



Internal Audit

FINAL

PCC Cumbria & Cumbria Constabulary

Assurance Review of Resource Planning

2022/23

March 2023

Executive Summary

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Included in the audit plan 2022/23

SCOPE

The review considered the arrangements in place for the duty management system and the arrangements to identify demand and allocate appropriate resources to ensure the effective and efficient delivery of services.

KEY STRATEGIC FINDINGS

- The planning of response resources has been subject to substantial analysis and enhancement over the past year, with further improvements planned.
- Process improvements remain ongoing and are still to be fully embedded within the organisational culture, while some areas also need to be fully documented.
- Changes to shifts and reasonable service levels (RSL) remain in development and consultation for neighbourhood policing, CID and PCSOs.
- Staffing in relation to agreed service levels is monitored day-to-day by management, but performance data is not recorded regarding overall compliance levels.

GOOD PRACTICE IDENTIFIED

- A detailed review of planned and completed shifts found the only cases of unmet service levels to be due to short-notice absences.
- Extensive work has been undertaken to improve forward planning of resources around major events and training.

ACTION POINTS

Urgent	Important	Routine	Operational
0	2	1	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>The process for resource co-ordination was confirmed to have undergone significant change over the year prior to this audit. The updated overarching process is documented within the Resource Coordination Principles, designed to define twenty different aspects of resource planning. Several of the elements recently introduced have yet to be documented due to the ongoing changes to the procedures. It is expected that these may continue to evolve as the new approaches become fully embedded across the Force and form part of its wider ongoing culture.</p> <p>The full documentation of these principles and procedures will be important in achieving this cultural change and long-term consistency in the process, including through any future changes in systems and personnel.</p>	<p>The Resource Co-ordination Principles document be completed and approved, to ensure a common understanding throughout the force of how these processes are to be managed. This document, as it evolves, can be used to underpin the continuing efforts to embed all aspects of resource coordination across the organisation and within its culture.</p>	2	<p><i>Recommendation agreed and accepted.</i></p> <p>Specific - <i>The Resource Coordination principles document is in the final stages of development following the peer review undertaken with Humberside.</i></p> <p>Measurable – <i>Will be seen in the daily application of the principles. This document will be used as the ultimate guide for resource coordination practices for the business.</i></p> <p>Achievable – <i>Yes, this document consolidates all current working practices.</i></p> <p>Relevant – <i>Because the force requires a guiding document. Once complete it will be updated as a reflexive document as and when required.</i></p> <p>Timeliness – <i>Complete by 31/03/23.</i></p>	31/03/23	Inspector Bradbury

PRIORITY GRADINGS

1 URGENT Fundamental control issue on which action should be taken immediately.

2 IMPORTANT Control issue on which action should be taken at the earliest opportunity.

3 ROUTINE Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>The decision to prioritise the response function for updates in resource planning has resulted in significant improvements in that area (see further findings within this report). Management acknowledged that there remains similar work to be completed for other areas:</p> <ul style="list-style-type: none"> - New shift patterns for neighbourhood policing teams (NPT) were in the process of being agreed at the time of the audit, following substantial review and scrutiny. - PCSO shift patterns were confirmed as in need of updating following major staffing changes over recent years. At the time of the audit, proposals had been developed and were under discussion. - Inefficiencies had been identified with CID shift patterns, however it had been recognised that these cannot be addressed until CID staffing is increased. This will only be possible once response has achieved its target operating model, which will then allow for recruitment into other specialist areas. 	<p>The work undertaken to achieve improvements in resource planning for response officers be replicated where appropriate for other areas across the Force, including NPT, PCSO and CID. Where these initiatives are in progress, or envisaged for the future, target dates for implementation of improvements and subsequent monitoring of success criteria should be identified.</p>	2	<p><i>Recommendation agreed and accepted.</i></p> <p>Specific – NPT shift patterns are in the final stages of consultation with Community Beat Officers (CBOs) and Sergeants with go-live date of 17/06/23. NPT inspectors go-live date of 03/05/23. PCSO shift pattern model is currently with Finance for costing with go-live envisaged to coincide with CBOs and Sergeants. CID shift pattern review scheduled to commence upon achievement of full Response Target Operating Model (TOM).</p> <p>Measurable -Through the implementation of the duties via the Crown DMS.</p> <p>Achievable – 1/3 complete with dates scheduled for other areas.</p> <p>Relevant – Supports the new force structure and the work undertaken so far on the patrol structures; shift pattern, RSLs and annual leave criteria.</p> <p>Timely – Consecutive planning as detailed above.</p>	<p>NPT (CBO / Sergeant) 17/06/23</p> <p>NPT (Inspectors) 03/05/23</p> <p>PCSO still being consulted on, anticipate similar to CBO/Sergeant.</p> <p>CID target for agreement once Response TOM achieved (envisage late Summer 23).</p>	<p>NPT – D/Supt. StQuintin.</p> <p>CID – DI Lamb.</p>

PRIORITY GRADINGS

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Delivery	<p>Progress on improvement work in resource planning is monitored via monthly review at the Workforce Silver meeting, and periodically at the Workforce Board. This provides an opportunity for updates from the Resource Coordination Team, along with the sharing of feedback received by other members of management.</p> <p>The Resource Coordination Team Inspector confirmed that there are no KPIs or metrics that are routinely reported specifically around RSLs and how often these are being met, but that this is monitored on a day-to-day basis within the daily meetings within the basic command units (BCUs). As RSLs and shift patterns continue to be refined for additional functions, the development of analysis and reporting of data in this area would provide management with valuable performance information, which could highlight areas of good practice or where intervention is required.</p>	<p>Performance metrics around resource planning be established once current process improvement work has been more widely embedded, so that assurance on the consistent achievement of RSLs can be routinely provided. This may be of particular value once the resource planning improvement work moves into a 'business as usual' phase, where progress may be monitored less closely.</p>	3	<p><i>Recommendation agreed and accepted.</i></p> <p><i>RSLs are discussed every morning (9am) across the force at pacesetter for that day.</i></p> <p>Specific – A Power BI reporting mechanism will be requested as a thematic information management tool.</p> <p>Measurable – Through the implementation and use of the metric.</p> <p>Achievable – Through agreement by Workforce Board with priority assigned to purpose, development and use.</p> <p>Relevant – Will allow the force to measure the achievement of RSLs on a thematic basis against the agreed Target Operating Model implemented with the new force structure.</p> <p>Timely – To be implemented within 12 months of the new structure going live (04/09/23).</p>	04/09/23	<p>Director of Corporate Support for gaining agreement for development.</p> <p>Inspector Bradbury to support development.</p>

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Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
There were no operational effectiveness matters identified.				

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Assignment Engagement Details

TIAA Auditors	Title	Contact Email	Telephone
Stuart Whittingham	Principal Auditor	Stuart.Whittingham@tiaa.co.uk	07768888793
David Robinson	Audit Manager	David.Robinson@tiaa.co.uk	07766553339
Andrew McCulloch	Director of Audit	Andrew.McCulloch@tiaa.co.uk	07980787926

Exit Meeting Date	22 nd February 2023
Attendees	Chief Inspector Charlotte Nutter; Diane Bradbury, Resource Coordination Team Inspector Karen Thompson and Anne Holme, Team Leaders Resource Coordination Team Written Comments/Email Stephen Kirkpatrick, Director of Corporate Support Assistant Chief Officer Nancie Shackleton

Director/Commander Comment	<p>I welcome this report and fully accept the observations and recommendations made with SMART responses attached.</p> <p>The report observed the significant progress already made whilst recognising the further efforts required to embed and further improve practices.</p> <p>The key findings and good practices identified, together with the many other findings, detailed within the report demonstrate the excellent work undertaken within the resource Coordination team who have welcomed and embraced external review and challenge.</p> <p>I am confident that the Resource Coordination service will continue to effectively support and enable operational policing within Cumbria.</p>
Considered for Risk Escalation	No

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings



Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1, & 2	-
RM	Risk Mitigation The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	-








Other Findings

- The Resource Coordination Team Inspector confirmed that there is a new role, added to the Resource Coordination Team, working alongside the two Resource Coordination Team Leaders and the wider team. The additional resource has enabled substantial process improvement work to be undertaken, while the existing team has been able to continue close management of the day-to-day resource planning process.
- The review of response resourcing needs was undertaken through Operation Catalyst in late 2021. This incorporated a combination of activity analysis (shadowing of officers), and detailed review of 501 incident logs covering all categories of incident and the total time required for each. Through a process of mathematical modelling, consultation and sense checking using experienced officers' professional judgement, reasonable service levels (RSLs) were established for each hour of the week in every quadrant.
- The established RSLs were analysed in combination with abstraction patterns, which were determined following analysis of scenarios such as training and absences from work. This process resulted in a far greater understanding of the true levels of abstractions and their impact on the front line, allowing for improved planning. This analysis provided a required number of response officers for each shift in each quadrant, allowing for expected abstraction rates.

It was noted that shifts are not staffed at levels that ensure 100% coverage at all times. Rather, it is understood that some shifts will be short-staffed and require additional cover to be identified, or occasionally a shift may be able to operate below the RSL following risk assessment by a local supervisor. This management by exception was confirmed as a cost-effective approach that balances the resources available with the need to deliver safe and effective service.

Management confirmed that RSLs are continually reviewed in response to feedback, including one quadrant where the RSL has been increased in response to safety concerns due to its remote geography.

Other Findings

-  Through a process walk-through for planning of response resources, it was confirmed that resource coordinators monitor via the Crown Duty Management System the resourcing across teams in their areas up to a month in advance. Where a shift is identified with coverage below the RSL, this is addressed according to approved backfill hierarchies, including changing individuals' shifts, finding cover from other teams, or requesting the use of overtime. This is an ongoing process up to the shift start time, as additional abstractions may be added to the system at any point depending on operational requirements or personal circumstances. Close liaison between shift supervisors and resource coordinators is critical, to ensure a full understanding of staffing and any changes.
-  A walk-through of the procedure for resourcing events was undertaken with the Resource Coordination Team. It was established that all events are captured on a Force events calendar, providing visibility and awareness at all levels.
- Major events are closely coordinated with the Civil Contingencies Unit to establish which of these require a full Gold, Silver or Bronze command structure. Commanders are now identified on an annual basis where events are known well in advance, or as soon as possible where less notice is given. Commanders have responsibility for identifying the required resources and work with the Resource Coordination Team to ensure that these are fulfilled, working up to a year ahead of the event to aid planning.
- Resource planning requirements and methodology were reviewed in detail for Appleby Fair and key football matches and found to be robust and clearly communicated, with ongoing use of intelligence to refine staffing requirements, specialist skills and leave restrictions, in order to appropriately balance the operational, financial, safety and welfare aspects.
-  A comprehensive training calendar has been created, to enhance awareness for all colleagues around upcoming activities and associated abstractions. Through close collaboration between the Resource Coordination, Training, Chronicle and Occupational Health teams, a new process has been introduced for the approval of new training activities, where a performance needs analysis form is completed to identify the required timing, resources, staffing and other aspects of the proposed course. This facilitates a discussion between key staff and the Resource Coordination Team around how this can be scheduled with adequate notice, with due consideration of other scheduled training, major events and any other restrictions on availability. Data from the first months of the new process indicate increased attendance at public and personal safety training, from 55-70% during most of 2022, to 85% (December 2022) and 91% (January 2023)
-  Workforce planning boards are in place with input and direction from ACO level, allowing for strategic consideration of changes in the establishment and their implications for resource planning. These meetings also allow for intelligence gained from management of RSLs to be fed into future workforce requirements. This joined up approach has provided greater insight into the timing of promotion rounds, understanding of student policing programmes, and the decision on delaying moving resource away from response teams to specialist functions until target operating models are achieved, so that this can be done without impacting compliance with RSLs. The Director of Corporate Support noted that there is substantial additional work required within the workforce planning area, with a focus on the skills and capability of the workforce and the future implications for training.
-  The staffing of eight weeks of patrol shifts was reviewed, covering all four quadrants between December 2022 and February 2023 (a total of 168 shifts). 16 shifts (9.5%) were found to have been carried out with staffing lower than the RSL. From detailed review of records in Crown, there was evidence in each of these cases of short-notice absences (e.g. sickness), which could not have been planned for. It was confirmed that local supervisors would assess in these situations the risk of operating below the RSL against the cost of bringing in staff on overtime. This decision making is part of supervisors' constant and dynamic assessment of risks and as such is not formally documented, so could not be reviewed within the audit. It was noted, however, that a report is issued daily from Crown to BCU leadership providing details on staffing, allowing for any concerns or queries to be raised with local supervisors. It was therefore determined that there are adequate controls over ensuring appropriate response staffing levels on a day-to-day basis.
-  The planned shifts for all four quadrants were reviewed for the two weeks following the audit (w/c 20th and 27th February), a further 168 shifts. Five shifts were found to be projected to be staffed below RSLs at the time of this data being extracted. Due to the ongoing monitoring process, however, four of these gaps had been filled by the time they were reviewed with the team leader. In the final case, the gap was shown to be for two hours on a weekday morning. It was confirmed that this would be discussed with the local supervisor for their risk assessment, with the likelihood that this would be deemed acceptable for that short period and not requiring additional overtime resource.
-  It was noted that there were many shifts where staffing was considerably above the defined RSLs, in particular during night shifts. It was explained that this is due to the lower demand during those hours across much of the week. Various examples were provided of how additional officers are deployed in these cases, including bail checks, targeted patrols and specific interventions such as farm watch activity.





Delivery Risk:


Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	3	-
S	Sustainability The impact on the organisation's sustainability agenda has been considered.	In place	-	-
R	Resilience Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

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In 2022 the Force commissioned Humberside Police to undertake a review of resource planning, involving staff working in Humberside's Resource Coordination function. A detailed report and recommendations were produced, the majority of which were accepted and developed into an Action Plan to be led by the Resource Coordination Team Inspector from the second half of 2022. Detailed progress reports are maintained and presented to a core group on a weekly basis, with periodic updates to the Workforce Silver Board. It was noted that several additional actions have been added to the plan as the work has evolved, while other items have been removed as not being appropriate for Cumbria. A significant majority of items at the time of the audit were recorded as either Complete or On Track, with clear next steps identified for all outstanding actions.
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Management confirmed that overtime has been a significant cost to the Force in recent years, in particular since the COVID-19 pandemic. More effective planning of resources has enabled greater cost control, but there will be a continuing need for overtime until officers in training become fully operational and the target operating model is reached. The Director of Corporate Support noted that overtime is expected to reduce during 2023/24. Management of overtime will be subject to a dedicated upcoming audit review.
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It was confirmed that the methodology for demand analysis had been designed principally by one Chief Superintendent with specialist knowledge in this area. Through Operation Catalyst, a substantial amount of this knowledge has been shared with the Resource Coordination Team. Through the addition of the inspector role into this team and the inclusion of the team leaders in key planning and process improvement work, a deeper understanding of the resource planning process has been gained by a wider range of colleagues, providing greater long-term resilience for the Force.

EXPLANATORY INFORMATION

Appendix A

Scope and Limitations of the Review

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	10 th January 2023	10 th January 2023
Draft Report:	6 th March 2023	10 th March 2023
Final Report:	10 th March 2023	

AUDIT PLANNING MEMORANDUM

Appendix B

Client:	PCC Cumbria & Cumbria Constabulary		
Review:	Resource Planning		
Type of Review:	Assurance	Audit Lead:	Stuart Whittingham

Outline scope (per Annual Plan):	Effective planning and identification of needs is key in ensuring the services are delivered in an efficient and cost appropriate manner. Scope The review will consider the arrangements in place for the duty management system and the arrangements to identify demand and allocate appropriate resources to ensure the effective and efficient delivery of services.
Detailed scope will consider:	<p>The review will set out to provide assurance to the Joint Audit Committee that the organisation has robust arrangements in place and operating for resource planning:</p> <ul style="list-style-type: none"> • The process is directed by appropriate policy and procedures. • Resourcing needs are identified through a robust process, to ensure sufficient, but not excessive headcount for operational requirements. • Planning is effective in minimising the need for unplanned overtime. • Planning systems are employed effectively and consistently across the force, with sharing of best practice to achieve a resilient service. • Appropriate authorisation is in place for exceptions, along with robust reporting and analysis.

Planned Start Date:	13/02/2023	Exit Meeting Date:	22/02/2023	Exit Meeting to be held with:	Resource Coordination Team Inspector
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SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	Y
Are there any particular matters/periods of time you would like the review to consider?	N