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 – 03 December 2025

Date Prepared: November 2025

forvis mazars

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A1 Latest Reports Issued – Detailed Findings

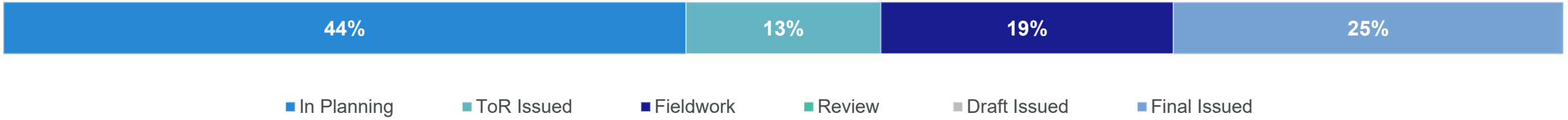
Disclaimer

This report ("Report") was prepared by Forvis Mazars LLP at the request of the Office of the Police , Fire & Crime Commissioner ("OPFCC") for Northamptonshire, Northamptonshire Commissioner Fire & Rescue Authority ("NCFRA") and Northamptonshire Police ("Force") 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 of OPFCC, NCFRA and Force and to the fullest extent permitted by law Forvis 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 in this report for further information about responsibilities, limitations and confidentiality.

01. Snapshot of Internal Audit Activity

Below is a snapshot of the current position of the delivery of the 2025/26 Internal Audit Plan (Plan).



JIAC actions 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 provided to the committee, we have issued the final report for the Seized Property, Joint Fleet Management, Accreditation Management and Data Quality & Management Information audits. Fieldwork is ongoing for the NCFRA Prevention, Joint IT – Cyber Governance and Joint Core Financials audits.

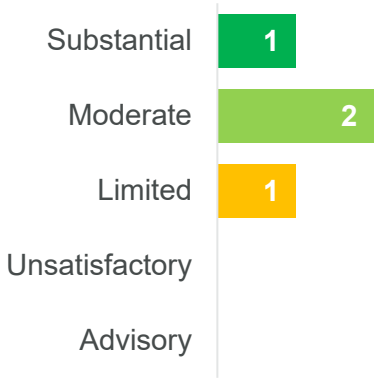
The NCFRA Grievance Policy audit has been replaced with the NCFRA Disciplinary Process & Management audit. We continue to plan and scope the remainder of the 2025/26 audit plan.

An overview of the Internal Audit Plan can be found in **Section 3**.

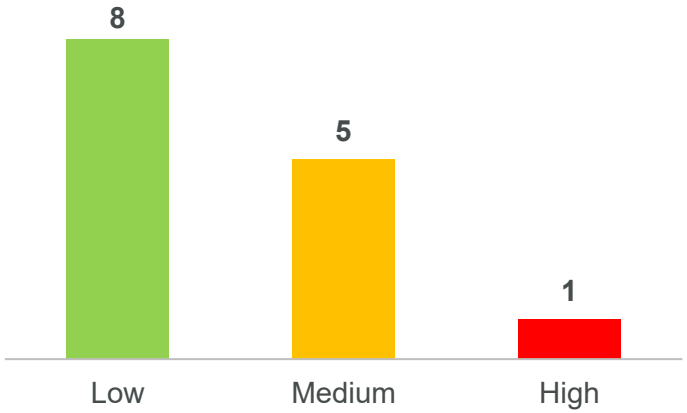
Since the last update provided to the committee, we have concluded our fieldwork for the ESMOU POCA Income audit and we continue to plan and scope the remainder of the 2025/26 audit plan.

An overview of the Collaboration Audit Plan can be found in **Section 4**.

Assurance opinions to date



Recommendations to date



02. Latest Reports Issued – Summary of Findings

Accreditation Management 2025/26

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework for accreditation management.

Audit rationale

Why the Audit is in Your 2025/26 Plan

This review assesses the control framework in place across the management of accreditations for several departments, such as the Digital Forensics Unit and/or the Forensic Collision Investigation Unit, including where there are currently no statutory requirements under the FSR's Code of Practice.

Your Strategic Risk

CRR0037 – Digital Forensics Unit

CRR0063 – FCIU Accreditation

Your Strategic Objective

Modern Services that are Fit for the Future

Summary of our opinion

Limited Opinion

See Appendix A1 for definitions

Summary of Recommendations

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

Actions agreed by you	100%
High Priority completion	December 2026
Overall completion	December 2026

Summary of findings

Examples of good practice

- ✓ The EMSOU-FS Quality Team completes internal audits on accredited areas on a four-year cycle. This includes review of quality and technical processes and procedures to ensure compliance with accredited standards.
- ✓ The Regional Senior Accountable Individual (SAI) Quality Accreditation Group includes members across five East Midlands forces and EMSOU-FS. The Group meets quarterly to review progress towards compliance, non-conforming work, and share best practice.

Highest Priority Findings

- No Accreditation Management Strategy or implementation plan outlining how the Force will work towards achieving and maintaining full accreditation compliance.
- The Force does not have an individual responsible for coordinating and managing accreditation across all forensic units.

Key root causes (please refer to Section 02)

- The Force is still in the transition period of becoming its own legal entity with regards to forensic activity. Work is underway across forensic units to achieve accreditation, however there is not yet a formal strategy or implementation plan to provide a clear roadmap.
- Responsibilities and governance arrangements in relation to forensic accreditation have not been clearly defined.

02. Latest Reports Issued – Summary of Findings

Seized Property 2025/26

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework for receipting, storage, management and disposal of seized and found property within the Force.

Audit rationale

Why the Audit is in Your 2025/26 Plan	Your Strategic Risk	Your Strategic / Tactical Objective
Seized Property was last reviewed as part of the 2021/22 Audit Plan and there are high scoring risks related to evidential property storage.	CRR0054 - Evidential Property Store CRR0058 - Evidential Tapes and Disks CRR0066 - Hazardous Waste Storage	Effective and Efficient Response

Summary of our opinion

Substantial Opinion
See Appendix A1 for definitions

X

Summary of Recommendations

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

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

Summary of findings

Examples of good practice

- ✓ Policies and procedures are available on Forcenet, accessed through the Forces intranet.
- ✓ Insurance Policy covers goods in transit and outlines carrying conditions which align to the Transportation Procedure

Highest Priority Findings

- Cash Exhibit Handling and Location Discrepancies
- Discrepancy Between Niche Listings and Physical Locations

Key root causes

- Incorrect Niche locations due to mass upload
- Officers are not checking exhibits out to themselves when removing from the Temporary Store
- Officer oversight led to cash not double bagged

Direction of travel

Previous Audit
August 2021

Direction of Travel
Previous Opinion: Satisfactory

Recurring Findings

- None

02. Latest Reports Issued – Summary of Findings

Joint Fleet Management 2025/26

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework for managing Fleet Management within the OPFCC, NCFRA and the Force.

Audit rationale

Why the Audit is in Your 2025/26 Plan

To assess the design and effectiveness of the control framework in place following the implementation of a joint team and workshop for fleet management and maintenance.

Your Strategic / Tactical Objective

NCFRA - Making the Best of our Resources

OPFCC – Modern Services that are Fit for the Future

Summary of our opinion

Moderate Opinion
See Appendix A1 for definitions

Summary of Recommendations

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

Actions agreed by you	100%
High Priority completion	N/A
Overall completion	March 2026

Summary of findings

Examples of good practice

- ✓ We confirmed for a sample of five Fire Heavy Goods Vehicles (HGV) that a full inspection was completed on time as per the HGV Servicing & Inspection Calendar.
- ✓ We confirmed through review of the TranMan system dashboard that the Force currently have no vehicles with overdue RFLs, services or MOTs.

Highest Priority Findings

- The Force and NCFRA do not currently have a Fleet Management Strategy and supporting Implementation Plans in place.
- Force vehicles are not always serviced in line with servicing schedule guidance.

Key root causes

- Consolidation of two single entities into one collaborating entity.
- Lack of staff resource.

Direction of travel

Previous Audit

October 2023

Direction of Travel

⇔ Previous Opinion: Moderate

Recurring Findings

- Force vehicles are not always serviced in line with servicing schedule guidance.

02. Latest Reports Issued – Summary of Findings

NCFRA Data Quality & Management Information 2025/26

Your One Page Summary

Audit Objective: To review the design and effectiveness of the control framework in relation to data quality and management information.

Audit rationale

Why the Audit is in Your 2025/26 Plan

Following a high uptake of teams utilising PowerBI, teams collecting/using data and with a new standard in place for Fire Authorities/Services (Data Management Standard - Fire Standards Board).

Your Strategic Risk

SR34: Ability to report on data effectively.

Your Strategic / Tactical Objective

Making the Best of our Resources.

Summary of our opinion

Moderate Opinion

See Appendix A1 for definitions

Summary of Recommendations

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

Actions agreed by you	100%
High Priority completion	N/A
Overall completion	October 2026

Summary of findings

Examples of good practice

- ✓ Joint Digital Strategy 2022-27 in place, outlining how digital initiatives will deliver organisational objectives.
- ✓ Gap analysis complete against Fire Standard Board Data Management Standard, with progress monitored by the Information Assurance and Governance Group.
- ✓ Fire Senior Leadership Team receives performance data on key headlines, such as people and assets, availability, standards of response, prevention and protection, and demand.

Highest Priority Findings

- Lack of proactive and periodic data validation checks on data inputs and outputs from FRED (Fire Reporting Environment Database).

Key root causes

- Data validation checks in relation to FRED are still in the process of being formalised.
- The DDAT (Digital, Data and Technology) Team do not have full access to some systems, such as Command and Control.

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	Final	Q1	27-May-25	Dec-25	Limited	4	1	1	2
Seized Property	10	10	Final	Q2	26-Aug-25	Dec-25	Substantial	2	-	-	2
IT - Legacy Systems	10	10	Fieldwork	Q3	24-Nov-25			-	-	-	-
Control Room / First Contact	10	10	ToR Issued	Q3	08-Dec-25			-	-	-	-
Misconduct Hearings	10	10	Planning	Q4	12-Jan-26			-	-	-	-
Digital Forensics	10	10	Planning	Q4	22-Jan-26			-	-	-	-
Wellbeing	10	10	Planning	Q3	08-Apr-26			-	-	-	-
Investigations	10	10	Planning	Q3	09-Mar-26			-	-	-	-
Joint Audits											
Fleet Management	14	14	Final	Q1	02-Jun-25	Dec-25	Moderate	4	-	2	2
Core Financials	30	20	Fieldwork	Q2	25-Nov-25			-	-	-	-
IT - Cyber Security	20	20	ToR Issued	Q4	12-Jan-26			-	-	-	-
Totals	**149**	**139**					**Totals**	**10**	**1**	**3**	**6**

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	Final	Q1	29-Jul-25	Dec-25	Moderate	4	-	2	2
Prevention	10	10	Fieldwork	Q3	10-Nov-25			-	-	-	-
Grievance Policy	10	0	Audit replaced with Disciplinary Process & Management								
Disciplinary Process & Management	0	10	Planning	-	07-Apr-26						
Specialist - Your Future Service	10	10	Planning	Q4	20-Apr-26			-	-	-	-
Workforce Plan	10	10	Planning	Q2	26-Jan-26			-	-	-	-
Totals	**50**	**50**					**Totals**	**4**	**-**	**2**	**2**

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	Review	Q2	18-Sep-25			-	-	-	-
EMSOU Forensics Accreditation	10	10	Planning	Q3	09-Mar-26			-	-	-	-
Totals	**20**	**20**					**Totals**	**-**	**-**	**-**	**-**

05. 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	75% (3 / 4)
5	Issue of final report	Within 5 working days of agreement of responses	100% (4 / 4)
6	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork	63% (5 / 8)
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	-

05. 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	27-May-25	7	01-Aug-25	11-Sep-25	18	20-Nov-25	50	21-Nov-25	1
Seized Property	17-Jul-25	26-Aug-25	27	09-Sep-25	30-Sep-25	9	16-Oct-25	12	24-Oct-25	3
IT - Legacy Systems	21-Oct-25	24-Nov-25	24							
Control Room / First Contact	21-Nov-25	08-Dec-25	11							
Misconduct Hearings		12-Jan-26								
Digital Forensics		22-Jan-26								
Wellbeing		08-Apr-26								
Investigations		09-Mar-26								
Joint Audits										
Fleet Management	16-May-25	02-Jun-25	10	08-Sep-25	30-Sep-25	10	23-Oct-25	17	30-Oct-25	3
Core Financials	30-Oct-25	10-Nov-25	18							
IT - Cyber Governance		12-Jan-26								

05. 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	17-Jul-25	29-Jul-25	8	27-Oct-25	30-Oct-25	3	12-Nov-25	9	21-Nov-25	4
Prevention	04-Nov-25	10-Nov-25	4							
Grievance Policy	Audit replaced with Disciplinary Process & Management									
Disciplinary Process & Management		07-Apr-26								
Specialist - Your Future Service		20-Apr-26								
Workforce Plan		26-Jan-26								

06. 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.

A1

Latest Reports Issued – Detailed Findings

Accreditation Management 2025/26

Ref	Recommendation	Priority	Management Comments	Due Date
1	We sought to confirm whether the Force had an Accreditation Management Policy or Strategy or implementation plan outlining how forensic accreditation will be achieved and maintained across each unit. Forensic accreditation used to come under the legal entity of EMSOU-FS, however in 2024, Northamptonshire Police became its own independent accredited body and legally responsible for developing and maintaining accreditation. Currently, the Force has only achieved accreditation in Digital Devices and Data – Computers under ISO/IEC 17025. While efforts are underway to work towards full accreditation in line with the Forensic Science Regulator (FSR)'s Code of Practice and ISO 17025/17020, there is no formal strategy or implementation plan in place that outlines specific actions, timelines and responsibilities for achieving full accreditation across all forensic units. **The Force should develop an Accreditation Management Policy or Strategy that outlines its approach to achieving and maintaining forensic accreditation across all units, in line with the FSR's Code of Practice and ISO 17025/17020.** **The Force should conduct a formal gap analysis against the Code of Practice and ISO 17025/17020 for each forensic unit to identify areas of non-compliance.** **The Force should create an implementation plan to achieve the Accreditation Management Strategy and address areas of non-compliance arising from the gap analysis. This should include SMART actions, timescales, responsible owners, and resource requirements.** **The Force should ensure progress against the implementation plan is regularly monitored and reported to the appropriate governance group.**	High	Northamptonshire Police have committed to appointing a dedicated Accreditation Manager, and recruitment for this role is currently in progress. Once in post, the Accreditation Manager will lead on the development and implementation of an Accreditation Management Policy. This policy will address the observations highlighted in your report, including the completion of a comprehensive gap analysis and the coordination of progress and mitigation measures towards achieving full accreditation. *Incoming Accreditation Manager*	01 December 2026
2	We reviewed roles, responsibilities, and governance arrangements in relation to forensic accreditation to ensure the Force has sufficient resources and oversight to achieve and maintain accreditation across forensic units. We noted that the Assistant Chief Constable is the Senior Accountable Individual (SAI) within the Force and attends the Regional SAI Quality Accreditation Group, which	Medium	The Accreditation Manager will assume responsibility for directing activity in this area and will chair a dedicated working group. This group will report into the Digital and Forensic Oversight Group, which in turn reports to the SAI. Following the appointment, further work will be undertaken to clarify and formalise lines of responsibility	01 December 2026

Accreditation Management 2025/26 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
2	consists of SAIs from the five East Midlands forces, and EMSOU-FS. The Group meets quarterly to review progress towards compliance with the FSR's Code of Practice, address non-conforming work, and to maximise opportunities for collaboration. As previously noted, Northamptonshire Police became its own legal entity for forensic science activities in 2024. While EMSOU-FS is no longer responsible for accreditation, it continues to support the Force. For example, each forensic unit has EMSOU-FS Quality Officers, and the Head of Quality acts as the UKAS contact to support applications and visits. We take the view that Northamptonshire Police should appoint an individual within the Force responsible for coordinating, overseeing and managing forensic accreditation across all units. This would ensure a consistent approach is taken, reduce duplication of effort, provide strategic direction and oversight, and support timely progress towards achieving and maintaining compliance with the FSR's Code of Practice, and ISO 17025/17020. **The Force should create a Force Accreditation Lead to provide oversight, direction and coordination of activities to achieve and maintain accreditation across all forensic areas.** **The Force should develop a local working group, chaired by the Force Accreditation Lead, to ensure accountability and oversight of accreditation progress. This group should report upwards to the SAI or a strategic governance group on progress, risks and challenges.** **The Force should review the governance arrangements and organisational charts for all forensic units to ensure clearly defined roles and responsibilities, and a clear line of operational and strategic oversight in relation to forensic accreditation.**	Medium	to ensure robust governance *Incoming Accreditation Manager*	01 December 2026

Accreditation Management 2025/26 (Cont.)

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

- The Force should:
    1. Develop a formal process establishing the governance arrangements for authorising and funding forensic accreditation.
    2. Maintain a clear audit trail of authorisation for forensic accreditation activities.
- The Force should:
    1. Consider engaging with the Forensic Science Regulator to seek clarity on accreditation requirements and advocate for a more stable regulatory environment to support long-term planning.
    2. Establish a horizon-scanning process to proactively identify and respond to changes in accreditation requirements. This could be a standard agenda item within the local working group led by the Force Accreditation Lead.

Seized Property 2025/26

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

- The Force should:
    1. Recommunicate the Cash Seizure Protocol and highlight to Officers the importance of ensuring that cash is in double bags.
    2. Where a mass upload of evidence has taken place on Niche, Officers must ensure that the location of any cash exhibits is manually reviewed and updated to reflect the correct physical storage location.
    3. The Evidential Property Team should continue to carry out weekly audits to ensure locations on Niche are correct.

- The Force should:
    1. Reinforce training for Officers on the importance of updating Niche, particularly when items are moved or disposed of.
    2. Continue to conduct weekly audits of the Niche systems and physical locations to identify and correct discrepancies.
    3. Introduce a mandatory check-out protocol for Officers moving items from storage.

Joint Fleet Management 2025/26

Ref	Recommendation	Priority	Management Comments	Due Date
1	The existence of a Fleet Management Strategy supports an organisation in clearly outlining the governance arrangements, roles and responsibilities and strategic objectives with respect to their fleet. A supporting implementation plan translates the strategic goals into actionable steps, providing a clear snapshot of an organisations performance with respect to delivering such goals. We noted that the Force and Fire currently do not have an up-to-date Fleet Management Strategy in place, with the most recent Strategy dated 2017-2023 for the Force, and 2021-2031 for Fire (last reviewed in November 2021). Similarly, formal Implementation Plans have not been established for either Force or Fire. Following the consolidation of two separate entities into one collaborating entity (April 2024), the Joint Chief Assets Officer is currently drafting a single Joint Assets Strategy which will encompass multiple Enabling Services departments. Fleet Management for both Force and Fire as a single entity is planned to be included within the Joint Assets Strategy. This finding has previously been identified by Internal Audit during the Joint Assets Management completed in October 2024, where we were informed by the Joint Chief Assets Officer that a revised Strategy alongside supporting operational plans will be in place by September 2025. **As planned, Force and NCFRA should formally publish a Fleet Management Strategy that outlines the governance arrangements, roles and responsibilities and strategic objectives for both entities.** **To support the Fleet Management Strategy, separate Implementation / Action Trackers should be developed to record measurable actions the respective entities wish to achieve. Progress on the achievement of actions should be circulated to relevant governance forums / delivery groups on a cyclical basis.**	Medium	The Department shall be publishing a joint Asset Strategy which shall consolidate and have a single fleet strategy. This shall then be used to support deliverables across the capital replacement, Policing Plan and CMRP. The work is underway to ensure in year actions are identified and reported upon. *Leanne Hanson, Force & Fire Joint Chief Asset Officer*	31 December 2025
2	The Force has a 'Vehicle Service Schedule Guidance' document in place which outlines the recommended intervals at which services should be undertaken for vehicles. The primary factor dictating when services are due is mileage, which is tracked constantly by the Force via Telematics.	Medium	At the time of the audit, the team were carrying several vacancies which contributed to the Tranman records not having up to date records. Team members are in place to now support in ensuring records updated. The force has now established a Fleet working	31 March 2026

Joint Fleet Management 2025/26 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
2	Review of the Guidance document highlights that interval periods for servicing are dependant on the vehicle type, with Armed Response Vehicles (ARVs) and Roads Policing Team (RPT) serviced on a more frequent basis (6/8K miles) compared to Response and Neighbourhood Policing Team (NPT) vehicles (8/10K miles) due to the intensity they are driven at. We performed data analytics on a record of 379 Force vehicles to confirm whether their most recent service was in line with servicing guidance requirements, and noted the following exceptions: - 239 vehicles did not record their servicing requirement on the TranMan system, as such we were unable to perform data analytics on these vehicles. - Of the 140 vehicles we did perform testing on, 47 (34%) were serviced outside of their servicing schedule guidance requirements, with servicing occurring on an average of 1278 miles over expected mileage intervals. **The Force should update the TranMan system to record servicing requirements for all of their vehicles, thus ensuring it is clear to all users of the system when vehicles require a service.** **The Force should ensure the servicing of vehicles is carried out in line with interval periods.**	Medium	group to mirror a similar provision within Fire. This shall then ensure issues and performance data can be reviewed and monitored. *Leanne Hanson, Force & Fire Joint Chief Asset Officer*	31 March 2026

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

- The Force should:
    1. Investigate all ‘Jobs Open Over 7 Days’ and ‘Vehicles with No Recent Mileage’ on TranMan to confirm whether they are accurately depicting key maintenance information.
    2. Moving forward, close down job cards on all areas of the TranMan system at the time jobs are completed, therefore maintaining accuracy within operational visibility of vehicle job statuses.
- NCFRA should re-establish links with the National Fire Chief Council’s (NFCC’s) Fleet Group and the Technical Operational Group (TOG) to align with sector best practice, enabling access to shared learning and benchmarking data.

NCFRA Data Quality & Management Information 2025/26

Ref	Recommendation	Priority	Management Comments	Due Date
1	We sought to establish whether the Service has sufficient oversight of data quality in relation to FRED, and whether measures are in place to resolve issues once identified. We confirmed several controls in place, such as the data issues and risk tracker, outlier checks, and reconciliation of FRED reports against legacy systems. We were also provided with an example of data validation checks completed by the Senior Performance Analyst on IRS vehicle data fields, assessing completeness, uniqueness, consistency, timelines, validity and accuracy. However, when queried whether these checks are regularly complete on FRED data, management advised this is a new approach currently being tested and not yet formalised. Further discussions highlighted that the Service remains largely reactive to data quality issues. This may be due to the absence of formal validation processes and limited access to some systems by the DDAT Team, restricting their ability to perform end-to-end validation. **NFRS should formalise and implement regular data validation checks across FRED inputs and outputs, ensuring they continue to assess key dimensions such as completeness, accuracy, validity and timeliness.** **NFRS should review and address system limitations to enable to the DDAT Team to perform end-to-end validation.** **NFRS should establish a proactive approach to identifying and resolving data quality issues.**	Medium	We accept this recommendation and confirm that the DDaT Data Quality Working Group, which meets monthly, will be central to formalising and overseeing regular FRED data validation checks. The Working Group will ensure that validation activities consistently focus on completeness, accuracy, validity, and timeliness across all FRED inputs and outputs. The group will also guide the DDAT Team in reviewing system constraints to enable comprehensive end-to-end validation. In addition, the Working Group will lead proactive efforts to identify and resolve data quality issues, ensuring ongoing improvement in our data management practices through regular monitoring and reporting. *Sarah Crampton, Head of Performance & Business Intelligence*	30 September 2026
2	Roles and responsibilities for ensuring data quality within the Service should be clearly defined and communicated. The Service has introduced the Fire Reporting Environment Database (FRED) as an interim reporting solution to improve structure, consistency and data quality. FRED acts as a central repository for various data inputs across the Service used to provide management information, including incident, prevention and protection data. However, the Service has not yet formally identified Information Asset Owners	Medium	We accept this recommendation and wish to highlight that a managed Record of Processing Activities (ROPA) is already in place across the Service, ensuring that Information Asset Owners (IAOs) are formally identified for all key datasets. In addition to existing guidance materials, we have recently procured tailored training from our system supplier, Metacompliance, which is recognised as the gold standard in the field. This enhanced training will be utilised	31 May 2026

NCFRA Data Quality & Management Information 2025/26

Ref	Recommendation	Priority	Management Comments	Due Date
2	responsible for the integrity and accuracy of each dataset, nor completed a data mapping exercise to understand the sources and activities feeding into FRED. Management advised that these activities are planned, and once data owners have been identified, they will be provided with formal training and guidance on data quality roles and responsibilities. **NFRS should continue to formally identify Information Asset Owners for each key dataset across the Service, and provide training and guidance to effectively monitor data quality.** **NFRS should continue to complete a data mapping exercise to understand its data sources, types and activities.**	Medium	organisation-wide to further support IAOs in their responsibilities and strengthen our data quality monitoring practices. *Trina Kightley- Jones, Head of Information Assurance*	31 May 2026

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

- NFRS should:
    1. Develop delivery plans to support implementation of the Data and Analytics Strategy and Data Quality Strategy. These plans should include SMART actions, responsible owners and defined timescales for completion.
    2. Establish and implement robust governance, monitoring and reporting processes for the delivery plans.
- NFRS should:
    1. Consider benchmarking key data, such as incident and prevention data, against other fire and rescue services to identify trends and gaps.
    2. Benchmarking data quality processes against national standards and sector best practice to support continuous improvement, with oversight to ensure corresponding actions in the Tor NFRS Data Quality Strategy are achieved.

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Statement of Responsibility

We take responsibility to the Office of the Police, Fire and Crime Commissioner ("OPFCC") for Northamptonshire, Northamptonshire Commissioner Fire & Rescue Authority ("NCFRA") and Northamptonshire Police ("Force") 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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