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

Internal Audit Progress Report

Joint Independent Audit Committee – 09 July 2025

Date Prepared: July 2025

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Contents

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01. Snapshot of Internal Audit Activity

Below is a snapshot of the current position of the delivery of the 2024/25 Internal Audit Plan (Plan).

88%	13%

- ■ In Planning ■ ToR Issued ■ Fieldwork ■ Review ■ Draft Issued ■ Final Issued

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⚠️

JIAC decisions needed

- Note the progress being reported and consider final reports included separately in the Appendix 1.

RAG status of delivery of plan to timetable — **On Track**

Key Updates
Since the last update regarding the 2024/25 plan provided to the committee, we have issued the final report for the Business Continuity Follow Up, Procurement & Supply Chain and NCFRA Succession Planning & Promotions audits. We have also issued draft reports for the Joint IT Governance, Joint Estates Management and Joint Governance audits.

Since we presented the Draft 2025/26 plan to the committee, we have started fieldwork for Accreditation Management and Joint Fleet Management audits. We continue to plan and scope the 2025/26 audit plan.
An overview of the Internal Audit Plan can be found in **Section 3**.

Since the last update for our 2024/25 plan provided to the committee, we have issued the final reports for the EMSOU Data Governance & Security and EMSOU Wellbeing & EDI audits.

Since we presented the 2025/26 audit plan to the Regional CFOs/FDs meeting, we continue to plan and scope the 2025/26 audit plan.
An overview of the Collaboration Audit Plan can be found in **Section 4**.

Assurance opinions to date

- Substantial
- Moderate
- Limited
- Unsatisfactory
- Advisory

Recommendations to date

Low	Medium	High
0	0	0

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02. Latest Reports Issued – Summary of Findings

## Business Continuity Follow Up 2024/25

Your One Page Summary

Audit Objective: To follow up management actions in relation to the Business Continuity and Emergency Planning audit performed in 2023-24

Audit rationale

Why the Audit is in Your 2024/25 Plan	Your Strategic Priority
A limited assurance opinion was provided in this area in 2023-24	Responding efficiently and effectively to local needs

Analysis of follow up

The 2023/24 Business Continuity and Emergency Planning Report raised five recommendations. Using our priority rating, two were 'High' priority and three were 'Medium' priority. Of the five actions, we consider four (80%) to be implemented, and one (20%) to be overdue.

Analysis of following up - July 2024

- Superseded
- Overdue
- Implemented

Overdue 20%
Implemented 80%
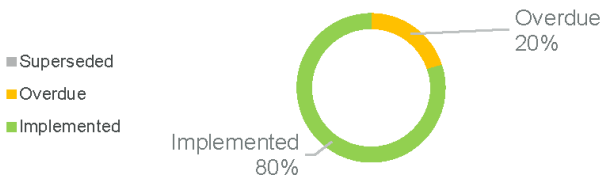
Priority of overdue management actions

- High
- Medium
- Low

High 100%

Recommendation	July 2023	April 2025
	Recommendation Priority	**Follow Up Outcome**
Annual Testing Programme	High	Outstanding
Contingency/Response Plans	High	Implemented
Training and Guidance	Medium	Implemented
Business Continuity Action Tracker	Medium	Implemented
Contingency Plans Procedures and Guidance	Medium	Implemented

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02. Latest Reports Issued – Summary of Findings

Procurement & Supply Chain 2024/25

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework for managing procurement and supply chain activities across the Force.

Audit rationale	
Why the Audit is in Your 2024/25 Plan	**Your Strategic / Tactical Objective**
To provide assurance that the risks associated with Procurement & Supply Chain are being appropriately managed.	OPFCC - Modern services that are fit for the future

Summary of our opinion

Moderate Opinion

See Appendix A1 for definitions

X

Summary of Recommendations

High (Priority 1)	-	Actions agreed by you	100%	
Medium (Priority 2)	2	High Priority completion	N/A	
Low (Priority 3)	1	Overall completion	September 2025	

Summary of findings

Examples of good practice

- ✓ Appropriate governance arrangements are in place for the new Procurement Act 2023.
- ✓ We confirmed through a sample of five contracts nearing their end date in the next 2 months, that proactive pipeline action was taken.
- ✓ Through a sample of 10 contract awards in the past twelve months we noted evaluation occurred in line with the contract standing orders.

Highest Priority Findings

- Contract awards were not published for three, out of nine contract awards that required this within our sample.
- Service request not completed for one contract from sample of 10 contract awards.
- From a sample of four frameworks, we noted one supplier which has not sent in management returns in a timely manner

Key root causes

- Lack of capacity
- Increase volume of workload
- Lack of robust follow up given limited capacity

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02. Latest Reports Issued – Summary of Findings

NCFRA Succession Planning & Promotions 2024/25

Your One Page Summary

Audit Objective: assess the design and effectiveness of the control framework for addressing Areas for Improvement identified by HMICFRS.

Audit rationale

Why the Audit is in Your 2024/25 Plan

To provide assurance that Northamptonshire Fire & Rescue Service (NFRS) has made progress against Areas for Improvement identified by HMICFRS in Fire & Rescue Service Assessments and thematic reviews related to Succession Planning and Promotions.

Your Strategic / Tactical Objective

Keeping our staff safe and well.

Summary of our opinion

Moderate Opinion	
See Appendix A1 for definitions	
X	

Summary of Recommendations

High (Priority 1)	-
Medium (Priority 2)	1
Low (Priority 3)	1

Actions agreed by you	100%
High Priority completion	N/A
Overall completion	October 2025

Summary of findings

Examples of good practice

✓ Action plans in place to monitor progress against recommendations from HMICFRS Assessment 2024/25, and Standards of Behaviour Thematic Review.

✓ Standardised recruitment packs created for all levels to improve consistency and fairness.

✓ Sample testing of five recently promoted permanent and temporary staff confirmed they were all posted to different watches/stations in line with the HMICFRS recommendation.

✓ High-potential staff and leaders developed through High Potential Development Programme.

Highest Priority Findings

• No formal succession plans for critical roles.

• Ensuring the identification and development of high-potential staff and leaders is open and transparent.

Key root causes

• There currently isn't a platform to share all the resources in place for staff aside. NFRS are currently working to introduce this via Moodle.

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02. Latest Reports Issued – Summary of Findings

EMSOU Data Governance & Security 2024/25

Your One Page Summary

Audit Objective: To provide assurance that the risks associated with Data Governance and Security are being appropriately managed.

Audit rationale

Why the Audit is in Your 2024/25 Plan

To provide assurance over the Unit's controls for effectively managing data breaches; the delivery of a Review, Retention and Disposal (RRD) function; and the wider control framework regarding data governance.

Summary of our opinion

Substantial Opinion

See Appendix A1 for definitions

X

Summary of Recommendations

High Priority	-	Actions agreed by you	100%
Medium Priority	1	High Priority completion	N/A
Low Priority	1	Overall completion	July 2025

Summary of findings

Examples of good practice	Highest Priority Findings	Key root causes
✓ Regional RRD policy which outlines process of retaining and disposing of information.	• EMSOU Information Asset Registers are incomplete	• Lack of capacity to chase information asset owners.
✓ We conducted a walkthrough of GENIE and found the unit has controls in place to ensure data quality is maintained.	• Security Handbook not updated	• Lack of Information Management resource to review and feedback on information asset register entries.
✓ Governance mechanisms are in place within EMSOU to discuss data issues, such as through the Data Improvement and Governance Board, and the Information Assurance Working Group.		
✓ Data breaches are recorded within Leicestershire Police intranet dashboard.		

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02. Latest Reports Issued – Summary of Findings

EMSOU Wellbeing & EDI 2024/25

Your One Page Summary

Audit Objective: to assess the design and effectiveness of the control framework for managing Wellbeing & EDI at the OPCCs and OPFCC.

Audit rationale

Why the Audit is in Your 2024/25 Plan

To assess the control framework at the Unit to support officer and staff wellbeing, including a review of controls and action plans in place regarding the Equality, Diversity and Inclusivity (EDI) of the Unit's workforce.

Summary of our opinion

Moderate Opinion

See Appendix A1 for definitions

	X		

Summary of Recommendations

High Priority	-	Actions agreed by you	100%
Medium Priority	2	High Priority completion	N/A
Low Priority	2	Overall completion	March 2026

Summary of findings

Examples of good practice

✓ EMSOU (the 'Unit') has a People Board in place which acts as the main governance structure to oversee wellbeing and EDI. Heads of Department are required attendees to ensure leadership across the Unit is engaged and made aware of updates.

✓ The Unit undertakes an annual exercise, the CTPEM Maturity Measurement, to benchmark and self-assess its performance with respect to EDI and wellbeing to identify and implement best practice.

Highest Priority Findings

• The Unit does not maintain sufficient oversight of the implementation status of actions within the People Strategy.

• The Unit lacks a clear understanding of its workforce demographics due to a high rate of nil responses.

Key root causes

• Absence of a formal action tracker.

• The Unit is unable to directly access three of the five Forces' workforce data.

Direction of travel

Previous Audit

May 2022

Direction of Travel

⇧ Previous Opinion: Limited

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03. Overview of Internal Audit Plan 2025/26

The table below lists the status of all reviews within the 2025/26 Plan.

Review	Original Days	Revised Days	Status	Original Quarter	Start Date	JIAC	Assurance Level	Total	High	Medium	Low
Office of the Police, Fire & Crime Commissioner for Northamptonshire and Northamptonshire Police											
Accreditation Management	15	15	Fieldwork	Q1	28-May-25			-	-	-	-
Seized Property	10	10	Planning	Q2	26-Aug-25			-	-	-	-
IT - Legacy Systems	10	10	Planning	Q3	03-Nov-25			-	-	-	-
Investigations	10	10	Planning	Q3	07-Nov-25			-	-	-	-
Wellbeing	10	10	Planning	Q3	01-Dec-25			-	-	-	-
Control Room / First Contact	10	10	Planning	Q3	08-Dec-25			-	-	-	-
Misconduct Hearings	10	10	Planning	Q4	12-Jan-26			-	-	-	-
Digital Forensics	10	10	Planning	Q4	22-Jan-26			-	-	-	-
Joint Audits											
Fleet Management	14	14	Fieldwork	Q1	02-Jun-25			-	-	-	-
IT - Cyber Security	20	20	Planning	Q4	05-Jan-26			-	-	-	-
Core Financials	30	30	Planning	Q2	TBC			-	-	-	-
Totals	**117**	**117**					**Totals**	-	-	-	-

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03. Overview of Internal Audit Plan 2025/26 (Cont.)

The table below lists the status of all reviews within the 2025/26 Plan.

Review	Original Days	Revised Days	Status	Original Quarter	Start Date	JIAC	Assurance Level	Total	High	Medium	Low
Northamptonshire Commissioner Fire & Rescue Authority											
Data Quality / Management Information	10	10	Planning	Q1	21-Jul-25			-	-	-	-
Grievance Policy	10	10	Planning	Q3	13-Oct-25			-	-	-	-
Prevention	10	10	Planning	Q3	20-Nov-25			-	-	-	-
Workforce Plan	10	10	Planning	Q2	TBC			-	-	-	-
Specialist - Your Future Service	10	10	Planning	Q4	TBC			-	-	-	-
Totals	**35**	**35**					**Totals**	**-**	**-**	**-**	**-**

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04. Overview of Collaboration Plan 2025/26

The table below lists the status of all reviews within the 2025/26 Collaboration Plan.

Review	Original Days	Revised Days	Status	Original Quarter	Start Date	JIAC	Assurance Level	Total	High	Medium	Low
EMSOU POCA Income	10	10	Planning	Q2	21-Jul-25			-	-	-	-
EMSOU Forensics Accreditation	10	10	Planning	Q3	16-Oct-25			-	-	-	-
Totals	**20**	**20**					**Totals**	**-**	**-**	**-**	**-**

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05. Key Performance Indicators 2024/25

We monitor key areas of performance and delivery in line with the KPIs/Service Levels set out in our contract with the Office of the Police, Fire & Crime Commissioner for Northamptonshire, Northamptonshire Commissioner Fire & Rescue Authority and Northamptonshire Police. Latest summary figures have been set out below:

KPI	KPI/SLA description	Criteria	Previous Score
1	Annual report provided to the JIAC	As agreed with the Client Officer	July 2024
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	March 2024
3	Progress report to the JIAC	7 working days prior to meeting	Achieved
4	Issue of draft report	Within 10 working days of completion of exit meeting	54% (7 / 13)
5	Issue of final report	Within 5 working days of agreement of responses	90% (9 / 10)
6	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork	69% (9 / 13)
7	Customer satisfaction (measured by survey) "Overall evaluation of the delivery, quality and usefulness of the audit" Very Good, Good, Satisfactory, Poor or Very Poor	85% average with Satisfactory response or above	100% (4 / 4)

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05. Key Performance Indicators 2024/25 (Cont.)

Review	Date of ToR	Start of Fieldwork	Days Notice (10)	Exit Meeting	Draft Report	Time from Close to Draft Report (10)	Management Comments Received	Time to Received Comments (15)	Final Report Issued	Time Taken to Issue Final Report (5)
Office of the Police, Fire and Crime Commissioner for Northamptonshire and Northamptonshire Police										
OPFCC Grants	09-May-24	13-May-24	2	04-Jun-24	13-Jun-24	5	19-Jun-24	4	27-Jun-24	4
Medium Term Financial Planning	21-May-24	28-May-24	4	08-Jul-24	24-Jul-24	8	24-Jul-24	0	24-Jul-24	0
Workforce Planning	20-Nov-24	09-Dec-24	13	20-Dec-24	05-Feb-25	15	25-Feb-25	14	27-Feb-25	2
Business Continuity & Emergency Planning Follow Up	12-Mar-25	19-Mar-25	5	10-Apr-25	01-May-25	9	28-May-25	17	29-May-25	1
Procurement & Supply Chain	12-Mar-25	24-Mar-25	8	22-Apr-25	23-May-25	14	13-Jun-25	14	18-Jun-25	2
Wellbeing			Deferred to 2025/26							
Joint Audits										
Asset Management	27-Jun-24	23-Jul-24	18	19-Aug-24	30-Aug-24	6	22-Oct-24	37	30-Oct-24	4
Core Financials	09-Aug-24	16-Sep-24	25	16-Oct-24	30-Oct-24	6	22-Nov-24	17	27-Nov-24	2
IT - IT Governance	31-Oct-24	06-Jan-25	44	10-Apr-25	09-Jun-25	24				
Estates Management	21-Aug-24	29-Jan-25	111	06-Jun-25	26-Jun-25	9				
Governance	23-Jan-25	31-Mar-25	47	02-May-25	07-May-25	2				

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05. Key Performance Indicators 2024/25 (Cont.)

Review	Date of ToR	Start of Fieldwork	Days Notice (10)	Exit Meeting	Draft Report	Time from Close to Draft Report (10)	Management Comments Received	Time to Received Comments (15)	Final Report Issued	Time Taken to Issue Final Report (5)
Northamptonshire Commissioner Fire & Rescue Authority										
Safeguarding	27-Jun-24	18-Jul-24	15	05-Aug-24	30-Aug-24	12	17-Sep-24	12	19-Sep-24	2
Payroll	24-Oct-24	11-Nov-24	12	22-Nov-24	18-Dec-24	11	29-Jan-25	27	20-Feb-25	10
Succession Planning and Promotions	28-Nov-24	12-Dec-24	10	09-Jan-25	20-Mar-25	30	18-Jun-25	60	26-Jun-25	4
Data Quality	Deferred to 2025/26									

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06. Key Performance Indicators 2025/26

We monitor key areas of performance and delivery in line with the KPIs/Service Levels set out in our contract with the Office of the Police, Fire & Crime Commissioner for Northamptonshire, Northamptonshire Commissioner Fire & Rescue Authority and Northamptonshire Police. Latest summary figures have been set out below:

KPI	KPI/SLA description	Criteria	Previous Score
1	Annual report provided to the JIAC	As agreed with the Client Officer	July 2025
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	March 2025
3	Progress report to the JIAC	7 working days prior to meeting	Achieved
4	Issue of draft report	Within 10 working days of completion of exit meeting	-
5	Issue of final report	Within 5 working days of agreement of responses	-
6	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork	50% (1 / 2)
7	Customer satisfaction (measured by survey) "Overall evaluation of the delivery, quality and usefulness of the audit" Very Good, Good, Satisfactory, Poor or Very Poor	85% average with Satisfactory response or above	-

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06. Key Performance Indicators 2025/26 (Cont.)

Review	Date of ToR	Start of Fieldwork	Days Notice (10)	Exit Meeting	Draft Report	Time from Close to Draft Report (10)	Management Comments Received	Time to Received Comments (15)	Final Report Issued	Time Taken to Issue Final Report (5)
Office of the Police, Fire and Crime Commissioner for Northamptonshire and Northamptonshire Police										
Accreditation Management	16-May-25	28-May-25	7							
Seized Property		26-Aug-25								
IT - Legacy Systems		03-Nov-25								
Investigations		07-Nov-25								
Wellbeing		01-Dec-25								
Control Room / First Contact		08-Dec-25								
Misconduct Hearings		12-Jan-26								
Digital Forensics		22-Jan-26								
Joint Audits										
Fleet Management	16-May-25	02-Jun-25	10							
IT - Cyber Security		05-Jan-26								
Core Financials		TBC								

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06. Key Performance Indicators 2025/26 (Cont.)

Review	Date of ToR	Start of Fieldwork	Days Notice (10)	Exit Meeting	Draft Report	Time from Close to Draft Report (10)	Management Comments Received	Time to Received Comments (15)	Final Report Issued	Time Taken to Issue Final Report (5)
Northamptonshire Commissioner Fire & Rescue Authority										
Data Quality / Management Information		21-Jul-25								
Grievance Policy		13-Oct-25								
Prevention		20-Nov-25								
Workforce Plan										
Specialist - Your Future Service										

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07. Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
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.
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.

Definitions of Recommendations		
High (Priority 1)	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 (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

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Latest Reports Issued – Detailed Findings

A1

Business Continuity Follow Up 2024/25

Recommendation	Priority	Original Management Comment, Responsibility and Timescale	Updated Management Comment, Responsibility and Timescale
Annual Testing Programme (4.1) 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.	High	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. As previously explained to the auditor the BCP Management Log was amended shortly before the audit due to a change in the structure of the force and this was not reflected in the Exercise Log due to no exercises having been scheduled for the relevant departments. The Exercise Log has already been updated to reflect the Management Log **Responsibility**: Paul Fell, OPFCC Director for Delivery; and, Richard Baldwin, Force Risk & Business Continuity Manager **Original timescale**: OPFCC (31st December 2023) and Force (October 2023)	**Partially Implemented:** We have reviewed the OPFCC Business Continuity Plan and confirmed that this is now subject to an annual exercise, last performed in November 2024. This recommendation has therefore been considered as Implemented for the OPFCC. We reviewed the Business Continuity exercise schedule for Northamptonshire Force. This states that category 1 departments should be tested on an annual basis. We noted the following however: • The DDAT department was last tested in July 2022: We were advised by the Risk and Business Continuity Manager that they have provisionally got an exercise scheduled for May 2025. • The Command Team and Executive Support exercise was blank on the exercise management log. We were advised by the Risk and Business Continuity Manager that the command team was in a state of transition throughout 2024 due to suspension of the former Chief Constable, so an exercise will be conducted when this team is stabilised. • The Roads Policing Team exercise was blank within the exercise management log. We were advised by the Risk and Continuity Manager that that this team was introduced in 2023. This should have been tested in 2024 but has not been completed. We have reviewed the BCP Management Log and BCP Exercise Log and have confirmed that they are consistent with one another.

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Business Continuity Follow Up 2024/25 (Cont.)

Recommendation	Priority	Original Management Comment, Responsibility and Timescale	Updated Management Comment, Responsibility and Timescale
	High		**Force Response** - RB The DDaT exercise is currently scheduled to be completed by the end of July 2025 but as previously explained it is hoped that this can be aligned with any disaster recovery testing so this date may be subject to change. The Command Team exercise is scheduled to be completed by the end of September 2025. Roads Policing completed an exercise in April 2025. **Revised timescale**: 30 September 2025

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Procurement & Supply Chain 2024/25

Ref	Recommendation	Priority	Management Comments	Due Date
1	As per the procurement regulations we would expect that notices are published within 30 days of awarding a contract. This should be done through the Find a Tender Service or Contracts Finder. We selected sample of 10 contracts that had various routes to market in the past twelve months. Nine of these contracts would be considered meeting the threshold where a contract award notice would be necessary. We noted six cases where the contract award notice was not on Find a Tender, and instead a decision record was conducted by the PFCC to ensure transparency. We further noted that three of these decision records were not on the OPFCC website. We were advised by management that this can happen where the contract is sensitive. Furthermore, in the rest of the sample of three contracts, we were not provided evidence of the contract award notice. The force used the EU Supply procurement tender portal at the time. **The Commercial Team should ensure that once a contract has been awarded, there is an appropriate award notice published.**	Medium	This was a known risk within the department and had been inherited from the transition and dissolution from the outsourced provision. The duplication across systems and double entry of information were not seen to be an appropriate use of limited capacity and mitigations had been established through the publication of decision records and our pipeline to ensure full transparency was provided in an alternative format whilst system reviews and implementation were undertaken. Nevertheless, the action is acknowledged, and steps have already been undertaken as part of the Transforming Public Procurement project to ensure the team are trained on the publication of notices for both PCR 2015 and PA23. In addition, the Organisations have also purchased a single system that shall support the single publication. This is regularly discussed in team meetings and we are monitoring notice publications during the TPP project meetings. An action plan to further monitor compliance is being developed. *Lucy Westley, Head of Commercial and Business Development*	01 September 2025
2	The May 2023 Joint Code of Corporate and Contract Procedure rules state that contracts over £213,477 must be approved with a service request by the PFCC. We selected a sample of 10 contracts that have had various routes to market in the past twelve months. We noted one contract, Standard Fuel Oils, with a total value of £1,680,000, did not have a service request. We were able to confirm that this contract did have a tender award report which was approved by the PFCC Monitoring Officer. **The Commercial Team should update the contracts approval process to require a service request for all contracts over the relevant threshold within the Joint Code of Corporate and Contract Procedures prior to approval.**	Medium	The Joint Code of Corporate Governance, which includes the Contract Standing Orders shall need to be updated to reflect the commencement of the Procurement Act 2023. Within this the approval levels shall need to be updated accordingly to align to the new requirements laid out in the statutory provision. In preparation for this, the organisations shall seek to establish a procurement panel that will oversee both below and above threshold contracts and the decision process around these. However, it should be noted that It is acknowledged that an SR was not submitted for the one case identified above and this is likely because this award was undertaken via an aggregation exercise with CCS. Therefore, a	01 July 2025

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Procurement & Supply Chain 2024/25 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
2		Medium	decision was taken to join the aggregation and the service request not followed up. The agreed route to market was approved via signature summary a month later when the TAR was submitted. *Leanne Hanson, Chief Assets Officer*	01 July 2025

We have also raised one Low priority recommendation as part of this audit:

- The Commercial Team should track returns within their totaliser spreadsheets, which are used to monitor framework invoices.

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NCFRA Succession Planning & Promotions 2024/25

Ref	Recommendation	Priority	Management Comments	Due Date
1	We confirmed a risk assessment exercise had been undertaken in September 2023 to identify critical roles across the Service, and the impact if they left the Service. The critical roles are monitored at bi-monthly Workforce Planning Group meetings, however no formal succession plans have been put into place for the core or critical roles identified. We take the view documented succession plans should be in place to ensure establishment stability and continuity of service, manage career pathways, and identify and place high potential staff in leadership roles. **The Service should develop formal succession plans for critical roles to establish:** • **Dependencies of each role such as key skills, competencies and qualifications;** • **The role specification;** • **Individuals with potential to assume critical roles in emergency, short term, medium term or long term capacity;** • **Handover processes should a key member of staff leave at short notice.** **Succession plans should be periodically reviewed to ensure they are accurate and up to date.**	Medium	We acknowledge the audit's observation that while some succession practices exist, a more structured and strategic approach to critical roles is required. Critical roles have been identified, more work is required to develop the process and ensure that all competencies and qualifications are captured; and, job descriptions and specifications are under review. The New PDR module (Talent Successor) has been implemented which provides the organizationally set development goals for those identified as part of a talent conversation to be cascaded and evidenced the system will hold details of staff that are identified within the talent progression pathways. The Platform also supports identification of staff and skill sets. All Talent pools are held on this platform enabling quick access to those who have been identified and their skill sets and/or aspirational skill sets. Further work is required on this area, a workstream to review all the induction and handover processes will take place by the workforce development team. PDR & Effective 121 (inclusive of the importance of handover) has recently been designed and due to be rolled out in Autumn 2025 and form a part of the induction process for new line managers. We are committed to maintaining a fair and transparent promotions process aligned with national guidance and best practice. The audit identified areas where communication and consistency could be improved to ensure fair and transparent promotion processes, we will: Ensure that all promotion processes are underpinned by objective assessment methods and are clearly communicated to all staff. Provide feedback to unsuccessful candidates to support their development.	01 October 2025

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NCFRA Succession Planning & Promotions 2024/25 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
1		Medium	Continue to monitor promotion outcomes to ensure fairness, equality, and representation across all demographics. Improvements in these areas will be led by our Workforce Development department. *Mick Berry, Area Commander – Head of Response*	01 October 2025

We have also raised one Low priority recommendation as part of this audit:

- The Service should consider implementing the suggested actions to ensure the process for identifying and developing high-potential staff and leaders is adequately communicated and understood by staff across the Service. This will ensure the process is open and transparent for all staff.

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EMSOU Data Governance & Security 2024/25

Ref	Recommendation	Priority	Management Comments	Due Date
1	Information Asset Registers are an important control to understand what information is held, where it is held, and who it is shared with. This is a tool to assist EMSOU in following the Data Protection regulations. We conducted a walkthrough with the information manager at EMSOU to understand where information asset registers are complete. Information owners are required to complete these registers, and these individuals are usually the Heads of Departments. During walkthrough we noted that areas of the HR information asset register were not complete. This included the technical and organisational security measures in place, and the transfer and sharing elements of the register. We were further advised by the information manager that out of the eight capabilities, only three could be considered complete. **EMSOU should ensure that the information asset registers are kept updated and that information owners are clear on their responsibilities in completing all relevant sections.**	Medium	Action Agreed *Ravi Nagra-Kumar – EMSOU Information Manager*	01 July 2025

We have also raised one Low priority recommendations regarding:

- EMSOU should ensure that Security Handbook is updated on a regular basis, and that contact details of members of staff is accurate.

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EMSOU Wellbeing & EDI 2024/25

Ref	Recommendation	Priority	Management Comments	Due Date
1	EMSOU has a 'People Strategy 2023-25' which outlines five key objectives the Unit aims to deliver on. Included within each objective are actions of what the Unit seeks to achieve, how the Unit will achieve it and the key performance indicators for tracking success. The overall vision for the Strategy is 'for EMSOU to have a talented representative and inclusive workforce that feels supported and has the capabilities to meet future policing challenges'. Separately, EMSOU maintains a 'People Strategy Action Plan 2023-25', which sets out all of the actions the Unit aims to deliver on in respect of the five objectives outlined in the Strategy. However, upon review of both the Strategy and the Action Plan, not all actions included within the Strategy are outlined within the Action Plan. Similarly, we noted that the Unit does not maintain a formal 'Action Tracker' to monitor the implementation status of the actions. We selected a sample of five actions, one from each objective, from the Unit's People Strategy Action Plan to confirm the status of implementation. We confirmed two actions had been completed, two are currently in-progress and one hadn't yet been started. It was assumed that completion dates were 31st March 2025 due to the People Strategy date (2023-2025) as each action did not record its respective implementation due date. We were informed by the Inclusion & Wellbeing Officer that the Unit is due to launch a refreshed People Strategy and Action Plan from April 2025, as the 2023-25 is due to come to a close in March 2025. **The Unit should create a formal 'Action Tracker' to monitor the status of actions within the People Strategy. Elements of the action tracker could include but not be limited to:** • **Action Lead (Responsible Owner)** • **Actions completed** • **Actions to undertake**	Medium	Since the audit was undertaken in EMSOU, the following changes have been implemented to address some of the issues raised: Ref 1: EMSOU People Strategy 2023-25 has been reviewed. Following this, a new People, Culture & Inclusion Strategy 2025-28 has been developed in consultation with EMSOU Command and EMSOU HR team. It will be embedded into the EMSOU Strategy 2025-28. The People Strategy has been written and is supported by a clear Delivery Plan that sets dates for implementation and completion of key people focussed activities. Each deliverable is aligned to key people metrics to understand if the activity is having the intended impact. Delivery will be monitored via the EMSOU People Board which meets on a bimonthly basis. We anticipate that this will address the recommendations highlighted in the report. *EMSOU HR Business Partner*	31 March 2026

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EMSOU Wellbeing & EDI 2024/25 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
1	• **Current update** • **Start date / End date** **The Unit should complete a review of the implementation status of all actions outlined within the People Strategy Action Plan 2023-25. Where actions are found to be incomplete and/or in progress, the Unit should assess whether such actions should be included within the new Strategy.**	**Medium**		31 March 2026

2	The Inclusion & Wellbeing Officer receives quarterly 'HR Dashboard' reports produced by the HR Business Partners alongside the Performance Team within EMSOU, which are circulated to the Performance Management Group and People Board respectively. The reports capture establishment data regarding EMSOU staff whilst also capturing details regarding some of the protected characteristics.
	We reviewed the latest reports circulated to the Performance Management Group (January 2025) and People Board (April 2024), and noted nil responses in the following reports:
	• Performance Management Group Q3 January 2025 (headcount of 1079)
	  • Gender: 17%
	  • Age: 17.9%
	• People Board Q1 April 2024 (headcount 910)
	  • Ethnicity: 11.32%
	  • Disability: 50.44%
	  • Sexuality: 69.34%
	We were informed that People Board reports were not circulated for Q2 and Q3 due to staff changes and absences.
	Reducing the number of nil responses will minimise the risk of the Unit making inefficient and ineffective decisions, as it will have a more accurate understanding of the workforce.
	Through discussions with the Inclusion & Wellbeing Officer and the HR Business
			Since the audit was undertaken in EMSOU, the following changes have been implemented to address some of the issues raised:
			Ref 2: Workforce reporting has been a challenge for EMSOU over a number of years. Actions being led by the EMSOU HR Lead include:
			• EMSOU HR team now has access to HR Gateway workforce reporting/ demographic data – this has will increase the Units understanding of demographics so people focussed activity can be effectively targeted.
			• EMSOU HR Lead is currently leading a project to complete a 'rebuild' of the HR Gateway System for all EMSOU workforce information e.g. establishment, strength and demographic data for improved reporting. This project will include improving access/ workforce data for EMSOU officers and staff that have a 'Partner' record and are not within Leics/ Derbs.
			EMSOU HR Business Partner
				31 March 2026

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EMSOU Wellbeing & EDI 2024/25 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
2	Partner, we noted the Unit has difficulty in obtaining workforce data for Nottinghamshire, Northamptonshire and Lincolnshire staff, as it does not have direct access to such records. The Unit is able to directly access Leicestershire and Derbyshire's staff records, as it uses the shared HR system in place between the Forces. **The Unit should implement measures to address nil rate responses, by emphasising to the workforce the significance of the data for decision making and creating a more inclusive environment.**	■		31 March 2026

We have also raised two Low priority recommendations regarding:

- The Unit should re-launch the 'State Four' newsletter and work with the Communications Team to select a suitable location for its accessibility, ensuring adequate visibility.

- The Unit should resume circulating staff leaver trends and themes to senior management, as this will enable sufficient oversight and allow the Unit to address potential issues.

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