investigate property discrepancies in the Niche system.</p> <p>The Exhibits Supervisors will ensure that weekly audits of the temporary property stores occur at each location: Harrogate, Scarborough, Northallerton and York. Where resources allow, discrepancies (including duplicates) within the Niche system will be investigated further and corrected, if applicable.</p> <p>If Covid-19 restrictions are eased to allow movement of staff between property stores, the Front Counter and Exhibits Lead will instruct staff to conduct dip sample audits of other temporary property stores.</p>

Whilst we were satisfied that further regular audits at the temporary stores have improved the total figures (see Appendix B for temporary store data), there are still a large number of discrepancies on the Niche system compared with property present in the temporary stores (although lower than at the time of the audit). We conducted a walkthrough of the audits conducted at the Harrogate temporary store and identified that whilst the temporary store staff are conducting audits and amending records within the Niche system, there are a large number of duplicates and errors within the system that are input by others teams or officers.

The Front Counter and Exhibits Lead explained that this is a data quality issue and is intending on submitting a business case to recruit a Exhibits data analyst to ensure sufficient resource is available to fully investigate and rectify data issues within the Niche system.

We further established that prior to the Covid-19 pandemic, the intention had been to conduct dip sampling exercises of property stores by staff from other stores to ensure audits are thorough and fully transparent. Due to restrictions on staff movement in light of the Covid-19 pandemic, this plan has been postponed. However, we received the dip sample audit forms produced.

Risk exposure	Root cause
Exhibits may be misplaced resulting in the potential for prosecution cases to be overturned or undermined.	For Scarborough, York and Harrogate, weekly temporary property store reconciliations have not occurred.

Responsible Officer:

Front Counter and Exhibits Lead

Priority:

Medium

Implementation date:

31 December 2021

Follow Up of Previous Internal Audit Management Actions - Visit 2

Ref	Management action	Audit finding	Current status	Updated management action				
3	<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 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>Original priority:</p> <p>Medium</p> <p>Implementation date:</p> <p>31 March 2019</p>	<p>The Force Crime and Incident Registrar explained that the Crime Recording Unit have recruited and increased staffing resources to enable the Team to carry out work as part of the annual audit schedule. We were provided with the audit outcomes report from May 2020 and the improvement plan, which sets out subsequent actions to be taken and responsible owners. Actions are monitored through the log to ensure completion.</p> <p>Discussions with the Force Crime and Incident Registrar established that original intentions had been for managers within the CROMU to undertake auditing exercises of their team's work. This would provide assurance on their audit processes and any trends identified through this work would be incorporated within the assurance schedule going forward, and any subsequent future training inputs.</p> <p>However, this has not been possible as there are currently two CROMU managers in post, each having responsibility for 18 members of staff, which does not allow the managers the capacity to undertake this work. We understand this is being addressed and the Service Improvement Manager, Force Control Room, is submitting a business case to increase supervision within the team. If approved, it is the intention to develop the audit capacity further.</p> <table><tr><th>Risk exposure</th><th>Root cause</th></tr><tr><td>Risk of errors in crime recording in other crime classifications not being detected.</td><td>Audits of other counting rules are not being carried out.</td></tr></table>	Risk exposure	Root cause	Risk of errors in crime recording in other crime classifications not being detected.	Audits of other counting rules are not being carried out.	2	<p>The Service Improvement Manager is submitting a business case to increase supervision within the Crime Recording and Occurrence Management Unit (CROMU).</p> <p>If approved, a plan to develop audit capacity will be implemented for CROMU.</p> <p>Responsible Officer:</p> <p>Force Crime and Incident Registrar</p> <p>Service Improvement Manager</p> <p>Priority:</p> <p>Medium</p> <p>Implementation date:</p> <p>31 December 2021</p>
Risk exposure	Root cause							
Risk of errors in crime recording in other crime classifications not being detected.	Audits of other counting rules are not being carried out.							

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: TEMPORARY PROPERTY STORE DATA

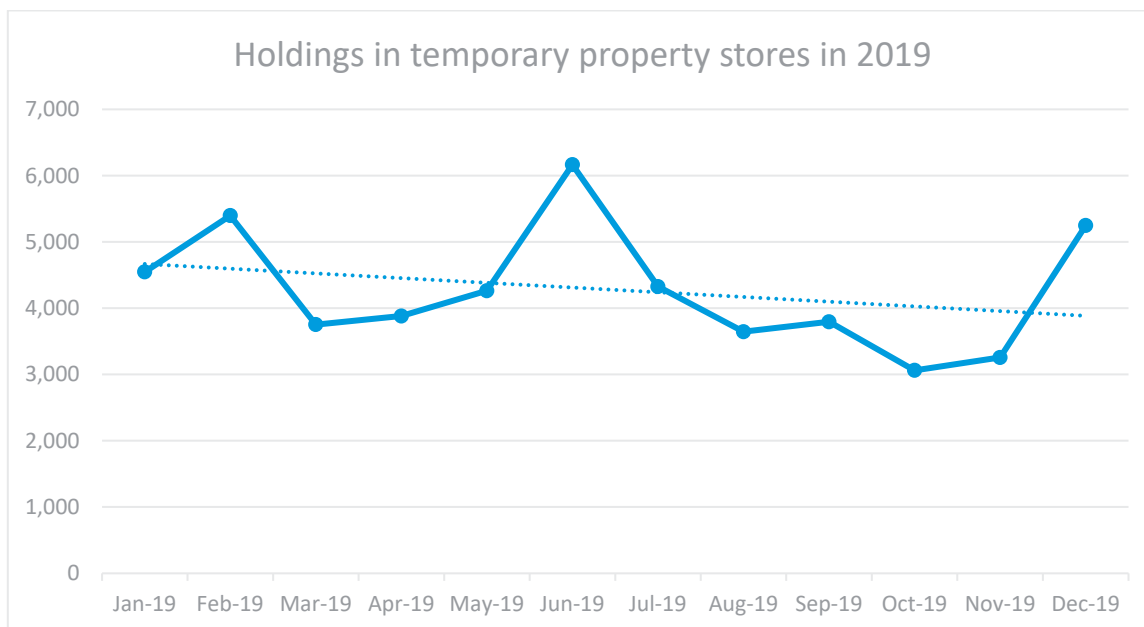
The Force Counter and Exhibits Lead provided us with data to evidence the improvement in addressing the backlog of Niche property records in relation to the temporary property stores, the data provided compares 2019 to 2020 of each temporary property store: York, Harrogate, Northallerton and Scarborough.

We have used this data to evidence the ongoing efforts of the Force to implement actions from the Seized Exhibits: Temporary Stores audit (see management action two).

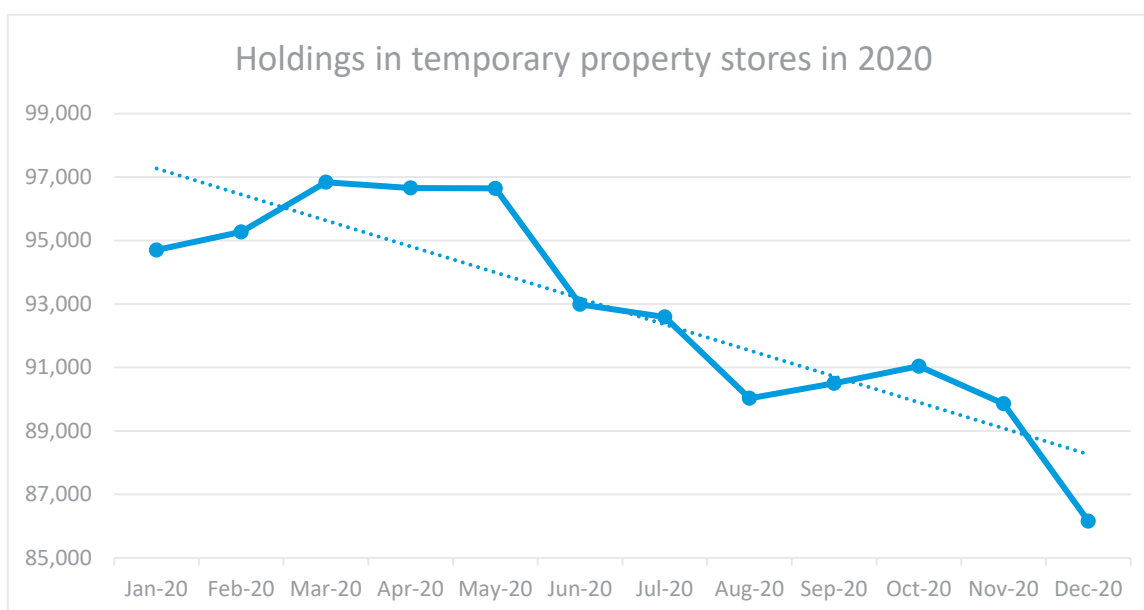
Holdings at each temporary property store by month in 2019 and 2020:

2019 data												
Store	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
York / Selby	36,496	35,477	37,441	37,802	38,502	36,798	36,799	No data	37,683	38,612	39,828	38,750
Hamb / Rich	8,404	7,828	8,317	8,516	8,532	8,642	8,728	No data	8,687	8,881	9,208	9,380
Harr / Crav	23,872	22,886	23,681	24,279	24,739	24,542	24,770	No data	25,463	26,136	26,179	26,801
Scar / Rye	17,533	17,321	18,311	18,872	18,778	19,086	19,321	No data	20,126	20,301	20,697	19,782
Total	86,305	83,512	87,750	89,469	90,551	89,068	89,618	90,789	91,959	93,930	95,912	94,713

2020 data												
Store	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
York / Selby	39,700	40,345	41,635	42,408	42,952	41,748	42,381	42,327	42,760	43,457	42,984	41,784
Hamb / Rich	8,998	8,982	9,315	9,181	8,976	8,571	9,014	7,886	7,887	8,084	8,108	8,013
Harr / Crav	26,150	26,073	26,167	25,523	25,196	23,651	22,674	21,831	21,998	21,552	20,918	18,614
Scar / Rye	19,854	19,870	19,719	19,543	19,519	19,018	18,522	17,985	17,855	17,948	17,848	17,747
Total	94,702	95,270	96,836	96,655	96,643	92,988	92,591	90,029	90,500	91,041	89,858	86,158



Discussions with the Force Counter and Exhibits Lead established that total holdings in the temporary property stores has reduced in 2020 compare with data in 2019.



APPENDIX C: SCOPE

Scope of the review

The internal audit assignment has been scoped to provide assurance on how The Police, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of 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.

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 review closed actions on ARM from 21 July 2020 to the commencement of this review.

Limitations to the scope of the audit assignment:

- The review will only cover audit management actions 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.
- We will ascertain the status of management actions through discussion with management and review of the recommendation tracking.
- We will not consider HMICFRS 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 D: ACTIONS COMPLETED OR SUPERSEDED

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

Assignment title	Management actions
Human Resources: Wellbeing	<p>The approach to wellbeing at NYP is set to be included within the Pledge issued by the DCC in December 2019.</p> <p>Priority: Medium</p> <p>Implemented</p>
Human Resources: Wellbeing	<p>The Interim Head of HR and Training Department will raise the requirement of a case management system with the Chief Officer Team.</p> <p>Priority: Medium</p> <p>Implemented</p>
Human Resources: Wellbeing	<p><u>Wellbeing Communications Strategy</u></p> <p>The Welfare Department, HR and Communications Department will collaborate to develop a communication strategy for the promotion of wellbeing at NYP.</p> <p>Priority: Medium</p> <p>Implemented</p>
Human Resources: Wellbeing	<p><u>Wellbeing policies and procedures</u></p> <p>The Force will consider whether there is a need for further policies or guidance on wellbeing and any actions identified should be included within the Wellbeing Project Plan.</p> <p>Priority: Medium</p> <p>Implemented</p>
Seized Exhibits: Temporary Stores	<p>When processing submissions in Harrogate, the Stores Department will remain vigilant for items which are incorrectly labelled or have an inaccurate description recorded within Niche. Where items are incorrectly submitted, this will be followed up with the respective officers who prepared the exhibits.</p> <p>Priority: Medium</p> <p>Implemented</p>
Integrated Offender Management	<p>Agree what resource (if any) partners can commit to at a strategic, managerial and operational level to develop the joint scheme including the preparation of strategic and operational documents.</p> <p>If CRC / NPS are not able to provide resource, determine whether a full or part-time force managed model can be used, which will be communicated.</p>

	<p>RSM suggest partners then aim to move back to join management at the creation of the new joint probation service in 2021.</p> <p>Priority: High</p> <p>Implemented</p>
Integrated Offender Management	<p>Consider where the management of those prolific offenders who would have previously been part of the scheme but refuse to consent (therefore can't be part of Trinity) should be managed.</p> <p>Agree at a Force / partnership level and document the process into the Trinity Guidance.</p> <p>Priority: High</p> <p>Implemented</p>
Integrated Offender Management	<p>If there is an appetite to jointly manage and resource Trinity, develop a joint agreement, vision, strategy, plan and operating model. If there is no ability to resource Trinity beyond providing referrals, then the Force will prepare a detailed police-led strategy and operational guidance, detailing the role of partner agencies.</p> <p>Priority: Medium</p> <p>Implemented</p>
Integrated Offender Management	<p>Develop a Trinity communication plan and timetable to document and direct how awareness of the programme will be increased in the Force and partner agencies.</p> <p>Priority: Medium</p> <p>Implemented</p>
Disciplinary and Misconduct Process	<p>The HR Professional Support Unit Manager will ensure that IOs have an appropriate understanding of the responsibilities of an IO.</p> <p>Priority: Medium</p> <p>Implemented</p>
Disciplinary and Misconduct Process (<p>The HR Liaison Officers will be made aware of the five working day notification period for interviewees. Clarification will be provided regarding the exclusion of the day which the interview notification was issued, from counting towards the five-day timescale.</p> <p>Priority: Medium</p> <p>Implemented</p>
Disciplinary and Misconduct Process	<p>The HR PSU Manager will amend section 2.6 of the Staff Disciplinary Procedure to provide clarity regarding the instances in which this section can be enacted. Decisions in cases categorised as potential gross misconduct but reassessed to misconduct to be recorded.</p> <p>Where cases which were categorised as potential gross misconduct are reassessed to potential misconduct, the decision to reassess will be clearly documented within the investigation report, which will be signed off by the Corporate HR Manager, with supporting rationale documented.</p> <p>Priority: Medium</p>

	Implemented
Disciplinary and Misconduct Process	<p>Prior to April 2020, the HR Professional Support Unit Manager will specify a timeframe within the formal written notification of outcome must be provided to the subject of investigation, following the formal hearing, within the Service Level Agreement with PSD.</p> <p>If necessary, amendments to the Police Staff Disciplinary Guide will also be made to reflect these changes.</p> <p>Priority: Medium</p> <p>Implemented</p>
Disciplinary and Misconduct Process	<p>A severity assessment will be completed in all cases where misconduct or gross misconduct is considered.</p> <p>Priority: Medium</p> <p>Implemented</p>
Disciplinary and Misconduct Process	<p>All officers interviewed as part of misconduct proceedings will be issued a Regulation 17 notice to inform them of the time and date of interview and provide sufficient details in preparation for the interview.</p> <p>Priority: Medium</p> <p>Implemented</p>
Service Operations	<p>Management will review associated service delivery processes to confirm suitability and data and approve for publication.</p> <p>Management will ensure formal change / configuration control is applied to service delivery policy and process documentation.</p> <p>Management will consider recording process workflow on a page to convey the flow of information between functions and the roles responsible for each part of the workflow.</p> <p>Priority: Medium</p> <p>Implemented</p>
Service Operations	<p>Agree some key service performance measures for service delivery and a timeline for reporting a basis RAG status and textual summary may help to summarise improvements, requests for support and management decision.</p> <p>Management will agree a means to identify third-party SLA measurement extract where recorded and timestamped with a view of identifying any third-party performance issues.</p> <p>Priority: Medium</p> <p>Implemented</p>
Service Operations	<p>Develop a problem management process to deal with problems that do occur or could occur (prevention). Review the problem management capability of the tool to determine if it is suitable and the possibility of an in-house solution for ticket analysis.</p> <p>Priority: Medium</p>

Data Quality	<p>Officers will be reminded when to record the following on Niche:</p> <ol style="list-style-type: none"> 1. How gravity factors have been applied by police; 2. Victims' views need to be taken into consideration before cautions are administered; 3. PNC / local records have been checked to ensure suspects are eligible for community resolutions; and 4. When to apply outcomes 15 and 16. <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>Priority: Medium</p> <p>Implemented</p>
Open Investigations and Crimes	<p>Guidance will be developed in conjunction with the Head of Economic Crime relating to the recording of fraud occurrences.</p> <p>Priority: Medium</p> <p>Implemented</p>
Open Investigations and Crimes	<p>When fully resourced, weekly reviews of the 'chasers' report will be undertaken and those with multiple reminders will be escalated to their supervisor and subsequently their area inspector.</p> <p>Priority: Medium</p>
Open Investigations and Crimes	<p>Reports will be obtained from HR of all officers on long term sick or who have been redeployed or left the Force in the last 18 months. Supervisors will be identified and requested to review and reallocate crimes associated with that officer.</p> <p>When fully resourced, it will be explored whether the reintroduction of the 20-day flag is feasible as this will ensure that all crimes which have not had an update in 20 days are still being monitored.</p> <p>Priority: High</p> <p>Implemented</p>
Open Investigations and Crimes	<p>Once the business as usual workload is under control, a list of credible options for addressing the backlog will be developed and assessed by the Crime Data Integrity Group. With final approval being provided by the Deputy Chief Constable.</p> <p>Priority: High</p> <p>Implemented</p>

Open Investigations and Crimes	<p>It will be explored whether the status of re-opened crimes can be changed to 'under investigation' on the Crime Management Software. This will then alert the OiC who will then be able to re-finalise the crime.</p> <p>Priority: Medium</p> <p>Implemented</p>
Follow Up of Previous Internal Audit Management Actions – Visit 2	<p>Update the recruitment tracker to include details of the marketing strategy. Develop and implement an overarching marketing strategy with tiered options which would ensure that the most effective form of advertising is used.</p> <p>Priority: Medium</p> <p>Superseded:</p> <p>We met with the Talent and Development Manager and verified through our discussions that the Force have developed their talent acquisition processes following the initial audit report. The Force are expanding the recruitment team from 1 April 2021 further as part of Enable North Yorkshire.</p> <p>The Talent and Development Manager explained that the Force currently have three dedicated recruiters in place (which will increase to four following changes in 1 April 2021) and are implementing a new talent acquisition system, Engage, as part of the development in recruitment. Recruiters are responsible for managing specific areas of recruitment within the Force and have expertise in marketing strategies relevant to their areas. We received the role profile, which outlines the requirements for the recruiters, talent acquisition lead and the administrators.</p> <p>We have therefore categorised the action as superseded, as the original management action is no longer applicable.</p>

FOR FURTHER INFORMATION CONTACT

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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. Actions for improvements should be assessed by you for their full impact. 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.

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

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