OFFICE OF THE NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER
&
NORTHAMPTONSHIRE POLICE
&
NORTHAMPTONSHIRE COMMISSIONER FIRE AND RESCUE AUTHORITY

JOINT INDEPENDENT AUDIT COMMITTEE

6th December 10.00am to 13.00pm

Microsoft Teams virtual meeting
Walker Room Darby House

If you should have any queries in respect of this agenda, or would like to join the meeting please contact:

Kate.Osborne@northantspfcc.gov.uk

Members of the public, with the permission of the Chair of the Committee, may ask questions of members of the Committee, or may address the Committee, on an item on the public part of the agenda.

Further details regarding the process for asking questions or making an address to the Committee are set out at the end of this agenda notice

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Public Meeting of the Joint Independent Audit Committee				Time
1	Welcome and Apologies for non- attendance			10:00
2	Declarations of Interests			10:10
3 (pg 5)	Meetings and Action log 13th September	Chair	Reports	10:20
4 (pg 12)	Internal Auditor Progress Reports	Mazars	Report	10:35
5	External Audit update EY letter and/ or DLUHC letter	EY		10:50
6 (pg 34)	NFRS - Internal Audit recommendations implementation update	JO	Report	11:05
7 (pg 60)	NFRS – HMICFRS recommendations update	JO/ RC/ PP	Report	11:20
8 (pg 73)	Policing Fraud and Corruption: Controls and processes	VA	Report	11:35
9 (pg 88)	Mid term assurance on IT Disaster Recovery	PB	Report	11:45
10 (pg 92)	Agenda Plan	HK	Report	11:55
11	AOB	Chair	Verbal	12:00
12	Confidential items – any	Chair	Verbal	12:05
	Resolution to exclude the public	Chair	Verbal	12:10
	Items for which the public be excluded from the meeting: In respect of the following items the Chair may move the resolution set out below on the grounds that if the public were present it would be likely that exempt information (information regarded as private for the purposes of the Local Government Act 1972) would be disclosed to them: *"That under Section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that if the public were present it would be likely that exempt information under Part 1 of Schedule 12A of the Act of the descriptions against each item would be disclosed to them".*			
13 (pg 95)	Police Risk Register (including current risk policy as appendix)	RB	Report	12:15
14 (pg 100)	Benefits Realisation	PB	Report	12:30
15	Future Meetings held in public 10am-13.00pm: - 6th December 2023 - 13th March 2024 - 17th July 2024 Future Workshops not held in public: - Final Accounts Workshops –			

	○ Fire – 1st November 2023 ○ Police – 15th December 2023			

Further details regarding the process for asking questions or making an address to the Committee

i. General

Members of the public, with the permission of the Chair of the Committee, may ask questions of members of the Committee, or may address the Committee, on an item on the public part of the agenda.

ii. Notice of questions and addresses

A question may only be asked or an address given if notice has been given by delivering it in writing or by electronic mail to the Monitoring Officer no later than noon two working days before the meeting.

Notice of questions or an address to the Committee should be sent to:

Kate Osborne
Office of the Police, Fire and Crime Commissioner
Darby House, Darby Close, Park Farm Industrial Estate, Wellingborough. NN8 6GS

or by email to:
kate.osborne@northantspfcc.gov.uk

Each notice of a question must give the name and address of the questioner and must name the person to whom it is to be put, and the nature of the question to be asked. Each notice of an address must give the name and address of the persons who will address the meeting and the purpose of the address.

iii. Scope of questions and addresses

The Chair of the Committee may reject a question or address if it:

- Is not about a matter for which the Committee has a responsibility or which affects Northamptonshire;
- is defamatory, frivolous, offensive or vexatious;
- is substantially the same as a question which has been put or an address made by some other person at the same meeting of the Committee or at another meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

iv. Asking the question or making the address at the meeting

The Chair of the Committee will invite the questioner to put the question to the person named in the notice. Alternatively, the Chair of the Committee will invite an address to the Committee for a period not exceeding three minutes. Every question must be put and answered without discussion but the person to whom the question has been put may decline to answer it or deal with it by a written answer. Every address must be made without discussion.

v. The Chair and Members of the Committee are:

Mrs A Battom (Chair of the Committee)

Mr J Holman

Mrs E Watson

Ms A Bruce

1 vacancy for JIAC member

* * * * *

Agenda Item : 3

Joint Independent Audit Committee (JIAC) ACTION LOG –13th September 2023

Attendees: Members: Ann Battom (AB), John Holman (JH), Edith Watson (EW), Alicia Bruce (ABR)

Helen King – Chief Finance Officer OPFCC and NCFRA (HK), Vaughan Ashcroft – Chief Finance Officer (Police and Enabling Services) (VA), Paul Bullen - Assistant Chief Officer Enabling Services (PB); Kate Osborne Project Support Officer OPFCC (KO); Julie Oliver – Risk & Business Planning Manager NCFRA (JO); Nick Alexander – Joint Head of Finance (NA)

Paul Fell (PF) – Director of Delivery OPFCC - attending for OPFCC risk register report

David Peet (DP) – Interim Chief Executive OPFCC – attended for part of the meeting

External Audit – Grant Thornton - Laurelin Griffiths (LG)

Internal Audit Mazars – Sarah Knowles (SK);

Agenda	Issue	Actions	Comments/ actions
1	Welcome and apologies		**Apologies -** External Audit EY – Elizabeth Jackson (EJ); **Welcomes -** Laurelin Griffiths (LG) & David Peet (DP)
2	Declarations of Interests		
3	Meeting Log and Actions – 19th July		1. JIAC annual report – due to deferred Police Fire and Crim Panel agenda items, this is yet to be presented to panel. CF until new panel date is scheduled. 2. SK – additional resource being put into fire reviews so turnaround time can be improved. 3. EY – no fire annual audit report issued yet – CF
4	Internal Auditor Progress report		1. SK – sets out work done since previous meeting summarised on page 19. 2. Moderate assurance for firearms.

		Action SK: audit plans to be separated in future reports.	3. 1 draft report issued and fieldwork complete for 2 audits. These are scheduled to take place in September 4. Agreed some dates for other audits imminently and working to agree ToR for these 5. Page 20 – performance. It is early days in this annual plan and this will be fully populated as year progresses 6. Pg 23 – detail of work currently ongoing for plans for 23/24. Discussions around format, the plans will be separated in future 7. Pg 25 – the status of collaboration audits will be built on throughout the year. 8. ToR have been issued since the submission on JIAC report 9. Pg 26 – detail from the final audit report on firearms audit. – 2 significant recommendations reported 10. HK – really positive that finance audits have received ToR and core financial ToR have been issued. 11. EW – feels under control which is positive. 12. ABr – commented lots of December audits scheduled 13. HK – PFCC report – needs changing to March 2024 14. AB – responses to the points raised re firearms – no timescale for review. page 28 – should there be a date in there? PB – lots of work around firearms licencing at the moment - hasn't been presented to force assurance board and PB will pick this up at that board meeting. 15. SK – these will be reviewed and action dates will be discussed with management.
5	External Auditor Progress Reports 5a PCC & CC 5b NCFRA	**Action: JIAC to draft letter to be sent to EY** **Action: update required regarding outstanding asset audit – delays since Sept 2022**	1. AB and HK to meet outside of JIAC to discuss Action plan with EY. A letter to be drafted to EY and circulated to members for addition/ approval? 2. HK and VA to update AB on where we are in relation to progress of asset valuation report. VA – believe has been concluded, but in EJ reviews she is raising other queries so more information has been required. 3. Some of evidence being requested by EY has been 'interesting' but given the dates of the items has been difficult due to hardware turnover. Existence testing in fixed assets. 4. VA and HK to push EJ for an update when she's back at work.

6	PFCC and CC internal audit recommendations implementation update		1. PB – police internal audit recommendations. Covers the audits from 2020-21 – 2022-23. Doesn't include previously mentioned firearms (within agenda item 4) 2. Report refers to 77 recommendations over 3 years of reports. 3. Overdue – IT healthcheck. – coming to next force assurance board. Aiming to close this recommendation next month at this FA board meeting 4. ABr – asked about red recommendations – PB there are timelines and expectations in place to address these. PB significant ones have been done. Reasonable adjustments – comparisons – KPIs have been addressed and this is moving forwards. So this has been pushed back by a couple of months so this will appear as overdue but there is work ongoing for this. (pg50) 5. AB – confirm that everything now showing closed will disappear off next JIAC report and the summary table – PB yes these will. For ease the 2022/23 these may still appear but the rest should be gone 6. AB – vast improvement – positive position to be in 7. AB – number of dates mentioned – pg 53 TRAA – point 3 – checking testing and closures that were on track – PB yes these happened. This was done to time. Actions are closed at Force Assurance boards not in-between. Next FA is October where these will be formally closed.
7	CC- HMICFRS recommendations update		1. PB update to committee about HMICFRS report on previous PEEL inspection. Lots have been completed and lots appear to reference PEEL 2023 – this is happening currently (in the building today) strategic briefing last week. Currently in a fortnight of reality testing. Resulting report from HMICFRS will be published in December 2. PB – feeling that it might be an improved picture but won't know until official report published. 3. AB – a lot requiring review from latest inspection – is the validation an inspection – PB – where they consider them to be level 2 chief signs off, where they are level three it is done through next inspection. Although we can self-certify. The levels are decided by HMICFRS 4. AB – how long until they issue their findings – PB hot debrief in October (not full report and extra things are added in full report) – anticipating draft of report around Christmas, and formally published for public in new year. But this is HMICFRS timelines. 5. VA – the inspectors are different from previous, so it may be that they have different assessments and decisions of subjective opinions. 6. EW – have assessments been done of other forces inspections to highlight any surprise

			areas – PB – yes work has been done to look at areas
8	NFRS fraud and corruption		1. HK to present – co author with Phil Pells with help from NA 2. Annual report in relation to fire for JIAC. Police to present at December JIAC 3. HK – processes and policies in place to get early warnings about any fraud or corruption issues and highlight any areas of concern. 4. HK – talked through report. Lots of national arrangements (ethics, standard, core codes) – updates given to Commissioner about the standard involved and whether they are being met/ complied with 5. Section 4 – National Fraud initiative – happens every two years have opportunity / requirement to join. It was undertaken by fire. Thanks to NA and Team and VA and team to look at identified issues. HK – delighted to say this work highlighted no issues. Good and thorough piece of work 6. AB – 4.5 – HK doesn't mean 2002 – 2022 is the year 7. HK – local policies and procedures in section 5 – regularly reviewed. They go through the tactical leadership team 8. AB – how much or not at all do these replicate/ mirror police? – HK – depends on policy – PB – some policies are joint others are different. Some are similar and some are less similar. PB e.g. alcohol and drugs are less similar as police have greater powers as an employer. 9. HK – section 6 -updates of CGF – thanks given to Leanne Hanson – one document with three parties – will be kept under regular review – and will be reviewed ongoing as areas are required. 10. HK – section 7 – fires accounts for 2021/22 signed off – smoother ride through external audit process – 2022/23 pending. 11. HK – one thing to highlight final audit from MKIA – assessed as Good – journey since 2019 – felt like a progression. 12. Section 8 – Fire HMICFRS inspections – 2021/22 – second full inspection. Fire colleagues are readying for the next one – expected March 2024. HMICFRS in October – thematic – expected Autumn 2023. One of 10 FRA's to be part of this. 13. NA – imbedding the process to alight, improve and standardise processes. It is ongoing. EW – there does appear to be continuous improvements in a forwardly direction. 14. AB – item 5.5 – Flag- it – setting them up is one thing, how successful are they being? Are they being used? – PB – now in place in fire. There have been some reports through flag-it. Which seems positive. But not as many use it as PB thinks should use it. The external line is being set up in couple of months. Trying to give staff as many opportunities as possible. Lots of work ongoing with this,

			15. EW – what is the success criteria – PB – wants everyone to feel safe and secure enough to report in whatever way they feel best suits them. Outsourcing the more disciplinary end to ensure independence. 16. AB – 7.3 – control environment as good is a win. Thanks to everyone who have worked on this.
9	NFRS, CC and PFCC – budget plan and MTFP process and plan update and timetable		1. VA – annual paper to kick off budget setting process across all organisations. 2. Summarises approach and overriding principles and refresh of MTFP 3. largely similar to last year 4. Joint strategy, governance and process document. Gives more detail 5. Updated mid year review has been presented to commissioner at accountability board. 6. Gives early indication of next years challenge 7. VA – all budget proposals and work link back to strategic directions to all organisations. Any changes are tested against these and take into account any savings of pressures, engaging with budget holders and ultimately comparing that to what is in MTFP and challenge and scrutinise where needed. 8. Continually reviewing assumptions due to inflation changes and national/ local changes that could affect this moving forwards. 9. Identify any pressures that need building in that could impact and these go through several levels of scrutiny. 10. Savings –a program of savings in police 11. Budget holders need to be involved as much as possible. 12. Timelines – same timetable as last year to ensure draft budget proposal to commissioner in December ready for revisions and sign off in January in preparation for precept discussions 13. Governance process around investments – to ensure proper costings and deliverability. Signed off by chief officers 14. Detailed timetable at back of document 15. ABr – good engagement from budget holders? – VA – yes, police more so, fire are new to it so engagement is improving. 16. HK – excellent work been done. And will continue. 17. VA – financial updates are taken to key board meetings – as they need to be sighted and this helps subsequent relationships when people are asked to be engaged in the process. 18. AB – pay award funding – VA – not quite enough but we can plan accordingly. Nothing has come across for fire as yet. 19. AB – are we still managing to focus on the capital budget for fire? – HK – it has moved on in leaps and bounds - £10m worth of capital investment in fire. It continues to be

			refined.
10	Agenda Plan	**ActionAB : review Risk reporting to JIAC.** **Action AB/HK: Consider organisational structure assurance.**	1. HK – any areas members would like added? 2. AB – risk registers – coming to JIAC every meeting? – HK –more regularly because JIAC concerned about risk or? Should JIAC be sighted on happening risks? 3. EW – assured that there is a process there. Any exceptional or unforeseen risk that has come up unexpectedly. JIAC would like to be kept updated on these? 4. ABr – how do we get assurance? 5. HK – update ToR about risk reporting to JIAC? 6. AB – one of the JIACs key performances for this year is to look at organisational structures? Where will this fall or ? – HK – what does this include – workshop?
11	AOB		1.
12	Confidential items – any		1.
13	OPFCC Risk Register		1. PF – my reports outline the risks on OPFCC but can see grey area around reassurances and providing a high level overview hope this provides assurance. 2. PF – paper provides overview that sit on the OPFCC risk registers and describe the management process for those risks. The process has been subject to previous report 3. Risks managed in line with policy 4. Previous update – mentioned move to 4Risk. have now move to more recent version of this product 5. Not so positive – transition to old version and new version of 4Risk – was not smooth transition but did not stop risk management. Matter now resolved. 6. More positive – system upgrade has allowed the creation of two risk registers – 1.) relating to policing role of commissioner 2.) fire authority role of commissioner 7. Sometimes this may mean a duplication of risk on both registers. 8. 3rd risk register to be created – 3.) relating to running of OPFCC 9. PF – have been subject to an internal audit – positive internal audit. Few minor issues around the ways risks are managed. 10. A follow up internal audit in the Autumn. 11. 5 risks between police and fire at time of writing report. Since this time two have been closed. 12. PF – questions around fire Risk Register .

			13. EW – lone working – perennial risk – it has been closed – PF – yes because it is part of daily business so doesn't need to remain open on the strategic risk register, 14. PF – recommendation that committee accept report and there are sufficient processes in place
14	Enabling Services update		1. PB – since last update – finance system for fire went live in April 2023 al going well. Payroll will transition April 2024 2. Commercial and property came together nearly a year ago and new business cases taken place and recruitment is live for roles within this 3. DDAT – fires business intelligence function has moved under this now all under same department. 4. HR – Fire goes live in April. Brough OH in house. 5. Transport and logistics – Head of Dept. recruitment to take place 6. PB – does this need to be a regular report to JIAC moving forwards. 7. ABr – is enabling services embedding on risk register – is it of concern anymore? PB – no – therefore doesn't need to be a regular update. 8. AB – would like an update after April to see how successful Fire payroll was transferred over? Abr – it is on audit plan so this would give assurance? 9. HK – keep on agenda plan for March 2024 for now. Review at December JIAC 10. AB – given thanks to PB and team
			1. All member to have printed set of accounts for workshops 2. Ko to send 2024 proposed JIAC dates with minutes 3. Ko to add David Peet to JIAC circulation list and calendar updates 4. JH to be back in UK back end of October 2023 5. JIAC recruitment 6. Mid term assurance on IT Disaster recovery in December 2023 meeting.

Agenda Item 4

Office of the Police, Fire & Crime Commissioner for Northamptonshire, Northamptonshire Police and Northamptonshire Commissioner Fire & Rescue Authority

Internal Audit Progress Report 2023/24

Audit Committee – 06 December 2023

Prepared by: Mazars LLP

Date: November 2023

mazars

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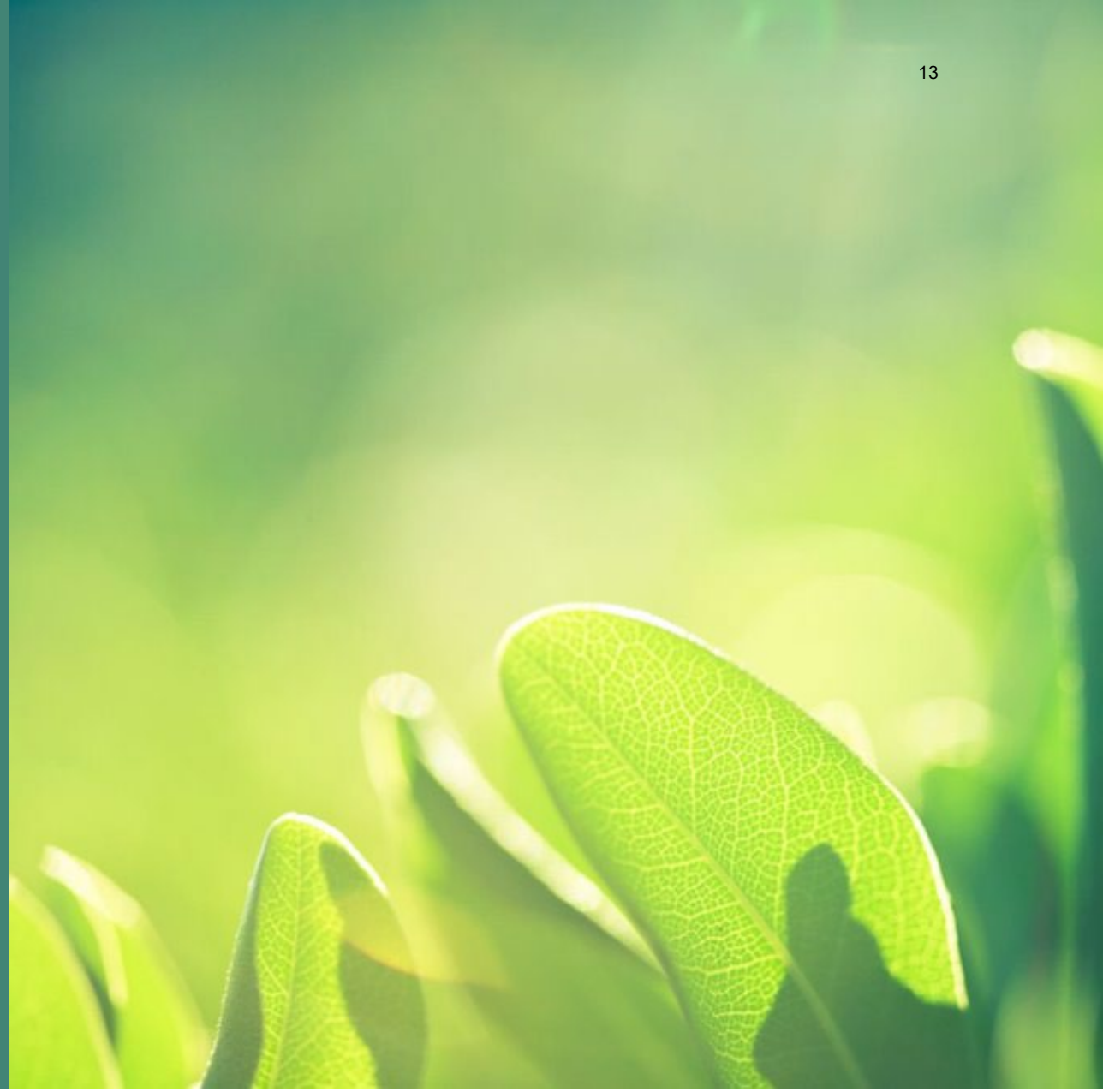
Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of the Northamptonshire Police, Northamptonshire Commissioner Fire & Rescue Authority (NCFRA) and the Officer of the Police, Fire & Crime Commissioner (OPFCC) for Northamptonshire and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit the Northamptonshire Police, Northamptonshire Commissioner Fire & Rescue Authority (NCFRA) and the Officer of the Police, Fire & Crime Commissioner (OPFCC) for Northamptonshire and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility on the final page of this report for further information about responsibilities, limitations and confidentiality.



01

Section 01:

Introduction

Introduction

The purpose of this report is to update the Joint Independent Audit Committee (JIAC) as to the progress in respect of the Operational Plan for 31st March 2024, which was reported to the JIAC at its meeting on 19 July 2023.

Responsibility for a sound system of internal control rests with the Police, Fire & Crime Commissioner, Chief Fire Officer and Chief Constable and work performed by internal audit should not be relied upon to identify all weaknesses which exist or all improvements which may be made. Effective implementation of our recommendations makes an important contribution to the maintenance of reliable systems of internal control and governance.

Internal audit should not be relied upon to identify fraud or irregularity, although our procedures are designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control will not necessarily be an effective safeguard against collusive fraud.

Our work is delivered is accordance with the Public Sector Internal Audit Standards (PSIAS).

Background

The purpose of the internal audit plan is to identify the work required to achieve a reasonable level of assurance to be provided by Mazars LLP in compliance with the Public Sector Internal Audit Standards (PSIAS).

The Police, Fire & Crime Commissioner, Chief Fire Officer and Chief Constable are responsible for ensuring that the organisations have proper internal control and management systems in place. In order to do this, they must obtain assurance on the effectiveness of those systems throughout the year and are required to make a statement on the effectiveness of internal control within their annual report and financial statements.

Internal audit provides the Police, Fire & Crime Commissioner, Chief Fire Officer and Chief Constable with an independent and objective opinion on governance, risk management and internal control and their effectiveness in achieving the organisation's agreed objectives. Internal audit also has an independent and objective advisory role to help line managers improve governance, risk management and internal control. The work of internal audit, culminating in our annual opinion, forms a part of the OPFCC, NCFRA and Force's overall assurance framework and assists in preparing an informed statement on internal control.

02

Section 02:

Progress to Date

Progress to Date

Progress against the 2023/24 Internal Audit Plan is shown in Appendix 1

Northamptonshire Police

We have issued the following 2023/24 Final Reports since the last meeting of the Audit Committee:

- RUI Follow Up (**Moderate**)
- Business Continuity (**Limited**)

At the time of preparing this report, a draft report has been issued for Fleet Follow Up, fieldwork has been completed for Payroll and Joint Core Financials; and, fieldwork is ongoing for Reasonable Adjustments Follow Up.

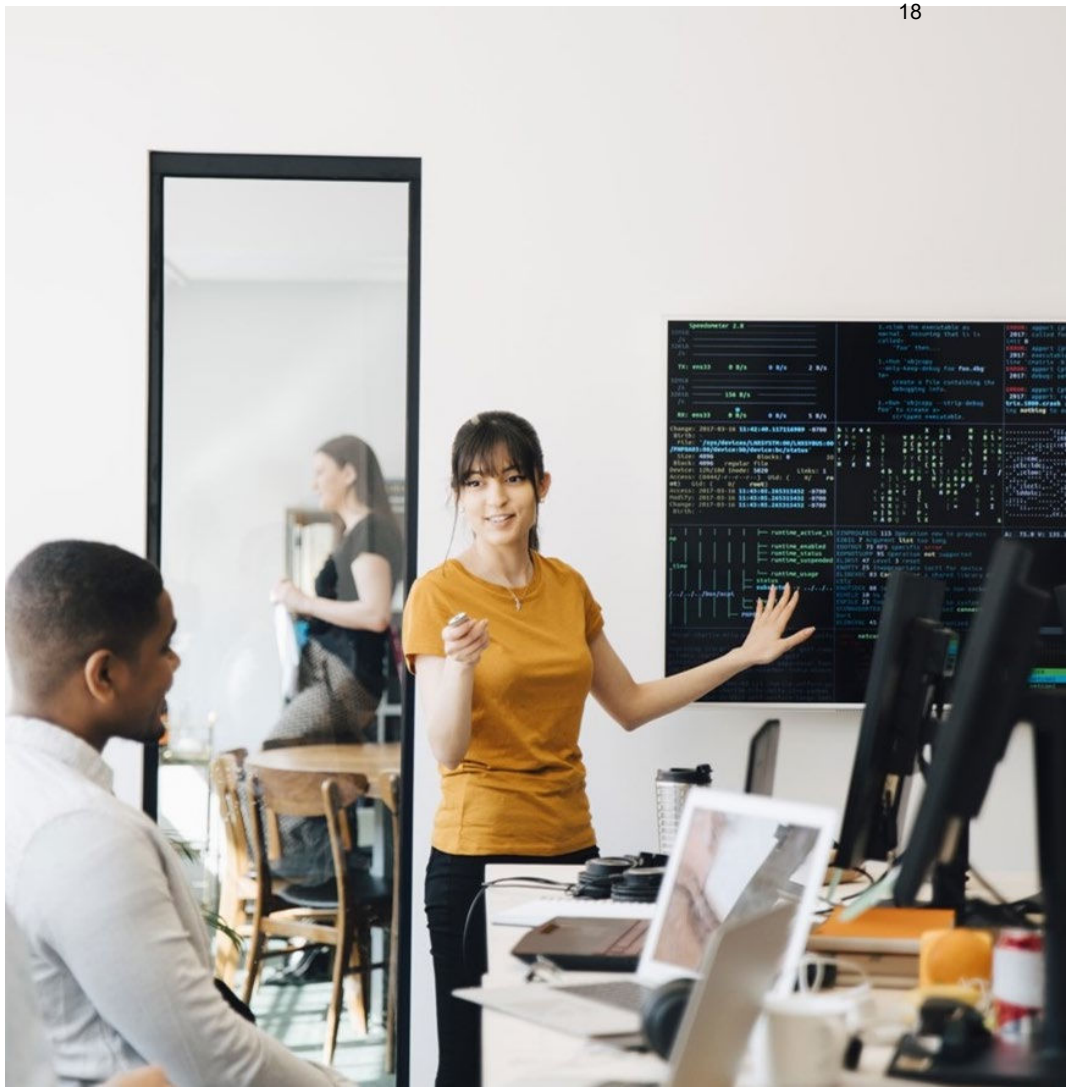
We have also agreed dates for the remaining audit due to take place in January – Vetting. Due to recent staffing changes, we have deferred the OPFCC Grants audit to the 2024/25 plan.

As in previous years, the collaboration audit plan for 2023/24 has been agreed by the regional CFOs, as discussed at the approval of the Internal Audit Plan, with a reduced amount of audit time due to the reduced amount of regional collaboration

Northamptonshire Commissioner Fire & Rescue Authority

At the time of preparing this report, a draft report has been issued for Risk Management, fieldwork has been completed for Payroll and Joint Core Financials; and, fieldwork is ongoing for EDI Plan.

We have also provided indicative dates for the remaining audits due to take place in February – Grievance P&P and New Systems Assurance. Whilst we are still working to agree these dates, we have provided an indicative month in the IA plan and will continue to update the committee at each meeting as to the status.



Performance

The following table details the Internal Audit Service performance for the year to date measured against the key performance indicators that were set out within Audit Charter.

Number	Indicator	Criteria	Performance
1	Annual report provided to the JIAC	As agreed with the Client Officer	N/A
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	Achieved (July 23)
3	Progress report to the JIAC	7 working days prior to the meeting	Achieved
4	Issue of draft report	Within 10 working days of completion of the final exit meeting	40% (2 / 5)
5	Issue of final report	Within 5 working days of agreement of responses	100% (3 / 3)
6	Follow-up of priority one recommendations	90% within four months. 100% within six months.	N/A
7	Follow-up of other recommendations	100% within 12 months of date of final report	N/A
8	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork.	93% (12 / 13)
9	Customer satisfaction (measured by survey) Very Good / Good / Satisfactory / Poor / Very Poor	85% average satisfactory or above	100% (1 / 1)

Definition of Assurance & Priorities

Audit Assessment

In order to provide management with an assessment of the adequacy and effectiveness of their systems of internal control, the following definitions are used.

Definitions of Assurance Levels		
Assurance Level	**Adequacy of system design**	**Effectiveness of operating controls**
Substantial Assurance:	The framework of governance, risk management and control is adequate.	The control processes tested are being consistently applied.
Moderate Assurance:	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.	There is evidence that the level of non-compliance with some of the control processes may put some of the Organisation's objectives at risk.
Limited Assurance:	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.	The level of non-compliance puts the Organisation's objectives at risk.
Unsatisfactory Assurance:	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.	Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Grading of recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows:

Definitions of Recommendations		
Priority	**Definition**	**Action Required**
High (Fundamental)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Significant)	Weakness in governance, risk management and control that if unresolved exposes the organisation to a high level of residual risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Housekeeping)	Scope for improvement in governance, risk management and control.	Remedial action should be prioritised and undertaken within an agreed timescale.

03

Section 03:

Appendices:

1. Status of Audit Work 2023/24
2. Status of Fire Audit Work 2023/24
3. Status of Collaboration Audit Plan
4. Final Reports Issued

Appendix 1 – Status of Audit Work 2023/24

The table below lists the 2023/24 Internal Audit Plan progress and a status summary for all of the reviews to date.

Audit Area	Fieldwork Date	Draft Report Date	Final Report Date	Assurance Level (when final)	Target JIAC	Comments
Firearms Licensing	May 23	Jun 23	Jul 23	Moderate	Sept 23	Final Report Issued
RUI Follow Up	May 23	Jul 23	Sep 23	Moderate	Dec 23	Final Report Issued
Business Continuity	Jul 23	Sep 23	Nov 23	Limited	Dec 23	Final Report Issued
Fleet Follow Up	Aug 23	Oct 23			Mar 24	Draft Report Issued
Payroll	Sep 23				Mar 24	Fieldwork Completed
Reasonable Adjustments Follow Up	Nov 23				Mar 24	ToR Issued
Vetting	Jan 24				Jul 24	ToR Issued
Estates Management	Awaiting management confirmation to start					
Procurement & Supply Chain	Awaiting management confirmation to start					

Appendix 1 – Status of Audit Work 2023/24 (Continued)

The table below lists the 2023/24 Internal Audit Plan progress and a status summary for all of the reviews to date.

Audit Area	Fieldwork Date	Draft Report Date	Final Report Date	Assurance Level (when final)	Target JIAC	Comments
OPFCC Grants	Deferred to 2024/25					
Joint – Core Financials	Oct 23				Mar 24	Fieldwork Completed
Joint – IT Disaster Recovery	Q3/4				Jul 24	
Joint – IT Asset Management	Q3/4				Jul 24	

Appendix 2 – Status of Fire Audit Work 2023/24 (Continued)

The table below lists the 2023/24 Internal Audit Plan progress for NCFRA and a status summary for all of the reviews to date.

Audit Area	Fieldwork Date	Draft Report Date	Final Report Date	Assurance Level (when final)	Target JIAC	Comments
Risk Management	Sep 23	Nov 23			Mar 24	Draft Report Issued
Payroll	Sep 23				Mar 24	Fieldwork Completed
EDI Plan	Dec 23				Mar 24	ToR Issued
Grievance Policies and Procedures	Feb 24				Jul 24	
New Systems Assurance	Feb 24				Jul 24	

Appendix 3 – Status of Collaboration Audit Work

The table below lists the 2023/24 Collaboration Internal Audit Plan progress and a status summary for all of the reviews to date.

Audit Area	Forces	Status
EMSOU Capital Programme	Five Forces	Fieldwork Completed
EMSOU Workforce Planning	Five Forces	Fieldwork Ongoing
EMSOU HMICFRS Action Plan	Five Forces	ToR Issued

Appendix 4 – Final Reports Issued

On the following pages, we provide brief outlines of the work carried out, a summary of our key findings raised, and the assurance opinions given in respect of the final reports issued since the last progress report in respect of the 2023/2024 plan.

Released Under Investigation Follow Up

Overall Assurance Opinion	Moderate

Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	1
Priority 3 (Housekeeping)	2

Our audit considered whether the previous audit recommendations had been implemented and embedded in the control framework.

We have raised one Priority 2 recommendation which is significant, the full details of the recommendation and management response are detailed below:

Recommendation 1 (Priority 2)	The Force should explore how officer's 28-day review of RUI cases can be monitored. The Force should actively monitor and report on longstanding RUIs to ensure that accountability and ownership is in place for individual Chief Inspectors, such as by sending RUI figures reports to a board or committee for review.
Finding	As per the previous review, it was identified that it was necessary to prevent longstanding RUIs due to the negative effects they may present to afflicted individuals, particularly for those in the course of undergoing employment or other vetting processes. Although there has been a reduction in the number of longstanding RUIs over time, a large number of individuals still remain RUI for over one year. The responsibility for the review of longstanding RUI cases lies with Chief Inspectors, and on a quarterly basis Chief Inspectors are requested to undertake a review of longstanding RUI cases, last taking place in May 2023.
Finding	The Detective Chief Inspector now holds a meeting every week with Custody to discuss RUI cases. Additionally, RUI cases should be reviewed every 28 days by officers however this is a personal responsibility of officers and is not monitored. We noted that the Force has the capability to actively monitor RUI figures through Niche reports that can be generated, however, these figures are not reported more widely.
Risk	Individuals on longstanding RUI are not treated fairly and may present a risk of reputational damage to the Force.
Response	The force accepts the recommendations. The force will consult on a standardised automation process to assist with monitoring of reviews to identify where further improvements can be made however, RUI's have continued in a downward trend, and I am satisfied that the 28-day review process is sufficient to manage risk in the interim. The Aged RUIs will be reviewed yearly as part of the Senior Officer Review process to drive down the numbers, and individual Chief Inspectors will be sent the data on a quarterly basis. Governance will be via Improving Investigations Board.
Responsibility / Timescale	DCI Andy Rogers June 2024 – depending on technical requirement

We have also raised two priory 3 recommendations of a housekeeping nature:

- The Force should develop standardised categories of error to assist in the identification of common errors and for use in future reporting, communications and training.
- The Force should proactively pursue completion of pre-charge bail training.

Management agreed with the recommendations and timetable for implementation was December 2023 and January 2024.

Business Continuity 23/24

Overall Assurance Opinion	Limited

Recommendation Priorities	
Priority 1 (Fundamental)	2
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	-

Our audit considered the following risks relating to the area under review:

Roles and Responsibilities

• Roles and responsibilities in respect of Business Continuity & Emergency Planning across the OPCC and Force are clearly defined, with officers and staff having a full understanding and accountability for associated processes.

Policies and Procedures

• Effective policies and procedures are maintained and regularly reviewed to ensure a consistent and effective approach to Business Continuity & Emergency Planning is applied across the OPCC and Force.

• There is clear identification of critical functions across the Force and Departments.

Plans and Testing Arrangements

• There are effective Business Continuity Plans and Emergency Plans to ensure that incidents are effectively escalated, and emergency action is mobilised where required.

• The Business Continuity Plans and Emergency Plans are subject to regular testing to ensure they remain fit for purpose.

• The delivery of testing plans, associated outcomes and unplanned events is monitored with systems embedded to drive continuous improvement and lessons learnt. Where issues are identified these are appropriately escalated.

Monitoring and Reporting

• There is regular monitoring and reporting of business continuity and emergency planning processes and there is opportunity for effective challenge and scrutiny.

We have also raised two priory 3 recommendations of a housekeeping nature:

- The Force should develop standardised categories of error to assist in the identification of common errors and for use in future reporting, communications and training.
- The Force should proactively pursue completion of pre-charge bail training.

Management agreed with the recommendations and timetable for implementation was December 2023 and January 2024.

Recommendation 1 (Priority 1)	The Force and OPFCC should implement an internal annual test programme for its business continuity plans. The Force should ensure the test programme covers all plans over a cyclical period, with those of highest priority tested on a more frequent basis. The Force should perform a reconciliation between the BCP Exercise and BCP Management Log, to ensure the departments listed are consistent with one another.
Finding	The Force maintain a BCP Exercise Log, which lists all departments across the Force and records when the most recent business continuity exercise was completed. Through conversations with the Risk and Business Continuity Manager, we established that exercises are aimed to be completed annually for each department. Review of the BCP Exercise Log shows that only seven of the 38 departments have completed a business continuity tabletop exercise since roughly 2021, with some exercises dating back to August 2019. We queried this with the Risk and Business Continuity Manager who informed us due to resource implications and being a single-person team, it is often difficult to complete exercises for all departments periodically.

Business Continuity 23/24 (Cont.)

Finding	Audit notes that the Force do not have an agreed testing schedule in place to clearly record when exercises for each department should be completed. Furthermore, review of the BCP Exercise Log compared to the BCP Management Log identified discrepancies between listed departments. The BCP Exercise Log lists a total of 38 departments, compared to the BCP Management log which only lists 36. The BCP Exercise Log includes the following departments (not included within BCP Management Log): Domestic Abuse Team, M.A.S.H, Protecting Adults and Safeguarding Team. The BCP Management Log includes the following departments (not included with BCP Exercise Log): Covert Intelligence Unit and Protecting Vulnerable People. We also found that an annual test programme is not in place for the OPFCC BCP. Additionally, from review of the BCP, the last recorded test took place on 2 March 2020.
Risk	Business continuity plans are not fit for purpose should an incident arise.
Response	**OPFCC** - This recommendation is accepted by the OPFCC and an annual testing regime will be established. We will look to align this with the annual refresh of the BCP for ease of updating as required via any learning gained as a result. **Force** - The Force will reimplement an exercise schedule based on the previously agreed approach of desktop exercises. The frequency of the exercises will be determined by the criticality of the department. The exercise schedule will be presented to the Force Assurance Board in October 2023 for approval.
Responsibility / Timescale	Risk & Business Continuity Manager December 2023

Recommendation 2 (Priority 1)	The Force should review and update its outdated Contingency Plans as soon as possible and determine which Plans should be updated as a priority. Additional resources should be allocated towards locating, reviewing and updating Contingency Plans.
Finding	The Joint Operations Team (JOT) is responsible for the management of Contingency Plans for sites within Northamptonshire. A Testing & Exercise Calendar is maintained by JOT, which includes a schedule of planned exercises for 2023 for a number of different exercise categories, such as with the LRF, regionally and the Force. The JOT also audits Contingency Plans and produces a spreadsheet noting when the Plan was last updated, with an audit last taking place in January 2023. We also selected a sample of four Plans in order to confirm whether testing was undertaken recently. In two cases, we were informed that Plan specific exercises and testing have not been undertaken recently, although other exercises carried out covered some aspects of these Plans, such as the mobilisation of resources.
Risk	Emergency Response and Contingency Plans are outdated and / or not fit for purpose, leading to an ineffective response to emergencies.
Response	The ability of the Joint Operations Team to review effectively the current contingency plans was highlighted in the June 2022 review that saw the recommendation for the uplift in the department of two full time PC's. These have now been recruited and with a change of one other PC who obtained a new role there are now 3 new PC's within JOT who are now undergoing the relevant training in event planning and contingency plan writing and reviewing. A light touch review of plans was undertaken over the last year to ensure contact details and agencies were still relevant but no detailed analysis was undertaken due to Operational Demand and staffing levels.

Business Continuity 23/24 (Cont.)

Response	A plan has been now been enacted to fully review the current response plans in risk order compared with the National Security Risk Assessment and Northamptonshire Community Risk register. This work will now be ongoing and reviewed every 6 weeks with all staff in the department being allocated individual plans for detailed review. 20 plans have been allocated in the first tranche. The Counter terrorism plans are reviewed on a quarterly rotating cycle led by CT EMSOU via the NAPRAS process. A large number of the documents in the site specific are not owned by Northants Police but will need to be reviewed with the site or partner agency for relevance.
Responsibility / Timescale	Risk & Business Continuity Manager Staffing completed. Training to be completed by January 2024. Plan Reviews completed October 2026.

Recommendation 3 (Priority 2)	The Force and OPFCC should implement appropriate training programmes for responsible owners of BCPs upon initially becoming responsible, as well as continuously. Awareness of business continuity guidance located on the Force's intranet should be communicated to all responsible owners across the Force. It should be ensured that the induction process for new staff members includes training and guidance relating to BCPs.
Finding	The Force's Business Continuity Management Policy states that individual Business Continuity Plans (BCPs) will be developed for each department within the Force. Departmental managers are responsible for managing the BCPs for their respective departments. We interviewed the BCP owners from four departments and found that they received no initial or continuous training related to BCPs. Whilst audit acknowledges that informal training is available on request and guidance is accessible on the Force's intranet, interviews conducted by the Force highlight that not all responsible owners are aware of the support available to them. From discussions held with the Director of Delivery, we noted that no formal training is in place around the OPFCC's Business Continuity Plan (BCP). We were informed that staff members are made aware that there is a BCP and where it is located, however this has not been formalised such as in the induction process.
Risk	Responsible individuals do not have sufficient understanding and accountability of the business continuity processes.
Response	**OPFCC** - Accepted **Force** - Additional BC Awareness guidance and training will be developed to supplement the existing BCP Guidance. This will be communicated to all staff through Force Orders and Forcenet with additional training offered to those that require it.
Responsibility / Timescale	Risk & Business Continuity Manager February 2024

Recommendation 4 (Priority 2)	The Force and OPFCC should ensure outcomes, recommendations and remedial actions are tracked for both Force and OPFCC BCP exercises. The Force should enhance their existing BCP Management Log to include recording and tracking of remedial exercises following departmental BCP exercise completion.
Finding	On the completion of a Business Continuity Exercise/Simulation, the outcomes, recommendations and remedial actions should be documented and tracked to ensure lessons are learned from each test. Whilst Audit verified that the Force and OPFCC identifies lessons learned from internal testing of BCPs, the Force does not currently track remedial actions and outcomes from Force BCP testing and multiagency exercises such as with the LRF. Audit did note through discussions with the Inspector within the Joint

Business Continuity 23/24 (Cont.)

Finding	Operations Team, that that the Force are considering jointly procuring an operational learning and debriefing system which will assist in tracking actions from these exercises.
Risk	Outcomes of multiagency testing exercises which may impact the Force are not appropriately tracked leading to a lack of monitoring for continuous improvement purposes.
Response	**OPFCC** - This is accepted and already forms a part of the OPFCC BCP and the associated template that sits with it in terms of testing regime. Refer to testing recommendations above. **Force** - The existing Exercise Template already has a section for departments to record any learning points identified during the exercises. A separate tracker will be developed to ensure that these learning points have been incorporated into BCPs which will be verified by the Business Continuity and Risk Manager on review of the amended plans.
Responsibility / Timescale	Risk & Business Continuity Manager December 2023
Recommendation 5 (Priority 2)	The Contingency Plans Procedure should be reviewed annually, and should also be updated to include information such as: • Contingency plan template (or link to a template). • Specific roles and responsibilities. • How often contingency plans should be reviewed and updated. • How and when exercises and testing of contingency plans should be carried out. • Communication protocols e.g., a list of key contacts. Updated copies of guidance noted within the JOT audit spreadsheet should be obtained, or the guidance removed if no longer relevant.
Finding	The Joint Operations Team (JOT) has developed a Contingency Plans Procedure. The Procedure notes that the Force response to major incidents is noted within the Multi-Agency Response Manual (MARM), which is maintained by the LRF and is located on Resilience Direct, and that JOT is responsible for contingency plans relating to Northamptonshire. The Procedure states that there are two main types of plans, Specific Contingency Plans and Area Contingency Plans, and that the purpose of the Procedure is to provide a standard for the format of Area Contingency Plans which are required to follow a common pattern. Upon review of the Procedure, we found that it only provides limited detail on the required format and structure of Area Contingency Plans, and a standard template for plans is not included within the Procedure. We also noted that the Procedure does not include information on how often plans should be reviewed, and how and when exercises and testing should be carried out. We also found that the Procedure only provides limited information on roles and responsibilities of specific staff members. The JOT supervisor is noted as being responsible for signing off plans, however, responsibilities for the wider team and Force is not included. Additionally, we noted that the Procedure was last reviewed on 27 March 2021. However, the Procedure states that it should be reviewed on an annual basis. Upon review of the JOT Contingency Plan audit spreadsheet, we found that it includes a 'library' section and a review of the last updated date for a number of guidance documents. We found the following: • 31/65 – last updated more than two years ago. • 4/65 – last updated between one year ago and two years ago. • 29/65 – guidance could not be found. However, it is noted that the majority of these guidance documents are not maintained by the Force or JOT, but outside agencies.
Risk	Insufficient and outdated guidance on contingency plans leads to an inconsistent approach towards emergency planning.

Business Continuity 23/24 (Cont.)

Response	The Contingency Plans Policy & Procedure and Operational Order Policy & Procedure ownership have now been transferred from Sergeant ownership within JOT to the Inspector for JOT and are now being reviewed. They will contain: A Contingency plan template (and a link to a template). An Operational order plan template (and a link to a template) Specific roles and responsibilities. How often contingency plans and standing Operational Orders should be reviewed and updated. There is now a seconded Police Sergeant based in JOT who is reviewing the testing and exercise program in co-ordination with the LRF partners. A TOR is now under discussion between the LRF partners. This will address how and when exercises and testing of contingency plans should be carried out both single agency (Police) and Multi Agency (with wider LRF partners). A role description is being drafted for consideration of advertising a full time post either seconded from Police or NFRS or recruited internally on a fixed term contract. Ahead of the new JOT Homepage being delivered and as part of the above plan reviews any guidance on the JOT Homepage (no date set) will be removed if no longer relevant or referred to from the relevant plan.
Responsibility / Timescale	Risk & Business Continuity Manager December 2023

Section 04 - Statement of Responsibility

We take responsibility to Northamptonshire Police, Northamptonshire Commissioner Fire & Rescue Authority (NCFRA) and the Officer of the Police, Fire & Crime Commissioner (OPFCC) for Northamptonshire for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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AGENDA ITEM 6

NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER,

NORTHAMPTONSHIRE POLICE and

NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE

JOINT INDEPENDENT AUDIT COMMITTEE

6th December 2023

REPORT BY	Risk & Business Planning Manager Julie Oliver
SUBJECT	Internal Audit Recommendations Summary Report
RECOMMENDATION	Committee to note report

1 PURPOSE OF THE REPORT

1.1 This report provides the Joint Independent Audit Committee (JIAC) with an update on the status of actions arising from recommendations made in internal audit reports.

1.2 The report contains actions arising from audits of both Northamptonshire Fire and Rescue Service and the Office of Northamptonshire Police and Crime Commissioner.

1.3 This report includes an update on recommendations on all internal audit reports which have been issued as final as at the time of writing the report.

1.4 Mazars are now our Internal auditors, the first draft report has been received for the 2023/24 audit plan. There are 2 draft audit reports outstanding for 2022/23 with MKCC. Awaiting allocation of actions from DDaT on these reports.

2 OVERALL STATUS

- The report shows 5 actions that have not yet reached their implementation date and remain ongoing.
- 12 actions that have passed their implementation date & are overdue.
- 13 actions have been completed.

3 OVERVIEW

3.1 **2021/22 Audits**

- All actions completed.

3.2 **2022/23 Audits**

- 10 Internal audits for 2022/23 have received final reports.
- 33 Recommendations have been made so far.
- 2 outstanding audits with 4 recommendations, reports in draft (MKCC).

3.3 **2023/24 Audits**

- 1 Internal audit at draft report stage.

3.4 The attached Summary of Internal Audit Recommendations Report shows details and the current status of all open audit actions.

3.5 The Senior leadership Team has oversight of all outstanding audit actions and directs the activities required to complete any actions that have passed their targeted implementation date.

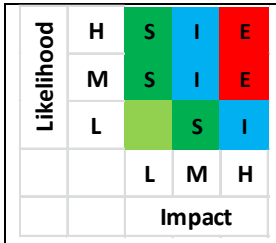
List of Appendices

Appendix 1: Internal Audit recommendations v10.3

FINTERNAL AUDIT RECOMMENDATIONS DASHBOARD

Summary of Audit Outcomes

Audits are graded as No Assurance, Limited Assurance, Satisfactory Assurance, Good Assurance or Substantial Assurance for adequacy of system and compliance.



The Agreed Actions are categorised on the following basis:	
Essential	Action is imperative to ensure that the objectives for the area under review are met.
Important	Requires action to avoid exposure to significant risks in achieving objectives for the area under review.
Standard	Action recommended enhancing control or improving operational efficiency.

2020/21

AUDIT	DATE	Adequacy of System	Compliance	Organisational Impact of findings	Agreed Action plans		
					Essential	Important	Standard
Grenfell Tower Fire Inquiry Phase 1 Action Plan	October 2020	Good	Good	Minor	0	0	3
Asset Management	February 2021	Satisfactory	Limited	Moderate	3	10	2
C19 contract and spend analysis	February 2021	Good	Satisfactory	Minor	1	3	0
Financial Controls Environment Q1,2 &3	May 2021	Satisfactory	Limited	Major	2	0	2
Procurement and Stock Control	May 2021	Satisfactory	Limited	Moderate	5	5	0
Key Policies	May 21	Good	Good	Minor	0	2	3
Organisational Governance	June 21	Good	Good	Minor	0	0	1
ICT Governance	June 21	Satisfactory	Satisfactory	Minor	0	5	0
Target Operating model	June 21	Good	Good	Minor	0	0	1
MTFP and Budget Management	June 21	Good	Good	Minor	0	0	1
Accounting systems AP/AR	June 21	Good	Good	Minor	0	0	3
Payroll	August 21	Good	Satisfactory	Minor	0	4	2

2021/22

AUDIT	DATE	Adequacy of System	Compliance	Organisational Impact of findings	Agreed Action plans		
					Essential	Important	Standard
Target Operating Model ('Golden Thread' and the verification of Data Quality)	September 21	Limited	Limited	Moderate	2	0	0
Equipment Maintenance and Testing	November 21	Good	Satisfactory	Minor	2	4	4
ICT Disaster Recovery	December 21	Limited	Limited	Moderate	0	10	0
NCFRA Organisational Governance	December 21	Good	Good	Minor	0	1	0
HR Improvement Plan	March 22	Good	Not Awarded	Minor	0	1	0
Key Policies and Procedures	March 22	Good	Good	Minor	0	0	1
Financial Control Environment	March 22	Good	Good	Not awarded	0	0	0
MTFP and Budget Management	March 22	Good	Good	Minor	0	1	0
Acc Payable & Acc Receivable	May 2022	Good	Good	Minor	0	2	3
Payroll	May 2022	Good	Satisfactory	Minor	1	2	0
TOM – Performance Management	June 2022	Good	Good	Minor	0	0	0

2022/23

AUDIT	DATE	Adequacy of System	Compliance	Organisational Impact of findings	Agreed Action plans		
					Essential	Important	Standard
Safeguarding policy & procedures	December 2022	Satisfactory	Limited	Moderate	4	1	2
Organisational Governance – Core Code of Ethics	January 2023	Good	Satisfactory	Minor	0	2	1
MTFP & Budget Management	January 2023	Good	Satisfactory	Moderate	2	0	0
Financial Control Environment	February 2023	Substantial	Substantial		0	0	0
Payroll	April 2023	Good	Satisfactory	Minor	1	5	0
Ap/AR	April 2023	Good	Good	Minor	0	1	2
Project Management	May 2023	Good	Satisfactory	Minor	0	2	0
People and Data	July 2023	Good	Satisfactory	Minor	0	2	0
Contract Management	July 2023	Good	Limited	Minor	0	7	0
TOM – Performance management	July 2023	Good	Good	Minor	0	1	0
ICT Network Infrastructure Security	Due	Good	Good	Minor			
ICT Privileged Access Control	Due	Good	Good	Minor			

Summary of Audit Recommendations Progress

This table shows a summary of the progress made on new audit recommendations raised at each JIAC during the current year and annual totals for previous years where audit recommendations are still active.

2020/21 AUDITS	RECOMMENDATIONS MADE	Essential	Important	Standard
Grenfell Tower Fire Inquiry Phase 1 Action Plan	3	CLOSED		
Asset Management	15	CLOSED		
C19 contract and spend analysis	4	CLOSED		
Financial Controls Environment Q1,2 &3	4	CLOSED		
Procurement and Stock Control	10	CLOSED		
Key Policies	5	CLOSED		
Organisational Governance	1	CLOSED		
ICT Governance	5	CLOSED		
Target Operating model	1	CLOSED		
MTFP and Budget Management	1	CLOSED		
Accounting systems AP/AR	3	CLOSED		
Payroll	6	CLOSED		
Totals	**58**	**11**	**29**	**18**

2021/22 AUDITS	RECOMMENDATIONS MADE	Essential	Important	Standard
Target Operating Model ('Golden Thread' and the verification of Data Quality)	2	CLOSED		
Equipment Maintenance and Testing	10	CLOSED		
ICT Disaster Recovery	10	CLOSED		
NCFRA Organisational Governance	1	CLOSED		
HR Improvement Plan	1	CLOSED		
Key Policies and Procedures	1	CLOSED		
Financial Control Environment	0	CLOSED		
MTFP and Budget Management	1	CLOSED		
Acc Payable & Acc Receivable	5	CLOSED		
Payroll	3	CLOSED		

2021/22 AUDITS	RECOMMENDATIONS MADE	Essential	Important	Standard
TOM – Performance Management	0	CLOSED		
Totals	**34**	**5**	**21**	**8**

2022/23 AUDITS	RECOMMENDATIONS MADE			
Safeguarding Policy & Procedures	7	4	Closed	Closed
Organisational Governance – Core Code of Ethics	3	0	1	Closed
MTFP & Budget Management	2	1	0	0
Financial control environment	0	N/A		
Payroll	6	1	2	0
AP/AR	3	Closed		
Project Management	2	0	2	0
People Data	2	0	2	0
Contract Management	7	0	3	0
TOM – Performance Management	1	0	1	0
ICT Network Infrastructure Security	TBA			
ICT Privileged Access Control	TBA			
Totals	**33**	**7**	**21**	**5**

OUTSTANDING RECOMMENDATIONS

Key to Status	Action completed since last report	Action ongoing	Action outstanding and past its agreed implementation date	Action no longer applicable or superseded by later audit action

2021/22

Target Operating Model ('Golden Thread' and the verification of Data Quality) – September 21

	Issue	Recommendation	Priority	Management Response	Timescale/ responsibility	Status
1	The data storage and performance reporting system, BIRT, is no longer useable due to lack of upgrades to the system over the years and a lack of communication by/with the supplier regarding the change of operating system from Oracle to SQL express.	NCFRA should progress with an approved solution and implementation of a system that enables fire and rescue service performance data to be collated, manipulated and produced that is timely, accurate and reliable as a matter of priority. The system should also allow for independent verification of the accuracy and completeness of the outputs.	Essential	FEG paper to proceed was approved in September's FEG. Proposal has now gone to PFCC for funding approval. Once approved a pilot will be run. A post pilot evaluation will take place to agree the operating system required. The Chief Digital Officer anticipates full implementation by March 22 **06.01.22 –** Due to Analyst team reducing to one person, request to change date to 31 Dec 22. **11.7.22** KB update - Interrogation of systems & processes has determined that NFRS required an architecture review for digital information and performance data recording, collecting and presenting to facilitate understand the short and long-term solutions. This will run in parallel to the Power Bi pilot. A capacity review is required to enable this work to be further prioritised - Clare and Kerry are meeting to agree how to expedite this work. **19.10.22** CC update (Acc B) Completion of BI Pilot by 31.03.23, but not a complete end-to-end business intelligence solution. **24.11.22 -** KB update: Power Bi is due to be installed in Dec 22. CC Update - Progressing as planned. **29.03.22** – CC update: Good progress has been made after a delay from the supplier in Jan. Azure landing zone is in place. W/C 17 April 2023 the data warehouse element is scheduled to take place. This will take c. 3 weeks to complete.	Area Manager Business Services – Kerry Blair Chief Digital Officer – Clare Chambers 31st March 2022 New date 31st Dec 22 New Date 31st Mar 2023 **Request extension until end of May 2023** **Request extension**	

				Request extension until end of May 2023 **01/07/23** Mick Berry Update. Good progress is still being made. However due to change in staff a delay is foreseen and a request to extend completion until December 2023 **Request extension until end of December 2023** **01.11.23** CC update. Since the audit recommendation was accepted, the Fire landscape has moved on nationally, as well as locally. The Business Intelligence pilot was implemented, and data was collated using QLIK and PowerBI. While the pilot was useful and informative, there is a national and local direction of PowerBI being the preferred product. PowerBI is on the delivery programme for DDaT, and is monitored via the business plan process as well as via the strategic risk register and the DDaT portfolio. Therefore the audit action can be closed. PB confirmed action can be closed.	**until end of December 2023** **Closed**	

ICT Disaster Recovery – December 21

	Issue	Recommendation	Management Response	Priority	Officer Responsible	Timescale	Status
9	The NCFRA BCP did not provide a definition of how much data, the organisation is willing to lose for critical systems, in terms of in time (Recovery point objective) in the event of a disaster.	NCFRA should review the benefits of defining Recovery Point Objectives for critical systems in the ICT BCP.	Agreed. This will be reviewed when the new joint structure (Digital and Technology Department) across Fire and Police is in place, because contacts and working practices will change.	**Important**	Chief Digital Officer - Enabling Services 16.05.2022 – because full review by Head of Digital Business has not yet commenced (Jun 22) this action has not yet been completed. Head of Digital Business started on 21 Feb 22. Request extension to end of Aug 22 **5.7.22** YH - On schedule **9.9.22** YH action completed. Joint police Fire BCP to be planned in 2023 **19.10.22** CC update (Acc B) Combined BCP across Police & Fire scheduled for June 23. The Enterprise Architecture repository will detail precisely what data	31st March 2022 New date 31st August 2022 New date 31st June 2023 **Completed**	

	Loss of data impacts on NCFRA operations				is where, & then recovery point objectives can be agreed with the organisations, along with the entire joint BCP. **24.11.22** CC Update – Enterprise Architecture repository content is progressing as planned. **10.8.23** CC update – The specifics around Recovery time objectives (RTO's) are in place. Action is completed.		

2022/23

Safeguarding Policy and Procedures – December 2022 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
3	Weakness: Recruitment policies (A43) and procedures had been in the process of being updated for a considerable length of time. Risk – • Harm to children, young people and vulnerable adults. • Legal challenges if allegations are made. • Reputational damage to NFRS.	The service should include a Safer Recruitment Policy as part of the implementation of revised recruitment policies and procedures.	Agreed	**Essential**	HR Business Partner **20.04.23** – MS update - we have developed a draft safer recruitment policy in liaison with Lisa, which will be finalised shortly, we are just waiting for final national guidance document. **7.8.23** VB update. All previous recruitment policies for fire and police have been amalgamated into one policy. This draft policy is due to go out for consultation next week. New due date October 2023. **21.11.23** CB update. Due for TLT in December for sign off.	31 March 2023 New date 31st June 2023 New date 31st Oct 2023 New date 31st Dec 2023	

Safeguarding Policy and Procedures – December 2022 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
4	Weakness NFRS did not have a centralised system in place to ensure that DBS check records were held for all posts that require a DBS, the current system places the responsibility with line managers. Risk – • Risk of harm to children, young people and vulnerable adults. • Legal challenges if allegations are made. • Reputational damage to NFRS.	A more robust system for record keeping and monitoring of DBS information should be introduced to ensure compliance with NOG, NFRS safeguarding policies, and relevant legislation.	Agreed, albeit this requires new processes and systems putting in place, and decisions need to be taken on how to deal with retrospective checks.	**Essential**	HR Business Partner **25.7.23** SM update. A DBS policy is being drafted which outlines the process to follow for new recruits, transfers and a DBS renewal process. This forms part of fire culture review recommendations with a due date of 1st Jan 2024. Work is in progress & due to be delivered by then. **30.10.23** A56 Disclosure & barring Policy now published. **8.11.23** SMc update - comms on revised process are being agreed and it will be launched, and DBS processes rolled out prior to deadline.	30th June 2023 New date 1st Jan 2024	

Safeguarding Policy and Procedures – December 2022 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
5	Weakness: There was no evidence that the Chief Fire Officer/ Assistant Chief Fire Officer had authorised the appointment of any of the applicants on the sample of Disclosure Risk Assessment Records reviewed. Risk – • Risk of harm to children, young people and vulnerable adults. • Legal challenges if allegations are made. • Reputational damage to NFRS.	Disclosure Risk Assessment Records should be completed in their entirety, including Section C, HR Advice and Management Authorisation prior to an applicant starting in post.	Agreed. This links to the above action about processes.	**Essential**	HR Business Partner **25.7.23** SM update (as MAP4) A review of all the service has been completed to assess what DBS checks are in place and those that we have no record of. In line with NFCC guidance, a DBS risk assessment process is being drafted to outline the approach to take when a DBS comes back with positive measures. This covers the approach to take with new starters and existing members in the service. New date 1st Jan 2024. **30.10.23** A56 Disclosure & barring Policy now published. **8.11.23** SMc update - comms on revised process are being agreed and it will be launched, and DBS processes rolled out prior to deadline.	30th June 2023 New date 1st Jan 2024	

Safeguarding Policy and Procedures – December 2022 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
6	Weakness Copies of approval to start employment before DBS clearance provided by the HR Business Partner had not been approved by the Chief Fire Officer/ Assistant Chief Fire Officer. Risk • Risk of harm to children, young people and vulnerable adults. • Legal challenges if allegations are made. • Reputational damage to NFRS.	The form for the Chief Fire Officer/Assistant Chief Fire Officer to approve a member of staff starting employment before DBS clearance should be completed in its entirety prior to an applicant starting in post.	Agreed – Links to 4 and 5 above	**Essential**	HR Business Partner **25.7.23** SM update as above in MAP 4 & 5. New date 1st Jan 2024 **30.10.23** A56 Disclosure & barring Policy now published. **8.11.23** SMc update - comms on revised process are being agreed and it will be launched, and DBS processes rolled out prior to deadline.	30th June 2023 New date 1st Jan 2024	

Organisational Governance – Core Code of Ethics – January 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	Weakness The A26 Resolving Workplace concerns had not been updated to reference the Core Code of Ethics. Risk NCFRA suffers negative reputational and legal	The A26 Policy should be reviewed and updated appropriately to reference the Core Code of Ethics and the Service Values	Leo Holmes (senior EDI officer) to update policy and issue for consultation and then publication HR are reviewing policies and putting a plan in place with owners to update.	**Important**	Leo Holmes (senior EDI officer) Manjit Sohal HR Business Partner **20.4.23** MS update - draft Fire and Police one, which references Code of Ethics etc. Just waiting for Ali to return to work to progress this.	30th April 2023 New date 31st June 2023	

	compliance through staff not complying.		A joint police/fire policy called grievance resolution will replace A26 resolving workplace concerns.		**14.8.23** Update CL/AR. Joint policy still to be reviewed. New date Nov 23. **21.11.23** CB update - Some changes were made to the policy, discussing with FBU on Thursday for their agreement as we only had two responses in consultation. Once I have this approval and it is documented I should then be able to present this to TLT, planning for December meeting.	New Date 31st Dec 2023	

Organisational Governance – Core Code of Ethics – January 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	Weakness Not all members of staff had opened the EDI development objective on their PDR and changed it to 'in progress.' Risk NCFRA suffers negative reputational and legal compliance through staff not complying.	All staff should be reminded to update the PDR system appropriately, read and understand the EDI activities they need to deliver for the performance objective. This should be monitored, and actions taken to address this issue with those not complying.	Leo Holmes (senior EDI officer) to liaise with HR (who own PDR) to ensure staff are reminded to update the PDR system, read, and understand the EDI activities they need to deliver for the performance objective.	**Important**	Leo Holmes (senior EDI officer) with HR. **12.10.23** HC update. PDR mid-year PDR check in & accompanying communications (Oct 23) asked staff to ensure they capture evidence of activities completed for both the 2023 EDI objective & 2023 Fire Code of Ethics performance objectives. Serving With Pride/EDI Training is currently being rolled out, which links into both performance objectives.	30th April 2023 **Completed**	

MTFP & Budget Management – January 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	Weakness The current Cover Model budget is not aligned to the MTFP. requirements and funding. Risk Ineffective financial management by budget holders.	All budgets should be aligned to the MTFP requirements and funding.	Agreed. The PFCC has agreed that the Cover Model should be reviewed.	**Essential**	Assistant Chief Fire Officer, Community Risk Head of the Joint Finance Team **1.3.23** NA update – with the approval of the next MTFP 31.3.2024 **9.11.23** NA update – Due for completion by 31.3.24	31st Jan 2023 New date 31st March 2024	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness** - Testing highlighted that starter information was not always being submitted to WNC in a timely manner before the employment start date which has resulted in contracts of employment being sent out after the starters had commenced their employment. **Risk** - Inappropriate or inaccurate payroll payments made	Paperwork relating to new employees should be submitted to WNC on a timely basis to ensure that there is sufficient time to enable the processing of the starter paperwork, independent checks to be undertaken and contract of employment issued prior to the employment start date.	Accepted, communications will be issued to remind managers of the impacts of delaying starter information both from a risk and relationship perspective.	**Important**	Rob Porter & Nick Alexander **11.8.23** RP update Communications issued in Weekly bulletin 21/2023	31st May 2023 **Completed**	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	**Weakness** - Testing highlighted that the date the evidence was seen and by whom as proof of right to work in the UK had not been detailed on all documents reviewed. **Risk** - Non-compliance with statutory Home Office guidance	In accordance with the Recruitment and Selection A43 Policy, recruiting managers must take a copy of the original evidence provided by the applicant as proof of their right to work in the UK and record the date that they took a copy.	Accepted, communications around managers responsibilities will be issued, however, given that all new starters are now either DBS checked or vetted (dependent on the role/ building), the corporate responsibility has now shifted to the organisation to ensure that checks have been completed and are accepted before employment. Therefore it is intended that we will remove this section from the policy & we will no longer expect managers to compulsorily check UK workers details.	**Important**	Rob Porter **11.08.23** RP update – Recruitment policy review New due Date 31st Oct 2023 (in line with Safeguarding MAP3) **21.11.23** CB update. A43 Due for TLT in December for sign off.	31st May 2023 New due date 31st Oct 2023 New date 31st Dec 2023	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
3	**Weakness** -Testing highlighted that there was no evidence that right to work in the UK checks had been undertaken prior to the start date of employment. **Risk** -Non-compliance with statutory Home Office guidance	In accordance with Home Office requirements, right to work in the UK checks must be undertaken before any successful candidate is employed.	Accepted, however, as per item 2, this requirement will be shifted to the employer when completing DBS & vetting requirements to ensure that right to work has been reviewed.	**Essential**	Rob Porter **11.08.23** RP update – Recruitment policy review New due Date 31st Oct 2023 (in line with Safeguarding MAP3) **30.10.23** A56 Disclosure & barring Policy now published. **21.11.23** CB update. A43 Due for TLT in December for sign off.	31st May 2023 New due date 31st Oct 23 New date 31st Dec 2023	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
4	**Weakness** - Testing highlighted that a leaver had not been notified to WNC in a timely manner. **Risk** - Overpayments of salaries being made	All FB49 forms should be submitted to WNC in a timely manner to allow for the leaver paperwork to be processed and independently checked before the final date of employment.	Accepted, as per item 1, a communication will be issued to managers around the importance of checking and submitting paperwork on a timely basis to avoid overpayments (in this instance)	**Important**	Rob Porter & Nick Alexander **11.8.23** RP update Communications issued in Weekly bulletin 21/2023	31st May 2023 **Completed**	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
5	**Weakness** - Testing highlighted that one mileage claim had been paid without evidence of a VAT receipt. **Risk** - Non-compliance with statutory HMRC guidance.	All mileage claims should be submitted with a supporting VAT receipt for fuel in accordance HMRC requirements. Authorising managers should be reminded not to approve claims without the appropriate evidence being provided by the claimant.	Accepted, communications will be issued around the requirement and reasons for including a receipt with mileage claim. Furthermore, as the new system is developed & work is passed to Enabling Services it will be sought and communicated that backing evidence will be mandatory in the system for all mileage claims (where VAT is payable, i.e. non electric) & furthermore additional audit spot checks for compliance will be implemented to ensure adherence to the requirements.	**Important**	Nick Alexander 15.8.23 NA update. Comms regarding receipts to be added into next weekly bulletin. Nick Alexander **22.11.23** Update. Project for new system on schedule for April 2024	31st May 2023 **Completed** 30th April 2024	

Payroll – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
6	**Weakness** - Testing highlighted that incorrect and/or late data had been submitted by Managers where changes to employment had occurred. **Risk** - Inappropriate or inaccurate payroll payments made.	Line Managers should be reminded of the need for timely notification of any changes to employment status to WNC in order to minimise the risk of over/underpayments occurring.	Accepted, as per item 1, a communication will be issued to managers around the importance of checking and submitting paperwork on a timely basis to avoid overpayments (in this instance)	**Important**	Rob Porter & Nick Alexander **11.8.23** RP update Communications issued in Weekly bulletin 21/2023	31st May 2023 **Completed**	

AP/AR – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness** - Monitoring of spend with suppliers under contract was not being maintained effectively and there was insufficient review of spends with suppliers in excess of £25,000. **Risk** - Lack of budgetary control and compliance with NCFRA CGF.	All budget managers should be reminded of the NCFRA CGF rules for Procurement of Goods and Services. A report should be run from ERP on a regular basis to review spend with each supplier to identity spending with a supplier in excess of £25,000. The report should be compared against the Contracts Register and Pipeline document to identify if there are any gaps in contracting, contracts requiring variation or the need to undertake a full	A communication will be issued to remind staff of the CGF requirements. Budget Holders & requisitioners had training w/c 20th March which included commercial training on the CGF, thresholds and cumulative spend to ensure a refresher of the information for all relevant staff to underpin the communication. From 1st April Commercial will have direct approval rights within the financial system	**Important**	Nick Alexander & Leanne Hanson **23.11.23** PB update **Completed**	31st July 2023 **Completed**	

		procurement tendering exercise.	to consider spend prior to purchase. The new system will allow for improved annual spend to enable other spend approaching £25k across a supplier at organisational level				

AP/AR – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	**Weakness** - Requisitions were being raised retrospectively. **Risk** - Lack of budgetary control and compliance with NCFRA CGF.	In accordance with D3 Ordering of Goods and Services within the NCFRA CGF, all staff responsible for procurement should be reminded that requisitions should be raised at the time of placing the order and not on receipt of the goods/services or invoice. Budget Managers /Joint Finance Team should run the retrospective order report from ERP Gold on a monthly basis and ascertain the reasons for non compliance with the requistioner(s). If a requisition is raised for emergency works, such as repairs to essential equipment or buildings, this should be clearly detailed as such on the requisition raised on ERP Gold.	It is expected that some purchase orders will continue to be raised retrospectively, however, this will be monitored and minimised via the retrospective order report. Where orders are not as a result of operational 'out of hours' calls we will ensure that training with those individuals is conducted and financial oversite of the transaction is completed (reviewed by a member of the finance or commercial team to ensure that it is contractually compliant or has been signed off to be outside of the CGF rules. We will monitor those transactions and where possible we will change orders to blanket orders to cover operational requirements.	**Standard**	Nick Alexander **9.11.23** NA update - Retrospective orders continue to be monitored throughout the year. Close action.	30th September 2023 **Completed**	

AP/AR – April 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
3	Weakness 'Blanket' requisitions had been raised on ERP Gold to be 'called off' against during 2022/23. There was no evidence to confirm that these suppliers were offering best value for money or where a contract is in place, that the contract number has been referred to when raising the requisition. Risk Lack of budgetary control and compliance with NCFRA CGF.	In accordance with the NCFRA CGF, all orders should be supported by written evidence that confirms that value for money has been obtained. Contract numbers should be quoted on requisitions, where appropriate. Any non-adherences with this requirement must be documented and attached to the requisition raised on ERP Gold.	Within the new financial system post 1st April, it is expected that all orders will have to require evidence of supporting documentation for the purchase & approvers are expected to check and analyse this as part of the approval process. Where those purchases are more than £25k commercial will review these. During the new user training for the w/c 20th March, approvers were reminded of this.	**Standard**	Nick Alexander **9.11.23** NA update - This finance system is live and requires evidence for manager/ function approval.	30th May 2023 **Completed**	

Project Management – May 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness** The level of the Competency Based Training Framework project was not identified. No formal Project Board meetings were held for the project. **Risk** The Commissioner, S151 Officer and Chief Fire	In accordance with the Project Management Framework, the level of the project should be identified at the outset of each project. A project board should be appointed for all level 1 projects to monitor the	All AM's and equivalents and GM's and equivalents to be contacted to reinforce the following points – • requirement to refer to the Project Management Framework when considering any new piece of work to identify	**Important**	Programme Manager. Jason Urbani. 31st May 2023 **Completed**	31st May 2023	

	Officer do not have clear oversight of key organisational / operational issues that both provides positive assurance that controls operate effectively and proactively identifies any areas of weakness. The project information and outcomes are not robust and cannot be relied on to support effective costs and benefits to the service.	costs and benefits of the project to the service.	whether workstream should be progressed as a project to support successful delivery. • reinforce the need for all identified projects to clearly articulate the project level (level 1 or level 2). (Support will be provided by the CRMP Manager to discuss project methodology, project documentation and to assist determining project level. • Project level to be included on the SIP to ensure a list of level 1 and level 2 projects are maintained.		31st May 2023 **Completed** 31st May 2023 **23.11.23** MB update. Project framework reviewed, updated and published. Projects and project board need to be recorded and published. New due date 31.03.24	New due date 31st Mar 2024	

Project Management – May 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	**Weakness** The document approval section of the Project Closure/Evaluation Report has not been completed. **Risk** The Commissioner, S151 Officer and Chief Fire Officer do not have clear oversight of key organisational / operational issues that both provides positive assurance that controls operate effectively and proactively identifies any areas of weakness. The project information and outcomes are not robust and cannot be relied on to support effective costs and benefits to the service.	In accordance with the Project Management Framework, the Project Closure/Evaluation report should be approved by the Project Executive for each project developed.	All AM's and GM's to be contacted to reinforce the following points – • Project SRO to ensure compliance with Project Management Framework for appropriate project closure and evaluation. (inc. follow up documentation capturing evaluation and outcomes) • SRO to review CBTF project and review closure and evaluation	**Important**	Programme Manager Jason Urbani **23.11.23** MB update. Project framework reviewed, updated and published. Projects and project board need to be recorded and published. New due date 31.03.24 AM Operational Support **Completed**	31st May 2023 New date 31st Mar 2024 30th Sept 2023 **Completed**	

People and Data – July 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness** The response rate from the sample of personnel selected to check their people data was only 38%. **Risk**	Given the poor response rate to the sample undertaken by Internal Audit, NCFRA should instigate a 100% check of people data held on both ERP Gold and Firewatch to ensure that the data	This will be picked up as part of the move from ERP Gold and WNC to Enabling Services and Unit 4. We will look into the possibility of a technological system in order for all to check their personal details. Each person affected by the move from WNC to ES will need to be	**Important**	June Withey **13.11.23** JW update. This project is still underway, with a data cleansing exercise ongoing. Once on Unit 4, all Fire employees will have the ability to access their own	1st April 2024	

	Inaccurate recording and maintenance of people data. It cannot be assured that the people data recorded is accurate, complete and consistently recorded for all NCFRA personnel	held on the systems is accurate, complete and consistently recorded for all members of personnel.	informed of the change and have a face to face meeting to agree to the changes – this action could also be tackled by these meetings. As part of a campaign, all employees will be written to, to encourage them to declare their protected characteristics. This will also allow us to fill gaps in this area		information and request amendments where necessary. We are still on target to meet the April 2024 deadline.		

People and Data – July 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	Weakness NCFRA personnel were not always able to access their personal data on Firewatch system to check accuracy. Risk Inaccurate recording and maintenance of people data. It cannot be assured that the people data recorded is accurate, complete and consistently recorded for all NCFRA personnel.	NCFRA/Joint Enabling Services to investigate the reason(s) for the access issues and resolve them as part of the data migration project to ensure that people data transferring onto the new system is accurate, complete and consistently recorded for all members of personnel	This will be picked up as part of the move from ERP Gold and WNC to Enabling Services and Unit 4. We will liaise with DDaT to look at any outstanding systems access issues that have been raised or are outstanding.	**Important**	June Withey **13.11.23** JW update. This project is still underway, with a data cleansing exercise ongoing. Once on Unit 4, all Fire employees will have the ability to access their own information and request amendments where necessary. We are still on target to meet the April 2024 deadline.	1st April 2024	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness** Contracts management was not being administered using the Contract Monitoring Pack. **Risk** Lack of management of contracts – volume deliverables and financial implications	All contracts should be managed using the Contract Monitoring Pack provided by the Commercial and Estates Enabling Services.	The contract management pack and the level of input shall vary across the tier of the contract. Given the wide variety of areas covered by the staff currently managing work shall be undertaken to re-allocate the contracts and put in place contract management packs, where appropriate.	**Important**	Leanne Hanson Jo Davis **23.11.23** update. On schedule.	18th Dec 2023	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
2	**Weakness** Requisitions raised on ERP Gold relating to contract deliverables did not reference the contract **Risk** Lack of management of contracts – volume deliverables and financial implications	Requisitions raised on ERP Gold relating to contracts for goods/services/works should identify the contract by number and detail, in accordance with the contract schedules within the description fields.	The new finance system which commenced on 1 April for all NCFRA contracts now has this facility built in and staff are trained on how to ensure all fields are completed.	**Important**	Leanne Hanson **23.11.23** PB update **Completed**	1st June 2023 **Completed**	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
3	**Weakness** Contracts management was not being administered using the Contract Budget Monitor. **Risk** Lack of management of contracts – volume deliverables and financial implications.	All contracts should be managed using the Contract Budget Monitor provided by the Commercial and Estates Enabling Services.	This shall be reviewed in line with the contract management tiering tool and the budget reports now used via the new finance system. This shall also be mitigated through the monthly finance budget monitoring meetings.	**Important**	Jo Davis 10.11.23 LH update. Close, completed.	1st Sept 2023 **Completed**	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
4	**Weakness** Contracts not being managed due to lack of suitable cover arrangements where a Contract Manager is off work for an extended period of time. **Risk** Lack of management of contracts – volume deliverables and financial implications.	NCFRA should ensure that their business continuity arrangements include provision /nomination of suitable cover resource to enable management of contracts, where a Contract Manager is off work for an extended period of time.	The structure for the department shall be reviewed to ensure appropriate rebalance of the function currently covered by H&S team and also ensure resilience.	**Important**	Leanne Hanson **10.11.23** LH update. Paper at Fire SLT 28 November 2023 regarding BCP for Fire H&S. New due date 31/01/24	31st August 2023 New date 31st Jan 2024	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
5	**Weakness** KPI and management information was not being reported by Contract Provider on a timely basis in line with Schedule 6 of the standard Contract – Monitoring. **Risk** Lack of management of contracts – volume deliverables and financial implications.	NCFRA Contract Managers should ensure that all Contract Providers adhere to Schedule 6 of the standard Contract – Monitoring, for submission of information on a timely basis.	The use of KPI data in lower tiered contracts shall be assessed and ensure appropriate timely reports are provided.	**Important**	Jo Davis **23.11.23** PB update **Completed**	5th Oct 2023 **Completed**	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
6	**Weakness** No evidence was provided to demonstrate that Contract Providers had undertaken an annual satisfaction survey exercise in line with Schedule 6 of the standard Contract – Monitoring. **Risk** Lack of management of contracts	The Contract Manager should ensure that satisfaction survey data is provided, annually by the Contract Provider as required within Schedule 6 of the contract	Satisfaction Surveys shall need to be assessed based on the contract value and tier to ensure that such activities are proportionate to spend. This shall be reviewed by the contract owner and the Commercial Manager.	**Important**	Jo Davis/Emily Jelley **22.11.23** JD update – due for completion by end of Jan 2024	31st Jan 2024	

Contract Management – July 2023 (Limited compliance)

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
7	**Weakness** Minutes of contract management meetings with the Contract Providers do not demonstrate the inclusion of the overall strategic direction of the contract, benefits realisation and continuous improvement. **Risk** Lack of management of contracts.	As required within the Contract Management Terms of reference, agenda and minutes templates, document provided by the Commercial and Estates Team, Enabling Services, all Contract Managers should hold strategic governance meetings with Contract Providers that includes looking at the overall strategic direction of the contract, benefits realisation and continuous improvement.	Strategic meeting shall be established with key stakeholder for H&S and OHU contracts.	**Important**	Jo Davis/Leanne Hanson **10.11.23** LH update. Completed - Strategic H&S meeting now in diary and governance meeting in place for contracts.	31st Oct 2023 **Completed**	

TOM – Performance Management July 2023

	Issue	Recommendation	Management Comments	Priority	Officer Responsible	Timescale	Status
1	**Weakness:** The Risk Management Policy was due for review in February 2023. **Risk:** Operational objectives are not delivered, and monitoring is inadequate.	The Risk Management Policy should be reviewed to ensure that risks are captured as required to meet national fire standards and local performance and operating standards.	The policy is currently under review and is expected to be changed to reflect the new Service Structure.	**Important**	Ro Cutler **2.11.23** JO update. Risk Management Internal Audit draft report received yesterday. Policy will be reviewed following the recommendations.	30th Sept 2023 New date 31st Dec 2023	

AGENDA ITEM 7

NORTHAMPTONSHIRE POLICE, FIRE AND CRIME COMMISSIONER,

NORTHAMPTONSHIRE POLICE and

NORTHAMPTONSHIRE FIRE AND RESCUE SERVICE

JOINT INDEPENDENT AUDIT COMMITTEE

6th December 2023

REPORT BY	Group Manager Ro Cutler
SUBJECT	NFRS HMICFRS Inspection update.
RECOMMENDATION	Committee to note report

1 Purpose of report

1.1 To provide the Joint Independent Audit Committee with an update on the Service response to the HMICFRS Round 2 inspection.

2 Relevant Fire Plan/ IRMP strategic objective/ priority

2.1 This report contributes to the CRMP objectives of:

- Keeping our communities safe and well
- Keeping our staff safe and well
- Making the best use of resources

3 Background

3.1 The service was inspected by HMICFRS as part of the second round of inspections in the winter of 20212/22. This is the first full inspection since the change of Governance for NFRS, 1st January 2019 when the Northamptonshire Commissioner Fire and Rescue Authority was formed, with the Authority being the Police, Fire and Crime Commissioner (PFCC).

3.2 The 7-week inspection commenced in mid-December 2021, breaking for the Christmas Holiday period and re-commencing in the second week of January 2022, finishing at the end of February 2022.

3.3 On 27th July 2022, the report was published

3.4 The service produced two action plans; one to address the Cause of Concern, and one to address all other areas for improvement.

4 The Inspection report

4.1 Of the 14 pillar and diagnostic measures: 9 were graded higher (2 by 2 grades), 4 remained the same, and only one was worse than the previous inspection in 2018/19. See appendix A.

4.2 Inspectors said they were “pleased to see the Service has made significant progress since the 2018 inspection in how effectively and efficiently it keeps people safe and secure from fires and other risks.”

4.3 Inspectors also noted that they were encouraged to see that the Service has responded well to the areas for improvement they identified in their first inspection and that there has been a positive direction of travel.

4.4 The inspection looked in detail at work across three categories: **effectiveness**, **efficiency**, and **people**.

4.5 **Effectiveness**

4.5.1 The inspection found that there had been major improvements in the Service’s effectiveness at responding to and preventing fires and protecting the public through regulation. These areas of work were individually graded as ‘Good’, and the Service received a ‘Good’ grading across the board for its operational effectiveness.

4.5.2 Areas of positive work identified by HMICFRS include:

• The development of an effective Integrated Risk Management Plan (IRMP) which uses data and intelligence to identify a range of risks and it describes how it will mitigate them. NFRS now has effective processes in place to gather and disseminate risk information throughout the organisation.

• The allocation of more resources to its prevention function allowing it to mitigate the risks it has identified. NFRS has evaluated its methodology for conducting home fire safety checks and adapted this to better target the highest risk in its communities. The Service has effective relationships with a range of partner organisations which allow it to safeguard vulnerable people and collaboratively reduce the number of fires and other emergencies.

• NFRS have undertaken a detailed review of its Risk-Based Inspection Programme (RBIP) to make sure this is more proportional. NFRS now targets its activity at premises that present the highest risk. It has also responded to their last inspection by improving the way it engages informally with businesses to make sure they comply with fire safety legislation.

• NFRS has taken appropriate action to address HMICFRS' cause of concern about its response capability. It now has sufficient resources available to give an emergency response in line with its own performance standards. It has extensively reviewed these standards to make sure available resources meet risk and demand.

• HMICFRS found improvements in the NFRS's capability to respond to major and multi-agency incidents. It has established effective plans to respond to incidents and it tests these plans regularly with other agencies and fire and rescue services. Staff now have a better understanding of Joint Emergency Services Interoperability Programme (JESIP) principles, although HMICFRS still found that not all staff understand their role in responding to marauding terrorist attack incidents.

4.6 Efficiency

4.6.1 This area judges whether the Service is making the best use of resources and having a robust plan to manage its finances well into the future, also received a 'Good' rating overall from the Inspectors. These areas had been graded as requires improvement in the previous inspection in late 2018.

4.6.2 Areas of positive work identified by HMICFRS include:

• NFRS has made significant progress in improving its efficiency. The change in governance and additional support from central government has allowed it to stabilise and secure its financial position, both now and in the future. It has successfully established an adequate level of reserves and can demonstrate a balanced budget over the duration of its Medium-Term Financial Plan (MTFP).

• NFRS now has a clear rationale when allocating resources to its prevention, protection and response functions. This is clearly linked to risks identified in its IRMP. The Service then uses a strong performance management framework to ensure these resources perform efficiently against objectives in the IRMP.

• The governance change has actively introduced new opportunities for collaboration. These have given the Service the capacity and capability it needs to modernise the organisation. A joint enabling services function with Northamptonshire Police now provides functions including fleet, estates and Information and Communications Technology (ICT). HMICFRS did note that NFRS should make sure it comprehensively monitors, reviews and evaluates the benefits of this collaboration.

• HMICFRS did find that the service's ICT infrastructure is not fit for purpose and is significantly hampering staff productivity. However, NFRS has plans in place to address this, but it should make sure this continues to be an important priority

4.7 People

4.7.1 This area looks at work such as promoting the right values, ensuring fairness, and encouraging diversity. HMICFRS found that the Service requires improvement across this pillar but had improved to a ‘good’ at getting the right people with the right skills.

4.7.2 The inspectorate noted that NFRS leadership team is showing “strong strategic intent” to push forward in this area of work;

4.7.3 Areas of positive work identified by HMICFRS include:

• Senior leaders show strong strategic intent to improve the culture, embed values and promote Equality, Diversity and Inclusion (EDI).

• A high proportion of staff members understanding the Service’s values. • NFRS has a range of appropriate policies and procedures to manage workforce concerns such as grievances and disciplines.

• The Service is making progress in embedding the new national Core Code of Ethics. We heard how it is integrating the code into policies, training and performance conversations.

• The Service continues to have effective wellbeing policies in place that are available to staff. A significant range of wellbeing support is available to support both physical and mental health.

• The Service continues to have effective and well understood health and safety policies and procedures in place

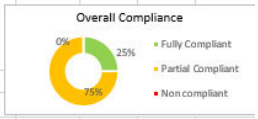
.

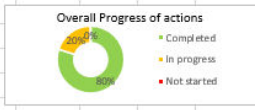
• A culture of continuous improvements is promoted throughout the Service and staff are encouraged to learn and develop.

4.7.4 Within the people pillar, the inspectorate rated the Service as ‘requires improvement’ in the area of ‘ensuring fairness and promoting diversity;

4.7.5 The Service was subsequently issued with a cause of concern in this area.

4.8 Cause of concern detail:





HMICFRS Inspection Report 2021/22: PEOPLE PILLAR	
Name of person carrying out analysis	CFO Tuhill / ACO Bullen (refresh 17/09/202
Sponsor	CFO Tuhill
Start Date	

Criteria	Recommendation	Priority			Impact			Progress			
		Low	Medium	High	Low	Medium	High	Completed	In Progre	Not started	Chart
1	3.3: Ensuring fairness and promoting diversity 03.3.1 - CAUSE FOR CONCERN - Engage with its staff to develop clear EDI objectives and training to increase awareness of EDI and its importance across the organisation, including understanding and addressing the impact positive action is having on staff.	0	16	0	0	16	0	11	5	0	
2	3.3: Ensuring fairness and promoting diversity 03.3.2 - CAUSE FOR CONCERN - Make sure it has robust processes in place to undertake equality impact assessments and review any actions agreed as a result.	0	4	0	0	4	0	4	0	0	
3	3.3: Ensuring fairness and promoting diversity 03.3.3 - CAUSE FOR CONCERN - Make improvements to the way it collects equality data to better understand its workforce demographic and needs.	0	4	0	0	0	4	3	1	0	
4	3.3: Ensuring fairness and promoting diversity 03.3.4 - CAUSE FOR CONCERN - Support staff and managers to confidently challenge inappropriate behaviour	0	11	0	0	11	0	10	1	0	
Total		0	35	0	0	31	4	28	7	0	

4.8.1 HMICFRS stated that the Service hasn't made enough progress since the last inspection to improve EDI and made the following recommendations:

Engage with its staff to develop clear EDI objectives and training to increase awareness of EDI and its importance across the organisation, including understanding and addressing the impact positive action is having on staff.

Actions the service has undertaken:

- Red Snapper has been commissioned and is underway to deliver training across the organisation to all by April 2024.
- Serving with Pride will act as baseline on culture and EDI and we will be following up with regular staff surveys and engagement to measure change and impact. The results will be delivered to SLT in October 2023.
- Positive action team (previously solely supported police) now in ES and attending recruitment meetings and devising a positive action plan for fire.
- New PDR objective for EDI set with examples to give staff and managers greater clarity and ability to evidence.
- Beyond Equality have been booked to deliver equality training to all senior leaders across NFRS, Police and the OPFCC Q3 2023.

Make sure it has robust processes in place to undertake equality impact assessments and review any actions agreed as a result.

Actions the service has undertaken:

- Training was undertaken with leaders and middle managers on EQIAs, feedback is they are improving.
- EQIA role was advertised however lack of applicants and therefore no longer being pursued.
- Senior Equality officer role provides support and also Fire Equality officer (secondment). Senior Equality officer role is also inputting into/reviewing policies to ensure they reflect wider equality issues. This is ensuring that policies as they are renewed have appropriate EqIAs.
- Further training is to be undertaken to ensure all relevant leaders are captured.

Make improvements to the way it collects equality data to better understand its workforce demographic and needs.

Actions the service has undertaken:

- 'Safe to Say' launched.
- Following up with Safe to Say forms -that were sent out with Serving with Pride consultation sent to all households.
- Oleeo system introduced in early 2023, new recruits are required to tick prefer not to say if they do not want to state their protected characteristics.
- Unit 4 will be coming for fire April 2024. This will enable better self-service for staff to update their own Protected Characteristics.
- Development of Engagement Plan will gather regular feedback (staff surveys, workshops etc.), further mechanisms need to be developed to co-produce activity that arises from Serving with Pride and to and seek regular views and input from staff.

Support staff and managers to confidently challenge and manage inappropriate behaviour

Actions the service has undertaken:

- Cultural change activity- Serving with pride is capturing people's experience of inappropriate behaviour and likelihood in reporting and to challenge, will inform EDI training.
- Ipsos Mori survey will be published alongside Serving with Pride in the autumn and will have tangible actions arising from it.
- Process has been put in place for registering and tracking all lower-level complaints, disciplines and grievances.
- Leadership and management development programme rolled out in May 23 incorporated how to confidently challenge inappropriate behaviour.
- Detailed Communications plan is in place that has supported promotion of Serving with Pride, includes quarterly lessons learned document and standards of behaviour.

- Flag it – email address in place for confidential reporting (there have been a small number of reports) – this will be developed into an anonymous App.
- Crime stoppers internal speak up reporting line– to launch independent reporting line by autumn 2023.
- Business case written and presented on independent investigation service. This will be progressed imminently.

Included in business case is additional training for middle managers on how manage behaviour and investigations.

5 Areas for Improvement

14 AFI were identified. Each AFI has been allocated to a strategic lead and is monitored within respective Area Business Plans.

Effectiveness Pillar

5.1 *The service should ensure that consultation is meaningful in influencing its future plans and informing its risk profile.*

Actions the service has undertaken:

- A full review of the CRMP process is underway to align the service to the new Fire Standard. By meeting this standard, the service will be able to demonstrate a better understanding of the risk profile of Northamptonshire.
- Full details of this are included in the CRMP Annual Review Accountability Board paper November 2023.

5.2 *The service should ensure that the new ways of working to provide home fire safety visits are fully understood by staff to best support the targeting of risk.*

Actions the service has undertaken:

- As the service moved out of COVID restrictions, practices that had been identified and adopted during that period have become standard, to ensure continuous delivery of Prevention activity. These are audited through quarterly monitoring of audit trail and risk categorisation to ensure accurate recording. Additional training was delivered to all staff to ensure better understanding of risk categorisation so that timely support can be given to all.

- The new model of delivery is embedded in the CRG Framework and is now considered business as usual.

5.3 *The service should ensure its Risk Based Inspection Programme (RBIP) uses a systemised methodology that can be applied consistently in the future.*

Actions the service has undertaken:

- The current RBIPs progress to date is being reviewed to ensure that it delivers and is aligned to the Fire Standard. Following this review, the next

RBIP plan incorporating findings from current RBIP review is being drafted, within 2023/24, NFCC have released guidance and methodology with respect to RBIP and risk identification. The Protection Manager is now embedded themselves in this national working group and the service is working towards a trial of beta versions.

5.4 *The service should make sure it's MDTs are reliable so firefighters can readily access up-to-date risk information.*

Actions the service has undertaken:

- During the inspection, the procurement of new Mobile Data Terminals was already underway. These have now been purchased and a roll out has been completed of fitting to all frontline appliances. The next phase of this plan is the upgrade of the software which is in the D-Dat project pipeline.

5.5 *The service should make sure it is well prepared to form part of a multi-agency response to a terrorist incident, and its procedures for responding are understood by all staff and are well tested.*

Actions the service has undertaken:

- The services Major Incident Plan has been reviewed and tested to ensure that it meets National Operational Guidance (NOG.), Integrated Emergency Management, National Resilience Standards and Fire Standard – *Emergency Preparedness and Resilience*. Additionally, the plan has been reviewed against the Manchester Arena Inquiry recommendations. The service has invested in developing members of the Joint Operations Team by undertaking a Plan writer's course. This supports the review and development of specific plans including Op P (Response to a Marauding Terrorist Attack).

- The service is implementing the recently published (July 23) Terrorist Attack NOG guidance and control room guidance.

- The Service with partner agencies is planning the delivery of the revised JESIP MTA JOPs to commanders and Fire Control. This revised JOPs also require an update of our Op P response plan.

- The response to terrorist attacks is embedded within the competency-based training framework.

- The service has enhanced the programme to support tactical and strategic commanders in the training, testing and exercising of command skills to support JESIP, resilience response arrangements and national resilience standards.

- Operational Assurance team have aligned operational exercise planner for all staff to Competency Based Training Framework, LRF risks, risk intelligence and national resilience assurance programme maximising over the border and multi-agency participation.

- Enhanced awareness of non-specialist and specialist responder roles as part of the response to terrorist events has been rolled out to support our Counter Terrorism major incident response plan and command protocols.

- The service Chair's the LRF CT Group who is evaluating the local risk based on the National Security Risk Assessment to ensure local plans exist and current to meet the multi-agency response requirements for a terrorist attack.

Efficiency Pillar

5.6 *The service needs to assure itself that it is maximising opportunities to improve workforce productivity and develop future capacity through the use of innovation, including the use of technology.*

Actions the service has undertaken:

- An Emergency Cover Review was commissioned, and the results have been delivered to SLT. The findings are being reviewed and recommendations will be put to the commissioner for recommendation of approval.

- A Digital Strategy is in place that has identified a portfolio of technology projects that are prioritised to upgrade existing and/or replace technology. It also explores future technology requirements from the sector best practice or more efficient ways of working.

People Pillar

5.7 *The service should make sure it has effective absence and attendance procedures in place.*

Actions the service has undertaken:

- Work is ongoing to review current processes and ensure effective use of systems PDR and Unit 4 for recording, tracking, and monitoring for assurance.

- Policy A22 Attendance Management, A23 Disciplinary Procedure (Fire Staff) and A23 Disciplinary Procedure (Grey and Gold Book), have been revised by Human Resources and were published September 2023.

- Levels of Leadership Training and Workshops have been devised and map to the core learning pathways for Attendance Management and Performance Management. These sessions are developed with Human Resources input and will be delivered to aspiring and existing managers. This is a 2-year plan and sessions are underway. In addition to the training intranet quick links guidance is being developed for the new intranet to assist managers.

5.8 *The service should formally monitor overtime and secondary contracts to make sure working hours are not exceeded.*

Actions the service has undertaken:

- A process of monitoring overtime and secondary contracts has been established through a dashboard. This is regularly reviewed to ensure that staff are not exceeding working hours are not exceeded. In addition to these new ways of working are being explored to monitor this through the new Duty Management System project. The importance of monitoring secondary contracts and the welfare of individuals within the service has highlighted the need for a standalone policy which is currently being drafted. The new policy will outline a clear process, monitoring and adherence arrangements for the service to implement.

5.9 *The service should assure itself that middle managers are visible and demonstrate service values through their behaviours.*

Actions the service has undertaken:

- All middle managers have been aligned to On-Call stations to ensure visibility of managers at these locations. They are required to attend drill nights and to assist in the development of new staff. This is now a PDR objective and will continue to be moving forward.

All managers are attending Levels of leadership training as described 4.8

5.10 *The service should assure itself that staff with managerial responsibilities are appropriately trained for their role.*

Actions the service has undertaken:

- The service has developed a Leadership and Management Development Plan, setting out the core learning pathways and programme for all leaders. This includes the implementation of the NFCC Supervisory Leadership programme and qualification for all Supervisory managers.

- The service has developed the “Levels of Leadership” leadership and management training programme. This is delivered jointly between FRS and Police leadership trainers. This training is now underway on a 2-year cycle that includes new, existing and aspiring managers.

- The service is exploring external suppliers to support the CMI qualification for the NFCC leadership programmes, internal “Levels of Leadership” delivery and leadership mentoring and coaching.

5.11 *The service should make sure problems identified through staff feedback mechanisms are appropriately assessed and that actions it takes are communicated to staff in a timely way.*

Actions the service has undertaken:

- The Staff Suggestion Scheme has been relaunched with a mechanism of a strategic responsible member responding to suggestions. Since relaunch, 7 submissions have been made and have been passed to the relevant manager or discussed with the Senior Leadership Team (SLT) meeting or Tactical Leadership Team (TLT). This is reported through the Business Services dashboard and published on Fireplace.

- SLT visits have restarted with a programme cycle that will see all SLT Members including Enabling Services Heads of Services, attending departments and stations taking feedback and reporting back into SLT.

- Serving with Pride will act as baseline on culture and EDI and we will be following up with regular staff surveys and engagement to measure change and impact of the action plans we develop.

5.12 *"The service should make sure that policies used to handle grievance and discipline cases are applied in a consistent and timely manner across the workforce, that staff have confidence in the process, and that those involved in these processes are appropriately trained".*

Actions the service has undertaken:

- All policies have been reviewed and are up to date.

- An options paper was produced that presented four options for provision of disciplinary investigation services within NFRS. Options presented were.
    1. A dedicated NFRS Investigative team, in-house
    2. Use of Northamptonshire Police Professional Standards Department
    3. Outsource the complex cases of NFRS to an independent provider.
    4. Joint investigative collaboration with another fire and rescue service

- Questions about the current investigations process and how this could be improved in the future, were included in the Serving with Pride Consultation that took place throughout July 2023. Overwhelmingly, employees wished to have an independent investigatory service that sat outside of NFRS, and also felt middle managers should receive high quality and consistent training on how to undertake lower level investigations. It was felt that the increased level of independence and additional training would increase confidence and trust in the process.

- The option of outsourcing complex cases to an independent provider was agreed at SLT with additional training for middle managers, and a specification has been produced and will go out for tender during November 2023.

5.13 *The service should put in place an open and fair process to identify, develop, and support high-potential staff and aspiring leaders.*

Actions the service has undertaken:

- Talent and Progression policy amended to include a reference to high potential development. This is fundamentally linked to our talent management processes and its maturity via PDR. Posts within the service are being identified that can support high-potential development of staff. Research completed looking at other such schemes across the sector.

- All SLT members have now received their 360 Feedback, that identifies potential and areas for development, with the view that this process will be applied to middle managers in the future.

5.14 *The service should improve all staff understanding and application of the performance development review process, ensuring it uses this to develop talent within the organisation.*

Actions the service has undertaken:

- New PDR system implemented and working with staff conducting and taking part in regular 1 2 1's and Talent Conversations. This follows the NFCC guidance on Talent Management.

- In response to the report the Service has produced two action plans; one (which is publicly available on NFRS website) to address the Cause of Concern, and one to address all other areas for improvement.

6 Looking Forward

6.1 It is recognised that the service has been subjected to a period of change and this has reflected in considered reviews to the long-term plans of some of the actions for delivery.

It is clear that work has been carried out on all of the AFI and the CofC. Changes to the culture of a workforce take time to embed, key to our understanding for the future is the Serving with Pride report results that will enable the service to identify corrective actions.

Actions are already taking place that have seen challenge from staff on behaviours that have resulted in positive measures being taken by the service, assuring the CFO.
The CFO has aligned himself as the strategic sponsor for all actions that sit within the People Pillar. The CFO is now chairing a newly formed People and Culture Board, with a full review of the actions from both the Round 2 inspection AFI's and CofC.

A review of the Performance and Assurance framework will be conducted by AM Transformation to ensure that all areas of improvement and business as usual are delivered. Service Assurance Board has been reintroduced to allow the Assurance Manager to report directly to the CFO on progress giving better

strategic oversight and it is anticipated that the implementation of a Service Improvement Board will be completed by Q4 2023/24.

The expected Round 3 inspection for quarter 3 of 23/24 was paused by HMICFRS, to allow a Thematic review into Misconduct within the Fire Service. NFRS took part as 1 of 10 Fire and Rescue Services chosen at random by HMICFRS. It is now anticipated that the Round 3 inspection will commence quarter 1 2024/25. Work is being conducted to review the 7 published Round 3 HMICFRS reports and identify trends and themes. This will enable the service to carry out a self-assessment and potentially begin improvement implementation ahead of the next inspection by the relevant strategic lead.

Further, feedback from the recent HMICFRS Thematic Review into Misconduct has allowed the service to confirm we are ‘self-aware’ and know where continual improvements need to be made.

Agenda Item 8

Corruption and Fraud Controls and Processes

Author: Vaughan Ashcroft
Chief Officer Sponsor: Deputy Chief Constable
Date: December 2023
Version: 1

NORTHAMPTONSHIRE
POLICE
Fighting Crime. Protecting People.

1. Purpose

1.1. This report provides updated details of the robust processes and procedures Northamptonshire Police currently has in place to identify and mitigate the likelihood of fraud. These complement and support the national measures that exist for scrutiny of the public sector and managing integrity across Police Forces in England & Wales.

2. Recommendation

2.1. To note the content of the report.

3. National Standards - College of Policing: Code of Ethics

3.1. The *Code of Ethics 2014* was produced by the College of Policing in its role as the professional body for policing. It sets and defines the exemplary standards of behaviour for everyone who works in policing. As a code of practice, the legal status of the *Code of Ethics* applies to the Police Forces in England & Wales under section 39A of the Police Act 1996 as amended be S. 124 of the Anti-Social Behaviour, Crime and Policing Act 2014. See Appendix 1.

3.2. The *Code of Ethics* is about self-awareness, ensuring that everyone in policing feels able to always do the right thing and is confident to challenge colleagues irrespective of their rank, role or position.

3.3. The *Code* begins by clearly laying out the Policing Principles (fig 1) on the basis that:

> "Every person working for the police service must work honestly and ethically. The public expect the police to do the right thing in the right way. Basing decisions and actions on a set of policing principles will help to achieve this."

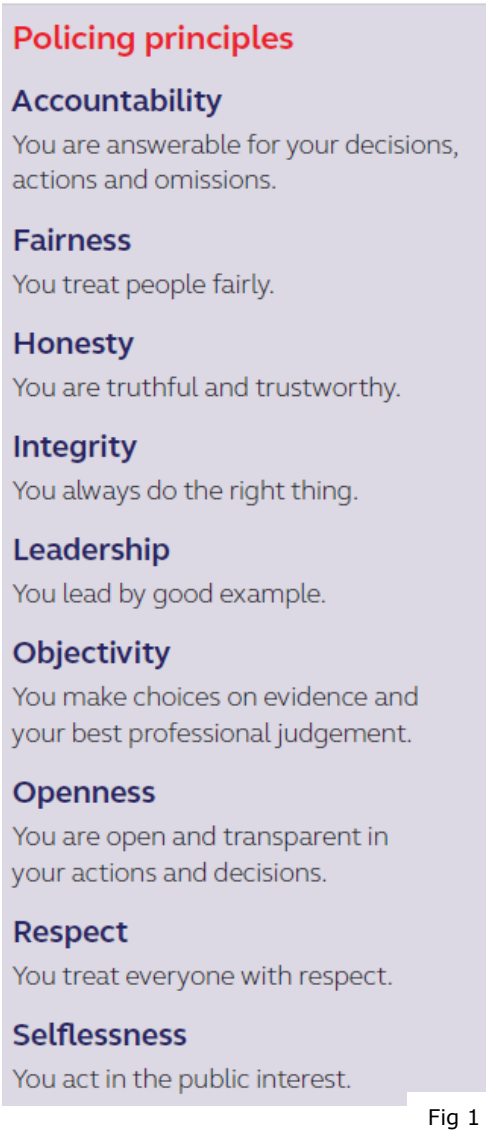


Fig 1

3.4. The *Code*'s Standards of Professional Behaviour (fig 2) begins with:

1. Honesty & Integrity

"I will be honest and act with integrity at all times, and will not compromise or abuse my position."

Standards of professional behaviour

1. Honesty and integrity

I will be honest and act with integrity at all times, and will not compromise or abuse my position.

2. Authority, respect and courtesy

I will act with self-control and tolerance, treating members of the public and colleagues with respect and courtesy.

I will use my powers and authority lawfully and proportionately, and will respect the rights of all individuals.

3. Equality and diversity

I will act with fairness and impartiality. I will not discriminate unlawfully or unfairly.

4. Use of force

I will only use force as part of my role and responsibilities, and only to the extent that it is necessary, proportionate and reasonable in all the circumstances.

5. Orders and instructions

I will, as a police officer, give and carry out lawful orders only, and will abide by Police Regulations.

I will give reasonable instructions only, and will follow all reasonable instructions.

6. Duties and responsibilities

I will be diligent in the exercise of my duties and responsibilities.

7. Confidentiality

I will treat information with respect, and access or disclose it only in the proper course of my duties.

8. Fitness for work

I will ensure, when on duty or at work, that I am fit to carry out my responsibilities.

9. Conduct

I will behave in a manner, whether on or off duty, which does not bring discredit on the police service or undermine public confidence in policing.

10. Challenging and reporting improper behaviour

I will report, challenge or take action against the conduct of colleagues which has fallen below the standards of professional behaviour.

Fig 2

3.5. The expectation is that police employees will act with honesty and integrity at all times. Examples of meeting this standard in relation to fraud include:

- Ensuring decisions are not influenced by improper considerations of personal gain;
- Neither soliciting nor accepting the offer of any gift, gratuity or hospitality that could compromise impartiality.

3.6. The *Code of Ethics* has been embraced by Northamptonshire Police with its values being mainstreamed throughout the Force.

3.7. The College of Policing is undertaking a review of the *Code of Ethics*, working with a committee of subject matter experts, academics, and frontline officers and staff. The aim of the review is to:

- Review the policing principles to:
  - Establish whether they reflect the requirements for both contemporary and future policing.
  - Ensure that they are inspirational, befitting and relevant to all in policing.
  - Ensure that they provide a strong and practical ethical framework that supports autonomous professional decision-making and learning and development.
  - Include 'candour', as per the Hillsborough and Daniel Morgan inquiries.
  - Update the explanatory text of the SPBs to reflect recent legislative changes and other contemporary issues in policing.
- Provide guidance, recommendations and supporting material to forces, to aid the implementation of ethical decision making at all levels.

3.8. The review will result in the publication of three documents that will complement each other; Ethical Policing Principles, Guidance of Professional Behaviour and a Code of Practice for ethical and professional policing.

3.9. A public consultation of the updates has been carried out and briefings are in the process of taking place. The final publication of the updated Code of Ethics Framework is expected in the coming months.

4. National Fraud Initiative

4.1. Since 1996 the Audit Commission has run the National Fraud Initiative (NFI), an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. This includes Police Forces and OP(F)CCs, Local Probation Trusts and Community Rehabilitation Companies, Fire and Rescue authorities as well as local councils and a number of private sector bodies.

4.2. Fraudsters often target different organisations at the same time, using the same fraudulent details or identities. The NFI can help tackle this by comparing information held by organisations to identify potential fraud and overpayment.

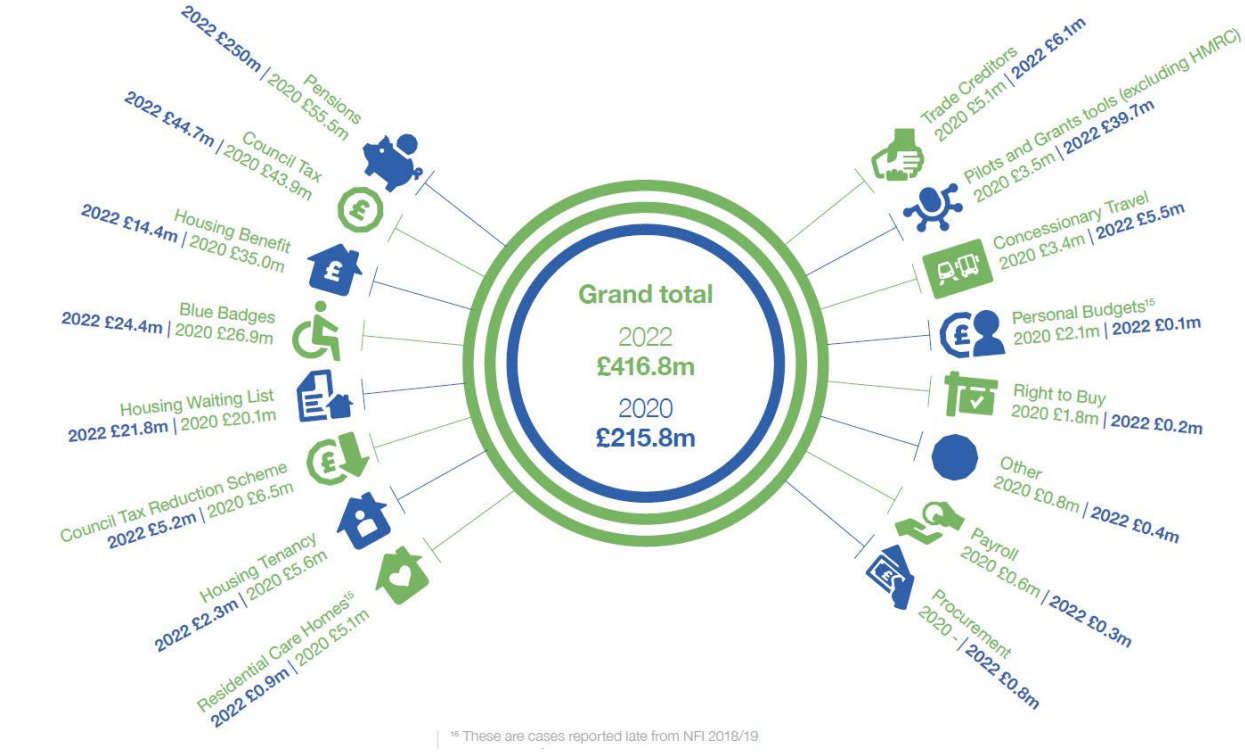
4.3. A match does not automatically mean fraud. Often, there may be an explanation for a data match that prompts bodies to update their records and to improve their systems.

4.4. Although not mandatory, central government departments, agencies and arm's length organisations are encouraged to submit datasets on payroll and trade creditors.

4.5. The use of data for NFI purposes continues to be controlled to ensure compliance with data protection and human rights legislation.

4.6. The main categories of fraud identified by the NFI in England relate to pensions, council tax single person discounts and housing benefit. The latest national report indicated over £416m of detected fraud, broken down by risk area as follows. The full report is available in Appendix 2.

Outcomes in England by risk area (rounded)



[16] These are cases reported late from NFI 2018/19

4.7. Data matching showing little or no fraud and error can provide bodies with assurances about the effectiveness of their control arrangements. It also strengthens the evidence for the body's annual governance statement.

4.8. NFI data matching plays an important role in protecting the public purse against fraud. Northamptonshire Police has run the NFI exercise every two years to help detect and prevent fraud for many years.

4.9. The 2023 results highlighted 200 items for review (see Appendix 3) but following investigations, none were found to be a result of fraud. Only 2 items ultimately required action. The areas relevant to us and examples of items for review are as follows.

4.10. Creditors – it was highlighted if any were set up on more than one reference or if multiple suppliers had the same bank account details. On investigation, all were justified and appropriate.

4.11. Duplicated payments – examples of recurring payments were provided. Upon checking, most of these were found to be genuine. eg. Quarterly charges, bacs failures paid by other means. There were 2 genuine duplicate payments that were subsequently corrected/recovered.

4.12. Debtors – multiple debtors to the same address. Upon investigation, all were justified and necessary. eg. Government departments, Barristers all based at the court.

4.13. VAT discrepancies – all but one had already been addressed as part of the VAT return monthly checks and reconciliation. The remaining error was subsequently corrected.

4.14. No issues of concern were identified with pensions or payroll. In the previous NFI exercise, there was an example where it appeared that one of our officers was also being paid by another police force. This was investigated by the finance team and PSD and found to be an administrative error on the part of the Metropolitan Police. It was addressed as required and no further action was necessary.

5. Local Strategies – Policies and Procedures

5.1. All police officers, staff and volunteers must pass a vigorous vetting process to join Northamptonshire Police.

5.2. Strategies, policies and procedures are in place locally to promote and enforce national standards.

5.3. These include ‘Standards of Professional Behaviour’. Last year, a campaign to promote awareness and understanding of these, through ‘Standard of the Month’, focussed on each standard in turn. This involved pushing email briefings to all officers and staff, with a direction to encourage discussion and work through case studies in departmental and team meetings. This included development of 60-second videos that clearly articulate the standards in an accessible and engaging way. These briefings are available via Professional Standards intranet site, along with many other relevant resources.

5.4. The Professional Standards Dept produces a e-magazine, called “The Standard” which covers a range of topics relating to ethics and professional standards, sharing good

practice and promoting reporting channels for inappropriate behaviours. (Latest edition is at Appendix 4)

5.5. The Professional Standards Dept (PSD) have been working with our own communications department and an external Communications Agency to identify cultural issues to tackle concerning behaviours. The company have used desktop research, online surveys and focus groups to understand what concerns there are within the force. This will result in a 2024 new Standards Campaign to educate staff and officers to prevent behaviours that fall below what we expect and robustly address unacceptable conduct. We have also introduced PSD Single Points of Contact to each of the stations across the force to break down barriers and myths in relation to PSD to promote confidence in reporting and identifying patterns of unacceptable behaviours to ensure early intervention. PSD are also exploring improved ways to engage with the communities to help raise confidence in Northamptonshire Police.

5.6. A number of local policies and procedures are in place which relate to managing integrity of police officers and staff in Northamptonshire to which all individuals are required to adhere. These include:

- ACPO Guidance on Business Interests
- Business Interest Policy
- Confidential Reporting Policy
- Expenses & Allowances Policy
- Fraud Investigation Policy
- Gifts and Hospitality Policy & Procedure
- Misconduct Outcomes Publications
- Notifiable Associations Procedure
- Overtime (Police Officers) Procedure
- Police Staff Misconduct Policy & Procedure
- Procurement Card Policy
- Service Confidence Procedure
- Social Media Policy
- Substance and Alcohol Misuse Policy
- Vetting Policy and Guidance
- Whistleblowing Policy – supported by the Bad Apple reporting system
- Your Personal Finances Policy

5.7. All policies, procedures and guidance are available to staff on the internal website and subject to regular review points.

5.8. The Force employs a Corruption Prevention Officer to work with internal stakeholders and external partners to improve preventative measures. This has included implementing Integrity Health Checks for all staff and officers that covers a number of areas including business interests, notifiable associations and financial status. The purpose of this is to reduce organisational vulnerability and enhance personal welfare. The Professional Standards Dept works with HR to ensure this is now included in PDRs to manage and monitor.

5.9. Supporting the Confidential Reporting Policy is the *Bad Apple* initiative, allowing concerns to be reported anonymously via a secure online portal, managed by the Counter Corruption Unit (CCU) within the Professional Standards Department. In the last 12 months there has been no report linked to fraud or misuse of public funds, and no corruption identified.

5.10. In August 2022, the Force launched the new *Flag It!* application, which allows for officers and staff to report occurrences and behaviours that concern them. *Flag It!* is for those situations that people may not feel warrant a *Bad Apple* report but in fact still need to be highlighted so appropriate training or management action can be implemented.

As at 30th June 2023, there were 32 closed *Flag It!* reports, 6 were active and 16 had been transferred to *Bad Apple* by CCU. The reporting activity at that point can be broken down into key themes, none of which referred specifically to fraud or corruption:

- Unfairness – mentioned 15 times.
- Culture – mentioned 9 times.
- Language – mentioned 8 times.
- Bullying – mentioned 6 times.
- Unsupported – mentioned 6 times.
- Discrimination – mentioned 6 times.

5.11. Following the Op Admiral review (see below), the force is seeking to continually improve mechanisms for anonymised reporting and make best use of data that these systems gather.

6. Response to National events

6.1. Recognising the grave levels of public concern following the kidnap, rape and murder of Sarah Everard by a serving officer and other deeply troubling incidents, the Metropolitan Police Service (MPS) appointed Baroness Louise Casey to lead an independent review of our culture and standards of behaviour.

6.2. Op Admiral was set up locally to review the findings and recommendations within the report, to ensure the right safeguarding measures are in place and the very highest professional standards are upheld by Northamptonshire officers and staff.

6.3. The Op Admiral team has reviewed all conduct and crime investigations into staff for a three year period, and as a result, we are looking to create a bespoke team to investigate both crime and conduct with the objective of improving outcomes for both. Although the driver for this has been Police Perpetrated Domestic Abuse (PPDA), this will also include financial and dishonesty offences.

7. Governance and Controls

7.1. The Corporate Governance Framework clarifies the following:

"C4 PREVENTING FRAUD AND CORRUPTION

Overview and Control

The PFCC, the CFO and the CC will not tolerate fraud or corruption in the administration of their responsibilities, whether from inside or outside.

There is an expectation of propriety and accountability on officers, staff, volunteers and members at all levels to lead by example in ensuring adherence to legal requirements, rules, procedures and practices.

The PFCC, the CFO, and the CC also expect that individuals and organisations (e.g. suppliers, contractors, and service providers) with whom they come into contact will act towards the PFCC with integrity and without thought or actions involving fraud or corruption.

Key Controls

The key controls regarding the prevention of financial irregularities are that:

Key Controls: Preventing Fraud and Corruption
There is an effective system of internal control.
The organisation has an effective anti-fraud and corruption policy and maintains a culture that will not tolerate fraud or corruption.

All officers, staff, volunteers and members will act with integrity and lead by example
Senior managers are required to deal swiftly and firmly with those who defraud or attempt to defraud the organisation or who are corrupt.
High standards of conduct are promoted amongst officers, staff, volunteers and members through adherence to codes of conduct.
There is an approved Gifts, Gratuities and Hospitality Policy and procedure that must be followed. This includes the maintenance of a register of interests in which any hospitality or gifts accepted must be recorded.
Whistle blowing policy and procedures are in place and operate effectively.
Legislation including the Public Interest Disclosure Act 1998 and the Bribery Act 2010 is adhered to.

Responsibilities of the Statutory Officers

Responsibilities of the Statutory Officers: Preventing Fraud and Corruption
To ensure all staff act with integrity and lead by example.
NCFRA CFO/CC are responsible for preparing an effective anti-fraud and anti-corruption policy and maintaining a culture that will not tolerate fraud or corruption and ensuring that internal controls are such that fraud or corruption will be prevented where possible.
The organisation shall prepare a joint policy for the registering of interests and the receipt of hospitality and gifts covering officers and staff. The policy is published as appropriate on its website and the Force's and Service's website. A register of interests and a register of hospitality and gifts shall be maintained for staff in a manner to be determined by the PFCC.
The PFCC and the CC shall prepare a whistle blowing policy to provide a facility that enables staff, the general public and contractors to make allegations of fraud, misuse and corruption in confidence, and without recrimination, to an independent contact. Procedures shall ensure that allegations are investigated robustly as to their validity that they are not malicious and that appropriate action is taken to address any concerns identified. The PFCC shall ensure that all staff are aware of any approved whistle blowing policy.
To implement and maintain an adequate and effective internal financial framework clearly setting out the approved financial systems to be followed.
The PFCC, the CFO and the CC shall notify the PFCC CFO and the CC CFO immediately if a preliminary investigation gives rise to any suspected fraud, theft, irregularity, improper use or misappropriation of property or resources. This reporting fulfils the requirements of Section 17 of the Crime and Disorder Act 1998. In such instances, the PFCC, the CC, the PFCC/NCFRA CFO and the CC CFO shall agree any further investigative process. Pending investigation and

reporting, the PFCC, the CFO, and CC shall take all necessary steps to prevent further loss and to secure records and documentation against removal or alteration.
The PFCC and CC may instigate disciplinary procedures where the outcome of an investigation indicates improper behaviour.

7.2. Specific controls include:

- Reliable tendering procedures including checks to ensure legitimacy and integrity of suppliers. The NFI analysis described above will highlight any relationships between employees and suppliers that may need investigation.
- Internal audits commissioned to scrutinise adherence to controls and to highlight areas of concern/improvement.
- Regular detailed scrutiny of all expenses/overtime claims and purchase card transactions.
- Regular review of purchase card holders and authorisers, with a focus on reducing the number of cards where possible and checking that purchase limits are appropriate.
- Minimal use of cash and rigid cash handling processes in place.
- Vetting of all officers/staff which is refreshed on a periodic basis.

7.3. The detailed scrutiny of expenses and purchase card transactions do on occasion identify queries for investigation but none of these have recently been found to be fraudulent. Recent examples include:

- An expenses submission for £1800 which was identified prior to being paid and was found to be a keying error – should have been £18.00.
- A mileage claim picked up in the payroll checking process which identified someone had “filled the wrong box in” on the form, claiming 1800 miles for a journey that should have been 49 miles.
- A duplicate expense claim where the individual submitted the claim form twice in error.

In all cases, corrections were made, and advice was given about attention to detail and accuracy of submissions.

8. Internal and external audits

8.1. Internal financial audits which would highlight any potentially fraudulent activity are conducted by Mazars LLP throughout the year on a cyclical basis, looking at different thematic strands.

8.2. External audits which scrutinise the Force's accounting procedures and which would identify and mitigate the likelihood of fraud are conducted annually.

9. Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Inspections

9.1. The PEEL inspection is the programme in which HMICFRS draws together evidence from its annual all-force inspections. The evidence is used to assess the effectiveness, efficiency and legitimacy of the service. HMICFRS introduced these assessments so that the public will be able to judge the performance of their Force and policing as a whole. The **effectiveness** of a force is assessed in relation to how it carries out its responsibilities including cutting crime, protecting the vulnerable, tackling anti-social behaviour, and dealing with emergencies and other calls for service. Its **efficiency** is assessed in relation to how it provides value for money. Its **legitimacy** is assessed in relation to whether the force operates fairly, ethically and within the law.

9.2. The legitimacy inspection focused on the extent to which forces develop and maintain an ethical culture to reduce unacceptable types of behaviour among their workforces.

9.3. HMICFRS acknowledged that research tells us that the best way to prevent wrongdoing is to promote an ethical working environment or culture and that police leaders need to promote ethical principles and behaviour and act as role models, in line with the Code of Ethics.

9.4. The HMICFRS PEEL Inspection 2018/19 assessed Northamptonshire as GOOD in relation to Legitimacy - Ethical and Lawful Workforce Behaviour and stated:

> "Northamptonshire Police behaves ethically and lawfully. Effective anti-corruption measures are in place. Leaders publicise their expectations and the force's values well throughout the workforce."

9.5. The 2021/22 report draws the following positive conclusion:

> "Ethical standards are clearly promoted throughout the force
>
> There is strong support for the chief officer team and its communications through regular use of vlogs, particularly from the chief constable. Officers and staff feel valued, included and part of the force. They feel it is now in a better place than it has been for several years and morale is increasing. The ethics committee is a useful forum for discussing challenging ethical issues, and its findings are published. 'Challenging behaviours' meetings have been introduced to improve perceptions of fairness and transparency. Both of these indicate a developing learning culture supported by the professional standards department."

9.6. The latest full Northamptonshire Police HMICFRS inspection took place in September/October 2023 with results expected in early 2024. No matters of concern in relation to fraud or corruption were highlighted as part of the field work or initial debrief.

10. Appendix 1 – Code of Ethics

Code_of_Ethics.pdf

11. Appendix 2 – National Fraud Initiative 2022/23 Report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1121678/2022-12-02_NFI_report_2022__12v3__-_JQ.pdf

NFI_report_2022.pdf

12. Appendix 3 – Northamptonshire Police NFI Results – 2022/23

NATIONAL FRAUD INITIATIVE 2022/2023
AUTHORITY SUMMARY: Chief Constable for Northamptonshire Police

No.	Report Name	Total Recommended	Total All
66 High	Payroll to Payroll, high quality, between bodies		4
67.1 High	Payroll to Payroll, same phone number, within bodies		1
68.1 High	Payroll to Payroll, same phone number, between bodies		6
78 Info	Payroll to Pensions, high quality, between bodies		6
701 High	Duplicate creditors by creditor name		26
702 High	Duplicate creditors by address detail		13
703 High	Duplicate creditors by bank account number		13
708 High	Duplicate records by invoice amount and creditor reference		105
709 High	VAT overpaid		13
710 High	Duplicate records by creditor name, supplier invoice number and invoice amount but different creditor reference		7
711 High	Duplicate records by supplier invoice number and invoice amount but different creditor reference and name		6
TOTAL			**200**

13. Appendix 4 – "The Standard" Professional Standards e-magazine

The Standard - Issue 10 - Summer 2

NORTHAMPTONSHIRE
POLICE
Fighting Crime. Protecting People.

Agenda Item 9

JIAC – Disaster Recovery Assurance

Author: Clare Chambers, Chief Digital Officer
Chief Officer Sponsor: Paul Bullen, ACO Enabling Services

Date: November 2023
Version Control: 1.0 Final

1. Introduction

A previous committee meeting raised concerns regarding IT Disaster Recovery activities and audits, and therefore asked for further assurance regarding disaster recovery in Police and Fire.

Mazars completed an audit of IT Disaster Recovery in December 2022. The final report was published in May 2023 which provided 'limited assurance'. There was 1 Fundamental (Priority 1) finding, 4 Significant (Priority 2) findings, and one Housekeeping (Priority 3) finding.

2. Audit Actions

Priority 1 action

1. IT Disaster Recovery Procedures

Recommendations - write IT DR procedures for all the 'core' systems, including recovery processes, responsibilities, and other related activities, for example resynchronisation of interfaces.

Activities – the list of 'core' systems has been agreed and are linked to the BCPs of both organisations. A delivery plan for how the documentation is being written. This is due by the end of December 2023.

Priority 2 actions

2. IT Disaster Recovery Policy

Recommendation – to review the content in the BCM policy to include specific guidance around IT DR. Complete

Recommendation – BCM policy to be reviewed annually. Complete

3. Consolidated view of continuity objectives

Recommendation – Business Impact Assessments to be revisited to ascertain whether the requirements of the business can be met by the IT DR arrangements.

Activities – This action sits with the Risk and Business Continuity Manager for feedback by the end of November 2023.

4. Risk Management

Recommendation – The corporate risk registers should include risks related to events that might trigger an IT DR scenario. Complete

5. Test planning

Recommendation – A strategy for IT DR testing should be developed that reflects the challenges of testing DR arrangements while at the same time maintaining operations services.

Activities – this has been discussed and is being drawn up for completion by end of December 2023.

Recommendation – From the above, an annual plan of DR tests should be maintained related to all systems that are deemed 'core' by the organisations. By end of March 2024
Activities – This will be progressed once the strategy detailed above has been agreed.

Priority 3 action

Recommendation – ensure that relevant stakeholders are updated on the adequacy of DR tests that take place.
Activities – These will be formally reported to the relevant Board, for example Force Assurance Board. To be in place by the end of December 2023.

3. Assurance

The audit findings highlighted areas where disaster recovery controls were operating reliably, including the BCP having the relevant contact details of staff and a communications cascade mechanism to inform of issues. There were other areas related to the BCP which were detailed as operating reliably, mostly related to the prioritised activities, contingency plans and, importantly, replicated data centres which provide a resilient service for those prioritised activities, such as Force or Service Control room functionality.

Many of the recommended actions from the audit relate to creating procedures and processes that are written down, kept up to date and tested. While the processes are not written down yet, there are many skilled and experienced members of staff within DDaT who hold the knowledge of how to recover systems in a disaster scenario.

Since the audit, the 'core' systems have been confirmed, and these reflect the requirements of the organisations' business continuity plans. It should be noted that there was no change to the list of systems that were already understood as 'core'. These core systems additionally have third party support contracts in place with external parties who would provide support in a disaster scenario.

The report noted that the findings presented in the report are commonplace across many public sector organisations. This view is supported by the Chief Digital Officer, who has worked in the technology arena for 30 years, and the public sector for 25 years. Audits of this nature focus, rightly, on fully documented, resourced, and funded disaster recovery activities. Reality and experience show that while this should always be the aim, there are areas of compromise that are made to deliver the service needed. For example, full and regular testing of failover arrangements cannot always be run on a schedule, and opportunities for tests of these types are taken at opportune times.

An example of the above took place when power work was scheduled at Wooton Hall. The failover of services to the dark site was initiated successfully. Similarly, in preparation for the potential strikes in the Fire Service, contingency plans were put in

place and tested, in case the service had to be run from the police control room due to a lack of staff.

Joint Independent Audit Committee

6th December 2023

AGENDA ITEM: 10

REPORT BY	**OPFCC/NCFRA Chief Finance Officer**
SUBJECT	**Joint Independent Audit Committee (JIAC) - Agenda Plan – Updated April 2023**
RECOMMENDATION	To discuss the agenda plan

1. Background

1.1 The agenda plan incorporates statutory, good practice and agreed scrutiny items.

1.2 Dates for the March 2024 and July 2024 are currently being discussed with officers and JIAC Chair.

ROLLING AGENDA PLAN 2023-24

			13th September 2023	6th December 2023	1st November 2023 Fire Accounts Workshop	15th December 2023 PFCC and CC Accounts Workshop	February 2024 Workshop Police Disaster Recovery and BCP	13th March 2024	17th July 2024
	Confirmed agenda to be circulated		31/07/2023	20//10/2023					
	Deadline for reports to be submitted		30/08/2023	24/11/2023					
	Papers to be circulated		06/09/2023	29/11/2023					
Public	Apologies	every meeting	Apologies	Apologies				Apologies	Apologies
Public	Declarations	every meeting	Declarations	Declarations				Declarations	Declarations
Public	Meetings log and actions	every meeting	Meetings log and actions	Meetings log and actions				Meetings log and actions	Meetings log and actions
	JIAC annual report	Annually							JIAC annual report
Restricted	Meeting of members and Auditors without Officers Present	once per year							Meeting of members and Auditors without Officers Present
Public	External Auditor reports	every meeting Once a Year – Plan, Once a Year ISA260 and one a Year Annual Audit Letter (timescale Accounts dependent)	External Auditor reports	External Auditor reports				External Auditor reports	External Auditor reports – written End Annual report
Public	Internal Auditor reports (progress)	every meeting	Internal Auditor progress reports	Internal Auditor progress reports				Internal Auditor progress reports	Internal Auditor progress reports
Public	Internal Audit Plan and Year End Report	twice a year for NFRS and PCC & CC						Internal Audit Procurement 2023/24 and Plans update	Year End Reports 2022/23
									Internal Audit Plans 2023/24 NCFRA, PFCC and CC
Public	Update on Implementation of	twice a year for NFRS and PCC & CC	Audit implementation update of internal audit	Audit implementation update of internal audit recommendations NFRS				Audit implementation update of internal audit recommendations PFCC and CC	Audit implementation update of internal audit recommendations NFRS

		frequency required	13th September 2023	6th December 2023	1st November 2023 Fire Accounts Workshop	15th December 2023 PFCC and CC Accounts Workshop	February 2024 Workshop Police Disaster Recovery and BCP	13th March 2024	17th July 2024
	internal audit recommendations		recommendations PFCC and CC						
Public	HMICFRS updates	1 per year per organisation	CC - HMICFRS update	NFRS – HMICFRS Update				CC - HMICFRS update	NFRS – HMICFRS Update
Restricted	Risk register update (including current risk policy as an appendix)		PFCC Risk register (including current risk policy as appendix)	CC Risk register (including current risk policy as appendix)				NCFRA Risk Register (including current risk policy as an appendix)	
Public	Fraud and Corruption: Controls and processes	Once a year for NFRS and PCC & CC	*NFRS - Fraud and Corruption: Controls and processes*	*Policing - Fraud and Corruption: Controls and processes*					
Public	Budget plan and MTFP process and plan update and timetable	annually for all	NFRS, CC and PCC - Budget plan and MTFP process and plan update and timetable						
Public	Statement of accounts	annually for all (subject to audit timescales)	External Audit Update	External Audit Update				External Audit Update	External Audit Update
Public	Treasury Management Strategy	annually for all						NCFRA, CC and PFCC - Treasury Management Strategy	
Public	Attendance of PCC, CC and CFO	annually for all							
Restricted	Enabling Services (including new system arrangements)	twice a year	Enabling services update					Enabling services update	
Restricted	Benefits realisation			Benefits realisation (PB)					Benefits realisation (PB)
Restricted	Systems implementation								Verbal update – systems implementation (including review of new finance systems)