## POLICE & CRIME COMMISSIONER FOR LEICESTERSHIRE JOINT AUDIT, RISK & ASSURANCE PANEL



Report of	CHIEF CONSTABLE AND CHIEF FINANCE OFFICER (OPCC)
Subject	INTERNAL AUDIT RECOMMENDATIONS AND TRACKING
Date	MONDAY 19 <sup>TH</sup> SEPTEMBER 2016 – 1:00PM
Author :	ROY MOLLETT

## Purpose of Report

- 1. The following exception report provides the Panel with update progress responses from business owners and external auditors Baker Tilly and Mazars for the period 2013-2016. Progress on the recommendations is reported in terms of priority as High, Medium, Low and Advisory for Baker Tilly and Fundamental, Significant and Housekeeping for Mazars.
- 2. The following table illustrates the number of Baker Tilly High, Medium, Low and Advisory recommendations outstanding and completed since the last progress report.

Priority of	Outsta	nding	Completed	Not Adopted	
Recommendation	RED	AMBER	GREEN	GREY	Total
High	-	-	-	-	0
Medium	-	-	1	-	1
Low	-	-	-	-	-
Advisory	-	-	-	-	-
Total	0	0	1	-	

3. The following table illustrates the number of outstanding and completed -Fundamental, Significant and Housekeeping recommendations for the Mazar's audits undertaken to date:

	Outstanding		Completed	
Priority of Recommendation	RED	AMBER	GREEN	Total
Fundamental	-	1	1	2
Significant	-	9	2	11
Housekeeping	-	11	3	14
Total	0	21	6	

#### **Recommendation**

- 4. For the panel to note the attached update on progress responses from business owners against each respective audit recommendation so far for 2013-2016.
- 5. For ease of reference the recommendations at Appendix A attached have been individually graded as follows:
  - I.**RED** Outstanding and Exceeding the Target Date.
  - II.**AMBER** Outstanding but Within the Target Date.
  - III.GREEN Completed.

IV.GREY – Not Adopted

Implications						
Financial :	None					
Legal :	None					
Equality Impact Assessment :	None					
Risks and Impact :	Risk to efficiency and effectiveness of business functions where agreed recommendations are not implemented in a timely manner.					
Link to Police and Crime Plan :	Transparency and accountability for business functions.					
List of Appendices Appendix A - Audit Recommenda	ations and business updates.					
Background Papers N/A						
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# BAKER TILLY AUDIT RECOMMENDATIONS 2013-15 and MAZARS 2015-16

## Baker Tilly Audit Recommendations for 2013-15

Status	Internal Audit Report			Audit Report Date	
	SEIZED AND FOUND PROP	PERTY (3.14/15)		11 September 2014	
	HIGH: 0	MEDIUM: 1	LOW: 0		
	Medium Recommendation	1.1:			
	As planned the Property Mar into account any issues idea would recommend that once session is held with Proper especially any changes that h	ntified within this review. ( the Policy and Procedures rty staff to ensure that th	Given the issues ide have been finalised hey are fully conve	entified in this review w I and approved a trainin	
	Implementation Target Date	e: <del>March 2015</del> – revised T	arget Date October	2016	
	Person Responsible: Insp I Property Project Lead	Mark Zanker Corporate Se	ervices Directorate	Jez Leavesley – Force	
	Initial Management Comme	ent:			
The review of property is now well underway and the team involved are identifyin streamline processes and increase efficiency which will be relevant to the policy Initial work on the refresh and re-write of the policy and procedures is expected November 2014 when resources within DJD Support have the capacity.				e policy and procedures	
	Update August – Baker Tilly	Follow Up Audit 2015:			
7	The policy re-write is still ongoing. Very limited availability of staff trained to write policy and competing demands of Property managers continue.				
GREEN	Sgt 4320 Simpson (CAID Support) and Julie Treen (Property Team Leader) are tasked to finalise the re-write with a timescale for completion prior to 8th June.				
U	Update 27 <sup>th</sup> August:				
	The policy re-write is now complete and is presented in Authorised Professional Practice format, together with an up-to-date Legislative Compliance pack. The document is going through a final checking process before being sent to COT for authorisation, published / updated on internal website. This will be completed imminently. Any changes in practice have been subject to internal communication both within the property department and where necessary to a wider relevant audience.				
	Update November 2015:				
The final checking process on the rewritten policy and procedu The documents were sent to D/Supt. Castle on 2nd September COT for authorisation. A progress check will be made with D/S leave on the 17 <sup>th</sup> November and an update provided for the new				val and submission to	
	Update January 2016:				
	The rewritten policy and procedure documents have been completed, authorised and published. Work continues to maintain the relevance of the new document and keep pace with Strategic Alliance and Blueprint 2020 developments but this is outside of the scope of this recommendation. For these reasons I believe the recommendation can be considered closed.				
reasons I believe the recommendation can be considered closed.         Update March 2016:         At the JARAP meeting held on 8 March 2016 it was agreed the Deputy Chief that the appropriate staff training had taken place after which the proposal to					

### Update April 2016:

There were no significant changes to the property processes which required formal training sessions, however, the policy and procedure was reinforced with the property staff. There remains a heavy scrutiny on property processes by the Crime and Intel SMT.

#### Update June 2016:

At the last JARAP Meeting (May 2016) it was agreed this item to remain open. In addition Mazars were asked to review this recommendation in light of their draft Seized and Found Property report and see if they can be replaced by the most current report. A new implementation target date of October 2016 is projected, however this may require revision dependent upon the current property project.

#### Update September 2016:

Brian Welch Senior Audit Manager Mazars has spoken with Det/Insp Johnny Monks to obtain an update on progress. The policies and procedures have been updated and a new property working group has been created [Brian attended the first meeting]. This group is meeting every 2 weeks and its purpose is to review the property function as a whole included the processes that are followed. Following on from this review, if further training is required then this will be delivered to staff as necessary – Brian Welch Mazars Senior Audit Manager.

## **PROPOSE CLOSED**

## MAZARS AUDITS 2015-16

Please note Mazars priority grade their recommendations into the following:

- 1. (Fundamental)
- 2. (Significant)
- 3. (Housekeeping)

Status	Internal Audit Report			Audit Report Date
	PARTNERSHIPS			January 2016
	FUNDAMENTAL: 0	SIGNIFICANT: 3		HOUSEKEEPING: 2

### Significant Recommendation 4.2 Sub Group Strategies and ToR

All partnership sub groups to the Strategic Partnership Board within the hierarchy should have a strategy in place that is reviewed and refreshed on at least an annual basis. The strategies should include, but not be limited to:

- Vision
- Objectives/Priorities
- Performance Management
- Risk Management
- Roles/Responsibilities
- Action Plans
- Reporting Arrangements

Up to date terms of reference should also be in place for the partnership sub groups. These should be reviewed on at least an annual basis.

#### Implementation Target Date: Sept 2016

#### Person Responsible: Matt Clarke OPCC

## Initial Management Response 29th January 2016:

This will be tabled at the SPB Exec meeting in Mar 2016. If the recommendation is agreed by the SPB Exec, it will then be implemented as described.

## Update April 2016:

At the March meeting, the SPB Executive agreed that all SPB subgroups will refresh their strategies and Terms of Reference for the coming year, and work on this will be progressed by subgroup chairs going forward.

#### Update June 2016:

Through the SPB Executive, all SPB sub-group Chairs have agreed to refresh strategies and Terms of Reference within the coming year. Work is known to be progressing currently within a number of SPB sub-groups to refresh strategies and terms of reference: Mental Health Partnership Group, Victims and Witnesses Partnership Assurance Group, Reducing Reoffending Board, Strategic Partnership Performance Group, ASB and Hate Strategy Group, and the Cyber Crime Partnership Group.

## Update September 2016:

Role currently vacant and under review.

## Significant Recommendation 4.3 Performance Management Framework

Development of the performance management framework should be progressed for the Strategic Partnership Board. The performance framework should include:

- Objectives for the partnership
- Key performance indicators against the objectives
- Trend analysis
- Reporting arrangements

## Implementation Target Date: March 2016 – Revised Target Date November 2016

## Person Responsible: Mike Swanwick OPCC Performance and Evaluation Co-ordinator

## Initial Management Response 29th January 2016:

The Performance Framework is under development for the Strategic Partnership Board and each of the subgroups. A self-assessment has been sent to the chair of each group to complete to begin development. Each group will consider its own information and provide an overview of progress and report by exception to the Strategic Partnership Board and Executive Group, through the Highlight Report and/or a separate performance report if deemed necessary.

## Update April 2016:

A new projected completion date has been agreed by the SPB – November 2016. Initial work has started with the Victims and Witness group and the Reducing Re-offending Board and Mental Health Partnership Group will be next, with the Regional Criminal Justice Board already having developed its own performance framework which will be adopted locally.

## Update June 2016:

The completion date remains November 2016, although work has been progressing slowly since April 2016. The only group to have been through any part of the process is the Victims and Witness Group. If there is no further take up it is unlikely that the November 2016 completion date will be met.

## Update September 2016:

There has been no further uptake or response from any of the SPB subgroups in line with the recommended approach developing performance framework. The November 2016 deadline will not be met, and this work will need to be refreshed and restarted once responsibility for this recommendation is re-assigned. Performance and Evaluation Co-ordinator post now vacant and under review.

## Housekeeping Recommendation 4.4 Value for Money

VFM assessments across the various partnerships should take place on a regular basis to confirm the following:

- Economy: maximising cost benefit ratio
- Efficiency: the relationship between the output from goods or services and the resources to produce them spending well; and
- Effectiveness: the relationship between the intended and actual results of public spending (outcomes) spending wisely.

## Implementation Target Date: September 2016

## Person Responsible: Mike Swanwick OPCC Performance and Evaluation Co-ordinator

## Initial Management Response 29th January 2016:

The OPCC is providing capability and capacity for Social Return on Investment and Value For Money / Public Value /Social Value measurements. This work will be started alongside the development of the performance framework, and will be part of the assessment of overall performance. This will be carried out for partnership work undertaken by the group, and the level of input/output, impact and return will be assessed as part of this process.

## Update April 2016:

Social Return on Investment work has begun for the IVM project (through the MH partnership Group) and initial discussions will be had with the Fire Service Performance Manager around assessing performance for Braunstone Blues Project (Managing Demand Group).

#### Update June 2016:

Social Return on Investment work continues for the Integrated Vulnerability Management Project, and discussions have taken place with the Braunstone Blues project. None of the other groups have had interaction as the slow progress in engaging in establishing performance frameworks has had an impact on this area of work also.

#### Update September 2016:

A theory of change and associated inputs, outcomes and performance indicators have been developed for the Integrated Vulnerability Management Project. The next stage is to develop the outcomes with stakeholders. Planned Stakeholder engagement will be the vehicle for this once timetabled in. Performance and Evaluation Co-ordinator post now vacant and under review.

## Housekeeping Recommendation 4.5 Transparency of Partnerships

All changes to partnerships should be managed in a way that new personnel are informed of the full background to the partnership and the links to the overarching partnerships and strategic priorities. (Note: OPCC recommendation has been actioned and closed, Force recommendation remains open).

## Implementation Target Date: Force February 2016 – Revised Target Date August 2016 Person Responsible: Supt Mark Newcombe – Policy Adviser OPCC

## Initial Management Response 29th January 2016:

## Force

Clarity of purpose and collective understanding is accepted as a key component in maximising the effectiveness of partnership working. The thematic nature of some of our partnerships along with complexity and fluidity within the system present significant challenges in maintaining a 'cohesive overview' across all of our partnerships. The ongoing maintenance of this 'overview' which would then inform partnership managers is primarily an administrative function. Working in conjunction with the OPCC Partnership Manager an initial 'partnership map' is nearing completion. It is anticipated that placing the ongoing maintenance function will be completed within the next two weeks.

## Update April 2016:

#### Force:

AMBER

The idea of a partnership map was intended to provide an overview of the partnership landscape in a diagrammatic format. However as we moved though the work, especially the last phase, which captured the 120 plus meetings attended by our 8 NPA's it became increasingly obvious that whilst this approach would provide a pictorial description it would be hard to maintain, and one dimensional in that it would not provide either context or any information as to purpose or outcomes sought form the partnership. Thoughts have now turned to building on the excellent Partnership briefing document prepared by Matt Clarke (OPCC) for the PCC candidates. The intention is that we evolve the document and keep it live by instigating quarterly updates by thematic leads. Currently an LPD administrative resource has been identified to co-ordinate this work on an ongoing basis. The base document needs limited adaptation to make it fit for its new purpose, and once this is done we will refresh the document on an ongoing basis.

## Update June 2016:

Capacity issues have precluded the prioritisation of this work, however anticipated completion is currently scheduled for the end of August 2016.

**Further Update for JARAP June 2016:** At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Supt Newcombe has joined the OPCC on 11 July 2016 to drive forward the partnership and engagement recommendation allocated to the Force and will be keeping some of the links from his previous role. Ongoing recommendation.

Update September 2016:

## **UPDATE REQUESTED**

	PAYROLL			March 2016
	FUNDAMENTAL: 0	SIGNIFICANT: 0	HOUSEK	EEPING: 2
AMBER	<ul> <li>Housekeeping Recommendation 4.1 Payroll Manual         A Payroll Manual should be put in place that accurately reflects the new processes in operation following the introduction of the new payroll system.     </li> <li>Implementation Target Date: September 2016 revised to end October 2016         Person Responsible: Alice Davis, Payroll Manager     </li> <li>Initial Management Response 29 February 2016:</li> <li>It is agreed that the Payroll Manual needs updating and once the new system is embedded the apparturity to raviow all the processes undertaken by the payroll team will be taken     </li> </ul>			2016 em is embedded the be taken. m's PDR Objectives for to meet the target hich is 60% completed
GREEN	Housekeeping Recommendation An agreed reporting format should performance in line with the control Implementation Target Date: A Person Responsible: Ruth Gills Initial Management Response 2 At present the new system is in it operating as intended. A meeting performance reporting moving for appropriate scrutiny. Update April 2016: Meeting held with the Payroll Pro- performance framework document Update June 2016: Monthly update meetings with Kief framework document from Kier. Update September 2016: KPI information is now being rece can now be closed. PROPOSE CLOSED	Id be put in place to allow the Forract. <b>pril 2016</b> – <b>Revised Target Da</b> <b>pert, Head of Finance</b> <b>29 February 2016:</b> Its infancy and the current priorit g has been booked with the Pay rward and a format that provide wider to discuss the monitoring ht from Kier. er have been introduced. Await	te Septem y is to ensu roll Provid s more det of the KPIs	<b>aber 2016</b> ure the system is er to discuss ails is needed to ensure s. Awaiting a copy of the of the performance

FUNDAMENTAL: 0	SIGNIFICANT: 0		
CHANGE PROGRAMME			April 2016

### **FUNDAMENTAL: 0**

#### SIGNIFICANT: 0

## Housekeeping Recommendation 4.1 Aligning Strategies, Policies and Procedures within the Strategic Alliance

Should the Strategic Alliance secure approval, local strategies, policies and procedures should be considered against those at a SA level. Should SA strategies be approved, this may necessitate the need to reflect such changes in the local strategies/policies/procedures.

Implementation Target Date: Timescale TBC, but is likely to be an early piece of SA work.

## Person Responsible:- Alison Naylor - Strategic Lead for People Workstream

## Initial Management Response 20 April 2016:

It is acknowledged that different terms and conditions, processes and procedures already exist across the three SA forces. Issues relating to these factors are already apparent from existing collaboration across the East Midlands.

A workstream within the SA programme is focusing on people and is already examining opportunities for aligning terms and conditions and policies and procedures.

## Update June 2016:

Plans are on track to present a three-force Strategic Alliance (SA) full business case at a meeting in June. While the induction of two new PCCs in Leicestershire and Northamptonshire is under way, the SA programme team is continuing to collate detailed information from each force, setting out the journey so far, the vision and rationale for change, the operational, financial and political perspective, the transitioning and migration model and identifying risks. Part of this work is also to examine opportunities for aligning terms and conditions for policies and procedures. The outcomes of the meeting at the end of June will determine the future direction of this work. Ongoing recommendation.

## Update September 2016:

We are currently reviewing the implications of a change from Strategic Alliance to Tri-force collaboration. The intention remains to align policy and procedure wherever possible and practical. Papers covering a Tri-force HR plan, Chief Officers Terms and Conditions, Apprenticeship Levy, New Recruits starting Salaries and Public sector exit payments are in the process of being signed off by all 3 forces. A new Chief Officer meeting is scheduled to take place each month and this will significantly speed up the process of agreeing and aligning policy – Alison Naylor Regional Director of Human Resources.

ICT AUDIT			April 2016		
FUNDAMENTAL: 0 SIG	NIFICANT: 0	HOUSE	KEEPING: 6		
Housekeeping Recommendation 4.	1 IT/ICT Strategy				
The potential introduction of the Strategic Alliance IS Strategy, should it be agreed, will need to considered against the local ICT Strategy document. If approved, this may necessitate changes the local ICT strategy that should subsequently be reflected in an updated document.					
Implementation Target Date: March	2017				
Person Responsible:- Strategic Alli	ance IT Assistant Chief C	Officer			
Initial Management Response 21 Ap	oril 2016:				
The strategies will be aligned as the S	trategic Alliance is develop	ed.			
Update June 2016:					
ACO role appointment has been made end of June 2016.	e and we await outcome of	Strategic	Alliance meeting at the		
Update September 2016:					
Since the appointment of the Interim ACO IT in June he has started the process of developing a Tri- Force ICT Enterprise Strategy, the current draft covers the Tactical / Strategic and Aspirational objectives of the three forces.					
The ICT Enterprise Strategy will use a	s it's point of reference the	following	information:		
Individual Forces Business \$	Strategy's;				
Individual PCC's Crime & Po	licing Plans;				
Strategic Threat Assessmen	ts;				
National Vision of Policing 2	020;				
National ICT Strategy / Initiat	ives / Police ICT Co.				
There is still currently further analysis, Key Tri-Force stakeholders to be perfor Case to the December PCC Meeting in realisation and high level work stream	ormed, however the intention dentifying likely funding rea	on is to de	liver an interim Business		

## Housekeeping Recommendation 4.2 Disaster Recovery Documentation

A more robust process for monitoring the disaster recovery documentation review and update process to ensure that it happens annually should be considered.

## Implementation Target Date: 31 March 2017

## Person Responsible:– David Craig Head of IT / Jas Minhas / Andy Rodwell – IT Department Initial Management Response 21 April 2016:

## The processes of monitoring and testing BC plans are embedded

The processes of monitoring and testing BC plans are embedded into the departmental business plan, account management structures, and individual performance development plans and resulted in stability of plans and a high success rate in system recovery by 2014. As such, in business year 2015/16 the Head of IT chose to prioritise resources towards the successful implementation of Edison and Niche. Reviewing plans will receive greater priority during 2016/17.

## Update June 2016:

Due to business priorities some documentation was not revised in 2015 however this was risk assessed. Reviewing the documentation will receive greater priority during 2016/17 and the tracking matrix described in 4.3 below will include disaster recovery documentation review dates as a method of further strengthening the existing process, allowing both tests and documentation to be reviewed at regular review meetings, account reviews and business process, leading to a more robust and transparent service.

#### Further Update for JARAP June 2016 :

At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Disaster recovery testing and the updating of documentation is underway. To provide context to the scale of the task, there are nearly 150 IT systems that have to date been logged. Managers are currently being contacted to determine the frequency of testing that is required in the future for each of the systems. Once responses are received from managers the next test dates will be agreed with them. Following this they will meet with their Information Systems Analyst to review Business Continuity plans and discuss the next test schedule in their monthly meetings. Updates will be provided to JARAP each quarter highlighting progress to date.

#### Update September 2016:

The new matrix had been updated with the latest information on the BC plan review dates and next test dates. The Senior ISA will be using this document within their monthly meetings to establish with the account managers the next test dates for the services they are responsible for. This is an on-going process and the matrix will continually be updated.

## Housekeeping Recommendation 4.3 Disaster Recovery Testing

The organisation should establish a forward plan of disaster recovery testing based upon when a system was last tested and establish a clear plan of when it will be tested in the future.

## Implementation Target Date: 31 March 2017

## Person Responsible:- Kem Mistry - Information Systems Analyst Force IT Dept

## Initial Management Response 21 April 2016:

Monthly meetings are held with the Force Risk and Business Continuity Advisor, Head of IT and Information Systems Analysts responsible for co-ordinating testing. Future tests are standing items at this meeting and the minutes document our future test plans and record discussions of both Airwave and HOLMES.

The last full test of HOLMES was conducted in 2013 when it was implemented. The test was successful and there have been no significant changes to the system since. HOLMES will be replaced in April 2016.

Airwave is a nationally provided system and local ICT responsibility extends only to the interfaces between Airwave and our information and communications systems. These were last tested in December 2015.

We used to maintain a spreadsheet which recorded the date each system was last tested but on balance felt that the utility of the information did not outweigh the effort of maintenance. Nevertheless, we have decided to bring this spreadsheet up-to-date with data from our test log.

## Update June 2016:

A new Tracking Matrix spreadsheet has been created to record the date each system is tested. The frequency of the testing of each service is being considered. Work on this recommendation is ongoing. Linked to 4.2 review dates for all of the Business Continuity Plans will be included together with test dates, Line managers will have this information to utilise in their monthly meetings with their ISA's to review BC plans and discuss next test schedule.

## Further Update for JARAP June 2016 :

At the JARAP meeting on 5 July 2016 the Committee requested the June 2016 update be further updated with additional details. Disaster recovery testing and the updating of documentation is underway. To provide context to the scale of the task, there are nearly 150 IT systems that have to date been logged. Managers are currently being contacted to determine the frequency of testing that is required in the future for each of the systems. Once responses are received from managers the next test dates will be agreed with them. Following this they will meet with their Information Systems Analyst to review Business Continuity plans and discuss the next test schedule in their monthly meetings. Updates will be provided to JARAP each quarter highlighting progress to date.

## Update September 2016:

The new matrix had been updated with the latest information on the BC plan review dates and next test dates. The Senior ISA will be using this document within their monthly meetings to establish with the account managers the next test dates for the services they are responsible for. This is an on-going process and the matrix will continually be updated.

## Housekeeping Recommendation 4.4 Information Asset Owners

The organisation's project to establish more robust information asset management and appropriate governance is acknowledged and we recommend that potentially this could also look at the information management structure and resources available.

## **Implementation Target Date: December 2016**

Person Responsible:- Fiona Linton - Information Security Manager / Paul Hooseman - Information Manager

Implementation Target Date for OBB Project: May 2016 Revised Target Date end August 2016

## Person Responsible:- D/Supt Martyn Ball / DI Ross Dimmock / Paul Hooseman / Fiona Linton

## Initial Management Response 21 April 2016:

The purpose of the Protective Security Strategy work is to re-examine the provision of information assurance to the organisation. A key part of that strategy is the development of Information Asset Owners and Champions to better identify risk and alert the SIRO.

The outcome of informed Information Asset Owners will allow the current information assurance resources to re-position into strategic and tactical advisers.

The Information Management Section is undergoing Outcome Based Budgeting during April and May 2016 and an opportunity to re-examine work activity will be available.

## Update June 2016:

The project support officer was re-assigned to support the HMIC inspection PEEL work. OBB -Delays have been experienced primarily due to annual leave; sickness; operational commitments by the delivery lead in PSD; and reduced support from Corporate Services Projects. Governance has been put in place to address any risks. Highlight Reports are included within the Blueprint 2020 reports which are submitted to the Change Board. The revised implementation target date is end August 2016.

## Update September 2016:

The Project Lead for this work has now tendered her resignation. The Information Manager will have to pick up this work. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

A pilot is being designed to mentor identified Information Asset Owners prior to a wider roll-out.

AMBER

## Housekeeping Recommendation 4.5 Information Management Resources

The organisation should consider if there are sufficient resources within the Information Security area to deal with the level of work.

The organisation should also consider establishing a group to oversee legislative/regulatory processes such as RMADS and Cyber Essentials including key stakeholders to ensure engagement with the appropriate people and consistent progress and information sharing between the two or in the future more processes. This should ideally be driven from an Information Security perspective not from the IT side as it is not purely IT which is impacted.

## OBB:

## Implementation Target Date: May 2016 end August 2016

# Person Responsible:– D/Supt Simon Hurst - Head of Professional Standards Department / Paul Hooseman / Fiona Linton

The organisation should consider if there are sufficient resources within the Information Security area to deal with the level of work.

#### Update June 2016:

Delays have been experienced primarily due to annual leave; sickness; operational commitments by the delivery lead in PSD; and reduced support from Corporate Services Projects. Governance has been put in place to address any risks. Highlight Reports are included within the Blueprint 2020 reports which are submitted to the Change Board.

#### Update September 2016:

The Lead for this work has now tendered her resignation. A support resource will temporarily act up into this role. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

## **RMADS Provision:**

#### Implementation Target Date: Quarterly Ongoing

# Person Responsible:– D/Supt Simon Hurst - Head of Professional Standards Department / DI Ross Dimmock / Paul Hooseman / Fiona Linton

A strategic risk has been registered on Orchid (STR1519) in relation to RMADS provision, and is open to SORB scrutiny.

## Update June 2016:

The strategic risk remains on Orchid. The risk relates to the workload of the Department and the limited resources available to undertake the work. There is a link to the OBB exercise.

#### Update September 2016:

The strategic risk remains on Orchid. The ISO role that has undertaken this work has now tendered her resignation. The Information Manager will have to pick up this work. Work around capacity in the Information Management business area is being focussed within Leicestershire via the OBB process (now November), and sub-regionally via a Tri-Force Collaboration work-stream (next Gateway meeting in October).

#### Cyber Essentials:

## **Implementation Target Date: Ongoing**

# Person Responsible:- DS Pete Flynn (Accreditation)/Paul Hooseman (Stakeholder engagement)

#### Initial Management Response 21 April 2016:

The information Management Section is undergoing Outcome Based Budgeting during April and May 2016 and an opportunity to re-examine work activity will be available.

A Cyber Essentials Lead for the Force has been identified and is co-ordinating activity, including IT and Information Security.

## Update June 2016:

Cyber Essentials certification was obtained in February 2016 and the Cyber Essentials Plus aspect is being negotiated for a visit in the next 6 weeks1through DS Pete Flynn. There are interdependencies with the PSD OBB exercise and above RMADS Provision strategic risk.

**Further Update June 2016:** The new strategy is due to be published in late July. The new strategy will be reviewed and an update to the current strategy will be carried out in conjunction with the region.

## Update September 2016:

Cyber Essential award has been attained. Considerations being made within the business whether to work towards the next level of award – Cyber Essentials Plus. Recommend that this action be closed.

## CYBER ESSENTIALS ONLY - PROPOSE CLOSED

## Housekeeping Recommendation 4.6 Domain Security Policy

The organisation should implement password complexity rules in line with best practice. Also the lockout duration and reset counter should be increased/enhanced to a lockout duration of 0 (zero) and reset counter of 1440 minutes (e.g. 24 hours). This means that if a user is locked, they cannot retry for at least 24 hours and they have to wait for an Administrator to reset the password. Owing to the practicality of the Force's operation this may not always be feasible. Therefore, the risk of not implementing this configuration should be considered and approval sought from the Force's senior management.

## Implementation Target Date: November 2016

Person Responsible: Saqib Shabbir - Information Systems Analyst IT.

## Initial Management Response 21 April 2016:

The current levels of complexity and lockout duration are documented in the PSN accreditation document set and as such have been agreed by the SIRO. They represent the current optimal balance between ensuring availability of systems to operational staff on a 24/7 basis when resource constraints mean that administrative teams to reset passwords and unlock accounts are only available during office hours.

Developments in our voice form technology may allow self-service password reset and economy of scale from Strategic Alliance may allow extension of service hours in the future. Password complexity and lockout frequencies can be reviewed again if these services can be deployed to mitigate the consequences of operational officers being locked out of the systems they need.

## Update June 2016:

Development of a self-service password reset process has commenced. Testing and pilot roll-out will commence August 2016.

#### Update September 2016:

Development has been completed and we are in the process of testing and refining the solution. We should be in a position to open up the testing to select users by the end of September.

## Fundamental Recommendation 4.1 Safe Key Storage

Access to the keys to the safes that are holding cash and valuables should be appropriately restricted and keys to the safes should be securely stored at all times.

#### Implementation Target Date: Completed

## Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

This recommendation is accepted. This action was dealt with immediately following the audit. Two Safes were purchased at a cost £13,500 in the last financial year (to end of March 2016) from Traka (part of ASSA asset management group). Since the audit the Traka cabinets have been ordered and are awaiting delivery and installation. Since the audit the Property Manager has had discussions and meetings with personnel within Traka. Traka are a reputable company supplying safes to the military, Ministry of Justice (mainly UK prisons) and the police service. The two safes purchased are the latest technology. All property keys at the two sites will be stored in these safes. They are fully audited by use of the warrant card. Access to keys will be limited to user and movement of keys will be monitored and recorded. This purchase provides assurance and confidence that the safe keys, cash and valuables in safes are fully protected into the future.

#### **Implementation Target Date: September 2016**

#### Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

In addition it is envisaged as part of the Force Property Project to create an integrated department with clear lines of management accountability and effective, secure and auditable business processes for all aspects of property reception, handling and disposal. Formal project commencing June 2016.

## PROPOSE CLOSED

## Fundamental Recommendation 4.2 Safes Audit Regime

A segregation of duties should occur in the completion of the monthly safe audits at the various property locations so that more than one Officer is included in the safe audit process.

#### **Implementation Target Date: September 2016**

## Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

This recommendation is accepted. An appendix has been created to the existing draft Safe Procedure. In addition to the recommendation made by audit, further safeguards have been added to include quarterly reconciliation between finalised Property records relating to cash items and the Force bank account. This will provide assurance around the appropriate disposal of each item; it will also provide a secondary layer of independent scrutiny as the reconciliation will be completed by the Finance department.

The draft procedure will be resubmitted to the project SRO. Once the draft document is ratified it will be disseminated accordingly.

#### Update September 2016:

Safes Audit Regime – The procedural audit regime is currently being reviewed by the Property Project Team.

## Significant Recommendation 4.3 Procedure Amendments

The procedure documents for property management should be updated to include sufficient detail for the following areas:

- Packaging and Storage;
- Disposal; and
- Transportation.

The new procedure documents should be communicated to all relevant staff. The review dates for the property management documents should be brought in line with each other and these should be reviewed on at least an annual basis.

#### Implementation Target Date: September 2016

### Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

This recommendation is accepted.

The Cash & Valuables flowchart and accompanying Standard Operating Procedure drafts provide detailed guidance on seizure and packaging of cash exhibits. Once these documents are approved by senior officers, they can be hyper-linked to the existing Property Procedure document to provide the necessary guidance.

The draft cash & valuables flowchart has already been amended to include the requirement to endorse the cash value of the exhibit bag.

An additional section will be added to the Force Property Procedure highlighting the limitations / requirements of the Force insurance policy in respect of cash transportation.

The disposal section of the Force Property Procedure has been amended to provide clarity with respect to authorities. This amendment will be highlighted for approval to senior officers along with the other draft documents.

The review dates for the three relevant procedures will be aligned to provide consistency of approach.

Once the draft document is approved by senior officers it will be disseminated accordingly.

The property project will also include a specific element focused on organisational culture relating to officer and staff attitudes to property handling.

#### Update September 2016:

Procedure Amendments – Packaging and Storage, Disposal and Transportation is currently being reviewed by the Property Project Team.

## Significant Recommendation 4.4 Insurance for Transportation of Cash

The insurance policy for the Force regarding the transportation of cash and valuables should be reviewed and updated as necessary. Cash and valuables should be transported in line with the relevant insurance policy.

## Implementation Target Date: Completed

Person Responsible:- Jez Leavesley - Force Property Project Consultant / Ruth Gilbert - Head of Finance

## Initial Management Response 20 June 2016:

This recommendation is accepted.

The Head of Finance has liaised with the insurers and has reviewed and amended the Force policy to meet the criteria/recommendation. This is completed.

The procedural issues observed are also accepted and will be included in the fundamental review of this area of service provision included in the Force Property Project. This is now being led by the Head of Corporate Services Directorate.

## PROPOSE CLOSED

## Significant Recommendation 4.5 Courier Collection

The couriers should produce a report from the property system detailing the cash items retained in the safes/stores prior to collection. Any discrepancies between the property system report and the cash items collected should be identified and investigated as appropriate.

#### Implementation Target Date: October 2016

## Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

This recommendation is accepted. It is agreed this additional control would be beneficial and will ensure practice is in line with the insurance policy requirements.

The procedural amendment proposed under recommendation 4.3 will address this issue. Once the draft document is approved by senior officers it will be disseminated accordingly.

This will form part of the review of business processes and wider reform included in the Force Property Project. This is now being led by the Head of Corporate Services Directorate.

#### Update September 2016:

Courier Collection – Insurance is in place and yearly cash audit review in Force safes is currently being completed to be presented to Finance.

GREEN

## Significant Recommendation 4.6 Safe Specifications Insurance

The insurance policy should be reviewed to include adequate detail of the specifications of each safe required for the contents of the safe to be appropriately covered by the policy. The Force should ensure that the individual safe specifications are appropriate for the insurance policy in place.

#### Implementation Target Date: October 2016

# Person Responsible:- Ruth Gilbert - Head of Finance/Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

The Head of Finance has confirmed the detail currently noted in the safe schedule is satisfactory for the insurers. However with the introduction of the Insurance Act in August this year which requires the insured to provide enough information to Insurers to enable them to ask further questions (we believe that the safe schedule currently does this) we feel it would be a good opportunity to carry out further research and update the safe schedule with as much detail as possible in relation to the make and model at least. If for example POCA money happens to be placed in a safe where force money is kept and the safe limit is exceeded, this is accepted as the POCA limit will apply in addition to the safe limit.

This work will take place in line with the insurance policy renewal which is October 2016.

#### Update September 2016:

Safe Specifications Insurance - Insurance is in place and yearly safe specification audit review is currently being completed by the property project team within Corporate Services, this will be presented to Finance.

#### Housekeeping Recommendation 4.7 Assessment of Safes/Retention Policy

An assessment of the safes required by the Force should be conducted to ensure that sufficient safes are available for the storage of seized and found property. The Force should consider the introduction of a policy for the timeliness of banking cash that is not required to be stored in the safes.

#### **Implementation Target Date: October 2016**

## Person Responsible:- Jez Leavesley - Force Property Project Consultant

#### Initial Management Response 20 June 2016:

This recommendation is partly accepted.

The cash & valuables flowchart has been amended to reflect that all seized cash exhibits will be banked after 28 days unless retention is specifically authorised by an officer of at least Inspector rank as an investigative necessity.

Once the draft document is approved by the Project SRO and ratified it will be disseminated accordingly.

The recommendation to increase safe capacity has been considered and it is the management view that an unnecessary increase in storage capacity may inadvertently decrease the instances of banked cash. Adherence to the 28 day banking policy will seek to reduce retained cash, increasing available capacity where it is justifiably necessary.

This process will be formalised as a part of the new organisational structure arising from the Force Property Project.

#### Update September 2016:

Assessment of Safes/Retention Policy – currently being reviewed by the Property Project Team.

## Housekeeping Recommendation 4.8 Recording Movements and Location

Movements and location of cash and valuables should be accurately recorded on the property management system and log books in a timely manner.

## Implementation Target Date: October 2016

## Person Responsible:- Jez Leavesley - Force Property Project Consultant

## Initial Management Response 20 June 2016:

Recommendation partly accepted.

Leicestershire have a fully automated Property management system that records the location and movement of all seized property.

Property removed from a temporary store to a main store location is recorded on a transit sheet to provide further auditable record of Property movement.

As information is logged on the KIM property system it is no longer necessary to keep a cash safe log-book for the Beaumont Leys property store and this practice will be discontinued

A current wider review of the property portfolio will address the recommendation regarding the movement and location of cash and valuables. This will include the broader issue of 'high risk' property types – including cash, weapons and drugs.

#### Update September 2016:

Recording Movements and Location – This is currently being reviewed by the Property Project Team within Corporate Services.

COMPLAINTS MANAGEMENT			August 2016	
FUNDAMENTAL: 0	SIGNIFICANT: 3	HOUSE	(EEPING: 0	
Significant Recommendation 4	<u>.1</u> Timely Updating of Centuri	on		
The force should ensure that allegations are uploaded onto Centurion in a timely manner of the allegation being made to the Force.				
Implementation Target Date: A	ugust 2016			
Person Responsible: Mick Gamble - Complaints and Discipline Manager				
Initial Management Response:				
Recommendation Completed – 2/8/16				
Current working procedures have	e already been amended in resp	onse to th	is recommendation.	
Upon allocation of a complaint both Appointed Officers (AOs) and Investigating Officers (IOs) are reminded of their responsibility to agree the specific allegations with the complainant and update PSD accordingly.				
A further reminder has been plac	ed on force latest news to brief	AOs and I	Os.	
• · · · · · · · ·				

On receipt of local resolutions and investigation reports Centurion is again updated with any additional allegations.

PSD Admin team have been briefed on the IPCC guidance on recording allegations/complaints.

B23

## PROPOSE CLOSED

AMBER

GREEN

## Significant Recommendation 4.2 28 Day Updates to Complainants

The Force should ensure that complainants are kept informed and up to date with the status of their complaint.

#### Implementation Target Date: December 2016

## Person Responsible: Mick Gamble - Complaints and Discipline Manager

#### Initial Management Response:

A reminder has been placed on the force latest news that complaints and officers subject of the complaint are to be updated every 28 days. Completed - 2/8/16

PSD officers have access to Centurion. Work is currently being undertaken with the service provider to maximise the system's functionality to enable IOs to accurately record their updates. Training will then be delivered to the staff. To be completed - December 2016.

#### Significant Recommendation 4.3 Introduction of Key Performance Indicators

Management should introduce Key Performance Indicators or Targets in relation to the management of complaints. An example may be for Leicestershire to be below the MSF Average, or 10% of Appeals to be upheld by the IPCC.

#### Implementation Target Date: December 2016

#### Person Responsible: D/Supt Simon Hurst

#### Initial Management Response:

Performance package under development by Head of PSD

Monthly managers meeting started 28/07/16 to review all outstanding work and to identify risks and priorities. Chaired by the Head of PSD – monthly meetings have now started 24/08/16.

#### **BUSINESS CONTINUITY**

June 2016

FUNDAMENTAL: 0 SIGNIFICANT: 0 HOUSEKEEPING: 3	FUNDAMENTAL: 0	SIGNIFICANT: 0	HOUSEKEEPING: 3
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## Housekeeping Recommendation 4.1 Incident Escalation & Emergency Actions

The Business Contingency Plans should be updated to ensure emergency contact details are included, with this being part of any subsequent reviews.

#### Implementation Target Date: -

#### Person Responsible: Laura Saunders - Risk and Business Continuity Advisor

#### Initial Management Response:

It is accepted that two paper copies of business continuity plans did not contain the emergency contact details. This has now been rectified.

The Risk and Business Continuity Advisor completes a quarterly check of the paper business continuity plans to ensure they are consistent with the electronic versions. This provides a safeguard that omissions and version control issues are identified and rectified in a timely manner. Completed

B24

## **PROPOSE CLOSED**

AMBER

GREEN

## Housekeeping Recommendation 4.2 Business Continuity Annual Exercises

Business Continuity Plan Procedures should be reviewed to ensure that there is clear instruction to users in respect of which type of exercise to use, making reference to criticality of the system and timing of the review.

#### Implementation Target Date: August 2016

#### Person Responsible: Laura Saunders - Risk and Business Continuity Advisor

#### Initial Management Response:

The Exercise Guide is available to assist colleagues undertaking business continuity exercises. Whilst it does encourage more elaborate testing for those areas with more critical activities this is not stipulated within the ratified Business Continuity Procedure.

A business continuity plan does not have a critically, rather it documents activities which are individually risk assessed to providing each with a criticality score. Therefore plans will generally contain a mixture of activities with varying criticality scores. Out of the 51 business continuity plans, 23 (45%) include an activity with a high criticality score.

The Risk and Business Continuity Advisor maintains oversight of all testing, whether this is a planned exercise or unplanned invocation. Higher levels of exercising activities are scheduled where it is felt further assurance should be gained. Otherwise colleagues have the option to select the activity that best suits their circumstances taking into account the nature of the business whilst balancing the abstraction/impact implications it may have for them.

It is accepted that the Business Continuity Procedure can be reviewed and would suggest this is taken forward to the Strategic Organisational Risk Board for discussion and ratification of any agreed changes.

#### Update September 2016:

It was agreed that this recommendation would be considered and discussed at the Strategic Organisational Risk Board (SORB). The matter was discussed at the SORB meeting on 21st July 2016. It was felt that the Business Continuity Procedure did not need to be altered for a number of reasons. The Business Continuity Procedure provides a clear instruction that every plan should be subject to an annual review and exercise. In addition, there is a Business Continuity Exercising Guide, which outlines the range of exercise activities, encouraging plan owners to consider a higher level of testing if their business area has a critical activity.

## Housekeeping Recommendation 4.3 Business Continuity Exercise History

Appropriate checks should be made by the Business Continuity Advisor after annual exercises have been completed to ensure all relevant information is included prior to publication.

#### Implementation Target Date: Completed

## Person Responsible: Laura Saunders - Risk and Business Continuity Advisor

#### Initial Management Response:

Accepted that the exercise box on the version control of one of the business continuity plans had not been completed. However, the version control was updated to show that a review had been completed – a review is a form of exercise. An email from the plan owner was supplied to confirm that the review had been undertaken and the changes made to update the plan. The exercise box has now been completed with details of this review.

This was one instance of an owner not completing a box on the form. This audit page was introduced by the Risk and Business Continuity Advisor so exercises and reviews could be easily tracked, to check adherence to the exercising timetable. The onus is on them to sure thorough completion.

The Risk and Business Continuity Advisor completes a quarterly check of the paper business continuity plans, which provides a safeguard that omissions are identified and rectified in a timely manner.

Completed

#### PROPOSE CLOSED