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

PAPER MARKED

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Subject	**INTERNAL – MAZARS AUDIT RECOMMENDATIONS AND TRACKING**
Date	**OCTOBER 2024**
Author:	**ROY MOLLETT – INSPECTION / AUDIT**

Brief Background

1. Mazars Auditors undertake an OPCC/Force commissioned annual programme of internal audits; for 2022-23 and 2023-24 the following areas are subject of external scrutiny:

Core Financial Systems	Counter Fraud
Governance	Recruitment
Payroll	Workforce Wellbeing and Absence Management
Strategic & Operational	Health and Safety
Fleet Management	Environmental Strategy Review
Vetting	IT Strategy

Purpose of Report

2. The following report provides the panel with update progress responses from business owners in relation to recommendations made so far by external auditors Mazars.

3. Mazars assess and grade the recommendations in terms of **HIGH PRIORITY**, **MEDIUM PRIORITY** and **LOW PRIORITY** risk and report specifically in terms of Risk Management; Value or Money and Sector Comparison.

4. The following table illustrates the number of outstanding/progressing and completed proposed closed – high priority, medium priority and low priority recommendations for the Mazar's audits for this reporting period:

Risk/Priority of Recommendation	Remaining			Total running	Completed and proposed closed	
	RED High	AMBER Medium	GREEN Low		Proposed Closed	Not Accepted proposed closed
High	**6**	**-**	**-**	**6**	**3**	**-**
Medium	**-**	**27**	**-**	**27**	**10**	**1**
Low	**-**	**-**	**14**	**14**	**2**	**-**
Total	**6**	**27**	**14**	**47**	**15**	**-**

5. **Audit Recommendations Proposed Closed:** The following fifteen audit report recommendations are proposed closed.
The table also depicts each report title, the section/recommendation reference and the page reference within this report.

Audit Title	Priority Score	Section/Recommendation Reference	Proposed Closed	Page
FLEET MANAGEMENT		4.4 Performance Indicators	✓	7
"		1. Performance information	✓	19-20
OPCC RECRUITMENT		4.1 Interview panel members forms	✓	25
"		4.2 OPCC post authorisation	✓	26
PARTNERSHIPS		4.1 End of contract arrangements	✓	26-28
IT STRATEGY		4.1 Content of DDaT Strategy	✓	30-31
"		4. 2 Assessment of broader OTOP initiatives which impact the DDaT strategy	✓	32
RISK MANAGEMENT		1. Safety, Sustainability and Risk unit staffing	✓	33-53
"		2. Operational risk management	✓	35-36
"		3. Risk scoring action plans	✓	36-37
"		4. Risk duplication	✓	37-38
"		5. Risk management policy	✓	38-39
PORTFOLIO MANAGEMENT		1. Incomplete register for the individual projects and for the PMO	✓	40-41
"		2. Incomplete control registers	✓	41-42
"		3. Insufficient detail of reporting on key project information to layer boards	✓	43-46

6. At the last JARAP in July 2024, the panel requested a table to depict those reported recommendations that have exceeded their original audit report target dates; these are shown in the following table:

Table of Original Target Dates / New Target Dates – for those recommendations that have exceeded the original target date:

	Original Target	Current Target	Context
FLEET – September 2018			
4.2 Sample check of service details	March 2019 Reliant upon supplier	Qtr 3 / 4 2024	This is a large complex programme of development which has seen a change in management and is reliant upon suppliers and new IT infrastructure
4.4 Performance indicators	March 2019	Proposed closed	
VETTING – February 2021			
4.3 Performance reporting	May 2022	TBC – final checks taking place	The lead has been very reliant upon IT, Performance Analysis personnel and software resources
WELLBEING – February 2021			
4.1 Review of policies and procedures	December 2021	TBC – final checks taking place of the 2 remaining procedures	Consultation and other HR priorities have taken their toll on completing this recommendation

4.2 Review of thematic data and data analysis	December 2021	Target date for completion requested	Responsibility transferred and target dates changed – Now sits with Force OH Lead who has listed recent achievements; however, no update received for Oct 2024 JARAP despite chasing
WORKFORCE PLANNING – May 2021			
4.1 Key roles mapping	Pilot June 2021	Awaiting new target date when resources are allocated	List of achievements 2021-24 however challenges experienced due to IT data transfer, and Project Officer resources requested of EMSLDH
FLEET MANAGEMENT – November 2021 [Revisit audit]			
4.2 sample check of service details	March/April 2022	Qtr 3 / 4 2024	As Fleet above
4.4 Alignment of Strategies and Delivery Plans	March 2022	Target end of December 2024	"
4.5 Tranman User Access	March 2022	Target end of December 2024	"
COUNTER FRAUD – November 2022			
4.1 Lack of awareness of the anti-fraud & Corruption Strategy	March 2023	March 2025	Fraud Policy/Strategy revised by OPCC and Force. OPCC also completed the Anti-Fraud, Bribery and Corruption Policy - needs to go to COT and the OPCC senior leadership team for consultation. Once approved it, it will go to the Corporate Governance Board CGB in December for formal sign of. Then a comms plan.
4.3 Lack of Fraud Training	December 2022	New Target date TBC	Force Professional Standards Dept rolled out a successful Webinar during 2023 – the 10 standards including Fraud. This training now requires an update. PSD examining technology to deliver training and capture confirmed completion.

7. Business leads are encouraged to provide SMART and achievable project target dates for completion. It is clear form the table above there are circumstances that are beyond the control of the responsible lead.

8. **Recommendation**

   For the board to note the attached summary action updates on progress from business owners against each respective audit recommendation at **Appendix A** below and the associated evidence embedded within the document.

   For the board to consider and where sufficiently evidenced, agree those recommendations proposed closed.

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.

Background Papers
N/A

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• MAZARS AUDIT
• Progress Updates
• Audit Risk & Action

RISK LEVEL	HIGH PRIORITY	MEDIUM PRIORITY	LOW PRIORITY

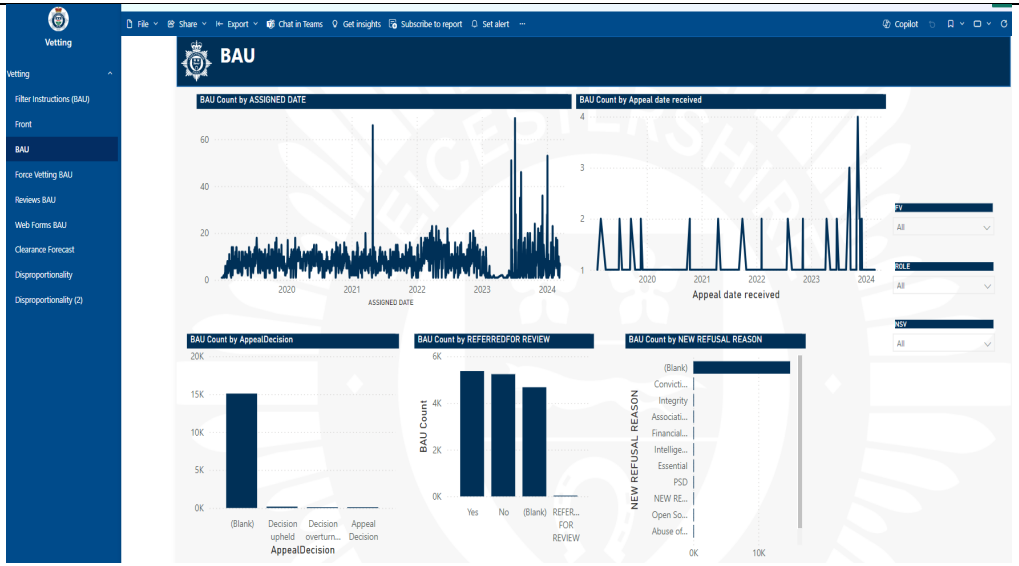
Audit Title	Risk	Recommendation Reference	Business Owner – Action Plan Updates
FLEET MANAGEMENT **SATISFACTORY ASSURANCE** **September 2018**		4.2 Sample Check of Service Details	**Medium Priority Recommendation: Target March 2019 Reliant upon supplier** Regular sample checks should be undertaken on the services carried out and the details recorded on TRANMAN. The data should be checked to ensure: • All details (including mileage) is recorded for the service; and • The annual servicing timeframe, or the 12,000 miles timeframe, have been met. The milestones for delivery of the programme of IT improvement have been updated and remain under continued review by ACO Paul Dawkins and Supt Andy Parkes Interim Head of Fleet. **Summary of progress - the following milestones have been achieved between Sept 2018 – Sept 2024:** **1.** The fleet senior management team met with the Civica development team to project plan the significant pieces of necessary work identifying those critical milestones that have to be met sequentially for successful implementation. **2.** The Force IT department successfully rebuilt the computer system server housing the Tranman program software which is a significant crucial component in facilitating the future fleet system upgrade. **3.** The server upgrade for the Tranman system was carried out on the 22nd February 2021. This has secured the safe operation of the system for many years. **4.** All cars are now fitted with Astra boxes and remedial actions are completed. **5.** On 9th July 2022 the force moved to Tranman 9 and have been using real-time since then. Tranman Release 9 has a much-improved interface, this will provide improvement to data recording, storage and searchability. Efficiency and effectiveness will be improved through improved service centre management information. **6.** Major milestones have been met with iR3 in terms of the – wider force architecture implementation, reassurance, resilience and integrity and testing. **7.** Understand and snag test the new Tranman 9 and iR3 interface. **8.** Develop the test plan for live test of new iR3 with Storm (there is no Storm test environment). **9.** Test the new iR3 with Storm – iR3 live test completed. **10.** Snag test and rectify completed Oct/Nov 2022. **11.** Install new solution for iR3 to report to Tranman (circa 5K LBA). **12.** Cleanse / improve Tranman data quality – Initial work and new codes added. **13.** Switch to new iR3 and decommission old IR3 – Soft launch of new Ir3 took place Mid Feb, full-out March. Decommissioning completed. **14.** Completed the architecture and data flow schematics for T9 / iR3 / Storm / Airwave. **15.** The Force has completed the selection and testing of suitable computer tablets. **What is left to complete and Milestones?**

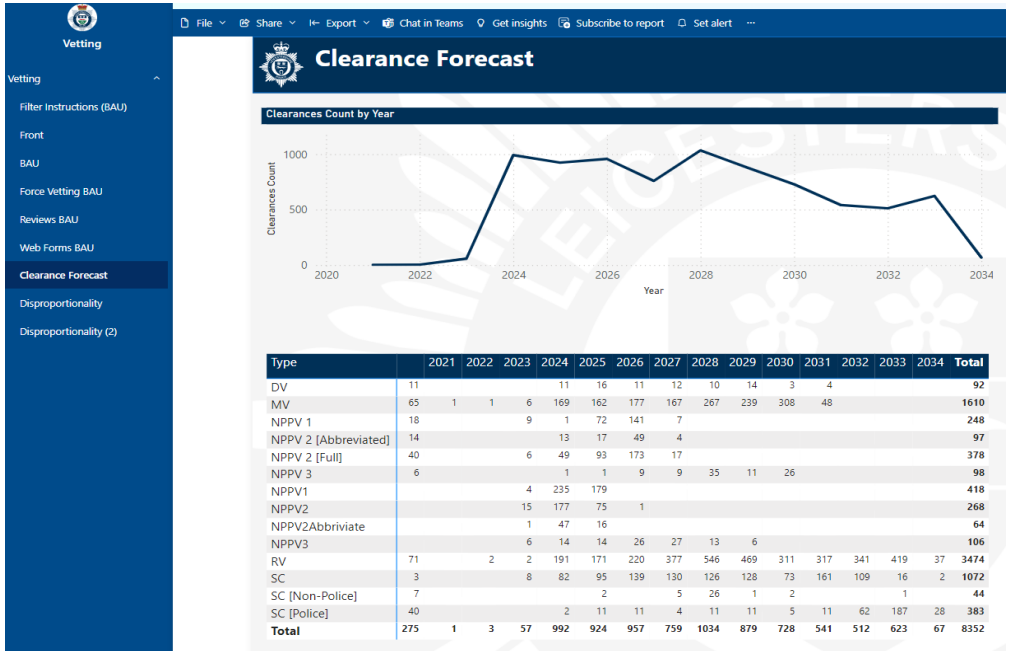
			1. Determine the service scheduling solution, test, snag and implement – training day with Civica to be arranged. Work in progress – This has been put back to end of 2024. The current TranMan system is due to be phased out over the coming years and we are assessing other options rather than investing in the older system although funding challenges may limit our options. **The arrival of our new Workshop Manager in September has now given us the capacity and expertise to do this. The force was also awaiting the publication of the NPCC guidelines for Service Maintenance and Repair which we are now in possession of, (Launched July 2024). We are currently looking at potentially engaging with an individual on a temporary basis who has very recent experience of doing this work with another force.** 2. Write Service Level Agreements SLAs and Contingency Plans based on the outcomes of the aforementioned tests – TBC– linked to 1 above. 3. The correct Tablets have now been received, and the department are in negotiations with Civica over final implementation (linked in part to 1, above) and costs – **now due to be online end October 2024.** 4. Understand and exploit new functionality (including tablets) – Dependent upon progress with previous milestones – **Q3/4 2024** **Barriers to completion, and how these may be resolved where possible?** 1. Workload demands on key personnel (no dedicated resource to IR3 / Tranman) – work underway to automate many processes. Partially completed – further revenue spend required. 2. Demand from other areas e.g. vehicle commissioning, staffing issues. 3. Unforeseen IT commitments and their daily other demands (service failures etc). 4. Further funding likely to be required for additional Tranman modules. **Still in negotiation as per above.** 5. Challenges with provider external access to the necessary force systems – currently with IT to resolve. **Resolved for Ir3.** **Risk Mitigation – The following mitigation is in place to ensure force vehicle service schedule points are met:** 1. Cars with **Astra box** can be mileage tracked on new iR3 and called in for service. 2. **Service stickers** are applied to the car's interior after each service identifying the next mileage point the car is due in – these **MUST** be checked as part of daily vehicle check and adhered to. 3. Mileage data from **fuel cards** utilised to identify service mileage points. Correct mileage **MUST** be supplied to the cashier for accurate mileage data. 4. There is now an accurate feedback loop from iR3 to TranMan regards mileage and work is in progress to build service schedules – ongoing build Using the above four data sources, the TU are able to identify the service points for fleet vehicles. Messages have been published on the force intranet and through management teams instructing personnel to follow the above instructions to enable correct vehicle servicing to take place.
"		4.4 Performance Indicators	**Medium Priority Recommendation:** Performance Indicators for the Fleet Management Team should be developed. These should help to assess performance against the Fleet Management Strategy (Rec 4.1). Performance should be reported to the appropriate Force and OPCC forums on a regular basis to provide assurance that the Strategy is being achieved.

			Progress Update: Recommendations 4.2 and 4.4 are directly linked. Delivery of 4.4 is dependent on developments being completed within 4.2 above. Ongoing work by the Head of Vehicle Fleet and the team to deliver improved service scheduling, job card processes and performance reporting via the Tranman system. Civica, the supplier of the Tranman system is working closely with the force to resolve what has turned out to be a more complex challenging programme of improvement. The work completed to date now means that we have an accurate picture of the state of the vehicle fleet in terms of: • **Vehicles currently active** • **Vehicles in the TU for service** • **Vehicles in the TU for investigation** • **Vehicles off-site for repair** **This work was completed this year with final changes made recently. The PowerBI app is now active and available across the force.** **This is used to prioritise work and reduce contact with the TU as locations / teams can see the current state of their vehicles.** Fleet PowerBi App – Fleet Performance Dashboard: Fleet PowerBi App Dashboard.odt **PROPOSED CLOSED**
VETTING **SATISFACTORY ASSURANCE** **February 2021**		4.3 Performance reporting	**Medium Priority Recommendation:** The Force should ensure that performance information is produced for Vetting, with consideration made to enhancing the data that is included within the performance indicators. The vetting performance information that is produced should be presented at the Professional Standards Department (PSD) Senior Management Team (SMT) meetings. Examples of further indicators that will enhance the reporting are: - The number of cases received in the month - The number of cases processed in the month - The % of renewals processed prior to the expiry date - Exception reporting on significant outliers in cycle / touch time - The proportion of each type of vetting case received within the month - The turnaround time on vetting appeals that are processed. **Management Response**: Currently, MI reporting responsibility sits outside of the Vetting unit and therefore is not within the direct control of the Security Vetting Manager.

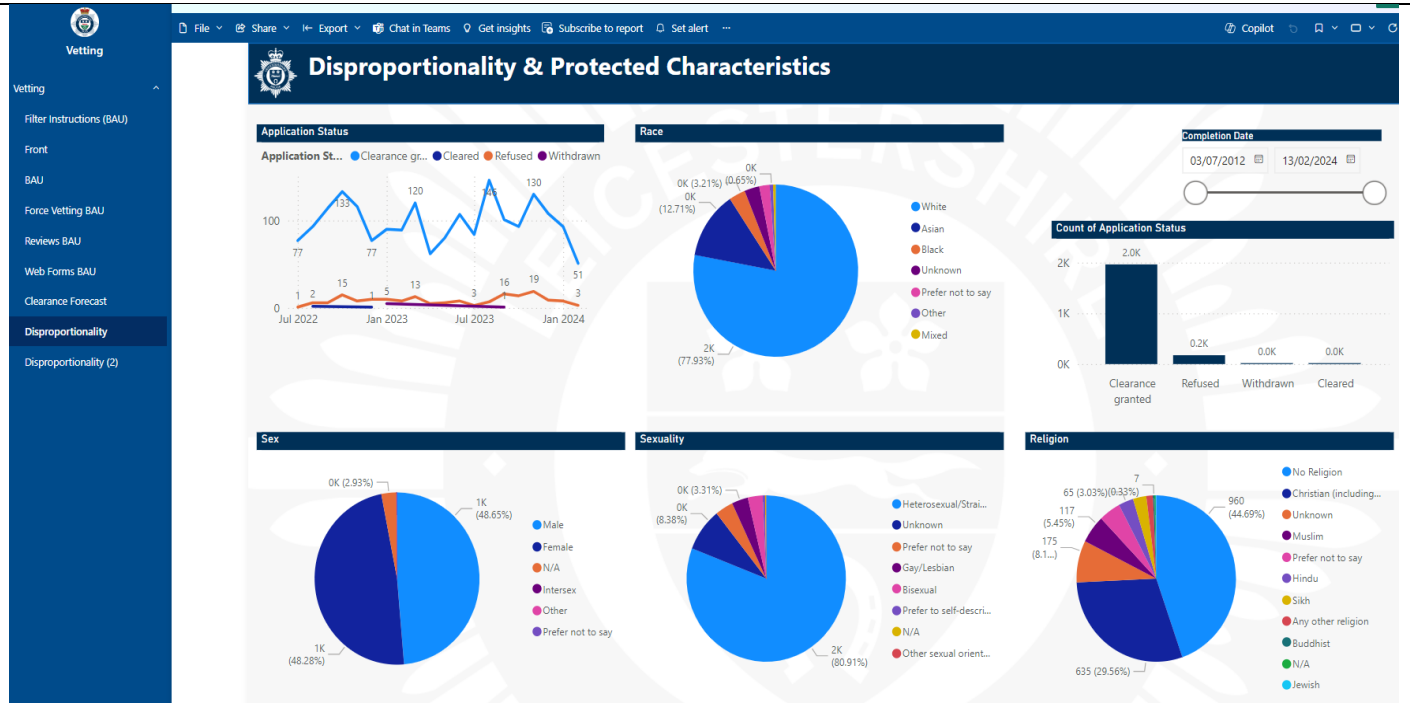
			1). Outstanding PSD performance reports for March 2020 – January 2021 have been obtained since the draft audit report was received. **COMPLETED –** Outstanding PSD Performance pack was obtained on the 8th of February 2021 – Supt Rich Ward **2)** In line with the audit recommendations, the reporting categories and KPI's are to be reviewed by the Security Vetting Manager who will act as Subject Matter Expert to the SSD Performance Analyst lead, for the development of a Strategic and Operational Vetting dashboard. **Target Date: May 2022** – Mandy Bogle-Reilly (Security Vetting Manager) **Achievements:** New Corevet Version 5 vetting software was successfully installed on the 5th of July 2022. The vetting team have reviewed the standard Management Information MI reporting capabilities afforded by Corvet before moving into phase two which entails the development of an interface between Corevet, HR Gateway and Establishment records into a new front end Vetting Dashboard / Application App. Progress is currently delayed due to a shortage of analytical resource within the Force PowerBi Analyst Team. The Vetting Unit cannot as yet progress to the final stage of the project to create the Vetting Dashboard/App, therefore at the moment there is no change to the status. In the interim, the Vetting Manager and a team member are developing a simplified suite of in-house monthly reports to support the current manual audit and performance reporting, until such time a Power BI resource is made available. The position has been escalated to the Analyst Team Manager and the Head of SSD. The Analyst team manager and Senior Performance Analyst have met to scope out the future Power BI development work required. It is understood it is likely to be a challenging and complicated product with a need to cross-reference data from Derbyshire (recruitment), Leicestershire's HR and establishment systems. **What is left to complete?** • Secure the necessary PowerBi analytical resources to support development. • Scope the system interfaces and the reporting dashboard. **Milestones – Timeline for completion:** • The timeline for completion is entirely dependent upon the availability of resource from the force Power BI team. Timeline for individual final workstreams are to be confirmed. **Barriers to completion, and how these may be resolved where possible?** • Failure to provide adequate resource from PowerBI or specialist support will prevent any progress with development of the dashboard. • Complexities related to system interfaces and the reporting requirements for the dashboard. It is understood that it is unlikely that the system will be able to address the issue around notifying vetting of changes to personal circumstances that would require additional vetting. This may however be possible from the data fields in HR and Corevet; however, until the team start the process this remains an unknown.

			• The size of the performance analyst team and their current commitments, means there are challenges around capacity to provide analytical support and development of the PowerBi App without the removal of support to another area of business elsewhere in force. Update January 2024: The D/Supt head of department met with the forces' Corporate Services Analyst Manager and the Principal Analyst on Friday 12th January 2024 regarding 'Service Layer' work that they are undertaking. The outcome of the meeting was that as part of the service layer work, the force vetting unit have been assigned an SSD Performance Analyst to support the development of both PSD and Vetting Power BI dashboards. PowerBi should be able to extract all the required data from the various sources and present into a constructed real time dashboard/App. The Head of Department and I will meet with the assigned analyst very soon to take this forward but in the interim I attach a copy of the latest monthly Vetting dashboard, Refusal data and Disproportionality report that we created in house which provides basic performance reporting. I've redacted the Refusal data to anonymise names – Mandy Bogle-Reilly Force Vetting Manager. [Documents Monthly Vetting Stats; Protected Characteristics and Disproportionality removed as these were submitted for the last JARAP. <u>UPDATE July 2024:</u> No change – The force Vetting Unit are still waiting for the Specialist Support Directorate SSD to finalise this piece of work for Professional Standards Department PSD. Vetting are in the interim running with the in-house dashboards previously submitted to JARAP which meet the MI requirements but are time consuming - Mandy Bogle-Reilly Force Vetting Manager. The force T/Principal Analyst has developed both the PSD and Vetting Apps; and resources have been assigned temporarily to pick up this area of business, however it is still in the early stages of development. The Vetting App was initially created a few months ago, however the force principal analyst is aware vetting are changing systems therefore this will need to be revisited. The principal analyst will provide access to both Apps – Vetting and Professional Standards once fully developed and completed. **Please see the current SharePoint PowerBi Dashboard screenshot for Vetting here:**





Type	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Total
DV	11			11	16	11	12	10	14	3	4				92
MV	65	1	1	6	169	162	177	167	267	239	308	48			1610
NPPV 1	18			9	1	72	141	7							248
NPPV 2 [Abbreviated]	14				13	17	49	4							97
NPPV 2 [Full]	40			6	49	93	173	17							378
NPPV 3	6				1	1	9	9	35	11	26				98
NPPV1				4	235	179									418
NPPV2				15	177	75	1								268
NPPV2Abbriviate				1	47	16									64
NPPV3				6	14	14	26	27	13	6					106
RV	71		2	2	191	171	220	377	546	469	311	317	341	419	37	3474
SC	3			8	82	95	139	130	126	128	73	161	109	16	2	1072
SC [Non-Police]	7				2		5	26	1	2				1		44
SC [Police]	40				2	11	11	4	11	11	5	11	62	187	28	383
Total	**275**	**1**	**3**	**57**	**992**	**924**	**957**	**759**	**1034**	**879**	**728**	**541**	**512**	**623**	**67**	**8352**

			 **UPDATE October 2024:** **What has been achieved?** The Dashboard has been created which depicts – Business as Usual in terms of applications etc; Clearance Forecast and Disproportionality and Protected Characteristics. The vetting unit are in the process of undertaking some testing in relation to the output from the PowerBi App to see if it is consistent and accurate with the manual records held within the unit. **What is left to complete?** Testing and quality assurance concerning the data output on the dashboard. **Any barriers to completion?** Capacity to undertake the work given the current demand **Is the recommendation 'proposed closed'? No remain open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
WELLBEING **SATISFACTORY ASSURANCE** **February 2021**		4.1 Review of Policies and Procedures	**Low Priority Recommendation:** The HR procedures which have been identified as out of date through our review; the tracking of previous recommendation; and the SORB [now the Organisational Risk Board ORB] monitoring activity should be reviewed and updated. The Force should ensure that policies and procedures are reviewed regularly; and, that this is noted in the document control sections even if no updates are made. **Initial Management response:** The recommendation is accepted, and the progression of the full range of policies, procedures and guidance is a huge task due to the sheer number of these. They will be moved forwards and the document which confirms what stage they are at will be updated as suggested regularly even if the updates are still being worked on. None of the procedures are out of kilter with current legislative compliance to provide some reassurance.

Target Date: Target date December 2024 – Kat Eaton Head of HR / Bharti Mistry HR Administration

Background context 2021: Significant progress has been made in the review and update in relation to overall force policies and procedures in general. However, the force recognises that there are a number of Human Resources related policies and procedures that have during 2020-21 exceeded their review date.
Progress is actively being tracked through the quarterly Organisational Risk Board ORB meetings where progress is a standing agenda item.

Type	Title of Policy, Procedure, Form	Date of next review	Update	Current status
Procedure	**HR – Redeployment as a Reasonable Adjustment; Police Staff**	Nov, 20	Very Overdue	**Under review – however, review now nearing completion.**
Procedure	**Honoraria; Police Staff**	Sep, 20	Very Overdue	**HR Have now met with Unison. Further advice needed before making changes and taking forward to begin formal consultation.**

The force recognises that this is a suitable moment to apply some of the design development and improvement work to make the process more efficient and effective in supporting personnel across the force.
Of the 15 policies and procedures originally identified as out of date through the audit the above two are still undergoing the consultative review process to ensure that they appropriately support personnel across the force.
The Procedures are taking longer to review as they outline more complex matters concerning the expectations of the force and other stakeholders such as unions and staff associations.

UPDATE October 2024:
The **Redeployment as a Reasonable Adjustment** is currently out for final consultation with the view that it will be presented for sign off at the next JNCC in October 24.

The **Honoraria Procedure** is at the point where formal consultation should start in the next couple of weeks. There has been some delay in progress here from the last update as the person leading the review is embedded in the Hay Project which is in the process of implementation ahead of go-live.
I am hoping that by the next update we are in a position whereby things have progressed forward but due to competing demands we have not been able to progress as hoped - Kat Eaton Head of HR

The HRBP leading this is heavily involved in the delivery of Hay so over the past few months it has been challenging to progress as hoped. However, the procedure is drafted, and informal consultation has taken place. The intention is to have the procedure to the unions for formal and final consultation in the next 2 weeks (13.09.24)

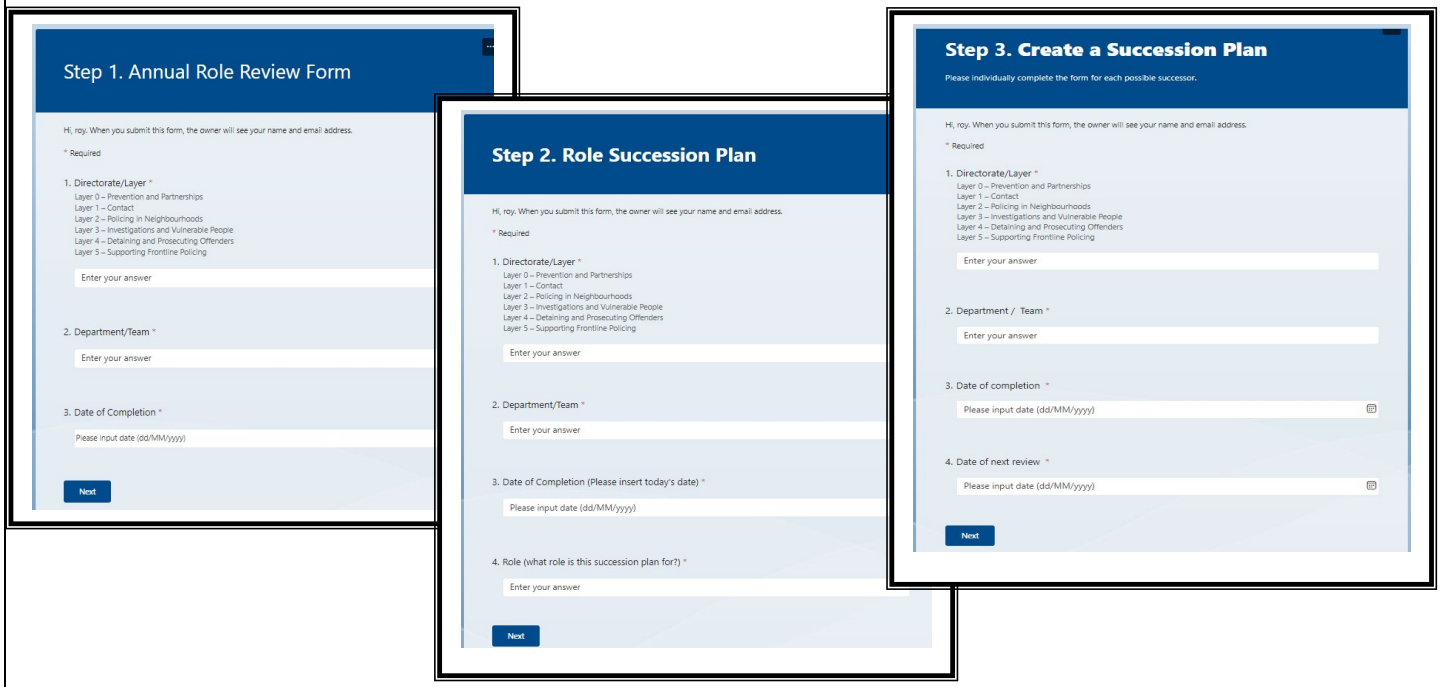
“		4.2 Review of Thematic Data and Data Analysis	**Medium Priority Recommendation:** The Force should ensure that data, outlined on each working group's Plan on a Page, is being reviewed regularly and that any data analysis requested is being carried out effectively and shared with all relevant governance bodies. **Historical Achievements 2021- January 2024:** • The 5 Wellbeing Boards are developing - data analysis against their plans, incorporating a benefits assessment of initiatives and working practices. • Data packs exist for the Wellbeing Board, Mental Health and Physical Health Data. These are produced by HR until the Power Bi work has moved forwards. • The wellbeing KPIs were taken to the Chief Officer – Executive Group and it was agreed that further work was required. • Currently refining the workforce wellbeing enabling strategy and the associated KPIs; when agreed the KPIs will be part of the Power BI build and GAIN modelling tool. • Force Performance Analysts - It is recognised that the app will be the most complicated app built thus far - estimated completion time 18 months. • Wellbeing KPIs remain in development, in the interim, a Wellbeing Data Pack is submitted to the quarterly Wellbeing Leadership Board which provides an overview of all wellbeing activity under the 4 strands of wellbeing and against the national framework. • Wellbeing data November 2022 – provided at the last JARAP in April 2023 • A new Head of Occupational Health and Wellbeing OHW was appointed in early 2023 at which time strategic responsibility for wellbeing with transfer to this role and the KPIs will be further developed in conjunction with the chief officer team – Kat Eaton Head of HR • The overall strategic governance for Occupational Health and Wellbeing now under newly formed ‘People Board’ – first meeting convened on 1st July 2023 and chaired by the ACO Human Resources. • The whole strategic delivery of Occupational Health and the various Wellbeing support strands are currently under review. The purpose of the review is to ensure that OH and Wellbeing are synchronous and developed in tandem. This will provide a much greater understanding of the challenges faced by personnel, thereby enabling the force to target the areas identified as of highest concern, for example where additional support may be required to address stress and mental ill-health. • Data / Key performance Indicators -The Plan on a Page, data and key performance indicators KPIs are also under review by the Data Working Group. The group consists of – ACO HR; the Head of HR, the Head of OH and Wellbeing, the Head of the Team Leicestershire Academy and the Head of East Midlands Specialist Learning and Development Hub (EMSLDH). The objective is to review existing and develop any new KPI metrics required to inform strategic and service delivery decision making. • Data management reporting will be via a progressive PowerBi application. • Existing KPI data sets – examples provided at the last JARAP are currently being used in the interim transition phase. • Capacity and capability increase - Wellbeing Lead / Co-ordinator – A new role to be recruited to oversee – data collection, analysis and coordination of the OH and Wellbeing Strategy and feed into the Head of OH/Wellbeing and ultimately the People Board. • OH and Wellbeing has been included within the Force Management Statement FMS which examines demand, capability, capacity and developments going forward. Developments so far are a positive step forward as it will streamline processes, practices; inform service delivery and enable the force to focus on what really matters most to the organisation and our workforce. Tim Ellis – Head of Occupational Health and Wellbeing - Target date: March 2024

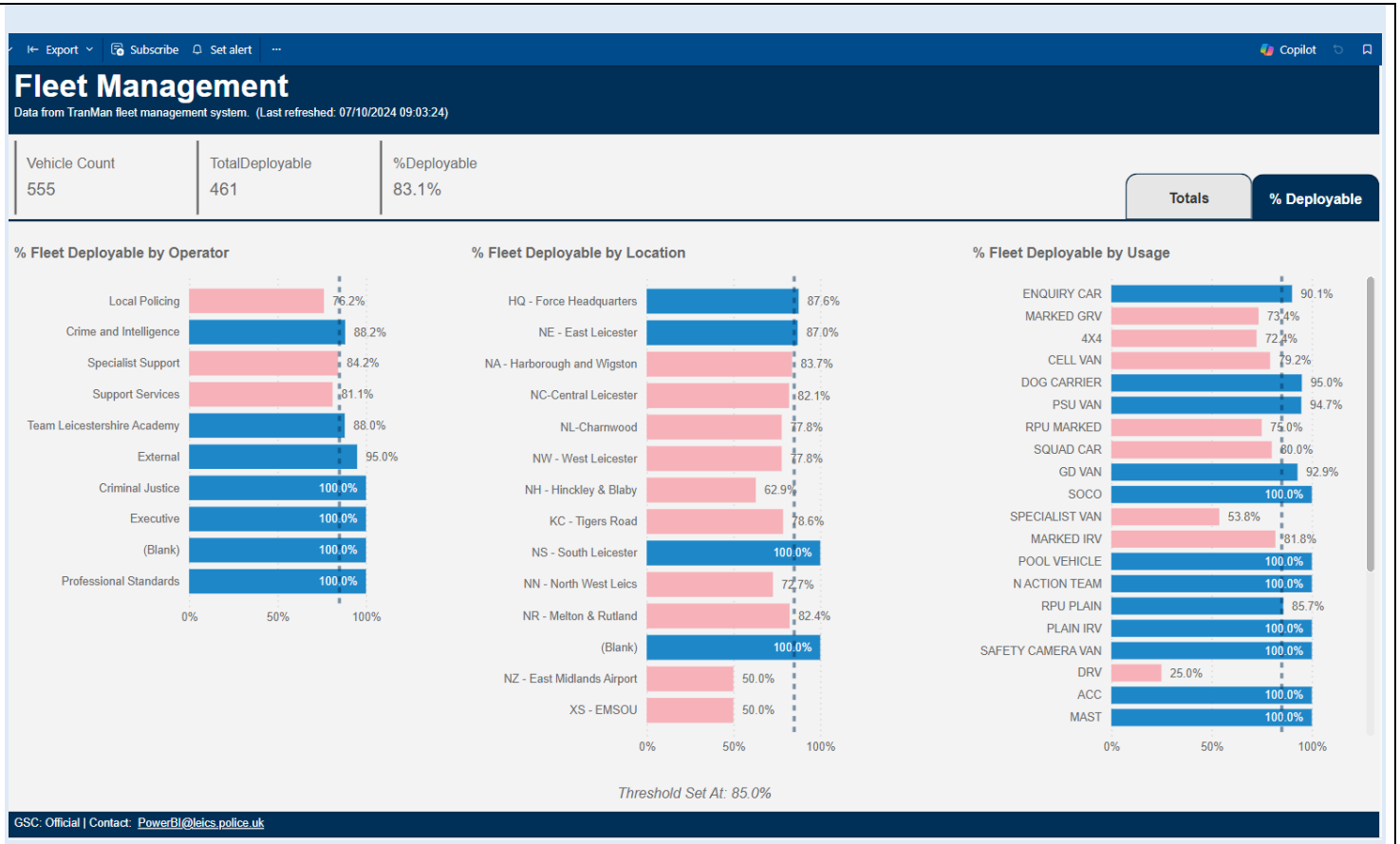
			UPDATE January 2024: Occupational Health and Wellbeing has undertaken a number of activities to help address the biggest health related risks - mental health, long term absences and restrictions, physical fitness. • Improved access to mental health therapies- removal of red tape • Upskilling managers in the role of OH and Wellbeing • Upskilling clinicians in broadening their knowledge of roles by way of operational visits, closer working with HR and TLA etc • OH inputs delivered at network events, forging closer links with staff support groups • OH is now an integral part of complex case review meetings as well as Gold and Silver meetings • Implemented stage 1 of the Cority OH case management system • EAP via Health Assured- closer links forged with their contract management and clinical teams to ensure any problems are captured early enough and addressed, ensuring our staff are getting value from this service. • "Power to Recover" Trauma coaching service via the EAP- new service implemented and communicated to the workforce; anyone who has experienced a traumatic event at work can speak to the EAP and start a guided programme with a qualified trauma coach. • SPS (structured professional support) via Health Assured- annual or 6 monthly psychological assessments for all staff identified, conducted by a trained therapist. Risk level is based on the Oscar Kilo guidelines Psychological surveillance | Oscar Kilo but Leicestershire Police go above and beyond their programme by offering out to more teams than Oscar Kilo recommend. • TRIM – Leicestershire Police has had a well-established TRIM referral process and dedicated team of trained assessors. Close links have been forged between the assessors and the OH and Wellbeing support services to ensure support is available for people in need. **Remaining to complete:** • Data and KPI's for the above work is still in transition. OH, data is kept in a number of different places now as we move as a team from Cyclops to Cority. Suppliers such as Health Assured and Sano physiotherapy provide data which we will incorporate into other OH datasets. • Wellbeing work has transitioned across to OH from HR but still a gap in establishment with the Wellbeing Lead role. The lead role will coordinate and oversee strategic activities and data reporting. • Previous wellbeing strands to be retired off in the old format and in its place, install a new and invigorated Wellbeing champion structure. • More work to be done with Resource cell and Strategic ARM to review number of officers on restrictions. • Overall People Directorate Power BI, KPI and data packs still being discussed at People Board and SLT level. **UPDATE October 2024:** **What has been Completed?** • Cority now able to report on OH usage data and KPI's. First round of data fed to PowerBi team in force for analysis and inclusion for People and Strategic Delivery Board SDB boards. • Wellbeing Lead now in role, 12 month secondment. Additional secondment roles to backfill agreed via Strategic Vacancy Control Board SVCB. 1 post filled with second out to recruitment. Further backfill for Gym Coordinator role also in progress.

			• New structure called WellNET now in place, replacing the previous wellbeing strands. Governance wise, the WellNET forum is run by the Wellbeing lead, with escalations and pouring into People Board via Head of OH and Wellbeing. "WellNET enabler" and "WellNET ambassador" (former wellbeing champions) groups set up to spread wellbeing messages and activities across the force. • Gym committee under OH and Wellbeing now, plus plans for Force Sports and Leisure FSL activities to migrate across in October 2024 • Work with strategic ARM team ongoing with more officers put through OH and fitness referrals • Welfare silver and CAID review meetings in place. • OH representation on recruitment "Fit to Proceed" panels now in place. • OH and Wellbeing strategy being re-written. • Blue Light Wellbeing Framework- significant work undertaken to review and RAG status the full BLWF suite of questions (100) as laid out by National Police Wellbeing Service (NPWS). Tim Ellis – Head of Occupational Health and Welfare **Target January 2025**
WORKFORCE PLANNING **SATISFACTORY ASSURANCE** **May 2021**		4.1 Key roles mapping	**Medium Priority Recommendation:** The Force should complete a mapping exercise and produce a centralised log of all key staff roles across the organisation, including non-leadership roles which are critical or specialised. Alongside this exercise, individuals who are able to assume these positions in a short / medium / long term capacity should be highlighted. **Initial Management response:** Accepted. It is noted the observation is in relation to 'staff roles'. The Force has a relatively flat hierarchy for staff roles typified by significant distance between roles at a senior level. The Force will create a framework for succession planning that will identify the scope of senior and other critical roles. The framework will identify for each role individuals capable to step in on a short term/emergency cover basis, and those who are anticipated to be ready in medium and longer timeframe. This will allow for targeted development and plans to manage where succession gaps are evident – ACO HR Alastair Kelly **Achievements May 2021 – March 2023:** A Working Group established to scope, develop and implement a Succession Planning Framework focused specifically on senior and critical police staff roles within the Force. The force certainly recognises the business benefits of the Succession Planning Framework for police staff in that it will: ➢ Inform appropriate plans for development, recruitment and business continuity; enabling managers to identify areas of staffing risk and mitigation; ➢ Provide a mechanism for line managers to identify police staff roles considered as 'key', critical posts; ➢ Identify possible successors and possible timings around succession and any development requirements. ➢ Where successors are not apparent in the short and/or longer term, it enables managers to consider other means of planning e.g. proactive recruitment, development of regional networks to help mitigate risk; ➢ Identify individuals that may be able to develop into a particular roles; ➢ Identify where outside resources may be required in the event of unforeseen loss of key personnel; The toolkit has been presented to, and is supported by the Assistant Chief Officer ACO for Human Resources HR.

			A presentation that outlined the initial draft Succession Planning Toolkit has previously been shared with the JARAP panel. Due to a long-term absence a new Leadership and Management Business Partner within the Team Leicestershire Academy TLA was appointed to lead on this important piece of work. The lead has met with those staff previously supporting the original pilots of the succession planning for police staff from a HR perspective to understand the findings from the pilots. One of the key decisions of note was the need to simplify the process from its original 6 steps. The team identified which steps were of most value and recommendations made in favour of a simplified 3 step process as follows: **Step 1 – Identify Critical Roles –** This enables a manager to look at the police staff roles within their team and identify critical roles through a scoring matrix with a focus on those that are at high risk of becoming vacant within the next 2 years. **Step 2** – **Identify Specialist Skills –** Where a high-risk critical role is identified, build a role profile to identify specialist skill sets of that role. **Step 3 – Create a succession plan –** Initially reviewing the aspirations of people within their team for potential successors with whom you can implement a development plan. Where a high-risk critical role does not have an identified successor, this should be flagged on the Force Management Statement FMS Organisational Risk Assessment ORA. Next steps include the development of an electronic version of the revised form to be piloted within the TLA with a view to a Force wide launch by September 2023. A meeting was held with both the Chief Constable and Assistant Chief Officer ACO Human Resources on the 13th of March 2023 to provide a full update on the proposed Leadership and Management Development, strategy, structure and offer of which this workstream was also presented. The proposal and direction of travel was met with a positive response. **Achievements April 2023 – Jan 2024:** ➢ Identified as one of 10 key workstreams sitting under the governance of the Leadership Development Working Group. ➢ Refinements made to the toolkit/forms. ➢ The pilot for the next testing phase of the succession July. ➢ Designing a new Microsoft form with our Digital Academy lead. ➢ Awaiting the new HR Business Partner to be appointed who will support roll out. ➢ Exploring the possibility of this forming part of the PDR system as a longer-term goal. ➢ The Microsoft Forms to collate and inform succession planning requirements have been designed and tested by HR and TLA leads with some further amendments necessary ahead of the pilot. ➢ Delay due to the TLA Developer who designed the App leaving with final amendments yet to be completed. Therefore, until a new person is appointed I'm unsure where I go with this as I am unable to launch the succession planning without a finalised App. ➢ The PDR working group have this in scope for integration into the PDR App as part of ongoing PDR development, ➢ Career, Succession Planning and Promotional requirements to brining this altogether as a future aspiration. ➢ The finalised toolkit 'Go live' target date: **September 2023.** ➢ Briefing HR Business Practitioners to support suitable communications and engagement across the force. The form now consists of 3 key stages – please examples inserted below: ➢ **Annual Role Review Form** – to identify Specialist/Senior Police staff roles that may become vacant in next 12 months

			➢ **Role Succession Plan Form** – to identify individuals who could be considered for succession planning ➢ **Create a Succession Plan Form** - a development plan and timeline for succession planning of those individuals **Update July 2024:** Currently there is no replacement for the Digital Academy Lead. A paper relating to the Digital Academy was presented to the People Board and Business Delivery Board to update that due to the financial climate and the recruitment freeze this post was placed on hold. Only essential maintenance can be undertaken at the present time. This is due to be reviewed at the end of the year. It has recently been agreed to recruit into a 12 month fixed term contact for the Career and Talent Lead, which will oversee this work – however this has only recently been circulated for advertising. HR Services and the Team Leicestershire Academy will review as staffing and capacity changes. **UPDATE October 2024:** **What has been achieved?** The templates are loaded onto the TLA webpages and are available to use however there are still improvements to be made which has not been feasible as the position responsible for this work was removed as part of the force savings requirement. HR have run the process as a trial with a number of departments including Finance, TLA, Change Team, Procurement, Estates in 2023. TLA are going to run the process again to check the templates are all working correctly. **What is left to complete?** Once HR have the new TLA data, further work will be required in conjunction with EMSLDH to transfer the data into PowerBI and create a meaningful output for HODs. As at the moment it captures the data into an excel spreadsheet that is very large and difficult to interpret. **Any barriers to completion?** We have to submit the request for EMSLDH work to their project board and wait for it to be assigned a project officer. Also, the Career and Talent Lead mentioned above, doesn't commence in post until January 2025. **Is the recommendation 'proposed closed'?** No If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.

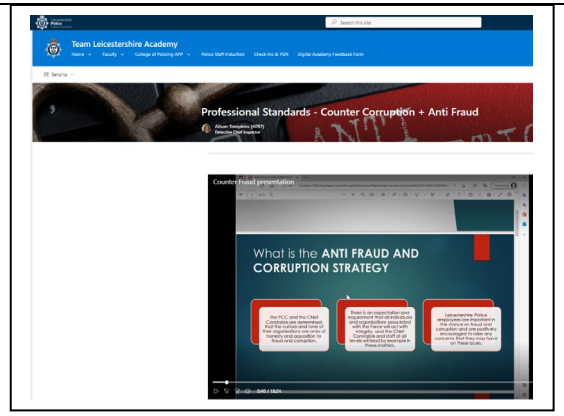
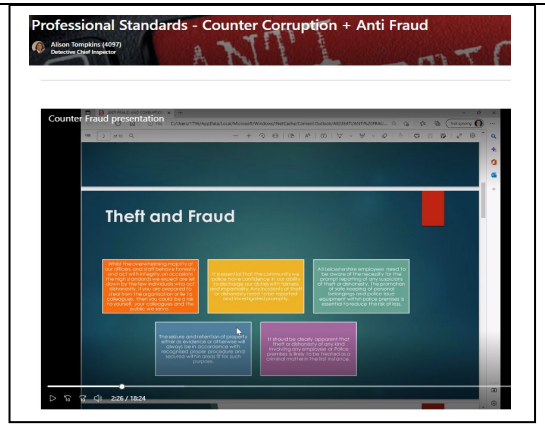
			
FLEET MANAGEMENT **SATISFACTORY ASSURANCE** **November 2021**		4.1 Performance Information	**Medium Priority Recommendation:** Performance Indicators for the Fleet Management department should be developed. These should be used to assess performance against delivery of the Transport Unit Business Plan 2021/2022. Performance should be reported to the appropriate Force and OPCC forums on a regular basis. **Initial Management Response:** The Transport Unit will commit to creating KPI's that are meaningful, provide valuable management information and that can add value. Workshop KPI's are an important part of this. Some of the proposed KPI's will be dependent on a fully working and effective iR3 system, which has yet to be resolved, along with any process refinements. Any proposed KPI's will be taken through and ratified by TUB (Transport Utilisation Board). **This is a revisit repeat recommendation [blue text are updates for October]** **For the update, please see 4.4 Performance Indicators above** KPIs have been discussed with the performance team and options have been identified. Work is ongoing with the Transport Unit, Performance Analysts and the DOIT team (where capacity allows) to automate the data from TranMan. Delay is purely due to capacity of analytical team. **We have already set nominal KPIs around % of vehicles off the road (VOR) and we have seen significant decreases in this figure, especially with the arrival of the work-shop manager.** **The introduction of the tablets will allow the collection of further data to allow the creation of further KPIs as more data fields are captured.**

			 **PROPOSED CLOSED**
“		4.2 Sample check of service detail	**Medium Priority Recommendation:** It should be ensured that: ➢ Where a vehicle has a missing or non-functional black box, this is resolved promptly. ➢ A process is put in place to allow for the mileage of covert vehicles to be made available promptly upon request. ➢ A vehicle servicing policy or procedure document should be created, this should include the mileage guidelines for servicing, information around exceptions such as the allowed leeway in mileage, and how covert vehicles are dealt with. **Initial Management Response:** A fully functioning tracking system along with the replication of the vehicle service schedule within iR3 will overcome potential issues with service intervals being missed. Vehicles that do not have tracking systems fitted, covert/surveillance vehicles, have tended to adhere to the appropriate service regime but it is recognised that a clearer defined process for

			reporting mileage will help avoid missing any service intervals. An appropriate servicing guideline document will be created for submission and ratification by TUB. **This is a revisit repeat recommendation** **For the update, please see 4.2 Sample Check of Service Details above.** **There have been recent challenges in the data loop system created by a third party provider (EE) making changes to their SIM network. These have been resolved in the last 2 weeks and we are now in a position to configure the service scheduling as above.**
"		4.4 Alignment of Strategies and Delivery Plans	**Medium Priority Recommendation:** The Force should ensure annual business plans are aligned to the overall Transport Strategy. The Force should review how it will report on delivery of the 'eco-efficient transport solutions'. **Initial Management Response:** The annual Transport Unit business plan is largely aligned to the Transport Strategy. The strategy of an Eco-efficient transport strategy must be balanced against the needs of the police force and its operational requirements, appropriate vehicles in the marketplace, infrastructure and budget considerations. As part of the vehicle procurement strategy adopted thorough discussions with force fleet leads and Transport User Board, the decision was made to move away from diesel vehicles for general response vehicles. The need for inclusion of this target in the Transport Unit business plan is noted and will form part of future plans. Reporting around the environmental impact of the fleet was withdrawn as accurate data on vehicle use was not available. This will be reinstated when the tracking system roll out has been completed and accurate data can be referenced. Reducing the carbon emissions associated with the force's fleet is included within the draft environment and sustainability enabling strategy. **Update October [blue text are updates for October:** The work that has been largely completed within TranMan and iR3 will now be able to form the basis of the business plan going forwards. With accurate vehicle utilisation data now available, work can begin to understand the future fleet and infrastructure requirements. This will also allow us to better understand our environmental impact as the data is far more accurate. **Achievements to date:** 1. All new General Response Vehicles GRVs and high-performance vehicles are petrol or MHT 2. New interim Head of Fleet appointed who has attended national meetings and conferences relating to the move to EV 3. CC's new car is petrol-electric hybrid, and a charging point has been installed at FHQ 4. Demonstrations and tests are being arranged for EV / PHEV etc 5. Head of TU and estates have had several discussions around future infrastructure requirement. 6. A Sec106 bid has been put forward for 5 electric vehicles, (4 enquiry cars and 1 cell van and associated charging infrastructure). Bid approved at Force Exec Board – pending drawdown of funding – Bid agreed by PCC – Around 80k has now been drawn down. 7. Refresh of the Fleet Strategy completed - Note: Transport Strategy provided at April JARAP. 8. Initial site assessment for fitting of EV charging points for trial completed. **What is left to complete?** 1. Installation of charging points for trial of EVs (5 sites (FHQ, Mansfield House, Euston Street, Keyham Lane and Loughborough). A procurement process was completed although this was not straightforward and the 'winning' bidder then significantly increased costs. Alternative solutions have been identified and an SSD is being prepared by estates

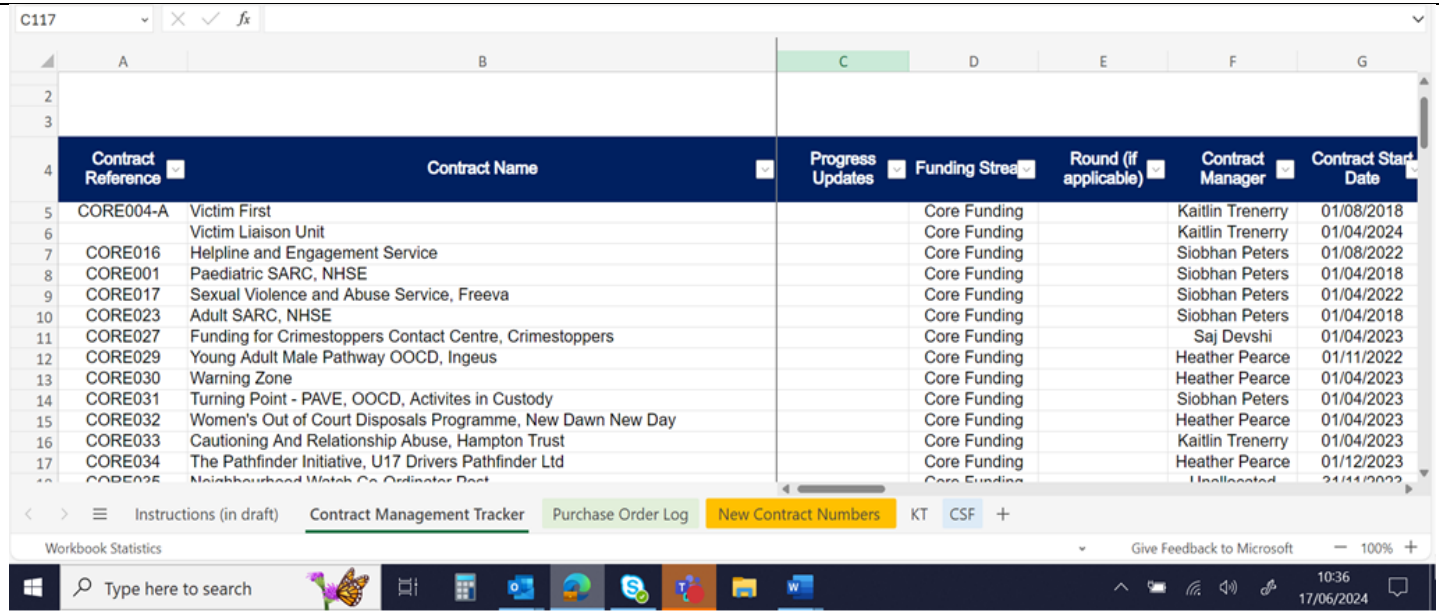
			in order to award the contract. Estimated completion of installation by end of the calendar year 2024.**Contracts now signed and work due to commence imminently.** **Timeline for completion – End of December 2024** **Barriers to completion, and how these may be resolved where possible?** 1. Complexity of the issue and requirement for additional estates work. 2. Financial challenges as capital costs for EVs are considerably higher. Head of Fleet Supt Andy Parkes.
"		4.5 Tranman User Access	**Low Priority Recommendation:** A review of user roles within Tranman should take place, and a new standardised set of user roles should be implemented. **Initial Management Response:** As part of the new TU Transport office managers role, reviewing systems and processes has been assigned as an objective. A review of Tranman was already underway at the time of the audit. This should be implemented within the next few months when Civica, the supplier, can accommodate the change request. **Progress Update October:** **Achievements to date:** **1.** Move to Tranman Version 9 **2.** Vast improvement in data quality in TranMan **3.** Civica attended FHQ to make changes to TranMan and compile improve report – **report now received and assessing the cost options** **What is left to complete?** 1. Understand and exploit the capabilities of Tranman to maximise efficiency and effectiveness 2. Introduce tablets and move to paperless job cards. **Timeline for completion – End of December 2024** **Barriers to completion, and how these may be resolved where possible?** **1.** As previously outlined above – workload and staffing. **2.** **Arrival of the new Workshop Manager has now provided the capacity and capability to move forward.** Head of Fleet Supt Andy Parkes
COUNTER FRAUD **LIMITED ASSURANCE** **November 2022**		4.1 Lack of Awareness of the Anti-Fraud & Corruption Strategy	**Low Priority Recommendation:** The Force/OPCC should undertake activities to ensure that there is an appropriate level of awareness of the Anti-Fraud and Corruption Strategy. The Force/OPCC should clearly separate the Anti-Fraud and Corruption Strategy from within the Corporate Governance Framework to provide greater awareness of the strategy. **Initial Management Response:** Agreed: The force is in the process of developing activities to support awareness amongst personnel of the Force/OPCC Anti-Fraud and Corruption Strategy. **Progress:** The review of the Corporate Governance Framework has commenced and currently ongoing; however, it will shortly be going through for consultation with the PCC, OPCC SMT, COT and Legal – Revised **Target date for completion is the ~~30th April 2023~~ March 2025** – Kira Hughes Interim Chief finance Officer OPCC. **UPDATE October 2024:** **What has been achieved?**

			The policy has been revised by both OPCC CFO and DI CCU. The OPCC have completed the Anti-Fraud, Bribery and Corruption Policy. However, it needs to go to COT and the OPCC senior leadership team for consultation. Once both sides have approved it, it will go to the Corporate Governance Board CGB in December for formal sign off. Once finalised a copy will be provided to JARAP. **What is left to complete?** This will now need to be published by the OPCC and shared across the force, with an internal media campaign – March 2025 target **Any barriers to completion?** None identified **Is the recommendation 'proposed closed'? No remain open** **Not at this time** **If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.**
"		4.3 Lack of Fraud Training	**High Priority Recommendation:** In deciding what the appropriate level of training is, the Force/OPCC should carry out a training needs analysis to establish which areas of the organisation have a higher risk of fraud and corruption and then tailor training as necessary. The Force should then ensure that there is an appropriate provision of training to meet the needs of the organisation highlighted from the training needs analysis. The delivery of all training should be monitored for its effectiveness and be regularly reviewed to ensure it is meeting the needs of the organisation. **Target Date: Aug 2023 ~~Supt Rich Ward – Head of PSD~~ Det Supt Alison Tompkins – Head of PSD** The DCC has agreed with the Head of the Force's Professional Standards Department PSD a comprehensive, detailed and specific webinar as the way forward. The force already has 'formal' inputs around this for new recruits that tests knowledge and understanding. The force will test wider knowledge and understanding at a suitable time following the comprehensive webinar previously stated. His Majesty's Inspectorate of Constabulary HMIC will also test knowledge around this theme as part of the PEEL 2022-23 continuous assessment process and Mazars will review and test implementation within a future revisit audit. A comprehensive and detailed Briefing Pack and Webinar has been produced which actually covers the following wider spectrum of themes related to standards of professional behaviour: ➢ **Force and OPCC – Fraud and Corruption Strategy** ➢ **Gifts and Gratuities** ➢ **Business Interests** ➢ **Whistle Blower Procedure** ➢ **Confidential Employee Reporting** The webinar has been actively communicated to personnel through the Team Leicestershire Academy bespoke webpage, with links to policy and guidance; an email message and link to the webinar circulated to managers, supervisors and team leaders in order for them to brief their teams accordingly. A follow up intranet message will shortly go out from the Head of PSD, again with links to the webinar, policy and guidance. A copy of the strategy and a screen-shot of the Webinar was provided at the last JARAP in April 2023.

			  **UPDATE July:** It has been recognised that refreshed training is now required and this is being developed in conjunction with the Team Leicestershire Academy and the Training Commissioning Board. **UPDATE October 2024:** **What has been achieved? Responses will be the same as Rec 1 below** The TLA Commissioning Board has been approached to see if there is capacity to support delivery of a refreshed/updated training package. The TLA is unable to provide the assistance requested. Further scoping of other training rolled out across the force has identified an alternative technical proposal similar to the role out of the successful Protecting Vulnerable People PVP training packages, or the use of a QR Code at the end of the presentation which officers/staff can scan and register their completion of the training. Additional, but longer term IT solutions is available SharePoint and PowerBi, which could capture and register completion. **What is left to complete?** The training package is currently being updated to be recirculated with whichever option above is agreed. **Any barriers to completion?** No IT solution to mandate completion of training with the auditing capability to ensure compliance. **Is the recommendation 'proposed closed'? No remain open** **Not yet completed**, however further forward in achieving the recommendation If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
OPCC RECRUITMENT **LIMITED ASSURANCE**		4.1 Interview Panel Member Forms	**High Priority Recommendation:** The OPCC should ensure that all interview forms are completed and uploaded to E-Recruitment before a candidate is processed through to pre-employment checks. Where interview panel members are listed on E-Recruitment, mandatory upload fields should be generated that must be filled before a candidate can be

January 2023			processed through from the interview stage to pre-employment checks. The OPCC should generate a standardised template for interview panel members, which includes a field for their name. **Initial Management Response:** OPCC Recruitment Policy, Guidance and templates to be produced and implemented. Mandatory fields have been generated and implemented as per Resourcing Partner 1/12/22. **Target Date: 31st March 2023 – Nimisha Padhiar OPCC Policy and Compliance Officer** **UPDATE January 2024:** Force policy amended to include OPCC requirements, to be signed off by the joint negotiation and consultation committee on the 18th January 2024 before being adopted – Lizzie Starr Director of Governance and Performance OPCC **UPDATE July 2024:** We currently use the Force procedures for recruitment this will be reviewed shortly by the CEO. The OPCC has developed its own set of internal paperwork (see embedded documents) and all the documents require a signature from the shortlisting to the Interview panels. All the documents are sent to HR for them to upload onto the portal. The HR system has been changed since the audit with more controls on the system. Shortlisting Matrix - master.xlsx Interview Questions - master.xlsx **UPDATE October 2024:** **What has been achieved?** The OPCC uses the Force HR recruitment processes and HR portal. OPCC Documentation used was provided to JARAP and attached to July 2024 update as above. **What is left to complete?** N/A **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? Yes**, **Propose Close** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met. **PROPOSED CLOSED**
"		4.2 OPCC Post Authorisation	**Medium Priority Recommendation:** The OPCC should formally document their approach to recruitment, including all deviations from the Force procedures and agreed SLA with the SHRSC **Initial Management Response:** OPCC specific Recruitment Policy, guidance and templates to be produced and implemented. **Target Date: 31st March 2023 – Nimisha Padhiar OPCC Policy and Compliance Officer** **UPDATE January 2024: Force policy amended to include OPCC requirements, to be signed off by the joint negotiation and consultation committee on the 18th January 2024 before being adopted – Lizzie Starr Director of Governance and Performance OPCC** **UPDATE July 2024:** We currently use the Force procedures for recruitment this will be reviewed shortly by the CEO. The OPCC has developed its own set of internal paperwork (see embedded at 4.1 above) and all the documents require a signature from the shortlisting to the Interview panels. All the documents are sent to HR for them to upload onto the portal. The HR system has been changed since the audit with more controls on the system. **Nimisha Padhiar OPCC Policy and Compliance Officer**

			UPDATE October 2024: **What has been achieved?** The OPCC uses the Force recruitment procedures and the HR portal for all it's recruitment. A review by the CEO will be undertaken as BSU process. **What is left to complete?** N/A **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? Yes, propose close** as the OPCC uses the Force recruitment procedures and HR portal. If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met. **PROPOSED CLOSED**
PARTNERSHIPS (Domestic Violence) **LIMITED ASSURANCE** **June 2023**		4.1 End of Contract Arrangements	**High Priority Recommendation:** The OPCC should ensure that, as laid out in the Commissioning Strategy 2021-2024, a final exit/lessons learned stage is conducted for expiring contracts. This should involve consideration of the effectiveness of the provider in achieving the objectives of the partnership, the performance of the provider in relation to general procurement criteria, and lessons learned assessment. An effective audit trail should be maintained for this process, including a final decision regarding any decisions to re-commission the incumbent provider. **Initial Management Response:** Documents and process are in place but not currently used in existing contracts, going forward will plan in with providers at the start of all new contracts. The process will be implemented for expiring contracts and relevant dates will be set in place to plan for this. **Target - Implemented by ~~May 2023~~ ~~Charlotte Highcock – Commissioning Manager~~ July 2024 Siobhan Peters – Director of Strategy, Partnerships & Commissioning OPCC LLR** Update June 2023: Contract management meetings will be in place for all quarters for all contracts by the end of July. The final quarter meetings are either a review of the previous year, if a multi-year contract, or if the contract has come to an end; a lessons-learned exit interview takes place with the provider. – update provided by CI Nicola Streets as the Commissioning Manager is currently away. Update January 2024: All contracts have a named manager; quarterly contract meetings are in place and scheduled with each provider. New dashboards have been developed (Victim and Non-victim) and will be deployed from new financial year, April 24 to ensure compliance and equity of information collected. New contracts to commence in April 24 have lessons learned interviews incorporated. Decision records are completed and are published via the OPCC website. Siobhan Peters – Director of Strategy, Partnerships & Commissioning OPCC LLR UPDATE July 2024: Exit process and interview delivered with decommissioned Target Hardening Service. Exit interview with lessons learned completed 11th June 2024. **All actions completed** – screenshot of named contract register below. Siobhan Peters, Director of Strategy, Partnerships & Commissioning, OPCC

			 **UPDATE October 2024:** **What has been achieved?** Evidence of exit interview provided. **What is left to complete?** We currently have no further commissioned services due for closure, the exit interview/lessons learned template is in place and will be utilised with all contract closures. **Any barriers to completion?** None **Is the recommendation 'proposed closed'?** The recommendation is **proposed closed** with the attached evidence of exit interviews in place. Contract Exit Interview - 24-7 Locks If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met. **PROPOSED CLOSED**
"		4.3 Compliance agreements	**Medium Priority Recommendation:** The OPCC should ensure that meeting and reporting requirements are clearly laid out in the contract/JWA. A standard terms schedule should be developed and applied to all partnership contracts, which include but not limited to; meeting requirements, contract management, exiting contract and arbitration for poor performance. The OPCC should maintain a risk register for any primary governance arrangements for all partnerships,

			which should be updated at each meeting and include seminal risks that would inhibit the stated objectives of the partnership or the wider objectives of the OPCC **Initial Management Response:** As above relating to the contract/JWA. A new risk register started April 2023 for CARA contract in line with new contract term. **Target: June 2023 Target date change to Q3 2024 - Siobhan Peters Director of Strategy, Partnerships and Commissioning** Update June 2023: The commissioning risk register is updated each quarter, unless any urgent issues arise where a more dynamic response is required. The new 2023/2024 contracts have KPIs within them that are managed on a quarterly basis with monitoring information and contract management meetings. This process will continue for all new contracts going forward and we will have additional support to manage this with an external consultant who will ensure that systems and processes are implemented. - update provided by CI Nicola Streets as the Commissioning Manager is currently away. Update January 2024: Commissioning Risk Register is in place and risks are recorded quarterly or on escalation of risk, whichever is sooner. New reporting dashboards include risk registers to be completed quarterly and monitored through quarterly contract meetings or emergency meetings where an escalating risk presents. All new contracts have KPIs that include; meeting requirements, contract management, exiting contract and arbitration for poor performance. The OPCC Commissioning and Partnerships Team is currently undertaking a Problem Profiles exercise to identify and implement KPIs across existing Commissioner Safety Fund, Community Safety Partnerships (CSP) and People Zones contracts. The OPCC are reviewing the CSP funding mechanisms and contract management may transfer to each CSP, with overarching risk and district level management undertaken by the OPCC. Siobhan Peters – Director of Strategy, Partnerships & Commissioning OPCC LLR UPDATE: July 2024 **What has been completed?** All contracts have KPIs that are monitored quarterly including risk. Risk is a standing agenda item on the Partnerships & Commissioning monthly Team Meeting. CSP funding mechanism revised and all CSPs are working to new format for 24/25. CSF problem profiles completed, including splitting the city profile into the four neighbourhood policing areas to better capture demand and complexity. **What is there left to do?** Problem Profiles for CSPs to be completed. CSF Problem Profile embedded here: CSF Problem Profile.docx **Any barriers to completion; and what is being done to address those identified barriers?** Capacity of staff to deliver CSP problem profiles, funding has been allocated for overtime to complete. ~~Completion deadline Oct 24.~~ Siobhan Peters, Director of Strategy, Partnerships & Commissioning, OPCC LLR **UPDATE October:** **What has been achieved?** Engagement with CSPs has taken place including the OPCC Performance team and new CSP Problem Profiles are being completed. **Target: These will be ready for January 2025**. **What is left to complete?** CSP Problem Profiles, all other areas completed.

			Any barriers to completion? The OPCC has only one analyst working across all our workstreams, work is timetabled in and will be completed Q4 24/25 **Is the recommendation 'proposed closed'? Remain open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
"		4.4 Performance Monitoring	**Medium Priority Recommendation:** The OPCC should ensure that they are provided with regular, timely and comprehensive reports and updates regarding the performance of providers associated with their partnerships. **Initial Management Response:** Performance framework due to be completed for commissioned services. Expectation of partners to be reviewed and clarified as above. **Target: ~~May 2023~~ Target date change to ~~Q3 2024~~ Target date change end of ~~Q1 2024-25~~ To be ready for roll out next financial year 25/26 - Siobhan Peters Director of Strategy, Partnerships and Commissioning** Update June 2023: An external consultant has been commissioned by the OPCC to assist with the design and implementation of the performance framework and contract management system. The contract for this service lasts until the end of 2023. We are also supported by the OPCC performance team data analyst to provide practical solutions to monitoring of contract performance, which will be used for the quarterly meetings. - update provided by CI Nicola Streets as the Commissioning Manager currently away. Update January 2024: The external consultant has developed Victim and Non-Victim performance framework dashboards which are being trailed in office, these will go live with providers April 24. The OPCC Performance and Governance team data analysts are supporting this implementation. The dashboards include performance management metrics, finance including WTE staffing, finance and any required MoJ and/or Home office return reporting. Siobhan Peters – Director of Strategy, Partnerships & Commissioning OPCC LLR UPDATE: July 2024 **What has been completed?** All dashboards completed and circulating to providers for use to monitor Q1 or Q2 delivery dependant on phased introduction timeframe. The following example dashboards were provided for the previous JARAP: Freeva IDVA Grant Monitoring Dashboard and Freeva ISVA Grant Monitoring Dashboard **What is there left to do?** Testing period – supporting providers to embed new monitoring and ways of working. **Any barriers to completion; and what is being done to address those identified barriers?** Some providers do not deliver in victim or non-victim isolation. There will be a period of adjustment to identify any gaps for particular providers or where there is crossover, e.g. The Jenkins Centre delivers for both victim and non-victim. - Siobhan Peters, Director of Strategy, Partnerships & Commissioning, OPCC LLR **UPDATE October:** **What has been achieved?** There has been a testing period, however there are still some elements of the reporting that require solutions before the recommendation can be proposed closed. **What is left to complete?** Extending the testing and solutions, taking an iterative approach to ensure monitoring is fit for purpose. **To be ready for roll out next financial year 25/26.** **Any barriers to completion?** No particular barriers, we are taking an iterative approach to guarantee we have ensured compliance with the recommendation. **Is the recommendation 'proposed closed'? Remain open**

			If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.

IT STRATEGY
SATISFACTORY ASSURANCE
July 2023
		4.1 Content of the DDaT Strategy	**Medium Priority Recommendation:**
			At the next annual review point for the DDaT strategy, management should include the following elements:
			• A summary of current technology against current business objectives.
			• A list of all current suppliers and partners that will aid the IT strategy, as well as the strategy of these suppliers and how this aligns with the Force corporate strategy of the organisation.
			• IT resources (staff/skills, costs and budgeting).
			• ICT Governance covering governance boards/committees, policies, project and financial control arrangements.
			• Information security and information governance; and
			• Risk management to highlight risks that the strategy mitigates and those to the implementation of the strategy.
			Initial Management Response: Our goal is to ensure that the strategy is a document itself suitable for consumption by the Chief Officer Team, OPCC and wider stakeholders. Too much detail will detract from the key messages and themes of the strategy. But, it is accepted that we need to demonstrate how the current service portfolio supports the strategic business objectives of the force, that we have resources to maintain and enhance the service portfolio, and that we understand the role of suppliers and partners in the delivery. This information is maintained elsewhere and will be referenced, for the next revision of the strategy, with any relevant risks and issues brought forward into the strategy for action. Information security and information management issues, risk management issues will also be picked up in a separate documentation set, most likely the Force Management Statement (FMS), where key issues and risks are identified and addressed. Utilising the FMS format will reduce the need to create additional documentation sets. Governance arrangements of the force are changing, they will be documented elsewhere but referenced in the next version of the strategy when they have been agreed.
			Head of Information Technology April 2024
			Update January 2024:
			- High-level strategy completed for Op Forefront and layer board
			- Current full strategy is due for annual review and will be complete by 31/3/2024 and taken to Layer 5 Digital Board for approval
			  ○ Revision of the strategy will include
			  ▪ Force's strategic direction
			  ▪ New IT governance process
			  ▪ Planning for the 24/25 work programme
			  ○ Local planning
			  ○ Regional planning
			  ○ National planning
			  ▪ The reviewed IT department
			  ▪ Recruitment and retention
			  ▪ Separate section for Information security
			  ▪ Separate section for risk
			  ▪ Will look at risk register and FMS
			  ▪ Assessment of current system portfolio

			This strategic planning will be completed with Enterprise Architect and Change Team, Force PMO and IT PMO Update July 2024: A final draft of the strategy was presented to last Digital Board and the head of department is now seeking to get final approval at next board and seeking chief officer Executive Group approval thereafter. Next Digital Board is 22nd July and the following chief officer Executive Group meeting is the 22nd August. **UPDATE October:** **What has been achieved?** Please find embedded here the draft revised IT strategy and IT roadmap was considered at the force Exec Board on the 24th September - Propose this is now closed - Andy Elliott Head of Change and Interim CTO Head of Information Technology. 2024-2027_LP Digital Strategy - DRA **What is left to complete?** N/A **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? Yes, proposed closed** **PROPOSED CLOSED**
"		4.2 Assessment of broader OTOP initiatives which impact the DDaT Strategy	**Medium Priority Recommendation:** 1. The Force should assess initiatives from the OTOP to identify those that could hinder the planning and delivery of the IT Strategy, or that impact the strategy themes. A clear linkage between the DDaT and these initiatives should be defined, maintained and communicated. 2. At the DDaT Strategy's next update, initiatives driven by DDaT but included in the OTOP should be included in its scope supported by adequate justification. **Initial Management Response:** OTOP) programme, this will provide the force with a single work programme, ensuring that all projects with digital and data elements are identified and that there is one comprehensive programme. This work has already commenced post the audit. Any issues or risks identified for action with resultant tasks and projects are identified in the FMS and included in the OTOP **Head of Information Technology April 2024** Update July 2024: • OTOP has been replaced by Op Forefront • The revised strategy outlined briefly above will address the new work programme **UPDATE October:** **What has been achieved?** The draft revised IT strategy and IT roadmap was considered at the force Exec Board on the 24th September – The Digital Strategy embedded above at 4.1 should now address this recommendation - Propose this is now closed - Andy Elliott Head of Change and Interim CTO Head of Information Technology.

			What is left to complete? N/A **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? Yes, proposed closed** **PROPOSED CLOSED**
"		4.3 Delivery of Strategy	**Low Priority Recommendation:** The Force should look to re-baseline the roadmap to allow for more realistic timelines in completing the initiatives or look to prioritise the completion of each project as stated in their roadmap. **Initial Management Response:** The unified work programme will facilitate aligning all projects and tasks against force priorities and their relative scheduling **Head of Information Technology April 2024** Update July 2024: • The revised strategy outlined briefly above will address the above recommendation in terms of timelines for completion and project prioritisation. **UPDATE October:** **What has been achieved?** When the force Exec Board sign off the draft we can then baseline things. We are planning to create a critical path linked to both the roadmap and the strategy. How far we get with this depends on many things including the delivery of the IT TOM. It will be an iterative process that the new CTO will pick up when they are recruited, therefore I cannot define an end date for this now.– Please find embedded here the IT Roadmap: 2024-2027 Digital Roadmap - DRAFT.pd Propose this is now closed - Andy Elliott Head of Change and Interim CTO Head of Information Technology. **What is left to complete?** N/A **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? No Remain open**
ESTATES MANAGEMENT **SATISFACTORY ASSURANCE** **July 2023**		4.1 Stock Control Condition Surveys	**Medium Priority Recommendation:** Stock condition surveys should be completed for the overdue buildings as soon as possible and survey completion dates should be agreed where not in place. **Initial Management Response:** Agreed. The surveying of buildings got behind due to COVID. When this period was over, we lost our Electrical Engineer so still we were unable to carry out the surveys. This post is still vacant and will remain so for some months. When this post is filled the surveys will resume. **Target: Within 12 to 18 months [July 2024 – Jan 2025] Head of Estates**

			UPDATE October 2024: Item 4.1 is on target for the department to catch up. The head of estates acknowledges that they have not caught up thus far and are currently two months behind with the surveys. However, the target date of January 2025 specified and agreed in last year's audit should easily be achieved.
RISK MANAGEMENT LIMITED ASSURANCE **April 2024**		1. Safety, Sustainability and Risk Unit Staffing	**High Priority Recommendation 1:** The Risk Officer job specification should be completed, approved and the role advertised promptly as a priority; or, the roles of the Risk Officer should be delegated amongst the SSR team. **Initial Management Response:** Since the audit fieldwork, we had a restricted police officer join us and this helped with capacity, as well as mitigating the strategic risk concerning capacity in the SSR team. Whilst happy to accept this recommendation, the duties of the risk officer will be transferred to new and current team members. There has already been a start date given to a new Sustainability Officer, who will assist with team capacity. **Responsible Person: Matt Jones - T/Head of Safety, Sustainability and Risk** **Target Date: 1st April 2024** **UPDATE October:** **What has been achieved?** The role of a risk officer has been delegated amongst the SSR team. We now have 2 sustainability officers, a H&S advisor and a restricted police officer, as well as the Head of SSR. The H&S committees were expanded to include risk management, so we present all risks to each department every 3 months, allowing for all risks to be kept updated. The new team also chase risks when they approach review date and carry out any additional ad-hoc work. For example, we recently ensured all control measures have a description of the control. **What is left to complete?** **None.** This recommendation is complete. All risks are in date and subject to regular review using the current capacity within the new SSR team. **Propose closed.** **Any barriers to completion?** **None - Propose closed.** **Is the recommendation 'proposed closed'?** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been achieved. **Yes, propose closed.** Risk Officer role is incorporated into the duties of the whole SSR team. Much of the function is undertaken through the new Head of Safety, Sustainability and Risk which became established in April 2024. Job description attached shows the focus on risk management which did not exist in the previous Head of H&S or Principal H&S Advisor role, allowing strategic oversight of risk management. Head of SSR.doc *"Attached is a recent risk management qualification achieved by the head of unit"*

			Certificate-Matthew -Jones.pdf The attached Sustainability Officer role description allows risk management projects and tasks to be delegated as per section 15 of their duties. Sustainability officer role.doc The attached Assistant H&S Advisor role also allows for risk management tasks to be delegated to them as required, under sections 4 and 19 particularly. Assistant Health and Safety Advisor job des In addition, the restricted police officer role allows for risk management tasks to be allocated. Embedded is a copy of one of the risk reports that feed into the new health, safety and risk committees that allows for 3 monthly risk reviews in addition to the reviews coordinated by the SSR team. People Services Risk Report Jul 24.doc **PROPOSED CLOSED**
		2. Operational Risk Management	**Medium Priority Recommendations: NOT ACCEPTED** **2.** The Force should restructure current risk management processes, such as by having departments maintain their own risk registers which are then reviewed centrally on a regular basis e.g. quarterly. **3.** The Force should provide access to the Keto system to owners of DRRs. **4**. A formal and structured programme of risk management training should be provided to staff with risk management responsibilities.

			Initial Management Response: We have found the centralised process of DRRs of benefit. It has enabled us to ensure risks are kept up to date, and that risks are archived when no longer an issue. It also allows us to monitor trends across departments and link in to processes such as STRA, FMS and the Layer Boards. Given the support of the force with a restricted officer, the capacity issues are less of a problem and has actually improved risk management across the force. Happy to keep this recommendation as we can highlight how this approach will continue to be of benefit. There are some inaccuracies in the second paragraph. Department do have their own DRRs, they just share them with the central team to keep a central record for the above mentioned benefits. The owners of DRRs do also have access to KETO. It is just that the central team offer a high level of support to Office of the Police and Crime Commissioner for Leicestershire and Leicestershire Police – Risk Management (05.23/24) Internal Audit Final Report Page 9 ensure consistency of risk recording. If an owner wishes to update KETO directly, they can. Indeed, CAID have a good example of this that we can share. There is also a formal programme of training – through the Health and Safety Managers Course, but we can add more detail to this. **Responsible Person: Matt Jones NOT ACCEPTED** **Target Date: N/A** **UPDATE October:** **What has been achieved?** Confirmed that we did not accept this recommendation for the reasons above. **What is left to complete?** **N/A** **Any barriers to completion?** **N/A** **Is the recommendation proposed closed?** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been achieved. **Yes, propose closed.** These recommendations are not accepted as we have not felt the need to have separate risk registers at departmental level, or to have everyone given access to KETO, although people are granted access when needed. Attached is a recent risk register showing that they are well managed using this method. **PROPOSED CLOSED**
		3. Risk Scoring & Action Plans	**Medium Priority Recommendations:** 5. Risks should include justification for why they have been rated at a certain impact and likelihood. 6. Action plans and mitigation strategies should be included for all risks and should also include a deadline or target date to be implemented by. **Initial Management Response:** Supt Avery - Inaccuracies should be noted and not fully accepted

			Matt Jones - This is not accurate. There is no rating of £200,000 on our risk matrix. A medium impact can be anything from £11,000 for a business area to £250,000 for a cost to the force. This is clear in our matrix. That said, CAID0373 does not have a financial impact assigned to it. It is medium on impact due to its significant impact of strategic direction and service delivery. Furthermore, a risk may have a low impact, but have a very high impact for one of the other impact areas. We would choose the highest score overall, which is a common approach to risk management. Office of the Police and Crime Commissioner for Leicestershire and Leicestershire Police – Risk Management (05.23/24) Internal Audit Final Report Page 11 STR0386 has since been archived, but the scoring matrix is very detailed and does provide additional information on why a risk has been given then risk score. In this case it was a loss of a key member of staff and therefore this was sufficient to give the 'serious' impact score. We use the pending controls section as our action plan and are satisfied with this approach. We are happy to review the 20 sample risks again if these can be provided. Happy to accept the recommendation to have a target date as KETO does have this function, but note that this will increase demand on the SSR unit, contradicting recommendation 1 to some extent. It can be implemented however if needed. **Responsible Person: Matt Jones - Head of Safety, Sustainability and Risk** **Target Date: 1st April 2024** **UPDATE October:** **What has been achieved?** The risk scoring matrix within KETO already provides justification for why a risk has been rated a certain impact and likelihood. Each risk also has a risk rationale that we provide to the Strategic Organisational Risk Board SORB and JARAP. Furthermore, SORB ratifies and monitors risk scoring so this is not agreed by one person, but by the Board as a whole. The pending controls section allows for action planning. Risks are assigned to meetings and committees where there are action plans and target dates. It is through those meetings that we highlight the mitigation strategies. **What is left to complete?** None. This is complete and propose closed. **Any barriers to completion?** None. **Is the recommendation proposed closed?** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been achieved. **Yes, propose closed.** There were inaccuracies in this recommendation. The SSR unit has not had a response to these so assumed they were errors by the auditor. We feel the pending controls work well and to add target dates would not add any benefit or value at this time. Instead, committees/meetings are aware of their risks and use action plans to show when controls need to be implemented by. The scoring matrix shows how a risk is scored and this matrix is in the attached procedure.

			Risk Management Procedure 2024.doc **PROPOSED CLOSED**
		4. Risk Duplication	**Low Priority Recommendation:** 7. The Force should review the identified risks and condense them into a single strategic risk related to staffing. **Initial Management Response:** Happy to accept this for the force to consider. However, having a generic 'staffing risk' is unlikely to allow the specific risk to be managed in those departments where the threat is greatest. It then makes it very hard to assign to departmental KPIs, which is the whole point of creating risks. We did have a force-wide 'churn of staff' risk that included all staffing issues and it became very difficult to update, and led to this approach which is working well. We would argue that keeping these risks separate allow for more targeted mitigation whilst still allowing strategic decision making to update the relevant risks. Suggest we don't condense the risks into one for 'staffing' as it's too generic, or if we do, that the department ones are moved to the DRRs **Responsible Person: Matt Jones - Head of Safety, Sustainability and Risk** **Target Date: 1st April 2024** **UPDATE October:** **What has been achieved?** The review is complete and it has been agreed that an overall staffing risk would be too generic, especially given that people risks appear regularly in meetings and force reports such as the FMS. We are content with our approach to people risks and see benefit in having specialist people risks. We do not see this as duplication as the risks are different and have different mitigation strategies. **What is left to complete?** None. Propose closed. **Any barriers to completion?** **None.** **Is the recommendation proposed closed?** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been achieved. **Yes, propose closed.** We have considered this but it was not considered efficient for our risk management process. **PROPOSED CLOSED**
		5. Risk Management Policy	**Low Priority Recommendations:** **1.** The Risk Management Policy and Procedure should be reviewed and updated as a priority. **2.** The Force should address the areas of weakness noted in the recommendation – replicated here as follows:

			○ The Force could include reference to the level of risk management that should be undertaken for projects / programmes. ○ The roles and responsibilities do not yet include the responsibilities for the Head of SSR or Risk Officer role which is currently being considered. ○ The risk scoring matrix could be included within the Risk Management Procedure, setting out how risks of different scores should be handled. **Initial Management Response:** As the audit took place in October 2023 (and the policy/procedure was due a review in September 2023), we decided to allow the audit to inform the policy and procedure. However, the audit took much longer than anticipated to be received, and we have since updated both these documents. Recommendation 8 can be accepted as it has been met already. Happy to accept the other elements of this recommendation and add to the new policy/procedure as relevant. **Responsible Person: Matt Jones - Head of Safety, Sustainability and Risk** **Target Date: 1st April 2024** **UPDATE July 2024:** Update to be provided for the next JARAP meeting due to the responsible person being on annual leave. **UPDATE October:** **What has been achieved?** Risk management policy and procedure have both been updated. They are in date and attached. We have addressed the areas of weakness highlighted. The procedure includes: - the level of risk undertaken for projects/programmes. The project team have taken this and worked with SSR to produce risk management guidance for all project managers. - The Risk Officer role was not taken forward as above. The Head of SSR role has now been included in the risk management procedure, but expanded for the whole SSR department. - A risk scoring matrix has now been included in the procedure. Moreover, a risk assessment template has been added to further assist in risk scoring and risk generation. **What is left to complete?** None. Propose closed. **Any barriers to completion?** **None.** **Is the recommendation proposed closed?** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been achieved. **Yes, propose closed.** All points have been taken and added to the most recent risk management police and procedure which is embedded here:

			Risk Management Policy 2024.doc Risk Management Procedure 2024.doc **PROPOSED CLOSED**
PORTFOLIO MANAGEMENT LIMITED ASSURANCE **May 2024**		1. Incomplete control registers for individual projects and for PMO	**Medium Priority Recommendations**: 1. The Project Managers should report consistently on budget monitoring, and the overall financial position of thei projects, rather than by exception in Highlight Reports. 2. The CIW and Highlight Reports should be expanded to include lessons learned. 3. The Lessons Learned Log should be expanded to include key details, including but not limited to: ○ Date of the project and lesson added to the register, ○ The name of the project which the lesson was learned from, ○ The responsible owner of the lesson, and ○ Any dependencies or other projects related to the lesson. **Initial Management Response:** Accept the finance tracking recommendation and we are working up a suitable approach for improved tracking and reporting. Accept comments re Lessons learnt however, key details listed will be covered in the PMO app which will come into full effect imminently. **Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager** **Target Date: 31st March 2025** **UPDATE October 2024:** Central Finance Log created for all PMO transformational change projects, this will be updated monthly by Project Managers. The Finance Log tracks spend to date and provides a High level overview of Budget. Detailed budget information remains within the Change Initiative Workbooks, overseen by Project Mangers. Project Finance reporting has also been included in each Service Layer Board. Messaging to Project Managers via PMO meeting on 9th Sept 2024. Finance Log currently being completed by PMs. (evidence to be attached Finance Log and comms slide) **Propose as closed.** Finance Log.xlsx

			TRANSFORMATIONAL CHANGE PROJECTS - BUDGET MONITORING **Purpose** To support Mazar audit recommendation 1 the PMO should have oversight of project budgets and spend to date. **Tools/Log** Detailed tracking of project budgets should already be listed within individual Change Initiative Workbooks (CIW). The PMO APP also captures some key project information, but budget/finance information is not included. To view all projects together and provide management oversight a central Finance log has therefore been created and can be located here, PMs are expected to complete this. **Project Managers** PMs have already been requested to supply high level budget/spend information at each service layer board through SharePoint agendas, the Finance log should mirror those updates and be updated at least once a month or in line with your service layer board frequency. If the project has no budget this still needs documenting on the Finance log. **PROPOSED CLOSED**
		2. Incomplete control registers for PMO	**Medium Priority Recommendations:** Until such time as the PowerBI App is ready to launch which will automatically draw information from individual project CIWs into a central log, the PMO should build central logs (such as the ones that exist for lessons learned and benefits tracking) for key areas, including but not limited to: ○ Budget monitoring ○ Dependencies ○ Risks **Initial Management Response**: The PMO dashboard will be a central log for risks, issues, lessons learnt and benefits across all projects. A separate log will be created for finance and dependencies **Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager** **Target Date: 31st March 2025** **UPDATE October 2024:** Central Dependency Log created for all PMO transformational change projects, this will be updated monthly by Project Managers. All PMs will add their projects to log with dependencies. Messaging to Project Managers via PMO meeting on 9th Sept 2024. Dependencies Log currently being completed by PMs.

			(evidence to be attached Dependency Log and comms slide) **Proposed closed.** Dependency Log.xlsx **TRANSFORMATIONAL CHANGE PROJECTS – DEPENDENCIES** **Purpose** To support Mazar audit recommendation 2 the PMO should have oversight of project dependencies. This information will help with prioritisation and/or pausing of some projects. **Tools/Log** Change Initiative Workbooks (CIW) and the PMO APP do not offer the ability to note dependencies. To view all projects together and easily identify dependencies a central Dependency log has therefore been created and can be located here PMs are expected to complete this. **Project Managers** PMs are being asked to consider their projects at a high level and consistently document the following: ***Predecessor*** *Projects/BAU/TC activities that must be completed* ***before*** *your project.* ***Successor*** *Projects/BAU/TC activities enabled by your project: due* ***after*** *your project go live.* **PROPOSED CLOSED**
		3. Insufficient detail of reporting on key project information to Layer Boards	**Medium Priority Recommendations**: 1. Highlight Reports should be expanded to include: ○ Lessons learned ○ Budget monitoring ○ Actions taken in previous reporting period ○ Actions to be taken forward into the next reporting period 2. The Force should consider disseminating Highlight Reports to the PMO and relevant project managers in the case that a Layer Board meeting is missed, or the Highlight Report has not been prepared in time for the Board meeting.

Initial Management Response: HLRs will be replaced by a live dashboard in the PMO App, and a separate budget monitoring tool will be used to track finances.

The PMO App will be accessible by all members of Leicestershire Police of Sgt rank or above.

A live update progress as a % will be available against the high-level milestones.

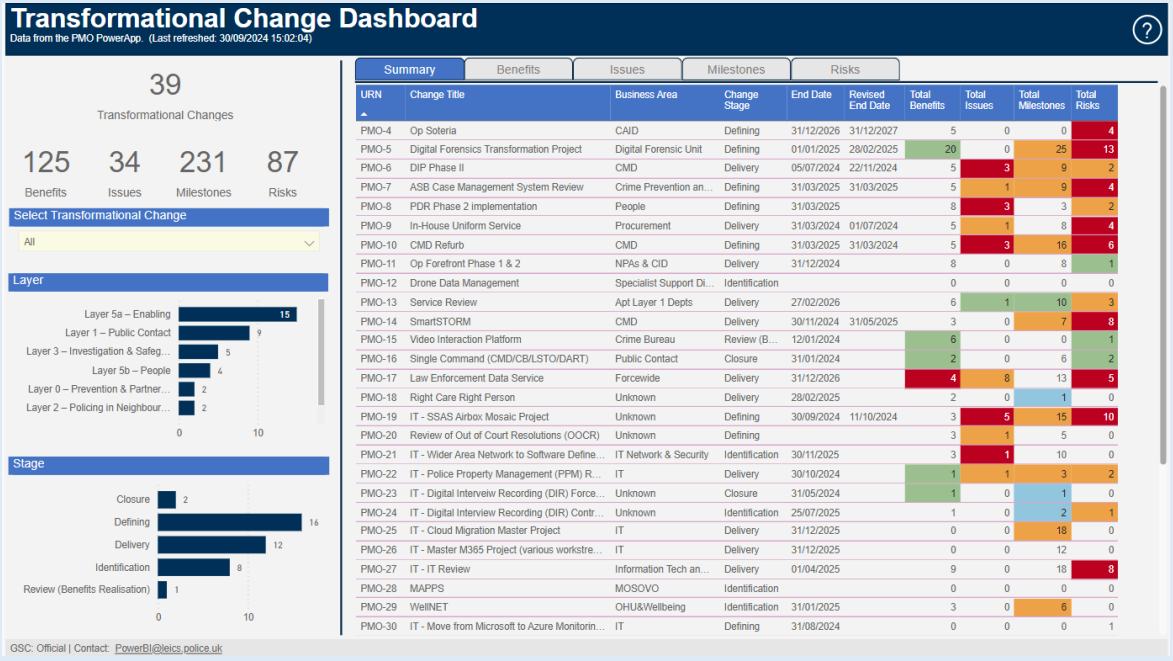
Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager

UPDATE October 2024: HLRs have been replaced by PMO Transformational Change Dashboard from June 24 which is available on Power Bi to anyone of Sgt/Manager role or above. The dashboard shows live information and is embedded into the SharePoint agenda site at each Service Layer Board, providing a self-service reporting function on the Transformational Change projects across the Force.

One of the sections on the PMO Dashboard is Milestones, those critical actions that have been achieved and those we are working towards.

Along with the central Finance Log and Dependency Log (REC 1 & 2) we have created a Lessons Learnt Log for oversight and learning, this is pulling information from the PMO App that is populated at any time by the Project Managers with Lessons Learnt also being summarised in the End of Project Closure report.

(evidence: screen shots of PMO Transformational Change Dashboard, Lessons Learnt Log and agenda items listed in SharePoint)



			Lessons Learnt log.xlsx Lessons learnt guidance has just been created for use by Project Managers, this will be published on the PMO SharePoint site following sign off. Lessons Learnt Input Session Guida The below is a screen shot of high level information supplied to each Service Layer board in conjunction with the PMO Dashboard information:

Last Updated	05/09/2024

Project Description

Right Care Right Person (RCRP) aims to ensure vulnerable people get the right support from the right emergency services. It applies to calls for service about:

- concern for the welfare of a person
- people who have walked out of a healthcare setting
- people who are absent without leave (AWOL) from mental health services
- medical incidents

Benefits

Benefit Description	Type
A reduction in demand in calls of service to the Leicestershire police, allowing officers to focus on the core functions of policing- whilst ensuring members of the public get the right help from the right agency.	Quantitative

Achievements

3 out of the 4 delivery phases completed with phase 4 due in October 2024 (delivered by EMAS)
Enhanced 5 hours of training now being rolled out to every call handler / Controller in CMD on RCRP/MAA has started this month.
A number of RCRP spocs now trained to assist in fast time decisions on the CMD floor, supporting our teams. RUQC team now RCRP spocs, and delivering feedback and assisting call handlers.
Partners now briefed on RCRP and Children.

			Concerns National Grey Area still not resolved - meaning we may still have to attend some incidents where there is no clear role for the police - but we have conculded that where a partner agency calls we are unlikly to accecpt the risk from them. . **Finance** No Budget required. **PROPOSED CLOSED**
		4. A lack of resource profile for the PMO, and for upcoming projects	**Medium Priority Recommendation:** The PMO should establish a resource profile against their own management requirements, and a profile for individual projects against a projected pipeline of upcoming projects. **Initial Management Response:** We accept this and we will look into different methodologies to progress this. **Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager** **Target Date: 31st March 2025** **UPDATE October 2024:** This is still a work in progress, current resource profiles for ongoing projects are being collated, as well as projected upcoming projects as part of the Blueprint 2030 build – **remain open**
		5. A lack of gap analysis to establish an understanding of available and missing skills	**Medium Priority Recommendation:** The PMO should conduct gap analysis of the available PMO skills and resources and create a skills matrix which identifies gaps. **Initial Management Response:** We accept this and we will look to collate a skills matrix of all PMO staff. **Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager** **Target Date: 31st March 2025** **UPDATE October 2024:** A skills matrix has been created covering key activities and knowledge areas for the Change Team. The matrix will provide an overview of skills across the team and their method of training to bridge any gaps.

			Over the coming months this will be populated by Line Managers and ratified with staff during their regular 1-2-1 meetings to form an initial gap analysis and will then be tracked and updated through annual PDR meetings with the staff – **remain open** (evidence: skills matrix excel spreadsheet) Change Team and PMO Skills Matrix.xls
		6. A lack of standardised tools and templates to act as procedural guidance for project managers	**Low Priority Recommendations:** 1. The PMO should complete the suite of best practice portfolio management templates and tools and share them to the wider team. 2. The PMO should complete their suite of how-to-guides, which act as practical steps in the implementation of key processes. **Initial Management Response:** We are gathering forms/templates together to add to our suite of documents which will be published on our SharePoint site to complete our full suite of documents. **Responsible Person: Sally Brooks - Project Manager / Suzi Nicholls - Project Manager** **Target Date: 31st March 2025** **UPDATE October 2024:** Further templates have been created and aligned to Praxis, Project Closure Reports and Change Reports are currently being trialled. Surveys are being developed to understand how successful the PMO is, this will inform a set of KPIs. Additionally, we have a dedicated resource to continually develop the PMO SharePoint site – **remain open** (Evidence: Project Closure Report Draft, Change Report Draft) Change Control Report.docx Project Closure Report Draft.docx
MEDIUM TERM FINANCIAL PLAN **SUBSTANTIAL ASSURANCE** **May 2024**		1. Savings Plan	**Low Priority Recommendations 1:** A longer-term efficiency plan should be developed at the earliest opportunity to address future forecasted budget deficits. **Initial Management Response:** This recommendation is referenced to the September 2021 audit. At the time the MTFP was in a balanced position and hence the need for an efficiency plan reduced. However, given the changing financial landscape A Budget Deficit (Sustainability) Plan is now in place. During 2023 the following papers were presented to the Corporate Governance Board: ➢ 21/06/2023 – Efficiency Savings Report – setting out approach

			➢ Office of the Police and Crime Commissioner for Leicestershire and Leicestershire Police – Medium Term Financial Planning (09.23/24) Internal Audit Report Page 7 ➢ 11/12/2023 – Budget Efficiency Report ➢ 24/01/2024 – Operational Report, including Efficiency Plan The plan has been developed further since January 2024 and the latest copy of the plan is being presented to CGB in May 2024. The plan covers 2023/24 through to 2025/26. **Responsible Person: David Sandall Deputy Chief Constable / Paul Dawkins – Assistant Chief Officer (Resources)** **Target Date: Ongoing** **UPDATE October 2024:** **What has been achieved?** Revised Budget Sustainability Plan submitted to CGB in July 2024. Budget on track to balance during 2024/25 and over achieve savings target by £4m plus in preparation for 2025/26. **What is left to complete?** Ongoing delivery of savings through to year end and development of sustainable savings plan for 2025/26 and beyond. **Any barriers to completion?** Not during 2024/25 but challenges remain for 2025/26 which largely depend on the outcome of the Home Office Settlement for policing in England & Wales to be announced in December 2024. **Is the recommendation 'proposed closed'? No leave open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
		2. Budget Holder Training	**Low Priority Recommendation:** **1**. The Force should implement a formal programme of training for budget holders, including refresher training. **2.** A training needs analysis should be completed to ensure that the right level of training is provided to those who need it. **Initial Management Response**: Financial awareness training is now be delivered as part of the 3-layer Leadership Training. The Force has also joined the CIPFA AFEPIII programme which gives access to training courses. A training needs analysis will be developed for new budget holders to identify gaps in knowledge that require additional training support. **Responsible Person: Marie Watts Strategic Management Accountant** **Target Date: 31st December 2024** **UPDATE October 2024:** **What has been achieved?** The training needs analysis process has commenced and the data is being collated in relation to new budget holders. **What is left to complete?**

			➢ Data collation and analysis ➢ Development of a plan based on the training needs analysis. **Any barriers to completion?** None identified. **Is the recommendation 'proposed closed'? No leave open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
OCCUPTATIONAL HEALTH **SUBSTANTIAL ASSURANCE** **June 2024**		1. Presenting KPIs after the implementation of Cority	**Low Priority Recommendation:** The Unit should consider how the new source data from the clinical management system can be presented. If new KPIs are necessary, these should be reported to Senior Management. **Initial Management Response:** Cority data is being worked on (new system) and there have been several discussions with the PowerBi and data analyst team about how best to present this data to future boards. **Responsible Person: Tim Ellis – Head of Occupational Health and Wellbeing** **Target Date: January 2025** **UPDATE October:** **What has been achieved?** Cority is now producing data. **What is left to complete?** Work ongoing with PowerBi and business analyst team to get this into format required for specific boards **Any barriers to completion?** Getting business analyst support has been challenging but progress has been made in this area. **Is the recommendation 'proposed closed'? No remains open** – looking to submit evidence to support closure in the new year.
		2. Gap Analysis for Target Operating Model and Action Plan	**Low Priority Recommendation:** The Force should consider conducting a Gap Analysis between their current operating standards and the updated Oscar Kilo Enhanced Standards (Level 2) and develop an action plan to ensure compliance. **Initial Management Response:** As with all forces, the Oscar Kilo team have now put the new standards into the Blue Light Wellbeing Framework (replacing the previous Foundation standards). I agree we need a gap analysis exercise conducting against the new standards. The HMICFRS inspection due shortly will include the Foundation standards, so after this we will be focusing on the new standards. **Responsible Person: Tim Ellis – Head of Occupational Health and Wellbeing** **Target Date: January 2025** **UPDATE October:** What has been achieved? Oscar Kilo & the Blue Light Wellbeing Framework (BLWF) - a gap analysis with RAG rating has been completed and reported to People Board. What is left to complete? Specific areas of development have been allocated to key contacts to take forward.

			Any barriers to completion? Key contacts are having to be chased for their updates. As discussed with HMI inspectors this is part of ongoing process improvement and not task and finish items. This was agreed at People Board and will continue to be monitored / reported on. Is the recommendation 'proposed closed'? **No remains open** – looking to submit evidence to support closure in the new year.
COUNTER FRAUD and WHISTLEBLOWING SUBSTANTIAL ASSURANCE **June 2024**		1. Fraud Training	**High Priority Recommendation**: The Force should carry out a training needs analysis to establish which areas of the organisation have a higher risk and fraud and need specific / tailored training. The Force should ensure that there is an appropriate provision of training to meet the needs of the organisation highlighted from the training needs analysis. The delivery of all training should be monitored centrally for its effectiveness and completion rates and regularly reviewed to ensure it is meeting the needs of the organisation. **Initial Management Response:** Engaged with Change Team to assist in this area. Accept that the current training package needs updating. This will allow for self-updating from within the department and will work with IT to make this auditable. **Responsible Person: D/Supt Alison Tompkins, Head of Professional Standards and D/Insp Esther Scott** **Target Date: 31st March 2025** **UPDATE October 2024:** **What has been achieved? Responses will be the same as Rec 1 below** The TLA Commissioning Board has been approached to see if there is capacity to support delivery of a refreshed/updated training package. The TLA is unable to provide the assistance requested. Further scoping of other training rolled out across the force has identified an alternative technical proposal similar to the role out of the successful Protecting Vulnerable People PVP training packages, or the use of a QR Code at the end of the presentation which officers/staff can scan and register their completion of the training. Additional, but longer term IT solutions is available SharePoint and PowerBi, which could capture and register completion. **What is left to complete?** The training package is currently being updated to be recirculated with whichever option above is agreed. **Any barriers to completion?** No IT solution to mandate completion of training with the auditing capability to ensure compliance. **Is the recommendation 'proposed closed'? No remains open** Not completed, but further forward in achieving the recommendation If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
		2. Fraud Risks and Registers	**Medium Priority Recommendation:** The Force should develop a risk register system for fraud specific risks separate from its departmental and strategic risk registers.

			Once implemented, fraud risks should be identified and recorded on the fraud risk register and action plans implemented to mitigate risks, which are then reviewed on a regular basis. **Initial Management Response:** Agree to instigate a risk register in CCU specifically around the risk area of Theft and Fraud, which will lay out risk, relevant department, mitigating controls and a review date. This will form part of the 4P development plan already in existence for Theft and Fraud within CCU. **Responsible Person: D/Supt Alison Tompkins, Head of Professional Standards and D/Insp Esther Scott** **Target Date: 31st March 2025** **UPDATE July 2024:** Matt Jones (Health and Safety and Risk Lead) - The risk register will sit on the force force risk register system Keto. Actions required: 1. To identify what policies are already in place that reflect mitigation around theft and fraud. ❖ **Procurement** ❖ **Purchasing** ❖ **Finance** ❖ **Property** ❖ **Estates** ❖ **Resource Planning** ❖ **Assess Management (IT) etc** 2. To include 6 monthly reviews and document policy adhered to within Counter Corruption Unit CCU Risk Plan 3. Within these policies to highlight new risks and what is to be done to mitigate against them. These will be added within the training package when rolled out. **UPDATE October 2024:** **What has been achieved?** The Anti-Fraud and Theft Risk to be registered on KETO and actions to mitigate the risks will sit with the Counter Corruption Unit CCU PSD. **What is left to complete?** Every business area is to add into their business policy / procedure a statement on how they will identify Fraud and Theft, what they can do to mitigate it and reporting mechanism to the CCU PSD. **Any barriers to completion?** This has not been agreed by Heads of Directorates and will need to be brought to the most appropriate meeting to be agreed. **Is the recommendation 'proposed closed'? No remains open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
		3. Recording of whistleblowing allegations	**Medium Priority Recommendation**: It should be ensured that the significant events logs within progress logs are completed fully to ensure that the investigations undertaken and resolution are clearly recorded. The initial response sent to the whistle-blower following a whistleblowing report being made should clearly include the four points set out in the Whistle-blowers' Procedure e.g. indication of how the matter will be dealt with.

			Initial Management Response: Accept that the current training package needs updating. This will allow for self-updating from within the department and will work with IT to make this auditable. **Responsible Person: D/Supt Alison Tompkins, Head of Professional Standards and D/Insp Esther Scott** **Target Date: 31st March 2025** **UPDATE July 2024:** This is housekeeping within the CCU and easily achieved with more robust line manager reviews. This is referring predominately to Bad Apple (BA). Only the supervisors in CCU respond to BA and a new practice adopted to satisfy the requirements as Mazar's have classified the reports as Whistle-blowers. **UPDATE October 2024:** **What has been achieved?** See Update re training package **What is left to complete?** **Any barriers to completion?** **Is the recommendation 'proposed closed'? No remains open** If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
		4. Anti-Fraud and Corruption Strategy	**Medium Priority Recommendation**: The Force and OPCC should produce and publish a separate Anti-Fraud and Corruption Strategy. **Initial Management Response:** Agree that there is not currently a Force policy on Anti-Fraud. This will form part of the 4P development plan already in existence for Theft and Fraud within CCU. **Responsible Person: D/Supt Alison Tompkins, Head of Professional Standards and D/Insp Esther Scott** **Target Date: 31st March 2025** **UPDATE July 2024:** Work in progress between the CCU DI and the OPCC Chief Finance Officer – Kira Hughes. Mazars suggested Lincolnshire Police and the OPCC had a good policy in place. A copy has been obtained and reviewed to support development of the Leicestershire OPCC and Police joint policy going forward. **UPDATE October 2024:** **What has been achieved?** The policy has been revised by both OPCC CFO and DI CCU. The OPCC have completed the Anti-Fraud, Bribery and Corruption Policy. However, it needs to go to COT and the OPCC senior leadership team for consultation. Once both sides have approved it, it will go to the Corporate Governance Board CGB in December for formal sign off. Once finalised a copy will be provided to JARAP. **What is left to complete?** Once considered and finally agreed the policy will need to be published by the OPCC and shared across the force, with an internal media campaign. **Any barriers to completion?** None identified **Is the recommendation 'proposed closed'?** **Not at this time – to remain open**

			If so, please provide sufficient narrative and evidence to support closure i.e. explain how the recommendation has been achieved and provide - documents, performance reports; anything that proves the recommendation has been met.
ASSET MANAGEMENT SUBSTANTIAL OPINION August 2024		1. Functionality of Asset Register Software	**Low Priority Recommendation:** The Force should investigate upgrades or alternative systems for Asset Management, looking to resolve user performance issues and potentially providing improved features. **Initial Management Response:** The force has invested in a new IT Service Management tool – one of its functions is asset management. Once this tool is deployed – one of the next phases of development will be to move assets of the Equitrax system – making that redundant. The new ITSM Tool can link into various information sources to improve asset awareness. GPS tracking of some assets is currently done outside of the Asset Management system because of the secure nature of that information – this specifically applies to radios. The capability to track smartphones and laptops with the 365 Intune tool will be explored in an R&D project during 24/25. Depending on results, rollout or further investment in tools or capabilities will be explored in 24/25. This will require this package of work to go through organisational governance processes to develop the requirement, attract funding and resources to deliver. **Responsible Person: Andy Elliott – Interim Head of IT / CTO** **Target Date: 31st March 2025** **Recently published report, an update will be provided at the next JARAP meeting**
STAFF RETENTION MODERATE OPINION September 2024		1.Multiple Risk Scoring Methodologies	**Medium Priority Recommendation:** The Force and OPCC should update all risk documentation to ensure that methodology sections are consistent. Additionally, the Force and OPCC should determine their risk appetite, specifically what scores they no longer wish to tolerate and require action, providing a risk tolerance line. **Initial Management Response:** **1**. While the majority of information contained within the papers shared was current and consistent, there was some legacy information linked to a previous risk management system that has now been removed. Future reporting will use extracts from KETO obtained prior to the SERB meeting and amended registers following SERB meetings will be shared with the Health & Safety Team to update KETO and avoid separate registers. **2**. The risks without mitigating controls have been reviewed and confirmed that these are in place, however there is an issue with the system in reporting these controls as they do not have a description against them. The Health & Safety Team will add descriptions to all controls and ensure that this is a required field when adding new controls in KETO. It is noted that the OPCC and Force have agreed not to implement a risk tolerance line as part of their risk management policies. **Responsible Person: Matthew Jones – Head of Safety, Sustainability and Risk** **Target Date: 31st October 2024** **Recently published report, an update will be provided at the next JARAP meeting**
		2. Incomplete Delivery Plans	**Low Priority Recommendation:** The Force should prioritise the completion and update of the HR Retention Strategy and Operational Delivery Plan, so that it includes all required information (i.e. responsible persons, measures of success and RAG ratings) **Responsible Person: Kathryn Eaton - Head of Human Resources and Amy Coombe - Project Manager** **Target Date: 30th September 2024** **Recently published report, an update will be provided at the next JARAP meeting**

BUSINESS CONTINUITY LIMITED OPINION **October 2024**		1. Business Continuity Plan Testing	**High Priority Recommendation:** The Business Continuity Policy and Procedure should be updated to define how often testing should be undertaken for departmental business continuity plans. Heads of Department / Plan Owners should then develop a schedule of testing for their business continuity plans and undertake testing in accordance with the schedule, and the outcomes of testing should be reported to an appropriate board or committee. The Force should ensure that it develops business continuity management competencies within the Specialist Support Department through additional training. **Initial Management Response:** Leicestershire Police lost some key personnel who were trained in Business Continuity. Two members of staff are due to receive training in business continuity allowing us to have the competency to complete this action. **Responsible Person: Matthew Jones – Head of Safety, Sustainability and Risk** **Target Date: 31st March 2025** **Recently published report, an update will be provided at the next JARAP meeting**
		2. Outdated Business Continuity Plans	**Medium Priority Recommendation**: Plan Owners for the overdue business continuity plans should ensure that a review is undertaken as a priority. The Force should set a deadline for reviewing all overdue plans for Plan Owners to be held accountable against. **Initial Management Response:** This action is agreed. **Responsible Person: Matthew Jones – Head of Safety, Sustainability and Risk** **Target Date: 31st March 2025** **Recently published report, an update will be provided at the next JARAP meeting**
		3. Contingency Plan Testing	**Medium Priority Recommendation:** The Force should review the prioritisation of its contingency plans to determine the priority levels, and if a plan is low priority this should be documented with a clear rationale. The Force should establish a minimum testing frequency even for its low priority contingency plans to ensure periodic review and validation of the plan. A formal record-keeping process should be implemented for plans which are tested regularly as part of daily business, such as the Firearms Incidents plan. **Initial Management Response:** Whilst all BC plans were tested during COVID19 and a recent nation-wide power outage activity, as well as all plans tested twice per year in fire drills, we agree to this action and once we have qualified staff (being trained November 2024) we will coordinate a BC training schedule. **Responsible Person: Matthew Jones – Head of Safety, Sustainability and Risk** **Target Date: 31st March 2025** **Recently published report, an update will be provided at the next JARAP meeting**
		4. Multi Agency Business Continuity Working Group	**Low Priority Recommendation:** A representative from the Force should attend the quarterly Multi-Agency Business Continuity Working Group. **Initial Management Response:** . This is action is agreed and we will be in a position to attend the group once we have 2 individuals trained in November 2024. **Responsible Person: Matthew Jones – Head of Safety, Sustainability and Risk** **Target Date: 31st December 2024** **Recently published report, an update will be provided at the next JARAP meeting**

			END