



Police & Crime Commissioner Joint Audit Standards Committee 26th November 2019

Audit & Assurance Progress Report

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Background

The Force Crime & Incident Registrar (FCIR) continues to work to provide a continuous improvement function across Warwickshire Police, whereby a team of auditors will carry out audit and assurance activity. The force has an audit and assurance schedule, comprising of Crime Data Integrity (CDI) audits and Assurance audits. (Appendix A)

Planned Arrangements

The 2019-20 audit and assurance schedule was presented to the Service Improvement Board in March and signed off by the Deputy Chief Constable (DCC). It provides an element of flexibility to enable a response to emerging threat, harm and risk. The FCIR will consider:

- FCIRs Crime Data Integrity audits, having regard for the modules contained in the Home Office Data Quality Assurance Manual (DQAM) and aligning to force priorities.
- FCIRs Assurance audits as commissioned by Chief Officers concerning compliance with Authorised Professional Practice, force policy and procedures and having regard for audits carried out by the Internal Audit & Insurance service.

The FCIRs team continues to carry out daily Transactional Validation Monitoring checking staff are accessing force systems for a legitimate policing purpose. Systems include – Automatic Number Plate Recognition (ANPR), Athena, Driver Validation Service (DVS), General Nominal & Intelligence Enquiry (GENIE), Police National Computer (PNC) and the Police National Database (PND).

The FCIR team also delivers training in the National Crime Recording Standard (NCRS) and Home Office Counting Rules (HOCR) to all student officers. It has been providing training to officers preparing for promotion to sergeant, to operational communications centre and crime bureau staff.

Head of Analysis & Service Improvement (ASI) and the FCIR will meet periodically with the Internal Audit & Insurance Auditors to promote synergies between both organisations.

In June 2019, Warwickshire Police were subject of a Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) Crime Data Integrity (CDI) inspection. This was an in-depth inspection, with nine Inspectors data sampling for two weeks, including listening to recordings of victims reporting crime, Command & Control logs, emails into Multi Agency Safeguarding Hubs, Modern Slavery referrals, plus a staff survey, with a further week of field work in specialist units and local Policing areas.

Due to the intensity of the inspection the FCIR's scheduled audit & assurance work was paused.

HMICFRS graded the Warwickshire Police CDI inspection as 'Good' at recording all its reports of crime with an overall crime recording rate of 93.1%. Only four other forces in England and Wales achieved higher score on their Tier 1 CDI Inspection. The areas for improvement sighted in the report will form part of a CDI improvement plan to be presented to the Chief Officer Assurance Board in December.

The key findings from HMICFRS were:

The force

- created and implemented a CDI action plan to address our 2014 recommendations and areas for improvement;
- developed a positive culture toward crime recording among officers and staff;
- high levels of crime recording accuracy overall;
- an effective process to find and rectify incorrect crime recording decisions through Designated Decision Makers (DDMs) and a crime bureau that quality assures crime recording;
- robust crime recording governance and performance management arrangements; and
- an effective feedback process, so officers and staff who make errors can learn the correct requirements for their future crime recording decisions.

The following are the areas for improvement identified:

- more initial crime recording decisions are correct;
- all staff who make crime recording decisions have been trained and can apply the crime recording requirements, particularly to offences like stalking, harassment and malicious communications;
- it only uses out-of-court disposals when it is appropriate; and
- it appropriately records all third party professional reports of crime received by the multi-agency safeguarding hub (MASH).

The full report can be accessed by the link below:

<https://www.justiceinspectorates.gov.uk/hmicfrs/publications/warwickshire-crime-data-integrity-inspection-2019/>

Governance Arrangements

There are two formal forums that consider crime recording and assurance activity and risk.

Assurance Board chaired by the Deputy Chief Constable.

Purpose:

To oversee and determine the strategic development of audit and assurance programmes. To provide direction and leadership in driving forward improvements in data quality, transparency and compliance with Authorised Professional Practice (APP).

Core activity:

- Overseeing development and implementation of action plans, providing direction to support delivery of required improvements.
- Review of audit and inspection reports, recommendations and areas for improvement, providing direction to support delivery.
- Consulting with appropriate policy leads in force and other stakeholders on proposed strategic changes to policy.
- Highlighting discrepancies in practices between local policing areas and seek to challenge practices to promote best practice.
- Tasking relevant identified work to the Investigations, Standards & Outcomes Group.
- Overseeing the development and delivery of training.

Investigations, Standards and Outcomes chaired by the Chief Superintendent.

Purpose:

To drive activity in support of Crime Data Integrity, Quality Investigations, appropriate Outcomes and the Victims Code for Victims of Crime.

Core activity:

- To coordinate and undertake activity directed by the Assurance Board including actions from the Improvement Plans and audit and assurance findings.
- Discuss and develop ways to promote best practice and continuous improvement, providing a feedback mechanism and correction process for all identified errors.
- Involvement with delivery of training / awareness packages.
- Coordinate and disseminate key messages to staff in relation to CDI, HOCA, NCRS & APP.

Audit & Assurance reports will be presented in the first instance to the Assurance Board to consider, agree and identify ownership of recommendations.

Reports and recommendations will be shared with the relevant business owners who will provide the management response back to the Assurance Board. Management response will be shared with the Joint Audit Standards Committee where appropriate. Audit reports and the auditor's workbooks will also be shared with members of the Investigations, Standards & Outcomes group for any required activity e.g. sharing learning and a correction process.

Assurance audits

Operations and Communications Centre closing code process

This audit was requested by the Deputy Force Crime and Incident Registrar (D/FCIR) to test CDI quality assurance processes in the Operations Communications Centre (OCC).

Evidence from audit activity has shown that there is a risk of non-compliance with National Crime Recording Standards (NCRS) and Home Office Counting Rules (HOCR) with incident logs that have been opened with a crime code and closed with a non-crime code. Notifiable crimes may have been disclosed that have not been identified by either the operator or officers dealing with the incident.

A protocol has been in operation that requires review, by a sergeant or supervisor in the OCC, of incidents that have been opened with a crime code but are to be finalised without a notifiable crime being recorded. The agreed process is that the operator adds an OCC sergeant tag to the incident log and the sergeant/supervisor reviews the incident to assess whether a notifiable crime is required. The expectation is that they record their decision with a rationale on the incident log prior to closure.

In addition to the live time monitoring of logs, an automated report is sent every day to OCC sergeants containing details of incidents that have been opened with a crime code and closed with a non crime National Incident Category List (NICL) closure code. This is to enable a further review to confirm compliance with HOCR.

The audit findings and recommendations were presented to the Assurance Board in October 2019. The recommendations and management response are attached. (Appendix B)

Investigations Quality Audit

This audit was commissioned by the DCC to assess the extent that patrol officers and supervisors have adopted and implemented Supervisor Review Guidance that had recently been circulated.

The guidance provides direction on the initial investigation plan, the consideration of Threat, Harm, Risk, Investigation, Vulnerability & Engagement (THRIVE), the ongoing supervision of the investigation, Victim Code compliance and review process prior to finalisation.

The findings from the audit and recommendations were presented to the Assurance Board in October 2019. The management responses to the recommendations are currently being drafted. A copy of the recommendations is attached. (Appendix C).

Custody Risk Assessment Audit

This audit was commissioned by Chief Officers as part of the Custody Improvement Plan. It has been informed by the previous joint HM Inspectorate of Constabularies (HMIC) (now HMICFRS) and HM Inspectorate of Prisons Inspection 2014 and APP.

Athena has pre-formatted custody risk assessment (RA) question templates which have Yes or No options but also a free text field to each question to allow rationale to be added.

The purpose of the audit was to review custody RA to evaluate whether the current process of RA identifies potential risks, how it is documented on RA and detention logs and how it informs the Custody Staff decision making to minimise risk to detainee, Custody Staff and others.

The findings from the audit together with recommendations were presented to the Assurance Board in October 2019. (Appendix D)


The response to this report will be considered as part of a position statement and development plan around Custody will be presented at the Chief Officers Assurance Board in December 2019. This will include feedback and recommendations from the 2014 HMIC Review, the 2018 HMICFRS Expectations Document for Custody and any wider issues around the health and wellbeing of staff, training, custody support (interest and involvement) with investigations.

Appendix A – Audit Schedule

Warwickshire Audit & Assurance schedule
for 2019-20

Scheduled audits	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Planned		In Progress		Complete		Paused						
	Assurance		CDI		Combined								
Transactional validation audits- Daily audit of force systems. Status = High - (Assurance)													
Dedicated Decision Maker (DDM) Rejected Out of Court Disposals - Monthly reviews.													
Incident to Crime - Violence. Status = High - (CDI)													
Taser - Police and procedure compliance. (Assurance)													
Modern Slavery - Audit recorded offences, intelligence logs. (CDI)													
Cancelled Crime (CDI)													
Audit - Crime data Integrity quality assurance process in OCC													
Investigation Quality Audit													
Assurance - Custody risk assessment													
Harassment, Malicious Communications, Breach of Orders - Audit recorded offences													
Assurance - Identity Access Management System													
Cannabis/Khat Warnings - Dip sample (CDI)													
Incident to Crime - ASB and Public Safety incidents (CDI)													
Incident to Crime - Rape and other Sexual Offences (CDI)													

Appendix B – Operations and Communications Centre closing code process

Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
1	Incidents logs opened with a crime code and proposed to close without a notifiable crime being recorded should be tagged for sergeant review.	A significant number of logs that met the criteria for sergeant review were not tagged. This meant that a review to check for HOCR compliance was not undertaken with a risk that disclosed crime is not recorded.	That the OCC reinforce the need to comply with the process. The OCC to monitor the process using the daily report to identify and address incidents where the operator has failed to tag the incident.	Since the termination of the strategic alliance and Warwickshire have a stand-alone OCC this responsibility now sits with the on duty OCC Inspector (OCCI).  Crimes Exceptions.msg A reminder as attached has been sent to all staff including Front Offices and Telephone Investigators and will be monitored by OCC Supervisor Ann Wilson as SPOC for this	Completed 21.10.2019	
2	Incident logs that have been tagged for sergeant review should contain a rationale	There were a number of logs that had been tagged for sergeant review	The OCC reinforce the requirement for a written rationale on those incidents	This reinforcement for providing a rationale should be re-invigorated by SGT's to their	Contact to be made by Kim Perkin Supt Goddard.	

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	for closing the incident without a crime being recorded.	that did not contain a rationale to support closure.	tagged for sergeant review.	respective teams. OCC do not have the capacity to remind officers of their obligations	Completed 25.10.2019	
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Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
3	The review of incident logs by sergeants for closure requires an accurate understanding of the NCRS and HO CR particularly whether and when to record a crime.	Less than half of the incidents subject to review by a sergeant/supervisor had a decision that was compliant with HO CR.	The OCC provide learning for OCC call takers/operators and sergeants on NCRS/HO CR.	Training was arranged for the OCCIs in HO CR, and supported by FCIR. However due to availability of OCCIs this did not reach all of them. It is proposed that they all have further input on HO CR and Kim Perkin will be arranging through Jennifer Jarret Resolution Centre Manager. The decision to close an incident reported as a crime and closed as a non crime does not lay with the CH/CTRL.	01.12.2019	

				NCRS are trained as part of the initial training for all staff – regular auditing of all incidents on the exceptions report are completed by SPOC Ann Wilson and individually fed back to staff		
4	There are processes involved in the management of demand that result in incidents being created and closed outside of the OCC.	The audit identified that there were incidents that met the criteria for sergeant review that were closed by Enquiry Officers and Telephone Investigators that did not have a review prior to closure.	A process is agreed with the heads of departments to ensure there is a review process in place for incidents meeting the criteria for sergeant/supervisor review.	As no. 1 supervision of these areas of business have been made aware to follow the same process as OCC and appropriately tag incidents for the OCCI	Completed 21.10.2019	

Appendix C – Investigations Quality Audit

Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
1	Quality and consistency of Investigation Plans.	A lack of detail on an Investigation Plan could lead to a poor investigation as supervisors or a new Officer in Case (OIC) would not have a clear understanding of the investigation progress.	Consideration should be given to reviewing the appropriate format for recording Investigation Plans in order to provide guidance to police officers and help to improve quality and consistency.			
2	Documenting the initial Supervisor Review.	Lack of direction on an investigation could lead to missed investigative opportunities, delays, and erosion of victim confidence in the police.	Consideration to be given to clarifying the ATHENA process for recording the initial Supervisor Review at the point of allocation of the investigation.			
3	Documented Supervisor Reviews.	Poor quality reviews do not assist the OIC, do not offer accountability and do not ensure risks are managed appropriately.	Supervisors to document their reviews including final outcome requests in sufficient detail in line with the Supervisor Review Guidance and Dip Sample Criteria.			

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Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
4	Victim Contact tab.	Poor victim focus.	Officers to provide a rationale on the enquiry log why a victim Opts Out or it is Unknown in the Victim Contact tab.			
5	Victim Contract Plan.	Poor victim focus.	To reinforce the requirement to document victim updates in accordance with agreed Contact Plan.			
6	Identifying duplicate nominal records.	Having more than one nominal record could result in officers and staff making decisions without having full and accurate information on a nominal.	Officers and Investigation Management Unit (IMU) staff to be made aware that duplicate nominals are being created either prior to the quality assurance and linking process and not being addressed or during the process and to recommend that their processes are reviewed to understand why this is occurring.			

Appendix D – Custody Risk Assessment Audit

Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
1	Decision making based on risk is not evidenced on risk assessment and / or detention log.	<p>Potential for a risk not to be addressed.</p> <p>Lack of a narrative of informed decisions made based on detainee disclosure, Custody Officer observations and known risks highlighted from system searches when completing risk assessments.</p>	<p>Ensure decision making is evidenced to provide transparency for any scrutiny.</p> <p>If more than one risk is identified each risk needs to be addressed separately and evidence of actions taken to negate that risk.</p>			
2	Observation level does not comply with APP guidance.	<p>Detainee risks could potentially be unaddressed and expose the detainee to harm.</p> <p>Observation level does not always comply with APP recommendation especially if the detainee had consumed alcohol and / or drugs or has shown a potential risk of suicide / self-harm.</p>	<p>Where observation level differs from APP guidance a clear rationale is required to clarify why APP level not set.</p> <p>There is evidence of a general culture on checking the detainee at 30 minute intervals regardless of the level. Management clarification required as to whether this is necessary for all cases.</p>			

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Ref	Area for improvement	Risks identified	Recommendations	Management Response	Due Date	Priority
3	Lack of clarification if cell has CCTV.	Cell allocation rarely indicated if the cell allocate had CCTV which would not aid external scrutiny.	Ensure where relevant it is clarified on the detention log if the cell has CCTV.			

Glossary

ANPR	Automatic Number Plate Recognition. As a vehicle passes an ANPR camera, its registration number is read and instantly checked against database records of vehicles of interest. Police officers can intercept and stop a vehicle, check it for evidence and, where necessary, make arrests
APP	Authorised Professional Guidance is authorised by the College of Policing as the official source of professional practice on policing. Police officers and staff are expected to have regard to APP in discharging their responsibilities. There may, however, be circumstances when it is perfectly legitimate to deviate from APP, provided there is clear rationale for doing so.
Athena	This is the programme used by the forces to record and manage investigations, intelligence, custody and case preparation.
CDI	Crime data Integrity is a term used by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) about the inspection programme to ensure that forces are recording reported crime correctly in accordance with the Home Office Counting Rules for Recorded crime. (HOCR)
DQAM	Data Quality Assurance Manual is a guidance document produced by the Home Office to advise forces on how to audit their systems and processes to ensure crimes are being properly recorded in accordance with the Home Office Counting Rules for Recorded crime. (HOCR)
DVS	Driver Validation Service is a Driver vehicle Licensing Authority (DVLA) system that officers can access for road traffic matters.
GENIE	General Nominal and Intelligence Enquiry is an in force developed software tool that brings together information from a number of force systems to enable officers/staff to easily search for information to support their operational decision making.
HOCR	Home Office Counting Rules details how forces should record and classify crime.
NCRS	National Crime Recording Standard provides a set of principles for crime recording to ensure accuracy and consistency between forces and to create a victim oriented approach.
OCC	Operations Communications Centre is where calls for service are taken and the incidents are managed.
PNC	Police National Computer is a national computer systems that contains the records of arrests, convictions and disposals of persons, vehicle information and other data to assist operational policing.
PND	Police National Database (PND) is a national information management system that improves the ability of the Police Service to manage and share intelligence and other operational information, to prevent and detect crime and make communities safer. The PND offers a capability for the Police Service to share, access and search local information electronically,

THRIVE	THRIVE is a risk assessment process used by police to assess reports to police and to inform the policing response. Threat, Harm, Risk, Investigation, Vulnerability, Engagement.
Transaction Validation Monitoring	This is an audit process undertaken by the forces to ensure that officers and staff who are checking records on force systems are doing so for a policing purpose in accordance with the General Data Protection Regulation. This entails the audit team sending back records that have been searched by officers across a number of force and national systems to self audit. If the auditors have concerns about the legitimacy of the transaction they refer it to the professional Standards Department.
ViSOR	Violent and Sexual Offenders Register is used as a Management Tool by UK Law Enforcement, National Offender Management Service (including the Prison Service) along with a wide range of other agencies, to manage, Registerable Sexual Offenders, Other Sexual Offenders, Violent Offenders, Dangerous Offenders, Registerable Terrorist Offenders, Registerable Violent Offenders and Potentially Dangerous Persons as part of MAPPA (Multi-Agency Public Protection Arrangements). It allows each agency to share information with relevant partner agencies and contribute to the risk management of offenders at the click of a button.
ViSOR CPC	The ViSOR Central Point of Contact is a member of staff in force who oversees the recording of information on the system.