



# 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 1](#)

Internal Audit Report 2.21/22

FINAL

2 September 2021

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

# 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 / assignment 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.

## Background

The focus of this review is to provide assurance that agreed management actions have been fully implemented. These are in respect of the following internal audit reports:

- Positive Action Plan (3.2019/20);
- Risk Management (4.2019/20);
- Criminal Disclosure (5.2019/20);
- Seized Exhibits Temporary Stores (8.2019/20);
- Follow Up of Previous Internal Audit Management Actions: Visit 2 (12.2019/20);
- Policies and Procedures (14.2019/20);
- Collaborations (2.2020/21);
- Vulnerability and Incident Response (3.2020/21);
- Key Financial Controls: Procurement (4.2020/21);
- Overtime, Bonus and Honorarium Payments (5.2020/21);
- Bail Management (6.2020/21); and
- Freedom of Information Requests (7.2020/21).
- ICT Services Operations (11. 2020.21)

A total of 31 actions have been marked as closed and we have subsequently reviewed these during the audit. The actions are comprised of four high priority actions and 27 medium priority actions.

## 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 **good progress** in implementing agreed management actions.

We were supplied with satisfactory evidence for 30 out of 31 of the actions declared as complete by the respective action owner with 30 having been implemented and one action having been superseded. We have agreed to raise an additional management action as the original action had been implemented but we believe additional work (in this case formal documentation) is required to ensure that the risk has been effectively managed.

## Progress on actions - Overview

The following table includes details of the status of each management action:

Implementation status by category of action	Number of actions agreed	Status of management actions			
		Implemented	Implementation ongoing	Not implemented	Superseded
Medium	27	26	0	0	1
High	4	4	0	0	0
<b>Total:</b>	<b>31</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>1</b>
	<b>(100%)</b>	<b>(97%)</b>	<b>(0%)</b>	<b>(0%)</b>	<b>(3%)</b>

## Progress on actions – detailed summary

Implementation status by review	Number of actions agreed	Status of management actions			
		Implemented	Implementation ongoing	Not implemented	Superseded
Positive Action Plan (3. 19.20) (Report date: 09.07.19) <ul style="list-style-type: none"> <li>ACTION 1: Accountable staff members for the six areas of the Positive Action Delivery and Progression Plan</li> </ul>	1	0	0	0	1
Risk Management (4. 19.20) (Report date: 12.11.19) <ul style="list-style-type: none"> <li>ACTION 3: Risk champion</li> <li>ACTION 4: Health checks performed</li> <li>ACTION 4: Update the health check schedule</li> </ul>	3	3	0	0	0
Criminal Disclosure (5. 19.20) (Report date: 14.11.19) <ul style="list-style-type: none"> <li>ACTION 2: Completion of MG06C forms</li> <li>ACTION 3: Completion of MG09 forms and PNC prints</li> <li>ACTION 4: Yorkshire and Humberside Area Disclosure Board</li> </ul>	3	3	0	0	0
Stored Exhibits Temporary Stores (8. 19.20) (Report date: 12.06.20) <ul style="list-style-type: none"> <li>ACTION 3: Correctly processing submissions</li> </ul>	1	1	0	0	0
Follow Up: Visit 2 (12. 19.20) (Report date: 20.02.20) <ul style="list-style-type: none"> <li>ACTION 2: ANPR Performance Testing</li> </ul>	1	1	0	0	0

---

Policies and Procedures (14. 19.20) (Report date: 09.06.20)

- ACTION 2: Audit trail for approvals
  - ACTION 3: Framework for review and development of policies, procedures and guidance documents 3 3 0 0 0
  - ACTION 3: Consultation for policies, procedures and guidance documents
- 

Collaborations (2. 20.21) (Report date: 10.09.20)

- ACTION 4: Exit plan proforma 2 2 0 0 0
  - ACTION 5: Lessons learned for future collaborations
- 

Vulnerability and Incident Response (3. 20.21) (Report date: 30.10.20)

- ACTION 1: Status and target date for each vulnerability 1 1 0 0 0
- 

Key Financial Controls: Procurement (4. 20.21) (Report date: 04.12.20)

- ACTION 2: Re-establish the Strategic Commercial Board 2 2 0 0 0
  - ACTION 2: Dashboard reporting of procurement activities.
- 

Overtime, Bonus and Honorarium Payments (5. 20.21) (Report date: 23.11.20)

- ACTION 1: Develop a monthly overtime checklist 2 2 0 0 0
  - ACTION 4: Changes in rates of pay on honorarium form
-

---

Bail Management (6. 20.21) (Report date: 07.12.20)

- ACTION 1: Mandatory bail application forms
- ACTION 3: Review new Code of Practice and Bail / RUI legislative changes
- ACTION 4: Cultural change to compliance with the Suspect Management Policy and Procedure 5                      5                      0                      0                      0
- ACTION 5: Importance of raising legacy cases will be raised at ACC level
- ACTION 6: Raise weaknesses highlighted in the Bail Management audit as part of separate piece of work

---

Freedom of Information Requests (7. 20.21) (Report date 18.01.21)

- ACTION 4: Backlog of disclosures 1                      1                      0                      0                      0

---

ICT Services Operations (11. 20.21) (Report date: 09.03.20)

- ACTION 1: Review and ratify inactive accounts
- ACTION 2: Major incident service delivery
- ACTION 4: Front-line support monitoring 6                      6                      0                      0                      0
- ACTION 5: Skills profile
- ACTION 6: Knowledge management tool
- ACTION 9: Continual service improvement process

---

<b>Total:</b>	<b>31</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>1</b>
	(100%)	(97%)	(0%)	(0%)	(3%)

---

## 2. FINDINGS AND MANAGEMENT ACTIONS

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.

### Assignment: Collaborations – Lessons learned for future collaborations

**Original management action / priority** Using the outcomes in the Briefing Paper, Dogs Section Briefing November 2019 and similar reports, we will identify any lessons learned which can be carried forward in any future collaborations.  
Priority: **Medium**

**Audit finding / status** We have been provided with a copy of an email trail between the Head of Business Design and Assurance and a Detective Superintendent in which the audit report was shared and lessons learned have been discussed and it was agreed a meeting would be held between key stakeholders to discuss alongside the de-collaboration of the dog's unit. Unfortunately, minutes for this meeting were not kept and as such we have no record to verify this was discussed other than the email trail and the word of the Head of Business Design and Assurance.  
The Head of Business Design and Assurance has confirmed that only one de-collaboration has occurred since and that this was very different from the Dog Support Unit de-collaboration and thus we have not been able to test to see if lessons learned have been included. The Head of Business Design and Assurance has also informed us that a verbal conversation was held with the Superintendent of the Specialist Operations business area when she came into post to inform them of the lessons learned and to ensure these could be utilised in future similar events or de-collaborations. The audit report was shared although no formal record has been retained. There is a risk that if lessons learned are not formally documented, staff may unaware of these lessons if key individuals are unavailable or leave the Force in the future.  
**1. This action has been fully implemented but a new action has been raised.**

<b>New Management Action 1</b>	Lessons learned feedback should be formally documented and provided to relevant staff to ensure lessons learned are documented and known for future de-collaborations	<b>Responsible Owner:</b> Assistant Chief Constable Head of Business Design and Assurance	<b>Date:</b> 31 March 2022	<b>Priority:</b> <b>Medium</b>
--------------------------------	---	---	-------------------------------	-----------------------------------

## 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 priority actions	Consideration of medium priority actions	Consideration of low priority actions
Good	75% +	None outstanding.	None outstanding.	All low actions outstanding are in the process of being implemented.
Reasonable	51 – 75%	None outstanding.	75% of medium actions made are in the process of being implemented.	75% of low actions made are in the process of being implemented.
Little	30 – 50%	All high actions outstanding are in the process of being implemented.	50% of medium actions made are in the process of being implemented.	50% of low actions made are in the process of being implemented.
Poor	< 30%	Unsatisfactory progress has been made to implement high priority actions.	Unsatisfactory progress has been made to implement medium actions.	Unsatisfactory progress has been made to implement low actions.



## APPENDIX B: ACTIONS COMPLETED OR SUPERSEDED

From the testing conducted during this review we have found the following actions to have been fully implemented and superseded.

Assignment title	Management actions
Positive Action Plan	<p>Status: <b>Superseded</b></p> <p>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. This action has been superseded as the Bronze Level Positive Action Group has been formally disbanded and a responsible and accountable staff member has not been selected for each of the six areas. It was noted that this was due to the Positive Action Delivery and Progression Plan being outdated and not working the way the Force was hoping though this is a national problem rather than a local issue. This action had been implemented but due to poor results and a lack of understanding across the business it was decided that other options would be more effective.</p> <p>Instead, the Positive Action team have decided to introduce positive action champions (a volunteer position) across the Force who are embedded within the workforce and are charged with bringing awareness to positive action issues. Currently, two percent of the workforce are a positive action champion.</p> <p>Priority: <b>Medium</b></p>
Risk Management	<p>Status: <b>Implemented</b></p> <p>The RAU Manager will ensure each departmental risk register has a corresponding assigned risk champion. The RAU Manager will also update list of risk champions on an annual basis to reflect departmental transformation and upload it to The Source.</p> <p>Priority: <b>Medium</b></p>
Risk Management	<p>Status: <b>Implemented</b></p> <p>Health checks performed: The Risk Assurance Department will ensure that health checks are completed on an annual basis, as defined within the health check schedule.</p> <p>Priority: <b>Medium</b></p>

---

Risk Management

Status: **Implemented**

RAU Manager will annually update the health check schedule. To include ; Ensuring the dates of health checks from the previous year are carried forward, Updating the list of named risk champions/ risk owners, Suggesting a time of year for next check.

Priority: **Medium**

---

Criminal Disclosure

Status: **Implemented**

Gatekeepers will apply additional vigilance to level of detail contained within MG06Cs submitted. Officers who persistently do not provide sufficient detail for unused materials listed on the MG06C will receive additional training or refer to champion.

Priority: **Medium**

---

Criminal Disclosure

Status: **Implemented**

CJ Gatekeepers will remain vigilant for:

- Missing MG09 forms uploaded by the Officer in Charge;
- Incomplete data fields on the officers MG09; and
- Whether positive pre-conviction checks are disclosed with PNC prints uploaded to the crime recording system.

If there are officers who frequently submit incorrect casework, these are to be flagged to the OiC's supervisor for supportive coaching and individual development to be provided.

Priority: **Medium**

---

Criminal Disclosure

Status: **Implemented**

The Head of CJ and the DI Gatekeeping will continue working with the YaTH Area Disclosure Board and document the specification of KPIs required. The IT systems available will be explored to improve the automated potential of data collection. See notes

Priority: **Medium**

---

Seized Exhibits Temporary Stores	<p>Status: <b>Implemented</b></p> <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.</p> <p>Priority: <b>Medium</b></p>
Follow Up of Previous Internal Audit Management Actions: Visit 2	<p>Status: <b>Implemented</b></p> <p>All ANPR Performance testing will be completed by the ANPR Technical Support Officer on a regular basis, in accordance with NASP and the Force's ANPR Policy.</p> <p>Priority: <b>Medium</b></p>
Policies and Procedures	<p>Status: <b>Implemented</b></p> <p>The Force will implement a facility whereby changes made by the accountable person are recorded to ensure an appropriate audit trail of approvals is retained.</p> <p>Priority: <b>Medium</b></p>
Policies and Procedures	<p>Status: <b>Implemented</b></p> <p>The Force will ensure a new framework of review for the development of policies, procedures and guidance documents with the intention of ensuring the responsibility of reviewing policies, procedures and guidance documents lies with the accountable person.</p> <p>Priority: <b>Medium</b></p>
Policies and Procedures	<p>Status: <b>Implemented</b></p> <p>The Force will develop a facility to capture the decision made by the accountable person in relation to the consultation for updates to and development of policies, procedures and guidance documents within the established framework.</p> <p>Priority: <b>Medium</b></p>

Collaborations	<p>Status: <b>Implemented</b></p> <p>We will look to introduce an exit plan proforma to be used for all collaborations which documents the consequences of exiting the arrangements as well as key activities and lessons learned that will feed into future arrangements.</p> <p>Priority: <b>Medium</b></p>
Collaborations	<p>Status: <b>Implemented but a new management action has been raised</b></p> <p>Using the outcomes in the Briefing Paper, Dogs Section Briefing November 2019 and similar reports, we will identify any lessons learned which can be carried forward in any future collaborations.</p> <p>Priority: <b>Medium</b></p>
Vulnerability and Incident Response	<p>Status: <b>Implemented</b></p> <p>Management will ensure that a status is recorded for each vulnerability together with an expected target date for resolution or workaround.</p> <p>Priority: <b>High</b></p>
Key Financial Controls: Procurement	<p>Status: <b>Implemented</b></p> <p>Re-establish the Strategic Commercial Board, ensuring first that the terms of reference have been authorised and a pro forma meeting agenda agreed, to include analysis of supplier performance.</p> <p>Priority: <b>Medium</b></p>
Key Financial Controls: Procurement	<p>Status: <b>Implemented</b></p> <p>Implement dashboard reporting of procurement activities to include:</p> <ul style="list-style-type: none"> <li>• Identification of key supplier dependencies; and</li> <li>• Expenditure outside of policy.</li> </ul> <p>Updates will be presented at each meeting of the SCB.</p> <p>Priority: <b>Medium</b></p>

---

Overtime, Bonus and Honorarium Payments      Status: **Implemented**  
Payroll Department will develop a monthly checklist to ensure overtime claim checking is completed and commentary documented where discrepancies are identified.  
Priority: **Medium**

---

Overtime, Bonus and Honorarium Payments      Status: **Implemented**  
Payroll will document any required changes in rates of pay in the commentary on the honorarium form where errors have been made by the claimant. Head of Finance will review and approve all honorarium forms for accuracy and within budget.  
Priority: **Medium**

---

Bail Management      Status: **Implemented**  
The use of bail application forms will be made mandatory as part of the bail application process. A communication will be issued to this effect to confirm the mandatory requirement of bail application forms.  
Priority: **Medium**

---

Bail Management      Status: **Implemented**  
Review the Code of Practice and any Bail / RUI national legislative changes when these come into effect (January 2021). Re-raise any Niche system requests with Minerva as part of the CJ Working Group. Consider Suspect management Policy implications.  
Priority: **Medium**

---

Bail Management      Status: **Implemented**  
The audit has highlighted a requirement for cultural change with regards to the compliance with the Suspect Management Policy and Procedure. The Head of CJ will work to promote and drive this cultural change at ACC level to ensure compliance.  
Priority: **Medium**

---

Bail Management	<p>Status: <b>Implemented</b></p> <p>In accordance with management action four, the importance of reviewing legacy cases will be raised at ACC level to ensure that commanders are continuing to drive reviews of historic cases and appropriate action plans developed.</p> <p>Priority: <b>Medium</b></p>
Bail Management	<p>Status: <b>Implemented</b></p> <p>The Head of Criminal Justice will raise the weaknesses identified in this audit as part of the separate piece of work being conducted around Victim Contact Agreements.</p> <p>Actions will be agreed in that review to address any other weaknesses, these will be communicated to relevant officers and appropriate.</p> <p>Priority: <b>Medium</b></p>
Freedom of Information Requests (PFCC)	<p>Status: <b>Implemented</b></p> <p>We will work through backlog of disclosures and publish on the website.</p> <p>Priority: <b>Medium</b></p>
ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Management will ratify inactive accounts exceeding 60 days with HR to validate if staff continue in service or have left requiring account disablement. Where anomalies arise management will review the end to end leavers process to identify the reasons.</p> <p>Priority: <b>High</b></p>
ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Management will review/identify all required roles to support major incident service delivery and ensure named contacts are assigned to the identified roles. Management will ensure the reviewed and completed document is distributed to the key stakeholders.</p> <p>Priority: <b>High</b></p>

ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Ensure that staff effort on first-line support is captured and staff utilisation trends monitored and correlated to ticket closure trends to ensure sufficient staffing capacity to meet demand and ensure contingency plans are in place for peaks/absence.</p> <p>Priority: <b>Medium</b></p>
ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Encourage the use of the knowledge management tool. Management will review feedback from operators as to the knowledge management database usability and to identify and address any shortfalls to encourage an environment of knowledge sharing and capture.</p> <p>Priority: <b>Medium</b></p>
ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Management will introduce a skills profile to identify the following:</p> <ol style="list-style-type: none"> <li>1. core and desirable business and technical skills for each role;</li> <li>2. actual skills of staff assigned to the roles; and</li> <li>3. gaps in expected to actual skill to allow training/CPD opportunity</li> </ol> <p>Priority: <b>Medium</b></p>
ICT Service Operations	<p>Status: <b>Implemented</b></p> <p>Develop and agree a continual service improvement process to identify the sources of data reports and how potential improvement actions are tracked/reported. Review open tickets beyond 12 months to closing as no longer valid and six months to confirm valid.</p> <p>Priority: <b>Medium</b></p>

# APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

## Objectives relevant to the 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 manage the following area.

### 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.

## Scope of the review

- 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 since the previous follow up review (January 2021) to the commencement of this review.

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

- The review will only cover 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.



<b>Debrief held</b>	4 August 2021 (Last piece of evidence received 13 August 2021)	<b>Internal audit contacts</b>	Dan Harris, Head of Internal Audit Philip Church, Client Manager Mike Gibson, Assistant Manager Oliver Gascoigne, Auditor
<b>Draft report issued</b>	16 August 2021	<b>Client sponsor</b>	Deputy Chief Constable Managing Director Head of Business Design and Assurance Risk and Assurance Manager
<b>Responses received</b>	26 August 2021 and 1 September 2021		
<b>Final report issued</b>	2 September 2021	<b>Distribution</b>	Deputy Chief Constable Managing Director Head of Business Design and Assurance Risk and Assurance Manager

## rsmuk.com

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.

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

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

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

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