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

Subject	**INTERNAL – MAZARS AUDIT RECOMMENDATIONS AND TRACKING**
Date	**August 2025**
Author:	**ROY MOLLETT – INSPECTION / AUDIT**

Brief Background

1. Mazars Auditors undertake an OPCC/Force commissioned annual programme of internal audits; for a number of business functions, and the following are examples of the range of audits undertaken:

Core Financial Systems	Counter Fraud / Whistleblowing
Governance	Seized Property
Payroll	Workforce Staff Retention
Strategic & Operational	Business Continuity
Fleet Management	Complaints
Vetting	GDPR Compliance

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	Total Reported			Total running	Completed and proposed closed	
	RED High	**AMBER Medium**	**GREEN Low**		Proposed Closed	Not Accepted proposed closed
High	9	-	-	9	0	-
Medium	-	23	-	23	6	-
Low	-	-	13	13	3	-
Total	9	23	13	45	9	-

5. **Audit Recommendations Proposed Closed:** The following nine 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	M	4.2 Sample check of service details	✓	6-7
MTFP	L	2. Budget holder training	✓	20-21
OCCUPATIONAL HEALTH	L	1. Presenting KPIs after the implementation of Cority	✓	22-23
SEIZED PROPERTY	M	1. Records Management	✓	29
DATA QUALITY	M	2. Access Controls	✓	30-31
CONTRACT MANAGEMENT	M	1. Procurement Policy and Procedure	✓	33
"	M	2. Updating Contract Management Guidance	✓	33
"	M	3. Training for Contract Managers and Budget Holders	✓	34
GDPR	L	6. Risk Review	✓	37

6. At the JARAP panel 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 / Current 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 2025	This is a large complex programme of development which has seen a change in management and is reliant upon suppliers and new IT infrastructure
WELLBEING – February 2021			
4.2 Review of thematic data and data analysis	December 2021	Information to address the actual requirements of the recommendation requested	Responsibility transferred and target dates changed a number of times – Now sits with the Head of OH and Wellbeing who has listed achievements. Head currently unwell, however the tactical lead has provided a comprehensive update.
WORKFORCE PLANNING – May 2021			
4.1 Key roles mapping	Pilot June 2021	Sept 2025	Proposal agreed at the People Board; now the proposal is to go to chief officer Exec Board for final consideration.
FLEET MANAGEMENT – November 2021 [Revisit audit]			
4.2 sample check of service details	March/April 2022	Qtr 3 / 4 2025	As Fleet above
COUNTER FRAUD – November 2022			
4.1 Lack of awareness of the	March 2023	Revised to August 2025	Fraud Policy/Strategy revised by OPCC

anti-fraud & Corruption Strategy			and Force. OPCC also completed the Anti-Fraud, Bribery and Corruption Policy. Communications Plan being taken forward for strategy, policy and training.
4.3 Lack of Fraud Training	December 2022	Revised to August 2025	Force Professional Standards Dept rolled out a successful Webinar during 2023 – the 10 standards including Fraud. Training now updated and on force intranet TLA. **Force/OPCC/JARAP - Need to agree an acceptable compliance level.**

7. Business leads are encouraged to provide SMART and achievable project target dates for completion. It is clear from the table above there are occasions where circumstances prevail 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.
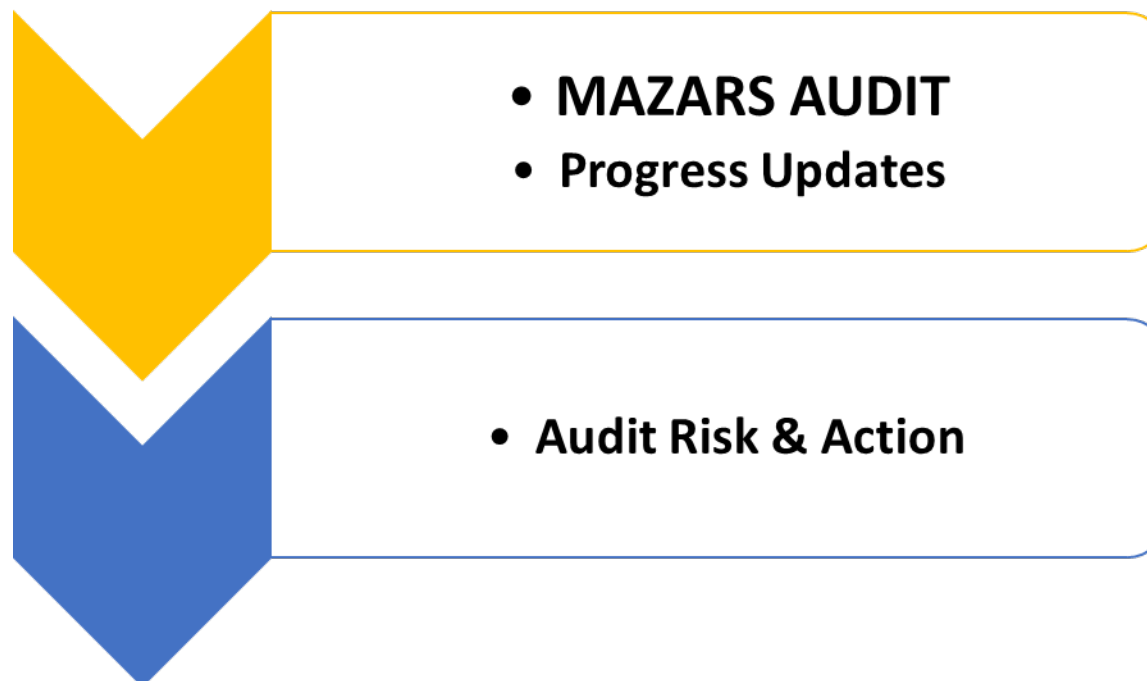
Background Papers
N/A

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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:** 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) are 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 – Apr 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. 16. Challenges with provider external access to the necessary force systems – completed – now resolved for iR3 and via WebEx.

UPDATE August 2025:

What is left to complete and Milestones?

1. Changes required to the Tranman system and the introduction of the tablets need to be synchronised in order to maximise efficiencies. This requires the creation and manual inputting of specific service requirements, parts needed for routine servicing etc in order to link in with stores and ordering.
2. The correct Tablets have now been received and are being introduced incrementally to the technicians and we are in constant dialogue with Civica over functionality and solutions – due to changes in the team at Civica we have been unable to access the support we need to implement this as quickly as we would like. We are progressing as quickly as Civica can support us.
3. Understand and exploit new functionality (including tablets) and the impact on future vehicle fleet management solutions. Bluelight Commercial are undergoing a tender process due to be completed in July 2025. This may impact future decision making around the chosen system – **Q3/4 2025.**

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 staff losses in Q4 2024 have impacted significantly on the capacity to complete the scheduling. Revision of posts and recruitment has taken place and are going to JE w/c 18/8/25.
2. Recent changes made by BT / EE as part of the forces SIM provision has caused failures with the Astra Boxes. As of April 2025, this has still not been resolved and IT Comms / LBA are in constant contact with BT/EE. The problem persists despite the involvement of senior IT officials. BT/EE have not been very forthcoming with workable solutions, and we continue to pursue options.
3. Further funding likely to be required for additional Tranman modules. We are awaiting the outcome of the current BLC tendering process for Fleet Management Systems before we make a decision as to the way forward. This is the same for the majority of police fleets (and other fleets). Early adopters of new offerings have found significant challenges, and we are awaiting these to be resolved before a business case is made for any future changes.

The panel asked about dip-sampling at the last meeting in May: In terms of dip-sampling, vehicles are reviewed daily by the workshop manager and where failure to comply is identified the relevant vehicle owners have been contacted to advise them. The non-compliance has improved significantly.

The lead is currently looking at a new market solution for key management which would prevent over mileage / service date vehicles being used and make better use of the fleet, although this is in the very early stages.

In addition to the above, the department have trialled and are about to roll-out across the force a 'Microsoft Forms' solution to replace the in-car 'green books'. This will modernise systems and processes in a number of ways, including the capture of the mileage, as well as allowing officers to report defects and confirm they have completed their daily checks, are fit to drive, and have a valid licence etc.

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.

Is the recommendation 'proposed closed'? Yes, proposed closed
Enormous progress has been made with the team delivering some really positive progress. Earlier this year in February a progress update presentation was provided to the Joint Audit and Risk Assurance Panel JARAP regarding the fleet which it is hoped was found to be both informative and interesting.

The current challenges with EE/BT are arguably BAU as it has been caused by third party supplier and is not a fundamental aspect of the solution. The situation has improved enormously over recent months and where non-compliance with service requirements are identified, supervisors are informed at the relevant location / team .
I believe the recommendations can be closed at this point as the outstanding elements are in essence 'business as usual' and in-hand and the reasons the original recommendation were made have now been addressed and mitigated - Supt Andrew Parkes

PROPOSED CLOSED

WELLBEING **SATISFACTORY ASSURANCE** **February 2021** "		<u>4.2 Review of Thematic Data and Data Analysis</u>	**<u>Medium Priority Recommendation:</u>** 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. **<u>Historical Achievements 2021- January 2024:</u>** • 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 recommends.
- 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 KPIs 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**

UPDATE August 2025: In Tim's absence, Sally Porch, the force Lead for Wellbeing has provided the following comprehensive progress update on achievements and ongoing developments in relation to the force's active wellbeing support for force personnel:

"You will see a considerable amount of work has taken place since February 2024, which is reflected in the document. With 'Wellbeing' being such a high-profile area, I feel it's important that all work is clearly documented to ensure visibility, accountability and continuity" – Sally Porch Lead for Wellbeing

![Word document icon]

Comprehensive
Wellbeing update - av

A really comprehensive update however, I am seeking access to the hyperlinks within the narrative to see if the information provided addresses the actual requirements of the recommendation. The linked file is located in a 'personal SharePoint location' and Sally is currently on annual leave.

Recommendation repeated here for reference: *"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"*

| 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 role.
  ➢ 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~~. **Revised to September 2025**

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.

Change of Lead - 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~~. **Revised to September 2025**
➢ 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.

UPDATE April 2025:

What has been achieved?

A Succession Planning Working Group has been convened, and they have been meeting to fine tune the MS form and more importantly the outputs.
A force lead on the College of Policing Talent Management has been appointed and it is understood that this area of business now falls within her remit.

The MS form has been presented back to ACO Kelly with a query on how far the form is to be rolled out i.e. - specific roles, staff only or the whole force.
A draft Succession Planning Proposal was submitted to the People Board on the 9th of April at which it was decided to roll it out for the whole force, all roles. The proposal will now be submitted to the force Chief Officer Executive Board in May for final consideration and approval.

			What is left to complete? The new lead has prepared a paper for the chief officer team Executive Board to consider. **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. **August 2025 Update:** **What has been achieved?** Succession Planning: **Step One** – Role Identification has been finalised and approved at Layer 5b People Board and by COT. It is therefore authorised and ready for rollout. An initial draft of Succession Planning: **Step Two** 'Succession Plan Creation' is ready for consultation as part of the newly created NTDS Working Group, which is due to commence in August 2025. **What is left to complete?** ➤ Launch of Step One – Role Identification, followed by analysis of results. Role priorities to be identified and authorised by COT. ➤ Consultation of Step Two – Succession Plan Creation – Including design consultation, form testing, authorisation and approval. **Any barriers to completion?** Succession Planning Step One was ready to launch at the beginning of July 2025, however due to Op Landing and operational demands, non-essential activity has been paused. Sarah Taylor, Head of TLA, will be submitting a paper to COT, which includes the following recommendation: ➤ National **Talent Development Strategy (NTDS)** The NTDS, which includes PDR development and succession planning, has been deferred from June to September 2025. It is important to note that the Succession Planning workstream, while initiated and tracked through JARAP, is intrinsically linked to the implementation of the NTDS. The recent CoP NTDS maturity self-assessment highlighted significant gaps and an overall score below the national average. Deferring key workstreams such as succession planning may further impact our ability to address these gaps. We are therefore working to a new proposed target timeline, which is to launch in September 2025. **Is the recommendation 'proposed closed'? No** – please leave open.
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~~ **Revised to Aug 2025** – Kira Hughes Interim Chief finance Officer OPCC.

UPDATE October 2024:
What has been achieved?

The TLA Commissioning Board is unable to provide the assistance requested and proposed the above package as fit for purpose, which Mazar's have indicated it is not fit for purpose. Further scoping of other training roll-out across the force has highlighted lower tech proposals similar to the role-out of the PVP packages or the use of a QR code at the end of the presentation which officers can scan and register their completion of the training.

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

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.

UPDATE August 2025:
What has been achieved?
➢ The policy has been revised by both OPCC Chief Financial Officer CFO and the DI Counter Corruption Unit CCU within the force Professional Standards Department PSD.
➢ The Joint Anti-fraud, bribery and corruption policy was agreed and signed off at the Corporate Governance Board CGB in March 2025. It is tabled to be reported to JARAP at the next meeting in May – Agenda item 13 Fraud and Corruption Strategy.
➢ The Anti-Fraud, Bribery and Corruption training has been circulated to all Directorate Heads and followed up in Jan 2025 to all Inspectors / Staff equivalent to request they ensure their staff have completed it. To date 1477 have completed it across the force – not quite 50% of all personnel. All details held in the CCU to monitor compliance.
➢ An initial internal media message signposting the refreshed force policy; plus, a joint message from Head of PSD and OPCC CFO has been published across the force through the force intranet.
What is left to complete?
➢ Monitor the ongoing training completion rates.
➢ Importantly, the force and OPCC need to agree what an acceptable level is in terms of the numbers/percentage of force personnel completing the training?
**Any barriers to completion?**
The training has not been labelled as mandatory due to the volume of training that comes out of the TLA which is mandatory.

			The following questions have been put forward to the lead: **Can we identify who has not completed the training?** Yes, as we know who has completed – this will be a little tricker to do as we are holding the completed list outside the usual HR led compliance lists with no automated process to assist. I will need to get the full HR lists of the force to overlay with the completed to identify those who have not. **What does the TLA as experts in the business of training delivery usually consider an acceptable/compliance level?** I can find out what their view is on this and share – If we could ask JARAP for their views on an acceptable level, that would perhaps be a good starting point. **If the compliance rate is considered by the force as low; what is going to be the force's response?** The biggest barrier is for this training is for it to be seen as both mandatory and also a priority. The TLA have been clear that this is not a product they will support the roll out of and have pushed back on any comms that supports the expectation that officers and staff complete it. I don't believe to say it's not a priority or mandatory is the best position to be in. **Is the recommendation 'proposed closed'?** **Not at this time.** Once the level of compliance has been agreed between the force, OPCC and JARAP, and the target compliance achieved the recommendation can be closed – DI Esther Scott
"		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: Revised to Aug 2025** ~~Aug 2023~~ ~~Supt Rich Ward – Head of PSD~~ ~~Det Supt Alison Tompkins~~ **Chris Baker – 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.
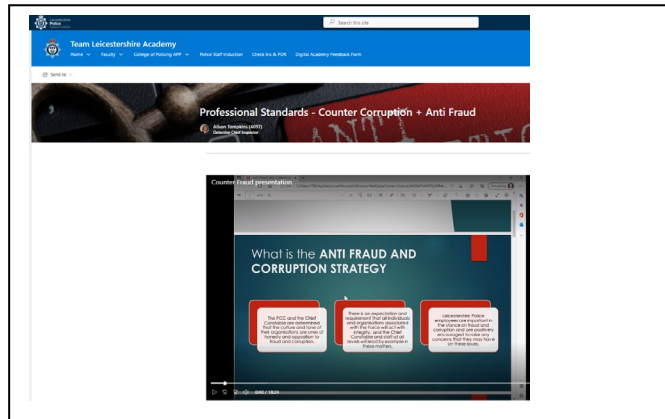
UPDATE July: It has been recognised that refreshed training is now required and this is being developed in conjunction with the Team Leicestershire Academy and the Training Commissioning Board.

UPDATE OCTOBER 2024
What has been achieved? Responses will be the same as Recommendation 1 above

The TLA Commissioning Board is unable to provide the assistance requested and proposed the above package as fit for purpose, which Mazar's have indicated it is not fit for purpose. Further scoping of other training roll-out across the force has highlighted lower tech proposals similar to the role-out of the PVP packages or the use of a QR code at the end of the presentation which officers can scan and register their completion of the training.

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

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.

UPDATE August 2025

What has been achieved?

➢ The anti-Fraud, Bribery and Corruption training has been sent to all directorate heads and followed up in January 2025 to all inspectors / staff equivalent to request they ensure their staff have completed the training. To date, 1,477 have so far completed the training across the force. All details held in the CCU to monitor compliance.

➢ The Joint Anti-Fraud, Bribery and Corruption Policy has been approved by the Corporate Governance Board CGB and an internal media campaign to all.

➢ An initial internal media message signposting the refreshed force policy; plus, a joint message from Head of PSD and OPCC CFO has been published across the force through the force intranet.

Anti-Fraud and Corruption Training – PowerPoint located within the TLA:

ANTI FRAUD AND CORRUPTION STRATE

Internal intranet Link - ANTI FRAUD AND CORRUPTION STRATEGY TRAINING 2024 v2.pptx

What is left to complete?

Monitor training delivery in terms of training completion rates – Determine and agree between the force, OPCC and JARAP an acceptable level of compliance in completing the training.

Any barriers to completion?

The training has not been labelled as mandatory due to the volume of training that comes out of the TLA which is mandatory.

Is the recommendation 'proposed closed'? Not at this time. Once the level of compliance has been agreed between

		the force, OPCC and JARAP, and the target compliance achieved the recommendation can be closed.

MEDIUM TERM FINANCIAL PLAN SUBSTANTIAL ASSURANCE May 2024		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. **UPDATE April 2025:** **What has been achieved?** The lead has met with the force Change Team to look at examples of training needs analysis, and capture ideas which are to be put into practice. Unfortunately, due to workload pressures the lead has not been able to progress this as far as wished. Now that other crucial financial tasks are completed (outturn) the lead is focussing on this piece of work and aims to complete it by the end of May. **What is left to complete?** ➢ Data collation and analysis / Development of a plan based on the training needs analysis. **Any barriers to completion?** The barriers to completion have been other pressures - budget setting in December and January and now outturn. **Is the recommendation 'proposed closed'?** No remain open **UPDATE August 2025:** A training needs analysis will be developed for new budget holders to identify gaps in knowledge that require additional training support as outlined in the recommendation. The department is currently identifying suitable new budget holders to use this with. The training needs analysis has now been delivered, and the recommendation was successfully completed by the end of May 2025. 📊 TNA Template 2025.xlsx

PROPOSED CLOSED

OCCUPATIONAL 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:** **Achievements:** Cority is now producing data. **Left to complete?** Work ongoing with PowerBi and business analyst team to get this into format required for specific boards **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. **UPDATE April 2025:** Lead unwell at the time of reporting **UPDATE August 2025:** **What has been achieved?** Cority is now producing data which is pulled and presented at the relevant boards. We are able to present the data according to each KPI with numerical and visual data to present. **What is left to complete?** Work is ongoing to determine how PowerBi can support this; however this is development over and above the requirements of the recommendation. **Any barriers to completion?** N/A **Is the recommendation 'proposed closed'? Yes** - please see the evidence to support closure below, and I can confirm that the KPI data provided does meet the requirements of the senior management team and the oversight People Board - Hollie Walsh Occupational Health Business Manager

			PROPOSED CLOSED
		2. Gap Analysis for Target Operating Model and Action	**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

		Plan	Light Wellbeing Framework (replacing the previous Foundation standards).

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 and 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.

UPDATE August 2025: The Head of Occupational Health and Welfare currently holds the benchmarking gap analysis which is somewhat out of date; however, Tim is unfortunately currently absent due to ill health.

The Occupational Health Business Manager and team are looking at the possibility of updating the gap analysis in Tim's absence to ensure that it is kept up to date in terms of benchmarking against the standards of the Blue Light Wellbeing Framework (BLWF).

The team will be looking to increase business continuity resilience on Tim's return.

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~~ Chris Baker, Head of Professional Standards and D/Insp Esther Scott** **Target Date: Revised to August 2025 ~~31st March 2025~~** **UPDATE OCTOBER 2024** **What has been achieved?** The TLA Commissioning Board is unable to provide the assistance requested and proposed the above package as fit for purpose, which Mazar's have indicated it is not fit for purpose. Further scoping of other training roll-out across the force has highlighted lower tech proposals similar to the role-out of the PVP packages or the use of a QR code at the end of the presentation which officers can scan and register their completion of the training. 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 **See update for 4.3 Lack of Fraud Training on pages 17 – 20 above.**
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~~ 3rd Qtr 2025-26

UPDATE April 2025:

What has been achieved?

The transition to HALO has begun for our Monitors, Docks, Desktops and Laptops. Processes are currently in development to ensure we are controlling our laptops and desktops correctly before fully migrating this over.

What is left to complete?

Essentially, everything is moving into Halo but not as quickly as expected. A really positive development in terms of adding value is that the force is starting to exploit the potential within Halo far more which is positive and the right thing to do.

The next phase in transition will be our smart phone and sim card assets, followed by our Body Worn Video assets. Discussions with the forces BWV provider will commence soon as there are interdependencies which will need to be worked through to allow the cameras to be booked out.

The final phase will be Airwave radios. Development of a pool booking out process will need to be worked through on HALO before these assets can be fully managed.

Any barriers to completion?

The main barrier to completion is resourcing and capacity. Progress is being made transitioning to Halo but the team are also re-modelling Halo for many other functions, including managing projects therefore the team are carefully defining, designing and building new functionality in Halo to manage IT work, process and procedures.

Is the recommendation proposed closed? If so, please provide sufficient narrative and evidence to support closure. No remains open.

Good progress is being made and asset management is being transitioned across however, it is unlikely to be completed before the Autumn therefore this should remain open for now until it is completed, fully tested and transitioned to BAU.

Andy Elliott – Interim Head of IT / CTO

UPDATE August 2025:

What has been achieved?

Progress since April has been impacted by some long-term sickness by key staff in IT progressing this work. Further progress has been made with devices being managed via Halo and Microsoft InTune. Mobile phones and SIM's are progressing but not yet complete.

What is left to complete?

Mobile phones and SIMs still need to be completed and further planning for BWV needs to be finalised before structure action plans can be defined. Airwave radios also required further development of Halo to be used for this purpose.

Any barriers to completion?

The main barrier is resources. The long-term absence resource has now left the force and work is being re-arranged to accommodate BAU and the development of Halo. Additional resources to develop Halo are being recruited so when these are available, we expect much faster progress with this work stream. It is still going to take until the year end before we see significant progress being made with Halo to manage assets.

Is the recommendation proposed closed? No, not at this stage

BUSINESS CONTINUITY LIMITED OPINION October 2024		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~~ Revised target date 31st March 2026

UPDATE April 2025:
What has been achieved?
All owners have been asked to update plans in November 2024.
What is left to complete?
We have created a new Business Continuity BC Plan template, so the central BC team are currently updating these in conjunction with departments; but with a focus on accuracy and quality rather than just having a new review date. The focus has been on HQ, especially AIU, Digital Hub, IT and CMD as these are the most affected by our biggest strategic risk.
Any barriers to completion?
Time – there is significant work to support all departments and there is currently one member of staff acting as BC Advisor.
Is the recommendation 'proposed closed'? If Yes, please provide evidence to support closure.
No.

UPDATE August 2025:
What has been achieved?
BC Plan owners continue to be reminded of when BC Plans need to be reviewed through the health, Safety and Risk committees. They are also provided with an update on how many plans now sit on the new force format.
All BC plans and owners have access to a SharePoint MS Planner site with all up to date BC plans.
What is left to complete?
As of June 2025 18, out of 55 plans needed a review, and this is tracked and reported in SORB. The emphasis continues to be on quality rather than just changing the review date and a dedicated BC Advisor is giving support to ensure this quality level.
As of July 25, as we move to the new template: 14 plans are now on the new force format, 37 plans in progress with the new format and 8 plans have not been started.
Any barriers to completion?
Time – there is significant work to support all departments and there is currently one member of staff acting as BC Advisor. However, plans to recruit an additional BC advisor are being considered.
Is the recommendation 'proposed closed'? No

		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.

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~~ **Revised target date 31st March 2026**

UPDATE April 2025:
What has been achieved?
It has been agreed that all plans will be reviewed annually, unless deemed higher priority. A list of these is being drafted.
What is left to complete?
A list of priority BC plans.
Any barriers to completion?
Time.
Is the recommendation 'proposed closed'? If Yes, please provide evidence to support closure.
No

UPDATE August 2025:
What has been achieved?
It has been agreed that all plans will be reviewed and exercised annually, unless deemed higher priority, for example due to criticality or requirement for accreditation. A list of these is being drafted.
Since the beginning of the year (BC advisor in post), 3 departmental exercises have been completed and 1 headquarters wide exercise. 3 further departmental exercises are in the planning phase, with a force wide exercise scheduled for the end of 2025/start of 2026. All the exercises have been undertaken with critical departments or those requiring accreditation.
What is left to complete?
A list of priority BC plans.
Any barriers to completion?
Time.
Completion of new BC plans, once these have been completed testing on a priority base schedule can begin. We need to complete the above recommendation first.
Is the recommendation 'proposed closed'? No

| SEIZED PROPERTY MODERATE OPINION December 2024 | | 1.Records management | **Medium Priority Recommendation:** The Force should investigate the possibility of updating the NICHE system to adequately record all 'sub-locations' within the Digital Data Hub Temporary Store, thus aligning such record with all other Temporary Stores.

The Force should remind Digital Data Hub Staff the importance of updating the NICHE system when removing items for investigation, as NICHE is the main evidential property record maintained for all seized property handled by Leicestershire Police.

Responsible Person: Amie Peplow – Evidence Manager and DI Tom Brenton
Target Date: 31st May 2025
<u>**UPDATE April 2025**</u>**:**
What has been completed?
The process of using the sub-locations within the Digital Hub has been agreed and they have been created within Niche.
What is left to complete?
20th May 2025 – full audit of the Digital Hub store by the EPAT. The sub-locations will be introduced during the audit where the auditors will scan the exhibits to the new locations.
Digital Hub Manager to communicate the change in process and remind their staff that they must update Niche when depositing or removing items from the store.
Barriers to completion? None
Is the recommendation proposed closed? No

<u>**UPDATE August 2025**</u>**:**
What has been completed?
The full audit is complete, sub-locations have been created and are now in use. Digital Hub staff are following the new process.
What is left to complete?
There is nothing left to complete
Barriers to completion?
N/A
Is the recommendation proposed closed? Yes
Where the recommendation is **'proposed closed'** – please state this and ensure there is sufficient narrative and evidence [Docs, screen shots or clips are some suggestions] to support closure.

<p align="center">**PROPOSED CLOSED**</p> |
| DATA QUALITY LIMITED OPINION April 2025 | | 1. Project plan data quality improvement | <u>**High Priority Recommendation:**</u> The Force should:
- Perform an exercise to identify and agree all the key themes and areas that require improvement with respect to data quality.
- Create an overall programme of work or delivery plan once the above exercise has been performed.
- Consider creating individual operational workstreams, to support the delivery of the programme or plan, for key areas of work or systems.
- Establish and implement robust governance, monitoring, and reporting processes for the overall programme or delivery plan and key workstreams at the Force. |

	🟥		**Responsible Person: C/Insp Dave Adams – Policy and Compliance** **Target Date:** ~~1ˢᵗ August 2025~~ <u>**Revised Target Date end December 2025**</u> **UPDATE August 2025:** **What has been completed?** The force has scheduled the first Data Quality Working Group for Monday 1st September 2025. The Terms of Reference for this meeting have been written and it will be co-chaired by the Policy and Compliance Chief Inspector and the Head of Data Management Services. The group will report into the Corporate Governance Board CGB and Layer 5C. The board will be responsible for identifying key themes and areas for improvement with respect to data quality and oversee a delivery plan to implement operational workstreams in respect of those themes. **What is left to complete?** The board has yet to sit but work to understand key Data Quality challenges has started. The Mazars Audit report forms a key starting point for the board, alongside national requirements in respect of recording Protected Characteristics Data. Teams within the Policy and Compliance Portfolio are also scoping data quality issues, with work undertaken to fulfil Annual Data Return ADR reports providing valuable insights into known Data Quality issues. Identified issues will be tracked within the delivery plan, and prioritised dependent upon risk and feasibility of resolution. **Barriers to completion?** Barriers at this stage are relatively unknown, but are likely to be system configuration, policy, software development and training related. **Is the recommendation proposed closed? No**
	🟧	2. <u>Access controls</u>	**Medium Priority Recommendation:** The Force should work with the Niche national and regional working groups, in collaboration with other Forces in the region, to assess the feasibility of implementing segregation of duty and access controls to ensure Officers cannot finalise incidents opened by them. If this is not possible, the Force should perform regular and routine, such as quarterly, dip sampling reviews of individuals recording and closing incidents. Analysis and results of dip sampling should be reported to the appropriate governance board. **Responsible Person: C/Insp Dave Adams – Policy and Compliance** **Target Date: 1ˢᵗ August 2025** **UPDATE August 2025:** **What has been completed?** Work to understand our current position has been completed. Segregation exists except for roles designated as Supervisors, whom rarely create reports themselves, or specifically granted roles within the Assessment and Investigation Unit (AIU). C/Insp Nigel Barraclough has provided an update that is summarised as follows: The AIU's self-filing protocol is a strategic response to operational demand and resource optimisation. With 46 Investigators active daily, each capable of processing up to six reports, the unit handles approximately 138 filings per day.

Given that only four Supervisors are on duty, assigning all filing responsibilities to them would result in unsustainable workloads—each Supervisor would be required to process around 35 reports daily, in addition to managing performance, welfare, and dynamic operational needs.

To mitigate this, a controlled self-filing framework has been implemented. Currently, 37 of 93 Investigators hold self-filing rights. These rights are not universally granted but earned through sustained demonstration of high-quality decision-making, assessed initially by line managers and ratified by the Deputy Head of the AIU. Once authorised, Investigators are subject to monthly quality assurance audits, with up to four reports reviewed by Supervisors. Any decline in standards may result in revocation of access.

The policy governing this process is detailed in the AIU Policy and Procedure - Feb 25 document. It outlines the legal and procedural framework, including compliance with NCRS, HOCR, and local governance standards. Supervisors and Sergeants are responsible for dip-sampling reports to ensure quality and adherence to policy. Those without self-filing access must route their reports through supervisory channels for finalisation.

Monthly performance meetings chaired by the Deputy Head of the AIU provide governance oversight. These sessions leverage PowerBi analytics to review individual performance metrics, including crime recording volumes and quality indicators. Outliers are identified and addressed to maintain compliance and service standards.

The majority of reports processed by the AIU pertain to low-threat, low-risk, and low-harm offences. Interlinked procedures—such as those for Domestic Abuse—are rigorously applied to ensure appropriate allocation and safeguarding.

The policy dealing with this is embedded here:

📄 PDF

AIU Policy and
Procedure - Feb 25.pc

What is left to complete?
Nothing further is required.
Barriers to completion?
None
Is the recommendation proposed closed?
Yes, we propose that this recommendation is closed.
The force has a policy and procedure in place in respect of self-filing, and we are satisfied that our measures implemented to mitigate the risks associated with the abuse of this ability are proportionate and sufficient.

PROPOSED CLOSED

| | | 3.Audit schedule, tracker and governance structure | **Medium Priority Recommendation:** The Force should:
• Develop a medium to long term Audit Schedule, which covers a sufficient period, such as three years, to enable better understanding of trends, consistent data quality failings and establish more effective recommendations which tackle the root causes of issues found in audits. This will also improve the planning process for future audits. |

			• Implement the newly drafted Force Tracker and communicate its implementation to relevant staff at the Force. • Create an effective and documented governance structure, which has a synchronised link between Audit Reports, management responses, Force Tracker, and department progress updates to ensure there is accountability for the implementation of recommendations raised in Audit Reports. **Responsible Person: C/Insp Dave Adams – Policy and Compliance** **Target Date: 1st April 2026** **UPDATE August 2025:** **What has been completed?** The force audit schedule is currently produced using a risk matrix on an annual basis. The force seeks to maintain this approach to ensure that the agreed schedule remains responsive to local and national trends, inspection findings and emerging areas of concern and threats. The force tracker has been produced in draft form and is being tested. **What is left to complete?** Full implementation of the force tracker to monitor internal and external audit reports. **Barriers to completion?** Time constraints and the capacity of the Inspectorate Team, which currently consists of one member of staff. We are currently recruiting for a second member of the team, who will be responsible for implementing the tracker. **Is the recommendation proposed closed? No**
		4. Data Quality Terms of Reference	**Low Priority Recommendation:** The Force should agree and finalise the Data Quality ToR and ensure it is periodically reviewed and updated for accuracy. **Responsible Person: C/Insp Dave Adams – Policy and Compliance** **Target Date: 1st April 2026** **UPDATE August 2025:** **What has been completed?** The Data Quality TOR has been co-authored by the Head of Policy and Compliance and the Head of Data Management Services. **What is left to complete?** Sign-off and formal adoption of the TOR will take place at the first Data Quality Working Group on 1st September 2025. **Barriers to completion?** None **Is the recommendation proposed closed? No -** Awaiting TOR sign-off prior to closure.
CONTRACT MANAGEMENT **MODERATE OPINION** **June 2025**		1. Procurement policy and procedure	**Medium Priority Recommendation:** The Force should publish a non-purchase order list on the intranet to provide a formal exemption for suppliers where a purchase order is not required. This should be reviewed alongside the procurement policy and procedures to ensure that it is still appropriate and up to date. **Responsible Person: Rob Atkinson – Head of Procurement and Support Services** **Target Date: 31st August 2025**

			UPDATE August 2025: **What has been completed?** The inclusion of an exemption process for purchases orders being raised for certain goods and/or services was discussed with the OPCC for inclusion within the Joint Corporate Governance Framework (CGF). This requirement has been accepted and included in the latest document review between the OPCC and the Force. **What is left to complete?** The CGF is currently in draft form awaiting final approval by the OPCC and Force. **Barriers to completion?** None **Is the recommendation proposed closed? Yes** I propose this action is now closed as the requirement has been written into the CGF which is now just awaiting final sign off and will be available within the document on the intranet. **PROPOSED CLOSED**
"		2. Updating contract management guidance	**Medium Priority Recommendation:** The Force should clearly document the rationale for extending contracts, either within the relevant business case or within correspondence between the contract manager and the contract holder. The Contract Management Guidance should be updated to make this clear for budget holders, contract managers and other staff involved in contract management. **Responsible Person: Rob Atkinson – Head of Procurement and Support Services** **Target Date: 31st August 2025** **UPDATE August 2025:** **What has been completed?** Amendments to Procurement Team processes have taken place to ensure an auditable process in place recording discussions/interactions with stakeholders when considering/actioning contract extension options. A step has also been included within the Procurement Status sheet to ensure compliance. **What is left to complete?** Nothing **Barriers to completion?** None **Is the recommendation proposed closed? Yes** Yes, this action can be closed. **PROPOSED CLOSED**
"		3. Training for contract managers and budget holders	**Medium Priority Recommendation:** The Force should provide training to contract managers and budget holders regarding contract management. This should include any changed or additional responsibilities delegated as part of the new Procurement Act. **Responsible Person: Rob Atkinson – Head of Procurement and Support Services** **Target Date: 31st August 2025** **UPDATE August 2025:**

			What has been completed? Training and information sessions have started to be rolled out and staff and officers are being encouraged to join internal and national seminars/webinars. **What is left to complete?** Only that the programme is rolled out wider across the organisation which is ongoing. **Barriers to completion?** Time and availability to attend slows down the roll out. **Is the recommendation proposed closed? Yes** Yes, this programme has commenced and will form part of an on-going training/refresher/information sharing programme. **PROPOSED CLOSED**
		4. Update contract management policy	**Low Priority Recommendation:** The Force should update the contract management policy to include any new requirements under the new Procurement Act. **Responsible Person: Rob Atkinson – Head of Procurement and Support Services** **Target Date:** ~~31st August 2025~~ Target date revised to 30th September 2025 **UPDATE August 2025:** **What has been completed?** Work has commenced to update the various Procurement Policies, but as yet this is not complete. We would request an extension until 30th September to ensure this work is finalised compliantly. **What is left to complete?** We require a legal review of updates to ensure compliance with Procurement Legislation. **Barriers to completion?** Resource availability **Is the recommendation proposed closed? No,** not at present.
GDPR **UNSATISFACTORY OPINION** **June 2025**		1. Audit of processing and information assets	**High Priority Recommendation:** As planned, the OPCC should urgently conduct a comprehensive audit of its processing activities and information assets to ensure these are accurately recorded within a RoPA and IAR respectively. The RoPA and IAR should be subject to regular review, ensuring both its completeness and accuracy. **Responsible Person: Lizzie Star – Director of Governance and Performance** **Target Date: 30th September 2025** **UPDATE August 2025:** **What has been completed?** System has been designed within teams to enable us to collate all the information for the IAR. Been initially reviewed and some final amendments need making to make it OPCC appropriate. **What is left to complete?** Then remaining items left to complete is transferring the information onto the forms. Time has been allocated for this in August 2025 so on track for completion by the end of September. **Barriers to completion?** No anticipated barriers for completion by the determined date. **Is the recommendation proposed closed? No**
"		2. Information Asset	**High Priority Recommendation:** The OPCC should create a separate Information Asset Register and Register of

		and processing register	Processing Activities, informed by best practice. **Responsible Person: Lizzie Star – Director of Governance and Performance** **Target Date: 31st December 2025** **UPDATE August 2025:** **What has been completed?** Nothing has been completed on this action yet as the ROPA will be produced on the back of the information asset register. Once the IAR displays all the information stored we will easily be able to pull out this information. **What is left to complete?** N/A - still expecting to be completed within the timescale. **Barriers to completion?** N/A **Is the recommendation proposed closed? No**
"		3. Retention of Information - information Asset Register / Processing Activities Register	**High Priority Recommendation:** The OPCC should ensure that the retention periods included within the Information Asset Register and Register of Processing Activities are adhered to. The OPCC should introduce sample testing activities on a regular basis to ensure that data is not held for longer than the defined retention period. **Responsible Person: Lizzie Star – Director of Governance and Performance** **Target Date: 31st March 2026** **UPDATE August 2025:** **What has been completed?** Work has started on creating a tracker for the retention periods of currently stored information. The team are also moving work over to SharePoint and reviewing archived folders and records as part of this exercise. Moving forwards this will be built into SharePoint with automatic deletion of files. Further to this, there will be regular dip samples of compliance against retention periods that will be reported into the SMT business board, chaired by the Chief Exec. **What is left to complete?** • Continuing progress against migration over to SharePoint. • Tracker and dip sample process to be finalised and embedded, **Barriers to completion?** Upcoming vacancies within the team may inhibit full delivery of the reporting and dip sample regime to SMT. **Is the recommendation proposed closed? No**
"		4. Review access to folders	**High Priority Recommendation:** The OPCC should review access arrangements to its folders and ensure that this is following the Principle of Least Privilege (PoLP) and limited to only necessary individuals. The OPCC should review its file storage and naming convention in accordance with the Force and ensure that this reflects current practices. This should be enforced across the OPCC, with an exercise undertaken to confirm that the convention is being applied. As is ongoing, the OPCC should review the Product Matrix and ensure that it accurately reflects the location and permissions of information assets, which should be recorded within the ROPA and Information Asset Register.

			Responsible Person: Lizzie Star – Director of Governance and Performance **Target Date: 31ˢᵗ March 2026** **UPDATE August 2025:** **What has been completed?** The team is now working almost soley on Sharepoint which adopts these principles, whereby new team members have to be granted access to teams and folders. **What is left to complete?** Need to review the remaining public drive folders and ensure there is a plan for migration or the PoLP is applied. **Barriers to completion?** N/A **Is the recommendation proposed closed? No**
"		5. Training log and monitoring	**Low Priority Recommendation:** The OPCC should ensure that all instances of training are recorded within the training log. Evidence of completion should be submitted to support the completion of that training, including NCALT training or meeting attendance records. Regular monitoring of training completion should be completed, with escalation procedures introduced for instances of non-compliance. **Responsible Person: Lizzie Star – Director of Governance and Performance** **Target Date: 30ᵗʰ September 2025** **UPDATE August 2025:** **What has been completed?** Mandatory training for GDPR compliance is now sitting at 89%, there is a robust system in place for tracking non-compliance (through the OPCC business board) and this has been escalated and actioned from there. New starters now complete mandatory training within first two weeks of starting their role. There is also a training declaration form being implemented and rolled out across the office. **What is left to complete?** Remaining 5 people within the office to complete GDPR training. **Barriers to completion?** None **Is the recommendation proposed closed? No** Not proposed closed at this point although all actions have been completed due to us not being at 100% compliance. It is expected that this will be closed at the next update.
"		6. Risk review	**Low Priority Recommendation:** The OPCC should review risk OPCC014 and consider, in light of the self-assessment, whether the risk has been scored correctly. **Responsible Person: Lizzie Star – Director of Governance and Performance** **Target Date: 10ᵗʰ December 2025** **UPDATE August 2025:** **What has been completed?**

			Risk reviewed in light of the audit and self assessment and adjusted accordingly. **What is left to complete?** N/A **Barriers to completion?** N/A **Is the recommendation proposed closed? Yes** Risk has been adjusted in December 2024. The risks are now monitored and managed through the OPCC business board. This increase in risk score has been reflected in the last risk register presented to the JARAP **PROPOSED CLOSED**
"		7. Accessible versions of the privacy notice	**Low Priority Recommendation:** The OPCC should introduce accessible versions of the privacy notice, including large print and easy-to-read alternatives. **Responsible Person: Stephen Powell – Head of Communications and Lizzie Star – Director of Governance and Performance** **Target Date: 30th September 2025** **UPDATE August 2025:** **What has been completed?** New website work has commenced with an expected launch date at the end of the year. The privacy notice for this will be reviewed as part of this work. **What is left to complete?** Scoping around other OPCCs to understand best practice, formal decision to be made at SMT as to our approach. **Barriers to completion?** N/A **Is the recommendation proposed closed? No**
CUSTODY GOVERNANCE **LIMITED OPINION** **July 2025**		1. Pre-release Risk Assessment Procedure	**Medium Priority Recommendation:** A separate risk assessment procedure should be developed, including clearer and more detailed guidelines on the factors that must be considered for each section of the pre-release risk assessments. Additional training for custody staff should then be developed and undertaken on how to complete pre-release risk assessments for custody officers and staff. **Responsible Person: Insp Mistry Custody Children and Females Lead and Sgt Gosling Trainer TLA** **Target Date: ~~4st April 2025~~ Revised Target Date 1st December 2025** **UPDATE August 2025:** Observation from Leah Johnson - Head of Criminal Justice: "The audit was conducted before Christmas 2024 however; there were several misunderstandings in the initial draft which led the force to challenge some of the findings with the auditors Mazars. A meeting meeting to resolve did not take place until February 2025 as a result an amended draft final audit was provided on the 26th June. Therefore, the deadlines in the report have been superseded. That said, this fits with a lot of the work we are doing around children and so much of it is

			on-going. I have therefore revised the target dates which I hope given the circumstances the DCC and panel will accept". **What has been completed?** Training has been refreshed around risk assessments, with the risk assessments being covered not only on the initial course but on the refresher courses as well. It includes emphasis on what happens through the custody process as well as all the risks identified on the initial risk assessment with clear explanation of actions to be taken – slides available on request. **What is left to complete?** Design and negotiation of separate risk assessments on going **Barriers to completion?** This will need regional agreement as it will be built into the Niche system. **Is the recommendation proposed closed? No – revised target date 1st December 2025**
"		2. Time limit for Appropriate Adult	**Medium Priority Recommendation:** The Force should consult with the OPCC, NPCC and other sector bodies regarding implementing a time limit for identifying a suitable Appropriate Adult before contacting TAAS. The Force should implement a working practice that a parent/guardian will be the default Appropriate Adult and if they cannot be identified/contacted within the timeframe above, then TAAS should be contacted as soon as possible. This should include documenting within the custody record the status of the parent/guardian as appropriate adult (for example: not identified, uncontactable, refused or confirmed), the time they were contacted/confirmed and, if applicable, the time TAAS was contacted. The Force should communicate all changes to working practices from the above recommendations with custody sergeants regularly to ensure these changes are embedded. The Force should continue to monitor this process, including the time between entering the custody suite, confirming an Appropriate Adult and the Appropriate Adult arriving; and feedback should be given to individuals where this new working practice is not adhered to. **Responsible Person: C/Insp Jim Heggs - Head of Custody** **Target Date: ~~1st April 2025~~ Revised Target Date 1st December 2025** **UPDATE August 2025:** **What has been completed?** The NPCC has been consulted and would not want to mandate such a time limit as clearly the most appropriate AA is better than just any AA, therefore if it takes a reasonable time to gain that person the NPCC accept that (email received from Simon Barnes SO to the NPCC lead for Custody). The Force already see the parent/guardian as the first point of call as an AA and it is this that can lead to delays. For example, they may have to travel, they may need to find other childcare, get excused from work etc etc. The CO will always take this route first. The timing of AA arrivals is tracked through a weekly dip sample and the provision of AAs for children at 4 points of process is audited quarterly. Q1 of this performance year sits at 87% compliant, having slipped slightly from 91% in Q4. In both, the name of the Custody Officer is recorded and the Custody record number of noncompliant records given so feedback can be provided. Force custody policy has been amended to reflect the NPCC guidance of the parent/guardian being the best AA and to

			reflect the fact that the choice of AA is the COs but TAAS should be called as soon as possible. **What is left to complete?** The format of the custody record does not lend itself to recording those elements Mazars have stated in the recommendation, therefore we are currently reviewing that in terms of a regional re write. That work needs to be done once designed and then progressed through the various Niche change processes. **Barriers to completion?** The regional element will delay the change required, but should not stop it. **Is the recommendation proposed closed? No – revised target date 1ˢᵗ December 2025**
"		3. Training and updated procedure	**Medium Priority Recommendation:** The Force should provide additional training for custody staff on the best practices for managing child detainees, and the importance of recording decisions clearly. The Force should update Custody Procedures to reflect the statutory duties of the Force and Local Authorities, as well as guidance under the Home Office's Concordat on Children in Custody. The Force should engage with the Local Authority to advocate for the provision of adequate accommodation for child detainees. **Responsible Person: Insp Mistry Custody Children and Females Lead and C/Insp Jim Heggs – Head of Custody** **Target Date: 4ˢᵗ April 2025 Revised Target Date 1ˢᵗ December 2025** **UPDATE August 2025:** **What has been completed?** Conversations have begun with a Children's representative from the council, who has outlined a lack of capacity in the Leicestershire area, and indeed saw it has possibly not having the demand to warrant provision. We have suggested using a Notts facility, but this is based in the secure wing and not appropriate. We are working closely with this rep to determine demand and the appropriateness of the remand decision to ensure it is the last resort. However, we have agreed that escalation of the issue is appropriate and following internal conversations it may be escalated to the Strategic Partnership Board. For reassurance there is some superb work being done locally to ensure children are placed appropriately in the community e.g. foster homes if their safety can be guaranteed rather than unnecessarily languishing in police cells. Whilst Mazars are correct we are not compliant with the guidance we are working with partners to achieve the spirit of the guidance. The concordat is a hyper link in our procedure, and section 2.23.7 covers juvenile remand in our policy, this is covered in our training The policy for custody already covers this. Training wise for children is covered on the initial training for COs including all legal and procedural training. However, we are working with the Prevention Directorate to create bespoke training. Refresher training this year is bespoke and covers child strip searching and clothing swaps. **What is left to complete?** As we open our vulnerability suite in Sept, with a separate wing for children we aspire to design specialist training for

			specialist custody officers in this area and so this recommendation will hopefully be exceeded, this we will do with our prevention directorate Children and young persons' officer. We are also working with our regional lead for female offending from Probation to develop bespoke training for females. Conversation and potential escalation of the LA statutory responsibilities and reimbursement issue. **Barriers to completion?** Provision of accommodation may be a challenge for the council with no PACE beds currently available in the area. This will mean we need to move to reimbursement which will be an issue for the Council, this needs to be reviewed and handled with sensitivity. **Is the recommendation proposed closed? No – revised target date 1st December 2025**
"		4. Completion of use of force forms	Medium Priority Recommendation: The Force should ensure that use of force forms are completed in all cases where the use of force has been required. The Force should include consideration to whether use of force forms have been completed when undertaking its regular dip sampling of custody records. The Force should record and report on the use of force for women and children separately at its Legitimacy Board. **Responsible Person: C/Insp Jim Heggs – Head of Custody** **Target Date: 4th May 2025 Revised Target Date 1st November 2025** **UPDATE August 2025:** **What has been completed?** We shared with Mazar our dip sample where use of force completion is reviewed. We do not however, as yet split the children and female aspect. This will be worked through a review of the dip sample once a recruitment for our Business Support Officer BSO is completed. This has been agreed at SVCB a week ago, so recruitment is likely to take 3 months or so. Ch Insp Heggs is our representation at the Legitimacy Board and data there is split into children and females. However, currently it is not split into the location of custody. This has now been agreed with the analyst and should be available for the next board meeting. **What is left to complete?** Review pending recruitment of BSO and next Legitimacy board so as to be able to say the data is split by custody location. This action can then be closed. **Barriers to completion?** Recruitment of BSO but this should be achieved eventually. **Is the recommendation proposed closed? No – revised target date 1st November 2025**
"		5. Training – statutory responsibilities of LAs	Medium Priority Recommendation: Additional training and communications should be provided to custody officers around the statutory responsibilities of local authorities to provide accommodation for child detainee and to reimburse the Force for the reasonable expenses of accommodating them. It should also be ensured that where a request to accommodate a child detainee has been made to the local authority and denied, that custody officers request that the local authority reimburses accommodation expenses. **Responsible Person: Insp Mistry – Custody Children and Females Lead; Sgt Gosling – Custody Trainer TLA; and Ch Insp Heggs – Head of Custody** **Target Date: 4th May 2025 Revised Target Date 1st December 2025 to tie in with conversations with LA**

			UPDATE August 2025: **What has been completed?** Training is given on this issue on the initial custody course, this training covers the Local Authority LA obligations, the Sgts responsibilities, understanding the difference between suitable and secure accommodation and when it is impractical to transfer. **What is left to complete?** The reimbursement issue is to be determined as above. **Barriers to completion?** Training can be amended to deal with any issues that arise from conversations with the LA. **Is the recommendation proposed closed? No** – revised target date 1st November 2025 to tie in with conversations with LA
"		6. Feasibility study	**Low Priority Recommendation:** The Force should undertake a feasibility study and consider whether it can implement separate facilities for women and children, or for vulnerable detainees. **Responsible Person: C/Insp Heggs – Head of Custody** **Target Date:** ~~1st June 2025~~ **Revised Target Date 1st October 2025 - to meet the go live of the suite** **UPDATE August 2025:** **What has been completed?** We have looked at this and the force is not in a position to build a new facility. However, we have analysed our estate capacity and chosen two wings at Keyham Lane custody to transform into a separate children's wing (D block) and a separate female wing (Block F). From early October Keyham Lane as a whole will be the forces vulnerability suite with separate areas for children and females and a further wing for vulnerable male detainees. Refurbishment of D block has taken place to better meet the needs of children. We have also had a lived experience mentor, and a number of children come through our suites to give their voice to how we could better use space, colour, facilities in general. We need now to assess that feedback. **What is left to complete?** Analyse of feedback and prioritisation of works on the estate. We also hope to have the COP and NPCC design leads visit in Sept/Oct to look at the whole estate and give feedback on any necessary changes – these would include ideas for women and children. A paper then needs to be submitted to gain any investment and the view of the force on refurbishment of the suites. Any agreed works can then be funded and commence. **Barriers to completion?** Funding availability will clearly be a barrier we are looking at whether we can use S106 monies, and what if any help the OPCC can give within the whole system work on girls and females. **Is the recommendation proposed closed? No** – revised target date 1st October 2025 – to meet the go live of the suite.
"		Hygiene packs for all female detainees	**Low Priority Recommendation:** The Force should remind custody sergeants to offer hygiene packs to all female detainees (including those with a different gender identity but that were assigned female at birth).

			Responsible Person: C/Insp Heggs – Head of Custody **Target Date:** ~~1st April 2025~~ **Revised Target Date 1st October 2025 to meet with the publication of Q2 audit** **UPDATE August 2025:** **What has been completed?** We have changed our policy to now have Hygiene packs placed in cells for all females (including those with a different gender identity but that were assigned female at birth) this helps with custody sgts remembering at the booking in stage and also removes any nervousness for the detainee in asking for products. Our Q1 audit shows an 81.53% compliance – Amber rating. **What is left to complete?** The policy needs to further embed and the CCIG will meet on the 15th of Aug to discuss Q1 audit and individual date will be passed to managers for feedback purposes, we are hopeful of a green compliance rating of 85%+ when tested in Q2. **Barriers to completion?** Nil – policy just needs to embed. **Is the recommendation proposed closed? No** - Revised Target Date 1st October 2025 to meet with the publication of Q2 audit
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WORKFORCE PLANNING **SUBSTANTIAL OPINION** **July 2025**		1. Mapping of key roles	**Medium Priority Recommendation:** As planned the Force should complete the mapping exercise and produce a centralised log of all key staff roles across the organisation, including specialist roles. This should also include identifying individuals able to fill those key roles in the short/medium/long term. Progress over the delivery of the exercise should be circulated to a relevant Board to ensure it is subject to adequate oversight and scrutiny. **Responsible Person: Kathryn Eaton, Head of HR Sarah Taylor, Head of Team Leicestershire Academy and Careers** **Target Date: 31st October 2025** **UPDATE August 2025:** Recently released report updates to be provided at the next JARAP meeting
COMPLAINTS MANAGEMENT **MODERATE OPINION** **August 2025**		1. Adherence to guidance	**Medium Priority Recommendation:** The Force should ensure adherence to IOPC best practice guidance of providing timely updates to complainants. Evidence of communication with the complainant must be uploaded to Centurion at the time of contact to maintain an accurate, live audit trail. **Responsible Person:** Mick Gamble Complaints and Discipline Manager **Target Date: 31st August 2025** **UPDATE August 2025:** Recently released report updates to be provided at the next JARAP meeting
"		2. Complaint handler details communicated	**Medium Priority Recommendation:** The Force should ensure that the details of the specific complaint handler are provided to all complainants promptly following the initial acknowledgment letter, with evidence uploaded to the Centurion system at the time of contact.

			Responsible Person: Mick Gamble Complaints and Discipline Manager **Target Date: 31st August 2025** UPDATE August 2025: Recently released report updates to be provided at the next JARAP meeting
"		3. EDI information requested on 1st contact	**Low Priority Recommendation:** Where complaints are received initially via email, Complaint Handlers should ensure at first communication with complainants that equality and diversity information is requested to identify whether any special requirements are needed. **Responsible Person:** Mick Gamble Complaints and Discipline Manager **Target Date: 31st August 2025** UPDATE August 2025: Recently released report updates to be provided at the next JARAP meeting
End			