



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

Internal Audit Progress Report 2016/17

January 2017

Presented to the Joint Independent Audit Committee meeting of: 1st February 2017

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01 Introduction

- 1.1 The purpose of this report is to update the Joint Independent Audit Committee (JIAC) as to the progress in respect of the Operational Plan for the year ended 31st March 2017 which was considered and approved by the JIAC at its meeting on 23rd March 2016.
- 1.2 The Police and Crime Commissioner and Chief Constable are responsible for ensuring that the organisations have proper internal control and management systems in place. In order to do this, they must obtain assurance on the effectiveness of those systems throughout the year, and are required to make a statement on the effectiveness of internal control within their annual report and financial statements.
- 1.3 Internal audit provides the Police and Crime Commissioner and Chief Constable with an independent and objective opinion on governance, risk management and internal control and their effectiveness in achieving the organisations' agreed objectives. Internal audit also has an independent and objective advisory role to help line managers improve governance, risk management and internal control. The work of internal audit, culminating in our annual opinion, forms a part of the OPCC and Forces' overall assurance framework and assists in preparing an informed statement on internal control.
- 1.4 Responsibility for a sound system of internal control rests with the Police and Crime Commissioner and Chief Constable and work performed by internal audit should not be relied upon to identify all weaknesses which exist or all improvements which may be made. Effective implementation of our recommendations makes an important contribution to the maintenance of reliable systems of internal control and governance.
- 1.5 Internal audit should not be relied upon to identify fraud or irregularity, although our procedures are designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control will not necessarily be an effective safeguard against collusive fraud.
- 1.6 Our work is delivered in accordance with the Public Sector Internal Audit Standards (PSIAS).

02 Summary of internal audit work to date

- 2.1 We have issued five final reports in respect of the 2016/17 plan since the last progress report to the JIAC, these being in respect of Recruitment, Overtime & Time Recording, General Ledger, Cash, Bank & Treasury and Information Technology. Further details are provided in Appendix A1.

Lincolnshire 2016/17 Audits	Report Status	Assurance Opinion	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
Insurance	Final	Significant			4	4
Medium Term Financial Planning	Final	Significant			2	2
Complaints Management	Final	Satisfactory		2	1	3
Seized & Found Property	Final	Satisfactory		3	3	6
Recruitment	Final	Satisfactory		2	3	5
Overtime & Time Recording	Final	Satisfactory		2	2	4
General Ledger	Final	Significant			1	1
Cash, Bank & Treasury	Final	Satisfactory		1	1	2
Information Technology	Final	Significant			3	3
Total			-	10	20	30

- 2.2 Additionally, as reported previously, following a request for an additional internal audit with regards the provision of programme assurance in respect of the Blue Light Collaboration Programme, a final report has been issued, a summary of which is included in Appendix A1.
- 2.3 Audits in respect of Creditors, Debtors and Payroll have been completed and are currently being reviewed, whilst fieldwork in respect of Partnerships is nearing completion. Further details are provided within Appendix A2.

2.4 Terms of reference and planned fieldwork dates are currently in the process of being agreed in respect of Victims Services and Learning & Development.

2.5 As reported in our previous progress report, five specific areas have been identified in terms of the collaborative audits for 2016/17. In each case a lead officer (OPCC CFO) has been identified as a single point of contact. These reviews will look at the business plan and S22 agreement in terms of whether it is being delivered and is fit for purpose going forward; the scope will also include value for money considerations and arrangements for managing risk. We have recently finalised three reports (Shared HR Service Centre, Legal Services and EMSCU). Work in respect of EMSOU is scheduled to start towards the end of January, whilst we are in the process of agreeing the start date for EMOpSS.

Collaboration Audits 2016/17	Status	Assurance Opinion	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total
EM Shared HR Service Centre	Final	Satisfactory		1	3	4
EM Legal Services	Final	Limited	1	3	2	6
EMOpSS	Q4					
EMS Commercial Unit	Final	Satisfactory		3		3
EMSOU	Q4					
Total			1	7	5	13

03 Performance

- 3.1 The following table details the Internal Audit Service performance for the year to date measured against the key performance indicators that were set out within Audit Charter. This list will be developed over time, with some indicators either only applicable at year end or have yet to be evidenced.

No	Indicator	Criteria	Performance
1	Annual report provided to the JIAC	As agreed with the Client Officer	N/A
2	Annual Operational and Strategic Plans to the JIAC	As agreed with the Client Officer	Achieved
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 final exit meeting.	90% (9/10)
5	Issue of final report	Within 5 working days of agreement of responses.	100% (9/9)
6	Follow-up of priority one recommendations	90% within four months. 100% within six months.	N/A ¹
7	Follow-up of other recommendations	100% within 12 months of date of final report.	N/A ¹
8	Audit Brief to auditee	At least 10 working days prior to commencement of fieldwork.	100% (15/15)
9	Customer satisfaction (measured by survey)	85% average satisfactory or above	100% (5/5)

¹Previous audit recommendations are followed up through the review of the Implementation Progress Report that is presented at each JIAC by the DCC. Additionally, those audits that are carried out on an annual basis include a follow-up of previous recommendations.

Appendix A1 – Summary of Reports 2016/17

Below we provide brief outlines of the work carried out, a summary of our key findings raised and the assurance opinions given in respect of the final report issued since the last meeting of the last progress report:

Recruitment

Assurance Opinion	Satisfactory
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	2
Priority 3 (Housekeeping)	3

Our audit considered the following area objectives:

Policies and Procedures

- Policies and procedures are in place, are regularly updated to reflect lessons learnt and legislative changes, and are communicated to all relevant staff.
- Recruitment is delivering against wider initiatives, such as that in respect of diversity and anti-discriminatory policies.

Recruitment

- The recruitment process is aligned with the force's workforce planning processes.
- Recruitment is carried out following the approval of a new post or a vacancy in an existing post. Person specifications and job descriptions are reviewed and approved at the appropriate level.
- Approaches to advertising and recruitment agencies are reviewed for their effectiveness.

Selection and Shortlisting

- Selection panels are of an appropriate seniority and have regular recruitment training.
- Only applications received by the advertised closing date are considered and those shortlisted meet the key requirements of the person specification / job description.
- All interviews are fully documented to ensure full transparency in the selection process. In addition, all decisions are documented, approved and justified in accordance with pre-determined selection criteria.

Vetting and Pre-Employment Checks

- Appropriate vetting checks are carried out to obtain proof of identify, qualifications, experience and disclosure of convictions.
- Vetting is commensurate with the nature of the position and proportionate to the role being advertised.

Job Offer

- Employment offers and contracts are approved and copies are retained.

Performance

- Standards and KPI's have been agreed against which the recruitment process can be measured.
- Complaints relating to the recruitment process are monitored and dealt with appropriately.

We raised two priority 2 recommendations where we believe there is scope for improvement within the control environment. These relate to the following:

Recommendation 1	<p>When corresponding with the Vetting Team all departments, including the Vetting Team in confirmation, should ensure sufficient information is provided to confirm the vetting result is for the current post. This should be explicit to remove chance of misunderstanding. Information should include:</p> <ul style="list-style-type: none">• Employee Name;• Date of Birth of Employee;• Job Title (vetted for).
Response	<p>The Resourcing Team will not progress applicants without confirmation from the Vetting Unit.</p> <p>The Vetting Unit will ensure that this detail is included in all confirmation of vetting levels received from HR moving forward.</p> <p>Both the Vetting Team and HR Resourcing Team will ensure that communication needs to be clear between the two departments & to avoid the potential for misunderstanding will in future ensure the recommendation is implemented for all communications between the two departments.</p>
Timescale	<p>Immediate</p> <p>John Day (Force Vetting Officer)</p>

Recommendation 2	<p>The Force should ensure that evidence of an employee's right to work identification is retained and certified to state that the original has been seen.</p> <p>There should be a management check of the information on file to confirm all are present. Where documents are missing, the employees should not start in their posts until all checks have been confirmed and evidence retained.</p>
Response	<p>The example referred to was an exceptional case due to the circumstances, and therefore a decision was taken to appoint.</p> <p>Processes have been improved in relation to transferring officers to ensure that the correct identification is obtained in all cases.</p>
Timescale	<p>Immediate</p> <p>Rachel Betts, Head of HR Shared Services</p>

We also raised three priority 3 recommendations of a more housekeeping nature. These were in respect of policy and procedure documentation, post request form completion and review and performance reporting. Actions were either implemented immediately or in some instances management confirmed implementation would be by March 2017.

Overtime & Time Recording

Assurance Opinion	Satisfactory
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	2
Priority 3 (Housekeeping)	2

Our audit considered the following area objectives:

Policies and Procedures

- Policies and procedures are in place with regards the recording of working hours and claiming of overtime.
- Such policies and procedures are up to date and are effectively communicated to all staff.
- There are effective systems and controls in place for the management of working hours and overtime, ensuring that they meet local and national requirements and regulations.

Time Recording and Data Capture

- There are robust systems in place to ensure the completeness and accuracy of recorded overtime information for processing approved overtime.
- There are clear delegated authority routines in place for the approval of overtime.
- Budget projections and actuals are derived from accurate and up to date time recording data.

Performance and Management Information

- Working time and overtime costs are accurately captured to enable management to effectively manage overtime costs.
- Performance and management reporting is effective and provides management with accurate and up to date information upon which decisions can be made.

We raised two priority 2 recommendations where we believe there is scope for improvement within the control environment. These relate to the following:

Recommendation 1	Management should form a timetable for the implementation of new system rules on the Crown DMS system. This should be followed to ensure effective and timely implementation.
Response	<p>The rules were initially implemented in line with national terms and conditions and consulted upon with staff associations, however after implementation some local practices have come to light which now require an amendment to the rules.</p> <p>There are manual processes in place within the HR team to adjust the payment rules which are currently incorrect.</p> <p>This t-Police Project Plan is being redrawn and delivery groups set up for key work streams, one of which is payment rules.</p>
Timescale	December 2016 to have a project plan in place for payment rules implementation

	Rachel Betts, Head of HR Shared Services
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Recommendation 2	All overtime entries identified as 'Incorrect Entries' on the Crown DMS system should be investigated and rectified in a timely manner.
Response	<p>Incorrect entries occur as a result of supervisors not entering overtime correctly, however this will never result in an overpayment as manual corrections are required to all in this list for the overtime to be paid.</p> <p>This remains an issue with supervisors despite time being invested in assisting their understanding, and work is ongoing in respect of this with the aim of increasing knowledge.</p>
Timescale	<p>Immediate</p> <p>Rachel Betts, Head of HR Shared Services</p>

We also raised two priority 3 recommendations of a more housekeeping nature. These were in respect of Crown DMS training and EU working time directive monitoring. Management confirmed that both recommendations would be implemented by the end of November 2016.

General Ledger

Assurance Opinion	Significant
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Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	-
Priority 3 (Housekeeping)	1

Our audit considered the following area objectives:

- Procedures and policies are in place to support the effective administration of the function and are communicated to all relevant staff;
- Systems and data are adequately protected to reduce the risk of them being open to abuse;
- Accounting transactions and manual adjustments, for example journals, are completely, accurately, validly (particularly supporting documentation) and timely allocated and recorded in the accounts;
- Financial and Performance Management Reporting - general ledger information is completely, accurately, validly and timely produced and secured to allow for effective monitoring of the current financial position, decision making and reporting;
- Feeder system reconciliations are undertaken within a timely manner of month end, with any balancing items investigated to ensure the integrity, reliability and accuracy of the main accounting system; and
- Identification of areas where controls are or are not adequately designed, and testing of their application/compliance.

We raised just the one priority 3 recommendations of a housekeeping nature. This was in respect of systems access. Management confirmed that regular audits will continue to be programmed during the course of the year to identify any other isolated instances of leavers remaining on the t-Police general ledger active user list.

Cash, Bank & Treasury Management

Assurance Opinion	Satisfactory
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Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	1
Priority 3 (Housekeeping)	1

Our audit considered the following area objectives:

- Policies and procedures are in place and clearly state the procedures to be followed for receipting of payments and banking and reconciliation of those payments;
- All transactions received are recorded accurately, completely and in a timely manner, and are posted and reconciled to the appropriate accounts;
- All monies received are held securely and banked in a secure, accurate and timely manner;
- Procedures and controls are in place to process returns, unpaid or post-dated cheques in a timely manner;
- Cash flow information is accurately, completely, validly and timely produced and secured to allow for effective monitoring of decision making in line with the Investment Strategy and strategic requirements;
- Available funds are completely, accurately, validly and timely placed with fund managers or financial institutions and funds are safeguarded in line with the Investment Strategy and strategic requirements;
- Cost effective loans are completely, accurately, validly and timely received from fund managers or financial institutions in line with the Investment Strategy and strategic requirements; and
- It is clear who signatories are and the list is up to date, both internally and on the bank mandate.

We raised one priority 2 recommendation where we believe there is scope for improvement within the control environment. This related to the following:

Recommendation 1	A periodic check of items present in the large walk-in safe against the receipt book should be undertaken. This should be documented and undertaken by two people.
Response	The recommendation is accepted – a monthly check of the main HQ safe will be undertaken.
Timescale	Completed Nov 2016 Nick Ward, Exchequer Services Manager

We also raised one priority 3 recommendation of a more housekeeping nature. This related to treasury management guidance. Management confirmed that this action has been addressed.

Information Technology

Assurance Opinion	Significant
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	-
Priority 3 (Housekeeping)	3

Our audit considered the following area objectives:

- Governance procedures are in place for the provision of the IT Service provided by G4S supported by performance review and regular client/supplier meetings.
- Clearly defined IT policies and/or procedures are in place and are available within the Force. The policies and procedures are reviewed and updated on a regular basis and users are appropriately trained.
- Network topology design has no single points of failure.
- Regular Penetration testing is undertaken.
- Users have appropriate levels of access to IT service and are subject to review.
- Mobile devices and other secure devices are appropriately encrypted or otherwise protected through mobile device management tools.
- Devices are appropriately secured from threat of virus or malware.
- IT Systems and devices are subject to appropriate monitoring procedures.
- Governance procedures are in place to manage and maintain the PSN accreditation and the RMADS document set and follow up on outstanding issues.

We raised three priority 3 recommendations of a housekeeping nature. These were in respect of reviewing patching levels of the firewalls, IT strategy development and data encryption of when sending information to the CPS. Management confirmed that all agreed actions will have been taken by June 2017.

Blue Light Collaboration Programme

Assurance Opinion	Satisfactory
Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	1
Priority 3 (Housekeeping)	2

Our audit considered the following areas:

- Benefits Definition, Measurement and Realisation
- Programme Mandate
- Programme Governance and Internal Assurance (including Change Authority)
- Programme Identification
- Benefits Identification and Allocation to Projects
- Business Change Management
- Dependencies
- Resourcing
- Risks/Issues
- Programme Monitoring, Management Reporting and Progress Management
- Change Controls

We raised one priority 2 recommendation where we believe there is scope for improvement within the control environment. This related to the following:

Recommendation 1	The internal assurance structure and its assurance activities should be formally documented.
Response	Agreed. We are working with the team to address the issue raised in the recommendation.
Timescale	April 2017 / Superintendent Lee Pache, Programme Director

We also raised two priority 3 recommendations of a more housekeeping nature. These were in respect of producing programme mandates and programme document storage. Management confirmed that both recommendations would be implemented by April 2017.

Collaboration – East Midlands Police Legal Services

Overall Assurance Opinion	Limited
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Recommendation Priorities	
Priority 1 (Fundamental)	1
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	2

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

- A Section 22 agreement is in place that clearly sets out the decision making and governance framework that is in place;
- A clearly defined Business Plan is in place that sets out the statutory duties, objectives and the key performance indicators for the services to be provided;
- The Business Plan is set in line with the Section 22 agreement and it is regularly reviewed to ensure it remains 'fit for purpose';

- There are effective reporting processes in place to provide assurances to the Forces on the performance of the unit;
- Value for money considerations are regularly reviewed and reported to the Forces; and
- The unit has procedures in place to ensure that risks are identified, assessed recorded and managed appropriately.

We raised one priority 1 recommendation of a fundamental nature that require addressing. This is set out below:

Recommendation 1	<p>The Management Board for EMPLS should be reinstated to provide oversight and assurance with regards the unit's performance and delivery of its objectives.</p> <p>The Management Board members should ensure they have a timetable in place to attend meetings and carry out their responsibilities in line with the Section 22 agreement that is in place.</p>
Finding	<p>The Section 22 agreement sets out the governance structure for the collaboration and refers to a Management Board comprised of the Deputy Chief Constables of each Force. The responsibilities of this Board are clearly defined and the key features are:</p> <ul style="list-style-type: none"> • Board should meet at periodic intervals and in default of agreement at EMPLS place of business every three months; • Provide oversight of EMPLS operational performance; • Support the continued development of the collaboration; • Propose and monitor the annual aims and objectives of EMPLS; and • Provide a three year business plan to ensure the maintenance and development of the collaboration in line with regional strategic aims. <p>A review of Management Board meeting minutes shows that the EMPLS Management Board last met in March 2015. Explanation provided to audit was that each Force was happy with the service that EMPLS was providing and, as a consequence, there was no need for the meetings to take place.</p>
Response	It is acknowledged that the Management Board have not met for some time and Derbyshire will lead on re-establishment of this Board.
Timescale	David Peet, Chief Executive January 2017

We raised three priority 2 recommendations where we believe there is scope for improvement within the control environment. These related to the following:

Recommendation 2	EMPLS should review the current KPI's that are in place and should prepare updated KPI's that can be presented to the Management Board for scrutiny and approval.
Response	EMPLS will discuss the current KPI's with the Forces DCC's and look to put in place more relevant indicators of performance with input from Management Board members.
Timescale	Head of EMPLS March 2017

Recommendation 3	In accordance with Recommendation 4.1, once the Management Board meetings have been established they should include a review of performance and this should be noted or actions put in place to address areas of concern.
Response	In line with the two recommendations above, a regular performance report to Management Board will be established pending further discussions with the Forces.
Timescale	Head of EMPLS March 2017

Recommendation 4	<p>The risk register should be updated to include a RAG rating between the target risk score and the current risk score to clearly identify the priorities for risk mitigation actions. The risk actions should be separated into ongoing actions and specific actions that will be taken on a set date, with the planned effect on the risk score clearly stated.</p> <p>Review of the risk register should be a standard agenda item at EMPLS Silver Meetings and should be included in the reporting to the Management Board.</p>
Response	<p>Agreed.</p> <p>The template will be updated in line with the recommendations to improve the current format of the risk register.</p> <p>Whilst it was not listed on the latest agenda that was provided to audit, the risk register, third party risk register and any risks discussed at bronze level meetings are always discussed at EMPLS silver meetings.</p> <p>Feedback to Forces on risks is completed on an individual basis in the absence of any management board reporting at present. Pending changed to management board reporting risks will be fed into this as well.</p>
Timescale	Deputy Head of EMPLS December 2016

We also raised two housekeeping issues with regards business planning and performance reporting. Management confirmed that both actions will be implemented by March 2017.

Shared Human Resource Service Centre

Assurance Opinion	Satisfactory
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Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	1
Priority 3 (Housekeeping)	3

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

- A Section 22 agreement is in place that clearly sets out the decision making and governance framework that is in place;
- A clearly defined Business Plan is in place that sets out the statutory duties, objectives and the key performance indicators for the services to be provided;
- The Business Plan is set in line with the Section 22 agreement and it is regularly reviewed to ensure it remains 'fit for purpose';
- There are effective reporting processes in place to provide assurances to the Forces on the performance of the unit;
- Value for money considerations are regularly reviewed and reported to the Forces; and
- The unit has procedures in place to ensure that risks are identified, assessed recorded and managed appropriately.

We raised one priority 2 recommendation where we believe there is scope for improvement within the control environment. This related to the following:

Recommendation 1	<p>The current SLA KPI's should continue to be reviewed to ensure SHRSC are able to clearly report on each one. These should be presented and approved at the next Management Board</p> <p>Moreover, a quarterly performance report that includes all SLA KPI's should be created and communicated to both Forces to allow effective scrutiny of SHRSC performance.</p>
Response	<p>Agreed. Whilst there is regular liaison with the Forces it has been acknowledged that the performance information needs aligning with the KPI's set out in the SLA.</p> <p>It was recognised that most of the KPI's in the original SLA were not measurable or did not require the SHRSC to action within a specified period. This has resulted in the SHRSC carrying out a complete review of the Employee Services SLA. A new set of KPI's has been created which will be presented to the Management Board for approval in February 2017.</p>
Timescale	<p>Head of SHRSC</p> <p>31st March 2017</p>

We also raised three priority 3 recommendations of a more housekeeping nature. These were in respect of approval of the business plan, risk management and reporting of value for money. Management confirmed that the recommendations would be implemented by the end of February 2017.

East Midlands Strategic Commercial Unit

Assurance Opinion	Satisfactory
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Recommendation Priorities	
Priority 1 (Fundamental)	-
Priority 2 (Significant)	3
Priority 3 (Housekeeping)	-

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

- A Section 22 agreement is in place that clearly sets out the decision making and governance framework that is in place;
- A clearly defined Business Plan is in place that sets out the statutory duties, objectives and the key performance indicators for the services to be provided;
- The Business Plan is set in line with the Section 22 agreement and it is regularly reviewed to ensure it remains 'fit for purpose';
- There are effective reporting processes in place to provide assurances to the Forces on the performance of the unit;
- Value for money considerations are regularly reviewed and reported to the Forces; and
- The unit has procedures in place to ensure that risks are identified, assessed recorded and managed appropriately.

We raised three priority 2 recommendations where we believe there is scope for improvement within the control environment. These related to the following:

Recommendation 1	The Forces' and EMSCU should ensure that the Management Board meetings are held on a regular / quarterly basis in order that performance is appropriately reviewed and actions put in place to address areas of weakness where necessary.
Response	The SLT meeting timetable and agenda should be updated to reflect the move from monthly meetings to quarterly and ensure all standing agenda items listed are addressed at each meeting, The EMSCU Board meeting is currently in the process of being arranged and it is planned to go ahead in December 2016. The agenda and timetable for the SLT meetings will be updated to reflect the current process adopted by EMSCU.
Timescale	Ronnie Adams, Commercial Director 31 st March 2017

Recommendation 2	The Business Plan should be reviewed and approved by the EMSCU Management Board to ensure the Forces have assurance that it meets the requirements of each Force.
Response	Agreed. The business plan will be put on the agenda for the next EMSCU Board meeting to seek their review and approval.
Timescale	Ronnie Adams, Commercial Director 31 st March 2017

Recommendation 3	EMSCU should review the current KPI's that are in place and should prepare updated KPI's that can be presented to the Management Board for scrutiny, approval and subsequent regular reporting.
Response	Agreed. On reflection the KPI's are a little dated and there are other performance information that would better demonstrate how the unit is performing. These will be reviewed and updates suggested at the next EMSCU Board to review and approve.
Timescale	Ronnie Adams, Commercial Director 31 st March 2017

Appendix A2 Internal Audit Plan 2016/17

Auditable Area	Planned Fieldwork Date	Draft Report Date	Final Report Date	Target JIAC	Comments
Core Financial Systems					
General Ledger	Oct 2016	Nov 2016	Dec 2016	Feb 2017	Final report issued.
Cash, Bank & Treasury	Oct 2016	Nov 2016	Nov 2016	Feb 2017	Final report issued.
Payment & Creditors	Jan 2017			April 2017	Fieldwork completed; being reviewed.
Income & Debtors	Jan 2017			April 2017	Fieldwork completed; being reviewed.
Payroll	Jan 2017			April 2017	Fieldwork completed; being reviewed.
Strategic & Operational Risk					
Information Technology	Jan 2017	Dec 2016	Jan 2017	Feb 2017	Final report issued.
Victims Services	Feb 2017			April 2017	
Recruitment	Sept 2016	Sept 2016	Oct 2016	Feb 2016	Final report issued.
Insurance	April 2016	May 2016	July 2016	July 2016	Final report issued.
Learning & Development	Jan 2017			April 2017	Planned to commence 6 th Feb.
Partnerships	Nov 2016			Feb 2017	Work in progress.
Complaints Management	June 2016	July 2016	Aug 2016	Oct 2016	Final report issued.
Medium Term Financial Planning	May 2016	June 2016	July 2016	Oct 2016	Final report issued.

Auditable Area	Planned Fieldwork Date	Draft Report Date	Final Report Date	Target JIAC	Comments
Overtime / Time Recording	Aug 2016	Sept 2016	Nov 2016	Feb 2016	Final report issued.
Seized & Found Property	July 2016	Aug 2016	Sept 2016	Oct 2016	Final report issued.
Collaboration					
EM Shared HR Service Centre	Dec 2016	Dec 2016	Jan 2017	Feb 2017	Final report issued.
EM Legal Services	Nov 2016	Nov 2016	Nov 2016	Feb 2017	Final report issued.
EMOpSS	Feb 2017			April 2017	In discussions to agree start date.
EMS Commercial Unit	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Final report issued.
EMSOU	Jan 2017			April 2017	Fieldwork starts 26 th Jan.
Other					
Blue Light Collaboration Programme	Aug 2017	Oct 2016	Jan 2017	Feb 2017	Final report issued.

Appendix A3 – Definition of Assurances and Priorities

Definitions of Assurance Levels		
Assurance Level	Adequacy of system design	Effectiveness of operating controls
Significant Assurance:	There is a sound system of internal control designed to achieve the Organisation's objectives.	The control processes tested are being consistently applied.
Satisfactory Assurance:	While there is a basically sound system of internal control, there are weaknesses, which put some of the Organisation's objectives at risk.	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:	Weaknesses in the system of internal controls are such as to put the Organisation's objectives at risk.	The level of non-compliance puts the Organisation's objectives at risk.
No Assurance	Control processes are generally weak leaving the processes/systems open to significant error or abuse.	Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Definitions of Recommendations	
Priority	Description
Priority 1 (Fundamental)	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.
Priority 2 (Significant)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.
Priority 3 (Housekeeping)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.

Appendix A4 - Contact Details

Contact Details

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A5 Statement of Responsibility

Status of our reports

The responsibility for maintaining internal control rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy of the internal control arrangements implemented by management and perform testing on those controls to ensure that they are operating for the period under review. We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone are not a guarantee that fraud, where existing, will be discovered.

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