



Protecting Communities,
Fighting Crime



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JOINT AUDIT RISK ASSURANCE COMMITTEE

AGENDA

DATE OF MEETING	30 th April 2025
TIME OF MEETING	10:00
LOCATION	In person – Meeting Room 3 HQ
PCC CONTACT OFFICER	Ms M Romano
CONSTABULARY CONTACT OFFICER	Andrew Price
DISTRIBUTION	<p><u>Force/OPCC</u> Commissioner N Ndiweni – Roberts – NNR Chief Constable R Swann – RS Deputy Chief Constable – S Blatchly - SB Mr A Dale - AD Ms M Romano - MR Mr A Price - AP Mr R Brunt – RB Mrs K Andrews - KA Mr A Wilkins – AW Ms D Brown - DB</p> <p><u>Audit</u> Ms S Knowles (Mazars) - SK Mr A Campbell (Mazars) - AC Mr R Anderson (Grant Thornton) - RA Ms K Lees (Grant Thornton) - KL</p> <p><u>Members of the JARAC</u> Ms S Sunderland (Chair) - SS Ms J Charlton - JC Mr L Harrold - LH Mr A Jenkinson - AJ Mr B Mellor - BM</p>

Meeting of the Joint, Audit, Risk and Assurance Committee on 30th April 2025.

ITEM	SUBJECT	Presented by	Paper or Verbal Update
1	APOLOGIES FOR ABSENCE	SS CHAIR	V
2	DECLARATIONS OF INTEREST (IF ANY)	ALL	V
3	MINUTES OF THE MEETING OF THE JARAC HELD ON 29 th January 2025	SS CHAIR	P
4	REVIEW OF ACTIONS	SS CHAIR	P
5	JARAC BUSINESS ITEMS		
5A	FORWARD PLAN	SS CHAIR	P
6	EXTERNAL AUDIT		
6A	EA PLAN 24 - 25	RA/KL	P
6B	EA PROGRESS REPORTS	RA/KL	P
7	INTERNAL AUDIT		
7A	IA PLAN 25 - 26	SK/AC	P
7B	IA REPORTS	SK/AC	P
7C	IA RECOMMENDATION LOG	CHAIR	P
8	INTERNAL CONTROL AND GOVERNANCE		
8A	FORCE POLICIES – CRITICAL INCIDENT POLICY	SS CHAIR	P
8B	COMPLAINTS PERFORMANCE –FORCE/OPCC	KA/MR	P
8C	YEAR END ACCOUNTING ARRANGEMENTS AND ACCOUNTING POLICIES 24/25	MF	P
8D	FINANCIAL MONITORING AND PLANNING 24/25	MF	P
8E	STOCK CONTROL UPDATE	MF	P
8F	DATA QUALITY UPDATE	AW	P
8G	HMIC ACTIVITY UPDATE	GB	V
	ANY OTHER BUSINESS		

MINUTES of the JOINT AUDIT, RISK and ASSURANCE COMMITTEE meeting held on 29th January 2025

PRESENT

Ms S Sunderland – in the Chair
Mr A Jenkinson
Ms S Beecham
Ms J Charlton

OPCC Present: Mr A Dale, Ms M Romano, Ms D Brown
Constabulary Present: Mr J Peatling, Ms M Fox, Mr A Price
Internal Audit: Ms S Knowles, Mr A Campbell
External Audit: Mr R Anderson

1/25	APOLOGIES	
	Mr L Harold Mr B Mellor Miss M Poole	
2/25	DECLARATIONS OF INTEREST	
	None.	
3/25	MINUTES OF THE MEETING OF THE JARAC HELD ON 16 OCTOBER 2024	
	SS ran through the minutes and asked for any amendments. They were agreed as a correct record	
4/25	REVIEW OF ACTIONS	
	It was agreed that all actions were complete and could be removed from the notes. Action: MR to remove the actions from the previous notes	ACTION: MR to close and remove all closed actions
JARAC BUSINESS ITEMS		
5/25	5A FORWARD PLAN	
	SS acknowledged that this was somewhat of a moving target due to the situation with external audit. Agreed to add Draft	

	Corporate Code of Governance to the planner for the April meeting Action: MR to add this to the forward plan	ACTION: MR to add Draft Code of Corporate Governance to forward plan
CORE BUSINESS		
6/25	EXTERNAL AUDIT – Grant Thornton	
6A	Audit Plan 23/24	
	<p>Report audit plan which was produced and agreed in November. RA Drew attention to highlights on page 29 of the papers.</p> <p>. Three significant risks: IT Audit Strategy – some challenges around information security and gaining access to information to review due to information management concerns. In the time available we concluded with management that we were not going to be able to get to place where both parties would be comfortable so decided to increase the amount of testing across the audit to reflect that we did not have assurance over IT general controls. This will be revisited in 2024/25 and reported upon.</p> <p>Page 43 - highlighted small increase in fee mostly relating to initial risk assessment procedures and this is subject to PSAA approval and has been applied across the Board.</p> <p>Questions were invited in the plan.</p> <p>SS – is there a way forward regarding access to IT systems now vetting has been completed. AP advised the Force is confident that this will be resolved in 2024/25.</p> <p>Went on to talk about context of 23/24 audit means that External Audit do not have assurance over the opening balances and unable to carry out the procedures needed to regain assurance over opening balances by the backstop date of end of February 2025. Focus has been on rebuilding assurance by testing in year transactions and closing balances. Financial statement audit work commenced in September 2024 and good progress has been made on this work. In terms of closing balance position, there were some challenges to regaining full assurance in some areas, ie validation of property plant and equipment where there is a cyclical valuation programme and therefore only a proportion of the asset base is valued in any given year.</p>	

Pensions – specific issue is split between the PCC and Chief Constable share of the local government pension liability, which can only be accurately determined by obtaining separate actuarial reports from the Local Government Pension Schemes to allow the accounts to accurately reflect the two separate shares of liability in the respective financial statements this is one area which we may conclude there is an uncertainty in the closing balance and may recommend that a separate report is produced which could be referred to in the audit opinion.

Also challenges around testing around member data and pension payments for the police pension scheme due to delays in obtaining listing from the pension service providers. Work is ongoing to obtain these.

Overall, a lot of audit work has been undertaken and any outstanding areas on closing balances can be picked up as part of 2024/25, although some elements may not be complete by February 2025 backstop.

Value for money – work across the three areas has been completed. Shared draft report and updated management comments. No significant weaknesses in arrangements identified – small number of improvement recommendations made. This report will be presented to the next Committee.

Questions:

AD - asked for some idea around materiality the OPCC represent within the Local Government Pension liability. External audit agreed that it would be useful if we could produce a robust desktop assessment and it was confirmed that this could be considered, as opposed to an actuarial evaluation, which is both costly and is a lengthy process.

MF – proposed the way forward would be to initially complete the desk top assessment and split for 2024/25 as there is insufficient time to commission separate reports for 2024/25 now and then look to source a separate valuation next year (2026/27).

It was noted that points 3 and 4 on the escalation policy are the wrong way round.

Overall much more positive and feels like significant steps forward have been made.

Confirmed signing off meeting will take place in February.

7/25	INTERNAL AUDIT – Mazars	
7A	Internal Audit Progress Report	
	<p>Snapshot in section 1 worth highlighting that got three audits left in planning and the rest in field work good progress has been made and no issues on the snapshot still on track for delivery of opinion.</p> <p>Low priorities on governance issues and mostly around training.</p> <p>AJ – asked about the delay to the IT report – the response was that on review of that IT had a lot of queries and needed to go back. That's one of the draft reports that we have a response to from Friday last week due to be finalised next week. Three draft reports very close to being finalised.</p> <p>SS – Data quality – for April could we have feedback on findings from Data Quality Audit</p> <p>Data quality – training days in November -page 61 and 62 - Have these been delivered. AP will have to chase this.</p> <p>Action: AP</p> <p>SS - quality has been issue in past and we used to see the audit reports on data quality and it feels like given the findings of this it might be worth seeing those audit reports again on an annual basis.. AP agreed to arrange for Rob Lester to attend the next meeting to give an update.</p> <p>Action: AP to ensure Rob Lester is at the next meeting</p> <p>SB - 65% of staff not trained – is this the whole staff body or just the ones who need to be trained.</p> <p>It was clarified that the training relates to those staff in a relevant role. They have not been retrained or refreshed.</p> <p>Ref 1 5 and 6 on action plan – AP update. SS commented that it would be helpful to have audit report template to look at beforehand and have reports as a paper and a presentation that would enable a proper discussion.</p> <p>Niche training – should be in the skills matrix.</p>	<p>Action: AP to check if training has been completed</p> <p>Action: AP to invite Rob Lester or another to be to next meeting to present paper</p>

	<p>AP – page 76 – table re 76% training for Niche. Column 8 officers 3682, we only have 2137 so that figure is skewed. Noted.</p> <p>AP updating at the next meeting and invite Rob Lester for items 1, 3 and 5. Will also document responses in the tracker anyway and audit reports summary for last 12 months.</p> <p>Jo - Collaboration audit – we discussed not leaving until the end of the year – conscious that the two collaboration audits have only just started – is there a reason why they are towards end of year and how confident are you that it can be delivered by end of March. Sarah – it was end of year as it was most appropriate to fit in and yes field work is well underway to complete by end of March.</p>	
	INTERNAL AUDIT RECOMMENDATIONS LOG	
	<p>It was noted that there were some old recommendations on here which need moving off once satisfied.</p> <p>SS raised a query around ensuring assuring annual training on fraud and training records evidencing and follow up on non-compliance.</p> <p>Action: MR to check who added the management response.</p> <p>Generally issues around what the original recommendation was and what actually happened. Need someone to take responsibility for giving coherent answers which follows through and concludes on action that is taken.</p> <p>EMSOU budget and capital plan – AP explained that EMSOU were tasked with a percentage of target savings, which would then be reinvested into other key areas in EMSOU. This was completed and the grant was received which was a lot less than anticipated. The Chief Constable had to go back and say the money that was reinvested has to be reconsidered.</p> <p>JC commented that one of the things that is missing is the element of risk that the recommendation was originally trying to address in first place.</p> <p>It was acknowledged that there was a low level risk and agreed for this to be removed from the list prior to the next meeting.</p>	<p>Action: MR</p>

	<p>Capital programme for Fleet Management - page 84/85 been discussed at Regional level and decided existing arrangements are the best way. It was agreed to remove this from the tracker.</p> <p>Action: MR to remove from tracker</p> <p>AP clarified that fleet managers have met and shared workload and demand and if moved to one single Force arrangement there would be lots of downtime. Used a national procurement framework. First audit inspection board has not taken place yet but will be discussed at this meeting.</p> <p>Governance – AD gave an update on the code of corporate governance. During the meeting with internal audit the Financial handbook, scheme of delegation, corporate governance framework, assurance map and succession policy were discussed and are all in the process of being finalised. Agreed to delay until April which will enable a working group to progress the documents. Financial handbook being reviewed in finance, scheme of delegation meeting imminent. These will be presented at the April JARAC meeting.</p> <p>AP – asked if consideration could be given to how the papers are formatted and presented. MR will link in with MF, JP and AP to discuss in more detail. Need to clarify the risk, original recommendation, when due, what has happened and whether it is complete with enough detail to give assurance. Plus any residual risk outlined.</p> <p>ACTION: meeting to take place between MR, MF, JP and AP</p> <p>Health and Safety – page 91 – it was clarified that the member of staff is now in post and the Health and Safety report has been submitted. Needs to be updated in the document. MR will look at format in time for next meeting. Agreed to leave items open on the tracker and obtain an update for the next meeting.</p> <p>JC – need to be clear about which risk is being addressed in the report.</p>	<p>Action: MR</p> <p>Action: meeting to be arranged</p>
8/25	INTERNAL CONTROL AND GOVERNANCE	
8A	JARAC MEMBER SELF ASSESSMENT	
	<p>SS to work with Marie to get this sent out to all. SS asked if this can focus on areas where members can be more effective. To be discussed at April meeting.</p>	

	ACTION: all to consider and bring back to April meeting. MR to add to April agenda	Action: MR
8B	Transport Update and IA Recommendations	AP
	<p>AP to send through the screenshots of KPIs. Will send to Marie who will circulate them. AP gave a fleet update in general. Happy to close this down once the KPIs have been seen by the Committee.</p> <p>Action: AP to send through screenshots of KPIs and MR to circulate</p>	Action: AP/MR
9	FINANCE	
9A	Budget 25/26 Update	JP
	<p>JP presented the paper. He reported that the settlement was far worse than anticipated. A 2% budget reduction exercise had been completed across all departments. Agreed shortfall will come from reserves with a caveat that be reinstated by end of March 2026. Police and crime panel last week agreed £14 increase in precept. MTFP shows future budget gaps going forward so work being undertaken in savings programme to address this.</p> <p>NPCC lobbying Home Office over the spending review. Significant challenges with budget.</p> <p>SS raised a question around increase in staff vacancy control posts and what impact on performance that would have. Assurance was given that this has been taken into account and confident that it will be business as usual. Still maintaining policing presence in areas and PSCO investigators able to take on more responsibilities. Visibility not being affected. ACC M Shooter National Lead for neighbouring policing and has looked at each area of neighbourhood policing.</p>	
9B	Financial Monitoring Update 2024/25 Pd9	
	<p>Maria Fox presented this paper. The paper showed as at period 9 a predicted overspend against budget of £2.958m (1.3%). Key areas contributing to this were additional police officer costs from starting the year overstrength and overtime (including allard costs), along with additional costs for premises, transport and supplies and services. Significant</p>	

	<p>positive action has been taken and is ongoing to mitigate the overspend position and the Force has reviewed capry forwards and reserves to earmark £1.4m as a potential safeguard for the overspend.</p> <p>It was agreed that MF will provide an update on Stock Control Audit for the next meeting</p> <p>Action: Maria Fox</p>	Action: MF
10	ANY OTHER BUSINESS	
	End of open session.	

JOINT AUDIT, RISK AND ASSURANCE COMMITTEE – OPEN SESSION

REVIEW OF ACTIONS

ACTIONS FROM MEETING ON 29TH January 2025			
	REVIEW OF ACTIONS		
1/25	5A FORWARD PLAN		
	SS acknowledged that this was somewhat of a moving target due to the situation with external audit. Agreed to add Draft Corporate Code of Governance to the planner for the April meeting	MR	Added to forward plan
2/25	7a INTERNAL AUDIT PROGRESS REPORT		
	<p>Data quality – for April could we have feedback on findings from Data Quality Audit</p> <p>Data quality – training days in November -page 61 and 62 - Have these been delivered. AP will have to chase this.</p>	AP	AP to check if training has been completed. R Lester to be invited or another to future meeting to present paper
3/25	INTERNAL AUDIT RECOMMENDATIONS LOG		

	<p>It was noted that there were some old recommendations on there that could now be closed.</p> <p>SS raised a query around ensuring assuring annual training on fraud and training records evidencing and follow up on non-compliance. MR to check who added the</p>	MR	
	<p>AP – asked if consideration could be given to how the papers are formatted and presented. MR will link in with MF, JP and AP to discuss in more detail. Need to clarify the risk, original recommendation, when due, what has happened and whether it is complete with enough detail to give assurance. Plus any residual risk outlined. Meeting to take place to discuss the reformatting of the document</p>	MR/AP, MF	
4/25	8A JARAC MEMBER SELF ASSESSMENT		

Agenda Item 4
JARAC

	Members of the Committee to consider and bring back to April Meeting	JARAC	
5/25	TRANSPORT UPDATE AND IA RECOMMENDATIONS		
	AP to send through screenshots of KPIs. Will send to Marie who will circulate them	AP/MR	COMPLETE
6/25	FINANCIAL MONITORING UPDATE		
	It was agreed that MF would produce a stock control audit update for the April Meeting	MF	COMPLETE

FORWARD PLAN 2025/26

April 2025		
	JARAC Member Self – Assessment (CIPFA Checklist)	
	Force Policies Update	
	Strategy for IA and IA Plan 24/25 (Internal Audit- IA)	
	Update on delivery against the Environmental Strategy.	
	Year End Accounting Arrangements & Accounting Policies 24/25	
	Financial Monitoring and Planning 24/25.	
	HMIC Activity (including VFM profiles)	
	Complaints Performance – Update on meetings with IOPC Rep	
	Disaster recovery tests update	
July 2025		
	Internal Audit Progress Report 2024/25.	
	Internal audit annual report and opinion 24/25	
	Draft PCC & CC Financial Statements for 24/25.	
	External Audit update	
	Annual Financial Exception Reporting (Any breaches of financial regulations)	
	Financial Outlook (Savings Plan Update)	
	PCC and Force annual governance statement.	
	Policies update	
	Force Risk Management Report	
	OPCC Risk Management	

	Financial Monitoring and Planning 25/26	
	Assurance Mapping Framework	
	Stock Control Update	Maria Fox
October 2025		
	IA Progress Report	

Agenda Item 5A

JARAC

January 2024

	JARAC Annual Report	
	Financial Monitoring and Planning	
	Fraud and corruption theme review (themes announces at agenda setting) – anti fraud and corruption policy, whistle blowing policies.	
	Complaints Performance –Force	
	Complaints Performance – OPCC	
	IS Disaster Recovery – RC to attend to update	
	Annual Audit Letter 21/22.	
	Policies update	
	External Audit Accounts for 21/22 & 22/23	
January 2026		
	IA Progress Report inc. detailed reports from recent audits	Sarah Knowles - Paper
	HMIC Activity Update	Andrew Price – Verbal Update
	Financial Monitoring and Planning 24/25	Maria Fox - Paper
	Work Force and Planning – PUP and ARR	Andrew Price - Paper
	External audit ISA 260 Report 23/24 (GT) inc. audit plan	Richard Anderson - Paper

	Budget 25/26 update	Jon Peatling - Paper
	Force risk management – Risk Register	Mark Euerby – Paper
	OPCC risk management – Risk Register	Andrew Dale/Charlie Radford – Paper
	Significant Policies update	Karen Waldram - Standard agenda item - Paper
	JARAC Member Self-Assessment initial discussion (CIPFA Checklist)	Sue Sunderland - Verbal
	Transport Update on IA recommendations/KPI's/Dashboards (DCC)	Andrew Price - Paper
	Health and Safety mandatory training and compliance and inspections	Andrew Price - Paper
	Assurance Framework	Andrew Dale/Charlie Radford - Paper

Agenda Item 5A
JARAC
January 2024

Joint Audit Plan for the Office of the Police and Crime Commissioner for Derbyshire and the Chief Constable for Derbyshire

Year ending 31 March 2025

April 2025



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01 Key developments impacting our audit approach

Local Audit Reform

External factors

Proposals for an overhaul of the local audit system

On 18 December 2024, the Minister of State for Local Government and English Devolution, Jim McMahon OBE, wrote to police bodies and local audit firms to announce the launch of a strategy to overhaul the local audit system in England. The proposals were also laid in Parliament via a Written Ministerial Statement.

The government's strategy paper sets out its intention to streamline and simplify the local audit system, bringing as many audit functions as possible into one place and also offering insights drawn from audits. A new Local Audit Office will be established, with responsibilities for:

- Coordinating the system – including leading the local audit system and championing auditors' statutory reporting powers;
- Contract management, procurement, commissioning and appointment of auditors to all eligible bodies;
- Setting the Code of Audit Practice;
- Oversight of the quality regulatory framework (inspection, enforcement and supervision) and professional bodies;
- Reporting, insights and guidance including the collation of reports made by auditors, national insights of local audit issues and guidance on the eligibility of auditors.

The Minister also advised that, building on the recommendations of Redmond, Kingman and others, the government will ensure the core underpinnings of the local audit system are fit for purpose. The strategy therefore includes a range of other measures, including:

- setting out the vision and key principles for the local audit system;
- committing to a review of the purpose and users of local accounts and audit and ensuring local accounts are fit for purpose, proportionate and relevant to account users;
- enhancing capacity and capability in the sector;
- strengthening relationships at all levels between local bodies and auditors to aid early warning system; and
- increased focus on the support auditors and local bodies need to rebuild assurance following the clearing of the local audit backlog.

Our Response

Grant Thornton welcomes the proposals, which we believe are much needed, and are essential to restore trust and credibility to the sector. For our part, we are proud to have signed 83% of our 2022/23 local audit opinions without having to apply the backstop. This compares with an average of less than 30% sign off for other firms in the market. We will be keen to work with the MHCLG, with existing sector leaders and with the Local Audit Office as it is established to support a smooth transition to the new arrangements.

Key developments impacting our audit approach

National Position

Funding

UNISON warns that police forces in England and Wales could face a combined budget shortfall of almost £721m by 2026. The macroeconomic climate is challenging and under the new Government's fiscal rules, there is little optimism that the public sector and policing will be afforded large budget increases in the short/medium term. Police forces suffered more than most during the austerity years of the 2010s and with relatively small levels of revenue and capital reserves, there is serious concern how policing will cope with another round of Government cuts.

Unlike Councils who have demand led statutory services, the impact of budget cuts to policing is unlikely to result in financial crisis i.e. S114. Rather, the impact of the budget cuts in the 2010s was significant capital disposals and an almost linear relationship with the decline in the number of police officers and staff. Budget cuts slow down recruitment which ultimately impacts the police's ability to prevent, investigate and bring to justice the perpetrators of crime.

Public trust

Public trust in the police is at historically low levels. YouGov poll the public monthly asking the question "Are the police doing a good job?". In December 2019, 77% of respondents said they were doing a good job. In 2024, this had fallen to just 50%, with 40% of respondents saying there were not doing a good job. One of the factors behind the decline in trust and confidence in policing is the array of misconduct and criminal acts committed by Police officers in recent years. A key strategic challenge for all police forces is restoring and rebuilding trust.

Police officer uplift programme (PUP) and vetting

There is uncertainty about the long-term impact of the additional officers that have been recruited. Recruiting and training police is not a simple or quick process. It requires forward planning, time, certainty, and the money to pay salaries of police officers. Rapid recruitment has led to concerns over the adequacy of vetting arrangements and rapid recruitment has placed a burden on supervising officers.

Our Response

Police Forces and law enforcement agencies grapple with a range of challenges, including rising crime rates, budget constraints, recruitment and retention of qualified personnel, community relations, and the ever-evolving landscape of cybercrime.

The cultural problems that have resulted in a crisis of public trust cannot be resolved with financial resources alone. The police require a comprehensive reorganisation of its procedures, culture, and financial support

Our value for money audit work continues to identify significant weaknesses in all criteria of the Code of Audit Practice. This shows that Police bodies are facing increasing pressure to provide services while managing change and reducing costs. We understand that the environment in which our audited bodies operate is dynamic and challenging and this understanding allows us to have insightful conversations and adapt our approach to delivering our audit work accordingly.

We share the optimism we have seen within our Police bodies about its highly trained, skilled workforce and know there is a focus on improving quality and reducing costs. We will work with you as you strive to deliver these aims.

Key developments impacting our audit approach

Local Context

- The 2021/22 and 2022/23 audit opinions were disclaimed due to the impacts of the local government backstop, and despite us completing a significant amount of our audit work in the 2023/24 financial year, we were unable to complete sufficient work to conclude on in-year transactions and closing balances by the 28 February 2025 backstop. A disclaimed opinion was issued in 2023/24, although the work we have completed will help us towards the aim of rebuilding assurance.
- In 2023/24, our planned testing of the design and implementation of IT general controls did not progress due to access limitations to relevant data and information, and this meant that we had to undertake extended sampling testing as we had no assurance over IT controls.
- The prior year Audit Findings Report contained 14 recommendations, 11 of which we considered to be high risk. It is important that management work to address these matters in the 2024/25 financial statements.

Our Response

- We have started the planning of the 2024/25 audit much earlier this year, and in line with the timetable for our other audited bodies. We plan to start the final accounts audit in late June with the aim of finalising our work by the end of the calendar year.
- Management has given us assurance that we can access the relevant information to undertake our testing of IT general controls. This should mean that we can reduce the extent of our substantive testing, improving the efficiency and effectiveness and timeliness of our work.
- Management should take steps to address the recommendations in our AFR to address weakness in controls and improve the basis of the accounts and supporting documentation. We will review management progress as part of our interim work.

New accounting standards and reporting developments

- Police bodies will need to implement IFRS 16 Leases from 1 April 2024. The main difference from IAS 17 will be that leases previously assessed as operating leases by lessees will need to be accounted for on balance sheet as a liability and associated right of use asset. More information can be found on the next slide.
- The FRC issued revisions to ISA (UK) 600 'Audits of group financial statements (including the work of component auditors)'. The revised standard includes new and revised requirements that better aligns the standard with recently revised standards such as ISQM 1, ISA 220 (Revised) and ISA 315 (Revised 2019). The new and revised requirements strengthen the auditor's responsibilities related to professional scepticism, planning and performing a group audit, two-way communications between the group auditor and component auditor, and documentation. The changes are to keep the standard fit for purpose in a wide range of circumstances and the developing environment.

- Audit procedures to confirm IFRS 16 has been correctly adopted.
- Enhanced procedures in respect of audits of group financial statements

Key developments impacting our audit approach (continued)

Our commitments

- As a firm, we are absolutely committed to audit quality and financial reporting in the police sector. Our proposed work and fee, as set out further in this joint Audit Plan, will be agreed with Management.
- To ensure close work with audited bodies and an efficient audit process, our preference as a firm is either for our UK based staff to work on site with you and your staff or to develop a hybrid approach of on-site and remote working. Please confirm in writing if this is acceptable to you, and that your officers will make themselves available to our audit team. This is also in compliance with PSAA contract guidance which requires us to commit to onsite working.
- We would like to offer a formal meeting with the Chief Constable and PCC twice a year, and with both Chief Finance Officers quarterly as part of our commitment to keep you fully informed on the progress of the audit.
- At an appropriate point within the audit, we would also like to meet informally with the Chair of your Joint Audit Risk and Assurance Committee (JARAC), to brief them on the status and progress of the audit work to date.
- Our VfM work will continue to consider the arrangements in place for you to secure economy, efficiency and effectiveness in the use of your resources.
- We will continue to provide you and your JARAC with sector updates providing our insight on issues from a range of sources via our Audit Committee updates.
- We hold annual financial reporting workshops for our audited bodies to access the latest technical guidance and interpretation, discuss issues with our experts and create networking links with other clients to support consistent and accurate financial reporting across the sector.



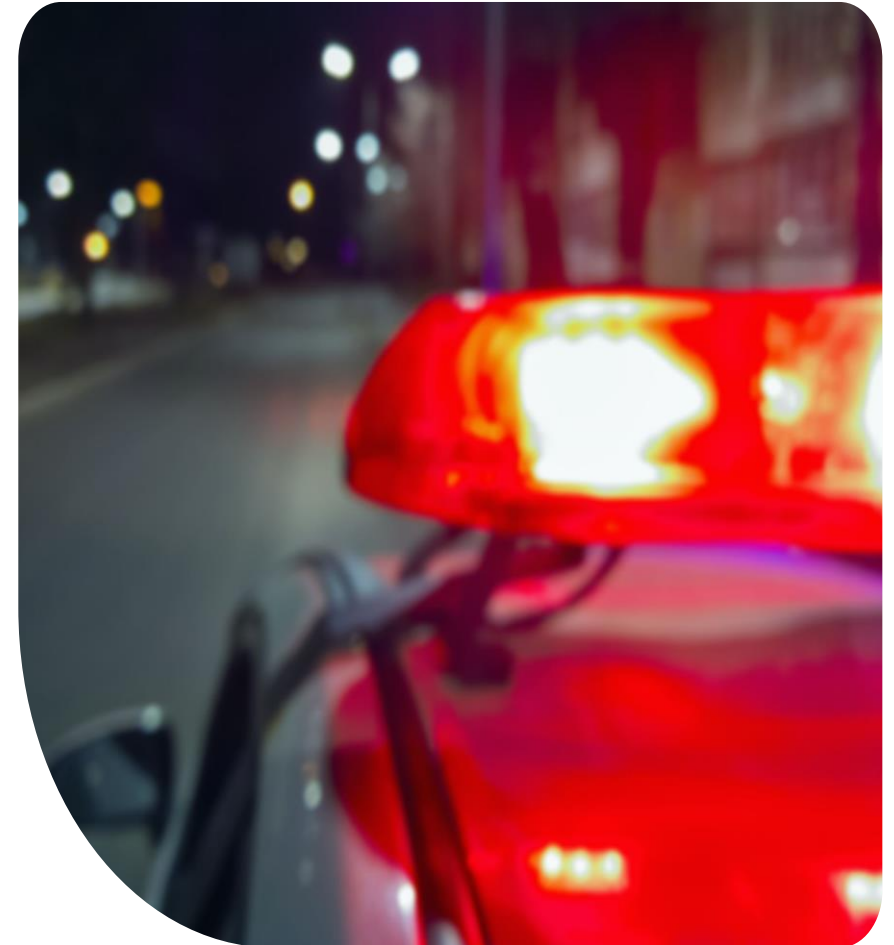
Key developments impacting our audit approach (continued)

Our responses

Our Responses (continued)

- With the ongoing financial pressures being faced by police bodies, in planning this audit we have considered the financial position of the PCC Group and Chief Constable. We are satisfied that the going concern basis remains the correct basis behind the preparation of the accounts.
- There is an increased incentive and opportunity for organisations in the public sector to manipulate their financial statements due to ongoing financial pressures. We are required to identify a significant risk with regard to management override of controls.
- There is a rebuttable presumed risk that revenue and expenditure may be misstated due to improper recognition – refer to page 16, where have rebutted both of these risks.

In 2021/22, 2022/23 and 2023/24 disclaimed audit opinions were issued as a result of the local government backstop. We are currently awaiting guidance from FRC and NAO on how we will regain assurance on opening balances and what that will mean for the opinion on the accounts for 2024/25. We undertook significant work on the 2023/24 accounts and anticipate that this should impact on the timeline for regaining assurance, however we do not yet have clarity on this. We reference this further in the backstop section of this report.



IFRS 16 Leases



Summary

IFRS 16 Leases is now mandatory for all Police bodies from 1 April 2024. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and replaces IAS 17. The objective is to ensure that lessees and lessors provide relevant information in a manner that faithfully represents those transactions. This information gives a basis for users of financial statements to assess the effect that leases have on the financial position, financial performance and cash flows of an entity.

Introduction

IFRS 16 updates the definition of a lease to:

- “a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration.” In the public sector the definition of a lease is expanded to include arrangements with nil consideration.

This means that arrangements for the use of assets for little or no consideration (sometimes referred to as peppercorn rentals) are now included within the definition of a lease.

IFRS 16 requires all leases to be accounted for 'on balance sheet' by the lessee (subject to the exemptions below), a major change from the requirements of IAS 17 in respect of operating leases.

There are however the following exceptions:

- leases of low value assets (optional for LG)
- short-term leases (less than 12 months).

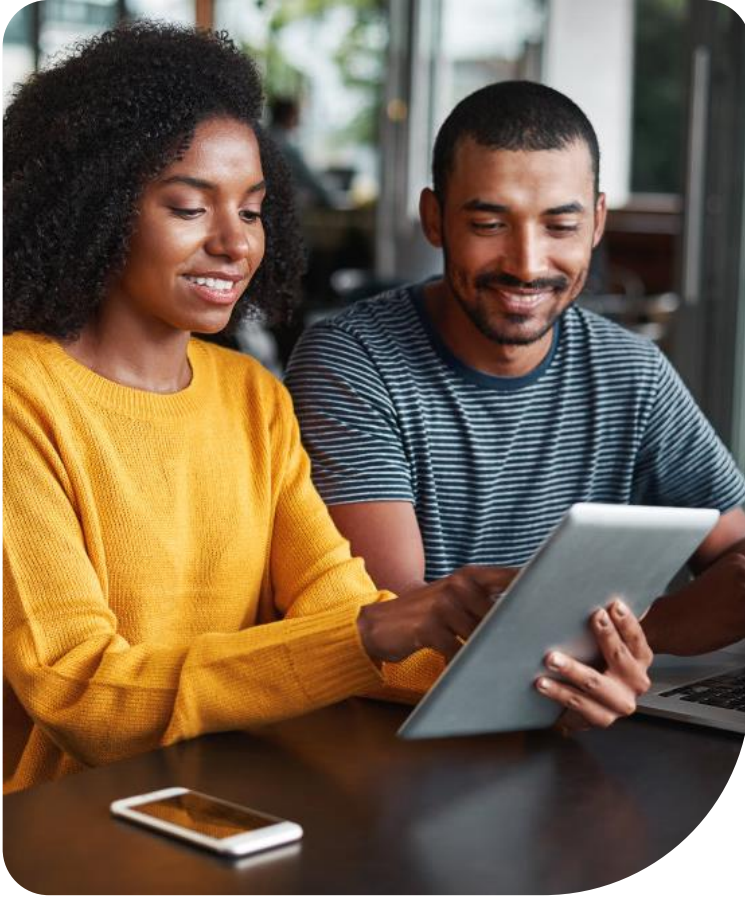
Lessor accounting is substantially unchanged leading to asymmetry of approach for some leases (operating). However, if a police body is an intermediary lessor, there is a change in that the judgement, as to whether the lease out is an operating or finance lease, is made with reference to the right of use asset rather than the underlying asset. The principles of IFRS 16 will also apply to the accounting for PFI assets and liabilities.

Systems and processes

We believe that most police bodies will need to reflect the effect of IFRS 16 changes in the following areas:

- accounting policies and disclosures
- application of judgment and estimation
- related internal controls that will require updating, if not overhauling, to reflect changes in accounting policies and processes
- systems to capture the process and maintain new lease data and for ongoing maintenance
- accounting for what were operating leases
- identification of peppercorn rentals and recognising these as leases under IFRS 16 as appropriate

The Backstop



Local Government National Context – The Backstop

On 30 September 2024, the Accounts and Audit (Amendment) Regulations 2024 came into force. This legislation introduced a series of backstop dates for local authority audits. These Regulations required audited financial statements to be published by the following dates:

- for years ended 31 March 2023 and earlier by 13 December 2024; and
- for years ended 31 March 2024 by 28 February 2025; and
- for years ended 31 March 2025 by 27 February 2026.

The Statutory Instrument is supported by the National Audit Office's (NAO) new Code of Audit Practice 2024. The backstop dates were introduced with the purpose of clearing the backlog of historic financial statements and to enable the reset of local audit. Where audit work is not complete, this will give rise to a disclaimer of opinion. This means the auditor has not been able to form an opinion on the financial statements.

Local Government National Context – Local Audit Recovery

In the audit report for the year ended 31 March 2024, a disclaimer of opinion was issued due to the backstop.

As a result, we anticipate that for 2024/25:

- we have some assurance over the opening balances in 2024/25, based on the extent of work undertaken in 2023/24. However, as there were disclaimed opinions in the previous two years it will take some time to rebuild our assurance.

- We currently have no assurance over opening reserves balance due to the uncertainty over their opening amount, as we have no assurance over balances and transactions prior to 2023/24.
- Our 2024/25 audit approach will focus on assurance over the 2024/25 closing balances and in-year transactions and we will report our findings in the Audit Findings Report currently anticipated in December 2025.
- Due to the lack of assurance over historical transactions and thus reserves balances, we anticipate that we will once again be issuing a disclaimed opinion on the accounts overall.

We are in discussion with the NAO and the Financial Reporting Council (FRC) as how we regain assurance. We will work with your Police body to rebuild assurance over time.

Our Work

Our initial focus for the audit will be on in-year transactions including income and expenditure, journals, capital accounting, payroll and remuneration and disclosures; and closing balances for 2024/25. We will also complete the 2023/24 final accounts testing not finished due to the February backstop. Our objective is to begin a pathway to recovery, by providing assurance over the in year 2024/25 transactions and movements, where possible, and those closing balances which can be purely determined in isolation with limited regard to the opening balance, such as payables and receivables. As guidance is received from the NAO and the FRC, we will formulate a more detailed strategy as to how assurance can be gained on prior years.

02 Introduction and Headlines

Introduction and headlines



Purpose

This document provides an overview of the planned scope and timing of the statutory audit of the Office of the Police and Crime Commissioner for Derbyshire (the PCC Group) and the Chief Constable for Derbyshire (Chief Constable) for those charged with governance. Those Charged with governance is the Police and Crime Commissioner and the Chief Constable as each is a corporation sole.

Respective responsibilities

The National Audit Office ('the NAO') has issued a document entitled Code of Audit Practice ('the Code'). This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. Our respective responsibilities are also set out in the agreed in the Terms of Appointment and Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA), the body responsible for appointing us as auditor of the PCC Group and Chief Constable. We draw your attention to these documents.

Scope of our Audit

The scope of our audit is set in accordance with the Code and International Standards on Auditing (ISAs) (UK). We are responsible for forming and expressing an opinion on the Chief Constable, PCC and Group's financial statements that have been prepared by management with the oversight of those charged with governance; and we consider whether there are sufficient arrangements in place at the PCC Group and the Chief Constable for securing economy, efficiency and effectiveness in your use of resources. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

The audit of the financial statements does not relieve management or those charged with governance of your responsibilities. It is the responsibility of the PCC Group and Chief Constable to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the PCC Group and Chief Constable is fulfilling these responsibilities.

Our audit approach is based on a thorough understanding of the PCC Group and Chief Constable's business and is risk based.

Introduction and headlines (continued)

Significant risks

Those risks requiring special audit consideration and procedures to address the likelihood of a material financial statement error have been identified as:

- Management override of control
- Valuation of land and buildings
- Valuation of the net pension liability

We have rebutted the presumed significant risks relating to fraud in expenditure and revenue recognition.

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA 260) Report.

Group Audit

The PCC Group is required to prepare group financial statements that consolidate the financial information of the PCC and Chief Constable.

Materiality

We have determined planning materiality to be £5.2m (PY £3.9m) for the Group, £5.6m (PY£4.1m) for the PCC, and £5m (PY £3.8m) for the Chief Constable , which equates to 2% of the prior year gross expenditure for the year (1.5% PY). Whilst we calculate separate materiality levels for the group, the PCC, and the Chief Constable, we use the lowest of the three (the Chief Constable's materiality) as the basis for our overall financial statements audit.

We are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. Clearly trivial has been set at £254k (PY £190k). As part of our risk assessment, we have considered the impact of unadjusted prior period errors (where applicable). We have not considered it necessary to reduce materiality in any areas as a consequence.

We have set a lower materiality for senior officer remuneration of £27,632.

Value for Money arrangements

Our risk assessment regarding your arrangements to secure value for money has not identified any significant weakness areas or related risks, requiring separate attention. We will continue to monitor and update our risk assessment and responses until we issue our Auditor's Annual Report.

Audit logistics

Our planning and interim audit visit has taken place in March and our final visit will take place between September and December. Our key deliverables are this Joint Audit Plan, our Joint Audit Findings Report and Joint Auditor's Annual Report.

Our proposed fee for the audit will be £106,434 (PY: £102,934) for the Group and £55,972 (PY: £54,132) for the Chief Constable, subject to the PCC Group and Chief Constable delivering a good set of financial statements and working papers and no significant new financial reporting matters arising that require additional time and/or specialist input.

We have complied with the Financial Reporting Council's Ethical Standard (revised 2024) and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements

03 Identified risks

Significant risks identified

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

Significant risk	Risk Relates to	Reason for risk identification	Audit team's assessment	Planned audit procedures
Management override of controls	PCC Group/Chief Constable	Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management override of controls is present in all entities.	We have therefore identified management override of controls, in particular journals, management estimates and transactions outside the course of business as a significant risk of material misstatement.	<p>We will:</p> <ul style="list-style-type: none"> • Review accounting estimates, critical judgements and significant decisions made by management • Evaluate the design and implementation of controls • Review accounting policies and any changes to those policies • Test of journals entries for appropriateness • Review unusual significant transactions.



“In determining significant risks, the auditor may first identify those assessed risks of material misstatement that have been assessed higher on the spectrum of inherent risk to form the basis for considering which risks may be close to the upper end. Being close to the upper end of the spectrum of inherent risk will differ from entity to entity and will not necessarily be the same for an entity period on period. It may depend on the nature and circumstances of the entity for which the risk is being assessed. The determination of which of the assessed risks of material misstatement are close to the upper end of the spectrum of inherent risk, and are therefore significant risks, is a matter of professional judgment, unless the risk is of a type specified to be treated as a significant risk in accordance with the requirements of another ISA (UK).” (ISA (UK) 315).

In making the review of unusual significant transactions “the auditor shall treat identified significant related party transactions outside the entity’s normal course of business as giving rise to significant risks.” (ISA (UK) 550).



Management should expect engagement teams to challenge management in areas that are complex, significant or highly judgmental which may be the case for accounting estimates, going concern, related parties and similar areas. Management should also expect to provide to engagement teams with sufficient evidence to support their judgments and the approach they have adopted for key accounting policies referenced to accounting standards or changes thereto.

Where estimates are used in the preparation of the financial statements management should expect teams to challenge management’s assumptions and request evidence to support those assumptions.

Significant risks identified (continued)

Significant risk	Risk Relates to	Reason for risk identification	Audit team's assessment
The revenue cycle includes fraudulent transactions	N/A	Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue	Having considered the risk factors set out in ISA240 and the nature of the revenue streams at CC/PCC Group, we have determined that the risk of fraud arising from revenue recognition for all revenue streams can be rebutted, because: there is little incentive to manipulate revenue recognition; opportunities to manipulate revenue recognition are very limited; and the culture and ethical frameworks of police bodies, including the Chief Constable and the PCC group, mean that all forms of fraud are seen as unacceptable. Therefore we do not consider this to be a significant risk for the Chief Constable and PCC Group.
The expenditure cycle includes fraudulent transactions	N/A	Practice Note 10 (PN10) states that as most public bodies are net spending bodies, then the risk of material misstatements due to fraud related to expenditure may be greater than the risk of material misstatements due to fraud related to revenue recognition. As a result under PN10, there is a requirement to consider the risk that expenditure may be misstated due to the improper recognition of expenditure.	We have identified and completed a risk assessment of all expenditure streams for the PCC Group/ Chief Constable. We have rebutted the presumed risk that expenditure may be misstated due to the improper recognition of expenditure for all expenditure streams. This is due to the low fraud risk in the nature of the underlying nature of the transaction, or immaterial nature of the expenditure streams both individually and collectively.

Significant risks identified (continued)

Significant risk	Risk relates to	Reason for risk identification	Audit team's assessment	Planned audit procedures
Valuation of land and buildings	PCC Group	<p>The PCC revalues its land and buildings on a rolling programme basis as at 31 March (from this year) to ensure that the carrying value is not materially different from current value at the financial statements date. This is done via full valuations, or on a desktop basis with a full valuation undertaken at least once every five years in accordance with the requirements of the CIPFA Code.</p> <p>This valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved (£30.7 million as at 31 March 2024) and the sensitivity of the estimate to changes in key assumptions. The valuation also depends on the completeness and accuracy of source data such as floor areas and subjective inputs such as obsolescence factors.</p> <p>We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk of material misstatement.</p>	<p>We have identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk of material misstatement.</p> <p>We also note that the valuation was not undertaken at the year end (2024), although we understand that the valuations will be as at 31 March 2025 this year</p>	<p>We will:</p> <ul style="list-style-type: none"> document our understanding of the processes and controls put in place by management to ensure that the group's property valuations are not materially misstated and evaluate the design of the associated controls; evaluate management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuer, and the scope of their work; evaluate the competence, capabilities and objectivity of the valuation expert; write to the valuer to confirm the basis on which the valuation was carried out to ensure that the requirements of the Code are met; challenge the information and assumptions used by the valuer to assess the completeness and consistency with our understanding; test, on a sample basis, revaluations made during the year, agreeing key source data used such as floor areas and build costs to suitable independent evidence and confirming that the valuation methodology has been correctly applied; test revaluations made during the year to see if they had been input correctly into the asset register; evaluate the assumptions made by management for those land and buildings assets revalued during the year at a date other than the Balance Sheet date and how management has satisfied themselves that these are not materially different from current value at year end; and evaluate the assumptions made by management for those land and buildings assets not revalued during the year and how management has satisfied themselves that these are not materially different from current value at year end.

Significant risks identified (continued)

Significant risk	Risk relates to	Reason for risk identification	Audit team's assessment	Planned audit procedures
Valuation of the pension fund net liability	PCC Group/ Chief Constable	The group's net pension liability (made up of both the Local Government Pension Scheme [LGPS] and Police Pension Scheme [PPS]), as reflected in its balance sheet, represents a significant estimate in the financial statements. The net pension liability is considered a significant estimate due to the size of the numbers involved (£1.7 billion at 31 March 2024, although the LGPS balance was £nil due to the application of the credit ceiling) and sensitivity of the estimate to changes in the key assumptions.	We have identified the valuation of the net liability related to defined benefit pension schemes as a significant risk, which was one of the most significant assessed risk of material misstatement.	<p>We will:</p> <ul style="list-style-type: none"> • document our understanding of the processes and controls put in place by management to ensure that the group's pension fund net liability is not materially misstated and evaluate the design of the associated controls; • evaluate the instructions issued by management to their management experts (the actuaries for the LGPS and PPS) for this estimate and the scope of the actuaries' work; • assess the competence, capabilities and objectivity of the actuaries who carried out the group's pension fund valuations; • assess the accuracy and completeness of the information provided by the group to the actuaries to estimate the liabilities; • test the consistency of the pension fund asset and liability and disclosures in the notes to the core financial statements with the actuarial reports from the actuaries; • undertake procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performing any additional procedures suggested within the report; • review management's assessment under IFRIC 14 to determine whether an 'asset ceiling' has been appropriately applied to the net pension asset position of the LGPS and whether any additional liability has been identified; • obtain assurances from the auditor of the Derbyshire Pension Fund as to the controls surrounding the validity and accuracy of membership data, contributions data and benefits data sent to the actuary, and the fund assets valuation in the pension fund's financial statements; • test member data used in the quadrennial valuation; and • review the split of the LGPS liability between the Chief Constable and Police and Crime Commissioner accounts.

Other risks identified

Other risks are, in the auditor’s judgement, those where the likelihood of material misstatement cannot be reduced to remote, without the need for gaining an understanding of the associated control environment, along with the performance of an appropriate level of substantive work. The risk of misstatement for another risk is lower than that for a significant risk, and they are not considered to be areas that are highly judgemental, or unusual in relation to the day-to-day activities of the business.

Risk	Risk relates to	Reason for risk identification	Planned audit procedures
IFRS16	PCC Group/Chief Constable	IFRS 16 is being implemented from 1 April 2024. The standard establishes a new accounting model in which all leases for assets for more than 12 months above a de minimis value will be accounted for by recognising a ‘right to use’ asset on the Balance Sheet, together with a liability for the present value of the lease payments. As this is a new standard this year, we consider that this presents a risk to the accounts. (see page 9 for further detail)	We will consider the approach adopted by management to implement the new standard, to include: <ul style="list-style-type: none">• assessment of the approach adopted by management to ensure the completeness of leases• testing of the valuation of right of use asset and lease liability• review of the accounts disclosure.



“The auditor determines whether there are any risks of material misstatement at the assertion level for which it is not possible to obtain sufficient appropriate audit evidence through substantive procedures alone. The auditor is required, in accordance with ISA (UK) 330 (Revised July 2017), to design and perform tests of controls that address such risks of material misstatement when substantive procedures alone do not provide sufficient appropriate audit evidence at the assertion level. As a result, when such controls exist that address these risks, they are required to be identified and evaluated.” (ISA (UK) 315)

Other matters

Other work

In addition to our responsibilities under the Code of Practice, we have a number of other audit responsibilities, as follows:

- We read your Narrative Reports and Annual Governance to check that they are consistent with the financial statements on which we give an opinion and our knowledge of the PCC Group and Chief Constable.
- We carry out work to satisfy ourselves that disclosures made in your Annual Governance Statements are in line with requirements set by CIPFA.
- We carry out work on your consolidation schedules for the Whole of Government Accounts process in accordance with NAO group audit instructions.
- We consider our other duties under legislation and the Code, as and when required, including:
 - giving electors the opportunity to raise questions about your financial statements, consider and decide upon any objections received in relation to the financial statements;
 - issuing a report in the public interest or written recommendations to the PCC Group and Chief Constable. under section 24 of the Local Audit and Accountability Act 2014 (the Act);
 - application to the court for a declaration that an item of account is contrary to law under section 28 or a judicial review under section 31 of the Act;
 - issuing an advisory notice under section 29 of the Act.
- We certify completion of our audit.

Other material balances and transactions

Under International Standards on Auditing, 'irrespective of the assessed risks of material misstatement, the auditor shall design and perform substantive procedures for each material class of transactions, account balance and disclosure'. All other material balances and transaction streams will therefore be audited. However, the procedures will not be as extensive as the procedures adopted for the risks identified in this report.

04 Group Audit

Group audit scope and risk assessment

In accordance with ISA (UK) 600 Revised, as group auditor we are required to obtain sufficient appropriate audit evidence regarding the financial information of the components and the consolidation process to express an opinion on whether the group financial statements are prepared, in all material respects, in accordance with the applicable financial reporting framework.

Component	Risk of material misstatement to the PCC group	Planned audit approach and level of response required under ISA (UK) 600 Revised	Response performed by	Risks identified	Auditor
PCC Group	Yes	Full scope audit performed by Grant Thornton UK LLP	Grant Thornton UK LLP Engagement Team	Management override of control, valuation of the net pension liability, valuation of land and buildings	Grant Thornton UK LLP
Chief Constable	Yes	Full scope audit performed by Grant Thornton UK LLP	Grant Thornton UK LLP Engagement Team	Management override of control and valuation of the net pension liability	Grant Thornton UK LLP


Fraud and litigation

We have not been made aware of any actual or attempted frauds in the year during our planning procedures performed to date. Should any factors arise in relation to fraud risk or actual or attempted fraud we ask that you inform us of this at the earliest possible opportunity.

05 Our approach to materiality

Our approach to materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law.

Description	Planned audit procedures
<p>Determination</p> <p>We have determined planning materiality (financial statement materiality determined at the planning stage of the audit) based on professional judgement in the context of our knowledge of the PCC Group and Chief Constable, including consideration of factors such as stakeholder expectations, industry developments, financial stability and reporting requirements for the financial statements</p>	<p>We determine planning materiality in order to:</p> <ul style="list-style-type: none"> – establish what level of misstatement could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements – assist in establishing the scope of our audit engagement and audit tests – determine sample sizes and – assist in evaluating the effect of known and likely misstatements in the financial statements
<p>Other factors</p> <p>An item does not necessarily have to be large to be considered to have a material effect on the financial statements</p>	<p>An item may be considered to be material by nature when it relates to:</p> <ul style="list-style-type: none"> – instances where greater precision is required (e.g. senior officer remuneration)
<p>Reassessment of materiality</p> <p>Our assessment of materiality is kept under review throughout the audit process</p>	<p>We reconsider planning materiality if, during the course of our audit engagement, we become aware of facts and circumstances that would have caused us to make a different determination of planning materiality</p>
<p>Matters we will report to those charged with governance</p> <p>Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to those charged with governance any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work. Under ISA 260 (UK) ‘Communication with those charged with governance’, we are obliged to report uncorrected omissions or misstatements other than those which are ‘clearly trivial’ to those charged with governance. ISA 260 (UK) defines ‘clearly trivial’ as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.</p>	<p>We report to those charged with governance any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work.</p> <p>In the context of the PCC Group and Chief Constable, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £344k (PY £190k).</p> <p>If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to those charged with governance to assist it in fulfilling their governance responsibilities.</p>
<div data-bbox="109 1182 211 1310">  </div> <p>Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements; Judgments about materiality are made in light of surrounding circumstances, and are affected by the size or nature of a misstatement, or a combination of both; and Judgments about matters that are material to users of the financial statements are based on a consideration of the common financial information needs of users as a group. The possible effect of misstatements on specific individual users, whose needs may vary widely, is not considered. (ISA (UK) 320)</p>	

Our approach to materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law.

	Amount (£)	Qualitative factors considered
Materiality for the Group financial statements	£5.2m	Our materiality thresholds equate to approximately 2% of the prior year operating costs for the group, the PCC, and the Chief Constable respectively. We are using a higher percentage than the prior year reflecting updated guidance. This assessment reflects the fact that the group operates in a stable, publicly funded environment, and no significant control deficiencies have been identified in the course of our audit planning. Whilst we calculate separate materiality levels for the group, the PCC, and the Chief Constable, we use the lowest of the three (the Chief Constable’s materiality) as the basis for our overall financial statements audit.
Materiality for the CC financial statements	£5m	
Materiality for the PCC financial statements	£5.6m	
Materiality for senior officer remuneration	£27,000	This reflects the wider public interest in the disclosure and its sensitive nature. This threshold has been determined by applying our approximate materiality percentage of 2% to the total value of senior officer payments as disclosed within the draft financial statements.

06 Progress against prior year audit recommendations

Progress against prior year audit recommendations

We identified the following issues in our 2023/24 audit of the PCC Group and Chief Constable's financial statements, which resulted in the following recommendations being reported in our 2023/24 Audit Findings Report. Management has considered these recommendations and how they will be addressed and provided responses as set out below. The majority of these relate to year end procedures, and we will be better placed to determine whether the matters are fully addressed as part of the year end audit and will provide further update in the AFR. We are pleased that management has appropriately considered our recommendations as set out below.

Assessment	Issue and risk previously communicated	Management Update on actions taken to address the issues
In progress	Journals are not subject to review or authorisation: we recommended that controls are implemented to ensure all journals are authorised by an appropriate staff member	Instructions for approval have been included in the Year End Instructions that have been emailed out to Strategic Finance. The instructions were also discussed at a Team Meeting that took place on Friday 21st March. The authorising email will be added to the journals when it is posted in Agresso along with the back up documentation.
In progress	Significant off- ledger adjustments: we recommended that off-ledger adjustments are reduced, with off-ledger adjustments being processed as an exception and being subject to enhanced review and authorisation.	New account codes for short term provisions, borrowings and other liabilities have been requested to minimise the requirements for off-ledger adjustments. A code for Derbyshire's share of the JCO's has also been requested so that these values can also be recorded in the ledger.
Implemented	Inappropriate user access for journal entries: we recommended that user access rights are reviewed and limited where appropriate.	Access has been rescinded for journal entries for the Head of Finance and Force Chief Finance Officer.
In progress	Retention of supporting information for journal entries: some supporting documentation was missing	Instructions for adding documentation have been included in the Year End Instructions that have been emailed out to Strategic Finance. The instructions were also discussed at a Team Meeting that took place on Friday 21st March. Supporting documentation to be provided and checked when the journal is approved and to be added to Agresso when the journal is posted.
In progress	Restrictions on user access: we were unable to undertake audit procedures on IT general controls: full access should be provided to enable us to undertake our audit procedures	Early discussions on a way forward have been held between Grant Thornton and the outgoing Force Chief Finance Officer and agreement in principle. Further discussions not yet held on practicalities with other parties.
In progress	Production of appropriate debtor and creditor listings: management should contain a 'clean' list of year end balances for debtors and creditors without in and out transactions or aggregated balances brought forward.	Will establish with Grant Thornton the fields they want and in what format when we get to that stage in the audit.
In progress	Revaluation of property assets: a comprehensive valuation exercise should be undertaken and this should correspond with the year end date rather than January.	The valuers have been instructed to revalue all properties for 2024/25 (27 full and 24 desk top valuations). The valuation date will be 31/03/2025, the draft report is expected on 18th April and the final report on 2nd May.

Progress against prior year audit recommendations (continued)

Assessment	Issue and risk previously communicated	Management Update on actions taken to address the issue(s)
In progress	Fixed asset register reconciliation to the general ledger: the reconciliation should be prepared and reviewed at the time of preparing the financial statements and retained for an audit trail.	Instructions regarding version control have been included in the Year End Instructions that have been emailed out to Strategic Finance the instructions were also discussed at a Team Meeting that took place on Friday 21st March. Supporting documentation to be provided and checked when the journal is approved and to be added to Agresso when the journal is posted.
Not addressed	Actuarial reports for both the PCC and Chief Constable: management should obtain separate IAS19 reports for the actuary for the PCC and chief constable.	We are unable to get a split for the 2024/25 accounts so we plan to apportion the split of the assets and liabilities between the CC and PCC staff.
In progress	Value of joint venture in both the PCC and group financial statements: management should collate documentation to support the values included in both the PCC and group accounts.	Confirmation has been received that the Joint Police and Fire HQ and the Joint Training Centre will be valued for 2024/25.
In progress	Review of intragroup accounting treatment: management should undertake a review of the accounting treatment of intragroup balances and transactions	Will be reviewed when we get to that stage of the year end process.
In progress	Estimation uncertainty disclosure: more comprehensive disclosure recommended	Will be reviewed when we get to that stage of the year end process.
In progress	Member data and benefits paid relating to the PPS: appropriate reports to be provided to enable audit review in a timely manner	Management already have regular liaison with the Forces pension administrator but will highlight the importance of prompt responses to requests for data. It is salient to note that in recent months the Pension Administrator has been under extreme workloads due to the implementation of the McCloud Police Pension Remedy work which has affected all areas and the majority of members of the Police Pension Scheme.
In progress	Declarations of interest: senior employees should be asked to declare all interests to ensure disclosures are complete.	The declaration of related party transaction forms and memo have been sent to members of the Senior Leadership Team.

07 IT audit strategy

IT audit strategy

In accordance with ISA (UK) 315, we are required to obtain an understanding of the IT environment related to all key business processes, identify all risks from the use of IT related to those business process controls judged relevant to our audit and assess the relevant IT general controls (ITGCs) in place to mitigate them. Our audit will include completing an assessment of the design and implementation of ITGCs related to security management; technology acquisition, development and maintenance; and technology infrastructure.

The following IT applications are in scope for IT controls assessment based on the planned financial statement audit approach, we will perform the indicated level of assessment:

IT application	Audit area	Planned level IT audit assessment
Unit 4 Agresso	Financial reporting	<ul style="list-style-type: none">ITGC assessment (design, implementation and operating effectiveness)Application controls assessment (Revenue, Procurement, Payroll)]

08 Value for Money Arrangements

Value for Money Arrangements

Approach to Value for Money work for the period ended 31 March 2025

The National Audit Office issued its latest Value for Money guidance to auditors in November 2024. The Code expects auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are expected to report any significant weaknesses in the body's arrangements, should they come to their attention. In undertaking their work, auditors are expected to have regard to three specified reporting criteria. These are as set out below:



Financial sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services.



Governance

How the body ensures that it makes informed decisions and properly manages its risks.



Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.



Risks of significant VFM weaknesses



As part of our initial planning work, we considered whether there were any risks of significant weakness in the body's arrangements for securing economy, efficiency and effectiveness in its use of resources that we needed to perform further procedures on. The risks we have identified are detailed on the table overleaf along with the further procedures we will perform. We will continue to review the body's arrangements and report any further risks of significant weaknesses we identify to those charged with governance. We may need to make recommendations following the completion of our work. The potential different types of recommendations we could make are set out in the second table below.

Potential types of recommendations

A range of different recommendations could be made following the completion of work on risks of significant weakness, as follows:



Statutory recommendation

Written recommendations to the body under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014. A recommendation under schedule 7 requires the body to discuss and respond publicly to the report.



Key recommendation

The Code of Audit Practice requires that where auditors identify significant weaknesses in arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the body. We have defined these recommendations as 'key recommendations'.



Improvement recommendation

These recommendations, if implemented should improve the arrangements in place at the body, but are not made as a result of identifying significant weaknesses in the body's arrangements.

Risks of significant weakness in VFM arrangements (continued)

Risk assessment of

The Code of Audit Practice 2024 (the Code) sets out that the PCC Group and Chief Constable’s VFM arrangements work is likely to fall into three broad areas: planning; additional risk-based procedures and evaluation; and reporting. We undertake initial planning work to inform this Audit Plan and the assumptions used to derive our fee. Consideration of prior year significant weaknesses and known areas of risk is a key part of the risk assessment for 2024/25. We will continue to evaluate risks of significant weakness and if further risks are identified , we will report these to those charged with governance. We set out our reported assessment below:

Criteria	2023/24 Auditor judgement on arrangements		2024/25 risk assessment	2024/25 risk-based procedures
Financial sustainability Relates to PCC Group/CC	A	No significant weakness raised but an improvement recommendation raised in relation to savings plans	No risks of significant weakness identified	As no risk of significant weakness has been identified, no additional risk-based procedures are specified at this stage. We will undertake sufficient work to document our understanding of your arrangements as required by the Code and follow up the improvement recommendations made.
Governance Relates to PCC Group/CC	A	No significant weakness reported and one improvement recommendations made around publication of the Code of Corporate Governance	No risks of significant weakness identified	As no risk of significant weakness has been identified, no additional risk-based procedures are specified at this stage. We will undertake sufficient work to document our understanding of your arrangements as required by the Code and follow up the improvement recommendations made.
Improving economy, efficiency and effectiveness Relates to PCC Group/CC	A	No significant weakness reported	No risks of significant weakness identified	As no risk of significant weakness has been identified, no additional risk-based procedures are specified at this stage. We will undertake sufficient work to document our understanding of your arrangements as required by the Code.

We will continue our review of your arrangements until we sign the opinion on your financial statements before we issue our auditor's annual report. Should any further risks of significant weakness be identified, we will report this to those charged with governance as soon as practically possible. We report our value for money work in our Auditor's Annual Report. Any significant weaknesses identified once we have completed our work will be reflected in your Auditor's Report and included within our audit opinion.

- G

No significant weaknesses in arrangements identified or improvement recommendation made.
- A

No significant weaknesses in arrangements identified, but improvement recommendations made.
- R

Significant weaknesses in arrangements identified and key recommendations made.

10 Logistics

Logistics

The audit timeline



Our team and communications

Grant Thornton core team

Richard Anderson
Engagement Lead/
Key Audit Partner

- Key contact for senior management and JARAC
- Overall quality assurance

Kirsty Lees
Audit Manager

- Audit planning
- Resource management
- Performance management reporting

Tim Dosanjh
Audit Senior / In-charge

- On-site audit team management
- Day-to-day point of contact
- Audit fieldwork

Pool of specialists and other technical specialists (e.g. IT audit)

	Service delivery	Audit reporting	Audit progress	Technical support
Formal communications	<ul style="list-style-type: none">• Annual client service review	<ul style="list-style-type: none">• The Audit Plan• Audit Progress and Sector Update Reports• The Audit Findings• Auditor’s Annual Report	<ul style="list-style-type: none">• Audit planning meetings• Audit clearance meetings• Communication of issues log	<ul style="list-style-type: none">• Technical updates
Informal communications	<ul style="list-style-type: none">• Open channel for discussion		<ul style="list-style-type: none">• Communication of audit issues as they arise	<ul style="list-style-type: none">• Notification of up-coming issues

11 Fees and related matters

Our fee estimate

Our estimate of the audit fees we will charge is set out in the table across, along with the fees billed in the prior year

Relevant professional standards

In preparing our fee estimate, we have had regard to all relevant professional standards, including paragraphs 4.1 and 4.2 of the FRC’s [Ethical Standard \(revised 2024\)](#) which stipulate that the Engagement Lead (Key Audit Partner) must set a fee sufficient to enable the resourcing of the audit with partners and staff with appropriate time and skill to deliver an audit to the required professional and Ethical standards.

PSAA

Local Government Audit fees are set by PSAA as part of their national procurement exercise. In 2023, PSAA awarded a contract of audit for Derbyshire Police to begin with effect from 2023/24. The scale fee set out in the PSAA contract for the 2024/25 audit is £162,406.

This contract sets out four contractual stage payments for this fee, with payment based on delivery of specified audit milestones:

- Production of the final auditor’s annual report for the previous Audit Year (exception for new clients in 2023/24 only)
- Production of the draft audit planning report to Audited Body
- 50% of planned hours of an audit have been completed
- 75% of planned hours of an audit have been completed

Any variation to the scale fee will be determined by PSAA in accordance with their procedures as set out here [Fee Variations Overview – PSAA](#)

Updated Auditing Standards

The FRC has issued updated Auditing Standards in respect of Quality Management (ISQM 1 and ISQM 2). It has also issued an updated Standard on quality management for an audit of financial statements (ISA 220). We confirm we will comply with these standards.

Body	Audit Fee for 2023/24 (£)	Proposed fee for 2024/25 (£)
Derbyshire PCC Group Audit	*102,934	55,972
Derbyshire Chief Constable Audit	*54,132	106,434
Total (Exc. VAT)	157,066	162,406
* To be confirmed by PSAA		

Our fee estimate:

We have set out below our specific assumptions made in arriving at our estimated audit fees, we have assumed that the PCC and Chief Constable will:

- prepare a good quality set of accounts, supported by comprehensive and well presented working papers which are ready at the start of the audit
- provide appropriate analysis, support and evidence to support all critical judgements and significant judgements made during the course of preparing the financial statements
- provide early notice of proposed complex or unusual transactions which could have a material impact on the financial statements
- maintain adequate business processes and IT controls, supported by an appropriate IT infrastructure and control environment. We will also have sufficient access to management and information systems to enable us to undertake our IT planning procedures.
- Our fee estimate also assumes that you will engage suitably competent experts to assist management in the following areas:
 - Valuation of land and buildings
 - Valuation of the net pension liability/ asset

Previous year

In 2023/24 the scale fee set by PSAA was £98,224 for the PCC Group and £49,422 for the Chief Contable. The actual fee charged for the audit, has yet to be confirmed by PSAA, however we anticipate that the fee will be £157,066. The difference to scale fee related to additional work in relation to the application of auditing standard ISA 315.

As the opinion on prior year audits was disclaimed due to the imposition of a backstop date, we may need to undertake further audit work in respect of opening balances at 1 April 2023. We will discuss the practical implications of this with you when we have further clarity around the extent of procedures required.

12 Independence considerations

Independence considerations

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant matters that may bear upon the integrity, objectivity and independence of the firm or covered persons (including its partners, senior managers, and managers. In this context there are no matters that we are required to report

Matter	Conclusions
Relationships with Grant Thornton	We are not aware of any relationships between Grant Thornton and the PCC Group and Chief Constable that may reasonably be thought to bear on our integrity, independence and objectivity.
Relationships and Investments held by individuals	We have not identified any potential issues in respect of personal relationships with the Chief Constable and PCC Group or investments in the Chief Constable or PCC Group held by individuals.
Employment of Grant Thornton staff	We are not aware of any former Grant Thornton partners or staff being employed, or holding discussions in respect of employment, by the Chief Constable and PCC Group as a director or in a senior management role covering financial, accounting or control related areas.
Business relationships	We have not identified any business relationships between Grant Thornton and the Chief Constable and PCC Group .
Contingent fees in relation to non-audit services	No contingent fee arrangements are in place for non-audit services provided.
Gifts and hospitality	We have not identified any gifts or hospitality provided to, or received from, a member of the Chief Constable or PCC Group’s board, senior management or staff (that would exceed the threshold set in the Ethical Standard).

We confirm that there are no significant facts or matters that impact on our independence at planning as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person have complied with the Financial Reporting Council’s Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office’s Auditor Guidance Note 01 issued in February 2025 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

Fees and non-audit services

For the purposes of our audit we have made enquiries of all Grant Thornton teams within the Grant Thornton International Limited network member firms providing services to Derbyshire Police. No non-audit services have been supplied. The fees outlined on page 39, are all the expected fees between Grant Thornton and Derbyshire police.

This covers all services provided by us and our network to the CC/PCC group, its directors and senior management and its affiliates, and other services provided to other known connected parties that may reasonably be thought to bear on our integrity, objectivity or independence.

13 Communication of audit matters with those charged with governance

Communication of audit matters with those charged with governance

Our communication plan	Audit Plan	Audit Findings
Respective responsibilities of auditor and management/those charged with governance	●	
Overview of the planned scope and timing of the audit, form, timing and expected general content of communications including significant risks and Key Audit Matters	●	
Planned use of internal audit	●	
Confirmation of independence and objectivity	●	●
A statement that we have complied with relevant ethical requirements regarding independence. Relationships and other matters which might be thought to bear on independence. Details of non-audit work performed by Grant Thornton UK LLP and network firms, together with fees charged. Details of safeguards applied to threats to independence	●	●
Significant matters in relation to going concern	●	●
Matters in relation to the group audit	●	●
Views about the qualitative aspects of the CC/PCC Group's accounting and financial reporting practices including accounting policies, accounting estimates and financial statement disclosures		●
Significant findings from the audit		●
Significant matters and issue arising during the audit and written representations that have been sought		●
Significant difficulties encountered during the audit		●
Significant deficiencies in internal control identified during the audit		●
Significant matters arising in connection with related parties		●
Identification or suspicion of fraud involving management and/or which results in material misstatement of the financial statements		●
Non-compliance with laws and regulations		●
Unadjusted misstatements and material disclosure omissions		●

ISA (UK) 260, as well as other ISAs (UK), prescribe matters which we are required to communicate with those charged with governance, and which we set out in the table here.

This document, the Audit Plan, outlines our audit strategy and plan to deliver the audit, while the Audit Findings will be issued prior to approval of the financial statements and will present key issues, findings and other matters arising from the audit, together with an explanation as to how these have been resolved.

We will communicate any adverse or unexpected findings affecting the audit on a timely basis, either informally or via an audit progress memorandum.

Respective responsibilities

As auditor we are responsible for performing the audit in accordance with ISAs (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance.

The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.

14 Delivering audit quality

Delivering audit quality

Our quality strategy

We deliver the highest standards of audit quality by focusing our investment on:

Creating the right environment

Our audit practice is built around the markets it faces. Your audit team are focused on the Public Sector audit market and work with clients like you day in, day out. Their specialism brings experience, efficiency and quality.

Building our talent, technology and infrastructure

We've invested in digital tools and methodologies that bring insight and efficiency and invested in senior talent that works directly with clients to deploy bespoke digital audit solutions.

Working with premium clients

We work with great public sector clients that, like you, value audit, value the challenge a robust audit provides, and demonstrate the strongest levels of corporate governance. We're aligned with our clients on what right looks like.

Our objective is to be the best audit firm in the UK for the quality of our work and our client service, because we believe the two are intrinsically linked.

How our strategy differentiates our service

Our investment in a specialist team, and leading tools and methodologies to deliver their work, has set us apart from our competitors in the quality of what we do.

The FRC highlighted the following as areas of particularly good practice in its recent inspections of our work:

- use of specialists, including at planning phases, to enhance our fraud risk assessment
- effective deployment of data analytical tools, particularly in the audit of journals

The right people at the right time

We are clear that a focus on quality, effectiveness and efficiency is the foundation of great client service. By doing the right audit work, at the right time, with the right people, we maximise the value of your time and ours, while maintaining our second-to-none quality record.

Bringing you the right people means that we bring our specialists to the table early, resolving the key judgements before they impact the timeline of your financial reporting. The audit partner always retains the final call on the critical decisions; we use our experts when forming our opinions, but we don't hide behind them.

Digital differentiation

We're a digital-first audit practice, and our investment in data analytics solutions has given our clients better assurance by focusing our work on transactions that carry the most risk. With digital specialists working directly with your teams, we make the most of the data that powers your business when forming our audit strategy.

Oversight and control

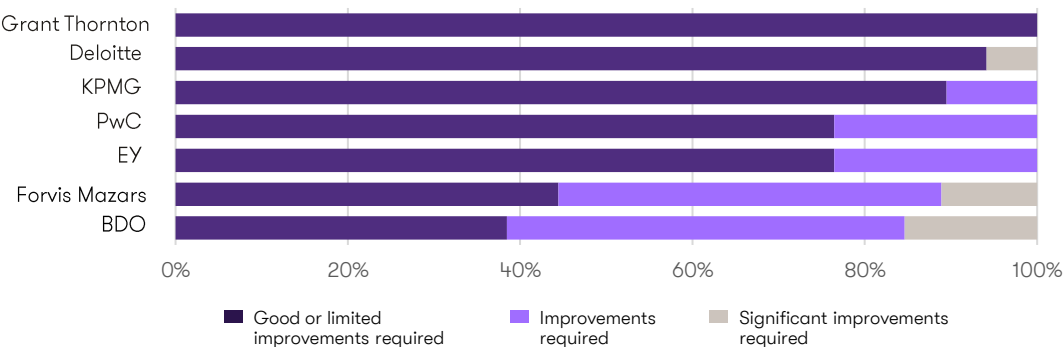
Wherever your audit work is happening, we make sure that its quality meets your exacting requirements, and we emphasise communication to identify and resolve potential challenges early, wherever and however they arise. By getting matters on the table before they become "issues", we give our clients the time and space to deal with them effectively.

Quality underpins everything at Grant Thornton, as our FRC inspection results in the chart below attest to. We're growing our practice sustainably, and that means focusing where we know we can excel without compromising our strong track record or our ability to deliver great audits. It's why we will only commit to auditing clients where we're certain we have the time and resource, but, most importantly, capabilities and specialist expertise to deliver. You're in safe hands with the team; they bring the right blend of experience, energy and enthusiasm to work with you and are fully supported by myself and the rest of our firm.

Wendy Russell
Partner, UK Head of Audit



FRC's Audit Quality Inspection and Supervision Inspection
(% of files awarded in each grading, in the most recent report for each firm)



15 Appendices

Escalation Policy



The Backstop

The Department for Levelling Up, Housing and Communities have introduced an audit backstop date on a rolling basis to encourage timelier completion of local audits.

As your statutory auditor, we understand the importance of appropriately resourcing audits with qualified staff to ensure high quality standards that meet regulatory expectations and national deadlines. It is the PCC Group and Chief Constable's responsibility to produce true and fair accounts in accordance with the CIPFA Code by the statutory deadline and respond to audit information requests and queries in a timely manner.

Escalation Process

To help ensure that accounts audits can be completed on time in the future, we have introduced an escalation policy. This policy outlines the steps we will take to address any delays in draft accounts or responding to queries and information requests. If there are any delays, the following steps should be followed:

Step 1 - Initial Communication with Chief Finance Officers (within one working day of statutory deadline for draft accounts or agreed deadline for working papers)

- We will have a conversation with the Chief Finance Officers to identify reasons for the delay and review plans to address it. We will set clear expectations for improvement.

Step 2 - Further Reminder (within two weeks of deadline)

- If the initial conversation does not lead to improvement, we will send a reminder explaining outstanding queries and information requests, the deadline for responding, and the consequences of not responding by the deadline.

Step 3 - Escalation to Chief Constable and Police and Crime Commissioner (within one month of deadline)

- If the delay persists, we will escalate the issue to the Chief Constable and Police and Crime Commissioner, including a detailed summary of the situation, steps taken to address the delay, and agreed deadline for responding.

Step 4 - Escalation to the JARAC (at next available JARAC meeting or in writing to JARAC Chair within 6 weeks of deadline)

- If senior management is unable to resolve the delay, we will escalate the issue to the JARAC, including a detailed summary of the situation, steps taken to address the delay, and recommendations for next steps.

Step 5 - Consider use of wider powers (within two months of deadline)

- If the delay persists despite all efforts, we will consider using wider powers, e.g. issuing a statutory recommendation. This decision will be made only after all other options have been exhausted. We will consult with an internal risk panel to ensure appropriateness.

Aim

By following these steps, we aim to ensure that delays in responding to queries and information requests are addressed in a timely and effective manner, and that we are able to provide timely assurance to key stakeholders including the public on the PCC Group and Chief Constable's financial statements.

IFRS reporters New or revised accounting standards that are in effect

First time adoption of IFRS 16

Lease liability in a sale and leaseback

- IFRS 16 was implemented by LG bodies from 1 April 2024, with early adoption possible from 1 April 2022. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and replaces IAS17. The objective is to ensure that lessees and lessors provide relevant information in a manner that faithfully represents those transactions. This information gives a basis for users of financial statements to assess the effect that leases have on the financial position, financial performance and cash flows of an entity.
- This year will be the first year IFRS 16 is adopted fully within Local Government.

IAS 1 amendments

Non-current liabilities with covenants

- These amendments clarify how conditions with which an entity must comply within twelve months after the reporting period affect the classification of a liability. The amendments also aim to improve information an entity provides related to liabilities subject to these conditions.

Amendment to IAS 7 and IFRS 7

Supplier finance arrangements

- These amendments require disclosures to enhance the transparency of supplier finance arrangements and their effects on an entity's liabilities, cash flows and exposure to liquidity risk. The disclosure requirements are the IASB's response to investors' concerns that some companies' supplier finance arrangements are not sufficiently visible, hindering investors' analysis.

IFRS reporters Future financial reporting changes

IFRS reporters future financial reporting changes

These changes will apply to local government once adopted by the Code of practice on local authority accounting (the Code).

Amendments to IAS 21 – Lack of exchangeability

IAS 21 has been amended by the IASB to specify how an entity should assess whether a currency is exchangeable and how it should determine a spot exchange rate when exchangeability is lacking. The amendments are expected to be adopted by the Code from **1 April 2025**.

Amendments to IFRS 9 and IFRS 7 – Classification and measurement of financial instruments

These amendments clarify the requirements for the timing of recognition and derecognition of some financial assets and liabilities, adds guidance on the SPPI criteria, and includes updated disclosures for certain instruments. The amendments are expected to be adopted by the Code **in future years**.

IFRS 19 Subsidiaries without Public Accountability: Disclosures

IFRS 19 provides reduced disclosure requirements for eligible subsidiaries. A subsidiary is eligible if it does not have public accountability and has an ultimate or intermediate parent that produces consolidated financial statements available for public use that comply with IFRS Accounting Standards. IFRS 19 is a voluntary standard for eligible subsidiaries and is expected to be adopted by the Code **in future years**.

IFRS 18 Presentation and Disclosure in the Financial Statements

IFRS 18 will replace IAS 1 Presentation of Financial Statements. All entities reporting under IFRS Accounting Standards will be impacted.

The new standard will impact the structure and presentation of the statement of profit or loss as well as introduce specific disclosure requirements. Some of the key changes are:

- Introducing new defined categories for the presentation of income and expenses in the income statement
- Introducing specified totals and subtotals, for example the mandatory inclusion of 'Operating profit or loss' subtotal.
- Disclosure of management defined performance measures
- Enhanced principles on aggregation and disaggregation which apply to the primary financial statements and notes.

IFRS 18 is expected to be adopted by the CIPFA Code **in future years**.

The Grant Thornton Digital Audit – Inflo

A suite of tools utilised throughout the audit process

01 Collaborate

Information requests are uploaded by the engagement team and directed to the right member of your team, giving a clear place for files and comments to be uploaded and viewed by all parties.

What you'll see

- Individual requests for all information required during the audit
- Details regarding who is responsible, what the deadline is, and a description of what is required
- Graphs and charts to give a clear overview of the status of requests on the engagement

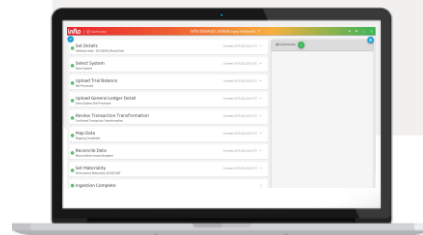


02 Ingest

The general ledger and trial balance are uploaded from the finance system directly into Inflo. This enables samples, analytical procedures, and advance data analytics techniques to be performed on the information directly from your accounting records.

What you'll see

- A step by step guide regarding what information to upload
- Tailored instructions to ensure the steps follow your finance system

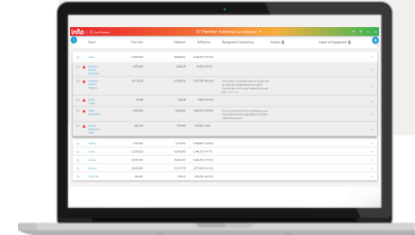


03 Detect

Journals interrogation software which puts every transaction in the general ledger through a series of automated tests. From this, transactions are selected which display several potential unusual or higher risk characteristics.

What you'll see

- Journals samples selected based on the specific characteristics of your business
- A focussed approach to journals testing, seeking to only test and analyse transactions where there is the potential for risk or misstatement





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Derbyshire Police Audit Progress Report and Sector Update

Year ending 31 March 2025

April 2025



Agenda

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4	Policing Sector Update	7
5	Wider Sector Update	11
6	Accounting Update – IFRS 16	16

Introduction



Your key Grant Thornton team members are:

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This paper provides the Joint Audit Risk Assurance Committee (JARAC) with a report on our progress in delivering our responsibilities as your external auditors

The paper also includes a summary of emerging national issues and developments that may be relevant to you.

Members of the JARAC can find further useful material on our website where we have a section dedicated to our work in the public sector. Here you can download copies of our publications.

If you would like further information on any items in this briefing or would like to register with Grant Thornton to receive regular email updates on issues that are of interest to you, please contact either your Engagement Lead or Engagement Manager.

We continue to bring specialists to our update conversations where appropriate to share any learning from our position as a leading audit supplier to the police sector.

You will also have access to our annual Chief Accountant Workshops and any other networking opportunities we create for the various stakeholders.

Progress at April 2025

Key areas

Financial Statements Audit

Our audits of your financial statements for 2023/24 are now complete. We issued disclaimed audit opinions on 27 February 2025. As previously reported, whilst we completed a significant amount of audit work, it was not possible for us to undertake sufficient work to support unmodified audit opinions in advance of the backstop date of 28 February 2025.

In March 2025 we commenced our detailed audit risk assessment for 2024/25. We have completed the majority of our audit planning work and have issued a detailed audit plan, setting out our proposed approach to the audit of the 2024/25 financial statements. This is included as an agenda item for the April meeting of the JARAC.

We anticipate that we will receive the draft financial statements on 30 June 2025. Our final accounts audit will run from September to December 2025. We will report our work in the Audit Findings Report and aim to give our opinions on the Statements of Accounts by 31 December 2025. Note the timing of our opinions is dependent on us receiving assurances from the auditor of Derbyshire Pension Fund.

Value for Money

We aim to complete all 2024/25 value for money audit reviews by 30 November 2025.

From current trends around cost pressures and service demand, we anticipate that risks around financial sustainability and reserves will require consideration across most value for money reviews for 2024/25. Arrangements for governance and improving economy, efficiency and effectiveness will also be reviewed. The current estimated financial trajectory of the sector is shown within the sector update in this report.

Where there are lessons to be learnt from the findings for our 2024/25 value for money reviews, we will seek to share them on a timely basis, to inform future practice.

Progress at April 2025

Other areas

Meetings

We meet regularly with Finance Officers and continue to be in discussions regarding emerging developments and to ensure the audit process is smooth and effective.

Events

We provide a range of workshops, along with network events for members and publications to support the Police and Crime Commissioner and Chief Constable. Your officers attended our Accounts Workshop in March 2025, where we highlighted financial reporting requirements for the 2024/25 accounts and gave insight into elements of the audit approach.

Further details of the publications that may be of interest to the Police and Crime Commissioner, Chief Constable and JARAC members are set out in our Sector Update section of this report.

Audit Fees

PSAA have published their scale fees for 2024/25: [2024/25 auditor appointments and audit fee scale – PSAA](#).

These fees are £106,434 for the Police and Crime Commissioner and £55,972 for the Chief Constable. These fees are derived from the procurement exercise carried out by PSAA in 2022. They reflect both the increased work auditors must now undertake as well as the scarcity of audit firms willing to do this work.

2024/25 deliverables

2024/25 Deliverables	Planned Date	Status
Accounts Joint Audit Plan We are required to issue a detailed accounts joint audit plan to the JARAC setting out our proposed approach in order to give our opinions on the 2024/25 financial statements.	April 2025	Issued
Joint Audit Findings (ISA260) Report The draft Joint Audit Findings Report will summarise the findings from our financial statements audit	December 2025	Not due yet
Auditor's Annual Report The key output from local audit work on arrangements to secure VFM is an annual commentary on arrangements, which will be published as part of the Auditor's Annual Report (AAR).	December 2025	Not due yet
Auditors Reports These are the opinions on your financial statements and annual governance statements.	December 2025	Not due yet

Policing Sector Update

Policing services are rapidly changing. Increased demand from the public and more complex crimes require a continuing drive to achieve greater efficiency in the delivery of police services. Public expectations of the service continue to rise in the wake of recent high-profile incidents, and there is an increased drive for greater collaboration between Forces and wider blue-light services.

Our sector update provides you with an up-to-date summary of emerging national issues and developments to support you. We cover areas which may have an impact on your organisation, the wider Police service and the public sector as a whole. Links are provided to the detailed report/briefing to allow you to delve further and find out more.

Our public sector team at Grant Thornton also undertake research on service and technical issues. We will bring you the latest research publications in this update. We also include areas of potential interest to start conversations within the organisation and with audit committee members, as well as any accounting and regulatory updates.

More information can be found on our dedicated public sector and police sections on the Grant Thornton website by clicking on the logo below:



Grant Thornton Publications
Insights from sector specialists
Accounting and regulatory updates



Home Office

Home

Police Funding Settlement 2025-26

Within the Police Funding Settlement, overall funding for policing will total up to £19.6 billion in 2025-26, an increase of up to £1.1 billion when compared to the 2024-25 settlement.

Of this amount, funding available to Police and Crime Commissioners (PCCs) for their local police force will be up to £17.5 billion an increase of up to an additional £1.1 billion in 2025-26, a 6.6% cash increase and 4.1% real terms increase.

This includes an additional £100 million for Neighbourhood Policing above that announced at the provisional police funding settlement. This assumes PCCs make use of the full precept flexibility of £14 for English forces.

The full statement can be found [here](#).

HMICFRS

2024/25 Value for Money profiles



HMICFRS' value for money dashboards provide comparative data on a wide range of policing activities from 2011 up to the most recent data release (January 2025).

They allow detailed analysis of:

- how much forces spend on different policing activities;
- how crime levels compare across forces, as well as what outcomes forces achieve; and
- workforce costs, broken down by role, rank and gender.

The dashboard can be found [here](#).



Home Office

Home Office

Home Secretary announces major policing reforms

In her first major speech at the annual conference hosted by the National Police Chiefs' Council and Association of Police and Crime Commissioners, the Home Secretary set out her plans to deliver major policing reforms, including:

- a new Police Performance Unit to track national data on local performance and drive up standards
- a Neighbourhood Policing Guarantee to get policing back to basics and rebuild trust between local forces and the communities they serve
- a new National Centre of Policing to harness new technology and forensics, making sure policing is better equipped to meet the changing nature of crime

The Home Secretary also announced more than half a billion pounds of additional central government funding for policing next year to support the government's Safer Streets Mission, including an increase in the core grant for police forces, and extra resources for neighbourhood policing, the NCA and counter-terrorism. A full breakdown of the funding will be published as part of the police settlement in December.

The full article can be found [here](#).

Wider sector updates

A briefing for audit committees on the wider sector updates across Public Sector Audit, Financial Reporting and the responsibilities of Audit Committee members

Local audit reform

For government in England to really access the potential benefits that devolution may bring, there needs to be certainty that accountability and transparency can be maintained at local level. This looks likely to mean a complete overhaul of the current local audit system.

In December 2024, the Ministry of Housing, Communities and Local Government (MHCLG) published a green paper around local audit reform. In the consultation, the government recognised that just 1% of accounts for 2022/23 were published on time, and that whilst there have been calls since 2018 for a separate, dedicated, specialist local audit body to be established, there has been no such body in place since the Audit Commission was disbanded in 2015.

The consultation has now closed, and primary legislation is likely to be introduced in May 2025. The ambition is to establish a new Local Audit Office in the Autumn of 2026 and for the Local Audit Office to begin contract management and other elements of a new oversight role by 2028.

MHCLG statement on the backlog:

1 % audited accounts published on time 2022/23

Source: MHCLG green paper, December 2024

The government has committed that when it arrives, the new Local Audit Office (“LAO”) will:

- Be statutory and independent, with a remit to streamline and simplify the system;
- Assume the functions of appointing and contracting auditors for local authorities (meaning that authorities would no longer have the power to appoint their own auditor);
- Adopt ownership of the Code of Audit Practice from the NAO and deliver relevant training;
- Hold responsibility for quality oversight of local audit, including overseeing an inspection programme, enforcement and some elements of supervision;
- Publish national insight reports on local audit health, which could include emerging trends, quality, market sustainability, VFM arrangements and statutory recommendations and public interest reports; and
- Oversee professional bodies with regard to their remit for the qualification, registration and conduct of local auditors.

MHCLG describes the current system as “complex and dysfunctional” and “broken” but states that it is “determined to get the house in order”. To a large degree, the future of local audit will depend on the extent to which the new body is given appropriate scope, powers and responsibilities. We are contributing actively to stakeholder groups and will work constructively with the new body as it comes into existence.

For a full copy of MHCLG’s intentions, see [Statement of intent and consultation](#).

The future of financial reporting

The government's consultation on local audit reform also included consultation on the future of local government financial reporting and accounts. The government's December 2024 statement of intent and consultation committed to:

- Review the content and format of accounts;
- Determine an appropriate approach to consistency across the UK;
- Consider primary legislation to separate pension fund accounts from administering authority accounts;
- Guarantee a freely available Accounting Code; and
- Consider the introduction of standardised statements in the longer term.

Work is intended to include ensuring that the accounting code does not require more disclosures than are necessary and to consider the purposes and users of local authority accounts. The statement of intent highlighted that timeliness, comprehension (understandability) and professional capability (capacity) have all been issues in the past, culminating in just 1% of audited accounts being published on time for 2022/23.

Grant Thornton's track record is strong (84% of unqualified opinions for 2022/23 signed by the 13th December 2024 backstop date), but we welcome the government's new commitments. Better timeliness and more comprehensible reporting across the sector will strengthen accountability and transparency and lead to a firmer platform for decision-making and devolved delivery.

13th December 2024 backstop performance – Grant Thornton compared to sector pre-backstop performance

Sector: % audited accounts published on time (pre-backstop dates being set)	1
Grant Thornton: % 2022/23 opinions signed by the 13th December 2024 backstop date	84
Grant Thornton: % 2022/23 VFM Auditor Annual Reports published by the 13th December 2024 backstop date	99

In the meantime, with the 28th February 2025 backstop date now passed for 2023/24 statements of accounts, many will now be turning their attention to getting ready for 2024/25 financial reporting. Unaudited accounts for 2024/25 need to be published by 30th June this year. The backstop publication date for the audited 2024/25 accounts is 27th February 2026 . Early consideration of resourcing and timetabling will help.

For a full copy of the statement of intent and consultation, see [Statement of intent and consultation](#)

For the Accounts and Audit Regulations 2024, see [The Accounts and Audit \(Amendment\) Regulations 2024](#)

Value for money webinar for Audit Committee members

We plan to hold the second in a series of Value for Money (VFM) webinars for members of Audit Committees on 4th June 2025 from 4:00pm until 5.30pm. Invitations will be available on the Grant Thornton website shortly. Alternatively, please speak to your audit Engagement Lead or Engagement Manager.

Delivered by Grant Thornton specialists and drawing on experience from across the sector, the webinar will cover:

How to prepare for devolution and reorganisation:

- Shared experience from other reorganisations, with a focus on:
- Setting up new strategic authorities;
- Preparing successful final November 2025 proposals;
- Programme management;
- Organisational enablement;
- Robust evidence for costs and benefits analysis;
- Setting out your vision; and
- Successful engagement with people and culture.

Lessons learnt from 2023/24 and how to get ready for 2024/25:

- Review of findings from more than 100 Auditor Annual Reports to identify common findings and what those tell us about areas where more scrutiny is needed;
- Year on year trends across the sector; and
- How to prepare for VFM audit 2024/25.

We look forward to welcoming you.



Audit Committee resources

The Audit Committee and organisational effectiveness in local authorities (CIPFA):

<https://www.cipfa.org/services/support-for-audit-committees/local-authority-audit-committees>

LGA Regional Audit Forums for Audit Committee Chairs

These are convened at least three times a year and are supported by the LGA. The forums provide an opportunity to share good practice, discuss common issues and offer training on key topics. Forums are organised by a lead authority in each region. Please email ami.beeton@local.gov.uk LGA Senior Adviser, for more information.

Public Sector Internal Audit Standards

<https://www.gov.uk/government/publications/public-sector-internal-audit-standards>

Code of Audit Practice for local auditors (NAO):

<https://www.nao.org.uk/code-audit-practice/>

Governance risk and resilience framework: material for those with a leadership responsibility on good governance (CfGS):

<https://www.cfgs.org.uk/material-for-those-with-a-leadership-responsibility-on-good-governance/>

The Three Lines of Defence Model (IAA)

<https://www.theiia.org/globalassets/documents/resources/the-iias-three-lines-model-an-update-of-the-three-lines-of-defense-july-2020/three-lines-model-updated-english.pdf>

Risk Management Guidance / The Orange Book (UK Government):

<https://www.gov.uk/government/publications/orange-book>

CIPFA Guidance and Codes

The following all have a charge, so do make enquiries to determine if copies are available within your organisation.

Audit Committees: Practical Guidance For Local Authorities And Police

<https://www.cipfa.org/policy-and-guidance/publications/a/audit-committees-practical-guidance-for-local-authorities-and-police-2022-edition>

Delivering Good Governance in Local Government

<https://www.cipfa.org/policy-and-guidance/publications/d/delivering-good-governance-in-local-government-framework-2016-edition>

Financial Management Code

<https://www.cipfa.org/fmcode>

Prudential Code

<https://www.cipfa.org/policy-and-guidance/publications/t/the-prudential-code-for-capital-finance-in-local-authorities-2021-edition>

Treasury Management Code

<https://www.cipfa.org/policy-and-guidance/publications/t/treasury-management-in-the-public-services-code-of-practice-and-crosssectoral-guidance-notes-2021-edition>

Accounting Update – IFRS 16

A briefing for audit committees on the implementation of IFRS16

IFRS 16 - Leases

Lessee accounting up to 31 March 2024

Until April 2024, when the police body gained the use of an asset under a lease agreement, it had to determine whether it was a finance lease or an operating lease. The distinction was based on which entity had substantially all the risks and rewards of ownership. It was important because finance leased assets were deemed capital and accounted for on the authority's balance sheet, whereas operating lease costs were charged to expenditure over the life of the lease.

Lessee accounting from 1 April 2024

From the adoption of IFRS 16 leases on 1 April 2024, the distinction between operating and finance leases for lessees has been removed. Now all leases, apart from those that are deemed low value or short term, are accounted for on balance sheet by lessees.

Asset and liability recognised

Under IFRS 16, lessees recognise their right to use an asset and also a liability for the present value of the total amount they expect to pay over the period of the agreement. Initially, the right of use asset and the liability are usually recognised at the same value, unless there have been any relevant payments before the start of the lease.

After initial recognition, the right of use asset is valued the same way as owned assets of a similar type and the liability is increased for interest due or changes in expected payments due to the application of a rate or index such as RPI, and decreased for amounts paid.

Public sector adaptation

In the public sector, the definition of a lease has been extended to include the use of assets for which little or no consideration is paid, often called “peppercorn” rentals. This is one instance where the right of use asset and associated liability are not initially recognised at the same value. For peppercorn rentals, the right of use assets are initially recognised at market value and any difference between that and the present value of expected payments is accounted for as income, similar to the treatment of donated assets.

IFRS 16 - Leases

Judgements required

Most of the information needed to determine the appropriate figures for the accounts will come from the lease agreement. However, sometimes judgements may need to be made by management. Such judgements may include:

- determining what is deemed to be a low value lease. This is based on the value of the underlying asset when new and is likely to be the same as the authority's threshold for capitalising owned assets.
- determining whether an option to terminate or extend the lease will be exercised. This is important as it affects the lease term and subsequently the calculation of the lease liability based on the expected payments over the lease term
- the valuation of the right of use asset after recognition. An expert valuer may be required to support management in this.

Lessor accounting

IFRS 16 has preserved the distinction between finance and operating lease accounting for lessors. The key things that lessors need to be aware of are:

- assets leased out for a peppercorn rental should be treated as finance leases if they have, in substance, been donated to the operator
- if the asset is sub-let, the consideration of whether the sub-lease is a finance lease or an operating lease takes account of the value and duration of the head lease rather than the value and life of the underlying asset

IFRS 16 - Leases

Questions to consider

Questions for policing bodies to ask themselves include:

- How have you gained assurance on completeness, that you have identified all your leases including those for a peppercorn rent?
- Have you set your threshold for low value leases?
- How have you identified all options to terminate or extend existing leases and assessed the lease term on the basis of the likelihood you will exercise them?
- Have you reconciled your operating lease commitments as disclosed in your 31 March 2023 accounts under IAS 17 to your lease liability under IFRS 16 on 1 April 2024?
- How have you gained assurance that right of use assets are carried at the appropriate value at the balance sheet date?
- If you are an intermediate lessor, have you reassessed whether the leases out are finance or operating leases with reference to the terms of the head lease?
- Have you updated your systems to ensure that the budgetary and accounting impact of all leases is identified in a timely and effective manner.



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Office of the Police & Crime Commissioner for Derbyshire and Derbyshire Police

Joint Audit, Risk and Assurance Committee – 30 April 2025

Internal Audit Progress Report

Date Prepared: April 2025

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- A1 Latest Reports Issued
- A2 Navigating the Updated IIA’s Global Internal Audit Standards
- A3 Thought Leadership

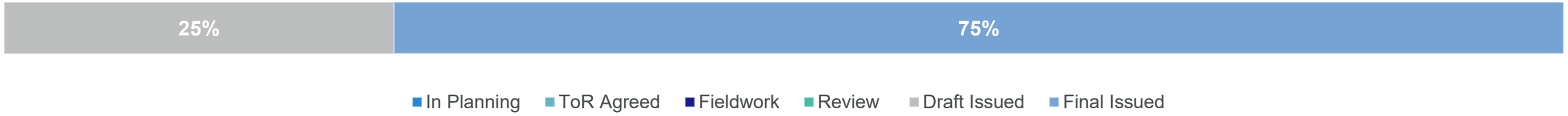
Disclaimer
This report (“Report”) was prepared by Forvis Mazars LLP at the request of the Office of the Police & Crime Commissioner for Derbyshire (“OPCC”) and Derbyshire Police (“Force”) and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of OPCC and Force and to the fullest extent permitted by law Forvis Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in this report for further information about responsibilities, limitations and confidentiality.



01. Snapshot of Internal Audit Activity

Below is a snapshot of the current position of the delivery of the 2024/25 Internal Audit Plan.

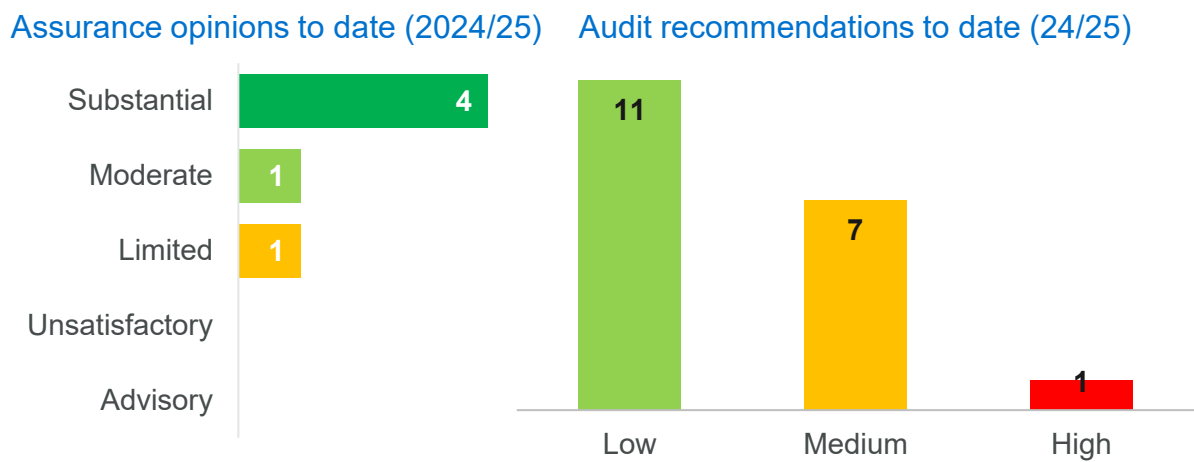


JARAC decisions needed

- Note the progress being reported and consider final reports included separately in **Appendix 1**.

RAG status of delivery of plan to timetable

On Track



Key updates

Since the last update provided to the committee, we have issued the final report for the Estates Capital Programme & Funding, IT – Incident & Change Management, Core Financials and Occupational Health Unit audits. Draft reports have also been issued for the Environmental Sustainability and Partnerships audits. Further details can be found in **Section 2**.

Following requests by management, we have deferred the Governance & Oversight and Assurance Framework audits into the 2025/26 Internal Audit Plan.

An overview of the Internal Audit Plan can be found in **Section 3**.

Since the last update provided to the committee, we have issued the final report for the EMSOU Data Governance & Security audit. We’ve also issued the draft report for the EMSOU Wellbeing & EDI audit.

An overview of the Collaboration Plan can be found in **Section 4**.

2. Latest Reports Issued – Summary of Findings

Estates Capital Programme & Funding 2024/25

Your One Page Summary

Audit Objective: To provide assurance that the Force and OPCC have effective arrangements in place regarding the Estates Capital Programme & Funding.

Audit rationale					
Why the Audit is in Your 2024/25 Plan		Your Strategic Risk		Your Strategic / Tactical Objective	
Following work undertaken to understand the utilisation and condition of the estates, this audit will provide assurance of the controls in place to ensure an appropriately funded capital programme, including savings identified to achieve budget.		STR0052 – St Mary's Wharf PFI lease expiry STR0088 – Failing to provide suitable facilities to deliver operational policing services STR0085 – Building stock and mains services testing – lack of regulatory compliance		Driving Efficiencies - Reviewing our police estate and working with the Chief Constable to deliver a fit-for-purpose police estate and infrastructure that aims to deliver long term efficiencies	
Summary of our opinion					
<div>Substantial Opinion See Appendix A1 for definitions</div>		Summary of Recommendations			
<div>X</div>		High Priority	-	Actions agreed by you	100%
		Medium Priority	-	High Priority completion	N/A
		Low Priority	2	Overall completion	March 2025
Summary of findings					
Examples of good practice		Highest Priority Findings		Key root causes	
<ul style="list-style-type: none">✓ An approved Capital Programme is in place, which clearly highlights the streams of funding in place to support its delivery. Review of the Programme also shows clear identification of its Estates works.✓ Monthly capital budget monitoring reports are produced by Finance and circulated to respective budget-holders, with the Estates side reported to the Head of Joint Strategic Assets.✓ An exercise to review all of the Force's estate was completed in the previous 12 months, to outline and rank the most urgent works required within a 'Project Prioritisation Matrix' document. Audit successfully traced the significant works identified in the Matrix to the Capital Programme.		<ul style="list-style-type: none">• Insufficient detail within the Terms of Reference for the Strategic Estates Board.• Lessons learnt with respect to capital projects are not formally recorded.		<ul style="list-style-type: none">• Poor template design.• Overreliance of recalled knowledge of Team.	

2. Latest Reports Issued – Summary of Findings

IT – Incident & Change Management 2024/25

Your One Page Summary

Audit Objective: Assess the design and effectiveness of the control framework for managing incidents and changes.

Audit rationale					
Why the Audit is in Your 2024/25 Plan		Your Strategic / Tactical Objective			
IT Service availability is critical to the force which is highly dependent on the effective management of IT incidents and changes.		Making Derbyshire Safer Together, Fighting crime, service to the public, Responsive and visible policing, prevention and partnerships, trust and legitimacy.			
Summary of our opinion					
<div>Substantial Opinion</div> <div>See Appendix A1 for definitions</div>		Summary of Recommendations			
		High (Priority 1)	0	Actions agreed by you	100%
		Medium (Priority 2)	0	Overall completion	07/02/2025
		Low (Priority 3)	4		
X					
Summary of findings					
Examples of good practice		Highest Priority Findings		Key root causes	
<div>✓ Clear and detailed policy and procedures for incident and change management.</div> <div>✓ Employment of mandatory fields to ensure incident and change ticket quality.</div> <div>✓ Automatic monitoring of SLAs within the service management tool.</div> <div>✓ Creation of a pre-change approval board to quickly approve uncontested changes.</div> <div>✓ Use of the Alemba Service Management Tool to clearly link together related incidents, problems and changes.</div>		<div>• Not recording CAB meetings.</div> <div>• Not presenting all lessons learned to the CAB.</div> <div>• Not documenting user approval for the closure of incidents.</div>		<div>• Identified improvement points have not been previously considered.</div> <div>• With a focus on efficiency, thorough processes such as the documentation of approval for the closure of incidents have not been implemented.</div>	

2. Latest Reports Issued – Summary of Findings

Core Financials 2024/25

Your One Page Summary

Audit Objective: To assess the design and effectiveness of the control framework in respect of Core Financials.

Audit rationale					
Why the Audit is in Your 2023/24 Plan		Your Strategic / Tactical Objective			
To provide assurance with regards the adequacy and effectiveness of the systems of internal control in operation to manage the core financial systems.		Finance and Resources			
Summary of our opinion					
<div>Moderate Opinion</div> <div>See Appendix A1 for definitions</div>		Summary of Recommendations			
		<div>High Priority</div>	-	<div>Actions agreed by you</div>	100%
<div></div> <div>x</div> <div></div> <div></div> <div></div>		<div>Medium Priority</div>	3	<div>High Priority completion</div>	N/A
		<div>Low Priority</div>	-	<div>Overall completion</div>	April 2025
Summary of findings					
Examples of good practice		Highest Priority Findings		Key root causes	
<ul style="list-style-type: none">For a sample of ten investments made in the past six months, we confirmed that they were appropriately authorised and were consistent with the Force's Treasury Management and Investment Strategies.For a sample of ten overtime claims, we confirmed that in each case the claim was authorised and paid in a timely manner.		<ul style="list-style-type: none">Aged debts are not escalated to Legal Services in line with the Force's timeframes, and escalated debts are not managed in a proactive and timely manner.Period End close down activities are not formally reviewed following their completion.		<ul style="list-style-type: none">The Legal Department lacks resource to appropriately undertake legal debt recovery procedures in a timely manner.Formal reviews of period end close down processes have not been considered by the Force	

2. Latest Reports Issued – Summary of Findings

Occupational Health Unit 2024/25

Your One Page Summary

Audit Objective: to provide assurance that the Force and OPCC have effective controls in place regarding their Occupational Health Unit.

Audit rationale

Why the Audit is in Your 2024/25 Plan

Following the OHU being brought back in-house following the end of the collaboration agreement, the audit will look to provide assurance that an effective control framework has been established for the new in-house unit.

Your Strategic / Tactical Objective

Strong Local Policing

Summary of our opinion

Substantial Opinion

See Appendix A1 for definitions

X

Summary of Recommendations

High Priority	-	Actions agreed by you	100%
Medium Priority	-	High Priority completion	N/A
Low Priority	2	Overall completion	March 2025

Summary of findings

Examples of good practice

- ✓ The Force's Occupational Health and Wellbeing Strategy for 2024-2027 outlines the department's priorities, services offered, performance measures, and governance structure.
- ✓ The Force has completed all sections of the Oscar Kilo Blue Light Framework Self-assessment, including the Occupational Health section, where it achieved a 92% Foundation (FD) rating.

Highest Priority Findings

- The Force's use of the shared Cority system with Nottinghamshire and Leicestershire has introduced vulnerabilities, leading to potential unauthorised access to sensitive data, with manual workarounds being established between October and November 2024 to address these issues.

Key root causes

- Inadequate access controls and account management within the shared Cority system.

03. Overview of Internal Audit Plan 2024/25

The table below lists the status of all reviews within the 2024/25 Plan.

Review	Original Days	Revised Days	Status	Start Date	AC	Assurance Level	Total	High	Medium	Low
Data Quality	10	10	Final Issued	17-Jun-24	Jan-25	Limited	7	-	4	3
Wellbeing	10	10	Final Issued	24-Jun-24	Oct-24	Substantial	-	-	-	-
Estates Capital Programme & Funding	10	10	Final Issued	04-Sep-24	Apr-25	Substantial	2	-	-	2
IT – Incident & Change Management	10	10	Final Issued	14-Oct-24	Apr-25	Substantial	4	-	-	4
Core Financials	10	10	Final Issued	15-Oct-24	Apr-25	Moderate	3	-	3	-
Environmental Sustainability	10	10	Draft Issued	25-Nov-24			-	-	-	-
Occupational Health Unit	10	10	Final Issued	16-Dec-24	Apr-25	Substantial	2	-	-	2
Partnerships	10	10	Draft Issued	20-Feb-25			-	-	-	-
Governance & Oversight	10	0	Deferred to 2025/26 Internal Audit Plan							
Assurance Framework	10	0	Deferred to 2025/26 Internal Audit Plan							
Totals	100	80				Totals	18	-	7	11

04. Overview of Collaboration Plan 2024/25

The table below lists the status of all reviews within the 2024/25 Collaboration Plan.

Review	Original Days	Revised Days	Status	Start Date	AC	Assurance Level	Total	High	Medium	Low
EMSOU Data Governance and Security	10	10	Final Issued	06-Jan-25	Apr-25	Substantial	2	-	1	1
EMSOU Wellbeing and EDI	10	10	Draft Issued	20-Jan-25			-	-	-	-
Totals	20	20				Totals	2	-	1	1

05. Key Performance Indicators 2024/25

Number	Indicator	Criteria	Performance
1	Annual report provided to the JIAC	As agreed with the Client Officer	July 2024
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	March 2024
3	Progress report to the JIAC	7 working days prior to meeting	Achieved
4	Issue of draft report	Within 10 working days of completion of exit meeting	50% (4 / 8)
5	Issue of final report	Within 5 working days of agreement of responses	50% (3 / 6)
6	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork	50% (4 / 8)
7	Customer satisfaction (measured by survey) “Overall evaluation of the delivery, quality and usefulness of the audit” Very Good, Good, Satisfactory, Poor or Very Poor	85% average with Satisfactory response or above	100% (2 / 2) 2x Very Good

05. Key Performance Indicators 2024/25 (Cont.)

Review	Date of ToR	Start of Fieldwork	Days Notice (10)	Exit Meeting	Draft Report	Time from Close to Draft Report (10)	Management Comments Received	Time to Received Comments (15)	Final Report Issued	Time Taken to Issue Final Report (5)
Data Quality	29-May-24	17-Jun-24	13	02-Aug-24	05-Aug-24	0	02-Oct-24 / 15-Nov-24	41	27-Nov-24	5
Wellbeing	11-Jun-24	24-Jun-24	9	09-Jul-24	18-Jul-24	5	19-Jul-24	1	23-Jul-24	1
Estates Capital Programme & Funding	20-Aug-24	04-Sep-24	10	25-Oct-24	20-Nov-24	11	06-Feb-25	53	14-Feb-25	3
IT – Incident & Change Management	27-Sep-24	14-Oct-24	11	21-Nov-24	10-Jan-25	16	24-Jan-25	10	19-Feb-25	11
Core Financials	02-Oct-24	15-Oct-24	9	14-Nov-24	13-Mar-25	46	31-Mar-25	12	11-Apr-25	6
Environmental Sustainability	13-Nov-24	25-Nov-24	8	13-Feb-25	27-Mar-25	18				
Occupational Health Unit	28-Nov-24	16-Dec-24	12	08-Jan-25	16-Jan-25	6	06-Mar-25	35	20-Mar-25	6
Partnerships	07-Feb-25	20-Feb-25	9	20-Mar-25	14-Apr-25	9				
Governance & Oversight	Deferred to 2025/26 Internal Audit Plan									
Assurance Framework	Deferred to 2025/26 Internal Audit Plan									

06. Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

A1

Latest Reports Issued

Estates Capital Programme & Funding 2024/25





01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	<p>The Force should update the Terms of Reference for the Strategic Estates Board to contain the following:</p> <ul style="list-style-type: none"> a) Date effective from; b) Required, named attendees; c) Roles and responsibilities of attendees; d) Frequency of meets; and, e) Standardised agenda <p>This will ensure a clear approach is outlined and followed with respect to strategic oversight of the Capital Programme which includes Estates.</p>	Low	Richard Brunt, Head of Joint Strategic Assets	31 March 2025
2	<p>The Force should ensure it centrally documents and retains lessons learnt for past individual projects, to protect against the loss of information or expertise should staff members leave the Force. Similarly, the recording of lessons learnt will enable the Force to potentially highlight common themes across projects.</p>	Low	Richard Brunt, Head of Joint Strategic Assets	31 March 2025

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money	Sector Comparison
<div><p>Value for Money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.</p><p>The Force have an approved Capital Programme, of which includes a specific section to the Estates side and its respective forecasted expenditure, which was the area of focus for this review.</p><p>Included within the Capital Programme is a breakdown of all funding streams to accommodate delivery of the Programme. Streams include but are not limited to grant funding, sale of land and buildings and new forms of borrowing.</p><p>Review of the Capital Programme highlights that a significant proportion of funding will be sourced from new borrowing for the years 2025/2026 and 2026/27. The source of borrowing will be based on favourable rates, which will likely mean borrowing from the Public Works Loan Board (PWLB) but could also be from Local Authorities.</p><p>Whilst Audit confirmed that the increase in borrowing is deemed affordable by the Force, through review of the 'Prudential Code Report January 2024' which was circulated and approved by the Finance Assurance Board, the Force should ensure they maintain constant oversight of borrowing so they do not exceed borrowing limits outlined within their Treasury Management Strategy.</p></div>	<div><p>Across the East Midland Forces, we're seeing increased pressure on resources and higher service demands, resulting in challenges to the existing control environment. This often results in increased challenges to decision-making and a need to be balanced with effective risk management.</p><p>We have noted that best practice with respect to governance structures to maintain adequate strategic oversight begins with clear roles and responsibilities set out within Terms of References. Through our testing completed at Derbyshire, we have noted there is scope for improvement in relation to this area and therefore have raised a recommendation to address this detailed further in Section 03.</p><p>By clearly naming required attendees and their respective roles, whilst also outlining a set agenda and frequency of meets, this ensures a clear and consistent approach is adopted and enforced from the top-down strategic level to the day-to-day operational level.</p></div>

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 Lack of detail within the Terms of Reference for the Strategic Estates Board			
Finding(s) and Risk		Recommendation(s)	
<p>The Strategic Estates Board maintains strategic oversight and is the formal governance structure for delivery of the Capital Programme which includes Estates. The Board meet on a bi-monthly basis with the overall purpose to 'prioritise investments strategically according to risk and operational need whilst delivering value for money'.</p> <p>Review of the Terms of Reference for the Board shows limited detail, making no reference to named attendees for such meetings and roles and responsibilities for such staff members. Similarly, there is no reference to the frequency of meets and the date the Terms of Reference was last reviewed / is effective from.</p> <p>Risk and Impact: Responsibilities and governance arrangements are not clearly defined leading to a lack of accountability.</p>		<p>1. The Force should update the Terms of Reference for the Strategic Estates Board to contain the following:</p> <ul style="list-style-type: none">f) Date effective from;g) Required, named attendees;h) Roles and responsibilities of attendees;i) Frequency of meets; and,j) Standardised agenda <p>This will ensure a clear approach is outlined and followed with respect to strategic oversight of the Capital Programme which includes Estates.</p>	
		Root Cause(s)	
		Poor template design.	
Management Comments / Agreed Actions			
The ToR is being updated for approval at the next meeting of the Strategic Estates Board.			
Responsible Person	Richard Brunt, Head of Joint Strategic Assets	Action Due Date	31 March 2025
		Priority Level	Low

2 Recording of lessons learnt			
Finding(s) and Risk		Recommendation(s)	
<p>Through discussions with the Head of Joint Strategic Assets, we noted that the Force aims to treat every individual Capital Estates project with previous lessons learnt in mind which is incorporated into the planning stage.</p> <p>However, we were informed by the Head of Joint Strategic Assets that the knowledge in relation to lessons learnt stems from past experience from the Strategic Assets team who are responsible for the operational delivery of the Estates side of the Capital Programme, and this knowledge is not stored centrally.</p> <p>Risk and Impact: Valuable insight and experience may be lost if staff leave the Force, due to lessons learnt not being physically recorded.</p>		<p>1. The Force should ensure it centrally documents and retains lessons learnt for past individual projects, to protect against the loss of information or expertise should staff members leave the Force. Similarly, the recording of lessons learnt will enable the Force to potentially highlight common themes across projects.</p>	
		Root Cause(s)	
		Overreliance of recalled knowledge of team.	
Management Comments / Agreed Actions			
Lessons learnt will be recorded during and following the completion of a project or future contracts.			
Responsible Person	Richard Brunt, Head of Joint Strategic Assets	Action Due Date	31 March 2025
		Priority Level	Low

A1 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether Office of the Police & Crime Commissioner for Derbyshire and Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to the Estates Capital Programme with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

- Processes are followed inconsistently as roles and/or responsibilities are not clearly defined or known.
- Decisions are not effectively overseen by or reported to management, through relevant governance forums.
- Decisions are not made effectively on a long-term/strategic basis, leading to value for money concerns/issues.
- Capital projects are not appropriately funded through the appropriate use of grants, borrowing and reserves.
- Criteria and limits for capital funding are not clearly defined.
- Where the Force and/or OPCC engages in borrowing, it is not within approved limits or does not reflect value for money.
- The Force and OPCC are unaware of the condition of its estate and therefore cannot effectively identify cases for capital projects.
- Projects are not appropriately costed using realistic assumptions.
- Projects are not subject to appropriate scrutiny as part of the approval process.
- The Force and OPCC are unaware of the condition of its estate and therefore cannot effectively identify assets for disposal.
- Capital assets are not replaced as per planned capital expenditure.
- Assets are not sold, leading to value for money concerns as capital receipts are not received and used within the capital programme.
- Early disposals or extensions of an assets UEL are not clearly explained.
- Regular reporting does not take place, so management is unaware of the Force and OPCC's performance against the capital programme and for specific capital projects.
- The capital programme and individual projects are not reviewed to identify issues, lessons learnt and improvements for future projects.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

IT – Incident & Change Management 2024/25





01 Summary Action Plan

Below is a high level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	Derbyshire Police should add a mandatory field to the incident ticket template within Alemba. The fields should request - <ul style="list-style-type: none"> The identity of the individual approving the closure of the incident; Confirmation that closure approval has been received from the initiating user, along with the date and time this was received; Supporting evidence, such as an email, or completion of a form. 	Low	Richard Apaya (Technical Support Manager)	07/02/2025
2	Derbyshire Police should perform either of the following - <ul style="list-style-type: none"> Set up the weekly CAB teams call to be automatically recorded and these recordings stored within a shared file system; Designate a member of the CAB at the start of each meeting to take meeting minutes, which should then be shared and stored in an accessible location at the end of the meeting. 	Low	Richard Apaya (Technical Support Manager)	07/02/2025
3	Lessons learned from all unsuccessful changes should be presented at the weekly CAB meeting; even if this process is expedited for events that are unlikely to occur again.	Low	Richard Apaya (Technical Support Manager)	07/02/2025
4	Derbyshire Police should update their change and incident management policy documents, as well as any sub-documents, to include requirements for annual periodic reviews of the policy contents. The review period should be consistent with any expectations of future change to the documents and so policies for established processes with little expectation of change could be reviewed less frequently. These documents should also include a specific next review date, to be updated after each review is concluded.	Low	Richard Apaya (Technical Support Manager)	07/02/2025

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money	Sector Comparison
 <p>An effective and consistent process to manage incidents can help reduce costs for to Derbyshire Police by ensuring that the minimum possible impact from these incidents is realised, with the minimum necessary resources assigned to their mitigation. Likewise, an effective change management process can help ensure that changes are made efficiently and avoid the costs that arise from incidents when change failure occurs.</p> <p>During our audit it was determined that Derbyshire Police has tools and processes consistent with other organisations and most aspects of best practice, and thus it is unlikely that there are significant value for money opportunities in this area from adjusting these processes to gain further value.</p>	 <p>In general, Derbyshire Police employs a set of policies, processes and tools to handle incident and change management in accordance with industry best practices and thus is expected to compare well with other similarly sized police forces around the country. In addition, a number of the practices at Derbyshire Police demonstrate an improvement on standard processes that others would benefit from adopting, for example the use of a pre-Change Advisory Board (CAB) change approval process to approve uncontested changes that would otherwise take up valuable time during regular meetings of the CAB.</p> <p>We noted management's positive response to the findings from this audit which reflect a desire to iterate on and improve already existing processes.</p>

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 Verbal Approval for Incident Closure is not Documented			
Finding(s) and Risk		Recommendation(s)	
<p>Incidents that are raised by a service user should receive the approval of this individual before they are closed to ensure that the issue has been addressed to their satisfaction.</p> <p>While Derbyshire Police requires this approval as part of the incident closure process, the approval itself may be obtained verbally and is not documented within the corresponding incident ticket.</p> <p>Risk and Impact: Issues labelled as fixed within the Incident Management Tool may not have been solved adequately for users. This may result in the opening of additional unnecessary incident tickets, requiring additional time and resources to review and solve.</p>		<p>Derbyshire Police should add a mandatory field to the incident ticket template within Alemba. The fields should request -</p> <ul style="list-style-type: none">• The identity of the individual approving the closure of the incident;• Confirmation that closure approval has been received from the initiating user, along with the date and time this was received;• Supporting evidence, such as an email, or completion of a form.	
		Root Cause(s)	
		<p>Considerations had not been made for documenting initiating user approval within incident tickets as verbal approval was deemed sufficient.</p>	
Management Comments			
<p>Derbyshire plans to include a new check box for all incident tickets which will explicitly confirm that the initiating user has approved closure (including date/time of approval).</p>			
Responsible Person	Richard Apaya Technical Support Manager	Action Due Date	07/02/2025
		Priority Level	Low

2 Change Approval Board Contents are not Recorded			
Finding(s) and Risk		Recommendation(s)	
<p>The contents of Change Approval Board (CAB) meetings should be documented where discussions and actions go beyond the simple approval of changes in Alemba.</p> <p>While Derbyshire Police does record the results of these weekly meetings within individual change tickets, further discussions that happen during the meetings such as in relation to the outcome of previous changes or blockers faced during the resolution of existing changes are not documented.</p> <p>Risk and Impact: Failure to document the discussions that take place during CAB meetings may result in confusion as to the determinations made during these meetings. These will take additional time and resources to resolve and may prevent the timely completion of high priority changes.</p>		<p>Derbyshire Police should perform either of the following -</p> <ul style="list-style-type: none">• Set up the weekly CAB teams call to be automatically recorded and these recordings stored within a shared file system;• Designate a member of the CAB at the start of each meeting to take meeting minutes, which should then be shared and stored in an accessible location at the end of the meeting.	
		Root Cause(s)	
		<p>Documentation of CAB meetings was previously not deemed necessary as no incidents have yet occurred around miscommunication of CAB decisions.</p>	
Management Comments / Agreed Actions			
<p>Derbyshire plan to automatically record the CAB meeting and transcript and document these in SharePoint. A folder has been created called 'CAB Meeting Minutes', the recording will be saved for up to 1 year. The first meeting has already been recorded 21/01/25.</p> <p>CAB cover manager guidance document has already been updated as of 17/01/25.</p> <p>Change Process document is to be updated to highlight that CAB meetings will be recorded for audit purposes.</p>			
Responsible Person	Richard Apaya Technical Support Manager	Action Due Date	07/02/2025
		Priority Level	Low

3 Lessons Learned from Unsuccessful Changes are not Presented to CAB			
Finding(s) and Risk		Recommendation(s)	
<p>Upon the closure of an unsuccessful change ticket, a process should begin to extract lessons learned from the change process. These lessons should be presented and discussed at the weekly CAB meeting to ensure that future changes do not fail in the same manner.</p> <p>Mazars inspected five unsuccessful changes out of a population of 66 in the previous 12 months and noted that for two of these changes, whilst lessons learned had been generated during the post-change process, these had not been presented to the CAB.</p> <p>Risk and Impact: Failure to present lessons learned from all unsuccessful changes may result in a failure to adjust the change management process accordingly, this can lead to an unnecessarily high proportion of unsuccessful changes in the future that might have been reduced by taking these lessons learned onboard.</p>		<p>Lessons learned from all unsuccessful changes should be presented at the weekly CAB meeting, even if this process is expedited for events that are unlikely to occur again.</p>	
		<p>Root Cause(s)</p> <p>Derbyshire Police personnel believed that discussing all lessons learned identified during the previous week would take up too much of the CAB meeting and would prevent timely approval of upcoming changes.</p>	
Management Comments / Agreed Actions			
<p>This has already been mentioned at our CAB meetings for awareness, that all unsuccessful changes, the completed CPIR/lessons learnt will all be taken back to CAB for awareness and discussion.</p> <p>Change Process document to be updated to add extra guidance that this is being done for audit purposes that this will take place.</p>			
Responsible Person	Richard Apaya Technical Support Manager	Action Due Date	07/02/2025
		Priority Level	Low

4 Future Review Dates for Policy and Procedure Documents have not been Agreed in Advance			
Finding(s) and Risk		Recommendation(s)	
<p>Policy documents should typically be reviewed and updated to reflect industry best practices on an annual basis. The period between reviews and next review date should be specified within the documents themselves.</p> <p>Derbyshire Police policy documents for incident management and change management do not contain sections detailing review periods or future review dates.</p> <p>Risk and Impact: Failure to specify and adhere to a regular update schedule for policy and procedure documents could result in these updates not taking place. This could lead to a divergence over time between current policies and those of industry best practices which can result in a gradual increase in the relative inefficiency of the incident and change management procedures.</p>		<p>Derbyshire should update their change and incident management policy documents, as well as any sub-documents, to include requirements for periodic review of the policy contents. The review period should be consistent with any expectations of future change to the documents and so policies for established processes with little expectation of change could be reviewed less frequently. These documents should also include a specific next review date, to be updated after each review is concluded.</p>	
		Root Cause(s)	
		<p>Internal discussions regarding the inclusion of a regular review schedule for policy documents are still ongoing and a decision has not yet been made.</p>	
Management Comments / Agreed Actions			
<p>Customer Service Improvements Manager has already created a suggested annual plan for all ITIL process/policy documents to be reviewed annually, which will cover off this action.</p> <p>The suggested plan is to be discussed with all Managers as they will be required to take part in the review of all the documents.</p> <p>For each process document the Customer Service Improvements Manager will update each document to include a 'specific next review date'.</p>			
Responsible Person	Richard Apaya Technical Support Manager	Action Due Date	07/02/2025
		Priority Level	Low

A1 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to Incident and Change Management with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

- **Policies and Procedures** - Inadequate policies and procedures for incident and change management could result in unauthorised and/or untested changes introduced into the production environment, leading to unnecessary service failures or performance degradation.
- **Policies and Procedures** - Service failures are not resolved in a consistent approach to minimise severe impacts to the force.
- **Incident Management** - Service management tools have not been designed or configured to effectively manage and report on incidents to comply with policy and service standards.
- **Incident Management** - Incidents are not identified, recorded, tracked and reported consistently to meet the organisations requirements.
- **Incident Management** - Incidents arising from automated service monitoring tools are not automatically imported into the incident management tool leading to ineffective response to loss of service.
- **Incident Management** - Incidents are not managed effectively and performance reporting is inaccurate. For example, incidents are only closed when the underlying issue is resolved supporting accurate calculation of whether service levels were met.
- **Incident Management** - Steps to resolve major incidents and to return the service to operation are not coordinated and effective leading to delay.
- **Incident Management** - The root cause of major incidents is not effectively addressed, (such as a flaw in the change process) elevating the risk that the incident could reoccur.
- **Incident Management** - Lessons from major incidents and in the response to them are not identified to avoid or minimise the impact from similar incidents in the future.
- **Change Management** - Untested and unauthorised changes in the production environment lead to business disruptions, errors, system failures, and/or security vulnerabilities.
- **Change Management** - Normal changes do not fulfil the requirements of the change process e.g. Backout, testing, peer review requirements.
- **Change Management** - Emergency changes do not adhere to the policy / procedure, for example that they are not preapproved.
- **Change Management** - Changes to production that fail or are implemented incorrectly are not identified such that lessons are learnt from the failure.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Core Financials 2024/25





01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	<p>The Force should introduce regular meetings with East Midlands Police Legal Services to discuss the outstanding debts, requiring at each meeting a summary of the actions completed to date and planned actions to be carried out for each debt.</p> <p>The Force should investigate the automation within Agresso of the escalation to Legal Services of any debt that remains unpaid 66 days after the invoice date. Escalation should include all relevant documents relating to the debt, including the invoice and previous reminders.</p>	Medium	Claire Widdowson - Finance Support Manager	30 April 2025
2	The Force should ensure that the Period End Admin Checklist is reviewed by the Corporate Finance Manager upon their completion, with evidence retained to support that review.	Medium	Martin Cantrill – Corporate Finance Manager	31 March 2025
3	The Force should periodically review compliance of overtime claims against policies for employees that have a made a large number or value of claims.	Medium	Kelly Fantom – Corporate Finance Manager	Ongoing

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money	Sector Comparison
 <p>Value for Money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area:</p> <ul style="list-style-type: none">• Our review has identified issues in relation to the managing of outstanding debts primarily relating to a lack of timely debt escalations to Legal Services and subsequent inactivity in activities to ensure their recovery. These issues can have significant value for money implications for the Force. The continued reliance on labour-intensive methods to identify and chase overdue invoices is inefficient and resource-draining. The absence of automated systems to automatically escalate debts to legal upon their breach of the 4th reminder threshold and the lack of resource available within Legal Services to undertake legal procedures limits the effectiveness of debt recovery efforts. Moreover, the portion of outstanding debt aged significantly over 365 days, most notably those already escalated to Legal Services, indicates a risk of non-recovery, therefore leading to potential financial losses. As such, we have raised a recommendation in relation to debt recovery procedures in Section 03.	<p>We have taken the findings from this audit and compared them to findings from other audits carried out at similar organisations. Overall, we have noted the following instances where controls are not aligned to best practice across the sector, including:</p>  <ul style="list-style-type: none">• In line with peers, Derbyshire completes monthly period end close-down activities including both accounts payable and accounts receivable reconciliations that support the identification of any errors in the previous period to ensure their timely resolution. However, we have found that these activities are not subject to consistent review by an appropriately senior individual, and no evidence is retained to support such a review. Other peers conduct secondary reviews of these activities, and the completed checklists to support their accuracy. We have raised a recommendation in relation to this in Section 03.• The Force does not require approval of all expense claims prior to payment. We note that well performing peers require pre-approval for expenses which ensures that only bona fide expense payments are paid. However, the Force has accepted the risk in this area and conducts monthly expense audits to ensure that claimants retain suitable evidence. As such we have not raised a formal recommendation in relation to this.

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 Debts are not effectively escalated, and formal legal debt recovery procedures are not conducted in a timely manner	
Finding(s) and Risk	Recommendation(s)
<p>The Force operates a Debtors Process Note which outlines the timeframes for debtors' reminders to be sent for outstanding debts where payment has not been made within the Force's standard 30 payment period. Reminders are generated by the Finance System, Agresso, and manually distributed by the Finance Support team to the debtor via email, or via post where an email was not provided. These timeframes are:</p> <ul style="list-style-type: none"> • 1st reminder – 31 days after invoice date. • 2nd reminder – 45 days after invoice date. • 3rd reminder – 59 days after invoice date. • 4th reminder – 66 days after invoice date. <p>At the 4th reminder date, the Finance Support team should escalate the debt to East Midlands Police Legal Services to commence formal debt recovery processes against the debtor.</p> <p>We reviewed a sample of 10 outstanding debts as at 6th September 2024 to ensure that these steps had been followed and noted the following exceptions:</p> <ul style="list-style-type: none"> • In 2 cases the escalation to legal was 103 and 169 days after the invoice date. In both cases we were advised by the Finance Support Manager that this delay was due to staff resourcing issues within the Finance Support team. • In two further cases we noted significant delays in the escalation to legal of 172 and 208 days. In each case we were advised that in the intervening period the team had corresponded with HR in these cases given a proposed payment plan and the salary related debt in each case respectively. <p>As at 6th September 2024, the total outstanding aged debt over 6 months was £33,938.95, of which 47 debts totalling £12,685.46 had been escalated to the Legal Service. We were advised by the Finance Support Manager that, due to resourcing</p>	<p>The Force should introduce regular meetings with East Midlands Police Legal Services to discuss the outstanding debts, requiring at each meeting a summary of the actions completed to date and planned actions to be carried out for each debt.</p> <p>The Force should investigate the automation within Agresso of the escalation to Legal Services of any debt that remains unpaid 66 days after the invoice date. Escalation should include all relevant documents relating to the debt, including the invoice and previous reminders.</p>
	Root Cause(s)
	<p>The Legal Department lacks resource to appropriately undertake legal debt recovery procedures in a timely manner.</p>

<p>issues, debts escalated to the Legal Service were not being progressed in a timely manner.</p> <p>We reviewed a further sample of three debts that had been escalated to the Legal Service and noted that in two cases the last updated had been provided in July 2024, which related to an update on the actions the service had undertaken to date to recover the debt. The last date of action by legal in each case was May 2024.</p> <p>As such, we note that debts are not consistently escalated to Legal Services in a timely manner and in line with the Force's Debt Process Note, and once escalated debts recovery processes are not being undertaken in a timely manner by Legal Services.</p> <p>We note that all files relating to each debt, including the invoice and previous reminders, are saved within Agresso. As such, we find that escalation to Legal Services could be automated to ensure that this is conducted in a timely manner.</p> <p>Risk and Impact: Legal debt recovery procedures are not conducted by the Force in a timely manner, delaying the recovery of debts and increasing the likelihood of write offs.</p>	
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Management Comments / Agreed Actions

Monthly meetings with EMPLS will commence from the end of April where the full list of debts that have been escalated to Legal Services will be discussed and updated. We are also looking to review the internal process for disclosures in an attempt to reduce the number of unpaid debts.

Responsible Person	Claire Widdowson - Finance Support Manager	Action Due Date	30 April 2025
		Priority Level	Medium

2 Period End close down processes are not reviewed	
Finding(s) and Risk	Recommendation(s)
<p>Following the end of each month, the Force undertakes period close down procedures which ensure that all financial transactions for the period are accurately recorded and reconciled. To support this, the Force has developed a period end admin checklist which is completed by a member of the Strategic Finance team. The checklist involves the production of reports within the Finance System, Agresso, as well as the completion of an Accounts Receivable and Accounts Payable reconciliation.</p> <p>We reviewed the period end admin checklists for April and June and noted that in both cases whilst all activities had been conducted with the initials of the individual that completed the checklist recorded against each activity, there was no evidence of review and approval of the checklist. During discussions with the Operational Management Accountant, we were advised that the checklist is informally discussed with the Corporate Finance Manager upon its completion, however no evidence of this could be provided.</p> <p>Close down activities are critical in ensuring that information within the Agresso is accurate and free from errors, and as such we find that the review of these activities is a key step in supporting this. We also note that similar organisations include a review process for their month end processes to ensure that they have been completed fully and accurately.</p> <p>Risk and Impact: Errors in the Force's finance system, Agresso, are not identified, leading to potential inaccuracies in the Force's financial statements and inaccurate financial reporting.</p>	<p>The Force should ensure that Period End Admin Checklist is reviewed by the Corporate Finance Manager upon their completion, with evidence retained to support that review.</p>
	<p>Root Cause(s)</p> <p>Formal reviews of period end close down processes have not been considered by the Force</p>
Management Comments / Agreed Actions	
<p>From March 2025 a Corporate Finance Manager review will be added in to the Period End process to ensure that checks have been carried out and reviewed to ensure that supporting evidence is in place. The Period End list will be emailed to the Corporate Finance Manager for approval who will initial the document after carrying out the checks and save the updated document in the Period End folder.</p>	

Responsible Person	Martin Cantrill – Corporate Finance Manager	Action Due Date	31 March 2025
		Priority Level	Medium

3 Large number of expenses claims above expected levels			
Finding(s) and Risk		Recommendation(s)	
<p>As part of our audit, we have reviewed a sample of overtime claims made by staff and officers. While we identified no errors within this testing, we also carried out a review of the whole population of claims over a six-month period from 01 April 2024 to 30 September 2024.</p> <p>From this review, we noted that in the six-month period, the average employee is raising nine claims at a value of £1,878.34 and covering around 60 hours of overtime. However, there was a wide range of total claims:</p> <ul style="list-style-type: none">• Values of £18.24 to £18,910.77 claimed in the period.• Hours of one to 552 claimed in the period.• Number of claims made ranging from one to 109 in the period. <p>Additionally, this included 15 employees who have each made at least 40 claims totalling over £8,000 and 245 hours per employee during the six-month period. Further analysis has been provided within Appendix A1.</p> <p>Risk and Impact: Overtime claims are not in compliance with the relevant policies and are inappropriately authorised.</p>		<p>The Force should periodically review compliance of overtime claims against policies for employees that have a made a large number or value of claims.</p> <p>This could also be implemented for expenses claims.</p>	
		Root Cause(s)	
		<p>Lack of accountability for authorisers of overtime and/or expenses claims.</p>	
Management Comments / Agreed Actions			
<p>The top 12 earners of Police Officer overtime are reported on the Overtime Dashboards that are sent to Heads of Departments and Divisions on a monthly basis. PSD also have access to an overtime enquiry on Agresso so they can also identify the top earners, they have confirmed they use this enquiry and will continue to monitor.</p>			
Responsible Person	Kelly Fantom – Corporate Finance Manager	Action Due Date	Ongoing
		Priority Level	Medium

A1 Analysis of Overtime Claims

We were provided with a report of overtime claims made during the period from 01 April 2024 to 30 September 2024, which showed 14,671 claims being made in the six-month period. There were aggregated by the claimant and we calculated the total monetary values, hours and number of claims made.

Using the Z-score methodology to identify statistically significant claimants by totals, we identified:

- 32 employees who have each claimed over £8,000 during the six-month period.
- 32 employees who have each claimed over 245 hours during the six-month period; and,
- 31 employees who have each made more than 40 claims during the six-month period.

Additionally, we identified the following 15 employees who had made over 40 claims each totalling over £8,000 and 245 hours per employee:

Employee	Total Value	Total Hours	Number of Claims	Maximum Value Claimed	Maximum Hours Claimed
1	£ 18,910.77	497.00	82	£ 666.35	18.00
2	£ 18,514.85	552.00	83	£ 529.58	16.00
3	£ 18,057.07	478.50	55	£ 592.31	16.00
4	£ 14,317.09	386.75	43	£ 444.23	12.00
5	£ 13,670.44	357.50	50	£ 616.99	12.50
6	£ 13,325.72	412.00	51	£ 595.78	18.00
7	£ 11,245.32	339.75	109	£ 394.86	12.00

Employee	Total Value	Total Hours	Number of Claims	Maximum Value Claimed	Maximum Hours Claimed
8	£ 11,220.42	331.00	41	£ 529.58	12.00
9	£ 11,206.26	370.75	45	£ 380.64	12.75
10	£ 10,310.15	303.00	46	£ 463.38	14.00
11	£ 10,194.03	308.00	76	£ 264.78	8.00
12	£ 9,763.87	311.50	63	£ 353.05	10.00
13	£ 9,155.17	330.75	60	£ 347.23	12.25
14	£ 8,540.27	253.50	45	£ 617.84	15.50
15	£ 8,313.17	247.00	41	£ 551.65	13.50

Additionally, we have performed the same analysis on the report of individual claims to identify those that are statistically significant. We identified:

- 29 claims made for over 33 hours each; and,
- 23 claims made for over £1,100 each (all of which were included in the above).

A2 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether Office of the Police & Crime Commissioner for Derbyshire and Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to Core Financials process with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

- Accounting transactions are incorrectly recorded in the accounts;
- Management is not aware of performance issues due to lack of detailed management accounts;
- Missing transactions are not identified due to reconciliations not being completed;
- Expenses are paid outside of the expensed policy;
- Overtime is paid outside of the overtime policy;
- Treasury and other financial decisions are not made based on available cash due to lack of monitoring;
- Investments made do not constitute good value for money;
- Borrowing undertaken does not constitute good value for money;
- New debtors can be invoiced without review or verification;
- Invoices are raised incorrectly and/or inappropriately;
- Non-invoiced income is not recorded accurately;
- Credit notes are raised incorrectly and/or inappropriately;
- Income past due is not subject to appropriate debt management actions;
- Recoverable debts are written off inappropriately;
- Inconsistent approaches are taken to financial activities;
- Systems can be inappropriately accessed; and
- Fraudulent activity is not prevented or identified.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Occupational Health Unit 2024/25




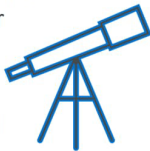
01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	<p>The Force should:</p> <ol style="list-style-type: none"> 1. Update the Occupational Health & Wellbeing Leaver Checklist to confirm that the Cority account has an expiry date, has been marked as inactive and the leaver has been removed from the Borer Access List. 2. Conduct regular audits of user access within Cority to verify that only current members of the OH Team have elevated access. 3. Develop and implement a guidance document to provide step by step instructions for staff on how to remove a user from Cority. 	Low	Joe Smith - OH Business Administration Manager	31 March 2025
2	<p>The Force should:</p> <ol style="list-style-type: none"> 1. Ensure that each risk is assigned specific figures for likelihood, impact, residual score, and target score. This will provide a detailed quantitative assessment, allowing for more accurate measurement, comparison, and tracking of risks over time. 2. For all mitigating actions, assign specific target completion dates instead of using 'ongoing'. This will help in avoiding delays, increasing accountability, and improving the assessment of risk management effectiveness. 3. Ensure that commentary is provided in the mitigating actions status column for all risks. This will offer clarity on the progress and effectiveness of the actions being taken. 	Low	Joe Smith - OH Business Administration Manager	31 March 2025

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money	Sector Comparison
 <p>Value for Money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.</p> <ul style="list-style-type: none">• The Force uses Cority, an electronic clinical records system shared with Nottinghamshire and Leicestershire. This system reduces the burden of manual interventions by automating referral submissions and appointment scheduling through streamlined workflows. Additionally, the centralised storage of records decreases the administrative workload. This transition from paper-based records to a digital system may also lead to cost savings in printing and storage.• Cority also has a stats dashboard which automatically generates management information (MI) and key performance indicators data (KPIs), such as the speed by which referrals are processed, from the underlying input data. This is efficient as it enables the Force to obtain, disseminate and present MI and KPI data directly as part of the OHU's reporting to the Well Together Board and Our People Board on a quarterly basis.• Following the end of the collaboration agreement in December 2023, the Force continues to digitise its physical medical files into Cority for any employees who have passed through the occupational health service or joined the organisation since December 2023. As a result, a substantial number of medical records were still held in physical storage at the time of the audit. The Force is now exploring the potential to digitise all medical files through a project conducted by the Digital, Data, and Technology (DDAT) team. A dedicated project can	 <p>The regional occupational health unit was brought back in house following the end of the collaboration agreement in December 2023, with the Force engaging with the following health and wellbeing networks to benchmark their performance:</p> <ul style="list-style-type: none">• Oscar Kilo Blue Light Wellbeing Framework (BLWF); and• Oscar Kilo Police Occupational Health Practitioner Network). <p>Both frameworks involve the Force conducting continuous self-assessment against an independent set of standards. The Head of Occupational Health oversees work for the 'Occupational Health' area within the BLWF, and all areas within the Practitioner Network.</p> <p>The Force uses an OH Standards Tracker, which records actions required for the Force to meet each standard within the framework. The current progress towards each action is recorded, and links to supporting evidence are provided for each action marked as completed.</p> <p>Completion of the Oscar Kilo BLWF will see the Force accredited by the 'Safe Effective Quality Occupational Health Service' (SEQOHS) – which is recognised as the industry standard and an integral part of the occupational health service landscape.</p> <p>Derbyshire attends quarterly meetings with neighbouring Forces, which enables the team to share and learn best practice from its peers. Moreover, the Force has also worked with the College of Policing who have completed a review of the Force's self-assessment of the 'Occupational Health' standard within the BLWF.</p>

ensure that the digitisation process is consistent, with standardised procedures and quality control measures in place. This approach reduces the risk of errors and allows the Force to realise the benefits of digitisation sooner, such as improved accessibility and reduced physical storage costs.

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 – User Access to Cority and Physical Storage Locations	
Finding(s) and Risk	Recommendation(s)
<p>The Force uses an electronic clinical records system called Cority, which is shared with Nottinghamshire and Leicestershire, to manage clinical records for officers and staff including any adjustments, health checks, health questionnaires, health and safety clearance and occupational health visits. As this system contains sensitive information, access management is an important control in maintaining confidentiality and the Force's statutory duties in relation to this data.</p> <p>Discussions with the Occupational Health Business Administration Manager and a review of the OHU Risk Register revealed there had been potential instances of unauthorised access to Cority identified by the OH Team. These were related to the management of leavers on the system, where the HR system (Gateway) adds the planned leaving date of an employee as their account's expiry date. Where this does not happen, the Occupational Health Business Administration Manager should manually add an expiry date and make sure that the account has been marked as inactive.</p> <p>In one case, the account of a clinician was not marked as inactive and left the license assigned to the user but disabled. However, as they did not have access through Active Directory, they were unable to access Cority or it's data.</p> <p>Elevated access within Cority is limited to the Occupational Health Team, with two super users (OH Business Administration Manager and Senior OH and Wellbeing Advisor) who can add or remove access permissions for staff with elevated roles (other members of the OH Team). MyCority Standard access is granted to all other users via the HR system (Gateway), which automatically adds employees to Cority once they are added to the HR system, allowing them to view their management referral records.</p> <p>We reviewed a report of users with elevated access against the Occupational Health Team's organisational chart and identified one user (Collar No: 18487) with elevated</p>	<p>The Force should:</p> <ol style="list-style-type: none"> 1. Update the Occupational Health & Wellbeing Leaver Checklist to confirm that the Cority account has an expiry date, has been marked as inactive and the leaver has been removed from the Borer Access List. 2. Conduct regular audits of user access within Cority to verify that only current members of the OH Team have elevated access. 3. Develop and implement a guidance document to provide step by step instructions for staff on how to remove a user from Cority.
	Root Cause(s)
	<p>Inadequate access controls and account management within the shared Cority system.</p> <p>Lack of understanding of controls due to lack of support provided by Cority during the systems implementation.</p> <p>Errors in manual processes of removing access to systems that are not included within leaver checklists</p>

access who was not on the OH Team organisational chart. It was confirmed that this user left the Force on the 06 May 2024, that their Cority account was set to expire on the same date and that they had been removed from Active Directory, therefore removing their access to Cority data. However, because their account was not marked as inactive within Cority, the staff member was still displayed as a user in the system at the time of the audit.

As part of the utilisation of Cority, the Force is exploring the potential to digitise all medical files as part of a project conducted by the Digital, Data, and Technology (DDAT) team, however, at the time of audit, a substantial number of medical records were still held in physical storage.

We confirmed that the storage location of these files is secured by key card access maintained by the Occupational Health Business Administration Manager through the Borer Access List to track all staff members who have been granted access.

We reviewed the Borer Access List against the Occupational Health Team's organisation chart and noted one individual (Collar No: 18487) who was not a member of the OH Team but was present on the Borer Access spreadsheet. It was confirmed that while the employee's access to Cority was removed on 06 May 2024, the manager had not removed them from the Borer Access spreadsheet for monitoring purposes. However, a review of the Occupational Health & Wellbeing Leaver Checklist for this individual confirmed that their access card had been returned on their leaving date.

As part of improvements to the process for managing leavers from Cority and the Occupational Health Team, the Occupational Health Business Administration Manager is planning to develop guidance documents for removing a user from Cority and updating the leaver checklist to include the removal of the user from the Borer Access List.

Risk and Impact: Unauthorised access to data as users accounts are not marked as inactive.

Mismanagement of user roles, accounts and licences due to accounts being incorrectly marked as active or inactive.

Inappropriate records maintained of leavers not returning Borer Access Cards.

Management Comments / Agreed Actions

Leaver checklist has been updated to include marking a Cority user as inactive.

A review of Cority users is carried out weekly as part of the Weekly Managers Meeting and is included as a standing item on the agenda.

Guidance for removing a user from Cority has been developed and shared with the Occupational Health team.

Responsible Person	Joe Smith - OH Business Administration Manager	Action Due Date	31 March 2025
		Priority Level	Low

2 Incomplete OHU Departmental Risk Register.

Finding(s) and Risk

It is important that departmental risk registers are in place and discussed regularly to ensure relevant risks are identified and assessed in a timely manner. This allows mitigating controls and actions to be identified, recorded and implemented on the risk register to reduce both the Force's and the department's exposure.

We reviewed the OHU Departmental Risk Register (total of 27 risks) and noted the following:

- The register contains fields for an assessment of the likelihood, impact, residual score and target score for each risk. However, figures have not been assigned to these fields for all 27 risks. Instead, the Force has RAG rated each risk. RAG ratings provide a general sense of risk severity but lack the detailed quantitative assessment that figures for likelihood, impact, residual score, and target score offer. Without these specific figures, it is difficult to accurately measure and compare risks, track changes over time, and make informed decisions on risk management strategies.
- The register includes mitigating actions for each risk, along with a target completion date and status field. For 12 risks with incomplete mitigating actions, the target completion date is marked as 'ongoing' without a specific date. This lack of due dates can cause delays, reduce accountability, and make it difficult to assess risk management effectiveness. Additionally, for three of these risks, no commentary has been provided in the mitigating actions status column.

The Occupational Health Business Administration Manager informed us that the team did not understand the template to be used by the Force, which has led to confusion regarding the scoring methodology to be used.

We have included a best practice example of a departmental risk register and scoring methodology within **Appendix A1**.

Risk and Impact: The OHU Departmental Risk Register is incomplete, leading to risks not being appropriately scored.

Recommendation(s)

The Force should:

1. Ensure that each risk is assigned specific figures for likelihood, impact, residual score, and target score. This will provide a detailed quantitative assessment, allowing for more accurate measurement, comparison, and tracking of risks over time.
2. For all mitigating actions, assign specific target completion dates instead of using 'ongoing'. This will help in avoiding delays, increasing accountability, and improving the assessment of risk management effectiveness.
3. Ensure that commentary is provided in the mitigating actions status column for all risks. This will offer clarity on the progress and effectiveness of the actions being taken.

Root Cause(s)

There was a misunderstanding regarding the template to be used by the Force, which resulted in confusion regarding the risk scoring methodology used.

Management Comments / Agreed Actions

Departmental Risk Register has been updated to implement all recommendations.

Responsible Person	Joe Smith - OH Business Administration Manager	Action Due Date	31 March 2025
		Priority Level	Low

A1 Example Risk Register

URN	Date	Risk Description	Likelihood Score	Impact Score	Rating	Owner	Mitigating Actions	Action Target Date	Action Status	Revised Impact Score
-	-	-	-	-	-	-	-	-	-	-

A2 Example Criteria For Assessing Likelihood And Impact

Scale	Likelihood	Impact
0	0%	No impact at all on time, cost, quality of service, benefit, legal or reputation.
1 (Low)	1-20%	Minimal impact e.g. minor delays, low financial cost, minor effect on quality of service, loss of minor benefits, manageable adverse comment
2 (Medium)	21-40%	Noticeable impact e.g. some delays, unplanned financial cost, disruption to quality of service, some benefits lost, reduced confidence
3 (High)	41-60%	Major impact e.g. big delays, large financial cost, significant disruption to quality of service, significant benefits lost, serious public criticism
4 (Very High)	>60%	Disaster e.g. unclear if Programme or project(s) can proceed, major financial crisis, significant failure to deliver quality of service, total loss of benefits, total loss of confidence

	Impact				
Likelihood		L(1)	M (2)	H (3)	VH (4)
	VH (4)	4	8	12	16
	H (3)	3	6	9	12
	M (2)	2	4	6	8
	L (1)	1	2	3	4

A3 Example Prioritisation of Risks

Risk Type	Scores	What this means	What to do
	Scores 1,2,3,4	Least severe risks	The risk owner needs to watch these risks on a regular basis to see whether their likelihood and impact ratings change. Consider contingencies for '4' scores. Decide if no further action is to be taken at this stage.
	Scores 6, 8	Signs of becoming severe	Decide how to handle, whether to watch or introduce a proportionate set of controls to reduce risk rating or to maintain it.
	Scores 9, 12, 16	Most severe risks	Focus on these risks as a matter of urgency. Also examine options for contingencies. Escalate the risks for additional attention at a higher level e.g. by the Collaboration Board.

A1 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether Office of the Police & Crime Commissioner for Derbyshire and Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to their Occupational Health Unit with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

- Inadequate governance arrangements leading to lack of oversight.
- Inconsistent approaches are taken due to unclear policies and procedures; or poorly defined roles, responsibilities and processes.
- Risks are not being appropriately or adequately managed in relation to the Occupational Health Unit.
- An inappropriate budget and/or savings targets have been set for the Occupational Health Unit.
- Procedures are not aligned to the relevant standards and any other relevant legislation and/or good practice.
- The Occupational Health Unit does not maintain adequate clinical records and/or does not maintain confidentiality within the system.
- KPIs are not clearly defined and/or agreed within the Occupational Health Unit, including clinical and financial performance.
- Management Information is not produced regularly and/or presented regularly to senior management for the Unit and the Force.
- The Force and the Unit is unaware of how it performs compared to the Oscar Kilo Blue Light Wellbeing Framework self-assessment, including the occupational Health section.
- The Force and the Unit is not working towards meeting the Foundation Standards (Level 2) and Target Operation models produced by the Oscar Kilo Police Occupational Health Practitioner Network.
- The Force and the Unit does not engage with sector groups, such as the Oscar Kilo Police Occupational Health Practitioner Network.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

A2

Navigating the Updated IIA's Global Internal Audit Standards

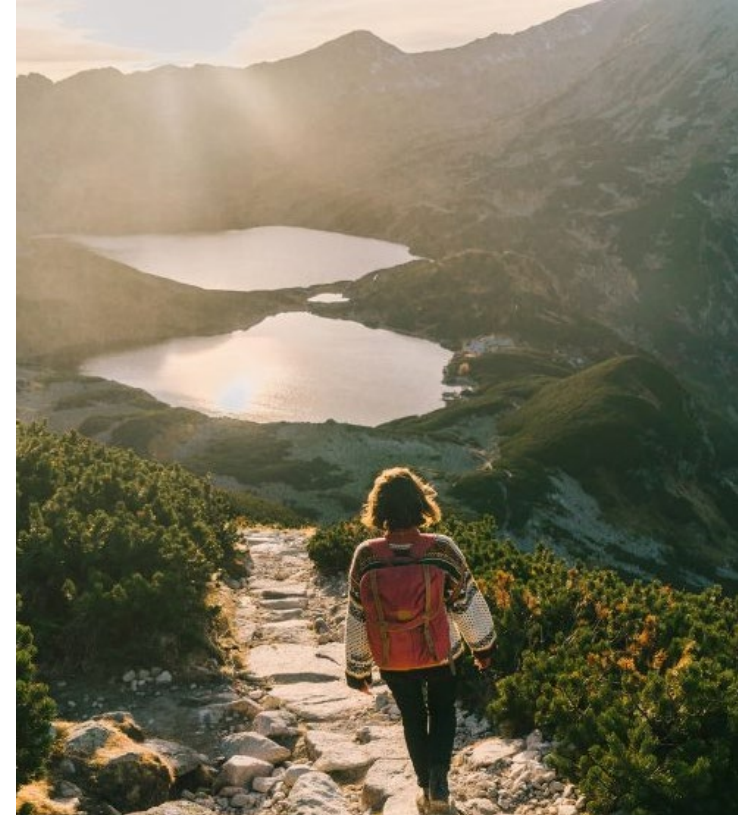
04 Navigating the Updated IIA's Global Internal Audit Standards

Introduction

in 2024, the IIA's International Internal Audit Standards Board released the 2024 Global Internal Audit Standards, which from January 9, 2025 replaced the 2017 International Standards for the Professional Practice of Internal Auditing. In December 2024 CIPFA published its Application note on Global Internal Audit Standards in the UK Public Sector.

The following slides will provide an overview of:

- The key changes to Domains III, IV and V.
- How the Global Internal Audit Standards affect the public sector and have been interpreted by CIPFA within its Application Note
- Mapping out the internal audit function for tomorrow



04 Navigating the Updated IIA's Global Internal Audit Standards (continued)

Overview of key changes to the Standards

Domain III - Governing the IA Function

- The updated Standards bring enhanced descriptions of expected roles and responsibilities between the board, internal audit function, and CAE.
- **ACTION:** The OPCC should review these newly created essential conditions and compare them to current organisation practices to identify gaps.

NB the Standards provide a process for identifying and discussing these gaps and process for deeming conditions unnecessary.

- Internal audit mandate - defines why internal audit exists within the organisation and specifies its authority, role, responsibilities as granted by the board, or applicable laws and/or regulations.
- **ACTION:** The OPCC should ensure that the Assurance Committee and Senior Management Team have a thorough and aligned understanding of internal audit's mandate and this is recorded in the charter.

Domain IV – Managing Internal Audit

- Standard 9.2 now requires the internal audit function to have formally documented long-range strategic plans beyond the year-over-year completion of internal audit workplans.
- **ACTION** The OPCC should ensure that the internal audit strategy document has been reviewed by the Assurance Committee the board and senior management.
- Standard 9.5 requires that internal audit functions must coordinate with internal and external assurance providers. The new requirements require the CAE to raise applicable concerns with senior management and, if necessary, the board, if the internal audit function is unable to achieve an appropriate level of coordination.
- **ACTION** The OPCC should work with its Internal audit function to leverage the work of other assurance providers, to improve efficiency and effectiveness of the organisation's governance, risk management, and control activities.

Domain V – Performing Internal Audit Function

- This domain prioritises efficiency, consistency, and quality by compelling functions to leverage a unified framework for both assurance and advisory services.

04 Navigating the Updated IIA's Global Internal Audit Standards (continued)

How the Global Internal Audit Standards affect the public sector – a CIPFA consultation

The new Global Internal Audit Standards (GIAS) are the biggest change to how Internal Audit (IA) functions operate in over ten years. These changes will have different interpretations across different sectors and will impact the public sector in a number of ways. All internal auditors must confirm adherence to the Application Note as well as the GIAS. This includes External Quality Assessors (EQA) when reporting the outcome of their reviews. This means public sector IA functions will need to consider whether their arrangements for EQA meet the updated requirements. Alongside these the Nolan Seven Principles of Public life should be conformed to and value for money considered.

Resourcing

GIAS requires the Chief Audit Executive (CAE) to evaluate whether resources are sufficient to fulfil the IA mandate and charter (8.2). The section of the GIAS relating to 'Applying the GIAS in the Public Sector' acknowledges that in some public sector organisations, boards are not given authority over the budget for IA.

The Application Note provides clarity by interpreting that the CAE must set out in the Charter the alternative approaches applied to the IA service.

Additionally, CAE will not be expected to conform to 10.1 to 10.3 (Financial, Human and Technological Resource Management, where they are unable to develop a discrete resource plan for IA services. However, the CAE is still expected to communicate any impact of insufficient resourcing to the board.

ACTION: Review the Internal Audit Charter to ensure it is still fit for purpose.

Overall conclusions

GIAS requires the CAE to make conclusions on the risk management, governance and internal control effectiveness (11.3).

The Application Note provides additional guidance that, while public sector CAEs are required to conclude annually, this does not mean that planning must be conducted annually.

However, where planning is conducted annually, the CAE must ensure senior management and board understand that planning supports an annual conclusion.

ACTION: Ensure the Internal Audit Plan is concluded annually and appropriate planning is undertaken.

Chief Audit Executive (CAE) Qualifications

Standard 7.2 outlines the requirements for the CAE in relation to qualifications and competencies.

The Application Note outlines the key qualifications and experience a CAE requires, however, it also notes that challenges in recruitment may mean all the characteristics outlined may not be achievable in the public sector.

Where this is the case, the Charter should provide clarification of alternative arrangements for accessing appropriate IA professional and organisationally relevant expertise in an interim period until the CAE can obtain all characteristics for themselves.

ACTION: Ensure the CAE is appropriately qualified and competent and meet the required characteristics.

Independent Assessors

The GIAS states the requirements for selecting an independent assessor or team, and that the CAE must ensure that at least one person holds an active Certified IA designation (8.4).

For the public sector, the Application Note provides an interpretation that this is replaced with a requirement for at least one person to have the characteristics required under CAE qualifications. This may mean that public sector CAEs will need to undertake further checks on assessors' qualifications and experience.

ACTION: Ensure that external quality assessors are suitably qualified and review results of EQA undertaken.

A3

Latest Reports Issued

06. Thought Leadership



As local authorities continue to grapple with risks exacerbated by financial challenges, the pressure facing the public sector as a whole is becoming more pronounced. The role of internal audit in holding organisations accountable and challenging risk management practices is more crucial than ever as local authorities strive to navigate new risks, including those tied to data, AI, and ongoing recruitment retention crises.

To download the full report, click on the image or ask your internal audit lead.

06. Thought Leadership



The public and social sector is grappling with a perfect storm of economic pressures, workforce shortages, and rising demand for services. As a result, many are feeling the weight of uncertainty.

[Download the full report here](#)

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Statement of Responsibility

We take responsibility to the Office of the Police & Crime Commissioner for Derbyshire (“OPCC”) and Derbyshire Police (“Force”) for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management’s responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Forvis Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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Office of the Police and Crime Commissioner for Derbyshire and
Derbyshire Police

Counter Fraud & Whistleblowing

October 2023

Final Report

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Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of Derbyshire Police (the Force) and the Office of the Police and Crime Commissioner (OPCC) for Derbyshire and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of the Force and OPCC and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in Appendix A2 of this report for further information about responsibilities, limitations, and confidentiality.

01. Introduction

As part of the Internal Audit Plan for 2023/24 for the Office of the Police and Crime Commissioner for Derbyshire ('OPCC') and Derbyshire Police ('the Force'), we have undertaken an audit of the controls and processes in place in respect of Counter Fraud and Whistleblowing.

The specific areas that formed part of this review included: Strategy, Roles & Policies, Fraud Training & Communication, Fraud Risk Management, Governance Arrangements and Whistleblowing.

We engaged with several staff members and officers across the Force and OPCC during the review and are grateful for their assistance during the audit.

02. Background

The Office of the Police & Crime Commissioner for Derbyshire and Derbyshire Police, along with all other private and public sector organisations, are at risk of losses through fraud, corruption, theft and error. Despite good policies and procedures, fraud and error often happen as a result of non-compliance. The minimisation of losses to fraud and corruption is essential to ensure that resources are used for their intended purposes to provide services to the population of Derbyshire.

The responsibility for Counter Fraud and Whistleblowing management sits with the Counter-Corruption Unit (CCU) within the Professional Standards Department (PSD). 'Theft & Fraud' is named as one of the

seven 'Strategic Priorities' for the CCU, with the Force devising a separate set of policies and procedures for each priority.

Audit notes that the Force has recently changed its approach with respect to policies, as they previously only had 'sets of guidance' in place across the Force. The Force has reverted to introducing set policies, and at the time of the audit, all policies were noted as in draft and sitting with the Equality Unit at the Force for equality impact assessing.

03. Key Findings

Assurance on adequacy and effectiveness of internal controls for Counter Fraud & Whistleblowing	
	Moderate Assurance

Priority	Number of Recommendations
High (Fundamental)	-
Medium (Significant)	1
Low (Housekeeping)	3

Performance Dashboard

Based upon the scope and objectives of the review outlined within Appendix A1 of this report we have provided a summary of the results of this audit, categorised into each area of the review undertaken.

Key control area	July 2023	
	Assessment	Level of issue
Strategy, Roles & Policies		
Counter Fraud Strategy	Control effective	No issues noted
Policies & Procedures	Control effective, except for	Low Issue
Roles & Responsibilities	Control effective, except for	Low Issue
Alignment to Strategy	Control effective	No issues noted
Fraud Training & Communication		
Fraud Training	Control effective, except for	Medium Issue
Training Compliance	Control effective, except for	Medium Issue
Fraud Communication	Control effective	No issues noted
Fraud Risk Management		
Fraud Risk Management	Control effective	No issues noted
Fraud Risk Register	Control effective	No issues noted

Key control area	July 2023	
	Assessment	Level of issue
Mitigating Actions	Control effective	No issues noted
Governance Arrangements		
Oversight Arrangements	Control effective	No issues noted
Whistleblowing		
Policies & Procedures	Control effective, except for	Low Issue
Review of Allegations	Control effective	No issues noted
Recording of Allegations	Control effective, except for	Low Issue
Action Plans	Control effective	No issues noted

Examples of areas where controls are operating reliably

Strategy, Roles & Policies

- The Force has named 'Theft & Fraud' as one of its seven strategic priorities as per the 'Counter Corruption Unit Strategy 2023'. This Strategy is dated December 2022 and has been approved by the Deputy Chief Inspector of the CCU.
- Guidance documents are in place for both 'Covert' and 'Overt' investigations at the Force (dated January and February 2023 respectively) which provide staff with direction in how they should conduct such operations.

Fraud Training & Communication

- The Force & OPCC use a variety of methods to publish communications to staff regarding fraud and corruption,

including digital communications and face-to-face induction sessions. These communications are generally related to the expectations of staff/officers and the outcomes of misconduct proceedings.

Fraud Risk Management

- The Force has an 'Anti-Fraud and Theft Control Strategy' in place, dated December 2022, which sub-categorises the strategic priority into four key distinct areas alongside their responsible owners. Each area contains sub-targets which are respectively RAG rated.
- An 'Anti-Fraud and Theft Enquiry Log' is utilised like an action log to record all key updates and required actions relating to this strategic priority. The Log is updated whenever Anti-

Fraud and Theft is discussed at quarterly Strategic Priorities meetings.

- A 'Theft and Fraud Register' is in place, which records the ongoing status of reported instances of fraud and theft at the Force. A register is saved each year to allow for sufficient audit trail. The register is subcategorised into 'Lost & Stolen' and 'Reported Officers': a total of 11 incidents have been recorded within the 'Lost & Stolen' subcategory since January 2023, with no incidents recorded within the 'Reported Officers' subcategory.

Governance Arrangements

- Within the Counter-Corruption Unit, a 'Daily Tasking Meeting' occurs which identifies all new investigations and referrals into the CCU. Attendees include the Head of CCU alongside the Deputy of CCU to allow for sufficient oversight. A Terms of Reference is in place for such meetings, which is dated January 2023.
- A 'Case Updates Meeting' occurs fortnightly within the Counter-Corruption Unit, the primary purpose of this meeting is for Detective Sergeants to specifically discuss the ongoing status of current investigations.
- The Force is represented at a 'Quarterly Regional Counter Corruption Meeting' alongside the other four Forces across the region, where investigations are shared and best practice discussed with respect to counter fraud.

Whistleblowing

A Whistleblowing Policy, dated October 2022 was approved by the Deputy Head of the Professional Standards Department and is located on the intranet. This clearly outlines the various reporting channels that are available for staff for them to raise concerns.

Risk Management

From our audit work, we have found that some improvements are required to enhance the adequacy and effectiveness of the risk management framework with respect to counter fraud and whistleblowing.

The Professional Standards Department (PSD) deliver an induction presentation to all new staff joining the Force, educating them on all seven strategic priorities outlined within the Counter Corruption Unit Strategy 2023. Audit notes that there is not a great emphasis placed on 'Theft and Fraud' within the presentation, as it is not deemed a current issue at Derbyshire specifically.

Furthermore, testing highlighted that there is no ongoing specific training delivered with respect to counter fraud and whistleblowing at the Force, with the only coverage of such training achieved through delivery of the initial induction presentation. Audit confirmed that the Force utilise CollegeLearn, an online training platform, which could provide suitable grounds for the Force to roll out periodic training and monitor completion. As such, we have raised a recommendation detailed further in Section 04 (**Rec 4.1**).

Following review of the Professional Standards Department Organisational Chart, testing highlighted that the chart does not

correctly reflect the makeup of the department with respect to covert and overt investigations. We have therefore raised a recommendation for the Force to update its existing organisational structure chart, to clearly reflect the structure of the department and how investigations are assigned dependent on their nature. Further detail is provided in Section 04 (**Rec 4.2**).

A Whistleblowing Policy is available to all staff on the intranet, which is part of a wider Professional Standards Department Policy. Audit established that the handling and management of whistleblowing allegations are dependent on which department the allegation is raised within or against.

Whilst Audit confirmed that there is sufficient detail within the Whistleblowing Policy for staff to raise concerns, review of the Policy shows an outdated reference to the charity Public Concern at Work, which now identifies as Protect. We have therefore raised a recommendation for the Force to update their current policy, to accurately identify the avenues available to staff should they require whistleblowing support (**Rec 4.3**).

Furthermore, Audit established there is a lack of oversight regarding whistleblowing statistics and responsibility. Periodic reporting, for both the type of whistleblowing concern and department it was raised to, would enable the Force to dedicate resource more efficiently as they would have a clear picture on areas to target. Further detail is provided in Section 04. (**Rec 4.4**).

Audit acknowledge that the Force are currently within a transition period regarding their policies; at the time of internal audit, all policies relating to the Anti-Fraud and Theft were not accessible due to them being within the process of being equality-impact assessed. As such,

we have not raised a formal recommendation, but do encourage the Force to ensure the timely ratification and publication of such policies to ensure all staff are aware of their roles and responsibilities.

Value for Money

Value for money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.

A tasking meeting occurs daily within the Counter-Corruption Unit (CCU), where all new cases and referrals into the CCU are discussed and assigned for further investigation. Due to the frequency of such meetings, they are not minuted and instead are treated as efficient briefing sessions.

Sector Comparison

From our experience across our client base, we are seeing that pressure on resources and higher service demands have resulted in challenges and trade-offs within the existing control environment. We noted that quarterly Strategic Priority meetings are not minuted as a whole due to resourcing issues. Instead, further actions that are discussed at each quarterly meeting are simply added to each respective Strategic Priority Enquiry Log, as not all seven Strategic Priorities are discussed at each meeting. This approach means that Derbyshire have to accept a certain degree of risk with respect to record-keeping, as there is a lack of a central record of meeting minutes due to their staffing difficulties.

We have noted that other Forces have specific fraud risk governance bodies to discuss the prevention of fraud and corruption, including any risks/issues and statistics relating to counter-fraud, corruption and whistleblowing. These bodies help to drive the approach to Counter Fraud and work to facilitate the sharing of best practice and raising awareness of any fraud or corruption matters. Other Forces are also part of local partnerships with other public sector organisations, sharing best practice and carrying out horizon scanning in relation to fraud issues.

Derbyshire attend a quarterly Regional Counter Corruption Group meeting, alongside the other four Forces across the region (Nottinghamshire, Northamptonshire, Lincolnshire and Leicestershire), to share best practice and updates regarding counter fraud instances within the region.

04. Areas for Further Improvement and Action Plan

Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

We identified an area where there is scope for improvement in the control environment. The matters arising have been discussed with management, to whom we have made recommendations. The recommendations are detailed in the management action plan below.

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
4.1	<p><u>Ongoing Fraud Training</u></p> <p><i>Observation:</i> We established that currently there is no annual training with respect to counter fraud at the Force, and hence no fraud training records exist / are maintained for staff.</p> <p>Whilst a Professional Standards Department Induction PowerPoint is delivered to all new staff joining the Force, which includes coverage of 'Anti-Fraud' as one of the seven Strategic Priorities for PSD, there is no tailored ongoing fraud training delivered to staff.</p> <p>Audit did note that the Force utilise CollegeLearn, a College of Policing online training platform, which has the capability to deliver online training modules that can be tailored to specific areas, including theft and fraud. This platform is managed by the Training Department at the Force.</p>	<p>The Force should ensure that annual training with respect to counter fraud is delivered to all staff. Staff within roles of higher risk should complete training on a more frequent basis.</p> <p>The Force should carry out a training needs analysis to establish which areas of the organisation have a higher risk of fraud and corruption.</p> <p>Training records should be maintained by the Force, to evidence completion of such training, with non-</p>	Medium	<p>Training is being developed with Training and Development regarding training services and the best method to deliver this training.</p> <p>The Force Training Commissioning Group will maintain records of completion and escalate non-compliance accordingly.</p>	<p>January 2024</p> <p>Head of Training & Development</p>

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<i>Risk:</i> Staff are unaware how to raise concerns of fraud and/or corruption within the Force.	compliance escalated accordingly.			
4.2	<p><u>Organisational Structure Chart Update</u></p> <p><i>Observation:</i> The Force has a ‘Professional Standards Department Organisational Chart’ in place, which outlines the structure of the PSD department (including oversight of the Counter-Corruption Unit who primarily have responsibility for counter fraud).</p> <p>Through discussion with the Deputy Head of Department for the CCU, Audit established that counter fraud and theft investigations can be classified as ‘Covert’ or ‘Overt’. Responsibility for management of such investigations is dependent on how it is classed – with covert investigations staying within the realms of the CCU and overt investigations within the area of PSD as a whole.</p> <p>Review of the existing organisational chart for the PSD shows no mention to the ‘covert vs. overt’ split, and where or how many investigation officers are available for each type of investigation.</p>	<p>The Force should update its existing organisational chart to include coverage of where covert and overt investigations sit within PSD.</p> <p>It may be beneficial to include supporting explanations of covert and overt investigations within the Force’s ‘Anti-Fraud and Theft Policy’, to ensure all staff are made aware of their differences.</p>	Low	The Organisational Chart has been updated in line with this recommendation.	Completed Dep Ch Insp, CCU

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<i>Risk:</i> Responsibilities for the management of counter fraud investigations is unclear and/or misunderstood.				
4.3	<p><u>Whistleblowing Policy</u></p> <p><i>Observation:</i> The Force currently has a version of its Whistleblowing Policy available on the intranet for all staff to access (as part of a wider Professional Standards Department Policy).</p> <p>However, review of the standalone Whistleblowing Policy document shows an outdated reference to the whistleblowing charity Public Concern at Work, which changed its name to Protect in 2018.</p> <p>Audit was informed that the Whistleblowing Policy is currently in the process of being redrafted.</p> <p><i>Risk:</i> Staff are unaware how to obtain whistleblowing support.</p>	<p>The Force should update its Whistleblowing Policy to correctly reference the various avenues available to staff should they need whistleblowing support.</p> <p>Furthermore, the Force should complete, ratify and publish its Policy for all staff to access. The Policy should be allocated a responsible owner and periodically reviewed (at least annually).</p>	Low	Whistleblowing policy will be updated.	November 2023 DI Stocks
4.4	<p><u>Whistleblowing Oversight</u></p> <p><i>Observation:</i> Audit established that the Force currently does not periodically circulate whistleblowing statistics to a specific</p>	The Force should consider annual reporting regarding whistleblowing	Low	Oversight of whistleblowing is being developed within PSD.	March 2024

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<p>governance forum. This poses a risk that the Force is unaware and unable to identify common themes of whistleblowing that might affect it.</p> <p>Regular reporting would enable clear oversight of both the forms and frequency of whistleblowing concerns throughout the Force, thus allowing them to dedicate resource more effectively.</p> <p><i>Risk:</i> The Force have insufficient oversight of whistleblowing concerns and therefore dedicate resource inefficiently.</p>	<p>statistics to a dedicated governance forum. Contents reported on could simply include both the type of whistleblowing and the department the concern was raised within / through; this would allow for clearer Force oversight.</p>			Dep Ch Insp, CCU

A1 Audit Information

Audit Control Schedule	
Client contacts:	Fiona Macdonald, Deputy Chief Inspector Counter-Corruption Unit
Internal Audit Team:	David Hoose, Partner Sarah Knowles, Senior Internal Audit Manager Alexander Campbell, Senior Internal Auditor Aman Purewal, Internal Auditor
Last Evidence Received / Exit Meeting:	18 July 2023 / 04 September 2023
Draft report issued:	07 September 2023
Management responses received:	12 October 2023
Final report issued:	17 October 2023

Scope and Objectives

Our audit considered the following risks relating to the area under review:

- Inadequate policies and procedures.
- Insufficient training for officers and staff.
- Inadequate risk management.
- Lack of oversight.
- Ineffective whistleblowing procedures.

The objectives of our audit were to evaluate the adequacy and effectiveness of counter fraud and whistleblowing controls with a view to providing an opinion on the extent to which risks in this area are managed. In giving this assessment it should be noted that assurance cannot be absolute. The most an Internal Audit Service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control.

We are only able to provide an overall assessment on those aspects of the counter fraud and whistleblowing controls that we have tested or reviewed. Testing has been performed on a sample basis, and as a result our work does not provide absolute assurance that material error, loss or fraud does not exist.

Definitions of Assurance Levels		
Assurance Level	Adequacy of system design	Effectiveness of operating controls
Substantial Assurance:	The framework of governance, risk management and control is adequate.	The control processes tested are being consistently applied.
Moderate Assurance:	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.	There is evidence that the level of non-compliance with some of the control processes may put some of the Organisation's objectives at risk.
Limited Assurance:	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.	The level of non-compliance puts the Organisation's objectives at risk.
Unsatisfactory Assurance:	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.	Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Definitions of Recommendations		
Priority	Definition	Action required
High (Fundamental)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Significant)	Weakness in governance, risk management and control that if unresolved exposes the organisation to a high level of residual risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Housekeeping)	Scope for improvement in governance, risk management and control.	Remedial action should be prioritised and undertaken within an agreed timescale.

A2 Statement of Responsibility

Status of our reports

We take responsibility to the Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or reply for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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Office of the Police and Crime Commissioner for Derbyshire and
Derbyshire Police

Governance 2023/24

May 2024

Final Report

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Disclaimer

This report (“Report”) was prepared by Mazars LLP at the request of Derbyshire Police (the Force) and the Office of the Police and Crime Commissioner (OPCC) for Derbyshire and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of the Force and OPCC and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in Appendix A2 of this report for further information about responsibilities, limitations, and confidentiality.

01. Introduction

As part of the Internal Audit Plan for 2023/24 for the Office of the Police and Crime Commissioner for Derbyshire ('OPCC') and Derbyshire Police ('the Force'), we have undertaken an audit of the controls and processes in place in respect of Governance.

The specific areas that formed part of this review included: Code of Corporate Governance; Governance Framework; Policies and Procedures; and, Decision Making.

We engaged with several staff members and officers across the Force and OPCC during the review and are grateful for their assistance during the course of the audit.

02. Background

The Police Reform and Social Responsibility Act 2011 established new policing arrangements, with a Police and Crime Commissioner ("PCC") and the Chief Constable being separate corporations sole, both requiring effective governance arrangements. This legislation is supported by the Police Protocol Order 2023, a statutory instrument setting out how PCCs, the Mayor's Office for Policing and Crime ("MOPAC"), Chief Constables, Police & Crime Panels and the London Assembly Police & Crime Panel function in relation to each other.

In Derbyshire, the OPCC and Force have a joint Corporate Governance Framework which sets out how the organisations are governed, including an outline of the roles and responsibilities of both organisations.


The Corporate Governance Framework uses the six good governance core principles set out by the CIPFA framework "Delivering Good Governance in Local Government". The framework is supported by various policies, including the Scheme of Delegation & Consent, the Financial Regulations and the Standing Orders.

Both the Force and OPCC maintain a Transparency section on their websites, where information on governance, policies and procedures can be found and are accessible. This is in line with the Freedom of Information Act 2000 and the requirements for a public authority to publish information as outlined under a publication scheme approved by the Information Commissioner's Office ("ICO").

In accordance with the CIPFA/SOLACE framework on corporate governance, the Commissioner and the Chief Constable are required to produce separate Annual Governance Statements to demonstrate how their respective organisations have complied with their governance frameworks. The Annual Governance Statements also outline what the organisations are to do over the next financial year in order to improve corporate governance arrangements. These are both reported to the Joint Audit, Risk and Assurance Committee (JARAC) for review and scrutiny.

Decisions made are published on the OPCC website under the transparency section, along with a decision notice which explains the decision taken and rationale behind it. Decisions are approved by the Police and Crime Commissioner and the OPCC Chief Executive Officer or Chief Operating Officer in line with the scheme of delegation.

03. Key Findings

Assurance on adequacy and effectiveness of internal controls for Governance	
	Moderate Assurance

Priority	Number of Recommendations
High (Fundamental)	1
Medium (Significant)	2
Low (Housekeeping)	1

Opinion

Our review established that some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control. Further information is provided with the Risk Management section below.

Performance Dashboard

Based upon the scope and objectives of the review outlined within Appendix A1 of this report, we have provided a summary of the results of this audit, categorised into each area of the review undertaken.

Key control area	July 2023	
	Assessment	Level of issue
Code of Corporate Governance	Control ineffective	Multiple Issues
Governance Framework	Control effective, except for	Low Issue
Policies and Procedures	Control effective, except for	Medium Issue
Decision Making	Control effective	No issues noted

Examples of areas where controls are operating reliably

- The OPCC's website has a clearly signposted 'Public Information' section which provides simple access to key documents and procedures to stakeholders through the organisation's Publication Scheme.
- The Force's website has a clearly signposted 'Accessing Information' section which provides searchable access to key documents and procedures to stakeholders through the organisation's Publication Scheme. Some documents, such as the Force's Statements of Accounts, are published on the OPCC's website.
- There is a clear procedure in place for producing the Annual Governance Statement. This is presented to the Joint Audit, Risk & Assurance Committee (JARAC) and is signed as part of the Statement of Accounts by the PCC, Chief Executive and Chief Finance Officer.
- As part of the OPCC's Publication Schemes, the Annual Governance Statements (as part of the Statements of Accounts) since 2018/19 can be accessed. Further copies prior to this date are available in the OPCC's Finance Archive, accessed on their website.
- The OPCC's website also provides the Chief Constable's Statements of Accounts, including Annual Governance Statement dating back to 2018/19. These detailed the Chief Constable's response to concerns raised by HM Inspectorate of Constabulary and also actions that the Force would take in response to improvements that had been identified by the Joint Audit and Risk Committee (JARAC).
- Derbyshire's annual review of the governance framework channels primarily through JARAC, which aims to provide assurance on the "effectiveness of governance arrangements". Audit reviewed all meetings of the JARAC from April 2022 to

August 2023 and confirmed that Governance was a standing item in each.

- JARAC demonstrated a proactive approach to monitoring improvement actions. Where a limited assurance opinion had been given in the budgetary control audit, a follow-up audit was brought forward to assess whether sufficient action had been taken in response to the recommendations made. This follow-up confirmed that the assurance level had improved from 'limited' to 'satisfactory'.
- Policies and procedures are clearly communicated to staff when they are published and come into effect through the intranet, with copies published for access by both staff and officers.
- Additionally, policies and procedures are published on the OPCC's and Force's websites where not prevented for operational purposes.
- Audit reviewed the roles and responsibilities listed in the Code of Corporate Governance and Derbyshire's Financial Handbook and confirmed that they are clearly defined and cover the duties of the PCC, Chief Executive and Chief Finance Officer.
- Roles and responsibilities outlined within the Code of Corporate Governance and the Financial Handbook for both the Force and OPCC, as reviewed above, are appropriately aligned to the Policing Protocol Order 2023.
- A key principle of Derbyshire's Code of Corporate Governance was that there should be clear arrangements to safeguard against conflicts of interest arising. Audit confirmed that Register of Interests and Hospitality statements are available on Derbyshire PCC's website dated to January 2023 and are present for both the PCC and Deputy PCC.

- Additionally, a register of gifts or hospitality is maintained for offers to the PCC and members of staff; and a register of allowances and expenses paid to the PCC and Deputy PCC for each financial year.
- Derbyshire PCC's website is transparent and instructive on the process of submitting a complaint against the Chief Constable and PCC. The website also records the number of complaints that have been made against the PCC during each year dating back to 2016-17.
- Derbyshire continue to show transparency regarding decision making with 65 decision notices published for 2022 and 50 published for 2023 to date, on the OPCC's website.

Risk Management

Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control; and/or, there is evidence that the level of non-compliance with some of the control processes may put some of the Organisation's objectives at risk.

There is a common theme across the issues identified in this audit, where key documentation has not been reviewed or updated in a timely manner. This is a key activity for ensuring transparency with the public and ensuring that PCC and Force staff have clear and reliable guidance that they can use as a reference point. It is imperative, therefore, that policies are reviewed and updated to ensure they reflect best practice and any changes in legislation affecting the operational activities of the Force and OPCC.

Audit noted that the current Corporate Governance Framework was issued in April 2014 with a review date for June 2016. However, there

is no evidence of this review, and the original version is still published and publicly available on the OPCC's website, making reference to governance forums that are no longer operational. See **Recommendation 4.1** for further information.

This Corporate Governance Framework is supported by several policies and procedures, including a scheme of governance and risk management strategy. However, the referenced Ethical Framework and Communication Strategy have not been developed or published by the OPCC or Force. This means that principles of how the Nolan Principles and College of Policing's Code of Ethics are applied to decision making, and how these decisions include engagement with the public, are not set out and may not be being implemented. See **Recommendation 4.3** for further information.

Additionally, where these policies and procedures are in place, Audit identified several instances where these documents had not been reviewed in a timely manner or where reviews had not been accurately and/or clearly reflected in the documentation. See **Recommendation 4.2** for further information.

Value for Money

Value for money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.

By documenting and embedding a comprehensive code of corporate governance the Police & Crime Commissioner for Derbyshire and Derbyshire Police are able to demonstrate transparency and accountability to the public in terms of the focus and direction of

policing. This is then supported by the organisations' Publication Schemes, including the publication of expenses, allowances and offers of gifts and/or hospitality.

During our Audit, we have reviewed the register of gifts and hospitality and noted that it is not clear whether this includes all offers of gifts and hospitality or it only includes accepted gifts and hospitality. This confusion is due to a note added on the page that "All gifts and hospitality are updated on this page as soon as they are accepted" where the description at the top of the page indicates that the register lists all "offers of a gift or hospitality made to the Police and Crime Commissioner or member of staff, indicating whether the gift was accepted or refused".

Additionally, we have reviewed the list of expenses and allowances for the PCC, Deputy PCC and Chief Operating Officer. While we found no issue with the list of expenses and allowances for the PCC, we noted that only a nil disclosure for 2023 was published for the Deputy PCC and no disclosure is included for 2023 for the Chief Operating Officer.

We also reviewed the register of business interests published by the Force but found this to be from 2019, with latest updates from 2017.

See **Recommendation 4.4** for further information.

Sector Comparison

From our experience across our client base, we are seeing pressure put on resources and finances. These restraints have placed even greater pressure to secure value for money in key activities.

A common area of weakness is that the timescale of review and update of policies and procedures supporting the governance framework is often not adhered to. The pressure on resources within the OPCC is a contributing factor, although it is vital that these are kept up to date to provide members of staff with accurate information in order to perform their duties appropriately and effectively.

While the Freedom of Information Act, the ICO's model publication scheme and other statutory guidance does not state that all offers of gifts and hospitality have to be declared, a review of policies and registers across the sector, including wider public sector bodies, shows that this is common practice aiming to show integrity in the decision-making processes of public sector bodies.

04. Areas for Further Improvement and Action Plan

Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

We identified a number of areas where there is scope for improvement in the control environment. The matters arising have been discussed with management, to whom we have made recommendations. The recommendations are detailed in the management action plan below.

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
4.1	<p>Update Code of Corporate Governance</p> <p><i>Observation:</i> A Code of Corporate Governance is essential to Derbyshire Police and OPCC's Governance structures and subsequent procedures. The Code of Corporate Governance states that this serves as the framework to ensure effective governance based on CIPFA's "Delivering Good Governance in Local Government" guidance that sets out the principles on which governance should be built.</p> <p>A Code of Corporate Governance is published on the website, however, it is dated April 2014 and therefore a review is overdue. This is especially pertinent considering there has been a personnel change in both the Police and Crime Commissioner and Chief Constable during this period. The former postholders in each of these positions are the current signatories on Derbyshire PCC's website.</p>	<p>The Force and OPCC should undertake a review of their Code of Corporate Governance as soon as possible and ensure an updated version is posted to their website when appropriate.</p> <p>Future dates for review should be scheduled to ensure that the document remains useful and relevant, with each review being noted within the document control section and the publicly available version updated.</p>	High	Both the Scheme of Delegation and the Financial Handbook have been updated and draft versions are currently awaiting the PCC election to be completed, before a final review and finalization of the policies by the Commissioner.	<p>Head of Governance and Compliance.</p> <p>End of June 2024.</p>

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<p>This was an issue raised in our previous audit in July 2021 and no change has been noted as part of this audit.</p> <p><i>Risk:</i> Derbyshire OPCC and Force are unable to demonstrate awareness & adherence of good governance procedures leading to reputational risk.</p>				
4.2	<p>Policy and Procedure Review</p> <p><i>Observation:</i> Policies and Procedures should act as a key reference for stakeholders to understand what the appropriate procedures are and to ensure compliance with key regulations that govern the work of the PCC and associated parties. These policies should be regularly reviewed to ensure they reflect changes to the legislation that they are built upon.</p> <p>A review of policies in relation to governance has noted several that have not been recently reviewed or reviews have not been clearly documented.</p> <p>This was an issue raised in our previous audit in July 2021 and no change has been noted.</p> <p><i>Risk:</i> OPCC and Force policies do not reflect current procedures or changes in legislative requirements.</p>	<p>The Force and OPCC should update and review Policies and Procedures, ideally to be in place with the new PCC term.</p> <p>Derbyshire should begin a rolling review process for policies and procedures, including the Code of Corporate Governance and its constituent parts.</p>	Medium	<p>OPCC policies have been reviewed. A policy tracker spreadsheet is in place, which ensures that all OPCC policies are reviewed on a regular basis and updated accordingly, with a clear status for each.</p> <p>Once the above two governance policies are</p>	<p>Head of Governance and Compliance.</p> <p>End of June 2024.</p>

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
				reviewed and finalized by the PCC, then all OPCC governance policies will be up to date.	
4.3	Supporting Policies and Documents <i>Observation:</i> The Force and OPCC's Joint Corporate Governance Framework makes note of several key documents that support the application of the Framework. These include a Communication/Engagement Strategy and an Ethical Framework, which were not in place at the time of the audit and were not being developed. <i>Risk:</i> Decisions are not made in the best interest of the local population.	The Force and OPCC should determine if a Communication / Engagement Strategy and an Ethical Framework are required, either removing reference to them or developing these as part of the Corporate Governance Framework or as stand-alone documents, to support the application of the Corporate Governance Framework.	Medium	The Code of Corporate Governance and the Financial Handbook are currently being reviewed. This review includes reviewing if an ES and EF are needed.	Head of Governance and Compliance. End of June 2024.
4.4	Accuracy and Timeliness of Transparency Information	The OPCC review the register of gifts and	Low	This review has been undertaken.	

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<p><i>Observation:</i> As part of the OPCC's and Force's obligations under the Freedom of Information Act 2000's requirement for a publication scheme, both organisations are required to publish transparency data, including the publication of expenses, allowances and offers of gifts and/or hospitality.</p> <p>During our Audit, we have reviewed the register of gifts and hospitality and noted that it is not clear whether this includes all offers of gifts and hospitality or it only includes accepted gifts and hospitality. This confusion is due to a note added on the page that "All gifts and hospitality are updated on this page as soon as they are accepted" where the description at the top of the page indicates that the register lists all "offers of a gift or hospitality made to the Police and Crime Commissioner or member of staff, indicating whether the gift was accepted or refused".</p> <p>While the legislation, the ICO's model publication scheme and other statutory guidance does not state that all offers of gifts and hospitality have to be declared, a review of policies and registers across the sector and wider public sector show that this is common practice aiming to show integrity in the decision-making processes of authorities.</p> <p>Additionally, we have reviewed the list of expenses and allowances for the PCC, Deputy PCC and Chief</p>	<p>hospitality, ensuring that all offers are recorded, including whether they have been accepted or refused.</p> <p>The OPCC review expenses and allowances information for the Deputy PCC and Chief Operating Officer, ensuring that information for all years of the current PCC term is published. Where no claim is made within a year, a nil disclosure should be published.</p> <p>The Force review business interests register and ensure that all current business interests are recorded and updated, especially for the close of a financial year.</p>		<p>'No expenses claimed to date' has been added on to the expenses register for any individuals who have not claimed any expenses in the financial year.</p> <p>The wording on the website has been updated to show that all gifts and hospitality are recorded, whether they have been accepted or declined for full transparency.</p> <p>All business interests are on the OPCC website and are up to date for</p>	<p>Head of Governance and Compliance.</p> <p>Completed.</p>

	Observation/Risk	Recommendation	Priority	Management response	Timescale/ responsibility
	<p>Operating Officer. While we found no issue with the list of expenses and allowances for the PCC, we noted that only a nil disclosure for 2023 was published for the Deputy PCC and no disclosure is included for 2023 for the Chief Operating Officer.</p> <p>We also reviewed the register of business interests published by the Force but found this to be from 2019, with latest updates from 2017.</p> <p><i>Risk:</i> The OPCC and Force are not meeting their statutory obligations in the publication of transparency data.</p>			the PCC and DPCC.	

A1 Audit Information

Audit Control Schedule	
Client contacts:	Andrew Dale, OPCC Chief Finance Officer Jon Peatling, Force Chief Finance Officer Marie Romano, Head of Governance & Compliance
Internal Audit Team:	David Hoose, Partner Sarah Knowles, Senior Internal Audit Manager Alexander Campbell, Senior Internal Auditor
Last Evidence Received / Exit Meeting:	07 September 2023
Draft report issued:	12 September 2023
Last Management responses received:	30 April 2024
Final report issued:	01 May 2024

Scope and Objectives

Our audit considered the following risks relating to the area under review:

- A Code of Corporate Governance is in place between the Commissioner and Chief Constable that complies with relevant legislation and guidance.
- Appropriate Annual Governance Statements are produced on behalf of the Commissioner and Chief Constable that provide assurance that the governance framework is effective.
- The process used for the annual review of the governance framework is sufficiently robust and the implementation of previously identified improvement actions is effectively monitored.
- The corporate governance framework is supported by policies and procedures, such as a decision-making framework and scheme of delegation and these are appropriately communicated and monitored for compliance.
- The roles and responsibilities of senior officers and staff within the Force and OPCC are clearly defined, particularly regarding their decision-making responsibilities.
- Decisions are made in accordance with the governance framework in a clear and transparent manner, supported by the appropriate levels of relevant and timely information.
- Decisions made are clearly recorded, communicated and published where relevant.

The objectives of our audit were to evaluate the adequacy and effectiveness of the controls in place with respect to Governance, with a view to providing an opinion on the extent to which risks in this area are managed. In giving this assessment it should be noted that assurance cannot be absolute. The most an Internal Audit Service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control.

We are only able to provide an overall assessment on those aspects of the Governance process that we have tested or reviewed. Testing has been performed on a sample basis, and as a result our work does not provide absolute assurance that material error, loss or fraud does not exist.

Definitions of Assurance Levels		
Assurance Level	Adequacy of system design	Effectiveness of operating controls
Substantial Assurance:	The framework of governance, risk management and control is adequate.	The control processes tested are being consistently applied.
Moderate Assurance:	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.	There is evidence that the level of non-compliance with some of the control processes may put some of the Organisation's objectives at risk.
Limited Assurance:	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.	The level of non-compliance puts the Organisation's objectives at risk.
Unsatisfactory Assurance:	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.	Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Definitions of Recommendations		
Priority	Definition	Action required
High (Fundamental)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Significant)	Weakness in governance, risk management and control that if unresolved exposes the organisation to a high level of residual risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Housekeeping)	Scope for improvement in governance, risk management and control.	Remedial action should be prioritised and undertaken within an agreed timescale.

A2 Statement of Responsibility

Status of our reports

We take responsibility to the Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police

Internal Audit Report

Transport – Follow Up (07.2023/24)

Audit Sponsor: Andrew Dale, OPCC Chief Finance Officer, Jon Peatling, Force Chief Finance Officer

Audit Contacts: Andrew Fowler, Fleet Manager

April 2024

Reporting Timetable

Debrief Meeting: 15/02/2024

Draft Report Issued: 22/02/2024

Comments Received: 11/04/2024

Final Report Issued: 16/04/2024

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Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of Derbyshire Police (the Force) and the Office of the Police, Fire, and Crime Commissioner (OPCC) for Derbyshire and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of the Force & OPCC and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in Appendix A3 of this report for further information about responsibilities, limitations and confidentiality.

Your One Page Summary

Audit Objective: To provide assurance that the risks associated with Transport are being appropriately managed.

Audit rationale

Why the Audit is in Your 2023/24 Plan

To provide assurance that the transport control framework has been strengthened in line with previous concerns.

Your Strategic Risk

STR0057 – Replacement Operational Vehicles.

Summary of our opinion

Moderate Opinion

See Appendix A3 for definitions

Summary of Recommendations

High (Priority 1)	-	Actions agreed by you	100%
Medium (Priority 2)	1	High Priority completion	N/A
Low (Priority 3)	4	Overall completion	March 2025

Summary of findings

Examples of good practice

- ✓ A comprehensive and approved Fleet Management Strategy 2023-2028 is in place.
- ✓ Effective fleet system access controls are in place at the Force.

Highest Priority Finding

- Lack of monitoring and oversight of performance information.

Key root causes

- Performance information is not reported to the Transport Steering Group.
- Safety inspection checklist procedures not followed

Direction of travel

Previous Audit

February 2022

Direction of Travel

↑ Previous opinion: Limited

Recurring Finding

- See **Appendix A1**

01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan as well as our summary of previous recommendations that have not been fully implemented (see 03 Detailed Action Plan and Appendix A1 respectively).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	The Force should report performance information to the Transport Steering Group to enable effective monitoring, oversight and scrutiny of fleet management.	Medium	Fleet Manager	30 April 2024
2	The Force should ensure regular reminders are sent to drivers to ensure logbooks and checklists are completed and up to date. The Force should utilise the telematics system, once introduced, to identify and rectify instances of non-compliance with procedures.	Low	Fleet Manager	31 March 2025
3	The Force should ensure all safety inspections are performed in line with the maintenance schedule. Where the scheduled has not been followed, this should be investigated and reported appropriately.	Low	Fleet Manager	31 October 2024
4	The Force should incorporate procurement procedures and processes briefly into current Transport related procedures or strategy documents.	Low	Fleet Manager	30 June 2024
5	Finance should provide an overview of the Fleet budgetary position at the quarterly Transport Steering Group meetings.	Low	Fleet Manager	30 June 2024

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money

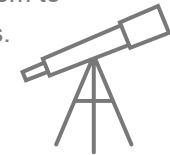


Value for Money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.

- The Force uses the Crown Commercial Services and Blue Light Commercial frameworks for the procurement of vehicles. This generates value for money and cost savings due to the application of automatic discounts on prospective vehicle purchases.
- Vehicles are booked in automatically every six-months for vehicle maintenance, or rely on the driver to contact the workshop and book in if the vehicle has high usage and travels 10,000 miles or more prior to the six-month mark. Telematics can be used to automate maintenance scheduling and be a central repository of vehicle records, such as mileage, delivering efficiency improvements in the maintenance programme as vehicles can be monitored remotely and booked in for servicing as and when is required based on the telematics data.

Sector Comparison

We have taken the findings from this audit and compared them to findings from other audits carried out at similar organisations. Overall, we have noted some differences in controls compared with other Forces in the region, including:



- The Force uses an outsourced agreement with Derbyshire County Council (DCC) for the provisions of vehicle maintenance, which provides flexibility to the Force in the management of its fleet. This is different to other Forces in the region who usually retain in-house control of vehicle maintenance.
- Unlike other Forces in the region, Derbyshire does not currently use telematics to automatically track vehicle mileage and alert them when a vehicle is close to next requiring maintenance. Manual processes, such as driver logbooks, are used for the Force's vehicle maintenance programme. However, management at the Force have advised that the Force intend to introduce telematics to their Fleet which will negate the need for paperwork as is done currently with logbooks. Additionally, the Force will be introducing a weekly vehicle and inventory checklist mobile app. Once fully implemented this will also end the need for paper-based inspection checklists and provide the Force with simpler and efficient tools to check compliance with procedures.

3 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A3.

1 Performance Information and Force Monitoring and Oversight	
Finding(s) and Risk	Recommendation(s)
<p>In accordance with contractual arrangements with Derbyshire County Council (DCC) section C.4 Performance Standards, DCC provide the Force with performance information covering section and division vehicle availability (the principal measurement of performance under the contract), weekly vehicle off road reports and breakdown and recovery responses. Performance is discussed between the DCC and the Force's Fleet Team in biannual meetings.</p> <p>We reviewed the last two quarterly Vehicle Availability Reports provided to the Force and associated Transport Steering Group minutes to confirm that performance information is reported through the Force to the Transport Steering Group. Our review of the last two quarterly meeting minutes found no evidence to demonstrate performance information is reported to the Group.</p> <p>We were advised by management that contractual terms in relation to the vehicle availability reports is ambiguous as C.4.2 Vehicle Availability states that the <i>“overall average level of vehicle availability for the Fleet shall meet or exceed 95% for each charge period and should not fall below 90% for vehicles allocated to a specific user department or vehicle category.”</i> From our review of the last two quarterly Vehicle Availability Reports we noted no period where on average vehicle availability did not meet or exceed 95%, however we did note in certain periods particular sections and divisions where vehicle availability fell below 90%.</p>	Root Cause(s)
	<p>The Force should ensure performance information obtained from Derbyshire County Council is reported to the Transport Steering Group to allow for effective monitoring, oversight and scrutiny.</p> <p>Performance information is not reported to the governance channels in place at the Force for the fleet.</p>

Additionally, management advised that quarterly performance data is not proactive enough to be used efficiently in the day-to-day operation of the Fleet, however the weekly vehicle off road reports provide greater operational level support to sections and divisions.

However, the Force does not utilise the Transport Steering Group as an effective, sufficient and useful mechanism to monitor, oversee and scrutinise the performance of the fleet and contractual arrangements with the DCC resulting in missed opportunities to improve performance and implement actions to remedy issues.

Risk and Impact: Management are unaware of the performance of fleet management and the arrangements with DCC, leading to ineffective and inappropriate decisions taken which hinder the Force in achieving its strategy and delivering on the maintenance programme.

Management Comments / Agreed Actions

The Transport Steering Group has been disbanded. Fleet Manager now attends Divisional Management Meetings for both the North and South in which relevant MI is shared.

Weekly Vehicle Off Road reporting is produced for all sections on a Thursday afternoon, which will give more detailed performance information of vehicle availability.

In addition to this the Telematics system is being rolled out across the force with a hierarchy of access to Inspectors allowing them to view their respective fleets. There will also be regular MI provided into the newly setup Resourcing Board meeting that will be a summary of the reporting provided on a regular basis to the sections on availability. This is now partially implemented with it being fully implemented when the MI dashboard is setup for the Resourcing Board.

Responsible Person	Fleet Manager (Acting from May 2024)	Action Due Date	30 April 2024
		Priority Level	Medium

2 Vehicle Logbooks and Weekly Checklists			
Finding(s) and Risk		Recommendation(s)	
<p>Drivers of Force vehicles are expected to maintain a physical vehicle logbook by recording all journeys and damages to vehicles. In addition, a weekly safety inspection checklist, documenting information such as damage to the vehicle, vehicle inventory and try tread depth, should be completed by the driver.</p> <p>We reviewed a sample of 12 vehicles and found:</p> <ul style="list-style-type: none">• Three instances where a logbook was not provided.• One instance where a safety inspection checklist was not provided.• One instance where the safety inspection checklist had not been completed on a weekly basis. <p>Management advised that the Force is in the process of moving over to using telematics systems and data and introducing a weekly vehicle and inventory checklist mobile app. Once implemented, they will end the need for paperwork, such as inspection checklists and logbooks, to be completed and allow effective remote monitoring of vehicles.</p> <p>Risk and Impact: Vehicle logbooks and safety inspection checklists are not completed on a regular basis by drivers or readily available for review when required, leading to vehicle safety issues going unreported and not repaired on a timely basis posing a significant operational risk due to the deployment of unsafe vehicles.</p>		<p>The Force should ensure regular reminders are sent to drivers to ensure logbooks and checklists are completed in line with frequency requirements. Reminders should be documented for evidence when required.</p> <p>Once implemented, the Force should effectively utilise telematics systems to identify instances of non-compliance. Outcomes and actions from these events should be formally documented for review when required.</p> <p>The Force should establish clear steps to undertake in the event of repeated non-compliance with procedures.</p>	
		Root Cause(s)	
		<p>Logbook and checklists not provided.</p> <p>Weekly checklist procedures not followed.</p>	
		Management Comments / Agreed Actions	
<p>Weekly Vehicle Check app is going live 15 April 2024, this will govern the regular weekly checking of all our fleet vehicles via checklists. When the Borer cards are re-issued across the force this will feed into the telematics system and allow us to 100% compliant with the Collar numbers of drivers. This will then allow us to remove all the blue logbooks in the vehicles. This will not be fully implemented until the new borer cards are fully distributed.</p>			
Responsible Person	Fleet Manager (Acting from May 2024)	Action Due Date	31 March 2025
		Priority Level	Low

3 Maintenance Programme			
Finding(s) and Risk		Recommendation(s)	
<p>Derbyshire County Council (DCC) complete all maintenance work for the Force per the contractual agreement. A contract is in place which sets out the maximum time and mileage intervals of safety inspections for various type of vehicles held by the Force. A maintenance schedule is in place for the fleet and vehicles are expected to receive safety inspections every 10,000 miles or every six-months.</p> <p>We reviewed a sample of 20 vehicles to confirm the maintenance programme had been met in line with the agreed schedule. We noted one instance where the schedule had not been met, with the inspection performed far in excess of the 10,000 miles or six-months schedule.</p> <p>Risk and Impact: The vehicle maintenance schedule is not met for all vehicles on the programme, leading to the deployment of unsafe vehicles.</p>		<p>The Force should ensure all safety inspections for vehicles are performed in line with the maintenance schedule.</p> <p>Where the maintenance schedule has not been followed this should be reported to the appropriate governance forum.</p>	
		Root Cause(s)	
		<p>Safety inspection performed later than expected and not in line with the terms on inspections and servicing intervals, within the contractual agreement.</p>	
Management Comments			
<p>While upcoming changes to personnel may impact short-term achievement, the Fleet Technical Officer role will be the key point of contact for carrying out safety inspections. Part of this may be picked up in the Weekly Vehicle Check app going live on 15 April 2024, but there is still a requirement for regular and random safety inspections to ensure the vehicles are being checked correctly.</p> <p>Alongside recruitment, additional barriers arise from the result of the functional review.</p>			
Responsible Person	Fleet Manager (Acting from May 2024)	Action Due Date	31 October 2024
		Priority Level	Low

4 Procurement			
Finding(s) and Risk		Recommendation(s)	
<p>The Force maintain a Full Vehicle Replacement Program which establishes the vehicles required to be replaced and procured for the next five financial years (2022/23 to 2026/27).</p> <p>When a new vehicle is required the Fleet Manager identifies vehicles from the Crown Commercial Services or BlueLight Commercial website and obtains quotes for the vehicles. Procured vehicles from these two frameworks are at an already agreed discount. Once a suitable quote has been obtained the Fleet Manager emails the Fleet Admin Supervisor with order details who then raises a purchase order, which is approved by the Fleet Manager.</p> <p>We were advised by management that the Force have not documented the procurement process and procedures for the fleet due to the expectation that vehicles are procured in conformance with the national frameworks aforementioned.</p> <p>Whilst audit confirmed for a sample of 15 vehicles procured in the last 12 months the frameworks and discounts applied, a lack of documented procedures poses the risk that they are not consistently applied over a larger population, particularly in the event of the unavailability of the Fleet manager or changes to the Fleet Team.</p> <p>Risk and Impact: Procurement procedures are not clearly documented and defined leading to the inconsistent application of procedures hindering the Force's ability to achieve value for money in vehicle procurement.</p>		The Force should incorporate procurement procedures and processes briefly into current Transport related procedures or strategy documents.	
		Root Cause(s)	
		No documented procurement procedures and processes.	
Management Comments / Agreed Actions			
While this is already very robustly incorporated into the monthly cycle of review, discussions will be held with Finance and Procurement departments on how we can better employ their service.			
Responsible Person	Fleet Manager (Acting from May 2024)	Action Due Date	30 June 2024
		Priority Level	Low

5 Finance Reporting on the Budgetary Position at the Transport Steering Group			
Finding(s) and Risk		Recommendation(s)	
<p>Current arrangements at the Force see a Finance representative meet with the Fleet Manager on a monthly basis to discuss and monitor the capital and revenue budgets. Narrative comments on budgetary position including variances from the original or revised budget are documented in Budget Monitoring Reports, which we confirmed by review of the last the last three Reports.</p> <p>Additionally, Finance attend the quarterly Transport Steering Group meetings, which we confirmed by review of the attendees list, however on review of the last two Transport Steering Group meeting minutes we were unable to confirm that Finance provide an informative overview of the budgetary position.</p> <p>Risk and Impact: Senior management at the Transport Steering Group do not have sufficient oversight and understanding of the Fleet budgetary position, leading to the mismanagement of budgets and overspends/underspends not being identified and corrected in a timely manner.</p>		The Force should ensure Finance play an active role at the quarterly Transport Steering Group meetings by providing a sufficient account and overview of the Transport/Fleet budgetary position. This should be added as a standing agenda item to the Transport Steering Group meetings.	
		Root Cause(s)	
		Finance do not present a clear overview of the budgetary position to the Transport Steering Group.	
Management Comments / Agreed Actions			
While this is already very robustly incorporated into the monthly cycle of review, discussions will be held with Finance and Procurement departments on how we can better employ their service.			
Responsible Person	Fleet Manager (Acting from May 2024)	Action Due Date	30 June 2024
		Priority Level	Low

A1 Recommendations from Prior Report

We have carried out a follow up audit to confirm that previous recommendations for improvements to the control framework have been embedded. The recommendations and our findings are documented in the table below:

Recommendation Reference from 21/22 Report	Recommendation Details – February 2022	Audit Finding – January 2024	Outcome (See Section 03)
4.1 Fleet Management Strategy	<p>The Force should ensure that the Fleet Management Strategy is updated and approved at the earliest possible opportunity and aligned with the current short / medium and long-term objectives of the Force.</p> <p>An implementation plan should also be developed for the strategy, setting out how the objectives of the strategy will be achieved.</p>	<p>Audit were provided the Force's up to date and approved Fleet Management Strategy 2023 to 2028. The Strategy focuses on the four key objectives designed to the basis for the delivery and development of an effective fleet, and clearly links them to the Force's strategic priorities and the Derbyshire Police and Crime Plan 2021-2025. They are:</p> <ol style="list-style-type: none"> 1. To provide and maintain a cost effective, efficient transport service that fully supports organisational and operational requirements, capable of responding to policing needs. <p>Force Priority: Fighting Crime & Responsible and visible Policing.</p> <ol style="list-style-type: none"> 2. Ensure the optimum number of vehicles are available to the force that are necessary to support community and county wide policing requirements. <p>Force Priority: Service to the public</p> <ol style="list-style-type: none"> 3. Provide a 5-year vehicle replacement plan that incorporates greener vehicles as much as possible to help reduce the overall fleet carbon emissions. 	Implemented

Recommendation Reference from 21/22 Report	Recommendation Details – February 2022	Audit Finding – January 2024	Outcome (See Section 03)
		<p>Force Priority: Prevention and Partnerships</p> <p>4. Listen and Engage with all stakeholders to ensure effective communication of vehicle requirements.</p> <p>Force Priority: Trust and Legitimacy & Our People</p> <p>To support the implementation of the Strategy, the Force have a Full Vehicle Replacement Programme 2022 to 2027 in place to support the achievement of the Fleet Strategy. We confirmed by review of July 2023 meeting minutes that the Programme is reported to the Transport Steering Group.</p>	
<p>4.2</p> <p>Vehicle Logbooks / Weekly Checklists</p>	<p>Drivers should be reminded to promptly request a replacement where the logbook is missing / complete and to record all damage in the logbook as soon as it occurs.</p> <p>Drivers should be reminded to complete checklists on a weekly basis.</p> <p>The Fleet team should undertake unannounced visits in order to confirm compliance with vehicle logbook / checklist procedures.</p>	<p>Audit sought to confirm vehicle logbooks are available and up to date by review of a sample of 12 vehicles. We noted three instances where a logbook could not be provided for review.</p> <p>Audit reviewed a sample of 12 vehicles and noted one instance where a vehicle inspection checklist was not provided and one instance where the checklist had not been completed on a weekly basis.</p> <p>Audit sought to confirm that there is formal evidence that the Fleet team undertake unannounced visits to sections to confirm compliance with vehicle logbook/checklist procedures. Audit were not provided with any formal evidence to support this.</p>	<p>Overdue (See Rec 3.2)</p>

Recommendation Reference from 21/22 Report	Recommendation Details – February 2022	Audit Finding – January 2024	Outcome (See Section 03)
<p>4.3</p> <p>Procurement</p>	<p>The Force should ensure that processes and procedures in relation to procurement are formally documented.</p> <p>The document should be reviewed on an annual basis and updated where necessary, this should be recorded in a document control section in the procedure document detailing the person responsible for reviewing / updating it, approval of the procedure, and the date of the next review cycle.</p>	<p>Audit were advised by management that the Force have not formally documented the processes and procedures in relation to the procurement of vehicles. Additionally, Audit were advised that that procurement of vehicles at the Force is expected to conform to the national frameworks in place.</p>	<p>Overdue (See Rec 3.4)</p>
<p>4.4</p> <p>Performance Information</p>	<p>The Force should obtain performance information reports on a more regular basis, such as monthly or quarterly, from Derbyshire County Council.</p> <p>Performance information reports should then be presented to the Transport Steering Group, either on a regular basis or by exception.</p>	<p>Operationally, the Force obtain weekly Vehicle Off Road Reports from Derbyshire County Council (DCC), the procured contractors who carry out the maintenance programme, which the Fleet Manager distributes to senior officer at the various sections to support the sections in the planning for the week ahead.</p> <p>The Force also obtain quarterly Division and Section Vehicle Availability reports from DCC in line with the Performance Standards in the contractual agreement with DCC. We sought to confirm that performance information in these Reports are reported to the Transport Steering Group. Our review of the last two quarterly meeting minutes found no evidence to demonstrate performance information is reported to the Group.</p>	<p>Partially Implemented (See Rec 3.1)</p>

Recommendation Reference from 21/22 Report	Recommendation Details – February 2022	Audit Finding – January 2024	Outcome (See Section 03)
4.5 Budget Monitoring	<p>Representatives from Finance should attend the quarterly Transport Steering Group meetings in order to inform management of the current budgetary position.</p> <p>Fleet management should meet with Finance on a regular and formal basis to discuss the budget.</p>	<p>Audit were provided with screenshots of the attendees list of the last two quarterly Transport Steering Group meeting and confirmed that representatives from Finance attend the meeting. On further review of the associated meeting minutes, we were unable to confirm that Finance informs the Group of the current budgetary position.</p> <p>The Fleet Manager and a representative from Finance meet on a monthly basis to discuss the capital and revenue budgets, using Budget Monitoring Reports. We reviewed the last three Budget Monitoring Reports and confirmed written commentary is provided to explain the budgetary position, progress and variances from the original and revised budget.</p>	<p>Partially Implemented (See Rec 3.5)</p>
4.6 Vehicle Inventory	<p>Drivers should be reminded to complete the weekly safety inspection checklist accurately and note where items are missing, and then request replacements as soon as possible.</p> <p>Drivers should also be reminded to maintain vehicle inventories in a tidy and organised manner.</p>	<p>Audit reviewed a sample of 12 vehicle inspection checklists and vehicle inventories. Whilst we noted no issues with vehicle inventories, we did note one instance where the vehicle inspection checklist was not provided and one instance where the vehicle inspection checklist had not been completed weekly.</p>	<p>Partially Implemented (See Rec 3.2)</p>

A2 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether the Force and OPCC has adequately address issues and recommendations raised in our previous audit in 2021/22. This previous audit assessed whether there were adequate and appropriate policies, procedures and controls in place for Transport, with a Limited assurance opinion being issued on the extent to which risks in this area are managed. The previous audit considered the following risks relating to the area under review:

- The OPCC and Force does not achieve its objectives regarding Fleet Management and more widely across medium/long term objectives.
- Resources are ineffectively or inefficiently utilised in the delivery of Fleet Management
- Fleet vehicles are not safe and/or are not available when and/or when they are required.
- Vehicle records are inaccurate, leading to increased costs for maintenance and/or insurance.
- Procurement of vehicles does not provide good value for money.
- Overspends/underspends occur without being identified and corrective action is not taken in a timely manner.
- Management are not aware of the performance of Fleet Management and ineffective/inappropriate decisions are taken.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

Statement of Responsibility

We take responsibility to the Derbyshire Police (the Force) and Office of the Police and Crime Commissioner (OPCC) for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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*where permitted under applicable country laws.

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Office of the Police and Crime Commissioner for
Derbyshire and Derbyshire Police

Internal Audit Report

Health and Safety (12.2023/24)

Audit Sponsor: Andrew Dale, OPCC Chief Operating Officer (S151); and, Jon Peatling, Force Chief Finance Officer
Audit Contacts: Joanna Bingley, Deputy Head of Health, Safety and Risk; and, Mark Euerby, Head of Corporate Risk

May 2024

Reporting Timetable

Debrief Meeting: 26/04/2024

Draft Report Issued: 08/05/2024

Comments Received: 16/05/2024

Final Report Issued: 23/05/2024

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Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of Derbyshire Police ('the Force') and the Office of the Police and Crime Commissioner ('OPCC') for Derbyshire and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Your One Page Summary

Audit Objective: to provide assurance that the risks associated with Health and Safety are being effectively managed.

Audit rationale					
Why the Audit is in Your 2023/24 Plan To assess the control framework in place for managing workplace health and safety.		Your Strategic Risk STR2014 – High risk properties – risk-based reviews. STR1219 – Officer and Staff Wellbeing			
Summary of our opinion					
<div>Moderate Opinion</div> <div>See Appendix A1 for definitions</div>		Summary of Recommendations			
<div><div></div><div>x</div><div></div><div></div></div>		High Priority	-	Actions agreed by you	100%
		Medium Priority	3	High Priority completion	N/A
		Low Priority 3	2	Overall completion	December 2024
Summary of findings					
Examples of good practice <ul style="list-style-type: none">✓ Roles and responsibilities for all staff within the Force are clearly outlined within the Health and Safety Policy, which is located on the Force intranet 'Connect'.✓ A 'Health and Safety Committee' is in place that maintains central oversight of all health and safety updates at the Force. Audit confirmed that regular accident and near miss incident data is produced and reported to such committee.		Highest Priority Findings <ul style="list-style-type: none">• Non-compliance with Health and Safety Executive (HSE) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) guidance.• Non-compliance with Force legislative compliance documents to complete mandatory health and safety training.• Missing 'inspection dates' within the 'Premise Inspection Record'.		Key root causes <ul style="list-style-type: none">• Lack of staff resource.• Training completion reports are not circulated on a regular basis.	
Direction of travel					
Previous Audit June 2018		Direction of Travel ➡ Previous opinion: Satisfactory Assurance		Recurring Findings <ul style="list-style-type: none">• Lack of monitoring and reporting of health and safety training	

01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Owner	Due Date
1	The Force should communicate to staff the importance of reporting all accidents on the Gateway system as soon as they occur, to maximise the possibility of meeting HSE RIDDOR reporting timeframes.	Medium	Deputy Head of Health, Safety and Risk	Rec. 1 – 31 st August 2024 Rec. 2 – 31 st December 2024
2	<p>The Force should investigate training completion reports to remove records where staff members are duplicated.</p> <p>The Health and Safety Team and Learning and Development Team should circulate training completion reports to departments on a regular basis, allowing the Force to have sufficient oversight of training completion.</p> <p>Training completion reports should be circulated to the Health and Safety Committee, to allow for sufficient oversight and scrutiny.</p> <p>The formal escalation procedure should be communicated across the Force regarding non-completion of mandatory training, in attempts to increase training completion.</p>	Medium	Deputy Head of Health, Safety and Risk	Rec. 3 – 31 st August 2024 Rec. 4 – Ongoing Rec. 5 – 31 st May 2024
3	The Force should update their 'Premise Inspection Record' to ensure it correctly reflects all Force owned premises, and clearly record whether such sites are due an annual inspection.	Medium	Deputy Head of Health, Safety and Risk	Rec. 7 – 30 th June 2024 Rec. 8 – 31 st December 2024
4	Policies and procedural guidance should be updated to correctly reflect current working practices and should include version control and document history, clearly illustrating whether such guidance is up-to-date.	Low	Deputy Head of Health, Safety and Risk	Rec. 9 – 31 st July 2024

			Rec. 10 – 31 st December 2024
5	Responsibilities for divisional commanders / departmental heads with respect to health and safety should be re-communicated across the Force to ensure health and safety is included as a standing item agenda for all SMT meetings.	Low	Deputy Head of Health, Safety and Risk Rec. 11 - 31 st July 2024

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money

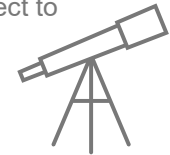


Value for money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems in place within the auditable area. Over the course of the audit we noted:

- The Force uses an online reporting system 'Gateway' to report all accidents, assaults and near misses.
- All submissions on the reporting system are forwarded to an 'investigator', who is then tasked to confirm such details of the incident and take action (where appropriate) to ensure such incidents do not occur again.
- The system does not possess the functionality to recognise investigations which either do or don't need require further action. Similarly, where investigations do require corrective action, the system does not record the timeliness of implementation.
- The Force did previously manually monitor implementation timeliness, but this proved to be a labour-intensive process requiring a significant amount of staff resource. Lack of oversight of action implementation may increase the risk of staff absences, as incidents which are preventable may not be corrected within a timely manner.

Sector Comparison

Audit notes that the Force's current staff resource with respect to health and safety is significantly smaller compared to peers across the region. This may give rise to potential single-point of failure issues should health and safety appointed officers at Derbyshire suddenly become unavailable due to unforeseen circumstances.



- The Deputy Head of Health, Safety and Risk is responsible for maintaining oversight for potential RIDDOR-reportable cases, and for making such RIDDOR reports within HSE required timeframes.
- However, Audit notes that the Deputy Head is currently the only staff member at Derbyshire maintaining such responsibility, giving rise to a potential risk of non-compliance with HSE RIDDOR guidance where reports are not made in a timely manner due to absence.
- Whilst Audit were able to confirm that the Corporate Risk Manager is able to access and monitor potential RIDDOR-reportable cases, it would benefit the Force to dedicate further resource to the Health and Safety Team to ensure HSE RIDDOR timeframes are adhered to.

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 Late Submission of RIDDOR Reportable Incidents	
Finding(s) and Risk	Recommendation(s)
<p>Observation: HSE Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) guidance require employers to report accidents which occur as a result of work activities within the following respective timeframes:</p> <ul style="list-style-type: none"> - Within 10 days of an incident occurring which has resulted in a major injury; and, - Within 15 days of an incident where there has been a loss of seven or more working days. <p>Audit reviewed all six of the most recent RIDDOR reportable cases (dating back to October 2023) and noted the following exceptions:</p> <ul style="list-style-type: none"> - Three cases where the above timeframes were not adhered to. <p>Incidents were submitted 12 days (exceeding the 10-day timeframe for major injuries), and 32 and 40 days (exceeding the 15-day timeframe for seven or more working days lost) from the date of the incident occurrence.</p> <p>One of the three late submissions was due to a significantly late internal report on the Gateway system; the RIDDOR report was made within three days of the internal submission but within 32 days of the date of the incident occurrence, therefore not complying with required timeframes.</p>	<ol style="list-style-type: none"> 1. The Force should communicate to staff the importance of reporting all accidents on the Gateway system as soon as they occur, to maximise the possibility of meeting HSE RIDDOR reporting timeframes. 2. Resource should be dedicated to training additional staff to make RIDDOR reports, ensuring the Force have sufficient cover to meet HSE reporting deadlines in instances where H&S staff are unavailable due to unforeseen circumstances.
	<p>Root Cause(s)</p> <p>Late internal reporting of accidents.</p> <p>Lack of staff resource.</p>

Risk: Non-compliance with Health and Safety (HSE) RIDDOR mandatory reporting requirements, potentially resulting in regular inspections, penalties and risk to reputation.

Management Comments / Agreed Actions

Recommendation 1 – Work shall be conducted on improving awareness of the induction guide for all new employees which covers injury on duty reporting processes and the importance of timely reporting. For existing employees, work shall be conducted in conjunction with the Communications Team to identify the best method to reinforce timely reporting requirements, detailing the potential consequences of late reporting.

Recommendation 2 – A recruitment process is currently underway to appoint a Health and Safety Advisor to fill a vacancy which the team have been carrying for 18 months. The successful candidate will be trained on the complete process of accident reporting which will include RIDDOR criteria and how reports are made to the HSE.

Responsible Person	Deputy Head of Health, Safety & Risk	Action Due Date	Rec. 1 – 31 st August 2024 Rec. 2 – 31 st December 2024
		Priority Level	Medium

2 Completion and Monitoring of Health and Safety Training	
Finding(s) and Risk	Recommendation(s)
<p>Observation: All staff are required to complete mandatory Display-Screen Equipment (DSE) and Fire Safety e-learning training on College Learn, the College of Policing training platform, every two years (DSE) / yearly (Fire Risk). Expectations for completion of such training is outlined within Force legislative compliance documents, which further outline that responsibility for completion of such training sits with respective line managers (DSE) and divisional commanders / departmental heads (Fire Risk).</p> <p>Audit obtained the most recent completion reports for both forms of training and noted the following exceptions:</p> <ul style="list-style-type: none"> - DSE (report at February 2024, dating back to 2017) <ul style="list-style-type: none"> o 74.4% (2651 staff members) had not completed the DSE training. - Fire Safety (report at July 2023) <ul style="list-style-type: none"> o 64.1% (2707 staff members) had not completed the Fire Safety training. <p>Furthermore, review of training completion reports highlighted for both sets of training that some staff members were duplicated on the completion report (49 staff members for DSE and 67 staff members for Fire Safety).</p> <p>Whilst line managers / divisional commanders and departmental heads are responsible for ensuring their respective staff members complete such mandatory training, they must request completion reports from either the Health and Safety Team (DSE) or Learning and Development Team (Fire Safety). Audit notes that completion reports are only run and circulated when they are requested, and are not run on a</p>	<ol style="list-style-type: none"> 3. The Force should investigate training completion reports to remove records where staff members are duplicated, and ensure up-to-date records of staff are maintained for both sets of mandatory training. 4. The Health and Safety Team and Learning and Development Team should circulate training completion reports to departments on a regular basis, allowing the Force to have sufficient oversight of training completion to confirm whether timeframes are being adhered to. 5. Training completion reports should be circulated to the Health and Safety Committee, to allow for sufficient oversight and scrutiny. 6. The formal escalation procedure should be communicated across the Force regarding non-completion of mandatory training, in attempts to increase training completion.
	Root Cause(s)
	<p>Regular training completion reports are not circulated, rendering the Force unaware of current completion rates.</p> <p>Poor prioritisation / lack of ownership for completion of mandatory training</p>

regular, cyclical basis, therefore rendering the Force unaware whether training is being completed as per mandatory timeframes.

Risk: Non-compliance with Health and Safety (HSE) DSE mandatory training requirements, potentially resulting in regular inspections, penalties and risk to reputation.

Employees may lack the necessary knowledge and skills to perform their duties safely, increasing the likelihood of workplace accidents, injuries or hazards.

The Force fails to identify training needs and gaps within their workforce.

Management Comments / Agreed Actions

Recommendation 3 – Work is taking place to update the current DSE package which involves a new user upload of all employees. The existing user data shall be archived within the system removing duplicate records and taking into account employees who no longer work for the Force.

Recommendation 4 – Processes shall be introduced to ensure that when health and safety mandatory training is issued with completion deadlines, regular completion reports shall be requested to monitor adherence to timeframes. **NB: This will be for health and safety courses only**

Recommendation 5 – Training completion shall be added as a standing agenda item on the Force Health and Safety Committee to allow oversight of completion when courses have been issued.

Responsible Person	Deputy Head of Health, Safety & Risk	Action Due Date	Rec. 3 – 31 st August 2024 Rec. 4 – Ongoing Rec. 5 – 31 st May 2024
		Priority Level	Medium

3 Premise Inspection Record			
Finding(s) and Risk		Recommendation(s)	
<p>Observation: The Force’s Health and Safety Policy outlines that all Force owned premises should be subject to an annual inspection to ensure health and safety risks are being adequately controlled. The Health and Safety Team maintain a ‘Premise Inspection Record’ detailing all Force owned premises and dates of the most recent inspections.</p> <p>Audit reviewed the ‘Premise Inspection Record’ and noted the following exceptions:</p> <ul style="list-style-type: none">- 26/50 sites were missing a 2023 inspection date. <p>Audit were informed that seven of these sites are either no longer maintained by the Force or do not require annual visits due to the nature of the sites not being occupied permanently (vulnerable witness suites); the remaining 19 cases a formal inspection had not been carried out due to staff resourcing issues.</p> <p>Risk: Health and safety inspection are not consistently completed and, as a result, this increases health and safety risks to both staff and the public.</p>		<p>7. The Force should review the current ‘Premise Inspection Record’ to ensure it correctly reflects all Force owned premises, and clearly record whether such sites are due an annual inspection.</p> <p>8. The Force should ensure all Force owned premises are subject to an annual inspection, and prioritise the inspections of those sites that were not inspected in 2023.</p>	
		Root Cause(s)	
		Lack of staff resource.	
Management Comments / Agreed Actions			
<p>Recommendation 7 – Work to be conducted in conjunction with Assets to update the Premise Inspection Record</p> <p>Recommendation 8 – The current Premise Inspection Record currently details dates of planned inspections for all premises including those that were not inspected in 2023. A recruitment process is currently underway to appoint a Health and Safety Advisor to fill a vacancy which the team have been carrying for 18 months. The successful candidate will be trained in the process of undertaking inspections which will allow workload to be split across the team.</p>			
Responsible Person	Deputy Head of Health, Safety & Risk	Action Due Date	Rec. 7 – 30 th June 2024
	Health and Safety Advisor (new postholder)	Priority Level	Rec. 8 – 31 st December 2024
			Medium

4 Policy and Procedures	
Finding(s) and Risk	Recommendation(s)
<p>Observation: The Force has a wide range of both legislative guidance for health and safety practices, alongside procedural documents and risk assessments designed to support staff in maintaining both individual and peer safety.</p> <p>Review of the following risk assessments found there to be an unclear review date / version control:</p> <ul style="list-style-type: none"> - Operational Policing Activities - General Office Environment - First Aid <p>The Force have a Health and Safety Policy that outlines the respective governance structure in place, noting the committees and groups that sit underneath the overarching Health and Safety Committee. However, review of the policy shows an outdated reference to a committee that no longer exists at the Force – the ‘Transport and Steering Group’.</p> <p>Additionally, Terms of Reference is in place for the Health and Safety Committee, which illustrates the purpose, membership and conduct of business of the Committee. Review of the Terms of Reference shows no version control and last review date.</p> <p>Risk: Staff are unaware of standard practice and governance arrangements with respect to health and safety, due to outdated and/or incorrect policies and procedures.</p>	<p>9. The Force should update the Health and Safety Policy to correctly reflect the current governance structure in place.</p> <p>10. The Force should ensure all guidance documents have version control and a last / next review date, clearly notifying staff whether they accurately reflect current practices / arrangements.</p>
	Root Cause(s)
	Recent changes in governance.
Management Comments / Agreed Actions	
<p>Recommendation 9 – As part of an unscheduled Policy review a diagrammatic flowchart shall be included to illustrate the governance structure currently in place with regard overseeing health and safety.</p> <p>Recommendation 10 – As part of regular scheduled risk assessment reviews, dates shall be consistently updated throughout the document and where not currently included, version control sheets shall be added.</p>	

Responsible Person	Deputy Head of Health, Safety & Risk	Action Due Date	Rec. 9 – 31 st July 2024
	Health and Safety Advisor (new postholder)		Rec. 10 – 31 st December 2024
		Priority Level	Low

5 Communication of Health and Safety Requirements			
Finding(s) and Risk		Recommendation(s)	
<p>Observation: The Health and Safety Policy states that divisional commanders / heads of department are responsible to include health and safety at all relevant senior management team (SMT) meetings.</p> <p>Audit selected a sample of three departments / divisions that are a named attendee within the overarching Health and Safety Committee, and sought to confirm whether health and safety is included as a standing item agenda on individual divisional / departmental SMT meetings. Audit noted the following:</p> <ul style="list-style-type: none">- Health and safety is not a standing item agenda for SMT meetings within the ‘South Division’. <p>Audit raised a recommendation during the previous review of Health and Safety (June 2018) where it was also noted that the South Division do not discuss health and safety at SMT meetings.</p> <p>Risk: Increased risk of employees being unaware of important health and safety information resulting in potential harm.</p>		11. Requirements of the Health and Safety Policy including responsibilities for divisional commanders / departmental heads should be re-communicated across the Force to ensure health and safety is included as a standing item agenda for all SMT meetings.	
		Root Cause(s)	
		Failure to communicate policy requirements.	
Management Comments / Agreed Actions			
Recommendation 11 - As part of an unscheduled Policy review, Divisional Commanders will be re-issued the document with supporting guidance on what items may be discussed within the standing agenda item for the their Command Team meetings			
Responsible Person	Deputy Head of Health, Safety and Risk	Action Due Date	31 st July 2024
		Priority Level	Low

A1 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether the Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to Health and Safety with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following objectives relating to the area under review:

- Unclear roles and responsibilities
- Inconsistent approaches to health & safety within the Force and OPCC.
- There are poor governance arrangements in place regarding health & safety.
- Senior management are unable to monitor performance regarding health & safety.
- Insufficient training is provided on health & safety.

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
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Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

Statement of Responsibility

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We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

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Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police

Internal Audit Report

Vetting (08.2023/24)

Audit Sponsor: Andrew Dale, OPCC Chief Finance Officer; Jon Peatling, Force Chief Finance Officer

Audit Contacts: Gemma Jolly, Force Vetting Manager

April 2024

Reporting Timetable

Debrief Meeting: 27/03/2024

Draft Report Issued: 08/04/2024

Comments Received: 11/04/2024

Final Report Issued: 16/04/2024

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Your One Page Summary

Audit Objective: To provide assurance that the risks associated with Vetting are being appropriately managed.

Audit rationale

Why the Audit is in Your 2023/24 Plan

To provide assurance that the policies and procedures in place regarding Vetting have been appropriately updated and is a national area of focus.

Summary of our opinion

Moderate Opinion
See Appendix A1 for definitions

Summary of Recommendations

High	-
Medium	2
Low	-

Actions agreed by you	100%
High Priority completion	N/A
Overall completion	July 2024

X

Summary of findings

Examples of good practice

- ✓ Overall, vetting applications and appeals have been processed within the timescales defined in the Force's policies and procedures and supporting documentation was available for review such as evidence of vetting checks being carried out and authentication checks such as identity.
- ✓ A weekly newsletter is sent out to the Vetting Unit with updates on vetting applications and renewals and outcomes from quality assurance reviews.
- ✓ All vetting applications in our sample where a fee was required to be charged had the correct amount charged.

Highest Priority Findings

- In 4 out of 20 cases, decision review forms were not fully completed by the vetting officer. In 2 out of 20 cases insufficient rationale was included within the decision form and in 1 out of 20 cases the financial assessment document was not retained on the system.
- Although some performance monitoring information is produced by the Force, this does not include metrics such as the timeliness of processing applications and does not include consideration of disproportionality and protected characteristics.

Key root causes

- Errors made by individual officers and unclear policies and procedures and / or training.
- Capability and / or capacity to undertake more detailed performance reporting.

01 Summary Action Plan

Below is a high level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Owner	Due Date
1	Additional training should be developed to address the issues raised in the observation and communications should be sent out reminding officers of the requirements.	Medium	Force Vetting Manager	Completed
2	The Force should implement more detailed performance reports including consideration of disproportionality and report on these regularly, such as quarterly, to a relevant board or committee within the Professional Standards Department.	Medium	Force Vetting Manager	01 July 2024

02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

Value for Money



Value for money (VfM) considerations can arise in various ways and our audit process aims to include an overview of the efficiency of systems and processes in place within the auditable area.

- The Force has implemented the Core-Vet system which manages the entire vetting process and records information, this streamlines the vetting process and may provide time efficiency savings.

Sector Comparison

From our experience across our client base, we are seeing that pressure on resources and higher service demands have resulted in challenges and trade-offs within the existing control environment.



- Similarly to peers in the region, Derbyshire utilises the Core-Vet system, which records and manages all vetting and clearance information and includes a web forms module allowing applicants to enter information online.
- From our review of vetting at peer organisations we have identified a common weakness area relating to formal SLAs / targets not being in place for the timescale in which vetting and appeal requests should be processed. Derbyshire has defined targets but does not include the timeliness of processing in performance reporting.
- Other Forces reviewed also produce performance information relating to disproportionality and protected characteristics which is then reviewed centrally within the Professional Standards Department. However, Derbyshire does not currently produce disproportionality performance reports.

03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1 Vetting Documentation	
Finding(s) and Risk	Recommendation(s)
<p>Observation: According to the Authorised Professional Practice (APP) on Vetting, clearance should not be granted to a vetting applicant until all relevant vetting enquiries have been completed. Additionally, Force Vetting Units should ensure that supporting documentation for checks undertaken should be maintained on the vetting file, such as copies of identification documents.</p> <p>From review of a sample of 20 vetting applications we noted the following:</p> <ul style="list-style-type: none"> 4 out of 20 cases – decision review form / document not fully completed by vetting officer to state whether vetting has been granted or refused and the name of the officer. 2 out of 20 cases – insufficient rationale recorded by the vetting officer within the decision review form e.g. not referring to potentially relevant traces in PND, PNC or Niche. 1 out of 20 cases – financial assessment documentation not retained on file. <p>Risk: Inconsistent processing and documenting of vetting applications, renewals and appeals leads to the Force not being in compliance with the APP on Vetting and inadequate checks being undertaken on vetting applicants.</p>	<p>1. Additional training should be developed to address the issues raised in the observation and communications should be sent out reminding officers of the requirements.</p>
	Root Cause(s)
	<p>Errors made by individual vetting officers and unnecessary areas within decision review forms led to them not being completed fully.</p>
Management Comments / Agreed Actions	
<p>Decision Review Form - The top section on the decision review form asked if clearance was granted or refused, this was however a duplicate question which was later correctly documented at the end of the document following the full decision and justification. This section on the form has now been removed as it is not relevant and is just duplication.</p> <p>Insufficient Rationale – I agree that more justification around the rationale was required on the NDM, however the decision was the correct one on both cases. Feedback has been given to the researcher and the wider team to remember to expand on the justification.</p>	

Financial Assessment – After speaking with staff they all stated that the financial assessment would not be retained on file if not considered relevant. This has been updated on the weekly news to staff that financial assessments must be completed and retained on the file for all MV and NPPV 3 files.

Recommendations have been completed.

Responsible Person	Force Vetting Manager	Action Due Date	Completed
		Priority Level	Medium

2 Vetting Monitoring	
Finding(s) and Risk	Recommendation(s)
<p>Observation: The APP on Vetting notes that ‘regular monitoring and central reporting of analytical data is vital, to help provide the evidence base for the impact of vetting on under-represented groups’ and that forces ‘must monitor vetting applications at all levels against protected characteristics to understand where there is a disproportionate impact on any particular groups’.</p> <p>We noted that Derbyshire has a Vetting Appeals Panel process in place, where appeals against refused applications are considered by a panel consisting of the Force Vetting Manager, Unison representatives, Inclusion Manager and Disability Officer which helps to ensure that disproportionality is considered as part of this process.</p> <p>The Force undertakes some performance reporting, such as the number of overdue renewals and renewals that have expired, and now undertakes quality and assurance reviews of a sample of completed vetting applications on a monthly basis.</p> <p>However, the Force does not produce analytical reports related to disproportionality (e.g. the proportion of granted and rejected clearances for protected characteristics such as race and gender) and report on them to a central location for review, and the current vetting performance reports only contain limited metrics related to expired renewals and do not include metrics such as the timeliness of processing applications.</p> <p>These analytical reports could contain metrics such as:</p> <ul style="list-style-type: none"> • Total completed applications and % with protected characteristics provided • Overview of vetting decisions (cleared, withdrawn, rejected etc.) • Overview of vetting decisions by protected characteristics (race, age, disability, gender etc.) • Overview of rejections and rejection themes • Timeliness of processing applications • Currently available monitoring information could also be included, such as the number of expired renewals and outcomes of quality and assurance audits 	Root Cause(s)
	<p>2. The Force should implement more detailed performance reports including consideration of disproportionality and report on these regularly, such as quarterly, to a relevant board or committee within the Professional Standards Department.</p> <p>Insufficient capability / capacity to undertake more detailed performance reporting.</p>

Risk: The Force does not have sufficient oversight of the vetting process leading to it not being aware of the adequacy of the vetting process and effectiveness of its decision-making.

Management Comments / Agreed Actions

I agree with this. PSD has not had a performance analyst in place to provide the support that is required to meet this requirement. A new performance analyst has been recruited and will be providing support to vetting to ensure that performance and disproportionality information is collated and recorded to meet this requirement.

Decisions around refused vetting applicants with protected characteristics is discussed during the appeal panel to ensure that the decision was not disproportionate, this is recorded on the appeal documents.

The new analyst is awaiting a start date, therefore I will have to put an approximate action due date which is taking into consideration getting the employee in place and then guidance/training on what is required.

Responsible Person	Force Vetting Manager	Action Due Date	01/07/2024
		Priority Level	Medium

A1 Audit Information

Agreed Audit Objective and Scope

The objectives of our audit were to assess whether the Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police has in place adequate and appropriate policies, procedures and controls in relation to Vetting with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

- Inadequate governance arrangements
- APP Implementation
- Inconsistent processing of vetting requests
- Management are unaware of vetting performance

Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

Statement of Responsibility

We take responsibility to the Office of the Police and Crime Commissioner for Derbyshire and Derbyshire Police for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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JARAC – INTERNAL AUDIT RECOMMENDATION MONITORING

Summary of Recommendations

Audit	Priority	Number of Recommendations	Open	Closed
Counter Fraud / Whistleblowing	2	1	0	1
Capital Programme	2	2	2	0
Governance	1/2	3	3	0
Transport Follow Up	2	1	1	0
Key Security Control	2	3	3	0
Vetting	2	2	1	1
Health & Safety	2	3	3	0
EMSOU HMICFRS Action Plan	2	1	1	0

Recommendation	Responsible party	Priority	Timescale	Update
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July 2024

Capital Programme

1. Capital Programme The Forces and Unit should develop a Capital Programme to ensure that any future deficits in capital funding can be met. This should align to HM Treasury's three-year funding formula for serious organised and organised crime.	EMSOU Head of Finance and Corporate Services	2	September 2024	<p><u>Previous Management Responses –</u></p> <p>July 2024 –</p> <p>1: The CFO's met in March 2024 and it was agreed that future deficits in the 2024/25 Capital funding will be met by the regional forces. It was also recognised that the further work around the TOM project has the potential for the Capital Programme to change; however the current financial programme has been agreed (at last PCC and CC Board).</p> <p>October 2024 -</p> <p>1: The Regional CFO's met in March 2024 and agreed the 4 year Regional Capital Programme, recognising the current Target Operating Model review could result in a requirement to refresh the programme. The CFO's agreed to fund the regional capital plan for 2024/25, recognising the asset replacement reserve is expected to be fully spent this financial year.</p> <p>The most appropriate method of contribution to the capital programme was also discussed and the CFO's agreed to the full contribution to be made by</p>
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				<p>each force during the year and any underspends, to be retained in the regional asset replacement reserve.</p> <p>January 2025 -</p> <p>1: A revised Capital Programme will be produced that reflects the future Target Operating Model for the Unit and updated to include any future replacement costs for covert/control room equipment.</p> <p>The Capital Programme will consider the funding requirement, funding options and guidance on any accounting agreements – this will be built into funding discussions with CFO/FDs and reported back to the regional CC/PCCs Board.</p>
<p>2. Single Fleet Management Approach</p> <p>The unit should adopt a single fleet of management approach to procurement and replacement of vehicles.</p>	<p>EMSOU Head of Finance and Corporate Services</p>	<p>2</p>	<p>September 2024</p>	<p>July 2024 –</p> <p>2: As part of the TOM project, work around the potential options in respect to the fleet replacement process is falling into phase 2, which is scheduled in as September 2024.</p> <p>October 2024 -</p> <p>2: Following consultation with the Regional Fleet Managers and the Regional CFO's, it was confirmed that all 5 forces are on the same procurement framework and that no direct savings would be realised by moving to a single lead force for the purchasing of vehicles. Costings presented showed that moving to a single lead force procurement model would create additional</p>

			<p>demand on the designated lead force which would be proportionally more expensive than the current arrangements. It was therefore decided to continue with the current procurement model.</p> <p>January 2025 -</p> <p>The forces have agreed for EMSOU to work with the Regional Fleet Managers to review existing processes to identify efficiencies, reduce bureaucracy and where possible adopt consistent processes/methodologies. The areas identified for review are as follow:</p> <ul style="list-style-type: none">• Service requirements and safety checks• Repairs and maintenance of vehicles• Trigger points for vehicle reviews• Covert vehicle blue light and radio fitments *HMIC recommendation*• Road traffic accident that occurs due to the presence of a police vehicle (POLAC)• Information regarding new starters driving standards is not automatically provided, resulting in a risk to officers and members of the public, as managers are not able to suitably manage their officers training requirements.• A review of the fleet replacement process will be undertaken to
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				consider any alternative procurement arrangements and whether this would deliver improvement in relation to:
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- Purchase cost of vehicles
- Service and maintenance arrangements

Most Recent Management Response -**April 2025 -****1: NO UPDATE RECEIVED****2: NO UPDATE RECEIVED****Head of Emsou**

October 2024

Governance

1: Update Code of Corporate Governance.

The force and OPCC should undertake a review of their Code of Corporate Governance as soon as possible and ensure an updated version is posted to their website when appropriate.

Future dates for review should be scheduled to ensure that the document remains useful and relevant, with each review being noted within the document control section and the publicly available version updated.

Head of
Governance &
Compliance.

1 June 2024

Previous Management Responses -

October 2024 –

1: Work is currently in progress and being reviewed alongside the Financial Handbook and the Scheme of Delegation.

January 2025 –

1: Work is still progressing with the Code of Corporate Governance.

Most Recent Management Response:

April 2025 –

1: The Code of Corporate Governance has been drafted and is being tabled at the April 2025 JARAC meeting.

2: Policy and Procedure Review

The force and the OPCC should update and review Policies and Procedures, ideally to be in place with the new PCC term.

Derbyshire should begin a rolling review process for policies and procedures including the Code of

Head of
Governance &
Compliance.

2 June 2024

Previous Management Responses:

October 2024 –

2: Work is currently in progress and being reviewed alongside the Financial Handbook and the Scheme of Delegation.

Corporate Governance and its constituent parts.				January 2025 – 2: Work is still progressing on the outstanding policies for the OPCC.
<u>Most Recent Management Response:</u> April 2025 – 2: All outstanding Governance policies have been drafted and are being tabled at the April 2025 JARAC meeting.				
3: Supporting Policies and Documents The force and OPCC should determine if a Communication / Engagement Strategy and an Ethical Framework are required, either removing reference to them or developing these as part of the Corporate Governance Framework or as stand-alone documents, to support the application of the Corporate Governance Framework.	Head of Governance & Compliance.	2	June 2024	<u>Previous Management Responses -</u> October 2024 – 3: Work is currently in progress and being reviewed alongside the Financial Handbook and the Scheme of Delegation. Jan 2025 – 3: The Code of Corporate Governance and the Financial Handbook are currently being reviewed. This review includes reviewing if an ES and EF are needed.
<u>Most Recent Management Response:</u> April 2025 – 3: Peer reviews have been undertaken and both references have been taken out of the documents.				

October 2024

Transport Follow Up

1. Performance Information and Force

Monitoring and Oversight

The Force should ensure performance information obtained from Derbyshire County Council is reported to the Transport Steering Group to allow for effective monitoring, oversight and scrutiny.

Fleet Manager

2

April 2024

Previous Management Updates -

October 2024 -

1:

- General VOR report received from DCC which is then filtered and applied into a presentation for departments.

Currently this VOR report is sent to section sergeants and inspectors with it being the main area of concern, future plans to extend to other areas.

- The My vehicle App (vehicle weekly checks) which is linked to the Fleet Managements system, this is in place. With the introduction of this upgraded process we will be in a position to complete reports – evidence for claims & force policies.
- App link - [MyVehicle App - Connect \(derbyshire.police.uk\)](https://myvehicleapp.connect.derbyshire.police.uk)
- There's work going with DDaT to develop a separate dash board which will presented on a large screen with real live data (vehicle information – mileage / defects / MOT).
- Fleet Management is undergoing a restructure with an increase of resources, this was based on UK police bench marking exercise.

			<p>A number of changes and improvements have been achieved ensuring information is shared proactively since the audit, we receive a general VOR (Vehicle Off Road) report from DCC on weekly basis which is then verified ensuring the correct information is distributed to the divisions this demonstrates clear and supporting information with good feedback. Fleet Management also provides a presentation to PAB which includes a VOR report.</p> <p>The weekly VOR report is present to Section Sergeants & Inspectors currently, this was the starting point due to showing concerns around the available fleet. Considerations for expanding the report to other departments although at this stage there are very little benefits.</p> <p>We have been working with and along side DDaT in developing a dashboard, which will present fleet vehicle information to all departments. The system will be presented at levels – 1, Officers (vehicle information – Mileage / service / weekly check etc) 2, Inspectors (more details and driver information) 3, Fleet Management – overall view (central system screen)</p> <p>The MyVehicleApp is currently in place, which is completed on the force MDT replacing the form 439 paper process. The vehicle inventory is part of vehicle checks and allows a separate report identifying requirements, this</p>
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			<p>is forwarded to section business admin for ordering via stores once confirmed, the Vehicle App is linked with our fleet system providing ourselves with the latest vehicle information.</p> <p>The system has undergone a number of improvements ensuring the correct data is collected, currently we are starting a new reporting process to improve information we provide to departments starting with a trial period.</p> <p>The Transport steering group has been developed in to a smaller more focused and relevant group allowing clear methods and projecting information throughout.</p> <p>Fleet Manager is undergoing a restructure with an increase of resources following a benchmarking exercise across UK police forces, with the additional resources this will increase the department's capabilities, providing a higher level of information for more proactive force decisions.</p> <p>January 2025 –</p> <p>1: The Transport Steering Group has been disbanded. Fleet Manager now attends Divisional Management Meetings for both the North and South in which relevant MI is shared.</p>
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			<p>Weekly Vehicle Off Road reporting is produced for all sections on a Thursday afternoon, which will give more detailed performance information of vehicle availability.</p> <p>In addition to this the Telematics system is being rolled out across the force with hierarchy of access to Inspectors allowing them to view their respective fleets. There will also be regular MI provided into the newly setup Resourcing Board meeting that will be a summary of the reporting provided on a regular basis to the sections on availability. This is now partially implemented with it being fully implemented when the MI dashboard is setup for the Resourcing Board.</p>
<p>Most Recent Management Response -</p> <p>April 2025 –</p> <p>1: NO UPDATE RECEIVED</p> <p>Head of Fleet</p>			

October 2024

Vetting

2: Performance Reporting

The Force should implement more detailed performance reports including consideration of disproportionality and report on these regularly, such as quarterly, to a relevant board or committee within the Professional Standards Department.

Force Vetting
Manager

2 July 2024

October 2024 -

2: PSD have recruited a performance analyst who has the responsibility of the vetting disproportionality. The analyst reports on this monthly and feeds back into the PSD performance meeting with the results.

January 2025 –

2: I agree with this. PSD has not had a performance analyst in place to provide the support that is required to meet this requirement. A new performance analyst has been recruited and will be providing support to vetting to ensure that performance and disproportionality information is collated and recorded to meet this requirement.

Decisions around refused vetting applicants with protected characteristics is discussed during the appeal panel to ensure that the decision was not disproportionate, this is recorded on the appeal documents. The new analyst is awaiting a start date, therefore I will have to put an approximate action due date which is taking into consideration getting the employee in place and then

				guidance/training on what is required.
<p>Most Recent Management Response –</p> <p>April 2025 –</p> <p>2: The performance analyst has now been in role for several months and works alongside all PSD teams to understand the data readily available around each area. The analyst produces a PSD performance pack monthly which includes disproportionality data around vetting. The performance information is then discussed at a monthly managers performance meeting and then presented to the exec team.</p> <p>Head of Vetting</p>				

October 2024				
Health & Safety				
<p>1. Training Staff on Reporting Incidents</p> <p>The Force should communicate to staff the importance of reporting all accidents on the Gateway system as soon as they occur, to maximise the possibility of meeting HSE RIDDOR reporting timeframes.</p>	Deputy Head of Health, Safety & Risk	2	Recc 1 – August 2024	<p><u>Previous Management Responses –</u></p> <p>October 2024 -</p> <p>1: Work is ongoing to improve awareness of the induction guide for all new employees which covers injury on duty reporting processes and the importance of timely reporting. For existing officers and staff work is being done with Communications Team to issue regular ‘health and safety articles’ on key topics, one of which will be accident reporting.</p>

<p>2. Training staff on RIDDOR reporting</p> <p>Resource should be dedicated to training additional staff to make RIDDOR reports, ensuring the Force have sufficient cover to meet HSE reporting deadlines in instances where H&S staff are unavailable due to unforeseen circumstances.</p>		<p>Recc 2 – December 2024</p>	<p>January 2025 –</p> <p>1: Work shall be conducted on improving awareness of the induction guide for all new employees which covers injury on duty reporting processes and the importance of timely reporting. For existing employees, work shall be conducted in conjunction with the Communications Team to identify the best method to reinforce timely reporting requirements, detailing the potential consequences of late reporting.</p> <p>October 2024 -</p> <p>2: Following a recruitment process, a new health and safety advisor will start with the Force on 16th September. This individual will be trained on the process of accident reporting which will include RIDDOR criteria and how to make reports to the HSE. This will fill the vacancy which has been carried for 18mths and provide the resilience needed to ensure timely reporting.</p> <p>January 2025 -</p> <p>2: A recruitment process is currently underway to appoint a Health and Safety Advisor to fill a vacancy which the team have been carrying</p>
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				for 18 months. The successful candidate will be trained on the complete process of accident reporting which will include RIDDOR criteria and how reports are made to the HSE.
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Most Recent Management Response:

April 2025 –

1: COMPLETE – Poster has been developed for issue and display across all locations to raise awareness. Investigation guide developed for supervisors / line managers to aide in increasing investigation completion rates.

2: COMPLETE – Individual in post and trained in identifying and submitting RIDDOR reports to the HSE.

Head of Health and Safety

3. Training Records The Force should investigate training completion reports to remove records where staff members are duplicated, and ensure up – to – date records of staff are maintained for both sets of mandatory training.	Deputy Head of Health, Safety & Risk	2	Recc 3 – August 2024	October 2024 - 3: This was specifically in regard to the display screen equipment e-learning package. Work is taking place to update this package which will involve a new user upload of all officers and staff which will ensure an accurate data set. A process has then been established with HR to receive regular leavers and starters reports so that user data can be maintained for accuracy. The system is due to go live on 1 st October.
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<p>4. The Health and Safety Team and Learning and Development Team should circulate training completion records to departments on regular basis, allowing the Force to have sufficient oversight of training completion to confirm whether timeframes are being adhered to.</p> <p>5. Training completion reports should be circulated to the Health and Safety</p>		<p>Recc 4 – ongoing</p> <p>Recc 5 – May 2024</p>	<p>January 2025 –</p> <p>3: Work is taking place to update the current DSE package which involves a new user upload of all employees. The existing user data shall be archived within the system removing duplicate records and taking into account employees who no longer work for the force.</p> <p>October 2024 -</p> <p>4: This will only be applicable for health and safety issued mandatory courses. When these occur, regular completion reports shall be requested to monitor completion rates and adherence to timeframes.</p> <p>January 2025 -</p> <p>4: Processes shall be introduced to ensure that when health and safety mandatory training is issued with completion deadlines, regular completion reports shall be requested to monitor adherence to timeframes. NB: This will be for health and safety courses only.</p> <p>October 2024 –</p>
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<p>Committee, to allow for sufficient oversight and scrutiny.</p> <p>6. The formal escalation procedure should be communicated across the Force regarding non-completion of mandatory training, in attempts to increase training completion.</p>		<p>Recc 6 – May 2024</p>	<p>5: Training completion has been added as an standing agenda item on the Force Health and Safety Committee to allow oversight of completion. These courses are infrequent.</p> <p>January 2025 -</p> <p>5: Training completion shall be added as a standing agenda item on the Force Health and Safety Committee to allow oversight of completion when courses have been issued.</p> <p>October 2024 -</p> <p>6: This is not specific to health and safety training and is applicable to all Force mandatory training so more an action for L & D.</p>
<p><u>Most Recent Management Response:</u></p> <p>April 2025:</p> <p>1: COMPLETE – DSE package now live and being rolled out in a phased process across the Force. Scheduled monthly reports are received from</p>			

HR for starters and leavers so system can be updated.

2: COMPLETE – For health and safety training regular completion reports are requested and then circulated to Heads of Department to show non completion and manage this.

3: COMPLETE – Standing agenda item on Force Health and Safety Committee.

4: COMPLETE – Health and Safety re-iterate this when sending non completion reports out for health and safety training. Wider Force completion for all other mandatory courses is L&D responsibility.

5: Refer Jan 2025 comment.

6: Refer Oct 2024 comment.

7. Inspections

The Force should review the current Premise Inspection Record' to ensure it correctly reflects all Force owned premises, and clearly record whether such sites are due an annual inspection.

Deputy Head of
Health, Safety
& Risk

2

Recc 7 –
June 2024

October 2024 -

7: This has been completed.

<p>8. The Force should ensure all Force owned premises are subject to an annual inspection, and prioritise the inspections and those sites that were not inspected in 2023.</p>		<p>Recc 8 – December 2024</p>	<p>October 2024 -</p> <p>8: Annual premise inspection programme has been developed with dates allocated against each premise. With the appointment and start of a new health and safety advisor it is hoped that all premises will receive and inspection.</p> <p>January 2025 –</p> <p>8: The current Premise Inspection Record currently details dates of planned inspections for all premises including those that were not inspected in 2023. A recruitment process is currently underway to appoint a Health & Safety Advisor to fill a vacancy which the team have been carrying for 18 months. The successful candidate will be trained in the process of undertaking inspections which will allow workload to be split across the team.</p>
<p>Most Recent Management Response:</p> <p>April 2025 –</p> <p>7: COMPLETE.</p> <p>8: COMPLETE.</p>			

October 2024

EMSOU HMICFRS Action Plan

1: TOR SGB and PMG

The Unit should update the ToR for the Strategic Governance Board and Performance Management Group to include all key information including:

- Frequency of meetings.
- Attendees.
- Who chairs the meeting and relevant deputies.
- Standing agenda items.
- Where the reports to and where they receive reports from.

Head
of
EMSOU.

2 May 2024.

Previous Management Responses –

October 2024 –

1: All meetings are being reviewed as part of the Governance workstream for the EMSOU Operating Model which is currently underway. This will mean new TOR's, agendas etc for all meetings moving forward to ensure we are effective and efficient. Holding EMSOU and all five forces to account to ensure compliance and the best use of resources/support.

See closed session for appendix (ToR for the EMSOU Performance Management Board & SGB Revised ToR).

January 2025 –

1: A review of any terms of reference and governance structures in EMSOU are being reviewed as part of the implementation and review of The Operating Model. A new Terms of Reference template has been generated for all meetings within EMSOU to ensure consistency, strategic direction and governance in line with all priorities. The Terms of Reference for the Strategic Governance Board will be refreshed in line with the new format which includes the noted information in this report.

Most Recent Management Response:

April 2025 –

1: A TOR is now complete

Head of Emsou



Force Policy

Document Title: Critical Incident Policy

Document Reference: 06/047

Owner: Head of Department, Operational Support

Review Date: February 2025

Next Review Date: February 2027

Publication:

All policies are published on Connect.

This Force policy is suitable for public disclosure under the Freedom of Information Act 2000 and will be published on the external Force website? Yes

Introduction

The aim of this policy is that Derbyshire Constabulary fulfils its obligations in the management and prevention of incidents of a critical nature.

Derbyshire Constabulary constantly seeks the consent of the people it serves. Success in this will partly depend on the effectiveness of police responses to critical incidents. Efforts taken to manage and also to prevent such incidents happening are pivotal in increasing trust and confidence in the community.

The force will endeavour to prevent incidents from becoming critical and where an incident has become critical we will seek to rectify this as swiftly as possible and reduce public concern. The document provides a framework enabling staff to deal consistently and effectively with critical incidents at the earliest opportunity.

This is so far both external incidents and incidents occurring within the force e.g. Dispute Resolution, staff recruitment, retention and progression.

This policy should be read alongside the APP Guidance on Critical Incident Management (accessible via the Intranet link to the APP under the Decision Making heading). It has been adopted as best practice by the force and as such gives more detailed advice that will be of use to the practitioner. It is the basis for this policy.

Procedures

The definition of a critical incident is;

Any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community.

The definition is deliberately broad and should ensure that potential critical incidents are not missed.

It recognises the fundamental significance of community confidence and trust in the police response to critical incidents.

It applies equally to potential internal critical incidents.

Keywords

Effectiveness – this is a measure of the professionalism, competence and integrity evident in the police response to an incident.

Significant Impact – ‘significant’ should be interpreted as being particular to each incident but critically relates to the impact on the individual, family or community.

Confidence – this is a reference to long term confidence in policing – victims, families and communities.

Likely - All incidents that the police deal with could have a significant impact on confidence, but are they likely to?

Identification of a Critical Incident

Identification of these incidents will only be made by reference to the above definition.

Critical incident management therefore starts with the early identification of any incident that has the potential to escalate, or has already escalated into critical incident, while the incident is still ongoing.

If small critical incidents are not identified early, they can escalate into a large scale incident that could have a long term impact on community confidence.

Early action will be taken to rectify issues that may affect the quality of the force response before they have a significant impact on public confidence.

In order to readily identify incidents that could escalate it is important that officers and staff have the support of Team Leaders on a 24/7 basis. Reactive Inspectors and the Force Incident Manager (FIM) are on duty 24/7, with support of CIMs and Gold Commanders also being available 24/7 (mix of office based and on-call). Police Constables, Police and Community Support Officers and Call Handlers should have the confidence to contact any of these at any time of the day to discuss concerns.

Commanders will want to know: -

- What they are dealing with;
- What might develop;
- What the impact of the incident and/or the police response might be;

Internal critical incidents – Police officers and staff who work together may also be recognised as a community in their own right. A team may consider themselves to be a family (but at the same time contain, or be part of, a number of other separate and distinct communities, such as special interest groups, federation or union groups.

Certain incidents may have a significant impact on the confidence of these internal communities. These are known as internal critical incidents and can include bullying, discrimination, corruption, or other inappropriate behaviour, as well as death or serious injury of a colleague. Extensive organisational upheavals, such as force restructure or a review of pay and conditions, may also be considered as critical incidents.

Notification of Critical Incidents

Key to critical incident management is the early notification of incidents that have escalated or have the potential to escalate into critical incidents. Therefore, all officers or members of police staff dealing with an incident (which will include call handlers and first attending officers) must continually ask themselves: -

- What am I dealing with?
- What might it develop into?
- What impact might this incident have?

Where, in the officer or staff member's opinion, an incident is, or has the potential to escalate into a critical incident, it is essential that early advice is taken from a Team Leader, Reactive Inspector, or the FIM. They in turn should consider notifying the duty Critical

Incident Manager (CIM).

Senior officers must not discourage officers or police staff from reporting incidents because the next one may be a critical incident with significant implications for the force.

Notification should not stop or prevent the reporting officer or member of police staff from continuing to provide an ongoing police response in line with the policy or procedure relevant to the incident.

It will always be the case that where a specific type incident (e.g. homicide) is identified, it should, in the first instance, be managed in line with the relevant policy or procedure.

Declaring a critical incident

When a duty CIM officer, or duty Senior Investigating Officer (SIO), is notified of an incident that may be, or has the potential to escalate into a critical incident they must decide whether the report is valid and whether the current deployment will deliver an effective police response. The CIM must ensure that the basis for the decision is recorded on the force command and control incident log.

As soon as practicable the CIM, or duty SIO, will then notify the duty Gold Commander of the incident.

The duty Gold Commander will then decide whether to declare the incident as a critical incident.

The decision to declare it critical will be based on at least one objective reason why the effectiveness of the police response is likely to have a significant impact on public confidence. The fact that the incident has been declared critical together with the reasons for this must be recorded on the force command and control incident log.

As soon as practicable after receiving the report of such an incident the Gold Commander will notify a Chief Officer.

The duty Chief Officer is then responsible for sanctioning or not sanctioning the decision to declare the incident as critical. The Chief Officer will also nominate an officer to be in charge of the incident. This ensures critical incidents are only declared when necessary and appropriate and that the response is proportionate. The rationale for the decision will be recorded on the force command and control incident log.

Command and Control

It is essential that critical incidents are led through unambiguous command and control that clearly outlines the roles and accountability of the personnel involved.

The force will use a three tiered response to allow command structures to be scaled up or down to meet changing circumstances

Tier 1 – BCU/Departmental Response

This will include incidents within the capability of one BCU/Department and where actions and risk are limited to that area.

Command Structure

Gold: BCU Commander/Head of Department (*or as nominated*)
Silver: Members of the Senior Command Team Designated by Gold
Bronze: Members of the BCU and support departments designated by Silver as strategy owners

Tier 2 – Cross-BCU Response

This will include incidents that impact on more than one BCU or Department. It will also include a series of linked incidents that have occurred in more than one BCU but where there is limited potential for the actions and risks to spread further.

Command Structure

Gold: Lead senior officer of at least superintendent rank, agreed or designated by force command (*or as nominated*)

Silver: A member of the Senior Command Team from one of the BCUs involved, designated by Gold

Bronze: Members of any BCU and support departments involved, designated by Silver as strategy owners

Tier 3 – Force Response

This will include incidents with a force, cross-force or national dimension and where there is a significant threat to public confidence and the reputation of the forces involved. Management of the incident will require substantial activity by a significant proportion of the lead force's BCUs.

Command Structure

Gold: Chief Officer (*or as nominated*)
Silver: Designated by Chief Officer
Bronze: Members of any BCU and support departments involved, designated by Silver as strategy owners

Gold Groups

A Gold Group will provide the Gold Commander with consultation and decision support. It will help to ensure co-ordination in multi-agency type incidents and provide links with the local community and other legitimately interested parties as appropriate.

Gold Groups should include communities who may not appear to be directly affected but could be indirectly. Consideration should be given to the early involvement of members of the Force Independent Advisory Group (IAG). Members of this group are drawn from a wide range of communities and each has varied interests and expertise that could help to manage a critical incident. Contact details are held within FCR.

The principal function of a Gold Group will be strategic i.e. they provide impartial support advice and analysis. The specific function, membership and content of a Gold Group will vary for each incident. The Gold Commander must ensure that a sound framework for

discussion is maintained during meetings, which are likely to be complex and highly charged. All Gold Group meetings must be documented and are subject to disclosure under the Criminal Procedure and Investigations Act 1996, unless public interest immunity applies.

The Gold Commander is ultimately responsible for any strategic decisions affecting the police response.

Incident Assessment

Following the appointment of a Gold Commander, the reasons(s) why an incident has escalated into a critical incident will be assessed. This will identify what remedial action is needed to recover the effectiveness of the police response and to rebuild the confidence of the victim, their family and the community.

This assessment will be based on all the immediately available information, such as decision logs, briefings from officers in the case and family liaison officers.

Management Plan

The Gold Commander will complete a focused and thorough review of the available information. This will help to identify the strengths and weaknesses of the force response and determine a management plan for the future progress of the incident.

Not all incidents will require specific action to be taken to recover the effectiveness of the police response; it may simply be a case of ensuring that the ongoing response is managed competently.

Where it is identified that action must be taken to improve the quality of the police response and/or to restore public confidence, the Gold Commander must develop a management plan.

An important aspect of the review will be to consider whether the incident is currently allocated to the most appropriate officer, to formally consider the demands on the Senior Investigating Officer and who is best placed to meet those demands so that appropriate appointments are made.

Allocation to the most appropriate officer is key to ensuring an effective police response. Every incident should be assessed and allocated according to the needs of the incident. The allocation should not be based solely on rank, seniority or availability of resources.

Chief Officers Responsibility

Chief Officers are responsible for consideration of informing, as appropriate, the Office of the Police and Crime Commissioner, the Independent Office for Police Conduct (IOPC) and other key stakeholders.

Media

During a critical incident the Gold Commander and the Force Corporate Communications section are responsible for the initial formulation of a media strategy. It may however be necessary for a chief officer to take responsibility for the media response and to be the face of the force.

Critical Incident Managers

CIM Officers should use the acronym **S A F E R** to quickly identify action that is required to ensure and safeguard success in what could be a complex and dynamic environment.

Scenes of Crime – well defined and well managed

Actions – fast track and intelligence led, to arrest offender(s)

Family – supported and supportive of investigation

Evidence – comprehensive and relentless search for witness and evidence

Records – Accurate and contemporaneous, clearly stating decisions and rationale

Record Keeping

Any officer with responsibility for managing a critical incident must ensure that all actions and decisions are recorded in a clear and auditable manner. This includes ensuring that the first officers at incidents and call takers have recorded their actions and decisions appropriately.

In addition, as soon as a critical incident is formally declared, the incident commander should start a decision log or police file to record all actions, strategies and decisions, along with their rationale.

All such records will be held and processed in accordance with the Force Management of Police Information (MOPI) Policy.

Loss of public confidence

A loss of public confidence in the police can be notified to a force in a number of ways. These include: -

- Letters from victims, their families, community leaders or third parties acting on behalf of the victim or their families;
- Verbal communication to front line officers and staff expressing general concerns;
- Articles appearing in the media or documentaries on television or radio;
- Campaigns or protests by groups representing (with or without consent) the victim, their family or the community.

Failure to respond competently and diplomatically to these reports will compound the situation and can lead to another critical incident.

The possibility of a loss of confidence will therefore be monitored by Gold Command for the duration of each critical incident.

Where a loss of public confidence has occurred, the initial objective must be to restore confidence in the ability of the police to provide an effective and quality police response.

In addition, the chief officers must also consider the longer term impact that a loss of public confidence will have on community engagement. It may be appropriate to consider whether additional resources for neighbourhood policing are necessary and to involve Independent Advisory Groups (IAG) in rebuilding relationships with community groups.

Closure

All critical incidents will remain open until formally closed by a chief officer. The decisions when to conclude or scale down an investigation or operation and the reasons for doing so will always be recorded. A full explanation will be given to the victim, their family or the community.

Incident Debriefing

All police officers and staff involved in a critical incident must be debriefed on operational and welfare issues. Thus both good and bad practice can be identified and included in future training, planning and risk management. In addition, officers and staff can be referred to appropriate staff associations or occupational health representatives for support and advice.

Public Enquiries

Where a public enquiry is to be held the Head of Force Communications will co-ordinate matters to ensure that the force is able to respond in a positive, proactive and candid manner.

OFFICE OF THE POLICE AND CRIME COMMISSIONER (OPCC)

COMPLAINTS UPDATE JARAC APRIL 2025

Complaint Reviews Received into the OPCC

- 73 (2023)
- 105 (2024)

This equates to a **44% increase** from the previous year, although it is worth noting that **only 5%** of all Constabulary complaints normally get submitted for a complaint review.

Derbyshire Constabulary complaints have **increased by 20%** from 2023 to 2024 and have **increased by 41%** since 2022.

- 2022 – **1467** complaints
- 2023 – **1727** complaints
- 2024 – **2073** complaints

The Independent Office for Police Conduct (IOPC) have confirmed that there has been a **5% increase** of police complaints nationally from 2023 to 2024. (85,458 complaints received nationally).

Additionally, Local Policing Bodies (OPCCs) received 4,275 complaint review applications nationally in 2024, which is a **slight reduction of 91** from the previous year. However, contrary to this national stance, Derbyshire has seen a sharp increase in the complaint reviews submitted in the last few months. The OPCC will therefore be proactively reviewing all the complaint reviews received during this time to ascertain why Derbyshire has seen an increase for 2024, and if there are any trends in the complaint types that need to be addressed promptly by the Constabulary.

The annual [OPCC complaint review report](#) will be tabled at the October JARAC meeting, when all the complaint reviews for 2024 should be closed and a complete set of complaint data can be analysed thoroughly.

Police and Crime Commissioner (PCC) Complaints

- 0 (2023)
- 0 (2024)

All complaints relating to the PCC are dealt with by [Derbyshire Police and Crime Panel](#). For more details relating to PCC complaints please see the Commissioner's website - [Reviews and Complaints | Office of the Derbyshire Police and Crime Commissioner](#)

IOPC Meetings

Both the OPCC and the Commissioner meet regularly with the IOPC to get an update regarding local, regional and national complaint trend data.

These meetings will continue in 2025, with the option of the regional IOPC representative liaising with the Commissioner/OPCC at more regular intervals if necessary.

END

Information for JARAC meeting

March 2025

Data from 01/09/2024 – 28/02/2025

Cases Recorded

Year	Sch3 Complaints	Non Sch3 Complaints	Conduct Matters	Ix's
2025 (Jan – Feb)	163	136	10	16
2024	946	872	79	176
2023	1001	653	73	NA
2022	845	557	65	NA
2021	516	742	62	NA
2020	525	484	43	NA

Complaints Allegations by Type

Allegation	Number of Allegations
Police action following contact	521
Decisions	283
Information	212
General level of service	130
Use of force	112
Power to arrest and detain	102
Impolite language/tone	96
Searches of premises and seizure of property	85
Detention in police custody	74
Unprofessional attitude and disrespect	44
Handling of or damage to property/premises	40
Bail, identification and interview procedures	40
Lack of fairness and impartiality	38
Overbearing or harassing behaviours	31
Evidential procedures	25
Obstruction of justice	25
Impolite and intolerant actions	23
Use of police vehicles	21

Disclosure of information	18
Other policies and procedures	16
Other	10
Race	6
Discreditable conduct	5
Disability	5
Sex	5
Out of court disposals	4
Abuse of position for sexual purpose	4
Abuse of position for other purpose	4
Stops, and stop and search	4
Handling of information	2
Religion or belief	2
Other sexual conduct	2
Accessing and handling of information from other sources	2
Sexual assault	2
Sexual Orientation	1
Abuse of position for financial purpose	1

Method of Complaint Recording

Method of Reporting	Number of Complaints
Custody	7
E-mail	40
Incident	6
IOPC	33
Letter	46
Orally	10
Telephone	22

Web form	618
Blank	126
Total	908

IOPC Referrals – 16 Referrals sent to the IOPC

Reason Referred	IOPC Decision	No. of Officers
Abuse of authority of sexual gain – 3	Local - 1 Pending – 2	2
Criminal offence or discriminatory behaviour likely to lead to discipline – 1	Local – 1	1
Death or serious injury – 10	Force Deal – 3 Local – 5 Pending – 2	17
Relevant Offence - 2	Local – 1 Pending – 1	4

Finalisation of Complaints

A total of 2052 allegations have been recorded in the above timeframe, with 1557 being finalised.

Finalisation	Number of allegations
Resolved	582
Service provided was acceptable	643
Service provided was not acceptable	96
Withdrawn	34
Not resolved - NFA	22
Not determined if the service is acceptable	63
No further action required	90
Case to answer	5

De-recorded	12
No Case to Answer	5

Learning

26/09/2024	<p>Maintaining a professional boundary between police personnel and members of the public is vital. Any police officer, special constable, police staff or police volunteer, who displays sexualised behaviour towards a member of the public who they have come into contact with through work, undermines trust and confidence in the police, breaches trust, and potentially commits a criminal act.</p> <p>Nobody should engage in sexual conduct or any other inappropriate behaviour or establish or pursue an improper sexual or emotional relationship with a person with whom they come into contact in the course of their work.</p> <p>There is no place in policing for those who abuse their position for sexual purposes.</p> <p>The College of Policing and the National Police Chiefs' Council has issued guidance for officers and police staff members on maintaining professional boundaries and can be read here. The guidance should be read in conjunction with the code of ethics.</p> <p>Failure to follow this guidance may contravene the Standards of Professional Behaviour and may constitute a criminal offence.</p> <p>Supervisors and managers have a duty to ensure this guidance is followed and that appropriate action is taken where they become aware of any breach.</p> <p>The Abuse of position for a sexual purpose (APSP) video on College Learn also explains what the abuse of position for a sexual purpose is and provides examples of the types of behaviour that would amount to APSP. It further explains the potential consequences and how it can be reported.</p>
30/09/2024	<p>A member of the public recently called the control room and gave information about numerous matters and complaints relating to Police actions/inactions. The male rang a total of 10 times before a complaint form was completed by the Sgt on duty and sent to the Professional Standards Department. This is a standard form that gets completed by Divisions when complaints are received by members of the public.</p> <p>Despite the member of the public alleging that crimes had been committed during the calls, no offence was recorded until the complaint was recorded.</p> <p>Control room staff are reminded of the obligations in relation to the</p>

	<p>crime recording standards. If there is any doubt, advice should be sought from a supervisor.</p>
01/10/2024	<p>Voluntary Attendance Interviews or Arrest</p> <p>The decision to arrest or voluntary attendance interview (VAI) a suspect can sometimes be a difficult decision to make. Police officers and police staff should discuss individual cases with a supervisor prior to taking any action to ensure that a VAI is appropriate. Consideration should be given to the suspect, the offence under investigation and any potential risk factors in not arresting the suspect.</p> <p>The discussion with a supervisor may assist some officers and staff to feel more confident when arresting and presenting the suspect to the custody sergeant.</p> <p>There is a wealth of knowledge on Connect to help officers and staff when planning a VAI.</p>
03/10/2024	<p>Information given on arrest.</p> <p>A recent complaint has highlighted an opportunity for learning. A male was arrested on suspicion of harassment but complained that he wasn't given enough information on arrest including the name of the person he was alleged to have harassed.</p> <p>As a minimum, he should have been informed of the nature of the suspected offence and when and where it was committed.</p> <p>Code G of PACE states that a person who is arrested, or further arrested, must be informed at the time if practicable, or if not, as soon as it becomes practicable thereafter, that they are under arrest and of the grounds and reasons for their arrest.</p> <p>Police officers and police staff should also familiarise themselves with the circumstances of an offence before executing arrest attempts. The suspect in this case was arrested by an officer who was not the OIC and therefore relied on information passed by control room from the Niche occurrence. Unfortunately, the occurrence lacked detail including an investigative plan, suspect strategy and THRIVE assessment. Had this information been present it could have assisted the arresting officer.</p>
04/10/2024	<p>An officer who failed to seize a knife and lied about it has been dismissed following gross misconduct.</p>

	<p>PC was taking a detainee who had received treatment out of hospital, when a knife fell out from the wheelchair the detainee was using.</p> <p>The officer picked up the knife and put it in a nearby bin – but despite telling his sergeant about the knife, he never mentioned that he had failed to seize it or what he had done instead.</p> <p>Officers viewing CCTV from the hospital later saw this on camera, at which point the officer lied and said he had carefully placed the knife on a box in the bin and kept it in his sights – thus claiming that any forensic evidence on the knife would not have been affected.</p> <p>The misconduct panel found that officer’s conduct breached the Standards of Professional Behaviour in respect of Duties and Responsibilities and Honesty and Integrity.</p> <p>Deputy Chief Constable said: “This case again shows that honesty and integrity are paramount for those working in policing. There is simply no coming back from lying and trying to cover up a mistake.</p> <p>“We’ll never know what was going through the officer’s mind when he decided to dispose of the knife instead of seizing it. It could have meant that vital evidence was compromised, or that someone came to harm because we couldn’t follow up vital leads.</p> <p>“The vast majority of our officers and staff act with integrity and try to do their best every day. This is what the public we serve rightly expect of us.</p> <p>“But to anyone who does not display that honesty and integrity, I want to be very clear – there is no place for you in our organisation. I would urge everyone to report anything which doesn’t feel right and together, we can make sure we work in a force we’re proud of.”</p>
04/10/2024	<p>What the organisation can learn from a recent incident following a complaint that was made from a member of the public about not being informed by the officer</p> <p>What happened</p> <p>A member of the public was recently interviewed by an officer in relation to an allegation of assault.</p> <p>The member of the public later made a complaint alleging that he wasn’t informed by the officer that the case had been finalised and no further action was being taken.</p> <p>Unfortunately, there was no record of this update recorded on the occurrence.</p> <p>What we can learn</p>

	<p>Police officers and staff should ensure that when updates are given to individuals, they place a note on the occurrence as to what was discussed with the individuals at that time.</p> <p>This will ensure that there is a clear audit trail of the updates given and it will leave no doubt as to what was disclosed to the individual by the officer if this is queried at a later date by the complainant.</p>
16/10/2024	<p>A recent case has highlighted learning for the organisation in relation to requests made under Clare's Law.</p> <p>Clare's Law, also known as the Domestic Violence Disclosure Scheme (DVDS) allows people the right to know if their current or ex-partner has any previous history of violence or abuse.</p> <p>In 2022 a Clare's Law request was made by a member of the public, she made the request as she was worried about the behaviour of her ex-partner. Although significant domestic abuse history was found, the DVDS case was closed after 4 attempts to contact her via phone and email. She was in fact answering emails but due to omission or technology problems the disclosure officer had not received messages. No disclosure was made.</p> <p>In 2024 she was seriously assaulted by her ex-partner. Disclosure under Clare's Law was made after the incident. Following the assault, she stated that she felt guilty and believed it was her fault. She feel's let down by the organisation.</p> <p>Police Officers and police staff can proactively offer victims of domestic abuse disclosure under Clare's Law where risk is identified. When attending incidents where risk is identified a victim can be informed of DVDS and if consent is given the case can be referred to the DVDS team who will assess if the conditions are met. It is the attending officer's responsibility to consider Claires law. In this case, there were several occasions between the request being made and the assault where an officer could have alerted the safeguarding hub.</p> <p>Home office guidance strongly recommends that the disclosure under Clare's Law is delivered face to face. This face-to-face meeting may be an opportunity to identify domestic abuse.</p> <p>To start the process of applying for information to be released, officers and staff should create a DVDS occurrence in Niche using the correct workflow, Niche code is</p> <p>The Safeguarding Coordination Hub will assess all Right to Know and Right to Ask applications and disclosure will be given if it meets the criteria.</p> <p>Further information on Clare's Law including the statutory guidance can be found on Connect.</p>
13/11/2024	<p>Form MG6B should be used by police officers (including Special Constables) and police staff members (including PCSO's) when</p>

	<p>submitting any witness statement in connection with any criminal proceedings where any of the following apply;</p> <ul style="list-style-type: none"> • The officer or staff member has a criminal conviction or caution. • The officer or staff member have been charged with a criminal offence, but the case has not yet been concluded. <p>Officers and staff making a witness statement, whether it forms part of the prosecution case or not, should inform the prosecutor of the existence of any criminal convictions or cautions using form MG6B. If the offence is a recordable offence, a copy of the Police National Computer (PNC) printout for that officer or staff member must be attached. This is for all offences recorded on PNC whether spent or otherwise, as well as convictions and cautions in Scotland and other foreign countries. Bindovers should be recorded as cautions. Where an officer or staff member has been charged or summonsed for a criminal offence, but the proceedings have not been completed, the prosecutor should be informed using the MG6B.</p> <ul style="list-style-type: none"> • They have a relevant misconduct outcome recorded against them. <p>A misconduct outcome is the outcome imposed following misconduct proceedings (such as a written warning or final written warning) and which is recorded on an officers or staff member's personal file. Consultation should be made with PSD, HR or the prosecutor if there is any doubt as to whether a misconduct outcome is still 'live.' PSD will offer advice on the completion of the MG6B to officers and staff at the conclusion of misconduct proceedings.</p> <ul style="list-style-type: none"> • They have been given a written notice to attend a misconduct meeting/hearing. <p>If misconduct proceedings have commenced, the fact should be reported on the form. Information about officers or staff who have been suspended but who have not been charged with a criminal offence or had the matter referred to misconduct proceedings should be revealed to the prosecutor by the Head of PSD. Where an officer or staff member has been notified of allegations made against him/her but is not suspended from duties, he/she is not required to reveal to the CPS the details of the allegations. However, the Head of PSD should consider, in liaison with the CPS unit head whether the interest of justice require the revelation of that information and provide the prosecutor with the information if required.</p> <ul style="list-style-type: none"> • They have an adverse judicial finding against them. <p>An adverse judicial finding is a finding by a court that a police witness, whether on oath or otherwise, has knowingly misled the court. This may be stated expressly by a court or may be inferred from the particular circumstances of a court's proceedings. This will include civil as well as criminal hearings. If the officer or the staff member is subject to an adverse judicial finding, the relevant PSD should be contacted in order that it can provide guidance on the completion of the form.</p> <p>The Officer subject to the misconduct has the responsibility of completing the MG6B. The Prosecution Disclosure Manual or the</p>
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	<p>Professional Standards Department should be consulted if an officer or member of staff is in any doubt about how to complete it.</p> <p>Further guidance can be found in the Disclosure Manual – Chapter 18 – Revelation and Disclosure of Police Misconduct</p>
13/11/2024	<p><u>Adult at Risk PPN</u></p> <p>Police officers and police staff are reminded of the importance of completing Adult at Risk PPN's, even if consent to information being shared isn't given.</p> <p>An adult at risk is someone with identified care and support needs. Aged 18 years or over the person may be in need of community care services by reason of mental or other disability, age or illness and who is unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.</p> <p>When dealing with vulnerable adults, consideration should be given to completing a PPN. We have a responsibility to do this even if other agencies are present at an incident.</p> <p>It is important to record as much information as you can on the PPN. If you can, you should include the following information;</p> <ul style="list-style-type: none"> • Doctor and next of kin details • The demeanour of the person • Their mental capacity • Whether they consent to their information being shared. This can be overridden if they lack capacity or are especially vulnerable. • How you came to interact with them. • The details of the perpetrator, if there is one, any relevant phone numbers and any action taken by the police or others. <p>You should also include your observations and anything else you think is relevant. Once the PPN is submitted it will go to the Safeguarding Coordination Hub who will decide if it can be shared considering capacity and consent, and if so, who it needs to be shared with. If the PPN can't be shared, the information is not lost as it stays on our system and will help to build a picture, it may be that the information is used in the future to override a lack of consent and share due to concerns over vulnerability.</p>

	<p>There is a wealth of information on Connect regarding PPN's – Completing and submitting PPNs at incidents and crimes and How to report a concern for an adult at risk.</p>
20/11/2024	<p>Christmas Standards and Support As the festive period approaches and the Christmas parties get into full swing, a reminder to look out for each other and remember there is support available if you, or a colleague, finds themselves in a situation where they need to seek support.</p> <p>Christmas Parties Lots of people enjoy a shift or team Christmas party. Please look out for one another and remember that the standards of professional behaviour apply both on and off duty. Be mindful of your actions and what you post on social media, or what other people could post. Please consider the impact of your social actions on your next working shift, remembering that there is a workplace limit for alcohol of 13 micrograms per 100 millilitres of breath. Remember, you may be over the limit the following morning.</p> <p>Alcohol Lots of us enjoy an alcoholic drink at Christmas, but for anyone who is worried about their drinking, trying to cut back, or choosing not to drink at all, it can be a really challenging time, with social pressure and temptation around every corner.</p> <p>The end of the year is also often a time we take stock, and you might even be making goals for your health in the new year. If you think alcohol has become an issue for you, you can get confidential advice and support through the force's independent counselling provider, Health Assured. It is also a good time to look out for your colleagues and signpost them to support if needed.</p> <p>Financial Difficulties Christmas can be a difficult time financially, but debt you can't pay back leaves you at risk of corruption. If you are struggling with debt repayments, you should let the Professional Standards Department know. Disclosing your debt problems means you can receive support and advice. You could also seek guidance from line managers or the Federation/Staff Associations if you are struggling.</p> <p>Domestic Abuse Police officers and police staff members who suffer domestic abuse will be given the same level of care and service as other victims. Confidential support is available from both internal and external sources.</p> <p>Further information can be found on Connect Getting help if you are subject to or a perpetrator of domestic abuse.</p> <p>More Support You can find out about all the wellbeing support available on Health and Wellbeing - Connect.</p> <p>If you have any questions or need advice, you can contact PSD on</p>

	<p>68003 / 0300 122 8003 or by email ccu.teamorganisers@derbyshire.police.uk.</p>
20/11/2024	<p>A member of the public reported harassment, she has contacted police after an initial call to provide screenshots as evidence. The call handler has attached these to the incident but has failed to inform the OIC. Learning should be sent to CCMC to ensure that operators are aware that it is fine to attach documents to incidents but officers/staff should be made aware by way of a task on Niche etc.</p>
25/11/2024	<p>Learning from a recent incident</p> <p>Earlier in the year a male was reported missing by his friend. There were concerns for his welfare as it was believed that he had taken an overdose and was therefore classed as a high-risk missing person. The caller thought that the missing male may have been in a hotel in another force area. Details of the missing male were sent to the other force including details of the male's mobile phone number. A grade one SPOC application should have been submitted, however, there was a period of inactivity whilst both forces decided who was responsible for completing and submitting the request. In this case there was no evidence to suggest where the missing male was and therefore the request should have been completed by us.</p> <p>The grade one SPOC request was subsequently submitted which showed the location of the missing male's mobile phone. The male was located by officers but was unfortunately deceased.</p> <p>Police officers and police staff should be aware of the need to submit urgent grade 1 SPOCS and avoid delays with requesting other forces to complete them without evidence to confirm the location of the high-risk missing person.</p> <p>There is a wealth of information on Connect to assist with missing person enquiries.</p>
28/11/2024	<p>Police Officers and police staff are reminded that the caged area of a police vehicle should not be used for the transportation of people not under arrest unless there are mitigating circumstances, such as the risk of soiling or vomiting. In the absence of mitigating circumstances, any person being transported who is not under arrest should be sat in a seat with a seatbelt.</p> <p>Consent should be obtained from the person if they are not under arrest and are going to be transported in the caged area of the van. A person being transported in the cage of a police vehicle is exempt from the requirement to wear a seatbelt as per Regulation 6(1)(f) of the Motor Vehicles (wearing of seat belts) Regulations 1993.</p>

	<p>The car stereo should not be used when transporting anyone in a police vehicle, this will ensure that the escorting officer can communicate with the driver and/or member of the public at all times.</p>
19/12/2024	<p>A recent complaint has highlighted organisational learning in respect of dealing with counter allegations. In this case the complaint related to counter allegations of assault which were investigated independently of each other, although clearly linked.</p> <p>When dealing with counter allegations, police officers and police staff should assess all available evidence and pursue all reasonable lines of enquiry. A discussion should take place between the investigating officers in relation to their respective occurrences.</p> <p>Details of any counter allegations and relevant material must be disclosed to the CPS. It is possible that an overall view of the incident may affect the prospect of prosecution on either case.</p> <p>The Home Office Crime Recording Rules for Front line Officers and Staff 2024/2025 states that when assaults are alleged to have taken place, these should be recorded in accordance with the NCRS. Often, however, offenders claim that they were acting in self-defence and make counter allegations. Great care should be taken before routinely recording such allegations as crime. For example, when the offender in a case of GBH or ABH makes a counter allegation of assault this should only be recorded as such if on the balance of probability, the offence took place (in accordance with the NCRS). The absence of any evidence such as personal injury or independent witnesses may show that the allegation is false, and care should be taken before recording as a crime. Each case should be treated on its own merits. It should be noted that any decision not to record such counter allegations as a crime should be recorded for disclosure purposes.</p> <p>Advice from a supervisor should be sought if there is any uncertainty when dealing with counter allegations.</p>
19/12/2024	<p>Whilst it should be clear to everyone that accessing Derbyshire police information systems for a non-policing purpose may amount to an offence under the Data Protection Act, there are instances where personal information relating to a known person or family member is inadvertently accessed. If this situation occurs, a supervisor should be notified as soon as possible, and the incident reported to PSD. The reason for accessing the information should also be recorded.</p>

	<p>You should only access police data for valid policing purposes. The Data Protection Act states that data can only be accessed or processed:</p> <ul style="list-style-type: none"> • In the prevention and detection of crime • In apprehending and prosecuting offenders • In maintaining law and order • In the protection of life and property • To protect the public and in rendering assistance to members of the public in accordance with force policy. <p>The 'Misuse of Police Data' video may assist in understanding more about the misuse of force systems and disclosure of information.</p>
19/12/2024	<p>Returning force-issued equipment</p> <p>Following a recent incident where force-issued equipment was found, supervisors are reminded that it is their responsibility to ensure that force-issued equipment is handed in by police officers and police staff members at the point of leaving the organisation. It should be returned as follows;</p> <p>Body Worn Video - divisional custodian or HQ IS Mobile data terminal - divisional custodian or HQ IS Mobile telephone - divisional/departmental support manager Airwave terminal - divisional custodian or HQ IS Warrant/ID card - Central business support, HQ Standard key - Central business support, HQ Access (swipe) card - Central business support, HQ Uniform and other items - HQ stores Pocket note books - HQ business support</p> <p>Where the equipment is not received within 7 days, a security incident report is generated and section heads will be asked to investigate why the equipment has not been returned and arrange for it to be recovered.</p>
06/02/2025	<p>Transnational marriage abandonment</p> <p>Officers and staff should be aware of Transnational marriage abandonment and the effect it can have on victims of domestic abuse.</p> <p>Transnational marriage abandonment is a form of domestic abuse involving controlling and coercive behaviour. It refers to the practice whereby the sponsoring partner or their family members, abandons or strands the visa dependent partner abroad, usually without financial resources, usually with the aim of preventing their return to the UK. It may involve children who are either abandoned with, or separated from, the abandoned partner. Abandonment may be used to punish the victim or exert greater control over them in a country that has</p>

fewer protections and support for victims than the UK. It may also be used to prevent them asserting rights and entitlements in the UK for themselves and any children, such as residence rights, matrimonial rights, the right to report crime or childcare and custody rights. The sponsor or another family member will often mislead the abandoned partner about the intention of the foreign travel and victims often have documentation such as passports and immigration documents removed from their possession. Often the sponsoring partner will contact the Home Office to curtail (cancel) the abandoned partner's permission to stay without their knowledge once they are overseas or their return to the UK is deceptively postponed until such time as their permission expires. This denies the opportunity of a partner who is eligible for the Appendix Victim of Domestic Abuse (VDA) provisions to apply in-country because they are unable to return to the UK.

Cases of transnational marriage abandonment may have some of the following indicative features. This list is not exhaustive:

- a victim of domestic abuse who is outside the UK as part of the domestic abuse.
- involvement of multiple perpetrators of abuse, including, but not limited to, in- laws or other family members.
- a partner or family members may use deception or coercion as to the reason for leaving the UK, or for the reason for not returning.
- alleged abusers taking steps to ensure the victim cannot return to the UK - for example:
 - passport, immigration documents and other essential documents may have been taken by a partner or family members.
 - the sponsor notifying the Home Office of relationship breakdown for the purpose of curtailing permission.
 - leaving the UK after the victim's permission has expired or staying outside the UK until it does.
- where children are involved, they may be abandoned with the abused partner, in other cases children may be taken from the abused partner's care and returned to the UK thereby separating them and gaining custody.
- domestic abuse prior to the abandonment including:
 - using a victim's immigration status as a tool of controlling or coercive behaviour - for example: threats to cancel permission or to not support extensions of stay; threats of removal as a consequence of any reports to the police; threats to report a victim to the police for overstaying; threats of separation from children.
 - isolating victims from their own family, friends and community.
 - victims may be destitute and homeless abroad, left with no financial resources to support themselves.
- after abandonment, the victim's own family (their parents, siblings, extended family members) may be unwilling or unable to support due to the stigma and shame attached.
- marriage abandonment or a lack of resources to help.

	<ul style="list-style-type: none"> • victims may be abroad for extended periods of time before making any application to return to the UK, for various reasons including: • deception used by perpetrators who promise they are in the process of applying for new passports or permission to re-enter the UK. • the impact of abandonment (stigma, shame, destitution) forcing victims and their family members to pursue attempts at reconciliation with the sponsor and their family. • lack of advice and support on options to return to the UK. • the lack of a recognised re-entry route for victims to return prior to the introduction of Appendix VDA. • the perpetrator may have initiated divorce proceedings in the victim's country of origin or in the UK, often without the victim's knowledge or consent. <p>Whilst most victims of transnational marriage abandonment are female, you may also come across male victims. Source: Gov.uk</p> <p>The vulnerability hub on Connect contains lots of useful information including how to identify vulnerability, key incidents (including domestic abuse, child abuse FGM etc) and how you can support vulnerable people.</p>
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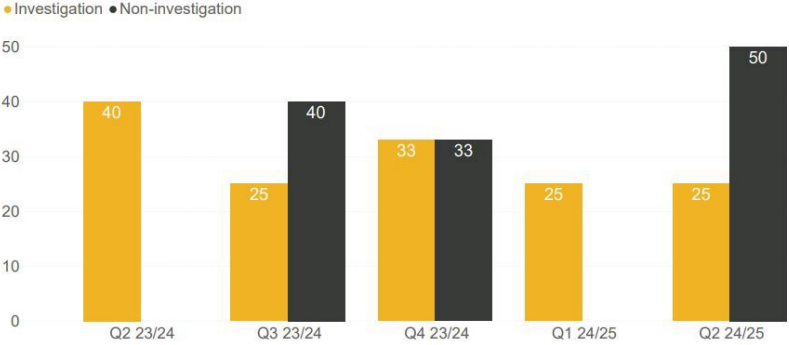
IOPC

The IOPC have provided interim information for Derbyshire on police complaints between the 1st of April 2024 and 31st of December 2024 showing:

Year to date	Outside of Schedule 3		Under Schedule 3 - not subject to investigation		Under Schedule 3 - by local investigation		Under Schedule 3 - by independent investigation	
Allegations	Number Finalised	Average days	Number Finalised	Average days	Number Finalised	Average days	Number Finalised	Average days
Force	541	12	1,316	75	118	112	0	0
SPLY	405	12	1,242	93	68	133	2	411
MSF Average	698	19	1,024	83	197	209	0	66
National	33,250	20	35,230	105	8,680	206	109	282

Actions following Schedule 3 complaint cases	Force		SPLY		MSF Average		National	
	Allegations Finalised	% Allegations Finalised	Allegations Finalised	% Allegations Finalised	Allegations Finalised	% Allegations Finalised	Allegations Finalised	% Allegations Finalised
Organisational learning	10	1 %	16	1 %	12	1 %	398	1 %
Apology	94	7 %	34	3 %	45	4 %	1,605	4 %
Debrief	0	0 %	0	0 %	2	0 %	1,343	3 %
Explanation	1,185	83 %	977	74 %	617	51 %	27,139	62 %
Unsatisfactory Performance Procedure (UPP)	1	0 %	0	0 %	1	0 %	11	0 %
No further action	86	6 %	176	13 %	442	37 %	9,817	22 %
Other action	9	1 %	4	0 %	33	2 %	432	1 %
Learning from reflection	47	3 %	95	7 %	53	4 %	2,263	5 %
Referral to RPRP	2	0 %	8	1 %	10	1 %	671	2 %

% IOPC reviews upheld - Force



% LPB Reviews upheld - Force



DRAFT YEAR-END CLOSEDOWN PLAN FOR THE CHIEF CONSTABLE AND POLICE & CRIME COMMISSIONER 2024/25						
Unaudited Accounts published on 30th June						
Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
	Oct / Nov		Meetings with new valuers re valuation requirements for 2024/25	JP/MC/Assets/NPS		
	Nov / Jan		NPS value properties to provide Draft report by 18 April	NPS (Valuers)		
	Jan		GAD issue data requirements and deadlines for police pensions plus Commissioning letter	GAD / TW / MC		
	Jan-Mar		Put Payments in advance, receipts in advance, creditors, debtors into system where possible. Raise debtor invoices for 2024 / 25 where possible	Strat Finance		
	Jan-Mar		Ensure any miscodings are corrected, orders closed, reconciliations are up to date etc	Strat Finance		
	Jan-Mar		Finance Support to ensure that creditors, debtors, aged registrations and suspense are monitored and cleared as soon as possible	Fin Supp		
	Jan-Mar		Finance Support to review credit notes outstanding on Accounts Payable	Fin Supp		
	Jan-Mar		Set up Asset Registers for 2024 / 25, calculate depreciation, prepare spreadsheets to send out for disposals	MC		
	Jan / Feb		Review Code of Practice for new requirements	KF /MC		
	Jan		Finance Support to review debtor invoices for write off during January - deadline for return 31 January	KF /CW		
	Feb		Set up proforma accounts for 2024 / 25			
	Mar		Regional asset registers and proforma accounts to be set up	KF / MC / SL / TW		
	Feb / Mar		Prepare proforma capital working Papers	MC		
	Mar		Save all grant notifications from Government & precept letters to working papers	MC / RS / TW		
	Mar		Save all major grant agreements and remittances to working papers eg PFI, MoJ,CTIU,Sensitive Equities	Strat Finance		
	Mar		CW to review VAT only invoices before year end	CW		
Saturday	25-Jan					
Sunday	26-Jan					
Friday	31-Jan		Deadline for return of GAD commissioning letter and acceptance of demographic assumptions to GAD	MC / TW		
Saturday	15-Feb					
Sunday	16-Feb					
Monday	17-Feb	KB RS	Written Instructions issued to users re year end procedures	KF		
			GAD Issue data collection spreadsheet for 31 March 2025 accounting disclosures - deadline for return 14 March	GAD		
			CW to check that mileage details are up to date for Chief Officers	CW		
Tuesday	18-Feb		Send timetable to Claire to check	KF		
Wednesday	19-Feb		Written request sent to Divisions for banking arrangements w/c 24 March	KF		
		KB	DCC issue data requirements and deadlines for LGPS	DCC		
			Report on Accounting Policies / Year End Programme to be completed - include track changes on Acc Policies - for JARAC 30/04/2025	KF		
Thursday	20-Feb		Send out Draft Timetable / areas of responsibilities	KF		
			Send email to Strategic Finance re financial periods and accruals	KF		
			Recharge for Crest Vehicle insurance (premium / self insurance) -additional vehicles	MC		
Friday	21-Feb	KB	Check debtors reconciliation of 0325 in anticipation of year end	KB / CW		
			Email to IS re asset disposals - deadline for return 3 March	MC		
			Email to Strat Finance to check with departments about equipment disposals - deadline 3 March	MC		
Saturday	22-Feb					
Sunday	23-Feb					
Monday	24-Feb	SM	Send email to CW for information on Police Property Fund Balances as at 31/3/25 - deadline 6 April	KF		
			Send out email re CDC % to staff deadline 14 March	SOMA - LSc/SM		
			Email Assets Team re retentions / contract tracker on capital schemes	MC		
			Email sent out to Assets team about property sales	MC		
			Emails Assets Team / Legal re new leases or terminated leases in 2024/25 - deadline 10 March	MC		
Tuesday	25-Feb	SM KB KF	Send out emails re leases and embedded arrangements to IS, Assets Team and Procurement - deadline 10 March	MC		
Wednesday	26-Feb		Written request sent to Legal for Liability Insurance Claims deadline 6 April	KF		
			Email Strategic Finance re Final Accounts Timetable	KF		
			Check with Chief Finance Officer any changes to Chief Officer scheme	TW/LSc		
			Orders to be closed for P11 Monitoring	SF		
Thursday	27-Feb		Check all Outturn reports (REV2S) are working (To include C/Fwd Reports - CFWDS)	KF / SL		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Friday	28-Feb	CW	Period end and P11 Monitoring reports run	SF		
Saturday	01-Mar		Email Derbyshire Fire / LLP re deadlines for accruals and other information	KF		
Sunday	02-Mar		Opening Balances Brought Forward	MC		
Monday	03-Mar	CW LSc	Strategic Finance to work on Draft Outturn this week in preparation for Outturn meetings w/c 10 March	Strat Finance		
			Remind DCC to send early retirement invoice before 31 March	TW		
Tuesday	04-Mar	CW LSc	Email Assets Team re assets held for sale, surplus assets and impairments - deadline 3 April	MC		
			Assets registers to be complete for start of year position	MC		
			Email Fleet re deadlines for Fuel (4 April) and Hire Cars (11 April)	JC		
Wednesday	05-Mar	CW PC KB KF	Email Finance Support (CW) re deadlines (4 April) for POCA information	RS		
			Email to Assets Team (Fleet) re reports from Vehicle Management System re purchases and disposals up to 31/3/25. Deadline 4 April	MC		
			Email to District / Borough Councils re Accounting for Council Tax - deadline 1 May	MC		
Thursday	06-Mar	CW & PC	Prepare premises accruals for LLP eg utilities, rates etc to be sent to Fire by the end of March	JC		
			GT Public Accounting Workshop	KF/MC		
Friday	07-Mar	PC MF	EMSOU Major Crime Recharges between Forces - provide YTD Costs	AC		
			Deadline for Equipment Disposals	MC / Strat Finance		
Saturday	08-Mar		Deadline for return of lists for IS Disposals	SM/ MW / JC / IS		
Sunday	09-Mar					
Monday	10-Mar	PC RS SM	Run REV2 Rev subjective FY force by account report for P11 and balance to Trial Balance Report	KF		
			GT commencing planning work and item audit on 24/25 until 30th April	KF/MC		
			Draft outturn meetings with formations - 10 to 21 March (outturn information to be sent to SOMA by 28 March)	Strat Finance		
			Send out system admin Year End Procedures	MC		
Tuesday	11-Mar	PC RS	Send email to CW to review debtor invoices for write off during March - deadline for return 27 March	KF		
			Financial Assurance Board	FAB		
			Email Finance Support (CW) re deadlines (9 April) for Barclaycard, CW to email departments with deadline	KF / CW		
Wednesday	12-Mar	RS KB KF	Look at X999 code to clear registrations at year end	MC / CW		
			Cleaning Recharges to be actioned and put in Agresso	JC		
Thursday	13-Mar	AC RS MC	Review out of date cheques and write-off actioned by 28 March	LS / CW		
			Check Balance Sheet Codes for revenue items posted by mistake (eg 0222, 0236, 0336, 0238, 0338, X999 etc...)	KF		
			Email to Leicestershire re payroll accruals (deadline 12 April) and salaries over £40,000 (renumeration should include pension AVC)- deadline 28 April	KF		
			Deadline for GAD data collection spreadsheet for 31 March accounting disclosures	TW		
			Forces to submit all recharge invoices relating to all Collaborative Units	MW		
Friday	14-Mar	AC RS MC KF	Deadline for embedded leases	MC		
			Backpay (supplementary) files up to February from Midland HR to be input into Agresso by 29 March	CW		
			Deadline for leases information from Assets / Legal	MC		
			Deadline for CDC % information	SOMA		
			Deadline to let DCC / Hymans know which approach taking for IAS19 information	TW / MC		
Saturday	15-Mar					
Sunday	16-Mar					
Monday	17-Mar	RS SM MC	Order any DSU cash requirements for the next week	CW/Fin Supp		
			Email Fleet re deadline for repair costs Chief Officer Vehicles (5 April) for P11D calculation	CW		
Tuesday	18-Mar	RS	Email to BAM re Derby PFI CCR's	TW		
			Balance all reconciliation accounts in anticipation of year end - send any write offs to JC (MC) (eg collection accounts, salaries Interims etc)	CW/LSt		
Wednesday	19-Mar	RS KF	Look at Expenses in DRAFT and contact submitters to remind them to make claims ACTIVE prior to 6 April	CW/Fin Supp		
			Action write off any items in collection accounts and salaries interims (04's)	KF		
			Collate information re capital spend on assets (per property) up to P11	MC		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Thursday	20-Mar	RS	Email to DMS re TOIL, Annual Leave for Police Officers and Staff on DMS system as at 31/3/25 Deadline 12 April Draft Closing down timetable issued to External Auditors.	TW/LSc KF		
Friday	21-Mar	KB	Deadline for Divisions / Departments / Strat Finance to send any invoices they might receive to Finance Support Divs / Depts to send final outturn/ carry forward requests to SOMA by 21 March to be collated for Financial Assurance Board to consider on 19 May Last day for debtor invoice details to reach Finance Support to guarantee input deadline 31 March	Divs / Depts / Strat Finance TW / Strat Finance Fin Supp		
Saturday Sunday	22-Mar 23-Mar					
Monday	24-Mar	SM KB	Remind Finance that all hand drawn cheques to be posted (Manual Payments) by the 31 March Flexible Use of Capital Receipts 24/25 by 31 March PWLB Access 24/25 by 31 March HQ Petty Cash to be processed Email to Force Solicitor, Chief Finance Officer and Office of PCC Chief Operating Officer re contingent liabilities	Fin Supp MC MC Fin Supp MC		
Tuesday	25-Mar	KB	Cheque / BACS run to pick up most invoices to be paid 28/3/25	Fin Supp		
Wednesday	26-Mar	KF	Last day for virement requests from Divisions / Departments - to be actioned by 29 March Email to Chief officers and Office of PCC re related party transactions including officers who have left in year - to be sent back in PDF format - deadline 22 April List of Debtors to be written off / credited to be established	Strat Finance LSc CW		
Thursday	27-Mar		Deadline for CTIU Petty Cash to be received by Finance Support Courier collects cash for deposit the next day Orders to be closed for P12 Monitoring	CTIU / Fin Supp Fin Supp/Courier SF		
Friday	28-Mar	LSc MF AC	Petty Cash - need written confirmation from Regional organised crime unit for hostage petty cash imprest and also from Gallaghers Basset for vehicle insurance imprest as at 31/3/2025 RA (General Fund Revenue A/c 25/26 on Delta 4 April Divs / Depts to send any carry forward requests to SOMA by 28 March to be collated for Financial Assurance Board to consider on 19 May	CW LSc / SM / TW Strat Finance		
Saturday Sunday	29-Mar 30-Mar					
Monday	31-Mar	SM MF	Action Debtor Write offs (JC) and credit notes (CW) by this date Auditors to request third-party verifications for bank balances. MC to send letters for investments as at 31 March 2025 to be returned to auditors- schedule to be sent to Auditors Cash Receipts to be registered in Agresso for HQ and Divisions. Debtor invoices to be input. Period / Year end routines and Agresso system default period changed to 202501. TM to download Bank Statement to pick up the mornings transactions and send to Fin Supp so they can post any MD/MC/MR Run report of invoices registered but not approved (posted) plus other year end reports Transfer monies from legal account to main account All hand drawn cheques to be posted (Manual Payments) Divisions to send any cash requiring preparation for deposit to HQ with Statement of Receipts and banking slip	KF / CW MC Fin Supp Fin Supp SF Trea Man / Fin Sup KF Trea Man Fin Supp Divisions / Fin Supp		
Tuesday	01-Apr	MF	Out of date cheques in Agresso Email Procurement for a copy of Contracts Register as at 31/3/25 deadline 4 April Email Health & Safety for a copy of Risk Register as at 31/3/25 deadline 4 April Check all Cash Receipts input Open Purchase Orders as at 31 March carried forward to 202501 Email sent to Gallagher Bassets for Vehicle Insurance Claims deadline 6 April Income banked (Manual Credits and Debits) up to 31 March 2025 posted within Agresso. Manual Receipts to be posted. Cancelled cheques (no reissue) relating to old year to be posted All outstanding virements to be actioned	LS MC / Procurement MC / H & S KF / CW MC / SF KF Fin Supp CW Strat Finance		
Wednesday	02-Apr	KF	Final reconciliation of Account code 0325 - debtors income - Liaise with Finance Support if necessary Backpay (supplementary) files up to February from Midland HR to be input into Agresso Balance system Debtors and Creditors after manual payments / receipts posted	JC CW SOMA - LSc/SM		
Thursday	03-Apr		Final Bank Reconciliation for 2024/25 completed. Save copy in excel (Final Accounts Balance Sheet Working Papers)	LSt / CW		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Friday	04-Apr	MF	Police Overtime, expenses and 10% allowance submission to Leicestershire Run report of invoices (creditor) posted in 2024/25 after payment run to check which need accruing into 2024/25 - Run 1. Send out to Strategic Finance. Send out Bad Debt Provision information to Fin Support (CW) deadline for return 17 April Emails sent to Force Managers re force assets as at 31/3/2025 due back 6 April Listing of changes in staff numbers from 1/4/2024 to 31/3/2025 including details of joiners and leavers in the period	Fin Supp / SF RS / SF KF / CW MC TW / LSc		
Saturday Sunday	05-Apr 06-Apr					
Monday	07-Apr	SM	Deadline for Fleet and Legal for Vehicle and Liability Insurance Claims Check have all paperwork behind any redundancies from HR	KF TW		
Tuesday	08-Apr		Email PFI provider about lifecycle expenditure - capital / revenue Deadline for information from Vehicle Management System re purchases and Disposals	TW Fleet / SM		
Wednesday	09-Apr	KF	Staff overtime to be submitted into I-Trent Deadline for Petty Cash Reconciliation Information Email sent re capital orders to accrue Deadline for Barclaycard Expenditure spreadsheet to be received for March transactions TSU (KF) to provide details of final accrual to EMSOU Deadline for repair costs Chief Officer Vehicles for P11D calculation Finalise Accrual Run 1 and post into ledger	Fin Supp Fin / CTIU SM Fin Supp KF Fleet RS / SF		
Thursday	10-Apr		Download Year End PWLB information from internet Deadline for Force Asset information from Assets Deadline for Fuel recharges Deadline for vehicle and legal claims information Check Retirements, do any pension commutations need accruing back into 2024 / 25 Deadline POCA information Deadline for Police Property Act Fund Balances March backpay (supplementary) file from Midland HR to be input into Agresso Amounts for Police Officers' & staff overtime / 10% allowances / unsocial hours in April 2025 payroll posted to period 202413. Amounts for Mileage & Expenses in April 2025 Police Officer and Police Staff payrolls posted to period 202413 Summarise System Debtors and Creditors into different formats - Julie/Closedown Cr/Dr O/s 31/03/202x	MC Assets / MC Fleet Fleet / Legal TW CW / RS CW CW RS/ SF RS/ SF SOMA - Lsc/SM		
Friday	11-Apr	MF	Fuel Charges to be input into Agresso Run report of invoices (creditor and debtor) posted in 2024/25 after payment run to check which need accruing into 2024/25 - Run 2. Send out to Strategic Finance. Police Officer / staff TOIL, RDIL and Annual Leave to be obtained from DMS and departments All Collaborative units to send year-end adjustments spreadsheet to Forces	SF SF LSc TW / SL / MC		
Saturday Sunday	12-Apr 13-Apr					
Monday	14-Apr	MF SM	CTP-EM Grant return deadline	RS		
Tuesday	15-Apr	SM	Send email out re Grants to be checked for conditions Reconcile POCA to Finance Support records and post journals Cheque / BACS Run Finalise Accrual Run 2 and post into ledger Forces to recharge Major Crime full year costs	SOMA - LSc/SM RS / Fin Supp Fin Supp SF AC		
Wednesday	16-Apr	SM KF	Deadline for capital orders to accrue information Check that Finance Support have entered all debtor and creditor invoices into Agresso that relate to 2024/25 to be picked up for final system accrual by Strategic Finance Require overtime and expenses information for accrual - check no duplicate records	MC KF / Fin Supp Leicestershire		
Thursday	17-Apr		Collate information re capital spend on assets (per property) Final Bad Debt provision deadline Chief Officer private mileage recharge journal to be posted (0421) Run report of invoices (creditor) posted in 2024/25 after payment run to check which need accruing into 2024/25 - Run 3. Send out to Strategic Finance. Spreadsheet to be set up for any manual creditors / debtors for Strategic Finance to fill in - Run 4 Evidence of costs/incoem required Deadline for Long / Short term hire vehicles for March transactions Barclaycard Expenditure to be input into Agresso	MC CW CW SF SF Fleet SF		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
			Valuers to provide draft report for valuations for initial review	NPS (Valuers)		
Friday	18-Apr		Bank Holiday - Good Friday			
Saturday	19-Apr					
Sunday	20-Apr					
Monday	21-Apr		Bank Holiday - Easter Monday			
Tuesday	22-Apr	TW	Hire Cars Expenditure to be input into Agresso	SF		
			Deadline for Related party questionnaires	SOMA - LSc/SM		
			Maintenance recharges to be done	JC		
			Review draft valuation report from NPS	MC/MF		
			Check with valuers for any material changes to valuations	MC		
			Email for performance information for narrative report from Head of Analytics	MF		
Wednesday	23-Apr	TW KF	Vehicle Reconciliation Complete	MC		
			Final reconciliation of salaries interims / collection accounts	LS / CW / KF		
			Finalise Accrual Run 3 and post into ledger	SF		
			Finalise Accrual Run 4 and post into ledger	SF		
Thursday	24-Apr		Check if we need any information from Legal for contingent Liability note, KF to check re Allard provision	KF / MC		
			Start Forensics, Legal & HR Collaboration Accounting 24 April to 6 May (lead force information to others in region), 15 May for Derbyshire's Accounts	TW / SL / MC		
			Deadline for LLP / Fire accruals	Fire / KF		
Friday	25-Apr	AC	Download information for Apprenticeship levy and post journal - 9040 F001 and 1501 F001 Period 14	TW		
			TSU Collaboration Accounting required earlier to send to Leicestershire	KF		
			Last date for revenue journal entries for outturn report			
			Capital CPR4 Return - 21 April	MC		
Saturday	26-Apr					
Sunday	27-Apr					
Monday	28-Apr	SM	Check Final Outturn Reports	Strat Finance		
Tuesday	29-Apr					
Wednesday	30-Apr	KF	JARAC Meeting			
			GT planning and interim audit work to be complete	KF/MC		
Thursday	01-May					
			GAD issues the consolidated results re IAS19	GAD		
Friday	02-May		Lead Force Information for TSU collaboration to be sent to Leicestershire	KF		
			Final valuation report to be received from NPS	NPS (Valuers)		
			Deadline for Officers Remuneration (£40,000) report from Leicester Payroll / Midland HR and P11D (Chief officers cars) CW	KF / CW		
Saturday	03-May					
Sunday	04-May					
Monday	05-May		BANK HOLIDAY - MAY DAY			
Tuesday	06-May		Capital Accounting 2 May to 23 May	MC		
			Lead Force Information to be sent / received from region re collaboration	TW / SL / MC		
Wednesday	07-May	KF	Police Overtime, expenses and 10% allowance submission to Leicestershire	Fin Supp / SF		
Thursday	08-May		Excelerator Reports run for final outturn position	SOMA - LSc/SM		
			Balance Manual Debtors and Creditors and analyse for Debtor / Creditors note deadline 18 May	RS		
Friday	09-May		Accounting for Council Tax Information received from Councils	MC		
			Deadline for Provisional Outturn Figures for Chief Finance Officer (force) to report to PCC & Chief Operating Officer (PCC)	TW/ MF		
			Staff overtime to be submitted into I-Trent	Fin Supp		
Saturday	10-May					
Sunday	11-May					
Monday	12-May	CW TW SM				
			Sponsorship balances in ledger balanced to Sponsorship register	AC		
Tuesday	13-May	CW TW	Email Leicestershire about Chief Officer March Payslips, payroll masterfile information and police officers by pension scheme - deadline 26 May	KF		
			Email CW for 4th quarter pensions information from XPS - Deadline 16 June	KF		
Wednesday	14-May	CW TW KF				
Thursday	15-May	CW TW	Accounting for Council Tax Information posted in ledger	MC		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Friday	16-May	CW TW	LLP accounts required from Fire	Fire / KF		
Saturday	17-May					
Sunday	18-May					
Monday	19-May	CW TW SM	Financial Assurance Board (FAB) to consider carry forward requests Last day for our share of EMSOU / Collaborations to be entered into summary spreadsheet for accounts	FAB TW / LSc		
Tuesday	20-May	CW TW				
Wednesday	21-May	TW KF				
Thursday	22-May		Information for Debtors / Creditors note complete	RS		
Friday	23-May	LSc AC				
Saturday	24-May					
Sunday	25-May					
Monday	26-May		BANK HOLIDAY - SPRING BANK HOLIDAY			
Tuesday	27-May		Narrative Reports / AGS to be prepared deadline 7 June	CFO / AD		
Wednesday	28-May	KF	Final day for Capital Journal entries	MC		
Thursday	29-May		Information back from DCC - IAS19 information	DCC		
Friday	30-May		IAS19 figures to be posted in ledger.	MC		
			Last journal entries for contributions to / from Reserves and Balance Sheet (final position)	KF/ TW		
			Reconciliation of Balance Sheet Codes complete	KF		
Saturday	31-May					
Sunday	01-Jun					
Monday	02-Jun	MC SM	Preparation of Statement of Accounts	KF / MC / TW		
Tuesday	03-Jun	MC	Prepare report re Police Property Fund	CW		
Wednesday	04-Jun	MC KF	Preparation of Statement of Accounts	KF / MC / TW		
		MC LSc	Preparation of Statement of Accounts	KF / MC / TW		
Thursday	05-Jun		Deadline for Outturn Reports (Revenue & Capital) for FAB 14 July	MF/TW/MC		
			Deadline for Treasury Management Annual Report FAB 14 July	MC		
			Deadline for Annual Debtors report for FAB 14 July	RS/KF		
Friday	06-Jun	MC LSc	Preparation of Statement of Accounts	KF / MC / TW		
Saturday	07-Jun					
Sunday	08-Jun					
Monday	09-Jun	SM LSc	Preparation of Statement of Accounts	KF / MC / TW		
Tuesday	10-Jun		Preparation of Statement of Accounts	KF / MC / TW		
Wednesday	11-Jun	KF	Preparation of Statement of Accounts	KF / MC / TW		
Thursday	12-Jun		Preparation of Statement of Accounts	KF / MC / TW		
Friday	13-Jun		Preparation of Statement of Accounts	KF / MC / TW		
Saturday	14-Jun					
Sunday	15-Jun					
Monday	16-Jun	SM LSc RS	Preparation of Statement of Accounts	KF / MC / TW		
Tuesday	17-Jun	MF AC	Preparation of Statement of Accounts	KF / MC / TW		
Wednesday	18-Jun	RS MF	Last date for all notes in the accounts to be completed including Narrative Report	KF / MC / TW		
Thursday	19-Jun	RS MF KF	Draft Statement of Accounts Finalised including Group Accounts	KF / MC / TW		
		RS MF	Draft Statement of Accounts including group accounts to be quality checked	KF / MC / MF		
Friday	20-Jun	RS MF	Draft Statement of Accounts including group accounts to be quality checked	KF / MC / MF		
			Sent out to S151 Officers and Head of Finance to be reviewed	KF		
Saturday	21-Jun					
Sunday	22-Jun					
Monday	23-Jun	TW SM AC	Draft Statement of Accounts to be reviewed	CFO / AD		
Tuesday	24-Jun	TW AC	Draft Statement of Accounts to be reviewed	CFO / AD		
Wednesday	25-Jun	TW AC KF	Draft Statement of Accounts to be reviewed	CFO / AD		
Thursday	26-Jun	TW AC	Changes to Statement of Accounts finalised	CFO / AD		
Friday	27-Jun	TW AC	Chief Operating Officer for PCC / Chief Finance Officer for Chief Constable to sign off Accounts by this date	CFO / AD		
			Statement of Accounts finalised and sent out for JARAC meeting on 24 July	KF		
Saturday	28-Jun					
Sunday	29-Jun					
Monday	30-Jun	SM AC	Set of signed Accounts to be provided to Auditors and published on internet.	KF / PCC Office		
			Statement of Public Rights to be published on Internet	KF / PCC Office		

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Tuesday	01-Jul	AC	Accounts open to public inspection for 30 working days (depends on the date published)			
Wednesday	02-Jul	KF AC	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Thursday	03-Jul	MF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Friday	04-Jul	NF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Saturday	05-Jul					
Sunday	06-Jul					
Monday	07-Jul	SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Tuesday	08-Jul		Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Wednesday	09-Jul	KF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Thursday	10-Jul		Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Friday	11-Jul	MC	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Saturday	12-Jul					
Sunday	13-Jul					
Monday	14-Jul	SM	Financial Assurance Board	FAB		
Tuesday	15-Jul		Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Wednesday	16-Jul	KF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Thursday	17-Jul		Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Friday	18-Jul	MF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Saturday	19-Jul					
Sunday	20-Jul					
Monday	21-Jul	KF SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Tuesday	22-Jul	KF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Wednesday	23-Jul	KF MF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Thursday	24-Jul	KF MF	JARAC Meeting	JARAC		
Friday	25-Jul	KF	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Saturday	26-Jul					
Sunday	27-Jul					
Monday	28-Jul	KF SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Tuesday	29-Jul	KF SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Wednesday	30-Jul	KF SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Thursday	31-Jul	SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Friday	01-Aug	SM	Compilation of Final Accounts files / working papers / audit checklist	Strat Finance		
Saturday	02-Aug					
Sunday	03-Aug					
Monday	04-Aug	SM LSc				
Tuesday	05-Aug	LSc				
Wednesday	06-Aug	KF LSc				
Thursday	07-Aug	LSc				
Friday	08-Aug	LSc KF				
Saturday	09-Aug					
Sunday	10-Aug					
Monday	11-Aug	KF LSc SM	End of public inspection period			
Tuesday	12-Aug	KF LSc				
Wednesday	13-Aug	KF LSc				
Thursday	14-Aug	KF LSc				
Friday	15-Aug	KF LSc				
Saturday	16-Aug					
Sunday	17-Aug					
Monday	18-Aug					
Tuesday	19-Aug					
Wednesday	20-Aug	KF				
Thursday	21-Aug					
Friday	22-Aug					
Saturday	23-Aug					
Sunday	24-Aug					
Monday	25-Aug					
Tuesday	26-Aug					
Wednesday	27-Aug	KF				
Thursday	28-Aug					
Friday	29-Aug					

Day	Date	Leave	Task / Comment	Responsible	Task Complete	Any Comments / difficulties
Friday	29-Aug					
Saturday	30-Aug					
Sunday	31-Aug					
Monday	01-Sep					
Tuesday	02-Sep					
Wednesday	03-Sep	KF				
Thursday	04-Sep					
Friday	05-Sep					
Saturday	06-Sep					
Sunday	07-Sep					
Monday	08-Sep					
Tuesday	09-Sep					
Wednesday	10-Sep	KF				
Thursday	11-Sep					
Friday	12-Sep					
Saturday	13-Sep					
Sunday	14-Sep					
Monday	15-Sep					
Tuesday	16-Sep		Financial Assurance Board	FAB		
Wednesday	17-Sep	KF				
Thursday	18-Sep					
Friday	19-Sep					
Saturday	20-Sep					
Sunday	21-Sep					
Monday	22-Sep					
Tuesday	23-Sep					
Wednesday	24-Sep					
Thursday	25-Sep					
Friday	26-Sep					
Saturday	27-Sep					
Sunday	28-Sep					
Monday	29-Sep					
Tuesday	30-Sep					
Wednesday	01-Oct					
Thursday	02-Oct					
Friday	03-Oct					
Saturday	04-Oct					

Add in to timetable w/c 24 April Check Assets in Construction schemes in previous year to see if any

Add into timetable 17th May Accumulated Absences to be posted TW

SM

POLICE AND CRIME COMMISSIONER AND GROUP STATEMENT OF ACCOUNTING POLICIES

Accounting Policies

General Principles

These financial statements have been prepared in accordance with the Code of Practice (the Code) on Local Authority Accounting in the United Kingdom issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Accounts and Audit (Amendment) Regulations 2024. The accounting policies contained in the Code apply International Financial Reporting Standards (IFRS) as adapted for the public sector by the International Public Sector Accounting Standards (IPSAS).

The accounts have been prepared on a going concern basis using a historic cost convention, modified to account for the revaluation of certain categories of tangible fixed assets and financial liabilities.

The concept of a going concern assumes that the functions of the Constabulary will continue in operational existence for the foreseeable future. The provisions in the Code (CODE OF PRACTICE ON LOCAL AUTHORITY ACCOUNTING IN THE UNITED KINGDOM 2024/25) in respect of going concern reporting requirements reflect the economic and statutory environment in which policing services operate. These provisions confirm that, as policing services cannot be created or dissolved without statutory prescription, they must prepare their financial statements on a going concern basis of accounting.

Policing services carry out functions essential to the local community and are themselves revenue-raising bodies (with limits on their revenue-raising powers arising only at the discretion of central government). If a police authority were in financial difficulty, the prospects are thus that alternative arrangements might be made by central government either for the continuation of the functions it provides or for assistance with the recovery of a deficit over more than one financial year. As a result of this, it would not therefore be appropriate for the financial statements to be provided on anything other than a going concern basis.

The accounts are therefore prepared on a going concern basis, on the assumption that the functions of the PCC and Chief Constable will continue in operational existence for the foreseeable future from the date that the accounts are authorised for issue.

Consolidation

With the introduction of the Police Reform and Social Responsibility Act 2011 on 22 November 2012 two 'corporation sole' bodies, the Police and Crime Commissioner for Derbyshire and the Chief Constable for Derbyshire were formed. Both bodies are required to prepare separate Statements of Accounts.

The Financial Statements included here represent the accounts for the Commissioner and also those for the Group. The financial statements cover the 12 months to 31 March 2025. The term 'Group' is used to indicate individual transactions and policies of the Commissioner and Chief Constable for the year ended 31 March 2025. The identification of the Commissioner as the holding organisation and the requirement to produce group accounts stems from the powers and responsibilities of the Commissioner under the Police Reform and Social Responsibility Act 2011.

The principal accounting policies adopted are set out below: -

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made and received. Whilst all expenditure is paid for by the Group including the pay costs of police officers and staff, the actual recognition in the respective Commissioner and Chief Constable Accounts is based on economic benefit.

Debtors – these are recognised in the accounts when the ordered goods or services have been delivered or rendered by the Group in the financial year but the income has not yet been received. Income has only been included in the accounts when it can be realised with reasonable certainty. Where there is evidence that the Group may not be able to collect all amounts due to it, a provision for bad debts is established. The provision made is the difference between the current carrying value of the debt and the amount likely to be collected. These amounts are set on an individual debtor basis. The provision for bad debts is recognised as a charge to the Comprehensive Income and Expenditure Statement for the income that might not be collected.

Creditors – these are recorded where goods or services have been supplied to the Group by 31 March but payment is not made until the following financial year.

Fair Value Measurement

Some of the non-financial assets, such as surplus assets and some financial instruments are measured at fair value at each reporting date. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either: -

- In the principal market for the asset or liability; or
- In the absence of a principal market, in the most advantageous market for the asset or liability.

The fair value of an asset or liability is measured using the assumptions that market participants would use when pricing the asset or liability, assuming that market participants act in their economic interest.

When measuring the fair value of a non-financial asset, the market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use is taken into account.

Valuation techniques used are those appropriate in the circumstances and for which sufficient data is available, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Inputs to the valuation techniques in respect of assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, as follows: -

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that can be accessed at the measurement date.
- Level 2 – inputs other than quoted process included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 – unobservable inputs for the assets or liability.

Accounting for Local Taxes

The collection of council tax is, in substance, an agency arrangement with the Derbyshire District and Derby City Authorities (billing authorities) collecting council tax on behalf of the Commissioner (the Police Precept).

The council tax income is included in the Comprehensive Income and Expenditure Statement on an accruals basis and includes the precept for the year plus a share of Collection Fund surpluses and deficits from the billing authorities.

The difference between the income reported in the Comprehensive Income and Expenditure Statement and the amount required by regulation to be credited to the General Reserve shall be taken to the Collection Fund Adjustment Account through the Movement in Reserves Statement.

The year-end Balance Sheet includes the share of year end debtors (arrears and collection fund surpluses) and creditors (prepayments, overpayments and collection fund deficits) attributable to the Group

Cash and Cash Equivalents

Cash comprises cash on hand and demand deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Cash equivalents are held for the purpose of meeting short-term commitments rather than for investment or other purposes. The following have been classed as cash and cash equivalents:

- Cash on hand.
- Cash in bank (Current Account, Call Account and Business Premium Account).
- Temporary investments with instant access and no penalties.

Exceptional Items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Comprehensive Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the Group's financial performance.

Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Prior period adjustments may arise as a result of a change in accounting policies or to correct a material error. Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change and do not give rise to a prior period adjustment.

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Group's position or financial performance. Where a change is made, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

Employee Benefits

The Accounts are prepared in accordance with IAS19 *Employee Benefits*. This is a complex accounting standard but it is based on a simple principle that:

"An organisation should account for employment and post-employment benefits when employees earn them and the authority is committed to give them, even if the actual giving will be many years into the future".

IAS 19 applies to all types of employee benefits paid including benefits payable during employment, termination benefits and post-employment benefits.

Benefits Payable During Employment

Short-term employee benefits are those due to be settled within 12 months of the year end. They include such benefits as salaries, paid annual leave and paid sick leave, expenses, bonuses and non-monetary benefits (e.g. cars) for current employees and are recognised as an expense for services in the year in which employees render service to the Group. An accrual is made for the cost of holiday entitlements (or any form of leave, e.g. time off in lieu) earned by employees but not taken before the year end which employees can carry forward into the next financial year. The accrual is charged to Comprehensive Income and Expenditure Statement (as a surplus/deficit on Provision of Services), but then reversed out through the Movement in Reserves Statement to the Short Term Accumulating Compensated Absences Account so that holiday benefits are charged to revenue in the financial year in which the holiday absence occurs but have no impact on the level of council tax.

Termination Benefits

Termination benefits are amounts payable as a result of a decision by the Group to terminate an employee's employment before the normal retirement date or an employee's decision to accept voluntary redundancy and are charged on an accruals basis to the Comprehensive Income and Expenditure Statement when the Group is demonstrably committed to the termination of the employment of an employee or group of employees or making an offer to encourage voluntary redundancy.

Where termination benefits involve the enhancement of pensions, statutory provisions require the general fund balance to be charged with the amount payable by the Group to the pension fund or pensioner in the year, not the amount calculated according to the relevant accounting standards. In the Movement in Reserves Statement, appropriations are required to and from the pensions reserve to remove the notional debits and credits for pension enhancement termination benefits and replace them with debits for the cash paid to the pension fund and pensioners and any such amounts payable but unpaid at the year-end.

Post-employment Benefits (Pensions)

The main effect of IAS19 in relation to post-employment benefits is the recognition of the net liability in the Balance Sheet (offset by an unusable Pension Reserve) for benefits earned but not yet paid, and entries in the Comprehensive Income and Expenditure Statement for in-year movements in the liability. Reconciling entries in the Movement in Reserves Statement bring back the cost of pensions to the amount chargeable to the General Fund for the purposes of grant and local taxation).

IAS19 relies on the recognition of pension's liabilities (being the retirement benefits promised measured on an actuarial basis) and assets (being the Group's share of investments (if any)).

The Group participates in two different pension schemes both of which are “defined benefit schemes” as they are both based on employees earning benefits from years of service;

a) Police Officers

This scheme is unfunded. This means it provides pensions and other retirement benefits for police officers based on pensionable salaries but there are no investment assets built up to meet the pensions liabilities.

The funding arrangements for the police officers pension scheme changed on 1 April 2006. Before April 2006 each Police Authority was responsible for paying the pensions of its former officers on a “pay as you go” basis. From April 2006 there is now an employer’s contribution instead (currently the equivalent of 31% of pensionable salary) which is charged to the Comprehensive Income and Expenditure Statement.

The Group is required by legislation to operate a Pension Fund Account and the amounts that must be paid into and paid out of the Pension Fund are specified by regulation. Officer’s contributions and the employer’s contribution are paid into the pension’s account from which pension payments are then made. The account is topped up as necessary by a grant from the Home Office if the contributions are insufficient to meet the cost of pension’s payments. Any surplus is recouped by the Home Office. Injury awards and the capital costs associated with ill health retirements are paid from the Group’s Comprehensive Income and Expenditure Statement.

The pension fund account does not take account of the obligation to pay pensions and benefits which fall due after the end of the financial year.

b) Police Staff and PCSO’s

Police staff and PCSO’s, subject to certain qualifying criteria, are eligible to join the Local Government Pension Scheme administered by Derbyshire County Council. It is a defined benefit occupational pension scheme. Pensions and other retirement benefits earned prior to 1 April 2014 are based on final salaries, benefits earned after that date are calculated on earnings accrued in a scheme year. Employers and employees make regular contributions into the fund, which are invested in various types of assets, so that the liabilities are paid for evenly over the employment period. Actuarial valuations of the fund are undertaken every three years to determine the contributions rates needed to meet its liabilities.

For both schemes the liabilities are included in the Balance Sheet on an actuarial basis using the projected unit method (an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates, etc., and projections of projected earnings for current employees). Liabilities are discounted to their value at current prices, using a discount rate. The Discount Rate used is based on the ‘current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities’, which is often referred to as AA Corporate Bond Rate.

Assets in the Local Government Pension scheme are included in the net pension liability in the Balance Sheet at their fair value: -

- Quoted and Unitised Securities – Current Bid Price.
- Unquoted Securities – Professional Estimate.
- Property – Market Value.

The changes in the net pensions’ liability are analysed into the following components:

Service cost comprising:

- Current service cost – the increase in liabilities as a result of one additional year of service earned this year – allocated to the Comprehensive Income and Expenditure Statement.
- Past service cost – the increase in liabilities as a result of scheme amendment or curtailment whose effect relates to years of service earned in earlier years – debited to the Surplus or Deficit on the Provision of Services in the Comprehensive Income and Expenditure Statement as part of non-distributed costs.
- Net interest expense – the change during the period in the net defined liability (asset) arising from the passage of time charged to Financing & Investment Income & Expenditure line, taking into account changes in net defined benefit liability (asset) during the period as a result of contribution and benefit payments

Remeasurements comprising:

- Return on plan assets – excluding amounts included above in net interest, charged to Pensions Reserve as Other Comprehensive Income & Expenditure

- Actuarial gains and losses – changes in the net pensions liability that arise because events have not coincided with assumptions made at the last actuarial valuation or because the actuaries have updated their assumptions – debited to the Pensions Reserve as Other Comprehensive Income & Expenditure.
- Contributions paid to the pension fund.

Discretionary Benefits

The Group also has restricted powers to make discretionary awards of retirement benefits in the event of early retirements. Any liabilities estimated to arise as a result of an award to any member of staff are accrued in the year of the decision to make the award.

Events after the Balance Sheet Date

These are events that occur between the end of the reporting period and the date when the financial statements are authorised for issue. The Group will report these in the following way if it is determined that the event has had a material effect on the Group's financial position: -

- Events which provide evidence of conditions that existed at the end of the reporting period will be adjusted and included within the figures in the accounts.
- Events that are indicative of conditions that arose after the reporting will be reported in the narrative notes to the accounts.

Events taking place after the date of authorisation for issue are not reflected in the Statement of Accounts.

Financial Instruments - Liabilities and Assets

Financial liabilities are recognised on the Balance Sheet when the Group becomes a party to the contractual provisions of a financial instrument and are initially measured at fair value and carried at their amortised cost. Annual charges to the Financing and Investment Income and Expenditure line in the Comprehensive Income and Expenditure Statement for interest payable are based on the carrying amount of the liability, multiplied by the effective rate of interest for the instrument. For most of the borrowings that the Group has, this means that the amount presented in the Balance Sheet is the outstanding principal repayable (plus accrued interest) and interest charged to the Comprehensive Income and Expenditure Statement is the amount payable for the year in the loan agreement.

The Group has not undertaken any repurchasing or early settlement of borrowing.

Financial assets are classified based on a classification and measurement approach that reflects the business model for holding the financial assets and their cash flow characteristics. The group only holds financial assets measured at amortised cost (loans and receivables)

Loans and receivables are recognised on the Balance Sheet when the Group becomes party to the contractual provisions of a financial instrument and are initially measured at fair value and carried at their amortised cost. Annual credits to the Financing and Investment Income and Expenditure line in the Comprehensive Income and Expenditure Statement for interest receivable are based on the carrying amount of the asset multiplied by the effective rate of interest for the instrument. For most of the loans that the Group has made, this means that the amount presented in the Balance Sheet is the outstanding principal receivable (plus accrued interest) and interest credited to the Comprehensive Income and Expenditure Statement is the amount receivable for the year in the loan agreement.

Government Grants & Contributions

Whether paid on account, by instalments or in arrears, Government Grants and third-party contributions and donations are recognised as due to the Group when there is reasonable assurance that: -

- The Group will comply with the conditions attached to the payments.
- The grants or contributions will be received

Amounts recognised as due to the Group are not credited to the Comprehensive Income and Expenditure Statement until conditions attached to the grant or contribution has been satisfied. Conditions are stipulations that specify that the future economic benefit or service potential embodied in the asset acquired using the grant or contribution are required to be consumed by the recipient as specified, or future economic benefits or service potential must be returned to the transferor.

Monies advanced as grants and contributions for which conditions have not been satisfied are carried in the Balance Sheet as creditors. When conditions are satisfied, the grant or contribution is credited to the Net Cost of Services (attributable revenue grants and contributions) or Taxation and Non-Specific Grant

Income (non ring-fenced grants and all capital grants) in the Comprehensive Income and Expenditure Statement.

Where capital grants are credited to the Comprehensive Income and Expenditure Statement, they are reversed out of the General Reserve Balance in the Movement in Reserves Statement. Where the grant has yet to be used to finance capital expenditure, it is posted to the Capital Grants Unapplied Reserve. Where it is applied, it is posted to the Capital Adjustment Account. Amounts in the Capital Grants Unapplied reserve are transferred to the Capital Adjustment Account once they have been applied to fund capital expenditure.

Non-Current Assets - Property, Plant and Equipment

Assets that have physical substance and are held for use in the provision of services or for administrative purposes and that are expected to be used during more than one financial year are classified as Property, Plant and Equipment.

Recognition and Measurement

Expenditure on the acquisition, creation or enhancement of assets is capitalised on an accrual's basis, provided that it yields benefits to the Group and the services it provides for more than one financial year and that the cost of the item can be measured reliably.

Assets are initially measured at cost, comprising the purchase price and any costs attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are then carried in the Balance Sheet using the following measurement bases:

- Land, property and other operational assets are included in the Balance Sheet at fair value (existing use value). Operational assets can either be specialised or non-specialised. Specialised Assets, where there is no market-based evidence of current value because of their specialist nature, are valued at Depreciated Replacement Cost (DRC) as an estimate for fair value. The assets to be classified as specialised property relate to the operational custody suites situated within the various properties, the Dog Section and the Multi-Purpose Hall. In cases where there is only a small number of cells, or where cells are now out of use, these have not been treated as specialised properties.
- Surplus assets are included at the current value measurement base (fair value), estimated at highest and best use from a market participant's perspective.
- Assets under construction are held in the Balance Sheet at historical cost until completed, whereupon they will be valued and included in the Balance Sheet as operational assets.

Where non-property assets have short useful lives or low values (or both), depreciated historical cost basis is used as a proxy for fair value e.g. Vehicles, IT and Communications equipment and other equipment.

Revaluation

Assets included in the Balance Sheet at fair value are revalued sufficiently regularly to ensure that the carrying amount is not materially different from their fair value but as a minimum every five years. Increases in valuations are matched by credits to the Revaluation Reserve to recognise unrealised gains. Occasionally, gains might be credited to the Comprehensive Income and Expenditure Statement where they arise from the reversal of an impairment loss previously charged to the account.

Where decreases in value are identified, they are accounted for by: -

- Where there is a balance of revaluation gains for the asset in the Revaluation Reserve, the carrying amount of the asset is written down against that balance (up to the amount of the accumulated gains)
- Where there is no balance in the Revaluation Reserve or an insufficient balance, the carrying amount of the asset is written down in the Comprehensive Income and Expenditure Statement.

The Revaluation Reserve contains revaluation gains recognised since 1 April 2007 only, the date of its formal implementation. Gains arising before that date have been consolidated into the Capital Adjustment Account.

Impairments

Assets are assessed at each year end as to whether there is any indication that an asset may be impaired. Where indications exist and any possible differences are estimated to be material, the recoverable amount of the asset is estimated and, where this is less than the carrying amount of the asset, an impairment loss is recognised for the shortfall. Where impairment losses are identified, they are accounted for by:

- Where there is a balance of revaluation gains for the asset in the Revaluation Reserve, the carrying amount of the asset is written down against that balance (up to the amount of the accumulated gains).

- Where there is no balance in the Revaluation Reserve or an insufficient balance, the carrying amount of the asset is written down in the Comprehensive Income and Expenditure Statement.

Where an impairment loss is reversed subsequently, the reversal is credited to the Comprehensive Income and Expenditure Statement, up to the amount of the original loss, adjusted for depreciation that would have been charged if the loss had not been recognised.

Depreciation

Depreciation is provided on a straight-line basis for all Property, Plant, Vehicles and Equipment assets by the systematic allocation of their depreciable amounts over their useful lives, as advised by a suitably qualified advisor. An exception is made for assets without a determinable finite useful life (i.e. freehold land) and assets that are not yet available for use (i.e. assets under construction).

Vehicles	Over the life of the asset (3-10 years)
Equipment/furniture	Over the life of the asset (3-20 years)
IT/Communications Equipment	Over the life of the asset (2-10 years) - Majority of assets are 5 years
All Buildings	Over the life of the asset (10-50 years)

Component Accounting – where an item of Property, Plant and Equipment asset has major components whose cost is significant in relation to the total cost of the item, the components are depreciated separately. The component is judged to be significant where the replacement value is above £0.5m or 25% of the asset.

It is the Group's policy not to charge depreciation in the year of acquisition but a full year's charge is made in the year of disposal. Depreciation is charged to the Comprehensive Income and Expenditure Statement and is reversed out through the Movement in Reserves Statement.

Revaluation gains are also depreciated, with an amount equal to the difference between current value depreciation charged on assets and the depreciation that would have been chargeable based on their historical cost being transferred each year from the Revaluation Reserve to the Capital Adjustment Account.

Disposals and Assets held for sale

When a non-current asset is planned to be disposed of, it is reclassified as an Asset held for sale. To be reclassified it must meet the following criteria: -

- The asset must be available for immediate sale in its present condition subject to terms that are usual and customary for sales of such assets.
- The sale must be highly probable (with management commitment to sell and active marketing of the asset initiated).
- It must be actively marketed for a sale at a price that is reasonable in relation to its current fair value.
- The sale should be expected to qualify for recognition as a completed sale within one year.

The asset is revalued immediately before reclassification and then carried at the lower of this amount and fair value less costs to sell. Where there is a subsequent decrease to fair value less costs to sell, the loss is posted to the Other Operating Expenditure line in the Comprehensive Income and Expenditure Statement. Gains in fair value are recognised only up to the amount of any previous losses in the Comprehensive Income and Expenditure Statement.

Depreciation is not charged on Assets Held for Sale.

If assets no longer meet the criteria to be classified as Assets Held for Sale, they are reclassified back to non-current assets and valued at the lower of their carrying amount before they were classified as held for sale; adjusted for depreciation, amortisation or revaluations that would have been recognised had they not been classified as Held for Sale, and their recoverable amount at the date of the decision not to sell.

Assets that are abandoned or scrapped are not reclassified as Assets Held for Sale.

When an asset is disposed of or decommissioned, the carrying amount of the asset in the Balance Sheet is written off to the Other Operating Expenditure line in the Comprehensive Income and Expenditure Statement as part of the gain or loss on disposal. Receipts from disposals (if any) are credited to the same line in the Comprehensive Income and Expenditure Statement as part of the gain or loss on disposal (i.e. netted off against the carrying value of the asset at the time of the disposal). Any revaluation gains accumulated for the asset in the Revaluation Reserve are transferred to the Capital Adjustment Account.

Amounts received for a disposal in excess of £10,000 are categorised as capital receipts. The balance of receipts is required to be credited to the Capital Receipts Reserve and can then only be used to finance new capital investment or set aside to reduce the Group's underlying need to borrow (the capital financing requirement). Receipts are appropriated to the Reserve from the General Reserve Balance in the Movement in Reserves Statement.

The written off value of disposals is not a charge against council tax, as the cost of fixed assets is fully provided for under separate arrangements for capital financing. Amounts are appropriated to the Capital Adjustment Account from the General Reserve Balance in the Movement in Reserves Statement.

Non-Current Assets - Intangible Assets

Expenditure on non-monetary assets that do not have physical substance but are identifiable and controlled by the Group as a result of past events (e.g. software licences), are capitalised when it is expected that future economic benefits or service potential will flow from the intangible asset to the Group.

Expenditure on the development of websites is not capitalised if the website is solely or primarily intended to provide information on policing matters.

Intangible assets are measured at cost. Amounts are only revalued where the fair value of the assets held by the Group can be determined by reference to an active market. In practice, no intangible asset held by the Group meets this criterion, and they are therefore carried at amortised cost. The depreciable amount of an intangible asset is amortised to the Comprehensive Income and Expenditure Statement over its useful life. Amortisation, as with depreciation, commences in the financial year following that in which they are received. Amortisation is not permitted to have any impact on the General Reserve Balance; it is therefore reversed through the Movement in Reserves Statement and posted to the Capital Adjustment Account.

Charges to Revenue for Non-Current Assets

The Comprehensive Income and Expenditure Statement is debited with the following amounts to record the cost of holding non-current assets during the year: -

- Depreciation attributable to the assets used.
- Revaluation and impairment losses on assets where there are no accumulated gains in the Revaluation Reserve against which the losses can be written off.
- Amortisation of intangible fixed assets.

The Group is not required to raise council tax to cover depreciation, revaluation and impairment losses or amortisations. However, it is required to make an annual provision from revenue to contribute towards the reduction in its overall borrowing requirement (Minimum Revenue Provision (MRP)). An annual statement for the policy on making MRP is required in accordance with statutory guidance; this should be calculated on a prudent basis. The policy for Derbyshire is: -

- For Supported Capital Expenditure, the MRP Policy will be based on the remaining life of the Capital Financing Requirement (CFR) using the annuity method (PWLB annuity rates)
- For unsupported borrowing the MRP policy will be based on the estimated life of the assets using the annuity method (PWLB annuity rates)
- For PFI contracts that are deemed to be on Balance Sheet, the MRP will be based on the estimated life of the PFI assets using the annuity method (PWLB annuity rates)
- For leases the MRP requirement would be regarded as met by a charge equal to the element of the charge that goes to write down the Balance Sheet liability.

Depreciation, revaluation and impairment losses and amortisations are therefore replaced by revenue provision in the Movement in Reserves Statement, by way of an adjusting transaction with the Capital Adjustment Account in the Movement in Reserves Statement for the difference between the two.

Revenue Expenditure Funded from Capital under Statute

Expenditure incurred during the year that may be capitalised under statutory provisions but does not result in the creation of a non-current asset has been charged as expenditure to the Comprehensive Income and Expenditure Statement in the year. Where the Group has determined to meet the cost of this expenditure from existing capital resources or by borrowing, a transfer in the Movement in Reserves Statement from the General Reserve Balance to the Capital Adjustment Account then reverses out the amounts charged so there is no impact on the level of council tax.

Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The term of the lease is determined using the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which is reasonably certain to be exercised.

The Group as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, we recognise a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term (dilapidations).

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the PWLB annuity rate is applied that relates to the length of the lease term.

We do not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £10,000, excluding any irrecoverable VAT.

Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, we employ a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

Where land and buildings assets are revalued, current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Leased plant and machinery and furniture and fittings are shorter-term leases and so the cost model is applied and these are measured at depreciated at historic cost.

We subsequently measure the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Dismantling, removal and restoration costs will not apply to all leases. If a lease has 30 years or more to run, we will not be including these costs. For leases where they are relevant, they will not necessarily be specified in the lease but can be implicit. Relevant leases will be categorised, the costs will be calculated using a blended rate and floor area. For more specific complexities a bespoke approach will be applied.

Depreciation

The depreciation of right of use assets is based on the lesser of the lease term and the useful life of the asset, unless we expect to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets in line with IFRS 16, Leases.

Revaluation gains/losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

Impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

The Group as a lessor

We assess each of our leases and classify them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance Leases

Where an asset is identified as a finance lease, and where the Group is the lessor, it will be written out of the Balance Sheet as a disposal. The carrying amount is written off to Other Operating Expenditure as part of the gain or loss on disposal. A gain, representing the authority's net investment in the lease, is credited to the same line, matched by a lease (long-term debtor) asset in the Balance Sheet. The lease rentals received write-down the lease debtor and the finance income is credited to the Financing & Investment Income & Expenditure line.

Rental income from finance leases entered into after the 1 April 2010 should be treated as a capital receipt.

Operating Leases

An asset identified as an operating lease, and where the Group is the lessor, shall be retained in the Balance Sheet. Rental income is credited to the Comprehensive Income and Expenditure Statement. Credits are made on a straight-line basis over the term of the lease.

Private Finance Initiative (PFI) and Similar Contracts

The Group entered into two PFI arrangements, Ilkeston Police Station and St Mary's Wharf DHQ at Derby. The first affected the accounts from 1998/99, the second from 2000/01. Both have a continuing commitment by the Group for 30 years. PFI contracts are agreements to receive services, where the responsibility for making available the non-current assets needed to provide the services passes to the PFI contractor. As the Group is deemed to control the services that are provided under its PFI schemes and has control over the residual interest in the property at the end of the arrangement (if exercised), the Group carries the non-current assets under the contracts on the Balance Sheet as part of Property, Plant and Equipment.

An early exit from the Ilkeston Police Station PFI arrangement was completed on 7th November 2023 when Derbyshire Police purchased the property.

The original recognition of these assets at fair value was balanced by the recognition of a liability for amounts due to the scheme operator to pay for the capital investments.

PFI assets recognised on the Balance Sheet are revalued and depreciated in the same way as property, plant and equipment owned by the Group.

The amounts payable to the PFI operators each year should be analysed into five elements: -

- Fair value of the services received during the year – debited to the Comprehensive Income and Expenditure Statement.
- Finance cost – an interest charge of 9.114% for Ilkeston PFI and 7.917% for Derby PFI on the outstanding Balance Sheet Liability, debited to the Financing and Investment Income and Expenditure line in the Comprehensive Income and Expenditure Statement.
- Contingent rent – increases in the amount to be paid for the property arising during the contract. For both the Group's PFI schemes there is no contingent rent as the property element of the fee paid to the PFI operator is not indexed.
- Payment towards liability – applied to write down the Balance Sheet liability towards the PFI operator. This is also the MRP charge for PFI schemes.
- Lifecycle replacement costs – recognised as fixed assets on the Balance Sheet if the costs are of a capital nature or if the costs are revenue debited to the Comprehensive Income and Expenditure Statement.

Provisions, Contingent Liabilities and Contingent Assets

Provisions – these are required for liabilities that have been incurred but are of uncertain timing or amount. There are three criteria:

- The Group has a present obligation (legal or constructive) as a result of a past event.
- It is more likely than not that money will be needed to settle the obligation.
- A reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the Comprehensive Income and Expenditure Statement in the year that the Group becomes aware of the obligation and are measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year – where it becomes less than probable that a transfer of economic benefits will now be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the Comprehensive Income and Expenditure Statement.

Where some or all of the payment required to settle a provision is expected to be met by another party (e.g. from an insurance claim), the income is only recognised as income if it is virtually certain that reimbursement will be received when the obligation is settled.

Provisions contained within the Balance Sheet are split between current liabilities (those which are estimated to be settled within the next 12 months) and non-current liabilities (those which are estimated to be settled in a period greater than 12 months).

Contingent Liabilities – this arises where an event has taken place that gives the Group a possible obligation whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Group. Contingent liabilities also arise in circumstances where a provision would otherwise be made but either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent liabilities are not recognised in the Balance Sheet but disclosed in a note to the accounts.

Contingent Asset – this arises where an event has taken place that gives the Group a possible asset whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Group.

Contingent assets are not recognised in the Balance Sheet but disclosed in a note to the accounts where it is probable that there will be an inflow of economic benefits or service potential.

Reserves

Usable Reserves - the Group's General Revenue Balances are held in the General Reserve. The Group also maintains a number of specific 'earmarked' reserves for future expenditure on either policy purposes or to cover contingencies. Reserves are created by appropriating amounts out of the General Reserve

Balance. When revenue expenditure to be financed from a reserve is incurred, it is charged to the Comprehensive Income and Expenditure Statement. The relevant reserve is then debited with an equivalent amount which is appropriated back into the General Reserve Balance so that the expenditure is not charged against Council Tax.

Also held under usable reserves are those that support the financing of capital (Capital receipts reserve and Capital Grants unapplied).

Unusable Reserves - certain reserves/accounts are kept to manage the accounting processes for non-current assets (Capital Adjustment Account, Revaluation Reserve, Deferred Capital Receipts), retirement and employee benefits (Pensions Reserve, Short term Accumulating Compensated Absences Account) and Accounting for local taxes (Collection Fund Adjustment Account). These do not represent usable resources for the Group.

Value Added Tax (VAT)

The Comprehensive Income and Expenditure Statement excludes any amounts related to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from them.

Jointly Controlled Operations

Jointly controlled operations are activities undertaken by the Group in conjunction with other venturers that involve the use of the assets and resources of the venturers rather than the establishment of a separate entity. The Group recognises on its Balance Sheet the assets that it controls and the liabilities that it incurs and debits and credits the Comprehensive Income and Expenditure Statement with the expenditure it incurs and the share of income it earns from the activity of the operation.

Joint Ventures

Joint Ventures are arrangements under which two or more parties have contractually agreed to share control, such that decisions about activities that significantly affect returns require the unanimous consent of the parties sharing control, and joint ventures have rights to the net assets of the arrangement. Joint Ventures have their own legal entity. They are accounted for using the equity method in the Group Accounts.

The Joint Venture between Derbyshire Police and Derbyshire Fire and Rescue Service was formed under a Limited Liability Partnership (LLP). The Joint Venture operates an Income and Expenditure Account, the LLP Board can re-distribute 75% of any profits back to partners (Police and Fire), they also have discretion to re-distribute a further 25%.

CHIEF CONSTABLE STATEMENT OF ACCOUNTING POLICIES

Accounting Policies

General Principles

These financial statements have been prepared in accordance with the Code of Practice (the Code) on Local Authority Accounting in the United Kingdom issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Accounts and Audit Regulations 2015. The accounting policies contained in the Code apply International Financial Reporting Standards (IFRS) as adapted for the public sector by the International Public Sector Accounting Standards (IPSAS).

The accounts have been prepared on a going concern basis using a historic cost convention, modified to account for the revaluation of certain categories of tangible fixed assets and financial liabilities.

The concept of a going concern assumes that the functions of the Constabulary will continue in operational existence for the foreseeable future. The provisions in the Code (CODE OF PRACTICE ON LOCAL AUTHORITY ACCOUNTING IN THE UNITED KINGDOM 2024/25) in respect of going concern reporting requirements reflect the economic and statutory environment in which policing services operate. These provisions confirm that, as policing services cannot be created or dissolved without statutory prescription, they must prepare their financial statements on a going concern basis of accounting.

Policing services carry out functions essential to the local community and are themselves revenue-raising bodies (with limits on their revenue-raising powers arising only at the discretion of central government). If a police authority were in financial difficulty, the prospects are thus that alternative arrangements might be made by central government either for the continuation of the functions it provides or for assistance with the recovery of a deficit over more than one financial year. As a result of this, it would not therefore be appropriate for the financial statements to be provided on anything other than a going concern basis.

The accounts are therefore prepared on a going concern basis, on the assumption that the functions of the PCC and Chief Constable will continue in operational existence for the foreseeable future from the date that the accounts are authorised for issue.

Consolidation

The Accounting Policies below also reflect the powers and responsibilities of the Chief Constable as designated by the Police Reform and Social Responsibility Act 2011 and the Home Office Financial Management Code of Practice for the Police Service, England and Wales 2013. The Accounting policies defined here are consistent with local regulations, local agreement and practice as well as the PCC Group policies.

The Accounts cover the 12 months to 31 March 2025.

Cost and income intra-group recognition

All external income is received by the Commissioner (PCC), the PCC holds the Police Fund and all related financial reserves and cash balances. The PCC provides an annual budget to the Chief Constable. All resources consumed at the request of the Chief Constable are funded by the PCC, including the wages of police officers and staff, and no actual cash transactions take place between the two entities.

From an accounting perspective costs and income are recognised in the accounts of the Chief Constable to reflect the financial resources consumed and economic benefit derived in the direction and control of day to day policing at the request of the Chief Constable to deliver the Police and Crime plan. For example, an economic benefit is recognised to reflect the utilisation of PCC owned fixed assets which mirrors depreciation of property.

Any costs and income relating to the Office of the PCC and the commissioning activities of the PCC remain in the Comprehensive Income and Expenditure Statement (CIES) of the PCC.

An intra-group funding adjustment is recognised in the CIES of the accounts of the Chief Constable to represents a recharge from the PCC for the costs and income consumed by the Chief Constable. This is cancelled out with a corresponding entry in the CIES of the PCC when the Group accounts are consolidated.

In addition, the accounts for the Chief Constable reflect the employment and post-employment liabilities in accordance with IAS19 which states that liabilities relating to these benefits should follow the cost of employment.

The Chief Constable's Total CIES reflects the movement in the Chief Constable's unusable reserves as all other net expenditure is met by a transfer of resources from the PCC and no usable reserves are held by the Chief Constable.

Accruals of Expenditure

Activity is accounted for in the year it takes place, not simply when cash payments are made: -

- Supplies are recorded as expenditure when they are consumed.
- Expenses in relation to services received (including services provided by employees) are recorded as expenditure when the services are received rather than when payments are made.
- Short term compensated absences are recognised in the Income and Expenditure Statement in the period in which officers or staff render the service which entitles them to the benefit, not necessarily when they receive the benefit. The cost of leave earned, but not taken at the end of the financial year is recognised in the financial statements of the Chief Constable to the extent that staff are entitled to carry forward a limited amount of leave into the following year.

Fair Value Measurement

Some of the non-financial assets, such as surplus assets and some financial instruments are measured at fair value at each reporting date. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either: -

- In the principal market for the asset or liability; or
- In the absence of a principal market, in the most advantageous market for the asset or liability.

The fair value of an asset or liability is measured using the assumptions that market participants would use when pricing the asset or liability, assuming that market participants act in their economic interest. When measuring the fair value of a non-financial asset, the market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use is taken into account.

Valuation techniques used are those appropriate in the circumstances and for which sufficient data is available, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Inputs to the valuation techniques in respect of assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, as follows: -

- Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities that can be accessed at the measurement date.
- Level 2 – inputs other than quoted process included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 – unobservable inputs for the assets or liability.

Exceptional Items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Comprehensive Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the Chief Constable's financial performance.

Prior Period Adjustments, Changes in Accounting Policies and Estimates and Errors

Prior period adjustments may arise as a result of a change in accounting policies or to correct a material error. Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change and do not give rise to a prior period adjustment.

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Chief Constable's position or financial performance. Where a change is made, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

Employee Benefits

The Accounts are prepared in accordance with IAS19 *Employee Benefits*. This is a complex accounting standard but it is based on a simple principle that:

“An organisation should account for employment and post-employment benefits when employees earn them and the authority is committed to give them, even if the actual giving will be many years into the future”.

IAS 19 applies to all types of employee benefits paid including benefits payable during employment, termination benefits and post-employment benefits.

Benefits Payable During Employment

Short-term employee benefits are those due to be settled within 12 months of the year end. They include such benefits as salaries, paid annual leave and paid sick leave, expenses, bonuses and non-monetary benefits (e.g. cars) for current employees and are recognised as an expense for services in the year in which employees render service to the Chief Constable. An accrual is made for the cost of holiday entitlements (or any form of leave, e.g. time off in lieu) earned by employees but not taken before the year end which employees can carry forward into the next financial year. The accrual is charged to Comprehensive Income and Expenditure Statement (as a surplus/deficit on Provision of Services), but then reversed out through the Movement in Reserves Statement to the Short Term Accumulating Compensated Absences Account so that holiday benefits are charged to revenue in the financial year in which the holiday absence occurs.

Termination Benefits

Termination benefits are amounts payable as a result of a decision by the Chief Constable to terminate an employee's employment before the normal retirement date or an employee's decision to accept voluntary redundancy and are charged on an accruals basis to the Comprehensive Income and Expenditure Statement when the Chief Constable is demonstrably committed to the termination of the employment of an employee or group of employees or making an offer to encourage voluntary redundancy.

Where termination benefits involve the enhancement of pensions, statutory provisions require the general fund balance to be charged with the amount payable by the Group to the pension fund or pensioner in the year, not the amount calculated according to the relevant accounting standards. In the Movement in Reserves Statement, appropriations are required to and from the pensions reserve to remove the notional debits and credits for pension enhancement termination benefits and replace them with debits for the cash paid to the pension fund and pensioners and any such amounts payable but unpaid at the year-end.

Post-employment benefits

The main effect of IAS19 in relation to post-employment benefits is the recognition of the net liability and a pensions reserve in the Balance Sheet and entries in the Comprehensive Income and Expenditure Statement for movements in the liability relating to the employee pension schemes in which the Chief Constable participates (with reconciling entries in the Movement in Reserves Statement back to the true cost of pensions).

IAS19 relies on the recognition of pension's liabilities (being the retirement benefits promised measured on an actuarial basis) and assets (being the Chief Constable's share of investments (if any)).

The Chief Constable participates in two different pension schemes both of which are “defined benefit schemes” as they are both based on employees earning benefits from years of service.

a) Police Officers

This scheme is unfunded. This means it provides pensions and other retirement benefits for police officers based on final salaries but there are no investment assets built up to meet the pensions liabilities.

The funding arrangements for the police officers pension scheme changed on 1 April 2006. Before April 2006 each Police Authority was responsible for paying the pensions of its former officers on a “pay as you go” basis. From April 2006 there is now an employer's contribution instead (currently the equivalent of 31% of pensionable salary) which is charged to the Comprehensive Income and Expenditure Statement.

The Chief Constable is required by legislation to operate a Pension Fund Account and the amounts that must be paid into and paid out of the Pension Fund are specified by regulation. Officer's contributions and the employer's contribution are paid into the pension's account from which pension payments are then made. This will be topped up as necessary by the Home Office if the contributions are insufficient to meet

the cost of pension's payments. Any surplus will be recouped by the Home Office. Injury awards and ill health retirements will continue to be paid from the Chief Constable's Comprehensive Income and Expenditure Statement.

The pension fund account does not take account of the obligation to pay pensions and benefits which fall due after the end of the financial year.

b) Police Staff and PCSO's

Police staff and PCSO's, subject to certain qualifying criteria, are eligible to join the Local Government Pension Scheme administered by Derbyshire County Council. It is a defined benefit occupational pension scheme. Pensions and other retirement benefits earned prior to 1 April 2014 are based on final salaries, benefits earned after that date are calculated on earnings accrued in a scheme year. Employers and employees make regular contributions into the fund, which are invested in various types of assets, so that the liabilities are paid for evenly over the employment period. Actuarial valuations of the fund are undertaken every three years to determine the contributions rates needed to meet its liabilities.

For both schemes the liabilities are included in the Balance Sheet on an actuarial basis using the projected unit method (an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates, etc., and projections of projected earnings for current employees). Liabilities are discounted to their value at current prices, using a discount rate. The Discount Rate used is based on the 'current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities', which is often referred to as AA Corporate Bond Rate.

Assets in the Local Government Pension scheme are included in the Balance Sheet at their fair value: -

- Quoted and Unquoted Securities – Current Bid Price.
- Unquoted Securities – Professional Estimate.
- Property – Market Value.

The changes in the net pensions' liability are analysed into the following components:

Service cost comprising:

- Current service cost – the increase in liabilities as a result of one additional year of service earned this year – allocated to the Comprehensive Income and Expenditure Statement.
- Past service cost – the increase in liabilities as a result of scheme amendment or curtailment whose effect relates to years of service earned in earlier years – debited to the Surplus or Deficit on the Provision of Services in the Comprehensive Income and Expenditure Statement as part of non-distributed costs.
- Net interest expense – the change during the period in the net defined liability (asset) arising from the passage of time charged to Financing & Investment Income & Expenditure line, taking into account changes in net defined benefit liability (asset) during the period as a result of contribution and benefit payments

Remeasurement comprising:

- Return on plan assets – excluding amounts included above in net interest, charged to Pensions Reserve as Other Comprehensive Income & Expenditure
- Actuarial gains and losses – changes in the net pensions liability that arise because events have not coincided with assumptions made at the last actuarial valuation or because the actuaries have updated their assumptions – debited to the Pensions Reserve as Other Comprehensive Income & Expenditure.
- Contributions paid to the pension fund.

The Chief Constable's accounts include the pension costs, assets and liabilities for all staff, including those employed directly by the Commissioner. The scheme assets and liabilities for the two corporation soles are pooled, any pro rata would not be accurate as valuing the fund is based on various assumptions. The effect of including all of the pension figures in the Chief Constable's accounts has no material effect on the accounts.

Discretionary Benefits

The Chief Constable also has restricted powers to make discretionary awards of retirement benefits in the event of early retirements. Any liabilities estimated to arise as a result of an award to any member of staff are accrued in the year of the decision to make the award.

Events after the Balance Sheet Date

These are events that occur between the end of the reporting period and the date when the financial statements are authorised for issue. The Chief Constable will report these in the following way if it is determined that the event has had a material effect on the Chief Constable's financial position: -

- Events which provide evidence of conditions that existed at the end of the reporting period will be adjusted and included within the figures in the accounts.
- Events that are indicative of conditions that arose after the reporting will be reported in the narrative notes to the accounts.

Events taking place after the date of authorisation for issue are not reflected in the Statement of Accounts.

Non-Current Assets – Vehicles, Plant, Furniture, Equipment and Assets under Construction

Assets that have physical substance and are held for use in the provision of services or for administrative purposes and that are expected to be used during more than one financial year are classified as Vehicles, Plant, Furniture and Equipment.

Recognition and Measurement

Expenditure on the acquisition, creation or enhancement of assets is capitalised on an accrual's basis, provided that it yields benefits and the services it provides for more than one financial year and that the cost of the item can be measured reliably.

Assets are initially measured at cost, comprising the purchase price and any costs attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets under construction are held in the Balance Sheet at historical cost until completed, whereupon they will be included in the Balance Sheet as operational assets.

Where assets have short useful lives or low values (or both), depreciated historical cost basis is used as a proxy for fair value e.g. vehicles, IT and communications equipment.

Impairments

Assets are assessed at each year end as to whether there is any indication that an asset may be impaired. Where indications exist and any possible differences are estimated to be material, the recoverable amount of the asset is estimated and, where this is less than the carrying amount of the asset, an impairment loss is recognised for the shortfall. Where impairment losses are identified, these are debited to the Comprehensive Income and Expenditure Statement.

Where an impairment loss is reversed subsequently, the reversal is credited to the Comprehensive Income and Expenditure Statement, up to the amount of the original loss, adjusted for depreciation that would have been charged if the loss had not been recognised.

Depreciation

Depreciation is provided for on all Vehicles, Plant, Furniture and Equipment assets on a straight-line basis by the systematic allocation of their depreciable amounts over their useful lives, as advised by a suitable qualified advisor. An exception is made for assets that are not yet available for use (i.e. assets under construction).

Vehicles	Over the life of the asset (3-10 years)
Equipment/furniture	Over the life of the asset (3-20 years)
IT/Communications Equipment	Over the life of the asset (2-10 years) - Majority of assets are 5 years

It is policy not to charge depreciation in the year of acquisition but a full year's charge is made in the year of disposal. Depreciation is charged to the Comprehensive Income and Expenditure Statement and is reversed out through the Movement in Reserves Statement.

Disposals

When an asset is disposed of or decommissioned, the carrying amount of the asset in the Balance Sheet is written off to the Other Operating Expenditure line in the Comprehensive Income and Expenditure Statement as part of the gain or loss on disposal.

Non-Current Assets - Intangible Assets

Expenditure on non-monetary assets that do not have physical substance but are identifiable and controlled by the Chief Constable as a result of past events (e.g. software licences), are capitalised when it is expected that future economic benefits or service potential will flow from the intangible asset to the Chief Constable.

Expenditure on the development of websites is not capitalised if the website is solely or primarily intended to provide information on policing matters.

Intangible assets are measured at cost. Amounts are only revalued where the fair value of the assets held can be determined by reference to an active market. In practice, no intangible asset held meets this criterion, and they are therefore carried at amortised cost. The depreciable amount of an intangible asset is amortised to the Comprehensive Income and Expenditure Statement over its useful life. Amortisation, as with depreciation, commences in the financial year following that in which they are received. Amortisation is not permitted to have any impact on the General Reserve Balance; it is therefore reversed through the Movement in Reserves Statement and posted to the Capital Adjustment Account.

Charges to Revenue for Non-Current Assets

The Comprehensive Income and Expenditure Statement is debited with the following amounts to record the cost of holding non-current assets during the year: -

- Depreciation attributable to the assets used.
- Amortisation of intangible fixed assets.

The Chief Constable is not required to raise council tax to cover depreciation or amortisations.

Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The term of the lease is determined using the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which is reasonably certain to be exercised.

The Group as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, we recognise a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term (dilapidations).

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the PWLB annuity rate is applied that relates to the length of the lease term.

We do not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £10,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, we employ a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

Where land and buildings assets are revalued, current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost.

Leased plant and machinery and furniture and fittings are shorter-term leases and so the cost model is applied and these are measured at depreciated at historic cost.

We subsequently measure the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Dismantling, removal and restoration costs will not apply to all leases. If a lease has 30 years or more to run, we will not be including these costs. For leases where they are relevant, they will not necessarily be specified in the lease but can be implicit. Relevant leases will be categorised, the costs will be calculated using a blended rate and floor area. For more specific complexities a bespoke approach will be applied.

Depreciation

The depreciation of right of use assets is based on the lesser of the lease term and the useful life of the asset, unless we expect to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets in line with IFRS 16, Leases.

Revaluation gains/losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

Impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

The Group as a lessor

We assess each of our leases and classify them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance Leases

Where an asset is identified as a finance lease, and where the Chief Constable is the lessor, it will be written out of the Balance Sheet as a disposal. The carrying amount is written off to Other Operating Expenditure as part of the gain or loss on disposal. A gain, representing the authority's net investment in the lease, is credited to the same line, matched by a lease (long-term debtor) asset in the Balance Sheet. The lease rentals received write-down the lease debtor and the finance income is credited to the Financing & Investment Income & Expenditure line.

Rental income from finance leases entered into after 1 April 2010 should be treated as a capital receipt and recognised in the accounts of the Commissioner and Group.

Operating Leases

An asset identified as an operating lease, and where the Chief Constable is the lessor, shall be retained in the Balance Sheet. Rental income is credited to the Comprehensive Income and Expenditure Statement. Credits are made on a straight-line basis over the term of the lease.

Provisions, Contingent Liabilities and Contingent Assets

Provisions – these are required for liabilities that have been incurred but are of uncertain timing or amount. There are three criteria:

- The Chief Constable has a present obligation (legal or constructive) as a result of a past event.
- It is more likely than not that money will be needed to settle the obligation.
- A reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the Comprehensive Income and Expenditure Statement in the year that the Chief Constable becomes aware of the obligation and are measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year – where it becomes less than probable that a transfer of economic benefits will now be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the Comprehensive Income and Expenditure Statement.

Where some or all of the payment required to settle a provision is expected to be met by another party (e.g. from an insurance claim), the income is only recognised as income if it is virtually certain that reimbursement will be received when the obligation is settled.

Provisions contained within the Balance Sheet are split between current liabilities (those which are estimated to be settled within the next 12 months) and non-current liabilities (those which are estimated to be settled in a period greater than 12 months).

Contingent Liabilities – this arises where an event has taken place that gives the Chief Constable a possible obligation whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Chief Constable. Contingent liabilities also arise in circumstances where a provision would otherwise be made but either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent liabilities are not recognised in the Balance Sheet but disclosed in a note to the accounts.

Contingent Asset – this arises where an event has taken place that gives the Chief Constable a possible asset whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Chief Constable.

Contingent assets are not recognised in the Balance Sheet but disclosed in a note to the accounts where it is probable that there will be an inflow of economic benefits or service potential.

Reserves

Unusable Reserves - certain reserves/accounts are kept to manage the accounting processes for non-current assets (Capital Adjustment Account and Revaluation Reserve), retirement and employee benefits (Pensions Reserve, Short term Accumulating Compensated Absences Account. These do not represent usable resources for the Chief Constable.

Value Added Tax (VAT)

The Chief Constable does not submit a VAT return as the Commissioner submits a single VAT return on behalf of the Group. Expenditure in the Chief Constable's Income and Expenditure Statement excludes any amounts relating to VAT as all VAT is remitted to/from HM Revenue and Customs.

Jointly Controlled Operations

Jointly controlled operations are activities undertaken in conjunction with other venturers that involve the use of the assets and resources of the venturers rather than the establishment of a separate entity. The Balance Sheet of the Group recognises the assets that it controls and the liabilities that it incurs. The Chief Constable Accounts include Derbyshire's share of running these operations as part of the Income and Expenditure Statement.

JOINT AUDIT RISK ASSURANCE COMMITTEE

REPORT TITLE	2024/25 YEAR END ACCOUNTING ARRANGEMENTS AND ACCOUNTING POLICIES
REPORT BY	HEAD OF FINANCE (Maria Fox)
DATE OF MEETING	30 TH APRIL 2025

PURPOSE OF THE REPORT

To advise of the Draft timetable for the closure of accounts and to note the Statement of Accounting Policies for the Chief Constable and for the Police and Crime Commissioner.

ATTACHMENTS

Appendix A. Draft 2024/25 Year-end closedown plan

Appendix B. Statement of Accounting Policies for the Police and Crime Commissioner for Derbyshire

Appendix C. Statement of Accounting Policies for the Chief Constable for Derbyshire

RECOMMENDATIONS

1. That the Committee can take assurance that plans, including the Draft timetable for the closure of accounts and the production of the Statements for 2024/25 are robust.
2. The Statement of Accounting Policies for the Chief Constable and for the Police and Crime Commissioner are approved. To note the information and analysis as set out in this report and Appendix B and C.

CONTACT FOR ENQUIRIES

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Email: maria.fox1@derbyshire.police.uk

1. INFORMATION AND ANALYSIS

The 2024/25 Statement of Accounts are prepared in accordance with the Chartered Institute of Public Finance and Accountancy's (CIPFA) Code of Practice on Local Authority Accounting 2024/25 (the Code). The Accounts reflect the current legislative framework as well as the local arrangements operating in practice. Key elements of this framework include: -

- The Police Reform and Social Responsibility Act 2011 (the Act).
- Accounts and Audit Regulations.
- The Home Office Financial Management Code of Practice for the Police Service of England and Wales.
- Joint Corporate Governance Framework – Scheme of Delegation and consent between the Commissioner and Chief Constable.
- The Financial Handbook of the Commissioner and Chief Constable.

A substantial and significant accounting change in the 2024/25 Code is the full adoption of IFRS 16 on Leases. This accounting standard changes the way lessees are identified and recorded and removes the traditional distinction between finance leases and operating leases. Under IFRS 16 right of use assets and lease liabilities are recognised on the balance sheet, with short term and low value exemptions charged to expenditure over the life of the contract. Derbyshire have adopted the standard from the mandatory date of 1st April 2024.

Each year a timetable is prepared setting out the key processes that must be followed and respective deadlines to ensure the accounts are prepared in accordance with the framework and by the statutory deadline.

In September 2024 the Accounts and Audit (Amendment) Regulations 2024 came into force. These regulations set statutory backstop dates for all financial years beginning in 2015 up to 2027.

Financial Year	Statutory backstop date
2022/23 and before	13 December 2024
2024/25	27 February 2026
2025/26	31 January 2027
2026/27	30 November 2027
2027/28	30 November 2028

The new regulations require Derbyshire to publish the 2024/25 unaudited accounts by 30 June 2025.

Our Draft accounts timetable has been prepared with the deadline of 30 June. The year-end timetable is attached at Appendix A.

2 PREPARATION OF THE 2024/25 ACCOUNTS

We are required, under the changes to publish the annual audited statement of accounts by 27 February 2025. The primary financial statements within this document comprise:-

- Movement in Reserves Statement.
- Comprehensive Income and Expenditure Statement.
- Balance Sheet.
- Cash Flow Statement.

In addition to these primary statements the accounts include a Narrative Report providing context and explanations of key issues and a series of notes providing further detail to the primary statements.

The Annual Governance Statements (AGS) also accompany the statements of accounts. The AGS sets out the management's view of its governance arrangements, issues to be addressed and actions to be taken to strengthen governance.

Accounting policies are the specific principals, conventions, rules and practices that are applied in preparing and presenting the annual accounts. The Commissioner and Chief Constable follows broadly the standards and policies contained in the Code when preparing their final accounts.

Attached at the Appendices B and C are the Statements of Accounting Policies for the 2024/25 Statement of Accounts. The track changes show the changes for the 2024/25 Accounting Policies. A

The Accounting Policies for 2023/24 have been reviewed by the External Auditors as part of their audit.

It is recommended that the Accounting Policies are approved by the Joint Audit, Risk and Assurance Committee, so setting the framework for final accounts to be prepared and the Statements

JOINT AUDIT RISK ASSURANCE COMMITTEE

REPORT TITLE	FINANCIAL MONITORING UPDATE 2024/25 Pd11
REPORT BY	HEAD OF FINANCE (Maria Fox)
DATE OF MEETING	30 TH APRIL 2025

PURPOSE OF THE REPORT

To provide an update on the current forecast outturn position for 2024/25, including Revenue and Capital Expenditure and an update on the current Treasury Management performance.

ATTACHMENTS

Period 11 (April 2024 to February December 2025) Executive Summary Monitoring Report



Period 11 Budget
Monitoring for JARA

DECISIONS REQUIRED

None – update to JARAC members.

CONTACT FOR ENQUIRIES

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1. FINANCIAL UPDATE 2024/25

1.1 Chief Constables Account

Many of the financial pressures from 2023/24 have remained throughout 2024/25 and some have been exacerbated by further increases in costs and additional demands identified since the original budget was set. Currently this produces a predicted spend for the year of **£224.860m** against a budget of **£222.700m** which would indicate a potential overspend of approximately **£2.160m (1.0%)**.

Several key areas contribute to this predicted net position:

- Extra costs of Police Officer Salaries and Overtime during the year
- Increase in Premises Related Costs
- Increase in Transport Costs
- Increase in Supplies and Services Costs.

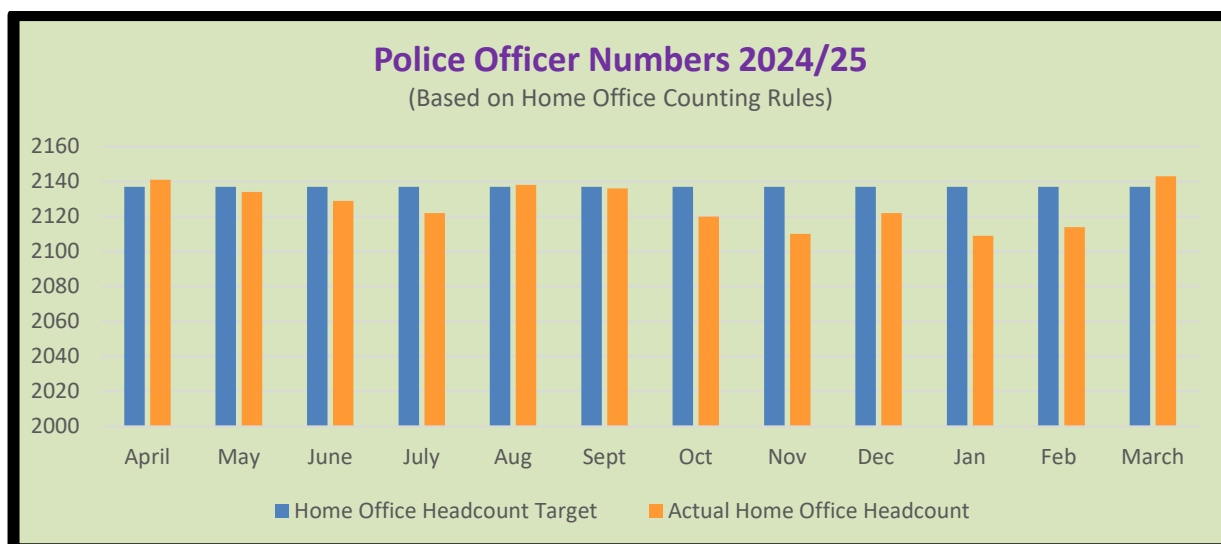
The last report to JARAC in January 2025 (up to 31st December 2024 - Period 9) estimated an overspend for the year of **£2.958m (1.3%)** and so the revised position at Period 11 is an improved predicted outturn. The anticipated reduction in the overspend position of **£0.798m** is due to a significant amount of proactive work which has been ongoing throughout year to stem the increase in cost pressures. As part of the Forces governance arrangements actions plans to review budgets and costs with Operational and Business leads have been continuing to look to mitigate increased costs and reduce the risk of overspends to actively manage the predicted outturn, this work has proved challenging against a backdrop of volatile price increases, costs and demands but has minimised the additional gap, as outlined below.

Police Officer Numbers

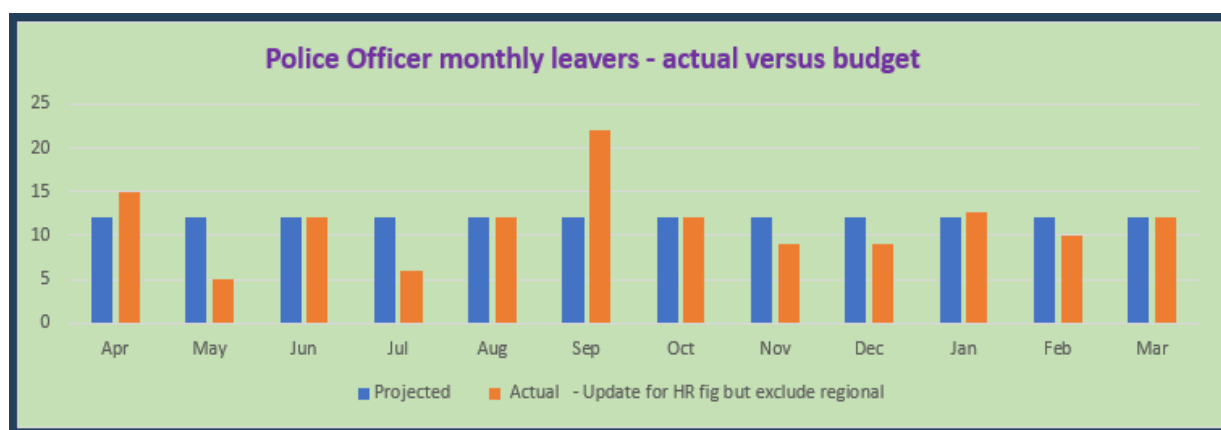
The National Uplift Programme requires the Force to be at or above its agreed Police Officer Numbers at key check point dates in March and September each year, falling under these targets incurs financial penalties with a reduction in critical grant funding income. Achieving these fixed police officer number targets every six months requires intensive scrutiny on a constant basis as unfortunately leaver numbers can be difficult to predict, and joiners' recruitment processes have a significant lead time. The planning and implementation of a new police officer cohort requires decisions to be taken 4 to 6 months in advance of their arrival to accommodate vetting and recruitment processes and cohorts must also have a minimum number of entrants to warrant the use of the intensive training resources required.

Planned and actual officer intakes and numbers are therefore constantly fluctuating during the year and adjustments must be initiated several months in advance to keep overall officer numbers on track and mitigate the financial risks to our Uplift Grant.

During 2024/25 the Force has reduced the number of cohorts of new officers planned and endeavoured to adapt the recruitment intakes, this has allowed us to remain very close to the uplift targets in the first six months of the year, missing the September check in target by only 1 FTE (we are still anticipating a penalty of £0.040m in the outturn figures but are still waiting confirmation of this from the Home Office). Unfortunately, in the third quarter of the financial year our officer numbers were under our target due to a larger than predicted number of leavers but the intakes which took place for February and March 2025 mean we have achieved the Home Office target for 31st March 2025.



Managing police officer numbers to maintain these as close to the Home Office targets as possible, is critical to ensure a balance between controlling financial costs and maximising funding and operational resilience. This continues to be a challenge given that officers only have to give 28 days-notice to exit the organisation and yet the lead time for new joiners and transferees is protracted. Based on historical experience we have anticipated an average of **12** leavers (including retirements) per month for 2024-25 but as the table below demonstrates the actual numbers of leavers continues to vary considerably month to month and remains a challenge to predict. As a result, leavers continue to be subject to close monitoring but as the number of leavers is difficult to influence, the main Force response available has been to attempt where possible to flex its recruitment plans as outlined above.



To balance the financial risks of possible overspends with the costs of a reduction in grant income and the operational implications of changes to the recruitment plans, new intakes have included both student officers and transferees to address key operational skill/role shortages such as Detectives and Sergeants which are critical to performance.

Police Officer Overtime

A related cost to consider alongside salary costs for Police Officers is the cost of overtime, which is now anticipated to be overspent for the year by **£0.478m**, largely due to additional demands from major incidents, County Lines operations and historical Allard costs, together with pressure on frontline teams during the third quarter of the year due to the Force dropping below our target officer numbers.

The Force has continued to monitor overtime activity closely during the year and utilised ringfenced additional funding within a contingency fund, overseen and allocated by the Chief Officer Team to mitigate the additional costs. This central funding has been set up to recognise this area of variable cost is driven by operational demands and the new processes provide increased scrutiny and financial rigour around the allocation and use of overtime, ensuring spend is aligned to force priorities.

Police Staff Budgets

These budgets included a vacancy rate of 6% for 2024/25 for all areas apart from PCSOs and the Force Control Room. In 2023-24 the average vacancy rate during the year was well above the 6% target and this had a negative impact on service provision, so a significant amount of work took place previously to fill vacant posts.

In 2024-25 a Vacancy Control Panel was implemented as part of the enhanced governance arrangements to reduce the predicted overspend for the year and the outturn has changed from a predicted underspend at Period 9 of **£0.702m** to a projected underspend of **£0.817m** at Period 11. The vacancy scrutiny process is now embedded into the normal recruitment processes to ensure that any further potential savings that can be generated are captured along with meeting the target vacancy rate for the Force.

Premises Related Costs

The costs of repairs & maintenance and utilities continues to be a significant cost pressure for the Force producing an indicated overspend of **£1.784m** in period 9, however this has reduced slightly to **£1.514m** at Period 11. Revised processes for robustly managing the premises portfolio continues within the Force to ensure all requests for spend on repairs and maintenance are subject to intense and appropriate scrutiny and only urgent/emergency work is carried out. Alongside this the Building Condition Survey and Occupancy Survey are now complete, and work is underway to review options to further reduce premises costs as part of the Strategic Estates Plan.

Transport Costs

Transport Costs are currently predicted to be **£0.894m** overspent due to additional costs from the commissioning of new vehicles, maintenance, tyres and cleaning, accident damage costs, mileage costs and above inflation increases in insurance premiums. A review of the Fleet is being carried out linked to the Strategic Estates plan to ensure these two interconnected infrastructural requirements are considered holistically.

Supplies and Services Costs

As reported previously the predicted costs for Information Technology Services are higher than originally budgeted due to increased contributions to national systems as part of the Police Digital Services and other above inflation increases in IT costs which have been mitigated with savings elsewhere by the Director of Digital Data and Technology. However, there are a number of other contract cost pressures from other areas within supplies and services and significant additional costs linked to dealing with Dangerous Dogs, estimated to be over budget by **£0.247m**, together these result in a predicted overspend on supplies and services of **£1.627m**.

1.2 **Police and Crime Commissioners Account**

The budget for the Police and Crime Commission was set at **£9.061m**, the current forecast spend is projected to be **£8.539m**, resulting in a forecast underspend of **£0.522m**, this is attributable to a reduction in the cost of debt charges of **£0.410m** as a result of slippage in the capital plan, a slight increase in grants issued of **£0.083m**

together with some additional interest earned on investments in the last two months compared to what was originally predicted.

- 1.3 The combined overspend is **£1.638m** representing **1.10%** of the Force and PCC Budgets. This can largely be offset using **£1.4m** of carry forwards/reserves which were reviewed earlier in the year and earmarked as a safeguard for the potential overspend. A more detailed analysis of the budget and forecast outturn is contained within the embedded document.

2.1 Capital Programme Update

The Capital Programme for 2024/25 of **£21.771m** was approved at the Finance Assurance Board on 26th March 2024, slippage of **£3.639m** means the total is now **£25.410m**. The Capital Programme includes planned investment in our Buildings, Fleet, Information Technology, and our share of Capital spend in regional collaboration as set out in the following table:

Capital Programme									
	Buildings	Equipment & Vehicles	IT	Design Board	Derbyshire Sub-Total	EMCTIU	Regional Lead Force	Other Sub-Total	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Capital Programme 2024/25 (incl slippage)	15.640	2.545	3.832	3.218	25.235	0.175	0.000	0.175	25.410
Actual	4.877	1.088	1.364	0.611	7.940	0.435	0.204	0.639	8.579
Commitments	1.581	0.909	3.254	-0.611	5.133	0.103	0.132	0.235	5.368
Total To Period 11 (28th February 2025)	6.458	1.997	4.618	0.000	13.073	0.538	0.336	0.874	13.947
Budget Remaining	9.182	0.548	(0.786)	3.218	12.162	(0.363)	(0.336)	(0.699)	11.463

Total contracted spend to date is **£13.947m** (55%) with **£11.463m** of the budget still to be spent. A breakdown of the actual and planned expenditure is shown in the following table. It is likely that there will be significant slippage on the estates element of the capital programme into 2025/26 and beyond, but this has been a conscious decision to enable the results of the Strategic Estates Review to be completed to ensure the investments and associated borrowing costs are thoroughly reviewed.

Detailed Capital Analysis						
Scheme	Total Original Budget	Adjustments (incl Slippage)	Total Revised Budget	Actual Commitments & Contracts to be paid	Budget Remaining	% Spend
	£m	£m	£m	£m	£m	
Expenditure						
SNT Building Refurbishment & Replacement	3.850	0.000	3.850	2.194	1.656	57%
Major New/Replacement Buildings	7.500	0.000	7.500	1.437	6.063	19%
Other Building Work/Land	3.420	0.870	4.290	2.828	1.462	66%
IS/Communications	2.648	1.184	3.832	4.618	(0.786)	121%
Vehicles	1.400	0.650	2.050	1.651	0.399	81%
Equipment	0.145	0.350	0.495	0.346	0.149	70%
Design Board	2.633	0.585	3.218	0.000	3.218	0%
EM CTIU	0.175	0.000	0.175	0.538	(0.363)	307%
Sub Total	21.771	3.639	25.410	13.612	11.798	54%
Regional Projects (to be recharged)	-	-	0.000	0.335	(0.335)	
Total	21.771	3.639	25.410	13.947	11.463	

2.2 Treasury Management Update

Based upon the original Capital Programme, our assumed borrowing for the year was **£3.247m**, increasing our total Public Works Loan Board (PWLB) debt to **£32.380m**. Additional borrowing will not be required during 2024-25 and this is reflected in the revenue budget for debt charges which has reduced by **£0.410m**.

As a result of the slippage in the capital plans in previous years we continue to have surplus cash following the **£20m** borrowing taken out in December 2021 where the borrowing with the PWLB was achieved at rates of between **1.38%** and **1.52%**. Our surplus funds are currently invested at rates of just over 5% (HM Treasury UK Debt Management Office Investments rates currently 4.70%).

Since December 2021, the Bank Rate has increased on 14 consecutive occasions and was static for a while. The Bank of England reduced the rate to **5.00%** at the beginning of August 2024, with a further cut to **4.75%** from 7th November 2024, these high rates have led to an increase in interest on investments.

Treasury Management				
	Previous Year £m	Original Budget £m	This Month £m	Last Month £m
LOANS - PWLB	30.504	32.380	30.007	30.007
LOANS - PFI Liabilities	2.642	1.978	2.033	2.089
Total Borrowing	33.146	34.358	32.040	32.096
Total Average Investments	34.453	n/a	27.813	29.273
Total Investment Income	(2.090)	(1.282)	(1.454)	(1.381)
Average Interest Earned to date	5.147%	n/a	4.919%	5.057%
Average SONIA Rate to date	4.977%	n/a	4.929%	4.973%
Average Base Rate to date	5.038%	n/a	4.980%	5.020%

Investment income to date is **£1.454m** and given the projected loan portfolio, and the Bank Rate projections over the remainder of 2024/25, it is expected to be **£1.473m** by the end of March (against a budget of **£1.282m**).



REPORT TITLE	
REPORT BY	SUPT 14246 ADAM WILKINS
DATE	29 JANUARY 2025

PURPOSE OF THE REPORT

To provide a summary report to the Joint Audit, Risk and Assurance Committee (JARAC) regarding the crime recording issues identified as part of the PEEL process, the progress made in response and identified national and local problems affecting crime recording performance.

PREVIOUS INSPECTION ACTIVITY

A full 'Crime Data Integrity (CDI)' inspection has not taken place since 2021. CDI was wrapped into the wider inspection process as part of the most recent inspection (in 2023) – a process that was adopted nationally by His Majesty's Inspectorate of Constabularies and Fire and Rescue Services (HMICFRS).

In 2021, HMICFRS identified compliance as follows:

- 92.5 percent (with a confidence interval of +/- 2.5 percent) of all reported crime (excluding fraud);
- 89.6 percent (with a confidence interval of +/- 4.3 percent) of violent offences; and
- 94.6 percent (with a confidence interval of +/- 3.8 percent) of sexual offences.

The overall assessment stated that 'the forces crime recording processes can be trusted'. One area of note during 2021 was the compliance in respect of anti-social behaviour (ASB) incidents. This identified that the force was only 50% compliant (this was noted as a national issue). Many crimes were missed in ASB incidents.

CURRENT POSITION AND IMPROVEMENTS

Statistically valid audits are completed regularly across a large sample to ensure regular monitoring of crime recording compliance. The last three audit findings are covered below. Attrition covers scenario where no crime is recorded. Open and closure code compliance relates to the incident classification. Crime classification compliance refers to the accuracy of the crime (looking at an assault as an example – this could be a common assault or actual bodily harm and would need to be recorded as such).

The following thresholds are applied to the audit findings:

Compliance Estimate	Recording Process Judgement
Less than 79.9%	Poor crime data quality – urgent and significant improvement required
80% - 89.9%	Processes unsound – further improvement needed
90% - 94.9%	Process mostly sound – but some improvement needed
95% or greater	Processes appear sound – limited scope for improvement

Violence Audit Data (in force):

Audit Completed	Audit Completed Date	Crime Attrition Compliance	Opening Code Compliance	Closing Code Compliance	Crime Classification Compliance
Violence Attrition	Jan-24	98.24%	97.10%	88.30%	95.30%
Violence Attrition	Jul-24	93.92%	99.06%	82.16%	81.82%
Violence Attrition	Jan-25	97.05%	93.40%	71.70%	84.62%

Sexual Offence Audit Data (in force):

Audit Completed	Audit Completed Date	Crime Attrition Compliance	Opening Code Compliance	Closing Code Compliance	Crime Classification Compliance
Sexual Attrition	Jan-24	92.20%	95.83%	92.22%	79.60%
Sexual Attrition	Jul-24	95.98%	93.10%	92.53%	81.03%
Sexual Attrition	Jan-25	94.64%	98.85%	83.33%	82.73%

General Crime Audit Data (in force):

Audit Completed	Audit Completed Date	Crime Attrition Compliance	Opening Code Compliance	Closing Code Compliance	Crime Classification Compliance
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Other Attrition	Jan-24	93.43%	78.10%	56.93%	97.08%
Other Attrition	Jul-24	99.32%	92.88%	85.42%	89.62%
Other Attrition	Jan-25	96.59%	91.90%	82.86%	93.41%

The data shows a consistently good picture. Over the last 12 months, a Crime Management Support Unit (CMSU) has been established to pull together three key areas:

- Recording
- Initial Investigation
- Crime Finalisation

These functions had splintered into isolated areas over the last five years. The new model has brought these functions under one command allowing knowledge to be shared to assist in supporting improvements..

ASB Audit Data (in force):

Audit Completed	Audit Completed Date	Crime Attrition Compliance	Opening Code Compliance	Closing Code Compliance	Crime Classification Compliance
ASB Opened as ASB	Apr-24	98.29%	98.57%	86.86%	99.71%
ASB Opened as ASB	Dec-24	98.71%	96.45%	85.48%	93.75%

Audit Completed	Audit Completed Date	Crime Attrition Compliance	Opening Code Compliance	Closing Code Compliance	Crime Classification Compliance
ASB Opened as Crime	Apr-24	92.20%	85.47%	77.65%	99.44%
ASB Opened as Crime	Dec-24	88.28%	88.27%	60.00%	92.00%

Changes have been made to processes, training has delivered to officers and staff, and regular audit work has been completed. This has shown significant improvements in ASB crime recording. As a result, HMICFRS have now formally closed the Area for Improvement (AFI) in respect of the ASB attrition issues.

NEXT STEPS

Overall, crime recording is ethical within Derbyshire with crime attrition low. There are still area of improvement that are targeted through continual training, quality assurance and audit.

Crime recording accuracy requires further improvement. This will receive focus to improve accuracy moving forward and will be monitored via the audit activity.

Crime recording changes were made in 2023 to ensure only one crime is recorded per victim where there are multiple offences. As a result of this national change, stalking and behavioural

offences are not recorded alongside more serious offences (alongside a rape or serious assault for example). This has adversely affected our understanding of such offences. A new process is being developed to better capture additional behavioural crimes reported alongside other crimes.

