

**Enquiries: Mr S Love**  
**Telephone: 0300 124 0113**  
**ext. 410141**

**Our reference: JAC/SL**

**Date: 12/03/2026**

## **AGENDA**

**TO: THE MEMBERS OF THE JOINT AUDIT COMMITTEE**

**CUMBRIA POLICE, FIRE & CRIME COMMISSIONER AND CUMBRIA CONSTABULARY - JOINT AUDIT COMMITTEE**

A Meeting of the Joint Audit Committee will take place on **Wednesday 25<sup>th</sup> March 2026** between **Police HQ Penrith and Fire Headquarters**. The expected timings and locations are as follows:

<b>Times</b>	<b>Activity</b>	<b>Location</b>
09:00-09:45	JAC Members private meeting	Conference Room 1, Police HQ Penrith
09:45-10:45	Development Session - Treasury Management (Link)	Conference Room 1, Police HQ Penrith
11:00-12:50	JAC Meeting – PFCC/Constabulary	Conference Room 1, Police HQ Penrith
12:50-13:30	Lunch Break	Conference Room 1, Police HQ Penrith
13:30-15:00	JAC Meeting – Fire	Control Room, Fire HQ Penrith
15:15-16.30	Development Session - Budget Briefing Session	Control Room, Fire HQ Penrith

**Gill Shearer**  
**Chief Executive**

**Note:** Members are advised that allocated car parking for the meeting is available in the Visitors' Car Park at the Police HQ.

**Note:** If members of the public wish to participate in this meeting please contact [simon.love@cumbria.police.uk](mailto:simon.love@cumbria.police.uk) by 20<sup>th</sup> March 2026 for an invitation.

## **COMMITTEE MEMBERSHIP**

Mr Malcolm Iredale (Chair)  
Wing Commander (Retired) Tim Mann  
Mr Jake Cornthwaite  
Mr Mike Roper  
Mrs Susan Giles

# **AGENDA**

## **PART 1 – ITEMS TO BE CONSIDERED IN THE PRESENCE OF THE PRESS AND PUBLIC**

Note – Items to be considered by exception, it is assumed that members will have read all papers before the meeting.

Agenda Item	Report Pack Page No	Agenda Item	Officer/Lead	Time (Est)
01		<b>APOLOGIES FOR ABSENCE</b> - Steven Tickner, PFCC CFO	Chair	11:00
02		<b>URGENT BUSINESS AND EXCLUSION OF PRESS AND PUBLIC</b> To consider (i) any urgent items of business and (ii) whether the press and public should be excluded from the Meeting during consideration of any Agenda item where there is likely disclosure of information exempt under s.100A(4) and Part I Schedule A of the Local Government Act 1972 and the public interest in not disclosing outweighs any public interest in disclosure.  Items for Exclusion of Press and Public <b>(PART 2)</b> - <b>See Item 9b below</b>	Chair	11:00
03		<b>DISCLOSURE OF PERSONAL INTERESTS</b> Members are invited to disclose any personal/prejudicial interest, which they may have in any of the items on the agenda. If the personal interest is a prejudicial interest, then the individual member should not participate in a discussion of the matter and must withdraw from the meeting room unless a dispensation has previously been obtained.	Chair	11:00
04		<b>MINUTES OF MEETING AND MATTERS ARISING</b> To receive and approve the minutes of the committee meeting held on 26 <sup>th</sup> November 2025.	Chair	11:05
05		<b>ACTION SHEET</b> To receive the action sheet from previous meetings. a) PFCC / Constabulary b) Joint Audit Committee	Chair	11:10

06		<p><b>CORPORATE UPDATE</b></p> <p>To receive a brief corporate update from each of the below.</p> <ul style="list-style-type: none"> <li>a) Constabulary</li> <li>b) The OPFCC</li> <li>c) Finance</li> </ul>	DCC PFCC CE CC CFO	11:20
07		<p><b>INTERNAL AUDIT – PROGRESS REPORT:</b> To receive a report from the Internal Auditors regarding the progress of the Internal Audit Plan.</p>	Director of Audit MIAA Ltd	11:35
08		<p><b>INTERNAL AUDIT REPORT(S)</b></p> <p>To receive reports from the Internal Auditors in respect of specific audits conducted since the last meeting of the committee.</p> <ul style="list-style-type: none"> <li>a) Cost Improvement Efficiencies</li> <li>b) Local Policing – Problem Solving</li> <li>c) <del>Absence Management Policy</del> See #</li> <li>d) <del>Officer Safety Training</del> See #</li> <li>e) <del>Risk Management</del> See #</li> <li>f) <del>IT Asset Management</del> See #</li> </ul> <p># These audits are currently at the fieldwork stage and are progressing. It is likely that these reports will be finalised by the end of March/early April for inclusion on the overall audit opinion for 2025/26, the reports will formally be considered by JAC at the June meeting.</p>	Director of Audit MIAA Ltd	11:40
09		<p><b>MONITORING OF AUDIT, INTERNAL AUDIT AND OTHER RECOMMENDATIONS AND ACTION PLANS:</b></p> <p>To receive an updated summary of actions implemented in response to audit and inspection recommendations</p> <ul style="list-style-type: none"> <li>a) Follow Up – Part 1 Report</li> <li>b) Follow Up – Part 2 Report</li> </ul>	Director of Audit MIAA Ltd	11:50
10		<p><b>PROPOSED INTERNAL AUDIT PLAN/ INTERNAL AUDIT CHARTER:</b> To receive a report from the Internal Auditors on the proposed Internal Audit Annual Plan and any proposed revisions. To include the arrangements for quality assurance and improvement. To also include the internal audit charter.</p> <ul style="list-style-type: none"> <li>a) Internal Audit Plan 2026/27</li> <li>b) Internal Audit Charter</li> </ul>	Director of Audit MIAA Ltd	11:55
11		<p><b>EXTERNAL AUDIT PLAN:</b> To receive from the external auditors the Joint Annual External Audit Plan.</p>	Grant Thornton	12:00

12		<del><b>EXTERNAL AUDIT UPDATE REPORT:</b> To receive from the external auditors an update report in respect of progress on the external audit plan.</del> A verbal update will be provided as part of previous item.	Grant Thornton	12:05
13		<b>STRATEGIC RISK REGISTER:</b> To consider the strategic risk registers as part of the Risk Management Strategy: a) OPFCC b) Constabulary	PFCC CE DCC	12:10
14		<b>ANNUAL REVIEW OF GOVERNANCE:</b> To review the PFCC and Constabulary arrangements for governance; cyclical review over three years. Some documents reported in November, some in March:  a) Risk Management Strategy – PFCC b) Risk Management - Constabulary c) Joint Procurement Regulations	PFCC CE DCC PFCC CE	12:20
15		<b>VALUE FOR MONEY:</b> To receive an annual report on Value for Money within the Constabulary.	CC CFO	12:25
16		<b>JAC ANNUAL WORK PROGRAMME:</b> ASSURANCE FORMAT: To review and approve an annual work programme covering the framework of assurance against the Committee’s terms of reference.	CC CFO	12:30
17		<b>TREASURY MANAGEMENT STRATEGY STATEMENT AND TREASURY MANAGEMENT PRACTICES:</b> To review the annual Treasury Management Strategy incorporating the policy on investment and borrowing activity and treasury management practices. a) Treasury Management Strategy Statement b) Treasury Management Practices (no changes from 2025/26 version)	CC CFO	12:35
18		<b>TREASURY MANagements ACTIVITIES:</b> To receive information reports on Treasury Management Activity - Quarter 3	CC CFO	12:40
19		<b>POINTS FOR CONSIDERATION BY THE COMMISSIONER, CHIEF CONSTABLE AND/OR THE CHIEF FIRE OFFICER</b>		12:45
20		<b>AOB</b>		12:50

**Future JAC Meeting Dates (For Information)**

24<sup>th</sup> June 2026 @ 11:00 – Fire HQ Penrith

23<sup>rd</sup> September 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

25<sup>th</sup> November 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

24<sup>th</sup> March 2027 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

**Future Police, Fire and Crime Panel Meeting Dates (For Information)**

20<sup>th</sup> April 2026 @ 10.30am - Drawing Room, Town Hall, Duke Street, Barrow LA14 2LD.



## Agenda Item 4 – Part 1

### **CUMBRIA POLICE, FIRE & CRIME COMMISSIONER AND CUMBRIA CONSTABULARY - JOINT AUDIT COMMITTEE**

Minutes of a meeting of the Joint Audit Committee held on Wednesday 26<sup>th</sup> November 2025  
Conference Room 1, Police HQ, Penrith, at 11.00am.

#### **PRESENT**

Mr Malcolm Iredale (Chair)  
Mr Jake Cornthwaite  
Mr Mike Roper  
Ms Susan Giles

#### **Also present:**

##### **Office of the PFCC**

PFCC Chief Finance Officer/CFRS Chief Finance Officer (PFCC CFO), (Steven Tickner)

##### **Cumbria Constabulary**

Temporary Deputy Chief Constable (T/DCC), (Jonathan Blackwell)

Constabulary Chief Finance Officer (CC CFO), (Michelle Bellis)

Financial Services Assistant (FSA), (Simon Love)

##### **Internal Audit**

Regional Assurance Director, MIAA, (Darrell Davies)

Senior Audit Manager, MIAA, (Fiona Hill)

##### **External Audit**

Engagement Lead (EL), Grant Thornton LLP, (Liz Luddington)

## **PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PRESS AND PUBLIC**

The Chair called the meeting to order at 11:00hrs.

### **01. APOLOGIES FOR ABSENCE**

Apologies were received from:

Wing Commander (Retired) Tim Mann (Member)

Gillian Shearer (OPFCC Chief Executive)

Hannah Foster (Grant Thornton LLP)

### **02. URGENT BUSINESS AND EXCLUSION OF PRESS AND PUBLIC**

One paper was a Part 2 item (9b) and was discussed in the meeting as it arose whilst no members of the public were present.

The Part 2 minutes of the previous meeting held Wednesday 24<sup>th</sup> September 2025 were circulated to members. They were signed as a true record by the Chair.

### **03. DISCLOSURE OF PERSONAL INTERESTS**

There were no disclosures of interest.

### **04. MINUTES OF MEETING AND MATTERS ARISING**

The minutes of the previous meeting held Wednesday 24<sup>th</sup> September 2025 were circulated to members. They were signed as a true record by the Chair.

The Chair asked if there was any framework in place to measure the responses to retention (Item 6a 25<sup>th</sup> June 2025).

T/DCC Blackwell outlined that retention was up, and they are using Operation Momentum in response to the recent wellbeing survey as well as focus groups and exit interviews to gather feedback.

The Chair reiterated the need for a development session on Partnership working (Ref: JAC4).

### **05. ACTION SHEET**

- a) An Action Sheet for the PFCC and Constabulary showing any actions discussed in previous JAC meetings and the progress made was circulated to the members prior to the meeting.

A Member asked for an update on item 05b DDAT Business Continuity.

T/DCC Blackwell & CC/CFO provided verbal updates. Reports are available to the committee should they wish to review them.

**ACTION: T/DCC Blackwell to provide access to Cyber Assessment report to Committee members.**

- b) An Action Sheet for the Joint Audit Committee was circulated to members prior to the meeting.

The Chair remarked he has met with most key individuals within the Constabulary and OPFCC and will meet with the Deputy Chief Constable.

## **06. CORPORATE UPDATE**

- a) Members had received and reviewed the Constabulary corporate update prior to the meeting.

T/DCC Blackwell provided further details and briefly highlighted certain aspects of the report.

A member asked why Officer Actual numbers were higher than Budgeted.

T/DCC Blackwell outlined that this will reduce through attrition, current disciplinary hearings and the neighborhood policing guarantee update.

The Chair raised a query regarding performance exceptions (Other Theft), a 7.1% positive outcome rate seemed low.

T/DCC Blackwell outlined the category policies and examples of what would constitute 'Other Thefts'.

- b) Members had received and reviewed the OPFCC corporate update prior to the meeting.

PFCC/CFO provided further details and briefly highlighted certain aspects of the report.

A member requested a development session in relation to Cumbria Devolution.

A member asked what the Cumbrian Mayoral Investment Fund could be used for.

PFCC/CFO outlined it would not impact Policing or Fire being more for economic growth initiatives.

c) Members had received and reviewed the Finance update prior to the meeting.

CC/CFO provided further details and briefly highlighted certain aspects of the report.

No comments were made.

**ACTION: FSA to add Devolution development session to March 2026 meeting agenda.**

## **07. INTERNAL AUDIT – PROGRESS REPORT**

Senior Audit Manager, MIAA provided an overview of the internal audit progress made by MIAA.

The Child Protection Review is to be deferred and replaced with Officer Safety Training pending the publication of the outcome from the recent HMICFRS Child Protection inspection and resultant action plan.

A member asked what was causing delays to the 'Futures Programme' report.

Senior Audit Manager, MIAA outlined that they are awaiting management responses.

T/DCC Blackwell added that the Constabulary are working to give more substantive responses including action points.

CC/CFO commented that when the 'Futures Programme' report has been completed, the report can go out to JAC members prior to the March 2026 meeting if required.

A member asked if management responses might be added as well as actioned prior to the report being circulated.

T/DCC Blackwell confirmed this will be the case.

A member then asked if the addition of an Officer Safety Training report was due to associated risks such as litigation.

T/DCC Blackwell outlined various risks associated with Training Officers and welcomed any insights highlighted.

There was further discussion.

A member asked MIAA if adding reports would take up the allocated contingency time or affect other reports.

Senior Audit Manager, MIAA explained there is headroom in the current contingency.

**ACTION: CC/CFO to send reports to JAC members when completed by MIAA.**

## **08. INTERNAL AUDIT REPORT(S)**

Members had received and reviewed the Internal Audit Reports prior to the meeting. MIAA provided a brief overview of each report and highlighted any recommendations made.

- a) Pensions
- b) Key Financial Controls

A member asked for assurances around the fraud risks with supplier setup procedures in the digital environment. Should this be given a higher rating than medium. Also, what was the management response actions.

Senior Audit Manager, MIAA explained the rating was due to the extensive testing completed, resulting in only one isolated case and the number of checks that are already in place.

Financial controls had been discussed earlier with CC/CFO in the MIAA development session. CC/CFO acknowledged the importance of this type of fraud awareness and has already spoken with Head of Commercial Services regarding this action and is awaiting feedback.

CC/CFO, is looking to reinforce awareness within the relevant teams with training and added spot checks going forward.

There was further discussion on cyber-attacks via supplier accounts.

## **09. MONITORING OF AUDIT, INTERNAL AND OTHER RECOMMENDATIONS AND ACTION PLANS**

Members had received and reviewed the Internal Audit Follow Up Report prior to the meeting. MIAA provided a brief overview of the report.

- a) Part 1 Follow up

A member asked MIAA if the due and in progress / awaiting response column (Page 7) could be split so there is no confusion as to what reports are due and what are awaiting an update.

**ACTION: MIAA to update Internal Audit Action Tracker to split column as above.**

- b) Part 2 Follow up

No comments were made.

**MEETING PAUSED TO DISCUSS PART 2 ITEM AT 12:05hrs.**

**MEETING RESUMED AT 12:10hrs.**

## **10. EXTERNAL AUDIT PROGRESS REPORT AND SECTOR UPDATE**

Members received and reviewed the External Audit Progress Report prior to the meeting. Engagement Lead for Grant Thornton LLP provided a brief overview of the report.

A member asked if there were any scheduled events that would be relevant to the committee members.

Engagement Lead for Grant Thornton LLP highlighted the links on page 112 and can provide details on upcoming events when dates are released.

The Chair gave congratulations on the work put in by both the financial services team and the external auditors and the outcome of the Audits.

## **11. ANNUAL REVIEW OF GOVERNANCE**

Members received and reviewed the PFCC and Constabulary arrangements for governance reports prior to the meeting.

OPFCC CFO provided a brief overview of the report.

### **a) Arrangements for Anti-Fraud and Corruption/Whistleblowing – PFCC**

Regional Assurance Director, MIAA remarked that section 2.9 page 116 the “Audit Commission Act 1998” has been repealed and replaced with the “Local Authority Countability Act 2014”.

**ACTION: PFCC/CFO to amend section 2.9 as above.**

T/DCC Blackwell provided a brief overview of the report.

### **b) Arrangements for Anti-Fraud and Corruption/Whistleblowing – Constabulary**

A member asked if the policy was a bit light when it came to fraud in terms of an investigation process and what the recovery process would be, should there be a fraud.

T/DCC Blackwell explained the internal, external local and national level fraud procedures.

There was further discussion.

The Chair asked if there is a £10 limit on gifts and gratuities.

T/DCC Blackwell remarked that the PFCC have it at £10 the Constabulary have not put a monetary value.

**12. ANNUAL GOVERNANCE STATEMENT DEVELOPMENT AND IMPROVEMENT PLAN UPDATE**

Members had received and reviewed these reports prior to the meeting.

PFCC/CFO and CC/CFO gave brief overviews.

- a) PFCC
- b) Constabulary

No comments were made.

**13. TREASURY MANAGEMENT ACTIVITIES**

Members received and reviewed the Treasury Management Activities 2025/26 Quarter 2 Report

CC CFO provided a brief overview of the report.

No comments were made.

**14. POINTS FOR CONSIDERATION BY THE COMMISSIONER, THE CHIEF CONSTABLE AND/OR THE CHIEF FIRE OFFICER**

No comments were made.

**15. AOB**

No comments were made.

**Meeting ended at 12:30hrs.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Future JAC Meeting Dates (For Information)**

25th March 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

24th June 2026 @ 11:00 - Fire HQ Penrith

23rd September 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

23rd November 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith

**Future Police, Fire and Crime Panel Meeting Dates (For Information)**

30th January 2026 – TBC

## Joint Audit Committee – Action Update and Plan (PFCC/Constabulary)

Completed
Ongoing within Original Timescale
Ongoing with original timescale extended
Overdue

Minute Item and date	Action to be taken	Person Responsible	Target Date	Subsequent Updates	Status
28b (25/09/24)	LGR & Partnerships Audit - TIAA to confirm to the committee that the Cumbria Partnership Strategy has been updated	TIAA Director of Audit OPFCC	31/12/2024 31/05/2025 30/09/2025 30/04/2026	<p><b>January 2025</b> - The strategy is due for replacement from April 2025 so will be updated at that point in time.</p> <p><b>May 2025</b> - The Partnership Strategy is currently being discussed and updated by the Partners with an expectation it will be complete by September.</p> <p><b>October 2025</b> – Agreed at JAC meeting 24/09/25 for deadline to be extended to 30/04/2026</p>	Ongoing with original timescale extended
06c (25/06/25)	PFCC Chief Executive to share the Police, Fire and Crime Panel papers with the Committee from the meeting following the settlement.	OPFCC	31/01/2026	<p><b>August 2025</b> – The papers will be shared with JAC members after the PFCP meeting in January</p> <p><b>February 2026</b> – A link to the PFCP meeting of 30/01/26 and a link to the Public Accountability Conference Budget Setting Meeting (12/02/26) Papers has been provided to JAC members by email 26/02/26.</p>	Completed
05a (26/11/25)	T/DCC Blackwell to provide Committee members with access to Cyber Assessment report.	T/DCC	25/03/2026	<b>March 2026</b> – a copy of the Police Digital Services Annual SIRO Report has been uploaded to the members portal.	Completed
06b (26/11/25)	FSA to add Devolution development session to March 2026 meeting agenda	FSA	31/03/2026 31/06/2026	<b>March 2026</b> – Due to OFCC CFO absence at the March meeting it is suggested that this briefing now takes place in June.	Ongoing with original timescale extended

07 (26/11/26)	CC/CFO to send reports to JAC members when completed by MIAA	CC/CFO	24/06/2026	<b>March 2026</b> – All finalised reports have been provided to members as part of the agenda for the March meeting.	Completed
09a (26/11/26)	MIAA to update Internal Audit Tracker to split out the due and in progress / awaiting response column (page 7)	MIAA	25/03/2026	<b>February 2026</b> – MIAA have updated the format of their report and members will receive the report in the new format in March.	Completed

## Joint Audit Committee – Review of Effectiveness Action Plan 2025/26

Completed
Ongoing within Original Timescale
Ongoing with original timescale extended
Overdue

Ref	Improvement Area	Planned Action	Owner	Review Date	Status
JAC1	Support and monitor the OPCC and Constabulary plans to address sustainability.	<ul style="list-style-type: none"> <li>Maintain longer term budget overview through Corporate Updates</li> <li>Follow through any sustainability issues from audit reports</li> <li>Identification, analysis and comment on sustainability issues within Annual Accounts</li> </ul>	JAC	June 2026	Ongoing within Original Timescale
JAC2	Achieve a greater understanding of HMICFRS work, reports and findings and how these are integrated into mainstream activities, including risk registers and the Futures Programme / benefit realisation process.	<ul style="list-style-type: none"> <li>Development Session on HMICFRS / Futures Programme</li> <li>HMICFRS reports included as formal agenda item for JAC</li> <li>Monitor through Corporate Updates</li> </ul>	JAC	March 2026	Ongoing within Original Timescale
JAC3	To improve the profile and engagement of JAC with those tasked with the overall responsibility for governance, and any governance committees as necessary / considered beneficial to enhance its work.	<ul style="list-style-type: none"> <li>Chair has met with PFCC, Chief Constable, Chief Fire Officer, Chief Executive, PFCC DoF, CC DoF, External Audit, Internal Audit,</li> <li>Chair has met with Chair of Scrutiny Panel and Deputy CC</li> <li>Chair has attended Police, Fire and Crime Panel Meeting</li> </ul>	JAC	March 2026	Ongoing within Original Timescale
JAC4	Achieve a greater understanding of partnerships that the PCC and Constabulary	<ul style="list-style-type: none"> <li>Development session on partnerships</li> <li>Analysis and follow up of relevant audit reports</li> </ul>	JAC	March 2026	Ongoing within

	are involved with.	<ul style="list-style-type: none"> <li>• Overview through Corporate Updates - especially any changes</li> </ul>			Original Timescale
JAC5	Support and challenge any new or emerging governance arrangements including the greater collaboration and joint working with other organisations on service delivery.	<ul style="list-style-type: none"> <li>• Overview through Corporate Updates</li> <li>• Specific JAC agenda item if required</li> <li>• Link with other organisations as necessary</li> </ul>	JAC	March 2026	Ongoing within Original Timescale
JAC6	To ensure that internal JAC arrangements support its overall aims through the introduction of an annual assessment and development process for members, including the active uptake and participation in appropriate training opportunities.	<ul style="list-style-type: none"> <li>• Annual discussion and assessment held with all JAC members</li> <li>• Training / Development plans agreed for all members</li> <li>• Action Plan arising from this process drafted</li> </ul>	JAC	March 2026	Ongoing within Original Timescale

# Chief Officer Group



**TITLE OF REPORT:** Joint Accountability Committee – Constabulary Corporate Update

**DATE OF MEETING:** Wednesday, 25<sup>th</sup> March 2026

**ORIGINATING OFFICER:** T/Deputy Chief Constable Jonathan Blackwell

## Constabulary Performance Overview *(Year to date to include excetions and comparions (where available))*

### For the financial year to date:

- 92.9% of 999 calls were answered within 10 seconds
- 94.2% of 101 calls were answered within 5 minutes
- 90.7% of grade 1 incidents were attended within target
- 91.1% of grade 2 incidents were attended within target
- The volume of all crime has reduced by 2.3% in comparison to the same period last year (29,924 down from 30,639, a decrease of 715 crimes). The positive outcome rate for the current period is 19.7%, this is a marginal reduction of 0.8pp from the same period last year of 20.5%, despite the transition to a new RMS which typically results in reduced outcome rates for a substantial period of time. Latest national data (12 months up to the end of November 2025) indicated that Cumbria had one of the highest outcome rates nationally.

### Performance Exceptions

- **Burglary Residential** – 8.1% decrease in recorded crimes, with a stable outcome rate. Lower crime rate than MSG and one of the lowest crime rates nationally. Influenced by KPIs to improve positive outcomes and reduce crime, with increased governance in performance meetings. Most recent national data indicates that Cumbria have one of the highest outcome rate nationally.
- **Anti-Social Behaviour** - Incidents of Anti-social Behaviour have continued to decrease (-30.4%). Various statistical significance tests all confirm the reductions have not occurred by chance and it is likely this is as a result of Op Enhance.
- **Rape** – Reduction in outcome rate by 3.6pp (8.3%, down from 11.9%), this is below our outcome KPI (13.6%-17.6%). This is receiving extensive scrutiny and governance across a number of strategic and tactical meetings, including Rape Themis, Op Soteria Board, Vulnerability Board, Strategic Performance Board and Strategic Management Board.
- **Other Sexual Offences** – A 2.5% reduction in recorded crime and a 2.7pp increase in our outcome rate (13.5%, up from 10.8%). Outcome KPI is governed across a number of meetings mentioned above for Rape.
- **Hate Crime** – Increase by 19.0% compared to SPLY, likely influenced by local and national tensions. Community tensions continue to be monitored daily and receive governance across a number of operational meetings. Targeted engagement work is underway to address repeat locations, victims and offenders. A number of offences have been identified as occurring within NHS premises and care settings, prompting closer partnership working with those organisations.
- Latest data published by the **Crime Survey England & Wales** (12 months up to September 2025), indicates that Cumbria has the highest proportion of residents who have confidence in their local police force. Cumbria also scored highest in a number of other categories and top 5 in all areas relating to public perception and ratings of police.

**Corporate Updates** *(HR and Inspection)***Recruitment**

Police officer recruitment, including Transferee recruitment, remains ongoing. 20 officers joined on the 26<sup>th</sup> January 2026, further intakes are planned.

Transferee recruitment is in addition to this; there are 4 confirmed to start on the 24<sup>th</sup> March 2026. There are currently 3 at applicant stage, 14 invited or to be invited to an in-force interview, 13 at checks underway and 9 ready to be posted/start date confirmed.

The Constabulary continue to aim for the Uplift maintenance target headcount of 1393, at the time of writing the Constabulary are at 1415.

**Inspection Regime**

1. National Child Protection Inspection: A draft report was submitted for the force to conduct a factual accuracy check which has been completed. In the interim of awaiting the final published report, the force has been underway with an action plan in response to feedback provided from HMCIFRS on areas the force can improve.
2. Safety Advisory Group Inspection: Cumbria was also selected as one of the forces for a Safety Advisory Group inspection. Interviews and fieldwork commenced 09/02/26. This commission considered how police forces in England and Wales, take into account the full range of strategic considerations when providing advice to safety advisory groups. Including the examination of:
  - the risk appetite of police forces in their advice and assessment;
  - the degree to which the police take into account wider community impacts and other factors that might be relevant (such as an event's national or international significance), beyond narrow community safety considerations;
  - whether police forces strike the right balance between these factors; and
  - how forces communicate their assessments and contributions to the public.
3. PEEL Inspection: Cumbria is currently facilitating HMCIFRS' Quality Service Review phase of its PEEL inspection which includes reviews of:
 

<ul style="list-style-type: none"> <li>• Incident response calls,</li> <li>• External safeguarding referrals,</li> <li>• Use of Force,</li> <li>• Stop and Search,</li> <li>• ASB,</li> <li>• Domestic Abuse Incidents,</li> <li>• Assaults,</li> </ul>	<ul style="list-style-type: none"> <li>• Retail crime,</li> <li>• Rape,</li> <li>• Stalking &amp; Harassment,</li> <li>• Burglary,</li> <li>• Missing from home</li> <li>• Fraud</li> <li>• Rape Cancellations</li> </ul>
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Inspection activity will also review the forces response to the previous AFI's it received during the last PEEL inspection. The final evidence collection period commenced over a two week period starting the 13<sup>th</sup> April 2026.

**Operations and Events****Op Festive activity over Christmas and New Year : 1<sup>st</sup> December 2025 to 5 January 2026**

- |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• 222 arrests made</li> <li>• 50 drivers arrested for drink driving</li> <li>• 94 drivers arrested for drug driving</li> <li>• 355 licensed premises visited</li> <li>• 166 Traffic Offence Reports issued</li> <li>• 23 KSI's in December 2025, up from 15 in December 2024.</li> </ul> | <ul style="list-style-type: none"> <li>• 764 breath tests conducted</li> <li>• 224 drug wipes conducted</li> <li>• 67 dispersal orders issued</li> <li>• 1479 vehicle stopped</li> <li>• 347 Stop Searches</li> <li>• 227 Violence Against Women and Girls (VAWG) interventions</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Op Pivot** : Ongoing firearms amnesty

**Op Merlin** : Two week operation commenced 2<sup>nd</sup> February 2026 involving BCUs , Ops and Crime Commands working along side Intelligence Units and the Warrants Team to collate and execute outstanding court warrants, prison recalls and wanted persons, believed to be in the local area. The results will be publicised in due course.

## Media Highlights

### Proactive campaigns / operational activity

- **Operation Festive:** Throughout December the force ran a number of behaviour-change campaigns and enforcement operations which generated significant positive media coverage and social media feedback covering themes such as VAWG, domestic abuse, drink and drug driving and personal safety. Our video content published on social media amassed more than three million views.
- **Operation Colossus:** Significant media and social media activity was generated throughout a 15-week campaign targeting dangerous driver behaviour and antisocial behaviour across Cumbria. Our video content published on social media amassed more than 6.18 million views.
- **Tackling drug supply:** Our Media & Communications team have been proactive in highlighting a series of operations to tackle drug supply activity across the county - with positive coverage in the media generated and regular social media content published.

### High profile incidents / activity / court results

- **Multi-agency response to flooding:** Our Media & Communications team led the multi-agency communications response to predicted significant flooding in Cumbria in December. This included the co-ordination of communications teams from several agencies and led to positive local media coverage and timely information being provided to the public.
- **Fox hunting arrests:** There was significant national and local media interest following a fox hunting incident in Coniston which resulted in videos circulating online. Regular media updates were issued highlighting the number of arrests and quick police action. Most of the social media commentary was in support of the police response.
- **Train derailment at Shap:** Media & Communications supported the multi-agency response to a train derailment in November which generated significant national and local media coverage.

### Upcoming campaigns and promotion of operational activity

- **Operation Merlin:** The Media & Communication will be highlighting the results and activity from a two-week operation targeting wanted individuals in February.
- **County Lines:** A campaign will support operational activity in early March targeting county lines drug supply across the county.



# Joint Audit Committee

## Title: OPFCC Corporate Update

**Date of Meeting: March 2026**

**Agenda Item No: xx**

**Originating Officers: Gill Shearer, OPFCC Chief Executive**

This update provides the Joint Audit Committee with a headline summary of recent developments within the Office of the Police, Fire and Crime Commissioner.

### 1. White Paper

The White Paper outlines proposals for potential pathfinder mergers to test new policing structures. However, regionalisation presents a risk for smaller, high-performing forces such as Cumbria, as the removal of specialist capabilities can make them harder to access through regional tasking arrangements, ultimately reducing the level of service to local communities.

In Cumbria, our roads policing team provides an essential service, operating across a large rural network with significant seasonal pressures and challenging weather conditions. Their local knowledge and specialist skills are critical to public safety. The same applies to our firearms unit, whose operational decisions rely on an in-depth understanding of the environments in which they work. For these reasons, we do not support a single national model for roads policing or firearms, as it would diminish the local expertise required to manage risk effectively.

The White Paper does include some positive proposals, notably the further centralisation of serious organised crime and counter-terrorism functions.

### 2. Devolution

On 17 July 2025, the Minister of State for Local Government and English Devolution confirmed that the Devolution Priority Programme had completed public consultations on proposals to establish Mayoral Strategic Authorities.

On 14 October 2025, both Cumberland Council and Westmorland and Furness Council gave their final approval to the Government's devolution proposals, marking a significant step toward more locally driven decision-making.

The new Combined Authority will benefit from enhanced powers and funding not available to the existing councils, including access to a £333 million Cumbrian Mayoral Investment Fund over 30 years.

The first meeting of the Combined Authority is scheduled for 18 March. It will comprise two constituent members from each authority, alongside non-constituent and associate elected members appointed to provide professional insight and strengthen stakeholder engagement.

The OPFCC is scheduled to transfer to the Combined Authority following the Mayoral Elections in May 2027, with the transition expected to be delivered through a straightforward 'lift-and-shift' of existing services.

### **3. Budget**

On 12<sup>th</sup> February 2026, the PFCC approved a balanced budget for both policing and fire for 2026/27.

Achieving this has required setting the council tax precept at the maximum permissible level for both policing and fire. The police budget is based upon a Band D council tax precept increase of £14.94 (4.61%) in 2026/27, with a budget gap emerging of £1.7m in 2027/28 rising to £6.8m by 2030/31. The 'Future Programme', led by Deputy Chief Constable, is progressing a number of projects to address this gap, and this will continue to be rigorously scrutinised.

The fire budget is based upon a Band D council tax precept increase of £4.95 (5.04%) in 2026/2027. Significant pressures remain on the expenditure budget, particularly in relation to pay and inflation. Without identifying savings, a budget gap of £1.541m would arise. A savings target of £780,000 has been agreed for 2026/27, with the remaining £761,000 to be drawn from reserves for that year, after which reserves will be rebuilt to prudent levels. To deliver the required savings, a Financial Strategy and Savings Board has been established to review all aspects of the service and identify opportunities. This will continue to be rigorously scrutinised.



**Joint Audit Committee – 25 March 2026**

**Item 06c Corporate Update – Finance**

**Report of: Michelle Bellis, Constabulary CFO**

### **Executive Summary**

This paper provides a brief corporate update in relation to financial matters and has been prepared by the Constabulary Chief Finance Officer.

### **Recommendation**

Joint Audit Committee members are asked to note the contents of the update.

## Corporate Update – Financial Matters

### Statutory Audit of Accounts

2025/26 – Work to prepare for the 2025/26 statutory accounts has started and an interim audit by Grant Thornton is currently underway.

### 2025/26 Budget Monitoring

The quarter 3 revenue budget position as at 31<sup>st</sup> December for the PFCC/Constabulary Group was finalised in early February and has been reported to Chief Officers and the OPFCC. The report shows a combined underspend of £0.155m (0.11%). Some underspends have arisen in year, largely as a result of the Futures Programme work and these have been transferred to earmarked reserves to support the budget and the futures programme in future years.

### 2026/27 Budget Setting

The budget process for 2026/27 concluded on 12/02/26 when the Commissioner, at his Public Accountability Conference, approved the budget for 2026/27 and MTF to 2030/31. The budget for 2026/27 is balanced, as is the statutory requirement with a budget gap emerging of £1.7m in 2027/28 rising to £6.8m per annum by 2030/31. A programme of work within the Constabulary, known as the Futures Programme, continues to work on projects to bridge this gap. Members will receive a budget briefing at their development session following the March meeting.

### Internal Audit

Progress is being made in relation to the 2025/26 internal audit plan. The plan for the year includes 10 distinct pieces of audit work which are scheduled quarterly. Four reports have been finalised and presented to the JAC meetings in September and November. At the time of writing, two reports have been finalised and will appear on the agenda for the March JAC meeting with four audits currently underway and expected to be finalised by the end of March/early April in order that these can be included in the annual internal audit opinion for the year.

The agenda for the March meeting includes the proposed Internal Audit Plan for 2026/27 for consideration and approval.

### JAC Recruitment

The process to recruit additional members and a new chair for JAC is currently underway with the closing date of 16/03/26. Members will be updated verbally at the meeting.

**Internal Audit Progress Report**  
**Joint Audit Committee (25<sup>th</sup> March 2026)**  
**Cumbria Police, Fire & Crime Commissioner**  
**Cumbria Constabulary**

# Contents

- 1 Introduction**
- 2 Key Messages for Joint Audit Committee Attention**
  
- Appendix A: Contract Performance**
- Appendix B: Performance Indicators**
- Appendix C: Assurance Definitions and Risk Classifications**

## **Global Internal Audit Standards (UK public sector)**

Our work was completed in accordance with Global Internal Audit Standards (UK public sector).

# 1 Introduction

This report provides an update to the Joint Audit Committee in respect of the progress made in against the Internal Audit Plan for 2025/26 and brings to your attention matters relevant to your responsibilities as members of the Joint Audit Committee.

This progress report provides a summary of Internal Audit activity and complies with the requirements of the Global Internal Audit Standards (UK public sector).

This progress report covers the period 13<sup>th</sup> November 2025 – 5<sup>th</sup> March 2026.

# 2 Key Messages for Joint Audit Committee Attention

Since the last meeting of the Joint Audit Committee, there has been the focus on the following areas:

## 2025/26 Audit Reviews

The following reviews have been finalised:

- Futures Programme - Cost Improvement/ Efficiencies (Moderate)

Several areas for further development and improvement were identified including the need to develop an Operating Procedure, A process for quality assuring business case documents should be developed and a process to be applied in respect of post implementation reviews should be documented. Reporting performance could also be expanded.

- Problem Solving – Local Policing (Moderate)

Overall, there were some good practices identified; however, there was a lack of consistency between teams, mainly as a result of a case system which was not wholly fit for purpose for recording, monitoring and reporting Problem Solving cases and a lack of dedicated guidance notes.

The reviews below are currently at draft report stage or are in progress:

- Attendance Management Policy (fieldwork)
- Risk Management (fieldwork)

- Officer Safety Training (fieldwork)
- IT Asset Management (fieldwork)

### Audit Plan Changes

Audit Committee approval will be requested for any amendments to the original plan and highlighted separately below to facilitate the monitoring process.

- There are no changes requested.

### MIAA – Assured provider to the NCSC Cyber Resilience Audit Scheme

**We are proud to announce that MIAA has been officially recognised as an Assured provider under the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF).**

This accreditation marks a major milestone for MIAA and reflects our ongoing commitment to helping organisations strengthen their cyber resilience and safeguard critical systems and services.

This achievement, which is the result of a rigorous assessment process, demonstrates our credentials in auditing against the NCSC's Cyber Assessment Framework and, highlights the exceptional skills and experience of our staff as well as our organisational commitment to the highest cyber security standards. While this recognition is a tremendous achievement for MIAA, its greatest value lies with our clients, who can be confident they are engaging highly skilled individuals and a trusted, high-quality audit provider.

The Cyber Resilience Audit (CRA) scheme provides assurance for organisations delivering independent cyber audits, with a strong focus on the Cyber Assessment Framework (CAF). By becoming an NCSC Assured Provider, MIAA has demonstrated:

- Expertise in auditing against the CAF.
- Independence and integrity in delivering high-quality assessments.
- Dedication to helping organisations manage cyber risks in an ever-changing threat landscape.

## Added Value

### Briefings

Our latest briefings/blogs/podcasts are:






- [Celebrating 10 Years of the MIAA Internship Programme: Reflections from Our 2024 Interns](#)
- [Andy Maloney Blog: Neighbourhoods First: Transforming Local Health and Care Together](#)
- [25/26 MIAA Insight - AI Governance Checklist](#)

## Appendix A: Contract Performance

The Global Internal Audit Standards (UK public sector) state that 'In the UK public sector, a chief audit executive must prepare such an overall conclusion at least annually in support of wider governance reporting, mindful of any specific sector obligations or processes. This overall conclusion must encompass governance, risk management and control.'

Below sets out the overview of delivery for your Head of Internal Audit Opinion for 25/26:

HOIA Opinion Area	Qtr as per Plan	TOR Agreed	Status	Assurance Level	Report Issued	Audit Committee Reporting
<b>Core/ Mandated Assurances</b>						
Key Financial Systems	3		Final Report	Substantial	12 <sup>th</sup> November 2025	November 2025
Risk Management	4		Fieldwork			
<b>Risk Based Assurances</b>						
Cost Improvement/Efficiencies	1		Final Report	Moderate	27 <sup>th</sup> February 2026	March 2026
Management of Sexual Offenders	1		Final Report	Confidential	27 <sup>th</sup> August 2025	September 2025
Local Policing – Problem Solving	2		Final Report	Moderate	4 <sup>th</sup> February 2026	March 2026

HOIA Opinion Area	Qtr as per Plan	TOR Agreed	Status	Assurance Level	Report Issued	Audit Committee Reporting
Commissioner Grants	2		Final Report	Substantial	4 <sup>th</sup> September 2025	September 2025
Pensions	3		Final Report	Substantial	30 <sup>th</sup> October 2025	November 2025
Attendance Management Policy/Retention	3		Fieldwork			
Officer Safety Training	3		Fieldwork			
IT Asset Management	4		Fieldwork			
Follow Up						
Qtr 1/2		N/A	Complete	N/A		September 2025
Qtr 3		N/A	Complete	N/A		November 2025
Qtr 4		N/A	Complete	N/A		March 2026

If due to circumstances beyond our control we are unable to achieve sufficient depth or coverage, we may need to caveat opinions and explain the impact of this and what will be done to retrieve the position in future.

## Appendix B: Performance Indicators

The primary measure of your internal auditor's performance is the outputs deriving from work undertaken. The following provides performance indicator information to support the Committee in assessing the performance of Internal Audit.

Element	Reporting Regularity	Status	Summary
Delivery of the Head of Internal Audit Opinion (Progress against Plan)	Each Joint Audit Committee	Green	There is ongoing engagement and communications regarding delivery of key reviews to support the Head of Internal Audit Opinion.
Completion of the plan within agreed timetable and budget	Each Joint Audit Committee	Green	There has been ongoing engagement and communications with management regarding delivery of key reviews to support the Head of Internal Audit Opinion.
Final audit report issued within 10 days of receiving a management response	Each Joint Audit Committee	Green	All reports have been issued on a timely basis on receipt of management responses.
Final audit reports have been agreed by the nominated Senior Leadership Executive	Each Joint Audit Committee	Green	All reports have been agreed and approved by the lead executive.
Proportion of recommendations raised which are agreed by management	Each Joint Committee	Green	All actions arising from audit reviews have been accepted by management.
Percentage of recommendations which are implemented (Part One)	Each Joint Audit Committee	Green	From 23 (100%) outstanding due recommendations, 14 (61%) recommendations have been completed in total. 1 There are 9 (39%) overdue

Element	Reporting Regularity	Status	Summary
			recommendations, either in progress, awaiting an update.
Qualified Staff	Annual	Green	MIAA have a highly qualified and diverse workforce which includes 65% qualified staff. The Senior Team delivering the Internal Audit Service to the Constabulary are CCAB/IIA qualified.
Quality	Annual	Green	MIAA operate systems to ISO Quality Standards. MIAA conforms with the Global Internal Audit Standards (UK public sector).

# Appendix C: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul>
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function or process objectives;</li> <li>has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

## Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

**Ellie Lawson**

Delivery Manager

Tel: 07776 588011

Email: [ellie.lawson@miaa.nhs.uk](mailto:ellie.lawson@miaa.nhs.uk)

**Darrell Davies**

Engagement Lead

Tel: 07785 286381

Email: [Darrell.Davies@miaa.nhs.uk](mailto:Darrell.Davies@miaa.nhs.uk)

**Fiona Hill**

Engagement Manager

Tel: 07825 592842

Email: [Fiona.hill@miaa.nhs.uk](mailto:Fiona.hill@miaa.nhs.uk)

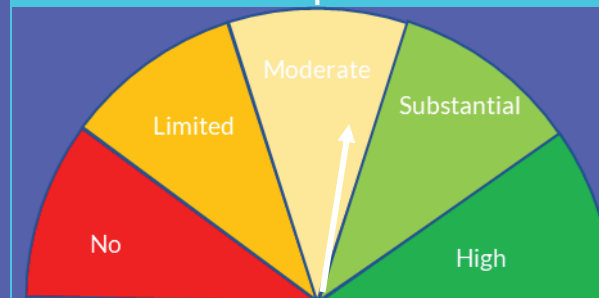
# Futures Programme (Cost Improvement/ Efficiencies)

## Final Assignment Report 2025/26

Cumbria Office of the Police, Fire and Crime Commissioner  
and Cumbria Constabulary

309CPFCCC\_2526\_003

### Overall Assurance Opinion



There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

# Contents

## 1 Executive Summary

## 2 Findings and Management Action

Appendix A: Engagement Scope

Appendix B: Assurance Definitions and Risk Classifications

Appendix C: Report Distribution

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation and is for your sole use. If you have any queries regarding this review, please contact the Engagement Manager. To discuss any other issues then please contact the Director.

### 3 Executive Summary

The overall objective of the review was to provide assurance on the systems and processes in place for the identification, monitoring and reporting of the projects contained within phase one of the Futures Programme.

#### Key Findings/Conclusion

The 'Futures Programme' is an initiative managed by the Deputy Chief Constable to consider areas of the policing budget that could be targeted for review to provide greater efficiency and/or reductions in expenditure to help address the identified pressures placed on the budget resulting in c£11m of savings being required over the next five years.

Overall moderate has been awarded. There is an adequate system of internal control, however, in some areas weaknesses in design/operation of controls puts the achievement of some aspects of the system objectives at risk.

In developing the Futures Programme, the constabulary developed a plan to address anticipated financial pressures and has introduced several aspects of good practice including the provision of documentation, The Business Change and Finance teams provided support/ information to those involved in identifying and developing business cases. These are approved by the Senior Management Board with decisions being formally recorded. Projects are subject to review at various stages and across the specified governance groups (Future Programme Board and Chief Officers Group)

Several areas for further development and improvement were identified including the need to develop an SOP which incorporates the key elements of the programme cycle and clarifies roles and responsibilities of the various governance groups involved in the process. A process for quality assuring business case documents should be developed to ensure that any changes required following submission are reflected throughout the final document. The process to be applied in respect of post implementation reviews should be documented so that all parties are clear on the requirements and the stages to be followed.

Reporting performance could be expanded to contain more information on actual project savings achieved and actual efficiencies realised/ emerging risks during the implementation individual projects. Risk management training should be considered for those involved in developing business cases.

Objectives Reviewed	RAG Rating
Roles and Responsibilities	Amber
Documentation & Guidance	Amber
Identification of Projects	Green
Business case evaluation	Green
Impact Assessments	Green
Monitoring of savings/ efficiencies	Green
Post implementation reviews	Amber
Reporting Arrangements	Amber
<b>Overall Assurance Rating</b>	<b>Moderate</b>

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	0	0
High	0	0
Medium	2	1
Low	3	0
<b>Total</b>	<b>5</b>	<b>1</b>

## Areas of Good Practice

- Guidance documentation covering 'assessing the need for change' has been developed to support those individuals who are considering the development of a project as part of the Futures Programme.
- A 'High Level Timeline for Change Project's and an 'Approach to conducting initial 'Fact Find' information sheets are available which highlights the key stages in a change project from start up to evaluation.
- Project Sponsors and Project Owners are identified for each project.
- Projects included in the programme cover both support and operational functions.
- The Business Change Team are available to provide training and project support, on a risk/complexity basis, to both project sponsors and project owners to help develop, implement, and evaluate their project.
- A comprehensive business case proforma is in place which considers both financial and non-financial impact of implementing the suggested changes to operational areas.
- The Constabulary's finance team provide detailed financial information to support the development of respective business cases and are available to provide additional advice and guidance as required.
- Business Case Projects are subject to review and formal sign off at the Senior Management Board. Evidence exists of challenges that are made to proposed business cases and in some instances, decisions being taken not to go ahead with the full range of proposals (e.g. marketing and communications business case.)
- Decision logs are maintained detailing key decisions taken when considering individual projects.

- A Futures Programme Board (FTB) has been developed to oversee the development and implementation of the programme (formerly the Strategic Change Board) A formal Terms of Reference is in place, which requires updating to reflect the name change, and membership of the Board is appropriate in terms of coverage and seniority of those attending. The FTB has a role in scrutinising the respective business cases prior to their being presented to the Senior Management Board.
- In the absence of formal minutes, a 'records of actions and decisions' document is used to record decisions and actions agreed at meetings of the FTB.
- Regular Financial Update Reports are provided to meetings of the Futures Programme Board.
- A 'highlight report' template has been devised to record project progress including a RAG rating, information on key updates and risks, benefits and progress being made in achieving them.
- Further updated on the Futures Programme are provided to the Chief Officers Group and the Senior Management Board.

### Key Findings – Issues Identified

Medium

- 3.1. Anomalies in the business cases reviewed also more info needed in some sections of the documents.
- 3.2. Lack of formal documentation covering the post implementation review cycle
- 3.3. Opportunities to enhance the information reported to the FTB (and then on to other groups) in respect of both financial and non-financial. Action logs can be sometimes brief in narrative

## Key Findings – Issues Identified

Low

- 3.4. Training on risk management principles (based on some of the information documented in the business cases.)
- 3.5. Lack of a SOP covering the entire process including the governance channels
- 3.6. Respective roles and responsibilities could be better defined.

### **Deputy Chief Constable Comments**

*I have reviewed the report in relation to the audit of the Futures Programme. I note that the report provides 'moderate' assurance with 6 recommendations (3 medium risk rating and 3 low risk rating). Agreed management actions have been provided by Dr Louise Kane, Director of Performance & Change. I also note the numerous areas of good practice referenced in the report. I will ensure that progress against these recommendations is made in line with the agreed timescales and tracked through the Futures Programme Board, which is chaired by me.*

**Jonny Blackwell, Temporary Deputy Chief Constable 26/02/2026**

## 4 Findings and Management Action

1. Business Case Review & Update		Risk Rating: Medium
Operating Effectiveness		
<p><b>Key Finding</b> – During the review there were several anomalies identified in some of the business cases selected for testing.</p> <p>These inconsistencies include:</p> <p><b>Admin &amp; Secretarial</b></p> <ul style="list-style-type: none"> <li>• The summary states the removal of 2.7 FTE yet the table opposite shows a reduction of 2.0 FTE</li> <li>• Reference is made in the summary to possible voluntary redundancy, but no potential costs are referenced.</li> <li>• States that a post implementation review should be undertaken after six months (business case date 20/11/24)</li> <li>• The recommendations for change section of the business case identifies savings of £71,826 which differs from the savings identified in the summary of £100,296.</li> <li>• The benefits assessment section does not detail any benefit owners nor states any target realisation dates.</li> </ul>	<p><b>Specific Risk</b> – Failing to effectively review and update business cases can have consequences for organisations and projects including increased financial risks, failure to realise anticipated benefits and increased project risk.</p>	<p><b>Recommendation</b> – A change control process covering business cases should be introduced which incorporates:</p> <ul style="list-style-type: none"> <li>• Requiring all changes to be logged, reviewed, approved, and tracked.</li> <li>• Use version control to maintain a history of edits and ensure traceability.</li> <li>• Templates that include change logs, revision dates, and responsible parties.</li> <li>• Changes are clearly documented with rationale and expected impact.</li> <li>• Stakeholders reviewing and signing off on changes.</li> <li>• Checklists to verify that all required updates have been incorporated.</li> <li>• Review meetings to walk through the revised business case.</li> </ul> <p>Consideration should be given to providing risk management training to those involved in the production and review of business cases.</p>

- Risk mitigations have been identified but most do not impact on likelihood and impact ratings.

#### **Communications & Marketing**

- The summary states that there is a proposed reduction of 4.61 FTEs resulting a savings of £210,603. Following consideration of the business case a decision was taken to proceed with the removal of vacant posts. The impact of this decision has not been reflected in the costs summary nor in identified risks originally stated in the business case.
- The benefits assessment section indicates a considerable number of 'dis benefits' from the proposed actions when compared to the potential benefits.
- Proposed risk mitigations have limited impact on the initial risk ratings.

#### **Firearms Licencing**

- The benefits of taking the proposed actions have been noted as achieving an 'immediate impact.' Some benefits related to personal development of team members and productivity gains which it could be argued would not be achieved immediately,
- Reference made to potential redundancies, but this is not referenced in the summary nor any potential costs disclosed.

<ul style="list-style-type: none"> <li>Two mitigations are noted in the business case in respect of the identified risks. In respect of the first the mitigation it would appear to impact upon 'likelihood', but this remained unchanged. For the second the mitigation does not appear to address the identified risk.</li> </ul> <p>Some of these inconsistencies are likely to have arisen where there have been discussions regarding the proposed business case and amendments have been made to the initial proposal following these discussions, but the changes have not necessarily been applied throughout the business case document.</p>		
<p><b>Management Response</b> This occurred as a result of business change resources not being sufficiently aligned to projects, the Force has now centralised all business change projects with all change resources. Programme Managers/ business analysts aligned to each. The Programme manager role will QA each business case to ensure all risks /benefits and quality is in place.</p> <p>Responsible Officer – Claire Head, Assistant Director of Change</p> <p>Implementation Date – December 2025</p>		<p>Evidence to confirm implementation –</p> <p>Revised and updated business cases that reflect the final decisions taken and document the agreed risks/ benefits associated with the re-stated position.</p>

<b>2. Post Implementation Evaluation Review</b>		<b>Risk Rating: Medium</b>
<b>Control Design</b>		
<p><b>Key Finding</b> – At the time of this review most projects had not been through a formal evaluation process since they had not yet reached this stage of the project process.</p> <p>The business cases contain details of risks and opportunities arising from proposed actions and the mitigation of these risks and achievement of identified benefits need to be formally evaluated and reported so that the implications of taking agreed actions can be considered and appropriate action taken.</p> <p>Whilst there is an understanding that a post implementation review needs to be undertaken the requirements for this process are not currently formally documented to set out the process to be followed, the documentation that should be used and the timescales for completion/ scrutiny.</p>	<p><b>Specific Risk</b> – Not having a robust project implementation review process exposes an organisation to a wide range of risks that can compromise project success, waste resources, and damage stakeholder trust.</p>	<p><b>Recommendation</b> – the post implementation phase of the programme should be defined and documented. The guidance should include details of the process to be followed, documentation that is required to be produced and clearly document the timescales for completion, scrutiny, and challenge.</p> <p>Areas to consider could include:</p> <ul style="list-style-type: none"> <li>• Project Objectives vs. Outcomes</li> <li>• Scope, Schedule, and Budget Performance</li> <li>• Stakeholder Satisfaction</li> <li>• Quality of Deliverables</li> <li>• Risk Management</li> <li>• Team Performance and Collaboration</li> <li>• Lessons Learned</li> <li>• Benefits Realisation</li> </ul>
<p><b>Management Response</b> – As projects are implemented, an evaluation point will be scheduled into the Futures programme plan, evaluation reports with recommendations for change will be provided for audit, post evaluation. The ToR for each project considers the evaluation requirements that should be in place, with the Head of Analysis for the Force consulted and an agreed approach recorded which includes methodology and timelines.</p>	<p>Evidence to confirm implementation –</p> <p>Clear guidance notes and proformas etc which clearly detail the process for evaluation, the required documents to be provided and the governance routes to ensure appropriate scrutiny.</p>	

Responsible Officer – Claire Head & Sarah McMeekin	
Implementation Date – July 2026	

<b>3. Development/ Enhancement of Reporting Arrangements</b>	<b>Risk Rating: Medium</b>
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<b>Control Design</b>
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<p><b>Key Finding</b> – It is acknowledged that the Futures Programme is in the early stages of its life cycle and that arrangements are in a state of development.</p> <p>An important aspect of the programme will be the monitoring of the achievement of identified benefits including both financial and operational aspects.</p> <p><b>Financial Update Report</b></p> <p>The Financial Update Report is presented to each meeting of the Future Programme Board. Contained within this report is a page setting out the savings identified to date across the various projects included in the programme over the years 2025/26 to 2029/30.</p> <p>The report also documents the projected annual gap in achieving a balanced budget with the required level of savings to be identified (savings targets achieved for 24/25 and 25/26)</p> <p>Currently there is a lack of analysis of the achievement of the identified savings and noting of any split between recurring and non-recurring savings. It is noted that currently several savings have been</p>	<p><b>Specific Risk</b> – Failure to produce appropriate monitoring reports can lead to poor decision-making, Operational Inefficiencies, and reputational damage.</p>	<p><b>Recommendation</b> – The content of reports presented to the Futures Programme Board should consider the inclusion of the following (as appropriate):</p> <p><b>Finance Report</b></p> <ul style="list-style-type: none"> <li>• Actual Savings Achieved in year against those identified in the respective business cases.</li> <li>• Details of any pressures on delivery of identified savings</li> <li>• Profiled savings where appropriate (e.g. projects that are delayed/ implemented mid-year are unlikely to achieve full year savings in year one)</li> <li>• Split between recurring and non-recurring savings.</li> <li>• Detailing of any one-off costs that need to be incurred to deliver identified savings (e.g. Redundancy costs)</li> </ul> <p><b>Project Highlight Updates</b></p>
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<p>achieved through removal of vacant posts but there will be other projects where reduction in costs/ increases in income will need to be effectively monitored and reported so that assurance can be provided regarding delivery or actions being taken to address any shortfall.</p> <p><b>Project Highlight Updates</b></p> <p>There is no formal programme/schedule setting out when various project updates will be presented to the Futures Programme Board for consideration.</p> <p>The highlight updates template does not include any definition of what constitutes the three red/amber/green (RAG) ratings.</p> <p>Project risks are identified on the template but there is no assessment of the current level of risk or mitigations.</p> <p>There is no reference in the template to timescales for delivery either in terms of addressing newly opened risks or achieving benefits.</p> <p>In the example document provided (Resourcing and Working Arrangements Review) the section relating to the tracking of benefits had been deleted.</p>		<ul style="list-style-type: none"> <li>• Development of an annual cycle of business detailing when specific projects updates can be expected along with post implementation reports.</li> <li>• Update of the highlight update template to reference the RAG criteria and introduce prospective timescales in reference to risk mitigations and achieving benefits.</li> <li>• Consider a brief executive summary to highlight the key matters to bring to the attention of the members of the Futures Programme Board.</li> </ul>
<p><b>Management Response</b> – assessment and recommendation agreed. Sufficient time is needed to allow projects to mature to this stage therefore a date in the future selected to accommodate this.</p> <p>.</p>		<p>Evidence to confirm implementation –</p> <p>Examples of update reports being presented to future meetings of the Futures Programme Board</p>

Responsible Officer – Claire Head / Louise Kane	
Implementation Date – September 2026	

4. Risk Management Training	Risk Rating: Low
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Control Design

<p><b>Key Finding</b> – Identification and addressing risk forms a key element of the business case process.</p> <p>Review of a sample of business cases produced as part of the Futures Programme identified several areas in relation to risk assessments where there was evidence that some further training on risks management arrangements would be beneficial to support the business case development process.</p> <p>Areas identified included-</p> <ul style="list-style-type: none"> <li>• Risks not being appropriately documented in terms of what impact the risk could have on the constabulary.</li> <li>• Mitigations to risks being identified yet these did not appear to have any impact on the risk ratings.</li> <li>• Mitigations not always appearing to address the identified risks.</li> <li>• Some timescales for achieving identified benefits given as being 'immediate' even though it is</li> </ul>	<p><b>Specific Risk</b> – Not fully understanding the principles of risk management or effectively applying them exposes an organisation to a wide array of vulnerabilities including project failure, budget overruns and reputational damage and</p>	<p><b>Recommendation</b> –</p> <p>A training needs assessment should be undertaken to establish the level of knowledge of risk management principles and their application. This assessment should consider the requirements of those individuals likely to be involved in developing projects for potential inclusion in the futures programme.</p> <p>Based on the above a risk management training programme should be devised to ensure that those overseeing the development of business cases are sufficiently trained to carry out the tasks required of them.</p>
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<p>identified that several actions will need to be taken to realise them.</p> <ul style="list-style-type: none"> <li>• Some identified risks not featuring in the impact assessment.</li> <li>• Some confusion, at times, over what is a risk as opposed to an issue.</li> </ul>		
<p><b>Management Response</b> – Assessment and recommendation agreed. Under the new structure, all qualified change team members are proficient in risk management. Any gaps will be identified and training given</p> <p>Responsible Officer – Claire Head</p> <p>Implementation Date – July 2026</p>	<p>Evidence to confirm implementation –</p> <p>Risk Management Training Package</p> <p>Record of those who have received the training</p>	

<p><b>5. Standard Operating Procedure</b></p>		<p><b>Risk Rating: Low</b></p>
<p>Control Design/Operating Effectiveness</p>		
<p><b>Key Finding</b> –There is a framework document, ‘Change Management Framework’ in place which sets out the constabulary’s approach to organisational change. The document states that it ‘...has been produced to provide a reference point for those who want to know about how change is delivered, including governance arrangements and relevant policies and</p>	<p><b>Specific Risk</b> – Those involved in developing projects are unclear as to what is expected of them leading to incomplete or inappropriate projects which do not deliver on anticipated savings and other operational benefits.</p>	<p><b>Recommendation</b> – A Standard Operating Procedure should be drafted which includes the following:</p> <ul style="list-style-type: none"> <li>• Initiation</li> <li>• Scoping</li> <li>• Development</li> <li>• Review</li> <li>• Approval</li> <li>• Implementation and monitoring requirements</li> <li>• Post Implementation Review</li> </ul>

<p>procedures that are connected to Cumbria Constabulary Futures Programme.’</p> <p>A framework by its nature provides a high-level structure that outlines the key components, principles, or stages of a process. It gives guidance, not step-by-step instructions</p> <p>The constabulary does not have a Standard Operating Procedure detailing in an operational/ practical context the various stages of the process, the proformas to be used, roles and responsibilities of those involved, the governance routes and the specific activities required to progress through those governance routes which that need to be followed.</p> <p>Some of the inconsistencies identified in this review (see recommendations 1 &amp;2) could potentially be minimised through the creation of a SOP</p>		
<p><b>Management Response –</b></p> <p><i>The Digital Data and Technology (DDaT) and Organisational Change are currently in the process of joining together.</i></p> <p><i>As a result of this 2 x additional temporary Change Programme Managers are in the process of joining the team. These resources will deliver change programmes/projects in conjunction with the business. During this process they will mentor and support individuals to work at a consistent standard and complete the new agreed processes.</i></p> <p><i>To support the above a review of processes and documentation is currently underway and will result in a standardised document set to be completed across all programmes and projects. These will align with the ones already well established as part of the DDaT processes.</i></p>		<p>Evidence to confirm implementation –</p> <p>Standard Operating Procedure Document</p> <p>Evidence of approval at appropriate governance forum</p>

*Roles and responsibilities will all be agreed and documented at the initiation of the projects and reporting structures approved. All of this will be part of the documentation set currently being defined.*

*The aim is to have all the new processes, documentation and governance in place within the next 3 months.*

Responsible Officer – Claire Head, Assistant Director of Organisational Change

Implementation Date – 31 May 2026

**6. Terms of Reference Review & Update (various)**

**Risk Rating: Low**

**Control Design**

**Key Finding** – Several governance channels are used to consider, evaluate, and review the Futures Programme, this included the Futures Programme Board, the Senior Management Board, and the Chief Officers Away Day meetings.

Review of the terms of reference from the SMB and COAD revealed that they do not contain any specific references to responsibilities in respect of the Futures Programme.

Whilst it is acknowledged that both terms of reference contain references to input to strategic objectives and

**Specific Risk** – Failure to have a clear terms of reference in relation to the Futures Programme could lead to a lack of clarity and direction, role confusion between groups and a lack of accountability.

**Recommendation** – Following on from the creation of an SOP documenting the key stages of the Futures Programme a review and revision of the TORs relating to those groups involved in the governance of the programme should be undertaken so that roles, responsibilities, and interdependencies are defined as appropriate.

<p>financial oversight etc there is no clear link to the Futures Programme and given that this programme is to be the focus of such activities for the foreseeable future the roles and responsibilities of each group involved that process should be clearly defined in the context of that programme.</p>		
<p><b>Management Response</b> – The SOP is in place, as is the change timeline and governance. Evidence of this can be provided. TOR for governance meetings are under review on the back of the structural changes and these will be shared once agreed by COG</p> <p>Responsible Officer – Louise Kane</p> <p>Implementation Date – April 2026</p>		<p>Evidence to confirm implementation –</p> <p>Revised Terms of Reference Documents for the FPB, SB and COAD.</p>

## Appendix A: Engagement Scope

### Scope

Cumbria's Police, Fire and Crime Commissioner (Commissioner) approved the Policing Budget for 2025-26 at his Public Accountability Conference on Thursday 13 February 2025. Within this budget it was identified that an overall savings requirement of around £11m would be needed, over the next five years, to balance the budget.

The Commissioner and Chief Constable engaged in several discussions to consider areas of the budget that could be targeted for review to provide greater efficiency and/or reductions in expenditure. These savings plans will be further developed as part of a strategic work programme, known as the 'Futures Programme' managed by the Deputy Chief Constable. Areas considered for inclusion in the programme include specific business areas, workforce mix, collaboration with other forces and public sector bodies, income generation, consolidating functions to increase capacity and realising the benefits from the investment in innovative technology.

Several reviews are currently underway with several projects being progressed as part of phase 1, for decision and implementation during 2025/26.

The overall objective of this review was to provide assurance on the systems and processes in place for the identification, monitoring and reporting of the projects contained within phase one of the Futures Programme.

Sub objectives include:

- Roles and responsibilities are clearly defined in relation to identifying, impact assessment, evaluating, and approving the Futures Programme.

- There is clear guidance, for impact assessments and cost improvements aligned to other plans.
- The constabulary has clear processes for the identification and generation of projects/ schemes to be included within the Futures Programme.
- Opportunities or business cases for 2025/26 cost improvements/ savings are evaluated against clear and robust criteria.
- Impacts Assessments are undertaken in accordance with the agreed process.
- There is a rigorous approach to monitoring actual savings/ efficiencies obtained against those identified, ensuring that any slippage is highlighted and escalated as required with follow up in a timely manner.
- Post implementation reviews are conducted for all schemes, and action taken as appropriate.
- Operational and Financial performance against the Futures Programme is regularly reported.

### Scope Limitations

The review focused on the management of the Futures Programme from a corporate perspective and did not look at the delivery of individual projects.

## Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system

## Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function, or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul>
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function, or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function, or process objectives.</li> <li>has exposed the system, function, or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function, or process objectives; however, implementation of the recommendation would improve overall control.

## Appendix C: Report Distribution

Name	Title
Jonny Blackwell	Deputy Chief Constable (Temporary)
Michelle Bellis	Constabulary Chief Finance Officer
Louise Kane	Director of Strategic Development



**Darrell Davies**

Regional Assurance Director  
Tel: 07785 286381  
Email: Darrell.davies@miaa.nhs.uk

**Fiona Hill**

Senior Audit Manager  
Tel: 07825 592842  
Email: Fiona.hill@miaa.nhs.uk

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**Public Sector Internal Audit Standards**

Our work was completed in accordance with the Global Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.

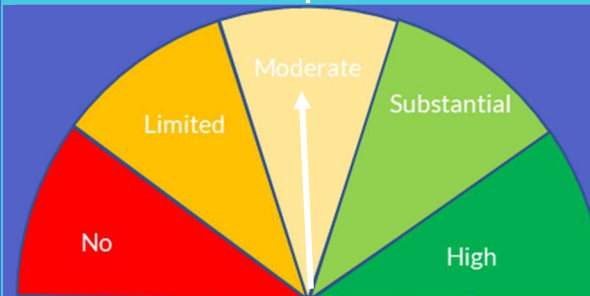
# Problem Solving

## Final Assignment Report 2025/26

Cumbria Office of the Police, Fire and Crime Commissioner  
and Cumbria Constabulary

309CPFCCC\_2526\_009

### Overall Assurance Opinion



There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

# Contents

## 1 Executive Summary

## 2 Findings and Management Action

Appendix A: Engagement Scope

Appendix B: Assurance Definitions and Risk Classifications

Appendix C: Report Distribution

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Engagement Manager. To discuss any other issues then please contact the Director.

### 3 Executive Summary

Overall Audit Objective: To identify and evaluate the controls in place to manage the key risks which would affect the effective and consistent approach to problem solving within neighbourhood policing.

Scope Limitation: The scope of this review focussed on the objectives and was limited to the controls in operation at the Constabulary.

#### Key Findings/Conclusion

The Neighbourhood Policing Teams were applying Problem Solving techniques to Anti-Social Behaviour cases. Overall, there were some good practices identified; however there was a lack of consistency between teams, mainly as a result of a case system which was not wholly fit for purpose for recording, monitoring and reporting Problem Solving cases and a lack of dedicated guidance notes.

Anti-Social Behaviour has reduced by 34.2% in the last year, according to the latest data. Good practices were identified, most notably in an informative and detailed intranet page, defined roles and responsibilities and a defined Locality Structure of Neighbourhoods. There were Neighbourhood Local Focus Hubs, led by the Local Authority, which were multi-agency partnerships with input from Education, Housing and the Voluntary sector who work together to prevent and tackle Anti-Social Behaviour and low-level crime. Training was provided and monitored using nationally recognised programmes.

There was a Neighbourhood Governance Structure in place where Problem Solving was a standing agenda item at meetings. There was monitoring of a Continuous Improvement Plan which had a dedicated section on Problem Solving, with actions assigned to officers and target dates for completion. It was identified that issues and actions already included in the plan were also highlighted in the audit work independently.

Areas for improvement include consideration of a replacement software package to record and monitor cases. System training and guidance to ensure consistency in recording cases. Monthly audits of a sample of cases by Inspectors should be monitored and any findings collated and fed back. The use of data analysts to improve performance.

Minor points included consideration of the introduction of Problem Solving in other areas other than Anti-Social Behaviour. and the update of the Engagement Strategy and Neighbourhood plans. The collation of lessons learnt and themes should be improved further and communicated across teams.

Objectives Reviewed	RAG Rating
Policies & Procedures	Amber
Roles & responsibilities	Green
Training	Green
Information retention	Amber
Delivery plans	Amber
Lessons Learnt	Amber
Governance & reporting	Green
<b>Overall Assurance Rating</b>	<b>Moderate</b>

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	-	-
High	-	-
Medium	3	2
Low	3	-
<b>Total</b>	<b>6</b>	<b>2</b>

## Areas of Good Practice

- There was an overarching Neighbourhood Engagement Strategy 2022 - 2025, which includes the purpose of engagement as 'Working with our Partners to Problem Solve'. Additionally, each defined Neighbourhood has an Engagement Plan referring to local partnerships and meetings attended. They are publicly available on the Constabulary's website and were being updated at the time of the fieldwork.
- There was a comprehensive dedicated Neighbourhood intranet page, it included useful links to Policies and Strategies along with easy access to College of Policing guidance and Power BI reporting.
- Roles and responsibilities were clearly defined in the Anti-Social Behaviour Policy and also in Role Profiles which set out the principal accountabilities for officers according to grade.
- There was a defined Locality Structure which assigned localities to police stations, Neighbourhood Policing Teams, Quadrants and BCUs.
- There were the 6 Local Focus Hubs, one for each Neighbourhood across Cumbria. These are multi-agency partnerships who work together to tackle issues including Anti-Social Behaviour, low-level crime and criminal damage. They take targeted preventative action to reduce incidents working with schools and the voluntary and community sector. The Constabulary can refer cases which follow the problem solving model and could benefit from partnership working. There were links to the Focus Hubs on the intranet and each Hub had a dedicated officer as a point of contact.
- The Constabulary is licenced to deliver Neighbourhood Policing Training by the College of Policing.
- Frontline officers and police community support officers (PCSOs) must all complete the Neighbourhood Policing Programme Part One (NPP1)

which includes modules on Community Engagement, Problem Solving and Anti-Social Behaviour. Training was monitored by the Learning and Development Team to ensure all officers complete the training.

- The Constabulary had shared useful information with other Constabularies through the College of Policing Practice Bank. They can also access the bank to review practices by others which may be useful and can obtain learnings.
- There were monthly resident newsletters for each Neighbourhood, which include 'You said, we did' and information on initiatives and problem solving activities.
- There were regular Neighbourhood Policing Team meetings both at a BCU level and a Constabulary wide, where Problem Solving is discussed both in terms of identification of where Problem Solving could be applied, and also performance measures through BI information presented.
- The Mark43 system used to record cases issues automatic reminders for case reviews by Sergeants at 30 days and Inspectors at 60 days. Although in practice sample testing showed these were completed more frequently.
- There was a Continuous Improvement Plan with a dedicated section on Problem Solving. Each action has assigned officers, action dates, narrative and timescales. It was being monitored and reviewed at the Neighbourhood Tactical monthly meeting.
- The SharePoint site was used to share knowledge, including records of Ancillary Orders and also Problem Solving cases by National Police Chiefs Council (NPCC) outcomes.

## Key Findings – Issues Identified

Medium	<ol style="list-style-type: none"><li>1. There isn't a dedicated Problem Solving Policy or guidance document. The Anti-Social Behaviour Policy is used.</li><li>2. Problem solving audits are not always being completed by Inspectors.</li><li>3. The Mark43 case management system does not easily allow for the input and reporting of Problem Solving cases.</li><li>4. The approach to Problem Solving including the recording of cases is not always consistent across the Neighbourhood Policing Teams.</li><li>5. The use of Data Analysts for Neighbourhoods is no longer in place across all Teams.</li></ol>
Low	<ol style="list-style-type: none"><li>6. Engagement Strategy and Neighbourhood plans require update and review.</li><li>7. Problem Solving could be applied to other Policing activities and not solely Anti-Social Behaviour.</li><li>8. Improvements could be made to record and cascade lessons learnt themes arising from cases.</li></ol>

**Deputy Chief Constable (Temporary) Comments:**

I have reviewed the report in relation to the audit of Problem Solving. I note that the report provides 'moderate' assurance with 8 recommendations (5 medium risk rating and 3 low risk rating). Agreed management actions have been provided by Ch Supt Cumberland. I also note the numerous areas of good practice referenced in the report. I will ensure that progress against these recommendations is made in line with the agreed timescales and tracked through Operations Scrutiny & Oversight Board, which is chaired by ACC Stalker.

Jonathan Blackwell,

Temporary Deputy Chief Constable

22/01/2026

## Findings and Management Action

1. Problem solving Policy		Risk Rating: Medium
Control Design		
<p><b>Key Finding</b> – There wasn't a dedicated Problem Solving policy or procedure document, instead there is the Anti-Social Behaviour Policy, which expired in March 2025 and was being reviewed at the time of the audit fieldwork.</p> <p>Review of the policy noted the following:</p> <ul style="list-style-type: none"> <li>• It refers to the IT system Sigma which has since been replaced with Mark43.</li> <li>• OSARA is mentioned throughout but does not include detailed guidance or what is required for each letter of acronym or the detailed process to follow.</li> <li>• There are no process maps to ensure that all documents including those managed in SharePoint are completed.</li> <li>• There is no guidance for 'what good looks like'.</li> </ul>	<p><b>Specific Risk</b> – Policies and procedures may not be aligned to the College of Policing's national guidance for problem solving and support the delivery of prevention initiatives.</p>	<p><b>Recommendation</b> –</p> <ul style="list-style-type: none"> <li>• The Constabulary should consider having a dedicated Problem Solving guidance document to be used by officers.</li> <li>• The Anti-Social Behaviour Policy should be updated, appropriately approved and made available.</li> <li>• Policies should link to the most recent Police and Crime Plan.</li> </ul>
<p><b>Management Response</b> –</p> <p>The ASB policy originally expired in March 2025 which coincided with the introduction of Mk43. An extension was approved at Operations Board to remove the requirement to launch</p>		<p>Evidence to confirm implementation –</p> <p>ASB Policy updated</p> <p>Separate Problem-Solving Policy to be developed</p>

at the same time and then be amended. The ASB policy is was presented at Ops Board on the 20<sup>th</sup> January then for progression to SMB for approval.

Whilst dedicated problem-solving guidance has not been produced, links from the Problem-Solving section on the NHP intranet page do provide officers with immediate access to the College of Policing guidance – adherence to this is expected. Problem solving training has been provided via the locally developed NHP training (which received accreditation), and is being repeated through the Neighbourhood Policing Programme.

Notwithstanding the accessibility of problem-solving guidance, additional guidance will be included within an amended version of the ASB policy (which by the time of writing will have been approved via Ops); and a stand-alone problem-solving policy will be developed. Previously, the consideration of a stand-alone problem-solving policy was included within the Neighbourhood Policing continual improvement plan but was halted pending the development of the Prevent board and related governance arrangements.

Responsible Officer – Inspector Mottram

Implementation Date – March 2026

- ASB Policy to include additional explanations regarding problem solving methodology and OSARA. Separate Problem-Solving Policy to be developed in line with the COP guidance.
- Governance to evidence compliance is NHP Tactical meeting and interim Strategic Neighbourhoods Governance Board.

## 2. Problem solving audits

Risk Rating: Medium

## Operating Effectiveness

**Key Finding** – Each Neighbourhood Inspector is required to review 5 problem solving files per month. 4 files are from their own area and 1 should be from another area to perform a peer review.

A review, during fieldwork, of the most recent audits highlighted that these were not always being completed in full or on a timely basis, with one area last completing their reviews in April 2025.

It was also identified that the findings from the reviews are not always fed back to officers, collated or documented centrally to identify any themes or lessons learnt.

**Specific Risk** – There is a risk of a lack of structured approach to understanding, documenting and improving the quality of policing and problem solving.

**Recommendation** –

- Audits should be completed on a timely basis.
- The forms used for the audits should be fully completed.
- Findings and feedback arising from the audits should be collated and assessed for themes and any lessons which could be learnt and shared.

**Management Response** –

The expectations of Neighbourhood Inspectors are exactly as articulated within this finding. This is not an issue of a lack of process or procedure, but one of compliance in certain (known) NHP teams.

The NHP Tactical meeting is well established and a county wide forum, this meeting monitors the progression and developments alongside the continual improvement plan, and sets processes and procedures.

The Neighbourhood Performance meetings monitor neighbourhood performance and compliance, and will capture the requirements to quality assure problem solving plans. A direction will be issued to assert compliance requirements in relation to this process, and a

Evidence to confirm implementation –

Direction to assert compliance regarding quality assurance reviews of problem-solving files

Recurring NHP Standardisation meeting

<p>standardisation meeting will be established to compare each BCU's NHP performance agenda and ensure the performance framework and procedural compliance is appropriately monitored.</p> <p>Responsible Officer – Chief Inspector Smillie</p> <p>Implementation Date – March 2026</p> <ul style="list-style-type: none"> <li>• Chief Supt Wilkinson will issue a direction to assert compliance regarding quality assurance reviews of problem-solving files.</li> <li>• Chief Insp Smillie (in consultation with Chief Insp Hadwin) will establish a recurring NHP Standardisation meeting involving neighbourhood leadership and senior leadership teams county wide, to ensure consistency in processes and monitoring procedures.</li> <li>• The governance for completion of this recommendation will be an endorsement to the continual improvement plan (via NHP Tactical); and for the establishment of standardisation days, via the Safer Neighbourhood Governance Board.</li> </ul>	
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<b>3. Record keeping &amp; Mark43 system</b>		<b>Risk Rating: Medium</b>
<b>Control design</b>		
<b>Key Finding</b> – As a result of the HMI findings in July 2024 which recommended that the central storage of activity could be improved for ease of access, there have been some manual spreadsheets created on a	<b>Specific Risk</b> – There is a risk of duplication of effort with no benefits to working practices.	<b>Recommendation</b> – <ul style="list-style-type: none"> <li>• The action for dedicated Problem Solving Software on the Continuous Improvement document should be investigated with rigorous review of the</li> </ul>

Sharepoint site. This is as a result of a lack of functionality of the current system.

The Mark43 system used to record the cases is unable to easily differentiate Problem Solving cases. It is also unable to record outcomes when a case is closed. The system does not include any drop down boxes, prompts or suggested actions These were available on a template used before the introduction on Mark43.

Workarounds have been put in place which include a Teams Channel and Knowledge Sharing SharePoint site have been put in place with all Problem Solving activities included on individual neighbourhood spreadsheets using the 5 stipulated outcomes. A further information sharing section is also included which includes details of where Ancillary Notices have been applied with templates to complete.

However, a review of the spreadsheets noted that they were not always being updated on a timely basis, and it was unclear whether they provided any practical use or were being accessed for information sharing.

Through discussion it was noted that the Ancillary templates on the channel were not checked to verify if they were still in date.

*The Continuous Improvement document includes an action to consider the use of an alternative software package for Problem Solving.*

alternative software package, to ensure it meets all information requirements.

- If the spreadsheets are still required, Problem Solving guidance, as noted in Recommendation 1, should include process maps to ensure that they are be updated on a regular basis e.g. weekly, by a nominated individual in each Neighbourhood Policing Team.

### Management Response –

The current processes are the most efficient and effective possible with the systems in place. Mk43 does not enable a whiteboard oversight of problem solving activity, nor the attribution of NPCC closing codes – the spreadsheet referred to are a work-around where areas do utilise Mk43 but complete the spreadsheets to enable a quick reference and onward searchability on Mk43.

Following a problem-solving presentation to Cumbria, Lancashire Police have previously offered a product to the Constabulary free of charge, which would bridge the gaps of problem solving in this county. The scoping for adoption of this has occurred locally and informally, and more recently formerly via ACC Bird in Organisational Board. The current timescales for adoption and implementation are unknown.

Responsible Officer – Unable to allocate to separate commands (currently the progress is required from DDaT) – Chief Supt Wilkinson as the action owner.

Implementation Date – Actions to be completed in January and February 2026, implementation as directed by DDaT.

- Chief Supt Wilkinson to contact DDaT and establish what progress has been made with Lancashire with a view to establishing whether the system can be adopted in Cumbria and making the relevant arrangements to have it adopted.
- Chief Supt Wilkinson to liaise with the Exec staff office to establish what position the progress action remains, and if it doesn't, liaise with the relevant ACC with a view to having the workstream re-established.
- Regardless of the progress or a decision to or not to progress the Lancashire problem solving product, the inclusion of problem-solving guidance within the existing ASB policy, and the development of a problem solving policy (as per recommendation 1), will include guidance in relation to the frequency of updates

### Evidence to confirm implementation –

DDaT contact

Liaison with Exec staff office

Problem-solving guidance within the existing ASB policy

Problem solving policy

Decision as to re-invigoration at Organisational Board.

<p>required – although to note this is unlikely to be explicit as it will be dependent upon the circumstances of each case.</p> <ul style="list-style-type: none"> <li>• The governance for the progression of the problem solving document is currently via the continual improvement plan as presented to the NHP Tactical Meeting – a conversation between the ACC and Chief Supt will result in a decision as to re- invigoration at Organisational Board.</li> <li>• The governance for the progression of the policy guidance is as per recommendation 1.</li> </ul>	
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<b>4. Consistency of records and approach</b>		<b>Risk Rating: Medium</b>
<b>Operating Effectiveness</b>		
<p><b>Key Finding –</b> <b>System Records</b></p> <p>A review of a sample of Problem-Solving records on the Mark43 system identified a lack of consistency in the capture and update of information using Problem Solving and setting actions.</p> <p>Discussions with officers noted that dedicated training or guidance had not been offered in the recording of Problem Solving cases on the system. Although one Neighbourhood had produced their own guidance notes and shared it across their BCU to encourage consistency.</p>	<p><b>Specific Risk –</b> A lack of consistency could lead to ineffective problem solving and a risk to public and officer safety and reputational damage.</p>	<p><b>Recommendation –</b></p> <ul style="list-style-type: none"> <li>• Guidance notes, as per Recommendation 1, accompanied by training on using the Mark43 system, or any alternative system which may supersede it, should be rolled out across the Neighbourhood Teams.</li> <li>• There should be clarification in the Policy on cases for Problem Solving to be applied and those that do not require the approach.</li> <li>• Segregation of duties should be ensured when processes are reviewed.</li> </ul>

<p><b>Anti Social Behaviour Risk Assessment (ASBRA)</b></p> <p>ASBRAs are assigned Bronze, Silver or Gold with Gold being the most severe.</p> <p>It was highlighted that in the circumstances of Bronze cases, some officers were not applying Problem Solving as these are seen as one off, minor cases or cases, whilst others were applying the methodology to all cases and found it to be time consuming.</p> <p><b>Setting up new Cases</b></p> <p>Discussions with Sergeants and testing highlighted that some Sergeants set up the Problem Solving case file with OSARA and actions to be assigned to a PCSO or PC, whilst others put basic information in the file and assign it for the PCSO/PC to complete.</p> <p><b>Case Closure</b></p> <p>Some cases were being closed by Sergeants, whilst others were closed by Inspectors, especially for Gold or Silver cases. There is a lack of segregation if a Sergeant has set up a case and actions, reviewed it and is then responsible for closing the case down.</p>		
<p><b>Management Response –</b></p> <p>Mk43 will not realistically be amended to enable the aforementioned whiteboard functionality to manage problem solving – the context and actions to progress at recommendation 3 address potential alternative solutions and compliance with the existing spreadsheet requirements.</p>		<p>Evidence to confirm implementation –</p> <p>Circulation of guidance</p> <p>Updated ASB and problem-solving policies</p>

As addressed in previous recommendations, once the ASB policy has been further amended and the problem-solving policy developed, these will be appropriately communicated across the constabulary.

The guidance as already shared throughout one BCU will be shared county wide.

The ASB policy does already include the requirements upon the sergeant to set the OSARA expectations – either individually or during an initial review with the officer responsible for the case, and then further iterations at the review periods. It is the case that where OSARA has not been applied (as it is not required per policy), that officers may apply the methodology regardless (without a sergeants direction), and this is encouraged and expected as more officers progress through the Neighbourhood Policing Framework.

The ASB policy requires certain officers to close certain ASBRA's (Inspectors must finalise gold cases) – the concerns regarding a lack of segregation are noted, but sergeants closing cases that they have supervised (including the initial recording of the OSARA) is the desired process, and comparable to the principles of investigation from a PLAN, REVIEW and CLOSED perspective – this will remain as there are benefits to it. The requirements to quality assure and peer-review cross BCU problem-solving does mitigate perceived risks, Inspector performance reviews and the Neighbourhood Performance meetings enhances compliance and consistency.

Responsible Officer – Chief Inspector Smillie

Implementation Date – March 2026

- The BCU wide guidance regarding recording problem solving on Mk43 will be circulated amongst all NHP teams.
- Requirements regarding what situations and cases requiring formal OSARA plans will be reviewed and confirmed within the aforementioned ASB and problem-solving

<p>policies. A negative (what cases do not require) will not be developed so as to not dissuade officers from adopting the methodology where it may be of benefit.</p> <ul style="list-style-type: none"> <li>The governance to ensure the circulation of guidance will be via the continual improvement plan at the NHP Tactical meeting, and the development of a problem solving policy and amendment to the existing ASB policy as per recommendation 1.</li> </ul>	
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<b>5. Use of Data Analysts</b>		<b>Risk Rating: Medium</b>
<b>Control Design</b>		
<p><b>Key Finding</b> – Discussions with Neighbourhood Policing Teams identified that previously there were data analysts assigned to the teams. The analysts assisted with information gathering and were also able to identify patterns in Anti-Social Behaviour which could lead to better actions being taken. Additionally, they freed up PCSOs and Officers from their desks to be more visible to the Community. However, in some areas the analysts have left and have either not been replaced or now work in central performance roles in HQ.</p>	<p><b>Specific Risk</b> – Methodology not being used to full effect and may not be effective in crime prevention.</p>	<p><b>Recommendation</b> – The renewed use of local data analysts should be investigated for Problem Solving.</p>
		<p>Evidence to confirm implementation –</p>

### **Management Response –**

Community intelligence analysts remain assigned to teams.

Over the previous 12 months and as the Research and Analysis functions have developed, the role of community analysts has transferred from local intelligence units to the central information management team, under the command of a principal analyst.

Community tasking documents continue to be issued (and are the products which inform Local Focus Hub activity as referred to within this report) although as has been evident via the advanced products being produced for Operation Enhance (ASB and serious violence operation), the neighbourhood teams would benefit from additional analytical contributions to the development of these products.

A review to post the community analysts back into areas where a decision has been taken in the previous 12 months to centralise within the information management, research and analysis function will not be undertaken. Chief Supt Wilkinson as the NHP lead will continue to work with the principal analyst, Sarah McMeekin, re any developments to the community tasking document, and the adoption of Operation Enhance methodologies into business as usual activity.

Responsible Officer – Chief Supt Wilkinson

Implementation Date – No recommendation to be progressed.

Ongoing work will continue as required to continually develop the community tasking document and provision of performance and priority information to neighbourhood teams and the local focus hubs.

The governance for this work continues to be the local Safer Neighbourhood Governance Board.

Chief Supt Wilkinson will advise the principal analyst regarding the recommendation and perception of teams as identified by the auditors.

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<b>6. Engagement Strategy and Neighbourhood Plans</b>		<b>Risk Rating: Low</b>
<b>Control Design</b>		
<p><b>Key Finding</b> – The Neighbourhood Policing Engagement Strategy 2022 – 25 is due to be reviewed.</p> <p>All the Neighbourhood Engagement Plans require updating, with the exception of South Lakes and Allerdale.</p> <p><i>The Continuous Improvement document includes an action to update the Strategy and was being actioned.</i></p>	<p><b>Specific Risk</b> – Out of date Strategies and Plans may not support the delivery of prevention initiatives.</p>	<p><b>Recommendation</b> –</p> <ul style="list-style-type: none"> <li>• A plan should be put in place to review and update the Neighbourhood Policing Engagement Strategy for 2026 onwards.</li> <li>• The Neighbourhood Engagement Plans should be reviewed, updated and made available on the website.</li> </ul>
<p><b>Management Response</b> –</p> <p>The Neighbourhood Engagement Strategy has been superseded by the Neighbourhood Strategy (which includes engagement but also all pillars of the governments neighbourhood strategy). This is published on the intranet.</p>		<p>Evidence to confirm implementation –</p> <p>Direction issued</p> <p>Compliance of plans</p>

The management of Neighbourhood engagement plans, as per recommendation 2 regarding problem solving audits, is not an issue of a lack of policy or processes, but a lack of compliance. The engagement plans were tasked for a review on the 6<sup>th</sup> November 2025 via the Neighbourhood Tactical Meeting, for local monitoring at the Neighbourhood Performance meetings. As of the most recent tactical meeting on the 8<sup>th</sup> January, some remain out of date, whereas some that have been updated have not yet been published on the internet.

A direction will be issued by Chief Supt Wilkinson in line with the Neighbourhood Tactical action, for all plans to be updated and continue to remain in date, to be reviewed in the Neighbourhood performance meetings.

The constabulary has invested in a system VISAV, which will radicalise the mapping of communities, recording of engagement, identification of key individuals and essentially enable a live and interactive community engagement platform – therein removing the requirement for the current process regarding publishing documented engagement plans. The system is currently with procurement and DDaT for deliver sometime in Spring 2026.

Responsible Officer – Chief Inspector Smillie (Cumberland); Chief Inspector Hadwin (WAF)

Implementation Date - February 2026

- A direction will be issued by Chief Supt Wilkinson in line with the Neighbourhood Tactical action, for all plans to be updated and continue to remain in date, to be reviewed in the Neighbourhood performance meetings.
- All plans must be updated and published prior to the end of February 2026 – compliance to be ensured via and monitored via the NHP Chief Inspectors.
- Governance for compliance is the NHP performance to NHP Tactical meetings.

<b>7. Use of Problem Solving</b>		<b>Risk Rating: Low</b>
<b>Control Design</b>		
<p><b>Key Finding</b> – The College of Policing states that <i>‘Problem Solving can be applied to any issue that has an impact on policing and/or the community.’</i></p> <p>Cumbria Constabulary uses Problem-Solving for Neighbourhood Anti-Social Behaviour only. It is not applied to any other issues.</p> <p>Through discussions with Neighbourhood officers, it was noted that the methodology could be beneficial in other areas of policing.</p>	<p><b>Specific Risk</b> – Methodology not being used to full effect and may be ineffective in crime prevention in other situations.</p>	<p><b>Recommendation</b> –</p> <p>The application of Problem Solving for crime prevention in areas other than Anti-Social Behaviour should be reviewed.</p>
<p><b>Management Response</b> –</p> <p>The use of problem solving for anti-social behaviour only is not a policy decision and appears indicative of the findings following an audit of the Mk43 recordings only. Problem solving methodologies can be applied to any applicable area of business (the policy does not restrict the use) and is frequently used for example in the review of DA and CERT targets; and thematic (weekly) reporting of repeat priorities – suspects, callers and locations; and to develop the application for criminal behaviour and other ancillary orders.</p> <p>There is though a benefit in the use of problem-solving methodologies wider than Neighbourhood Policing. The aforementioned development of a problem-solving policy will differentiate this tactic from ASB and neighbourhood policing and offer guidance and</p>		<p>Evidence to confirm implementation –</p> <ul style="list-style-type: none"> <li>Problem-solving policy</li> <li>Marketing and communications plan</li> <li>Implementation of force advisors</li> </ul>

<p>opportunities for advice to other areas of the business. An effective media and marketing communication will be undertaken to brief officers and staff across the force.</p> <p>Responsible Officer – Inspector Mottram</p> <p>Implementation Date - March 2026</p> <ul style="list-style-type: none"> <li>• Development of problem-solving policy as per recommendation 1.</li> <li>• This policy include applications of problem solving to beyond-neighbourhood problems and instances of anti-social behaviour.</li> <li>• Marketing and communications plan to be developed and implemented to ensure appropriate audiences are aware of the policy and the benefits of problem-solving where applicable, to their own areas of business.</li> <li>• Neighbourhood Sergeants having completed NPP3 will operate as force advisors regarding problem solving (note this will not be achieved by March as NPP3 is due for commencement in the Summer with a 12 month accreditation period).</li> <li>• Governance to evidence compliance is NHP Tactical meeting and interim Strategic Neighbourhoods Governance Board.</li> </ul>	
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<b>8. Lessons learnt</b>		<b>Risk Rating: Low</b>
<b>Control design</b>		
<p><b>Key Finding</b> – Whilst Problem Solving is discussed at various meetings across the Constabulary and there is the internal knowledge hub which is being populated. There is no clear mechanism for analysing and</p>	<p><b>Specific Risk</b> – Lessons learnt are not being utilised which may lead to missed key themes and trends not being identified and addressed.</p>	<p><b>Recommendation</b> –</p> <ul style="list-style-type: none"> <li>• Data should be analysed across the Constabulary for areas of good practice such as sharing example cases with favourable outcomes.</li> </ul>

<p>identifying themes from lessons learnt and cascading information to Neighbourhood Policing Teams.</p>		<ul style="list-style-type: none"> <li>• Any themes arising from cases should be shared.</li> <li>• Where appropriate lessons learnt should be incorporated into guidance to improve working practices or dashboards and data information.</li> </ul>
<p><b>Management Response –</b></p> <p>The development of the local repository (internal knowledge hub) followed HMICFRS PEEL observations regarding the identification and dissemination of best practice and provides for a more applicable means of recording and reviewing information than the national Practice Bank (which is also utilised by neighbourhood teams). This was developed via the Neighbourhood Tactical group and recorded on the continual improvement plan. Whilst the hub is used for recording, it does not enable an audit of reviewing the content (i.e. whilst we expect that officers and teams are reviewing the content, there is no recording requirements to confirm its frequency or value), and the proactive dissemination of good practice would be beneficial.</p> <p>Responsible Officer - Chief Inspector Smillie (Cumberland); Chief Inspector Hadwin (WAF)</p> <p>Implementation Date - April 2026 (establishment of plan and commencement of reviews)</p> <p>Meeting to be arranged to agree responsibilities regarding qualitative audits of the local knowledge hub (neighbourhood policing SLT).</p> <p>A proposal for capturing a thematic review of the contents of the hub via the community intelligence analysts (as per recommendation 5) will be made to the principal analyst Sarah McMeekin for inclusion in her analyst development – noting that this would focus upon qualitative information not quantitative data and may be better placed with the submitting officers.</p> <p>Governance to be agreed to report thematically on best practice and learning identified through the use of the knowledge hub; and relatedly monitor contributions (contributions likely through Neighbourhood Performance; learning via tactical or interim SNGB).</p>		<p>Evidence to confirm implementation –</p> <p>Qualitative audits</p> <p>Proposal for capturing a thematic review</p> <p>Monitoring of contributions to the knowledge hub and agreement of governance.</p>

Governance for the delivery of these actions will be via the interim safer neighbourhood governance board.

## Appendix A: Engagement Scope

### Scope

The problem-orientated policing is seen as an effective strategy to reduce crime and disorder. The Constabulary uses the problem-solving policing OSARA (objective, scanning, analysis, response, assessment) model, an approach to tackle crime and disorder such as antisocial behaviour.

Local hubs are used with multi-agency partners to implement a range of prevention initiatives to tackle crime and antisocial behaviour and realise improved sustainable solutions.

The following sub-objectives were covered in this review:

- There are appropriate policies and procedures available, which link to the Police and Crime plan and cover problem solving guidance, expectations and processes.
- There are clear roles and responsibilities for problem solving activities, including participation in multi-agency partnerships.
- Adequate training has been provided on problem solving techniques.
- Problem solving activity information is retained centrally and is readily available with ease of access.
- Delivery plans and actions are in place, documented and regularly monitored and reviewed.
- A robust feedback process is in place to capture and identify lessons learnt from problem solving within the Constabulary, other Police Forces and these feed into the policing framework.

- The Constabulary has appropriate governance and reporting arrangements to give assurance that problem solving is applied consistently.

### Scope Limitations

The scope of this review focussed on the objectives described above and was limited to the controls in operation at the Constabulary.

### Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system

## Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul>
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function or process objectives;</li> <li>has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

## Appendix C: Report Distribution

Name	Title
Andrew Wilkinson	Chief Superintendent Commander, Cumberland BCU (Temporary)
Richard Smillie	Chief Inspector
Lee Skelton	Chief Inspector
Steph Hadwin	Chief Inspector
Damian Mottram	Inspector
Michelle Bellis	Constabulary Chief Finance Officer
Lorraine Holme	Group Accountant
Steven Tickner	OPFCC Chief Finance Officer (s.151) / CCFRA Chief Finance Officer (s.151)
Jonathan Blackwell	Deputy Chief Constable (Temporary)



**Fiona Hill**

Senior Audit Manager

Tel: 07825 592842

Email: [Fiona.hill@miaa.nhs.uk](mailto:Fiona.hill@miaa.nhs.uk)

**Darrell Davies**

Regional Assurance Director

Tel: 07785 286381

Email: [Darrell.davies@miaa.nhs.uk](mailto:Darrell.davies@miaa.nhs.uk)

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