

# POLICE AND CRIME COMMISSIONER FOR CAMBRIDGESHIRE AND CAMBRIDGESHIRE POLICE

## Internal Audit Progress Report

**25 July 2019**

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To the fullest extent permitted by law, RSM Risk Assurance Services LLP  
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## Introduction

The internal audit plan for 2019/20 was approved by the Joint Audit Committee at the April 2019 meeting. This report provides an update on progress against that plan and summarises the results of our work to date. The Executive Summary and Key Findings of the assignments below are attached to this progress report.

We have finalised **one Cambridgeshire only 2018/19** report and **one Collaborative 2018/19** report since the last meeting shown in **bold** in the tables below.

## Reports

### 1.1 Update to 2018/19 reports

Cambridgeshire Assignment	Status / Opinion issued	Actions agreed		
		Low	Medium	High
Follow up	<b>Final Report Reasonable Progress</b>	<b>3</b>	<b>3</b>	<b>0</b>

BCH Assignment	Status / Opinion issued	Actions agreed		
		Low	Medium	High
BCH Performance Management	<b>Final Report Reasonable Assurance</b>	<b>1</b>	<b>3</b>	<b>0</b>

All other 2018/19 Cambridgeshire only and BCH reports finalised and reported previously. This completes our plan for 2018/19.

## 2.2 Progress against the internal audit plan 2019/20 Cambridgeshire only

Assignment	Status / Opinion issued	Actions agreed			Target start date (target JAC)
		Low	Medium	High	
Budgetary Control	Planned 02 September 2019				Q2 (Nov 2019)
Capital Programme	Planned 29 September 2019				Q2 (Nov 2019)
Income & Debtors	Planned 11 November 2019				Q3 (Feb 2020)
Medium Term Financial Planning inc. Efficiency Savings	Planned 18 November 2019				Q3 (Feb 2020)
Payroll & Expenses	Planned 28 November 2019				Q3 (Feb 2020)
Governance	Planned 09 December 2019 **				Q2 (Nov 19 now Feb 2020)
Risk Management	Planned 02 January 2020				Q4 (April 2020)
Victim Satisfaction	Planned 10 February 2020				Q4 (April 2020)
Follow up	Planned 09 March 2020				Q4 (April 2020)

\*\* Please see appendix B

## 2.3 Progress against the internal audit plan 2019/20 Bedfordshire, Cambridgeshire and Hertfordshire Collaborative

Assignment and Organisation Lead	Status / Opinion issued	Actions agreed			Target start date (target JAC)
		Low	Medium	High	
Fraud Risk Assessment (Lead Hertfordshire)	Draft Report Issued 16 July 2019				Q1 (Nov 2019)
Health and Safety (Lead Cambridgeshire)	In Progress				Q1 (Nov 2019)
Procurement – Contract Management (Lead Cambridgeshire)	Planned 2 September 2019				Q2 (Nov 2019)
ICT (Lead Hertfordshire)	Planned 16 September 2019				Q2 (Nov 2019)
Benefits Realisation (Lead Bedfordshire)	Planned 9 January 2020				Q3 (April 2020)

## Appendix A – Other matters

### Changes to the audit plan

There has been one change to the Cambridgeshire only audit plan:

Note	Auditable area	Reason for change
1	Governance	Management requested the date of this review to be put back in the diary due to a current internal review of governance structures. The revised date would allow time for any changes to be implemented. This was originally planned for Q2 and is now planned for December 2019.

### Other assurance activity

Note	Activity	Overview of output
1	BCH Internal Audit Action Tracking	Following discussion across the three forces it has been agreed that the leads responsible for reporting progress against implementation of agreed actions to each JAC will share this progress on BCH actions to the other forces. Therefore, in future progress against implementation of agreed actions for all BCH actions will be included in managements reports to each JAC meeting.



## Annual Opinion 2019/20

The JAC should note that the assurances given in our audit assignments are included within our Annual Assurance report. In particular the JAC should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion.

### Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

### Added value work

We have issued one client briefing since the last Joint Audit Committee covering:

- Emergency Services Quarterly briefing June 2019.



## Appendix B – Executive summaries and action plans from finalised reports

# FOLLOW UP - EXECUTIVE SUMMARY

## 1.1 Introduction

As part of the approved internal audit periodic plan for 2018/19, we have undertaken a review to follow up progress made by the Office of the Police and Crime Commissioner and Constabulary to implement the previously agreed management actions. The audits considered as part of the follow up review were:

- Collaboration - HR Recruitment and Succession Planning (7.17/18)
- Collaboration - Professional Standards Department - Governance and Improvement (6.17/18)
- Follow Up (10.17/18)
- Medium Term Planning - Savings Assurance (3.17/18)
- Seized Property & Controlled Drugs (1.17/18)
- Communication Strategy - Constabulary (1.18/19)
- Estates Management (2.18/19)
- Partnership Working (Community Safety) (6.18/19)

The focus of this review was to provide assurance that all high and medium priority actions previously agreed have been adequately implemented. The 15 management actions considered in this review comprised of 15 medium priority actions, we did not agree any high priority actions within our reports.

## 1.2 Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion Police and Crime Commissioner for Cambridgeshire and Cambridgeshire Constabulary has demonstrated **reasonable progress** in implementing agreed management actions.

We have agreed new management actions and restated the initial improvements where appropriate; these are detailed in section 2 of this report.

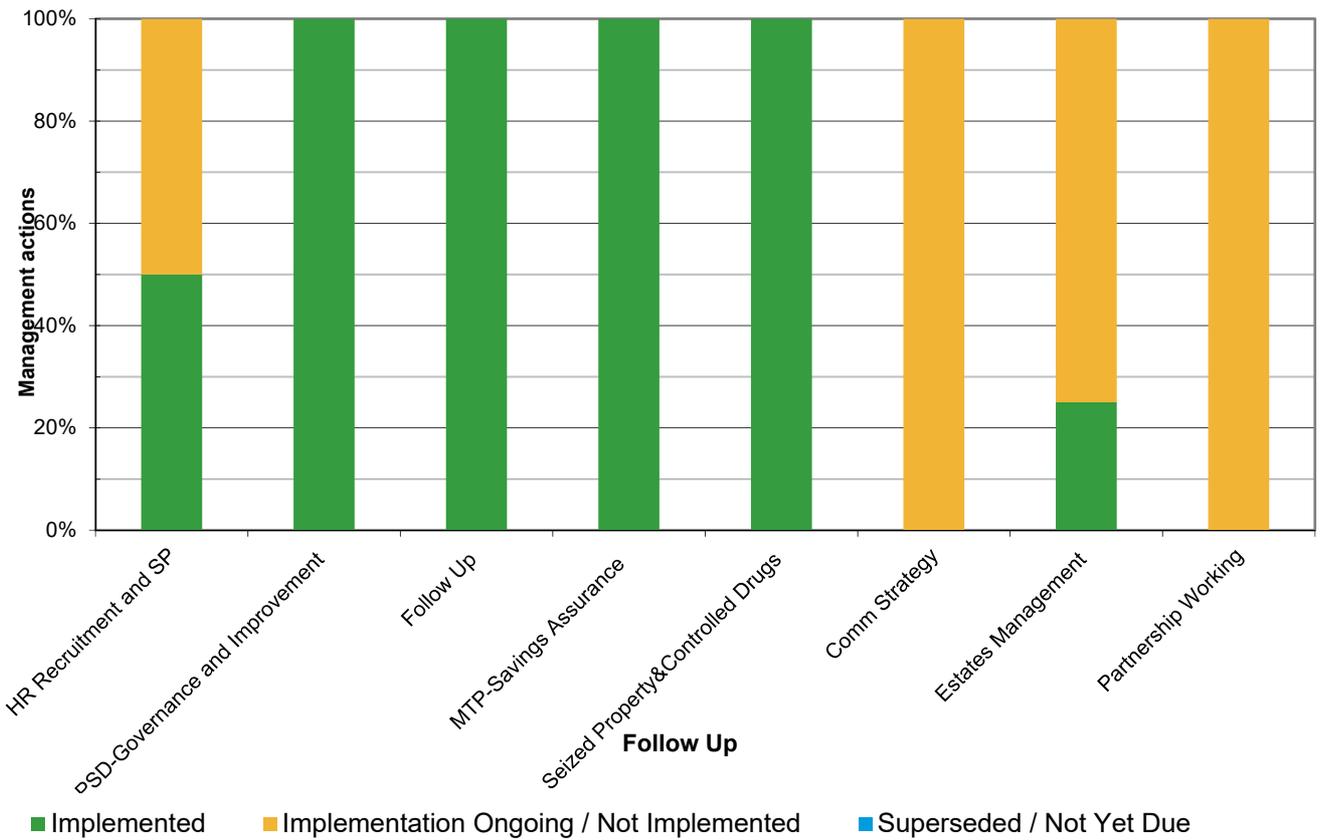
## 1.3 Action tracking

Action tracking enhances an organisation's risk management and governance processes. It provides management with a method to record the implementation status of actions made by assurance providers, whilst allowing the Joint Audit Committee to monitor actions taken by management.

Action tracking is undertaken by Police and Crime Commissioner for Cambridgeshire and Cambridgeshire Constabulary's management. We have identified four instances where the implementation status of actions reported by management to the Joint Audit Committee differs from our own findings.

In light of these findings, the organisation must assure itself that actions are fully implemented with evidence provided to support this prior to closing an action.

The following graph highlights the progress made on the actions that have been followed up:



Further details of progress made are provided in Section 2 of this report. It is important to note that until a management action is fully implemented, the organisation is still exposed to risk.

## 1.4 Progress on actions

Implementation status by review	Number of actions agreed	Status of management actions (Medium priority)				
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Completed or no longer necessary (1)+(4)
Collaboration - HR Recruitment and Succession Planning (7.17/18)	2	1	1	0	0	1
Collaboration - Professional Standards Department - Governance and Improvement (6.17/18)	2	2	0	0	0	2
Follow Up (10.17/18)	3	1	0	0	2	3
Medium Term Planning - Savings Assurance (3.17/18)	1	1	0	0	0	1
Seized Property & Controlled Drugs (1.17/18)	1	1	0	0	0	1
Communication Strategy - Constabulary (1.18/19)	1	0	0	1	0	0
Estates Management (2.18/19)	4	1	3	0	0	1
Partnership Working (Community Safety) (6.18/19)	1	0	1	0	0	0
<b>Totals</b>	<b>15</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>9</b>

## 2 FINDINGS AND MANAGEMENT ACTIONS

This report has been prepared by exception. Therefore, we have included only those actions graded as 2 and 3. Each action followed up has been categorised in line with the following:

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.

### Collaboration - HR Recruitment and Succession Planning 7.17.18

Ref	Management action	Original date	Original priority	Status reported to Audit Committee	Audit finding	Current status	Updated management action	Priority issued	Revised date Owner responsible
1.2	The Succession Planning Tool will be fully implemented, and formally documented succession plans will be produced. Organisational succession planning risks will be monitored and managed on a regular basis by the appropriate group or committee. Links to recruitment and training will also be considered.	29 March 2019	Medium	2	Through review of the BCH Succession Planning Policy and Procedure we confirmed that the document has been developed and is currently in draft. Through discussions with the Strategic Lead Workforce Planning and Resourcing we were advised that the policy has been through full consultation and is scheduled to be approved at the BCH People Board in March 2019.  We were also advised that a succession planning toolkit has been developed and following initial trial in JPS is currently being introduced across BCH. Feedback from staff associations have been positive and managers have found the process useful to help them understand their resourcing in terms of assessing capacity, capability and risk with each role.	2	The Succession Planning Tool will be fully implemented, and formally documented succession plans will be produced. Organisational succession planning risks will be monitored and managed on a regular basis by the appropriate group or committee. Links to recruitment and training will also be considered.	Medium	Paula Kirkpatrick, Strategic Lead Workforce Planning and Resourcing, BCH Human Resources  March 2020

Whilst work has progressed well in relation to succession planning, this action is still to be implemented due to not having agreed succession plans in place for each force. As such, we have restated this management action.

## Communication Strategy - Constabulary 1.18.19

Ref	Management action	Original date	Original priority	Status reported to Audit Committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
1.1	<p>The Constabulary will review the communication strategies for all five of their crime related priorities to ensure that they are all consistently linked to the objectives of the Constabulary's overarching Communications Strategy.</p> <p>They will also ensure that the tactical delivery plans/strategies are updated to include the following:</p> <ol style="list-style-type: none"> <li>1. Aim</li> <li>2. Objectives</li> <li>3. Activities (How they will achieve them)</li> <li>4. Key messages</li> <li>5. Timescales (Due dates)</li> <li>6. Audiences (Internal and external)</li> </ol>	27 July 2018	Medium	1	<p>Through discussions with the Head of Corporate Communications we were advised that the Constabulary have in place a 2019/20 Communications Plan and the AMEC framework is being used for all tactical delivery plans, which incorporate the all nine points in the management action.</p> <p>We were also advised that the Forces priorities for 2019/20 have also changed and plans are also being developed for these.</p> <p>However, we were not provided with evidence to support the completion of this action.</p> <p>As such we have updated and restated this management action to ensure that adequate evidence is retained to support the implementation of the action.</p>	3	<p>The Constabulary will review ensure that evidence is retained to support the review of the communication strategies for all five of their crime related priorities to ensure that they are all consistently linked to the objectives of the Constabulary's overarching Communications Strategy.</p> <p>They will also ensure that the tactical delivery plans/strategies are updated to include the following:</p> <ol style="list-style-type: none"> <li>1. Aim</li> <li>2. Objectives</li> </ol>	Medium	June 2019	<p>Sarah Cooper Head of Corporate Communications</p>

- stakeholders/target audience)
7. Communication channels (The communication routes for these stakeholders)
  8. Resources needed/budget
  9. Monitoring and evaluation (Governance monitoring to manage their progress)

3. Activities (How they will achieve them)
  4. Key messages
  5. Timescales (Due dates)
  6. Audiences (Internal and external stakeholders/target audience)
  7. Communication channels (The communication routes for these stakeholders)
  8. Resources needed/budget
  9. Monitoring and evaluation (Governance monitoring to manage their progress)
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## Estates Management 2.18.19

Ref	Management action	Original date	Original priority	Status reported to Audit Committee	Audit finding	Current status	Updated management action	Priority issued	Revised date Owner responsible
1.3	<p>The Director of Estates and Facilities will ensure that 'Single-Tender-Action-Record' (STAR) approval is sought to ratify the use of the following six mechanical and electrical services sub-contractors:</p> <ul style="list-style-type: none"> <li>• Allied Mechanical;</li> <li>• Constant Cooling;</li> <li>• Liftec (Lifts);</li> <li>• WBPS (Generators);</li> <li>• Sunfish (Fire Alarms Emergency Lighting); and</li> <li>• Central Highrise lightning conductors.</li> </ul> <p>They will also liaise with BCH Procurement to ensure that:</p> <ol style="list-style-type: none"> <li>1) The tender process for mechanical and electrical services is started as soon as possible; and</li> <li>2) In the interim, contracts are developed between the force and these six mechanical and electrical services sub-contractors.</li> </ol>	31 October 2018	Medium	2	<p>Through discussions with the Director of Estates and Facilities we were advised that this action is currently in progress.</p> <p>We reviewed that 'Single-Tender-Action-Record' (STAR) documentation for all six contractors and confirmed that except for Allied Mechanical, the remaining STAR documents were all approved by the Director of Finance.</p> <p>The Director of Estates and Facilities advised that all contract documents had been sent out by BCH Procurement, however, the sub-contractors had not completed the tender summary to BCH Procurement's satisfaction. As such these documents are required to be approved again.</p> <p>Furthermore, due to changes to the overall specification for these services, regarding amendments to evacuation chairs and air conditioning, further changes are required to be made in relation to contracts.</p> <p>As such, this action remains open and has been restated.</p>	2	<p>The Director of Estates and Facilities will ensure that 'Single-Tender-Action-Record' (STAR) approval is sought to ratify the use of the following six mechanical and electrical services sub-contractors:</p> <ul style="list-style-type: none"> <li>• Allied Mechanical;</li> </ul> <p>They will also liaise with BCH Procurement to ensure that:</p> <ul style="list-style-type: none"> <li>• The tender process for mechanical and electrical services is started as soon as possible; and</li> <li>• In the interim, contracts are developed between the force and these six mechanical and electrical services sub-contractors.</li> </ul>	Medium	Director of Estates and Facilities June 2019

# PERFORMANCE MANAGEMENT - EXECUTIVE SUMMARY

## 1.1 Background

An audit of Performance Management was undertaken as part of the approved internal audit plan for 2018/19.

A standard performance dashboard has been developed for use across the collaboration and been in place for 12 months. Performance for BCH (Bedfordshire, Cambridgeshire and Hertfordshire) collaborated departments is reported via a Balanced Scorecard for each department, although we have noted there have been issues with the collection of some data used to populate scorecards. This is completed on a quarterly basis by each department. Within the scorecard, performance is reported in three areas:

- Customer: includes reporting of performance against agreed service levels, and other outcome-related measures;
- Process: includes reporting of demand and compliance-related measures;
- People: includes reporting of workforce-related measures.

Alongside the metrics, the department provides commentary on key issues in each area, a commentary on risks, and the results of any audits or inspections carried out. Financial performance is also scrutinised.

The Chief Constables have divided BCH collaborated services into three portfolios aligning each to a force;

- Joint Protective Services (JPS) led by Bedfordshire;
- Organisational Support led by Cambridgeshire; and
- Operational Support led by Hertfordshire.

Each of these has a delivery or governance board which receives copies of the dashboards from across their individual portfolios for review, with upward portfolio report to the SAS (Strategic Alliance Summit) meetings and quarterly updates to JCOB (Joint Chief Officers Group).

For our review we selected performance reports covering the following areas:

- Joint Protective Services (JPS),
- Human Resources (HR),
- Information and Communication Technology (ICT),
- Firearms and Explosives Licensing (FEL),
- Criminal Justice (CJ).

We were informed by management that following the field work and completion of the draft report for this review meetings have taken place to confirm action owners and deadlines. We were also informed that from a strategic review of collaboration has been undertaken resulting in a recommendation that:

“Working with the Chief Executives, the BCH Delivery Management Office (previously known as the BCH Change Portfolio Office) is charged with collating and ensuring progress with outstanding actions from the Concerto Review and RSM internal audits, with a specific emphasis on performance management and benefit realisation processes.”

This recommendation links with the findings of the audit and through implementation of the agreed ‘actions for management’ will assist with improving performance management standards across BCH.

## 1.2 Conclusion

The new performance management process is now in place and operating in four of the five areas sampled. We found a control weakness with the approval of delivery plans which include the key performance indicators against which each BCH portfolio unit is measured, together with some inconsistency with templates used and monitoring of performance.

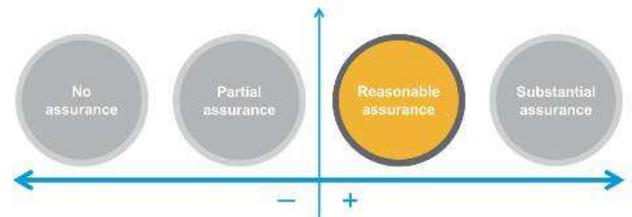
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### Internal audit opinion:

Taking account of the issues identified, the OPCCs and Forces can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing this area.

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## 1.3 Key findings

Our findings have led to **three medium** priority management actions being agreed with management which are detailed below:

### BCH Dashboard

From a review of the BCH dashboards for JPS, HR, ICT and FEL we confirmed that HR, ICT and FEL had been using the standard dashboard for the whole of 2018/19, JPS commenced using this format with its report to JCOB in November 2018, the standard format including:

- Summary performance with a rag rating and commentary;
- Performance against individual indicators with rag rating;
- Performance direction of travel;
- Commentary giving supporting background information, and
- Details of actions being taken.

Our sample also included CJ which we noted was in a different format to the agreed BCH template.

There is a risk of an inconsistent performance management methodology being adopted at the collaboration should all departments not adopt the agreed approach. This could lead to ineffective performance management against agreed service levels. **(Medium)**

### Delivery Plans

Each BCH department prepares a Delivery Plan for a three year period which is updated through an annual review. The Plan sets out the objectives each department intends to achieve during the period and the key activities required. From our sample of five departments, with the one for JPS including the Plans for individual units, we noted that although there were differences in format, they were consistent in the information they contained. Each plan set the overall objectives activities, and these were also consistent with the dashboard.

We also reviewed the minutes of meetings for the Operational and Organisational Delivery Boards and the JPS Governance Board, JCOB and SAS and although we found instances where delivery plans were either discussed or included in papers, we found no evidence of formal approval with the exception of the 2017/18 JPS Delivery plans in the September 2017 meeting of the SAS, which was prior to our sample 2018/19.

We also noted that within the terms of reference for the Delivery Boards, JCOB and SAS there is no requirement for the approval of Delivery Plans. If delivery plans and the KPI's set by individual collaborative units are not formally reviewed and approved, there is a risk objectives and measures set will not be consistent with the overall strategic objectives of BCH. **(Medium)**

### Senior Management Team (SMT) Meetings

We discussed with Leads and review the minutes of SMT meetings, we confirmed that there was regular discussion of performance within ICT and JPS. We did not review the minutes for FEL as these were not received at the time of the review.

However, for HR and CJ, where there had been issues with source data collection, we were informed that performance was not being included within these meetings. We noted in the case of CJ, action was being taken and monitored to resolve those issues. In the case of HR there was evidence of project review of their new systems which would resolve their current issues in collecting data from three legacy systems.

If performance is not reviewed by SMT's, even where the data for all measures is not in complete, then the Constabulary cannot be assured that the SMT's are adequately challenging poor performance and discussing the underlying reasons for this. If this does not occur, there is a risk that the performance information escalated to Delivery Boards may not be sufficient or accurate, preventing them from fully understanding the performance issues affecting their Portfolios. **(Medium)**

Our remaining key findings are highlighted below:

### Procedures

Instructions for use for the Balanced Scorecards were in place and we confirmed they outlined how to complete the scorecards for respective departments from a template scorecard.

### Delivery Boards

#### Organisational Support Delivery Board

Through review of the papers for the January 2019 Organisational Support Delivery Board meeting, we noted that the Board had been provided with the full balanced performance scorecards, in line with the new approach, for the four departments which it oversees (ICT, information management, HR and professional standards). Through review of meeting minutes for April, July and October 2018 we confirmed that at each meeting, there had been departmental performance updates from all four departments.

We noted these updates included a summary of the results from the performance scorecard for each team within the department, with focus on red rated performance issues, their cause, and the actions being taken to resolve them. We also noted that the key risks requiring board escalation for each department, as per the performance scorecards, were discussed.

#### Operational Support Delivery Board

Through review of the papers for the January 2019 Operational Support Delivery Board meeting, we noted that performance reports were provided to the Board for five out of the seven departments within the portfolio. Through review of meeting minutes for April and October 2018 we confirmed that there had been an update regarding the performance of each department within the Operational Support portfolio at the October 2018 meeting. We noted these updates included a summary of each department's performance, with focus on performance issues, the underlying reasons for these issues and the actions being taken to resolve them.

## JPS Governance Board

Through review of meeting minutes for May, September and November 2018 we confirmed that a JPS Performance Report had been received at all three meetings. We noted that at each meeting, an update of the performance by each department had been provided, highlighting areas of strong or improving performance, as well as areas of concern and challenges facing the department. Furthermore, we identified that performance metrics were being discussed, either in cases where the metric was not useful or user friendly, or where the reported performance figure was significantly different to the trend. We noted that actions were being agreed by the Board where issues remained with performance, or where work was required in terms of performance metrics.

## Strategic Alliance Summit (SAS)

In reviewing reports covering performance issued to the SAS and how issues were being escalated, we noted that the SAS met only once during 2018/19 and were not due to meet until April 2019. However, they had agreed a quarterly cycle of meetings for 2019/20, which at the meeting in April 2019 was changed to bi-monthly. Through review of the minutes and papers for the above meeting and that of February 2018, we noted that the following for each area:

### JPS

The JPS Performance Framework for quarter 3 2017/18 and quarter 1 2018/19 had been included in the papers for the February and September meetings. There was an overview of the significant performance issues including reasoning for the issues and a summary of the progress being made in addressing them.

### Organisational Support

The Balanced Scorecard for the Organisation Support Portfolio had been included in the papers for the February meeting. A summary of areas of good performance and performance issues was provided at both meetings. In both cases there was discussion of the actions being taken to resolve issues, and further work required was identified.

### Operational Support

The Balanced Scorecard had been included in the papers for the February meeting giving an overview of the area of good performance, areas of concern, and risk areas was provided. Additionally, we noted that at the September meeting, a summary of the key performance issues and the work being done to improve them had been provided, and that members of the Summit had provided potential direction for this work.

## Data Quality

We reviewed the latest balanced scorecards for each of the departments reviewed as part of this audit. We selected a sample of three KPI's from each scorecard to confirm their accuracy. We confirmed the following:

**JPS** - We reviewed the source data via reports produced by e-Financials and Revenue Monitor and confirmed that the reported figures for quarter 2 were accurate as reported.

**ICT** - We selected three KPI's reported in the ICT Balanced Scorecard for Quarter 3. We confirmed data was collected via SupportWorks and the HR MIDAS reports, which we reconciled back to the quarterly reports via the monthly reports reviewed by the ICT Senior Leadership Team meetings and confirmed these were accurate.

**HR** - We were informed by the Director of HR that development of the Balanced Scorecard and meaningful performance measures for HR had been hampered by the inability to draw data from the three legacy HR systems. HR have also been revising the Scorecard to make sure it better reflects and support the HR Delivery Plan and the 25 objectives. This is still very much work in progress and there are some gaps to fill in around populating targets and measures. As a result, we have not performed any detailed testing of the data used. Also, as the project is still in progress to implement a single BCH wide system we have not agreed any additional actions in this area.

**Firearms and Explosive Licensing** - We selected three KPI's from the FEL Balanced Scorecard for Quarter 3. We reviewed the source data for each of these measures reported and confirmed that these reconciled in all three cases.

**Criminal Justice** - Through discussions with the Head of BCH Admin of Justice we were advised that the Performance Management and completion of the Criminal Justice scorecards has not been complete this financial year. The completion of these scorecards has been inadequate since the set up due to difficulties in relation to the Athena system. We received evidence that action is continuing to resolve these issues, we have therefore not agreed any additional actions required.

### **Administrative Support**

Cambridgeshire - Reporting to the Organisational Support Delivery Board is the responsibility of each business area. Executive Support resource is then used to compile the onward reporting to JCOB highlighting key areas of progress and escalating risks and issues if required.

Bedfordshire - A JPS staff officer with the support of a senior analyst have the responsibility for reporting to the Governance Board and onward reporting to JCOB escalating areas as required.

Hertfordshire - Since our audit fieldwork, Operational Support had recruited additional support and resources in 2018/19 from the Thinking and Analysis Team who were introduced at the April 2019 meeting of the Operational Support Delivery Board. They will be working with Ops Support service departments, and the command teams to strengthen performance reporting.

We have also agreed **one low** priority management action, detailed in section two below.

## 1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Area	Control design not effective*		Non Compliance with controls*		Agreed actions		
	Low	Medium	High	Low	Medium	High	
Policy and Procedures	1	(1)	0	(1)	1	0	0
Local Governance	2	(5)	2	(5)	0	2	0
BCH Governance	1	(5)	1	(5)	0	1	0
Data Quality	0	(1)	0	(1)	0	0	0
<b>Total</b>					<b>1</b>	<b>3</b>	<b>0</b>

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

## 2 DETAILED FINDINGS

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
<b>Local Governance</b>							
2.1	<p>There is a Balanced Scorecard for each department. This is completed on a quarterly basis by each department.</p> <p>Within the scorecard, performance is reported in three areas:</p> <ul style="list-style-type: none"> <li>Customer: includes reporting of performance against agreed service levels, and other outcome-related measures;</li> </ul>	Yes	No	<p>Through review of the BCH Balanced Scorecards for HR, ICT and JPS including FEL. We noted that each was linked to the delivery plan and included:</p> <ul style="list-style-type: none"> <li>Summary performance with a RAG rating and commentary;</li> <li>Performance against individual indicators with RAG rating;</li> <li>Performance direction of travel;</li> <li>Commentary giving supporting background information, and details of actions being taken;</li> <li>The person completing the dashboard was identified.</li> </ul> <p>JPS adopted the new dashboard at the time of our review while HR and ICT had already adopted this format.</p>	Medium	All units across portfolios will use the standard templates.	<p>DCCs</p> <p>Fully aligned and common reporting - 30/9/19</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
	<ul style="list-style-type: none"> <li>Process: includes reporting of demand and compliance-related measures</li> <li>People: includes reporting of workforce-related measures.</li> </ul> <p>Alongside the metrics included, the department provides commentary on key issues in each area.</p> <p>Each department also includes commentary on risks, and the results of any audits or inspections carried out.</p> <p>Financial performance is scrutinised via a separate Financial Scorecard.</p>			<p>We noted that the dashboard which was still in development for CJ was in a different format to the standard template. We confirmed that there were issues with the collection of internal and external data required to complete their dashboard, we also confirmed that activity was taking place and being monitored to resolve those data issues. However, there is a risk of following a methodology for performance management inconsistent with other BCH services if the standard reporting template is not used.</p>			
2.2	<p>Each BCH department produces a Delivery Plan, setting out the objectives each department needs to achieve during the period and the key activities required.</p> <p>Delivery Plans are signed off in the first instance by their respective Delivery Board, with oversight from JCOB and SAS. Delivery Plans are signed off by JCOB and SAS.</p>	Yes	No	<p>We reviewed the Delivery Plans for each of the divisions selected as part of this review and confirmed the following:</p> <p><b>JPS</b> - Through review of the JPS Delivery Plan 2016-2019 for the period 2017/18 we noted that this contained the Delivery Plans for each unit and was linked to the Plans from each of the Police and Crime Commissioners.</p> <p>The delivery plans were included for each JPS unit and set out each units' objectives with an explanation on how they would be delivered, this was in line with the notes in the Delivery Plan referenced to the original section 22 agreement on establishing delivery plans, and performance measures and reporting.</p>		See action 2.1 and 2.3	As above.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
	<p>Progress against Delivery Plans is tracked via quarterly updates to the Delivery Boards and via linkages between the objectives and KPIs/benefits included in the Balanced Scorecard. Exceptional issues in respect of progress against a Delivery Plan may be escalated through the governance structure as necessary.</p> <p>Progress against Delivery Plans is tracked via quarterly updates to JCOB; exceptional issues in respect of progress may be escalated to SAS as necessary.</p> <p>Delivery Plans draw on Police &amp; Crime Plans to ensure alignment with force strategic objectives, as well as taking into account PESTEL factors. They help to inform the Force Management Statements and also take into account findings from each FMS.</p>			<p><b>ICT</b> - We obtained the ICT Delivery Plan, dated April 2018 and covering the period 2018/19 to 2020/21. We confirmed the Delivery Plan included a series of departmental, service delivery and infrastructure objectives. These were each aligned to key performance activities and owners with delivery timelines, which were also consistent with the ICT dashboard.</p> <p><b>HR</b> - We obtained the HR Delivery Plan, dated June 2018 and covering the period 2018/19 to 2020/21. We confirmed the Delivery Plan clearly set out a series of objectives aligned to strategic themes from the People Strategy. Each objective was aligned to key activities and performance indicators. Ownership and timelines for each activity were recorded.</p> <p>The delivery plan had a set of objectives split by theme which was mirrored within the performance dashboard. Each objective had a set of key activities which had been expanded on within the dashboard with links back to each of the objectives in the Delivery Plan with action owners and timescales.</p> <p><b>Criminal Justice (CJ)</b> - We reviewed the Criminal Justice Delivery Plan, dated June 2018 and covering the period 2018/19 to 2020/21. We confirmed the Delivery Plan clearly set out a series of departmental objectives and each objective was aligned to key activities and performance indicators. Ownership and timelines for each activity were recorded.</p> <p>Although CJ have not yet been reporting through the standard dashboard a document issued to the Operational Delivery Board set out what was to be reported and this was aligned to the objectives within the Delivery Plan.</p> <p><b>Firearms and Explosives Licensing</b> - We obtained the Firearms and Explosives Licensing (FEL) Delivery Plan, dated June 2018 and covering the period 2018/19 to 2020/21. We confirmed the Delivery Plan included a series of departmental objectives, each was aligned to key performance activities and owner with delivery timelines.</p>			

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
				<p>We were able to reconcile the KPI's in the Delivery Plan to the performance metrics outlined in the FEL scorecard. We confirmed that the delivery plans were in standard format with the exception of JPS, with the standard format clearly stating the objective and the activities to achieve those objectives with the owners and timelines. These also clearly flowed through to the dashboards.</p> <p>There is a risk that where planning processes differ between BCH portfolios they may a divergence from strategic BCH objectives. Also, where Delivery Plans are not established and approved before the start of the new financial year there is a risk that targets will not be met.</p>			
2.3	<p>The responsibility for undertaking the annual assessment for each Delivery Plan lies with the respective Heads of Departments.</p> <p>The deadline for each Delivery Plan to be approved for the financial year 2018/19 was in March 2018 but was not formally approved at respective Delivery Boards.</p>	No	N/a	<p>We reviewed the minutes of meetings for the Operational and Organisational Delivery Boards and the JPS Governance Board for quarter three and quarter four 2017/18. We found no evidence or review or approval of delivery plans. We did however note:</p> <ul style="list-style-type: none"> <li>The HR delivery plan together with others for Organisational Support appeared on the agenda for the April 2018 meeting, but there was no discussion covering them in the meeting. In January 2019 the minutes noted that future delivery plans were to be incorporated within individual updates.</li> <li>The Criminal Justice delivery plan together with others was mentioned in the agenda for the July 2018 meeting and discussed in the minutes.</li> <li>We noted from September 2017 minutes of the SAS there was a review of the JPS three year plan for year two 2017/18. However, we were informed that the plan for 2018/19 was approved at a Senior Management Team meeting. Following the completion of this review and the first draft of the report we received evidence that service level agreements for each of the JPS units had been issued to the May 2019 meeting of JCOB for approval.</li> </ul>	Medium	The requirement for the completion and approval of delivery plans by the due date will be assigned to an appropriate forum for completion.	<p>ACC Mike Colbourne</p> <p>Signed off by SAS Sept. 2019</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
				<p>From a review of the terms of reference for the Portfolio Delivery Boards, JCOB and SAS, none had a clearly stated responsibility for the approval of delivery plans. However, the JCOB terms of reference stated that they had delegated authority from the SAS for the delivery of collaborated services as has been agreed through business cases and business plans agreed through SAS.</p> <p>If delivery plans and the KPI's set by individual collaborative units are not formally reviewed and approved prior to the start of the new financial year, there is a risk objectives and measures set will not be consistent with the overall strategic objectives of BCH.</p>			
2.5	<p>Local Senior Management meetings are the first line of performance review within the governance structure.</p> <p>The dashboard is reviewed each month where actions are agreed to correct any poor performance prior to reporting up to the delivery boards.</p>	Yes	No	<p>We either discussed with Leads and reviewed the minutes of Senior Leadership Team meetings, with the exception of FEL which were not received.</p> <p>From this we confirmed that there was regular discussion of performance within ICT and JPS. However, for HR and CJ performance was not being included within these meetings.</p> <p>We were advised by the Director of HR that the Balanced Scorecard for the HR department is still being developed, as there has been issues in collating data from legacy HR systems. To facilitate the finalisation of the scorecard, the Assistant Director of HR is meeting with HR Strategic Leads to develop improved performance measures for inclusion in the Scorecard.</p> <p>We were informed that CJ were having similar data issues linked to Athena and External Stakeholders, although progress in resolving these issues was being reported and discussed at the Operational Delivery Board, which we confirmed.</p> <p>If performance is not reviewed by Senior Leadership Teams, even where the data for all measures is not in place, or the review of this performance is not minuted, then the Force cannot be assured that the Senior Leadership Teams are</p>	Medium	Subject to the technical issues that have created difficulties in populating some of the dashboards, The Senior Leadership Teams will ensure that they review monthly performance and quarterly performance prior to reporting to their delivery boards.	ACC Mike Colbourne 30/9/19

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date and Responsible owner
				<p>adequately challenging poor performance and discussing the underlying reasons for this.</p> <p>If this does not occur, there is a risk that the performance information escalated to Delivery Boards may not be sufficient or accurate, preventing them from fully understanding the performance issues affecting their Portfolios.</p>			



## For more information contact

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