

Cumbria Shared Internal Audit Service

Internal Audit Report for Cumbria Constabulary



Audit of Command & Control and 101 Calls

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Audit Resources

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Audit Report Distribution

For Action:	Gaynor Wardle (Chief Inspector - HQ CCR & CCU)
For Information:	Rob O'Connor (T/Chief Superintendent Territorial Policing Command) Justin Bibby (T/Assistant Chief Constable)
Audit Committee	The Joint Audit Committee, which is due to be held on 20 th March 2019, will receive the report.

Note: Audit reports should not be circulated wider than the above distribution without the consent of the Audit Manager.

Cumbria Shared Internal Audit Service



1. Background

- 1.1. This report summarises the findings from the audit of Command & Control and 101 Calls. This was a planned audit assignment which was undertaken in accordance with the 2018/19 Audit Plan.
- 1.2. Command and Control is important to the organisation because it contributes to overall constabulary performance. It ensures that the organisation can make the right decisions to control resources for the efficient and effective delivery of frontline policing to the people of Cumbria and the achievement of strategic objectives.
- 1.3. The Command and Control Room (CCR) model, which includes a single call management and resolution function performed by police officers in the room, became operational in September 2015. More recently a safeguarding help desk has operated within the CCR to build vulnerability and safeguarding considerations into the system at the point of contact.

2. Audit Approach

2.1. Audit Objectives and Methodology

- 2.1.1 Compliance with the mandatory Public Sector Internal Audit Standards requires that internal audit activity evaluates the exposures to risks relating to the organisation's governance, operations and information systems. A risk based audit approach has been applied which aligns to the five key audit control objectives which are outlined in section 4; detailed findings and recommendations are reported within section 5 of this report.

2.2. Audit Scope and Limitations

- 2.2.1 The Audit Scope was agreed with management prior to the commencement of this audit review. The Client Sponsor for this review was the Chief Superintendent Territorial Policing Command. The agreed scope of the audit was to provide assurance over management's arrangements for ensuring effective governance, risk management and internal controls around:
 - The quality of call handling and identification of vulnerabilities.
 - Monitoring and managing staff wellbeing.
- 2.2.2 There were no instances whereby the audit work undertaken was impaired by the availability of information.

3. Assurance Opinion

- 3.1. Each audit review is given an assurance opinion and these are intended to assist Members and Officers in their assessment of the overall level of control and potential impact of any identified system weaknesses. There are 4 levels of assurance opinion which may be applied. The definition for each level is explained in **Appendix A**.
- 3.2. From the areas examined and tested as part of this audit review, we consider the current controls operating around Command & Control and 101 Calls provide **reasonable** assurance.

Note: as audit work is restricted by the areas identified in the Audit Scope and is primarily sample based, full coverage of the system and complete assurance cannot be given to an audit area.

4. Summary of Recommendations, Audit Findings and Report Distribution

- 4.1. There are three levels of audit recommendation; the definition for each level is explained in **Appendix B**.
- 4.2. There are **3** audit recommendations arising from this audit review and they are summarised as follows:

Control Objective	No. of recommendations		
	High	Medium	Advisory
1. Management - achievement of the organisation's strategic objectives (see section 5.1)	-	2	-
2. Regulatory - compliance with laws, regulations, policies, procedures and contracts	-	-	-
3. Information - reliability and integrity of financial and operational information	-	-	-
4. Security - safeguarding of assets	-	-	-
5. Value - effectiveness and efficiency of operations and programmes (see section 5.2)	-	1	-
Total Number of Recommendations	-	3	-

4.3. **Strengths:** The following areas of good practice were identified during the course of the audit:

- The Chief Inspector - HQ CCR & CCU (Civil Contingencies Unit) updates Chief Officer Group on CCR activity on a monthly basis.
- The Command and Control Manual of Guidance is a key document used for staff induction and ongoing reference. Vulnerability is clearly embedded throughout these guidance procedures.
- Specific training on safeguarding and vulnerability is currently being rolled out to call handlers and supervisors within CCR. This will be followed up with opportunities for staff to work alongside colleagues on the safeguarding help desk to further improve skills and knowledge.
- A CCR monthly newsletter has been introduced to provide staffing updates, reinforce procedural changes, highlight training opportunities and share best practice.
- A new digital quality assurance process has been introduced in CCR, covering both qualitative and quantitative aspects of call handling, dispatch and supervisory review. The number of reviews undertaken and compliance rates are displayed in a dashboard for management attention.
- Additional arrangements are in place to check and evaluate the quality of call handling, logging of information and identification of vulnerabilities. These arrangements include checks undertaken by Crime and Incident evaluators, Business Improvement Unit (BIU) reviews, HMIC Inspections and public surveys. Outcomes inform CCR improvement activity.
- The Constabulary's Improvement Plan (CCIP) includes actions around actively managing calls for service to minimise call answering time. Call handling performance is monitored on an ongoing basis and figures show some improvements over the 6 month period commencing February 2018 for both emergency and non-emergency calls (including 101 calls).
- Staff wellbeing is a key element of the new CCR Business Plan and a CCR Inspector has been allocated a wellbeing portfolio. Various initiatives are now underway to improve staff health and wellbeing including a shift pattern review.
- Arrangements are in place for the Chief Inspector (HQ CCR & CCU) to work closely with HR and OH colleagues to flag, understand and manage staff wellbeing issues. Police officer sickness absence in CCR has reduced significantly over the six months from February 2018.

4.4. **Areas for development:** Improvements in the following areas are necessary in order to strengthen existing control arrangements:

4.4.1 *High priority issues:* - none identified.

4.4.2 *Medium priority issues:*

- The refreshed CCR Business Plan has not been finalised and shared with the team.
- Consequently the CCR risk register has not yet been completed for ongoing management.
- Management have not agreed and set out their monitoring and reporting requirements in respect of the new digital quality assurance system and there is insufficient clarity around the reporting capabilities of the system.

4.4.3 *Advisory issues:* - none identified.

Comment from the T/Assistant Chief Constable :

I am aware of the actions the Constabulary has signed up and their implementation will be monitored through the Local Policing and Specialist Capabilities Board

I am satisfied that the actions identified by my managers address the issues and risks identified within the audit to an acceptable level

This report can now be finalised and reported in summary to the next meeting of the Joint Audit Committee via the internal audit quarterly progress report.

Justin Bibby

T/ACC 05/03/2019

5 Matters Arising / Agreed Action Plan

5.1 Management - - achievement of the organisation's strategic objectives.

● **Medium priority**

Audit finding	Management response
<p>(a) Business Plan</p> <p>A refreshed CCR Business Plan is being built around the Constabulary's Plan on a Page and the key themes within it, thus supporting Police and Crime Plan priorities. Each Inspector in CCR has been allocated a portfolio for one of the key themes and has been tasked with contributing to the relevant section of the Business Plan. An additional workforce theme has been included to contribute to Workforce 2025 priorities. Significant progress has been made populating the plan with specific actions under each strategic theme but at the time of the audit review the plan remained work in progress. A deadline of October 2018 had been exceeded.</p> <p>Whilst the Business Plan is considered a fluid, ongoing document that will evolve and be updated on an ongoing basis, there is a need to reach a stage where all contributions have been made and it can be shared across CCR.</p> <p>Finalising and communicating the CCR Business Plan should improve focus and understanding across the team and further help CCR to contribute to strategic priorities.</p>	<p>Agreed management action:</p> <p>The Business Plan will be signed off by the Chief Inspector Territorial Policing Command and communicated to staff through 1:1s.</p>
<p>Recommendation 1:</p> <p>The CCR Business Plan should be finalised and shared with the team.</p>	
<p>Risk exposure if not addressed:</p> <ul style="list-style-type: none"> ● Strategic priorities are not achieved. ● Wasted resources. ● Low morale. 	<p>Responsible manager for implementing: Chief Inspector - HQ CCR & CCU</p> <p>Date to be implemented: 04/2019</p>

Audit finding	Management response
<p>(b) Risk Management</p> <p>A CCR risk register is currently under development to capture risks affecting the achievement of CCR Business Plan objectives at an operational level. The risk register design follows the established corporate format, thus ensuring all relevant information will be captured and recorded for effective risk management.</p> <p>Limited progress had been made with populating the risk register at the time of the audit review. This was due in part to the departure of the Inspector tasked with risk register development. A replacement Inspector will be tasked with completing the risk register and maintaining it thereafter. However it should be noted that the task is heavily dependent on the finalisation of the CCR Business Plan and as stated in 5.1a above this hasn't yet taken place.</p> <p>Once finalised, the Chief Inspector (HQ CCR & CCU) intends to review and manage the risk register on a regular basis with the nominated Inspector and escalate risks accordingly.</p> <p>Finalising the CCR risk register will help ensure that all risks affecting the achievement of CCR objectives, as set out in the Business Plan are identified and effectively managed.</p>	<p>Agreed management action:</p> <p>The CCR risk register has been created. We are currently reviewing other risk registers which impact on CCR and will consolidate these into the CCR risk register.</p> <p>Once populated the CCR risk register will be kept under review in accordance with the Constabulary's risk management process.</p>
<p>Recommendation 2:</p> <p>The CCR risk register should be completed and managed on an ongoing basis moving forwards.</p>	
<p>Risk exposure if not addressed:</p> <ul style="list-style-type: none"> • Risks are not reviewed on a regular basis and therefore not appropriately identified (new risks), escalated or demoted (existing risks). • Failure to achieve Business Plan objectives. 	<p>Responsible manager for implementing: Chief Inspector - HQ CCR & CCU</p> <p>Date to be implemented: 04/2019</p>

5.2 Value - effectiveness and efficiency of operations and programmes.

● **Medium priority**

Audit finding

(a) Management Information

The performance dashboard for the new digital quality assurance process is designed to be filterable by question, individual staff member or team to help managers to identify and address compliance issues or trends as part of a continuous improvement process. The system was implemented in October 2018 but will require a few months of data before any patterns or trends become visible.

Management have yet to agree and set out their monitoring and reporting requirements in respect of the new system. Consideration should be given to the following:-

- Roles and responsibilities,
- The frequency and nature of monitoring,
- Action taken on non-compliance,
- Sharing monitoring information across the team,
- Reporting arrangements,
- Demonstrating how the information is utilised for improvement purpose.

The new digital quality assurance process has been recorded as a response to a specific recommendation in Cumbria Constabulary's Improvement Plan (CCIP) regarding performance monitoring around the level of advice given to the public. A recent progress update notes that the system cannot provide this information. Clarity is needed around the reporting capability of the new digital process and what it can and can't provide in terms of management information. This can then inform discussions around how best to address relevant improvements in the CCIP.

Recommendation 3:

- a) Management should agree and set out their monitoring and reporting requirements in respect of the new digital quality assurance system.

Management response

Agreed management action:

- a) We have set out our monitoring and reporting requirements and these will be subject to on-going review.
- b) The digital quality assurance system has now been removed from the process and we have now implemented an audit process for monitoring call handling. Information available by dashboard is used by the Chief Inspector – HQ CCR & CCU to monitor compliance with the procedure and identify trends.

<p>b) There should be clarity around the reporting capabilities of the digital quality assurance system.</p>	
<p>Risk exposure if not addressed:</p> <ul style="list-style-type: none"> • Business plan objectives are not achieved. • Ineffective decision making. • Failure to identify and action improvements. 	<p>Responsible manager for implementing: Chief Inspector - HQ CCR & CCU Date to be implemented: 04/2019</p>

Audit Assurance Opinions

There are four levels of assurance used; these are defined as follows:

	Definition:	Rating Reason
Substantial	There is a sound system of internal control designed to achieve the system objectives and this minimises risk.	<p>The controls tested are being consistently applied and no weaknesses were identified.</p> <p>Recommendations, if any, are of an advisory nature in context of the systems and operating controls & management of risks.</p>
Reasonable	There is a reasonable system of internal control in place which should ensure that system objectives are generally achieved, but some issues have been raised which may result in a degree of risk exposure beyond that which is considered acceptable.	<p>Generally good systems of internal control are found to be in place but there are some areas where controls are not effectively applied and/or not sufficiently developed.</p> <p>Recommendations are no greater than medium priority.</p>
Partial	The system of internal control designed to achieve the system objectives is not sufficient. Some areas are satisfactory but there are an unacceptable number of weaknesses which have been identified and the level of non-compliance and / or weaknesses in the system of internal control puts the system objectives at risk.	<p>There is an unsatisfactory level of internal control in place as controls are not being operated effectively and consistently; this is likely to be evidenced by a significant level of error being identified.</p> <p>Recommendations may include high and medium priority matters for address.</p>
Limited / None	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes the system objectives to an unacceptable level of risk.	<p>Significant non-compliance with basic controls which leaves the system open to error and/or abuse.</p> <p>Control is generally weak/does not exist. Recommendations will include high priority matters for address. Some medium priority matters may also be present.</p>

Grading of Audit Recommendations

Audit recommendations are graded in terms of their priority and risk exposure if the issue identified was to remain unaddressed. There are three levels of audit recommendations used; high, medium and advisory, the definitions of which are explained below.

Definition:		
High	●	Significant risk exposure identified arising from a fundamental weakness in the system of internal control
Medium	●	Some risk exposure identified from a weakness in the system of internal control
Advisory	●	Minor risk exposure / suggested improvement to enhance the system of control

Recommendation Follow Up Arrangements:

- High priority recommendations will be formally followed up by Internal Audit and reported within the defined follow up timescales. This follow up work may include additional audit verification and testing to ensure the agreed actions have been effectively implemented.
- Medium priority recommendations will be followed with the responsible officer within the defined timescales.
- Advisory issues are for management consideration.