



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

HMICFRS - Recommendation Tracking

FINAL

Internal audit report 11.20/21

7 June 2021



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# 1 EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test the control framework.

## 1.1 Background

Inspections by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) are independently conducted on a regular basis for each force across the country with national and thematic reports also conducted and completed multiple times a year. The national and thematic reports typically cover areas that are relevant to all forces with recent examples including protests, roads policing and the use of stop and search, whilst the Force specific investigations are focused on the Force being assessed. HMICFRS conducted the Force's fifth PEEL (police effectiveness, efficiency and legitimacy) assessment in 2019 and graded the Force as good or requires improvement in the three pillars (effectiveness, efficiency and legitimacy). Recommendations and AFIs from this report were specific to the Force. The Force also had a Crime Integrity Data re-inspection in 2019 that saw an overall judgement of good awarded to the Force.

All reports, regardless of whether they are Force specific (such as the 2019 PEEL assessment) or thematic have recommendations and areas for improvement (AFI) that need to be implemented and closed by HMICFRS themselves. This is normally completed by the Force Liaison Lead (FLL) (a HMICFRS inspector that specifically looks at one or two forces) and the HMICFRS Chief of Staff. To identify, track and monitor these recommendations and AFIs, an action tracking system has been implemented by the Force to ensure implementation, monitoring and ultimately closure. It is this process which we have assessed and tested during the audit.

As of the week of the fieldwork, there were a total of 65 open actions (pertaining to 52 recommendations or AFIs) with 13 being specific to the Force. 12 of the 13 NYP-specific recommendations / AFIs were from the most recent PEEL assessment completed in 2019. All 65 open actions are listed on the dashboard that has recently been brought in to help monitor them and ensure reporting is provided on a regular basis.

## 1.2 Conclusion

Our review concluded that there is a consistent control framework in place to identify, monitor and report on HMICFRS recommendations and AFIs however this framework is not formally documented. Significant improvements have been made recently, particularly with the introduction of an assessment template to help better identify and monitor recommendations and AFIs as previously, there had been a number of issues with vague and confusing recommendations. Our review also noted that some of the older recommendations and AFIs did not have an implementation date for completion. This has also been addressed with the new template and ensures any new recommendation or AFI has an implementation date and action owner before ratification by the Risk and Assurance Board.

We have agreed **two medium** and **one low** management action shown immediately below in the key findings.

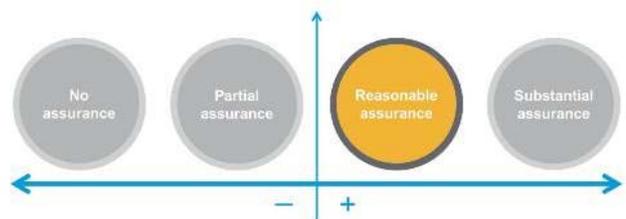
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### Internal audit opinion:

Taking account of the issues identified, the Police, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire can take **reasonable assurance** that the controls in place to manage this area are suitably designed and consistently applied.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area.

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## 1.3 Key findings

We noted the following areas for improvement, resulting in **two medium** and **one low** priority management actions:

- A framework has been developed and is in place for the identification, monitoring and reporting on HMICFRS recommendations / AFIs. We have tested that this process is ongoing from start (identification of a recommendation or AFI) to finish (closure on the HMICFRS Tracking Portal). Outside of a high-level flowchart, the framework and process are not formally documented. There is a risk that if the framework is not documented, steps could be missed, or a recommendation / AFI may not be monitored or closed correctly. **(Low)**
- Some older recommendations and AFIs did not have implementation dates by when they should be completed. If recommendations and AFIs do not have implementation date, there is a risk that they are not implemented in a timely manner which could see HMICFRS re-raising the issue in future reports or the risk not being addressed in a timely manner. **(Medium)**
- There is currently no formal process documented for assessing risk and the risk profile of the organisation when reviewing an AFI / recommendation and its performance. If this is not assessed when reviewing an action, there is a risk that the risk profile does not accurately reflect the reality of the organisation and there is an increased likelihood that risks are not properly addressed or acknowledged. It is not unusual for a HMICFRS finding to be a known issue and subsequently may often already be included within either the functional risk register or the Force's risk register. However, there is currently no formal process for assessing this. **(Medium)**

**We have identified the following controls that were well-designed and consistently applied.**

- We have confirmed that a new assessment template has been designed and is used for each new recommendation / AFI from a HMICFRS report, to ensure that a SMART action has been identified for completion, an implementation date and action owner has been agreed and a GAP analysis completed to assess the current position of the action. Testing has been undertaken and for all new recommendations /AFIs that use the assessment template, all had a SMART action, an action owner and all but one had an implementation date. The one action that did not have an implementation date was the first action to use the assessment template (February 2020). We have been informed by the Inspection and Assurance Manager that, at the time, there was no requirement to have an implementation date and, as such, one was not given. The process has now changed, and an implementation date is required. This was confirmed by testing new actions.
- For all new recommendations / AFIs that use the assessment template, all had a SMART action, an action owner and all but one had an implementation date. The one action that did not have an implementation date was the first action to use the assessment template (February 2020). We have been informed by the Inspection and Assurance Manager that, at the time, there was no requirement to have an implementation date this was not stipulated or agreed. The process has now changed, and an implementation date is required. This has been confirmed with the testing of new actions.
- The rejection (or non-adoption) process for a recommendation or AFI has been followed in the one instance we could find in recent years. A recommendation or AFI may be rejected or not adopted if the Force can evidence compliance from the outset or if it is not relevant to North Yorkshire Police (for example, a recommendation from a national report that targets an area that is specific to inner-city crime). This saw the set of recommendations go to the Operations Board for rejection and the approval of the rejection can be seen in the relevant action log. The FLL was informally consulted before the recommendation was sent to the Operations Board and the non-adoption was formally communicated to the FLL after the decision was made by the Board.
- An exception report is presented to the Risk and Assurance Board at every meeting supported by the new dashboard. The dashboard outlines whether a progress update has been provided by the action owner at the three-month period as well as highlighting action owners that have not provided an update for six months.
- We confirmed that Heads of Functions provide regular updates every three months (either verbally, in meetings or through emails) on the areas that they are responsible for and this information is recorded on the SharePoint action tracker. Failure to provide an update after six months is discussed during Risk and Assurance Board meetings and we have seen documentation for instances where this has occurred.
- Closure of completed recommendations / AFIs / actions is completed through the HMICFRS Tracking Portal and completed by the Force Liaison Lead (FLL) and the HMICFRS Chief of Staff.

- Testing on a sample of eight closed recommendations / AFIs has shown that in all eight instances, the FLL has assessed the relevant evidence, completed any additional testing and updated the Tracking Portal with a summary of their conclusions. This has then gone to the HMICFRS Chief of Staff for closure.
- We confirmed with the FLL and the Inspection and Assurance Manager that they regularly communicate to discuss actions and their progress and that a new meeting schedule has been agreed between them. We have also obtained evidence to show that the contents of their meetings are included on a spreadsheet after each meeting and sent to the other party as confirmation of their discussions.
- Discussions with the FLL have confirmed that they have met with the Police, Fire Crime Commissioner for North Yorkshire Police and the FLL is planning to agree a schedule with the Commissioner after the elections.
- We have confirmed that a representative of the OPFCC (the Interim Assistant Chief Executive & Deputy Monitoring Officer) is included in the email trail when a HMICFRS report is sent to North Yorkshire Police. All members of the OPFCC have access to the monitoring dashboard outlining progress on each recommendation, AFI and action. They also have access to an OPFCC view of the HMICFRS Tracking Portal which details each recommendation and AFI assigned to North Yorkshire Police and the current progress.

## 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		
	1	(10)	2	(10)	Low	Medium	High
HMICFRS: Recommendation Tracking	1	(10)	2	(10)	1	2	0
<b>Total</b>					<b>1</b>	<b>2</b>	<b>0</b>

\* 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.

Please find our detailed observations below:

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for Management
1	<p>A framework has been implemented which allows recommendations and AFIs to be correctly identified through a gap analysis assessment and assessment template.</p> <p>Actions are monitored using a central webpage (SharePoint) and dashboard which is reported with regular updates provided by action owners and meeting with the HMICFRS liaison (the FLL) as well as progress updates provided to the Risk and Assurance Board.</p>	Yes	No	<p>A framework has been developed and this process is currently being used. However, the framework is not formally documented nor is there a process document outlining each area and the expectations and responsibilities for each individual.</p> <p>The Inspection and Assurance Manager has provided us with the Business Design and Assurance Business Insight Service Catalogue which contains a high-level flowchart of the process from the initial HMICFRS inspection to the closure of the action via the tracker. However, this flowchart does not go into detail, with each part of the process having a very small statement assigned (such as “assess and adopt recommendations” or “sign off”) and with no mention of the responsible owner of each step.</p> <p>The Inspection and Assurance Manager has stated she is preparing to attend an upcoming Senior Management Team (SMT) meeting to demonstrate the process and the new additions which have been introduced over the past six months and that all Heads of Functions have access to the Service Catalogue detailed above.</p>	Low	<p>The Force will update the existing service catalogue to formally record and detail the process for identifying, monitoring and reporting recommendations / AFIs that have been raised from HMICFRS.</p> <p>This will also outline the responsibilities each individual has within the process.</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for Management				
				<p>The identification process involves completing an assessment template for each recommendation / AFI and assigning an action (using the SMART criteria), implementation date and action owner for this to be completed. The template is completed through cooperation between the relevant Head of Function, the Chief Officer Team and the action owner. This assessment template is then sent to the Risk and Assurance Board for ratification.</p> <p>Monitoring is completed through the use of SharePoint and an action tracker. The action tracker is used to create a dashboard which each staff member can view and see the progress for. Regular updates (every three months) are provided by the Head of Function for each action and input into the action tracker.</p> <p>Reporting is conducted internally through the Risk and Assurance Board and externally through discussions with the FLL. The Risk and Assurance Board are presented with an exception report on the progress of actions at each meeting, along with an update on the reporting progress and whether any action owners have failed to supply their regular update (every three months). Discussions between the FLL and the Inspection and Assurance Manager are conducted on an ongoing basis and they have developed a regular schedule to meet and discuss action progress.</p>		<p>This will be approved by the Risk and Assurance Board and circulated to appropriate individuals.</p> <p><b>Implementation date</b></p> <p>31 July 2021</p> <p><b>Responsible owner</b></p> <p>Inspection and Assurance Manager</p>				
				<table border="1"> <thead> <tr> <th>Risk exposure</th> <th>Root cause</th> </tr> </thead> <tbody> <tr> <td>If individuals are unaware of their responsibilities or the process itself, there is a risk that stages of the framework could be missed or a recommendation or AFI may not be monitored or closed.</td> <td>The framework which is responsible for identifying, monitoring and reporting on HMICFRS actions is not formally documented (including the process from start to finish and the responsible owner for each step).</td> </tr> </tbody> </table>	Risk exposure	Root cause	If individuals are unaware of their responsibilities or the process itself, there is a risk that stages of the framework could be missed or a recommendation or AFI may not be monitored or closed.	The framework which is responsible for identifying, monitoring and reporting on HMICFRS actions is not formally documented (including the process from start to finish and the responsible owner for each step).		
Risk exposure	Root cause									
If individuals are unaware of their responsibilities or the process itself, there is a risk that stages of the framework could be missed or a recommendation or AFI may not be monitored or closed.	The framework which is responsible for identifying, monitoring and reporting on HMICFRS actions is not formally documented (including the process from start to finish and the responsible owner for each step).									

2	Once a recommendation or AFI has been established, an Inspection Officer (Business Insight) and the Head of Function (for the area related to the action) meet to determine an action owner using the assessment template and using the guidance provided within the HMICFRS recommendation.	Yes	No	<p>A new assessment template was introduced in the Summer 2020 and has been used for recent reports and the recommendations / AFIs that have come from these reports. This template is required for each recommendation / AFI raised and clearly contains a section designed for assigning an action owner, implementation date and a relevant Head of Function to oversee. The assessment template is completed by the Inspection Officer (Business Insight), the relevant Head of Function and the new action owner. A gap analysis is also completed to help guide the creation of the new action.</p> <p>The rationale for the new assessment template was that the recommendations and the AFIs that HMICFRS were raising in their reports were not SMART, often vague and had unrealistic time frames (especially for the national and thematic reports); and designed to allow the Force to apply local contact for recommendations / AFIs. As such, the template is seen as a way to address these issues.</p> <p>From the 15 actions we initially selected for a sample, five have used the new assessment template. In all five cases (including one from February 2020 which was used as a trial programme for the template) an assessment template has been fully completed which includes a gap analysis, a confirmed action and an action owner. For the February 2020 action that was raised, an implementation date has not been provided. Upon discussion with the Inspection and Assurance Manager, we have been informed that this was an oversight as the template was being tested at the time. All four of the remaining actions had a due date and the template was fully completed.</p> <p>For the 10 remaining actions that did not use the assessment template (pre-Summer 2020), six did not have any implementation date and four did have an implementation date (although all were overdue). All 10 actions did have a responsible owner. We have been informed that before Summer 2020, unless specified by HMICFRS, recommendations and AFIs did not have implementation dates. Following the introduction of the assessment template this has now changed.</p>	Medium	<p>The Force will ensure all recommendations, AFIs and actions have an implementation date.</p> <p>If a date change has been agreed, this will be sent to the Risk and Assurance Board for challenge.</p> <p><b>Implementation date</b></p> <p>31 October 2021</p> <p><b>Responsible owner</b></p> <p>Inspection and Assurance Manager</p>
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Risk exposure	Root cause
Recommendations / AFIs are not implemented in a timely manner resulting in the HMICFRS re-raising issues with the Force.	Recommendations, AFIs or actions do not have an agreed implementation date by which they are expected to have been completed and has been signed off by the Risk and Assurance Board.

3	<b>Missing control</b>	No	-	There is currently no formal process documented for assessing risk and the risk profile of the organisation when reviewing an action and its performance.	Medium	The process notes/framework that are to be developed will also include a section that addresses risk to ensure that risk and the risk profile are considered when completing the assessment template.
				The Inspection and Assurance Manager has explained that when each recommendation or AFI is being assessed, it would be expected that consideration would be given to whether this warranted being added to the function-level risk register or the Force's risk register.		
				Furthermore, it is not unusual for a HMICFRS finding to be a known issue and subsequently may often already be included within either the functional risk register or the Force's risk register. However, there is no formal consideration made nor is there any formal documentation to be completed during the process.		
				<b>Risk exposure</b>	<b>Root cause</b>	<b>Implementation date</b>
				The risk profile does not accurately reflect the reality of the organisation and there is an increased likelihood that risks are not properly addressed or acknowledged.	Failing to consider the risk profile of the organisation when assessing HMICFRS recommendations / AFIs.	31 July 2021
						<b>Responsible owner</b>
						Inspection and Assurance Manager

# 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 Force and the Commissioner have an appropriate framework in place to monitor and report on progress / completion of HMICFRS recommendations and areas for improvement (AFIs).

## 1.2 Scope of the review

In 2019, the HMICFRS performed the Force's fifth PEEL (police effectiveness, efficiency and legitimacy) assessment of North Yorkshire. The Force was graded as good or requires improvement over the three pillars. In addition, the Force had a Crime Integrity Data re-inspection in 2018 that resulted in an overall judgement of good. Our review will focus on the following areas:

- The Force has a consistent framework in place for the identification, monitoring and reporting on HMICFRS recommendations / AFIs regardless of their source i.e. PEEL, CDI, thematic review.
- Assignment of recommendations / AFIs owners and agreement of implementation dates. We will also consider the framework in place when recommendations / AFIs are not accepted and how this is approved / communicated with the HMICFRS.
- Actions to address recommendations / AFIs are SMART, measurable and drive activity going forward.
- Review and on-going monitoring of recommendations / AFIs through the organisations' governance structure / lead officers including the check and challenge of the data i.e. performance indicators.
- Review of how performance and progress inform the risk profile of the organisations.
- Review and closure of recommendations / AFIs through the organisations' governance structure and on the HMICFRS Monitoring Portal. We will consider the evidence supporting this decision and the longevity of the data to support improved change / performance.
- Interaction between the Force, OPFCC and HMICFRS.

### The following limitations apply to the scope of our work:

- We will not comment on the appropriateness of the action / response documented by the Force and whether this is sufficient to address the risk.
- We will not confirm all actions raised by the HMICFRS through national or local reviews are captured. We will only review that those actions recorded on the HMICFRS Monitoring Portal.
- Our review will not guarantee or seek to influence any future inspection grades, this review is independent from the HMICFRS process.
- Our review will focus on those areas of concern, recommendations and AFIs recorded in the PEEL and CDI assessments.

- The review will only cover the actions raised by the HMICFRS, and we will not review the whole control framework. Therefore, we will not provide assurance on the entire risk and control framework.
- Testing will be completed on a sample basis so we will not confirm that all actions in progress or closed are supported by appropriate evidence.
- 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:**

- Inspection and Assurance Manager
- Force Liaison Lead for North Yorkshire Police (HMICFRS)

### **Documentation reviewed during the audit:**

- Assurance Business Insight Service Catalogue
- Assessment template
- Evidence used to close actions
- JIAC minutes
- Risk and Assurance Board minutes
- PowerPoint presentation to Risk and Assurance Board
- Risk and Assurance Board terms of reference
- Recommendation register

# FOR FURTHER INFORMATION CONTACT

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