

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 – 02 December 2026

Date Prepared: November 2026

forvis mazars

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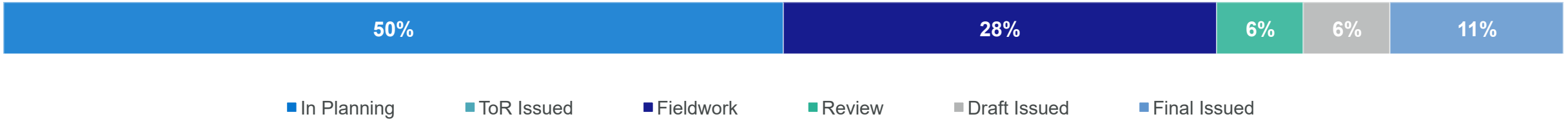
Disclaimer

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 the Northamptonshire 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 2026/27 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 our last update to the committee, the final report has been issued for the VAWG Strategy and Investigations audits. The draft report has been issued for the Joint Core Financials audit and fieldwork has concluded for the PSD Complaints audit. Fieldwork is ongoing for the Health & Safety, Data Management, Joint Occupational Health & Wellbeing, Joint IT Disaster Recovery and NCFRA Budget Setting / MTFP audits.

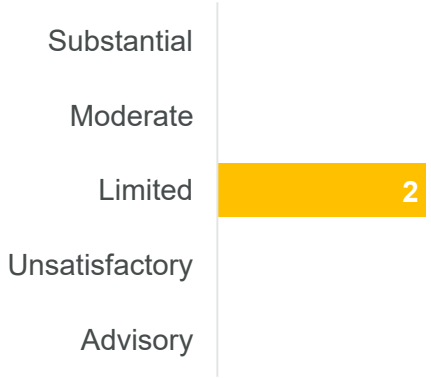
At the request of the management, the Reasonable Adjustments audit has been replaced with an NCFRA Heavy Appliance Maintenance audit.

We continue to plan and scope the remaining audits from the 2026/27 plan.
An overview of the Internal Audit Plan can be found in **Section 5**.

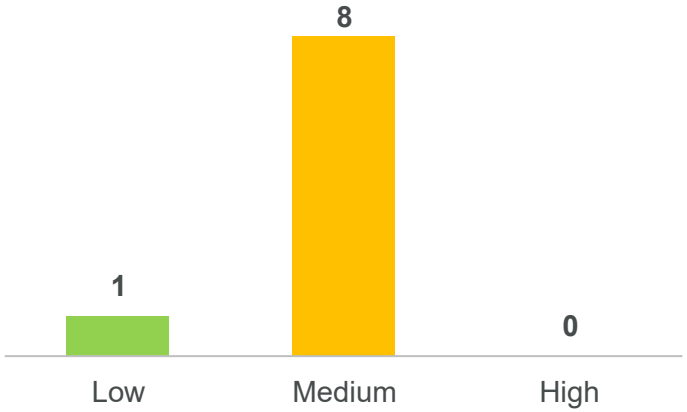
Collaboration

Since our last update to the committee, fieldwork is ongoing for the EMSOU Digital Forensics and East Midlands Police Legal Services audits.
An overview of the Collaboration Audit Plan can be found in **Section 6**.

Assurance opinions to date



Recommendations to date



02. Latest Reports Issued – Summary of Findings

Investigations 2026/27

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework in relation to Investigations.

Audit rationale

Why the Audit is in Your 2026/27 Plan	Your Strategic Risks	Your Strategic / Tactical Objective
High number of no further action investigation outcomes.	CRR0049 – Investigative Capacity CRR0068 – PIP1 Investigative Quality CRR0069 – Grade 1 Incident Volume	Visible, Accessible Community Services

Summary of our opinion

Limited Opinion
See Appendix A1 for definitions



Summary of Recommendations

High (Priority 1)	-
Medium (Priority 2)	4
Low (Priority 3)	-

Actions agreed by you	100%
Priority 2 completion	N/A
Overall completion	March 2027

Summary of findings

Examples of good practice

- ✓ The Force has established a detailed governance framework through its Crime Allocation Policy and Serious Crime Policy.
- ✓ During walkthrough, the Detective Inspector demonstrated a recently introduced NICHE template designed specifically to manage investigations subject to statutory time limits.
- ✓ The Force has developed management oversight through the Qlik App, which enables supervisors to monitor investigative performance.

Highest Priority Findings

- Our sample testing of ten summary only offences and ten Out of Court Resolutions (OOCR) noted that investigations are not always progressing in a timely manner.
- Similarly, we noted gaps in supervisor reviews within NICHE
- Sample testing noted that victim contact was not regular
- OOCR testing found instances of inconsistencies when documenting on NICHE.

Key root causes

- Common reasons included workload pressure for officers, enquiries from other teams taking time, and annual/sick leave from the Officer in Charge.

02. Latest Reports Issued – Summary of Findings

VAWG Strategy 2026/27

Your One-Page Summary

Audit Objective: To assess the design and effectiveness of the control framework in relation to the VAWG Strategy within the OPFCC and the Force.

Audit rationale

Why the Audit is in Your 2026/27 Plan	Your Strategic / Tactical Objective
To assess the design and effectiveness of the control framework in place around VAWG.	Strong Partnerships

Summary of our opinion

Limited Opinion
See Appendix A1 for definitions



Summary of Recommendations

High (Priority 1)	-
Medium (Priority 2)	4
Low (Priority 3)	1

Actions agreed by you	100%
High-Priority completion	N/A
Overall completion	January 2027

Summary of findings

Examples of good practice

- ✓ Review of meeting minutes from January, March and May 2026 confirmed that an Adult Vulnerability Board is in place which meets bi-monthly and receives oversight of Violence Against Women and Girls (VAWG)-related activity including RASSO (Rape and Serious Sexual Offences), DA (Domestic Abuse), and MOSOVO (Management of Sexual Offenders and Violent Offenders).
- ✓ Review of meeting minutes from February, April and June 2026 confirmed that a Child Vulnerability Board in place which meets bi-monthly and oversees safeguarding activity, including review of actions, performance reporting, and organisational and partnership learning.

Highest Priority Findings

- The Force does not have an updated VAWG Strategy in place.
- No Action Plan was developed for the 2022 VAWG Strategy and incomplete coverage of VAWG delivery.
- Action Plans were not up to date or consistently populated.
- DA Improvement Plan actions were overdue.

Key root causes

- Strategic focus and resources have been directed to Operation Soteria, so a separate local VAWG strategy has not been prioritised.
- The 2022 VAWG strategy lacked a supporting action plan; SOLAR and Soteria have since taken priority.
- Action plan updates rely on pillar leads, with no consistent completeness check; DA monitoring is less structured than Soteria.
- DA actions are delayed by capacity and operational pressures, with no RAG rating to highlight high-priority actions.

03. Overview of Internal Audit Plan 2026/27

The table below lists the status of all reviews within the 2026/27 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											
Investigations	10	10	Final Issue	Q1	26-May-26	Dec-26	Limited	4	-	4	-
VAWG Strategy	10	10	Final Issue	Q1	15-Jun-26	Dec-26	Limited	5	-	4	1
Health & Safety	10	10	Fieldwork	Q2	16-Nov-26						
PSD Complaints	10	10	In Review	Q3	01-Oct-26						
Data Management	10	10	Fieldwork	Q3	02-Nov-26						
Sustainability	10	10	In Planning	Q4	11-Jan-27						
Firearms Licensing	10	10	In Planning	Q4	01-Feb-27						
Accreditation Management Follow Up	7	7	In Planning	Q4	24-Feb-27						
IT - Access Control	10	10	In Planning	Q1	04-Jan-27						
IT - Follow Up	7	7	In Planning	Q4	01-Feb-27						
Reasonable Adjustments	10	0	Replaced with NCFRA Heavy Appliance Maintenance								
Totals	**104**	**94**					**Totals**	**9**	**-**	**8**	**1**

03. Overview of Internal Audit Plan 2026/27 (Cont.)

The table below lists the status of all reviews within the 2026/27 Plan.

Review	Original Days	Revised Days	Status	Original Quarter	Start Date	JIAC	Assurance Level	Total	High	Medium	Low
Joint Audits											
Core Financials	20	20	Draft Issue	Q2	01-Sep-26						
Occupational Health & Wellbeing	20	20	Fieldwork	Q3	03-Nov-26						
IT - Disaster Recovery	20	20	Fieldwork	Q3	01-Feb-27						
Northamptonshire Commissioner Fire & Rescue Authority											
Budget Setting / MTFP	10	10	Fieldwork	Q1	17-Sep-26						
Culture & Governance	10	10	In Planning	Q2	18-Dec-26						
Specialist Training & CPD	10	10	In Planning	Q4	16-Feb-27						
JESIP and Major Incidents	15	15	In Planning	Q4	29-Jan-27						
Heavy Appliance Maintenance	0	10	In Planning	Q4	12-Jan-27						
Totals	**105**	**115**					**Totals**	**-**	**-**	**-**	**-**

04. Overview of Collaboration Plan 2026/27

The table below lists the status of all reviews within the 2026/27 Collaboration Plan.

Review	Original Days	Revised Days	Status	Original Quarter	Start Date	JIAC	Assurance Level	Total	High	Medium	Low
EMSOU Digital Forensics	10	10	Fieldwork	Q2	10-Nov-26						
East Midlands Police Legal Services (EMPLS)	10	10	Fieldwork	Q3	16-Nov-26						
Totals	**20**	**20**					**Totals**	**-**	**-**	**-**	**-**

05. Key Performance Indicators 2026/27

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	Performance
1	Annual report provided to the JIAC	As agreed with the Client Officer	July 2026
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	March 2026
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	67% (2 / 3)
5	Issue of final report	Within 5 working days of agreement of responses	100% (2 / 2)
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 2026/27 (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										
Investigations	21-May-26	26-May-26	2	22-Oct-26	29-Oct-26	3	17-Nov-26	13	18-Nov-26	1
VAWG Strategy	01-Jun-26	15-Jun-26	10	22-Jun-26	13-Aug-26	24	19-Nov-26	69	20-Nov-26	0
Health & Safety	22-Oct-26	16-Nov-26	17							
PSD Complaints	23-Sep-26	01-Oct-26	6	17-Nov-26						
Data Management	16-Oct-26	02-Nov-26	11							
Sustainability		11-Jan-27								
Firearms Licensing		01-Feb-27								
Accreditation Management Follow Up		24-Feb-27								
IT - Access Control		04-Jan-27								
IT - Follow Up		01-Feb-27								
Reasonable Adjustments	Replaced with NCFRA Heavy Appliance Maintenance									

05. Key Performance Indicators 2026/27 (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)
Joint Audits										
Core Financials	09-Jun-26	01-Sep-26	59	30-Sep-26	15-Oct-26	7				
Occupational Health & Wellbeing	22-Oct-26	03-Nov-26	8							
IT - Disaster Recovery		01-Feb-27								
Northamptonshire Commissioner Fire & Rescue Authority										
Budget Setting / MTFP	27-Aug-26	17-Sep-26	14							
Culture & Governance		18-Dec-26								
Specialist Training & CPD		16-Feb-27								
JESIP and Major Incidents		29-Feb-27								
Heavy Appliance Maintenance		12-Jan-27								

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

Investigations 2026/27

Ref	Recommendation	Priority	Management Comments	Due Date
1	Investigations relating to summary-only offences should be progressed in a timely manner to ensure all reasonable lines of enquiry are completed and that statutory time limits are effectively managed. Supervisors should provide appropriate oversight, monitor the progress of investigations, and ensure that delays, investigative decisions and disposal rationales are clearly recorded within the investigation record. We selected a sample of 10 summary-only offences from a population of crimes subject to a Statutory Time Limit (STL) with outcome dates between October 2025 and April 2026. We sought to determine whether investigations had been progressed in a timely manner and whether appropriate action had been taken to avoid the loss of prosecution opportunities due to the expiry of statutory time limits. Our review identified delays or outstanding investigative actions in six of the ten cases tested (further detail is provided in Appendix A1). Common themes identified included repeated supervisory actions remaining outstanding, delays in progressing key investigative enquiries, limited escalation where statutory deadlines were approaching, and incomplete evidential opportunities prior to the expiry of the statutory time limit: • 25000263319: A supervisor review on 10 June 2025 outlined the rationale for a Community Resolution and subsequent reviews in September, October and November 2025 noted that the resolution remained unsigned. A further review on 15 January 2026 questioned why the matter had remained unresolved for seven months. On 27 April 2026, the supervisor recorded that any intervention work had lost effectiveness due to the delay.	**Medium**	Reports used for case selection to inform this paper were ran for the period October 2025 to April 2026. It is important to note the Force were proactively scoping a remodel over this period specifically to tackle the recommendations made as part of the HMICFRS Cause for Concern, a lot of which focussed on the same issues identified in this paper. The Operation ReGen programme has transformed how we work so we can better match demand to resources and ensure we provide the best possible service to the public. ReGen introduced revised incident grading and deployment policies alongside significant changes to strengthen investigative capacity, improve resilience thereby improving timeliness to better meet current and future demand. A new Crime Investigations Hub has been developed and introduced which will include ownership of many crime types and incidents that Response have historically physically deployed to. The objective is to ensure that remote appointments and suitable investigations move to the team best placed to complete the work, reducing avoidable hand-overs back to Response. Delays in investigations should be removed in the new model and it will also deliver greater grip and governance of investigations whether within the CIH or across Response specifically.	31 March 2027

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• 25000360297: This investigation was accepted from Kent Police on 26 June 2025 and experienced delays obtaining evidence from the transferring force. A supervisor review on 11 December 2025 noted that the statutory time limit was approaching and recommended reallocating the investigation. However, on 6 January 2026 the victim was informed that the statutory time limit had expired. • 25000471891: Investigation records from 12 August 2025 indicated that house-to-house and CCTV enquiries were outstanding. The occurrence was subsequently filed on 18 February 2026, and it was unclear from the investigation record whether these enquiries had been completed or formally reviewed before closure. • 25000101881: A victim interview was identified as a key investigative action on 3 July 2025 but was delayed until 14 August 2025 due to difficulties sourcing an interpreter. Subsequent operational demands slowed progress further, with a supervisor review on 6 November 2025 recommending that a new occurrence be raised. • 25000508492: A supervisor review on 29 November 2025 directed that a witness identification procedure be undertaken. This requirement was repeated on 24 December 2025, together with a request for digital enquiries regarding a social media account. Although enquiries commenced in January 2026, a supervisor review on 17 February 2026 acknowledged that the investigation was unlikely to complete the outstanding actions before the statutory deadline of 28 February 2026.		In addition to the above and sitting in the Improving Investigations Portfolio is a new framework for managing and improving investigations. This includes, but is not limited to:- • **A new Crime Management Framework (CMF) with mandatory templates – introduced in June 2026** The new templates include an Initial Investigation Plan (IIP) and an Initial Supervisor Review (ISR) within 24 hours. There are also Inspector (90 days) and Chief Inspector Review (120 days) templates. The Crime Management Framework has been implemented to provide consistency across all PIP1 investigations, improve the standard and quality of investigations, ensure governance and continuous oversight of investigations via Sergeant, Inspector and Chief Inspector periodical reviews and improve outcomes. The Crime Management Framework underpins the Northamptonshire Police performance framework and is key to delivering an efficient, effective service that maintains public confidence and meets the needs of victims.	

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• 25000403894: The investigation was awaiting evidential review and submission to CPS; however, records indicated delays in obtaining Cycomms evidence. Despite supervisory reviews identifying the outstanding action from October 2025 onwards, there was limited evidence of active follow-up or escalation and the statutory deadline was ultimately reached before the matter progressed. Similarly, from our sample of Out of Court Resolutions, we identified delays in one investigation: • 25000511753: A supervisor review on 5 September 2025 requested confirmation that a strategy safeguarding meeting had been undertaken in relation to the youth suspect. This request was repeated in reviews throughout November 2025, February 2026 and March 2026. On 25 June 2026, the supervisor recorded that there was still no evidence the action had been completed and concluded that, due to the passage of time, there would be limited benefit in holding the meeting at that stage. During our walkthrough, the Detective Inspector advised that the Force has recently introduced a new template within NICHE for investigations subject to statutory time limits. The template requires investigating officers to record key milestones, set target dates for outstanding investigative actions, and monitor the six-month statutory time limit applicable to summary-only offences. The control has been implemented to improve oversight of time-critical investigations and reduce the risk of statutory deadlines being exceeded. As this process was recently introduced, its effectiveness was not assessed as part of this review.		• **Crime Investigations Navigators** A new team of 10 Navigators will be introduced with effect from 2nd November. Their objective is to support, guide, coach and advise Response Officers and Sergeants. They are not decision makers so will not de-skill Sergeants – their purpose is to review workloads and offer recommendations on progression of crimes reported to us. They will set investigative strategies and/or recommend (with rationale) NFA. They identify key learning that will shape and drive training within Force. They also offer and deliver supportive sessions with individual officers who need additional support. • **Qlik Investigations App** A brand-new App specifically designed to enable local supervision, grip, ownership and governance of workloads across Force. Weekly performance meetings at Command level are held and the new Qlik App is used to identify issues, trends or officers with the highest workloads. It also assists with timeliness and management of investigations generally. It is broken down into various topic areas such as VCoP, Victim Needs Assessments, Arrest rates, solved rates etc.	

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	The Force should ensure that the new NICHE statutory time limit template is embedded across operational teams and monitored for completion. In addition, management should actively monitor investigations nearing statutory time limits to ensure outstanding actions are completed.		• **One Truth App** This will launch in December 2026/early January 2027. This App has been developed on the back of a consultation event held with Response Officers who asked for a "one stop shop" style App with handy hits, tips and advice/guidance. The App is broken down into 3 main entry points – "At the Scene"; "At the Station" and "OOCRs". Subject matter experts were identified across Force to provide short, snap style guides for content purposes. *DCS Andy Cox – Head of Crime & Justice,* *DCS Elizabeth Wilcox – Head of Protecting Vulnerable People* *Mandy Rowlatt – Improving Investigations Bronze*	
2	The Serious Crime Investigation Policy (20 November 2025) sets out the expectations for Detective Constables, Detective Sergeants and Detective Inspectors in relation to the management and review of serious crime investigations. The policy states that the Detective Sergeant responsible for supervising the Officer in Charge (OIC) should undertake routine and meaningful reviews of investigations at least once every 28 days, with each review recorded on a supervisor review OEL. We selected a sample of 10 summary-only offences from a population of crimes subject to a Statutory Time Limit (STL) with outcome dates between October 2025 and April 2026. We also selected a sample of Out of Court Resolutions from the same period to assess whether supervisory reviews were being undertaken and recorded in accordance with policy requirements. Our testing identified instances where the required review frequency was not maintained. Within the sample of summary-only offences, four cases contained at least one gap between supervisory reviews exceeding the 28-day requirement.	**Medium**	The new Qlik App is well embedded in Force and seen as mandatory in terms of usage/access. It is the key discussion point during the weekly/monthly performance meetings held in each Command area. The Qlik App is also routinely reviewed and audited by the in-force BTI Team (it has now been reviewed in 4 separate batches). The BTI reviews are also encompassing the Inspector reviews because we are at this point now. The BTI audit is both qualitative and quantitative. *Ch Supts in each Command Area* *Overseen by DCS Andy Cox – Head of Crime & Justice*	31 January 2027

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	Similarly, within the Out of Court Resolution sample, two cases contained periods where supervisory reviews were not completed within the prescribed timescales. Further detail is provided in Appendices A1 and A2. During our walkthrough with the Detective Inspector, we were advised that supervisors are able to monitor occurrences requiring supervisory review through the Qlik application, including reviewing compliance statistics and the percentage of occurrences awaiting review. **The Force should ensure that rationale is documented within NICHE where the supervisor is unable to complete a review within the 28-day timescale. The Force should also encourage the use of the Qlik app to manage officer workload.**			
3	The Serious Crime Policy (November 2026) states that the Officer in Charge (OIC) should agree communication preferences with victims and provide clear updates throughout the investigation. These arrangements should be recorded using the victim contract on the occurrence record. Typically, victims should be contacted at least every 28 days to provide an update on the progress of the investigation. We selected a sample of 10 summary-only offences from a population of crimes subject to a Statutory Time Limit (STL) with outcome dates between October 2025 and April 2026. In addition, we selected a sample of Out of Court Resolutions from the same period. We sought to assess whether victims were being kept informed of investigative progress in accordance with Force expectations. Whilst evidence of victim engagement was present across the majority of cases reviewed, our testing identified instances where victim contact was not maintained in line with the expected frequency. Within the sample of summary-only offences, we identified one case where there was a significant gap in recorded victim contact. Similarly, within the Out of Court Resolution sample, we identified two cases where extended periods elapsed between victim updates.	**Medium**	The new Victim Needs Assessment is in good use across Force and is currently be piloted/tested in the Force Control Room to assess impact to call times if Call Handlers were to complete the VNA with victim callers. We monitor compliance for these through the CMF. We also have the VCoP module which is used to monitor how many victims have received the correct level of VCoP contact throughout the investigation with live time monitoring through a Qlik application. We also monitor the timely inputting of the module to know if victims were referred to support services within a timely manner. We regularly monitor 24 hour crime recording to ensure victims have crimes recorded in a timely manner. We continue to await the MoJ finalised version of the metrics we are to capture (these will be national directives for all Forces). *Ch Supts in each Command Area* *Overseen by DCS Andy Cox – Head of Crime & Justice*	01 March 2027

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	The Force should remind investigating officers and supervisors of the victim contact requirements set out within the Serious Crime Policy and ensure communication preferences and contact arrangements are recorded using the victim contract.			
4	The National Police Chiefs' Council Community Resolutions Guidance (2022) states that, before an Out of Court Resolution (OOCR) is authorised, there should be sufficient evidence to support the outcome, an identified victim, and a clearly documented rationale justifying the disposal. We selected a sample of ten Out of Court Resolutions with outcome dates between October 2025 and April 2026 and reviewed the associated NICHE records to determine whether the rationale for the outcome was clearly documented and appropriately authorised. Whilst evidence of decision-making was generally present, we identified inconsistencies in three cases where the rationale, authorisation process, or subsequent decision-making was unclear: • 26000179460: A supervisor review on 29 March 2026 recorded that the suspect was eligible for an Out of Court Resolution. However, the Form 302 Community Resolution, including an apology, had been signed on 28 March 2026. As a result, it was unclear whether the outcome had been authorised prior to the completion of the disposal. • 25000701363: A supervisor review on 7 January 2026 indicated that an Out of Court Resolution should be considered. However, the victim was subsequently advised on 1 February 2026 that the Force was seeking to progress the matter to the CPS. A conditional caution was ultimately issued but subsequently breached on 27 May 2026. NICHE records indicated that the matter required review to determine whether prosecution was appropriate; however, the offence was filed on 9 June 2026 after the statutory time limit had expired. There was limited evidence of a clear documented rationale regarding the prosecution decision following the breach.	**Medium**	The new IIP and ISR within the CMF have specific prompts around use of OOCRs. We have also identified a team of OOCR SPOCs across Force in each team and each Command – their role is to encourage and increase OOCR outcomes but also to act as a guidance/SME for officers. In addition, the new Navigators also have prompts around consideration and grip of an OOCR. Northamptonshire Police also have an Out of Court Resolution (OOCR) template available to supervisors within NICHE as guidance. We have extensive guidance within Forcenet; we have recently also discussed and amended the authorisation levels for authorising an OOCR for Outcome 8. In addition, we have a process in place to develop officer/staff knowledge of outcome 8 application and development opportunities are used on a one to one basis when the solved outcome codes are audited and errors found. All solved outcomes codes can only be applied to a crime record by staff within the Crime Registrar team and after rigid audit and application of the Home Office Counting Rules for Recorded Crime and Crime Outcomes. The application of the solved outcomes involves an open and transparent process with an audit trail. *Supt Lee McBride*	01 March 2027

Investigations 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• 25000735922: The victim was informed that the CPS had advised that a conditional caution was the most appropriate outcome. However, the investigation record suggested that the decision to pursue the conditional caution was made internally by supervisory officers. As a result, the rationale communicated to the victim was not consistent with the information recorded on NICHE. **The Force should formulate documented guidance on OOCR The and remind officers and supervisors of the requirement to clearly document the rationale, evidential basis and authorisation within NICHE.**			

VAWG Strategy 2026/27

Ref	Recommendation	Priority	Management Comments	Due Date
1	The Force should have a clearly documented and communicated Violence Against Women and Girls (VAWG) strategic framework in place, aligned to the most recent national strategy published as the National Centre for VAWG & Public Protection's (NCVPP's) National Vulnerability & Public Protection Strategy in July 2025. This should set out how the Force intends to address VAWG priorities, including alignment to national direction, and how delivery is coordinated across relevant strategies. The strategy should be clearly communicated both internally and externally to provide transparency and support accountability. While a VAWG strategy was available on the Force's public website, this was developed in 2022, with no clear update or signposting to demonstrate adoption of the NCVPP's National Vulnerability & Public Protection Strategy. The Force advised that VAWG priorities are currently being delivered through related strategies, including the Adult Vulnerability Strategy (2025-2028) and Child Vulnerability Strategy (2025-2028), available on the Force's website. While the Force's Vulnerability strategies collectively address VAWG-related harms and demonstrate alignment with the national strategy, particularly in relation to early intervention, safeguarding and partnership working, they do not provide a single, integrated, or clearly articulated framework for delivering the VAWG strategy. **The Force should:** **1. Adopt the NCVPP's National Vulnerability & Public Protection Strategy, making clear reference locally to:** **• How VAWG-related activity is delivered across existing strategies (e.g. Adult Vulnerability, Child Vulnerability, and partnership strategies).** **• Defined roles and responsibilities for strategic ownership and delivery of VAWG priorities.** **• A summary of key VAWG priorities and how these are operationalised across the Force.**	**Medium**	We will be clear that we have adopted the National VAWG Strategy and will publish internally for clarity regarding this. *Liz Wilcox, Detective Chief Superintendent*	31 January 2027

VAWG Strategy 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• **Performance indicators and success measures which will be used to monitor delivery against VAWG outcomes.** **2. Communicate this to the Force internally and ensure that it is publicly available on the Force's website to support transparency and accountability**			
2	The Force should have action plans in place to support the delivery of the VAWG strategy. Action plans should outline how strategic objectives will be delivered in practice, including clearly defined actions, ownership, timelines, and Key Performance Indicators (KPIs) and mechanisms to monitor progress and completion. The Detective Superintendent advised that no action plan had been produced to support the delivery of the VAWG strategy (2022) available on the Force's website. We selected a sample of five strategic objectives from the VAWG strategy (2022) to confirm what actions had been undertaken in practice towards the objectives. However, we did not receive evidence to demonstrate that objectives had been delivered due to a lack of clear ownership and action plan in place to monitor completion. The Force has implemented a Transformation Plan to support Operation Soteria, a national policing transformation programme aimed at improving the investigation and prosecution of RASSO, and a DA Improvement Plan. While these plans align with VAWG, they do not provide a comprehensive view of how all VAWG priorities are delivered across the Force. The Detective Superintendent advised that a formal assessment or gap analysis has not yet been undertaken to map existing activity against the NCVPP's National Vulnerability & Public Protection Strategy and identify any additional actions required. **The Force should:** **1. Undertake a formal gap analysis against the NCVPP's National Vulnerability & Public Protection Strategy to identify gaps in current delivery arrangements. This should include:**	**Medium**	While we have adopted the National VAWG Strategy, we will undertake a gap analysis to ensure that current activity and action plans are aligned to this strategy. *Liz Wilcox, Detective Chief Superintendent*	31 January 2027

VAWG Strategy 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• **A comprehensive review of existing action plans against VAWG priorities.** • **Identification of gaps in current actions, including any VAWG harm types or priority areas not currently addressed.** • **Defined ownership and responsibilities for each action identified through the gap analysis.** **2. Use the outcomes of the gap analysis to update and enhance existing action plans and this should be reviewed periodically to ensure continued alignment with the national VAWG strategy.**			
3	The Force should have action plans in place to support monitoring and oversight of actions relating to VAWG. Action plans should include clearly defined action owners, progress updates, target completion dates, and be supported by appropriate performance measures and monitoring arrangements. We selected a sample of ten actions, including five from the DA Improvement Plan (132 total actions) and five from the Transformation Plan (36 total actions), with target completion dates between December 2024 and December 2026, to verify whether actions had been completed or were progressing in line with the status recorded in the action plans. Of the sampled actions, six were reported as complete and four as in progress. Review of action plans and supporting evidence identified the following issues with action tracking, ownership, and evidence of delivery: • Three out of five sampled DA Improvement Plan actions (recommendation number 17, 18, 32 from the DA in Private Spaces tab) had no progress updates recorded despite supporting evidence confirming that activity had been undertaken for two of these actions (recommendation number 17 and 18). • For one action sampled (recommendation 32), the named action owner advised that they were not responsible for the action and therefore we did not receive evidence of action completion.	**Medium**	Action plans will be reviewed, signed off and progressed through relevant working groups, including the Domestic Abuse Working Group, RASSO Working Group and Child Protection Working Groups. *Liz Wilcox, Detective Chief Superintendent*	30 December 2026

VAWG Strategy 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	• For two actions sampled, evidence to support full implementation was not provided during audit fieldwork (recommendation number 16 and 18). Data analytics of the six Operation Soteria Pillar Action Plans and DA Improvement Plan also identified the following issues: • Pillar Action Plans were not consistently populated with responsible persons, deadlines, or progress updates. • Progress updates were not dated within Pillar Action Plans. • Within the DA Improvement Plan, progress updates had not been populated for any of the 40 actions included in the DA in Private Spaces tab. • The DA Improvement Plan Action Sheet tab did not include a field to capture target completion dates. • The DA Improvement Plan did not include a field to capture KPIs or measures of success. **The Force should:** **1. Strengthen action plan governance and tracking arrangements to ensure effective oversight and accountability. This should include:** **• Ensuring all action plans include clearly defined action owners, target completion dates, and progress updates.** **• Requiring progress updates to be recorded consistently, including a field for date of latest update and responsible officer.** **• Communicating, to relevant officers, the expectations for maintaining and updating action plans.** **• Ensuring action completion is documented within action plans.** **• Introducing appropriate performance measures and success criteria for DA Improvement Plan actions to support effective monitoring.** **• Implementing a consistent format across all action plans to improve clarity and usability.** **2. Regularly review action plans to ensure they remain accurate, up to date, and provide a reliable basis for monitoring delivery.**			

VAWG Strategy 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
4	The Force should have effective monitoring arrangements in place to ensure that actions are completed within agreed timescales, with overdue actions identified, escalated, and managed appropriately. The DA Improvement Plan included multiple action plan tabs, including the DA Action Sheet, DAWG Actions, DA in Private Spaces, and Stalking Super Complaint, supported by a separate DA Working Group (DAWG) action log. The Transformation Plan (Operation Soteria) also included actions across six pillars; however, as the Force has recently adopted a national template which has not yet been fully implemented, individual pillar action trackers were also provided for review. Data analytics of the DA Improvement Plan (132 total actions) and Transformation Plan (36 total actions) identified a number of overdue actions included within the DA Improvement Plan, with limited evidence of active monitoring or escalation: **Private Spaces tab:** • 37 out of 40 actions were overdue by their target completion date (30 April 2025), all exceeding target by 418 days. • No progress updates had been recorded for all 40 actions. **Stalking Super Complaint tab:** • Ten out of 17 actions recorded between November 2024 and September 2025 were overdue against target completion dates by 269 to 453 days by an average of 435 days. • A field had not been included to capture progress updates. **DAWG action log:** • Ten out of 126 actions recorded between January 2024 to March 2026 were overdue by 116 to 327 days, by an average of 137 days. No progress updates had been recorded for any of the ten actions recorded despite a status of in progress.	**Medium**	Following the current capacity review, this will be reviewed and actioned with monitoring through the Domestic Abuse Working Group. *Liz Wilcox, Detective Chief Superintendent*	30 December 2026

VAWG Strategy 2026/27 (Cont.)

Ref	Recommendation	Priority	Management Comments	Due Date
	The Force should: **1. Ensure that long standing overdue actions on the DA Improvement Plan are addressed including:** **• Introduction of prioritisation mechanisms, such as RAG rating, to clearly identify and manage high-priority actions.** **• Implementation of escalation processes for overdue or high-risk actions.** **• Recording of progress updates for all actions, including revised timelines where delays occur.** **2. Develop a resource plan to support the delivery of long-standing or overdue domestic abuse (DA) actions.**			

We have also raised one Low-priority recommendation regarding:

- The Force should strengthen governance arrangements by ensuring that:
  - Key meetings (e.g. Transformation Plan cross-pillar meetings and DAWG) are consistently formally recorded, including minutes and actions.
  - Meeting documentation is retained and accessible to support oversight and assurance.

A2

Thought Leadership & Sector Reporting

Police Audit Group Conference 2026

What, Who and Where?

Hosted annually, with additional seminars held throughout the year, the Police Audit Group allows for collaboration between the internal audit service providers for all 43 territorial police forces, Police Scotland, Police Service of Northern Ireland, British Transport Police, Civil Nuclear Constabulary and Ministry of Defence Police. This year also included attendees from Garda Síochána and New Zealand Police.

Held over two days at University of Warwick, the conference heard updates around:

- Police Reform, including updates from APACE
- Diana Melville (Governance Advisor, CIPFA) – An update on recent developments from CIPFA affecting internal audit and governance in the public sector.

Insights were also shared from:

- Chief Executives regarding developments and issues affecting Commissioners and Forces.
- External Quality Assessor regarding key learnings from External Quality Assessments following the introduction of the Global Internal Audit Standards.
- HMICFRS regarding the current PEEL framework and early learnings from assessments completed to date.
- Metropolitan Police Service regarding change programmes within the Met and managing organisational change programmes.
- Government Internal Audit Agency regarding the use of data analytics and gaining wider insights and assurance.

Speakers included:

- Louise Clayton (Chief Executive, Office of the Police, Fire & Crime Commissioner for Staffordshire
- Jonathan Jardine (Chief Executive, Office of the Police & Crime Commissioner for West Midlands)
- Diana Melville (Governance Advisor, CIPFA)
- Steve Smith and Shakie Kawuyu (IT Specialists, RSM UK)
- Mike Webb (Chief Assurance Officer, New Zealand Police)
- John Chesshire (External Quality Assessor, JC Audit Training Ltd)
- Simon Gawthorpe (Deputy Portfolio Director, HMICFRS)
- Carl Galvin (Deputy Assistant Commissioner, Metropolitan Police Service)
- Ann Brook (Director of Knowledge & Learning, Chartered Institute of Internal Auditors)
- Lynn Joyce (Head of Internal Audit, West Midlands Police)
- David Goody (Data Analytics Specialist, Government Internal Audit Agency)

Police Audit Group Conference 2026

Five Messages for Audit Committees

1 **Governance Transition**

Police reform creates risks around:

- Accountability
- Leadership continuity
- Collaborations
- Systems, data & financial transfer

2 **Demand & Performance**

HMICFRS themes connect:

- governance grip
- Investigations
- Safeguarding & vulnerability
- Workforce & supervision

3 **Financial resilience & VfM**

CIPFA expects stronger committee scrutiny of:

- Sustainability
- value for money
- governance, risk and internal control

4 **Technology & AI**

Committees need assurance over:

- Information assets
- unofficial use of AI
- Data security & protection
- Human oversight, explainability & logging
- Suppliers & Third-Parties

5 **Learning & Culture**

A policy can comply while the organisation still fails.

Assurance must examine:

- Behaviour
- Response
- Recovery and improvement.

Priority Assurance Requests

- Police Reform & Governance Transition Readiness.
- Demand, Performance & Workforce Root Causes.
- Financial Resilience & Value for Money.
- AI, Cyber, Third-Party & Organisational Resilience.
- Culture, Behaviour & Lessons Learnt.

Police Audit Group Conference 2026

What Committees should ask for in 2027

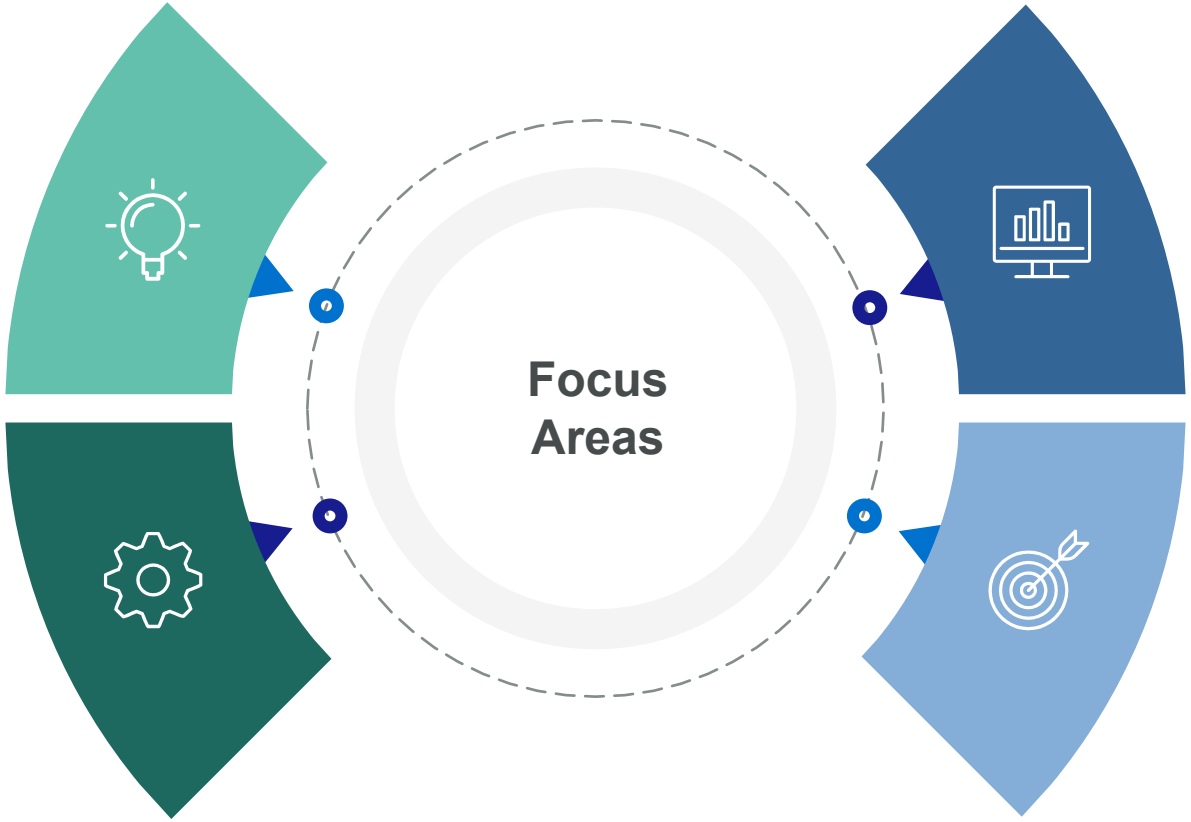
Demand & Governance

HMICFRS will focus on if the Force understands the causes of demand? Do they use data effectively? Is there a clear governance grip, accountability and performance oversight?

Operational Quality

HMICFRS will focus on several quality markers, including:

- Investigation quality & supervision.
- Safeguarding & vulnerability (inc. repeat callers).
- Workforce capacity & neighbourhood policing.



Committee Effectiveness

CIPFA expects committees to have assed their maturity, membership, skills, impact and relationship with the AGS and wider assurance framework.

Resilience & Value for Money

CIPFA expects reporting to committees to enable scrutiny of the following areas :

- financial sustainability & value for money.
- risk & internal control.

without drawing the committee into executive budget management.

Contact

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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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