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DAVID ALLEN
CUMBRIA'S POLICE, FIRE AND CRIME COMMISSIONER

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Our reference: JAC/SL

Date: 25th August 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 23rd September 2026 between Police HQ Penrith and Fire Headquarters**. The expected timings and locations are as follows:

Times	Activity	Location
09:00-09:45	JAC members private meeting	Conference Room 1, Police HQ Penrith
09:45-10:45	JAC members private meeting with External Audit Grant Thornton	Conference Room 1, Police HQ Penrith
11:00-13:00	JAC Meeting – PFCC/Constabulary	Conference Room 1, Police HQ Penrith
13:00-13:30	Lunch Break	Conference Room 1, Police HQ Penrith
13:30-15:00	JAC Meeting – Fire	Community Room, Fire HQ Penrith
15:15-16:30	JAC Development Session – Fire	Community 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 by 18th September 2026 for an invitation.

COMMITTEE MEMBERSHIP

Mr Jake Cornthwaite (Chair)
Mr Malcolm Iredale (final meeting)
Mr Mike Roper
Mrs Susan Giles
Mrs Lindsay Anne Straughton
Ms Sharon Gernon-Booth
Mrs Samantha Simpson

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)
1		**APOLOGIES FOR ABSENCE**	Chair	11:00
2		URGENT BUSINESS AND EXCLUSION OF PRESS AND PUBLIC 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 (PART 2): 9b MIAA Internal Audit Follow Up – **PART TWO**	Chair	11:00
3		**DISCLOSURE OF PERSONAL INTERESTS** 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	11:05
4		**MINUTES OF MEETING AND MATTERS ARISING** To receive and approve the minutes of the committee meeting held on 24th June 2026.	Chair	11:05
5		**ACTION SHEET** To receive the action sheet from previous meetings. a) PFCC / Constabulary b) Joint Audit Committee	Chair	11:10

6		**CORPORATE UPDATE** To receive a brief corporate update from each of the below. a) Constabulary b) The OPFCC c) Finance	 DCC OPFCC CE PFCC or CC CFO	 11:15 11:20 11:25
7		**INTERNAL AUDIT – PROGRESS REPORT** To receive a report from the Internal Auditors regarding the progress of the Internal Audit Plan. a) Progress Report b) EQA results – MIAA Action Plan	Director of Audit MIAA Ltd	11:30
8		**INTERNAL AUDIT REPORT(S)** To receive reports from the Internal Auditors in respect of specific audits conducted since the last meeting of the committee. a) Serious & Organised Crime b) Attendance Management	Director of Audit MIAA Ltd	11:35
9		**MONITORING OF AUDIT, INTERNAL AUDIT AND OTHER RECOMMENDATIONS AND ACTION PLANS** To receive an updated summary of actions implemented in response to audit and inspection recommendations. a) MIAA Internal Audit Follow Up – PART ONE b) MIAA Internal Audit Follow Up – **PART TWO**	Director of Audit MIAA Ltd	11:45
10		**EXTERNAL AUDIT – AUDIT FINDINGS REPORT** To receive from the external auditors the Audit Findings Report in respect of the annual audit of the financial statements	Grant Thornton	11:50
11		**AUDITOR'S ANNUAL REPORT:** To receive from the External Auditors the Auditor's Annual Report incorporating the External Auditor's Value for Money Conclusion.	Grant Thornton	12:00
12		**ASSURANCE FRAMEWORK STATEMENT OF ACCOUNTS** To receive a report from the PFCC CFO in respect of the PFCC and Constabulary framework of assurance.	PFCC CFO	12.10

13		**ANNUAL STATEMENT OF ACCOUNTS** To receive the audited Statement of Accounts and consider a copy of a summarised non-statutory version of the accounts: a) PFCC/Constabulary Group b) Constabulary Note the versions supplied include marked changes, a clean version for finalization will be prepared after the meeting	PFCC CFO CC CFO	12:20
14		~~**STRATEGIC RISK REGISTER**~~ ~~To consider the strategic risk registers as part of the Risk Management Strategy:~~ ~~a) OPFCC~~ Deferred to November meeting (Update provided in Corporate Update) b) Constabulary	PFCC CE DCC	12:30
15		**TREASURY MANAGEMENTS ACTIVITIES** To receive for information, reports on Treasury Management Activity - Quarter 1.	CC CFO	12:40
16		**PRUDENTIAL AND TREASURY MANAGEMENT CODE CHANGES CONSULTATION** To receive, for information, a briefing note on the consultation on changes to the Prudential Code and Treasury Management Code.	CC CFO	12.45
17		**PFCC ANNUAL REPORT** To receive a copy of the PFCCs annual report.	PFCC CE	12:50
18		~~**JAC ANNUAL REPORT**~~ ~~To receive the annual report of the joint audit committee following the committees review of effectiveness.~~ Deferred to 2027 as per agreement at meeting 24/06/26	~~CC CFO~~	~~N/A~~
19		**POINTS FOR CONSIDERATION BY THE COMMISSIONER AND THE CHIEF CONSTABLE**		12:55
20		**AOB**		12:55

Future JAC Meeting Dates (For Information)
25th November 2026 @ 11.00 – Police HQ Conference Room 1 & Fire HQ
24th March 2026 @ 11.00– Police HQ Conference Room 1 & Fire HQ
23rd June 2027 @ 11:00 - Police HQ Conference Room 1 & Fire HQ
22nd September 2027 @ 11:00 - Police HQ Conference Room 1 & Fire HQ

Future Police, Fire and Crime Panel Meeting Dates (For Information)
12th October 2026 @ 10.30 – TBC
29th January 2027 @ 10:30 - TBC
2nd April 2027 @ 10.30 - TBC

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 24th June 2026
Community Room, Fire HQ, Penrith, at 11.00am.

PRESENT
Mr Malcolm Iredale (Chair)
Mr Jake Cornthwaite
Mr Mike Roper
Mrs Susan Giles
Lindsay Anne Straughton
Sharon Gernon-Booth
Sam Simpson

Also present:
Office of the PFCC
PFCC Chief Finance Officer/CFRS Chief Finance Officer (PFCC CFO), (Steven Tickner)
Cumbria Constabulary
Deputy Chief Constable (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)
Audit Manager (AM), Grant Thornton LLP, (Hannah Foster)

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

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

The Chair wanted to thank the Constabulary on behalf of the JAC for the engagement day they hosted on Saturday 20 June.

01. APOLOGIES FOR ABSENCE

Apologies were received from:

Chief Executive (CE), Office of the Police, Fire and Crime Commissioner (Gill Shearer)

02. URGENT BUSINESS AND EXCLUSION OF PRESS AND PUBLIC

Two papers were a Part 2 item (2a & 9b) and were discussed in the meeting as they arose whilst no members of the public were present.

The Part 2 minutes of the previous meeting held Wednesday 24th June 2026 were circulated to members. They were signed as a true record by the Chair.

03. DISCLOSURE OF PERSONAL INTERESTS

Mike Roper disclosed he was involved in the process but not the decision making in the appointing of MIAA as Internal Auditors to Cumbria Combined Authority/Cumbria Mayoral Strategic Authority.

04. MINUTES OF MEETING AND MATTERS ARISING

The minutes of the previous meeting held Wednesday 25th June 2026 were circulated to members. They were signed as a true record by the Chair.

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.

PFCC/CFO gave a verbal update on Item 28b.

The Chair asked in relation to item 09a, if it would be useful to have the Lead Auditees at future meetings to address questions and provide accountability in addition to the DCC.

The DCC remarked that availability could be an issue and updates were passed to him in relation to any outstanding items.

A Member suggested using the Portal to provide early access to the Audit Tracker so they could give advanced notice should they have questions for a Lead Auditee.

It was agreed that as soon as audit reports were finalised, these would be uploaded to the members portal to allow members opportunity to notify if they have questions for the lead auditee.

Action: FSA to upload internal audit reports to the members portal as soon as they are finalised.

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

There were no comments.

06. CORPORATE UPDATE

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

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

A Member asked if the KPI's were tracked and benchmarked against national averages or locally.

DCC KPI's are set nationally and at a local level, the Constabulary is performing at or near the top of everything. There are local accountability boards to track and manage KPI's locally.

PFCC/CFO, the Public Accountability Conference data is published on the PFCC website:

Current Data: 2026-06-17-PAC-Fire-Papers-WEBSITE-FINAl.pdf

There was further discussion.

A Member remarked that the Safeguarding report could raise concern to the public when reading the need for improvement, what follow-up and tracking of actions is taking place.

DCC, following the PEEL / Child Protection Inspection, the report is with the Constabulary for factual accuracy checking and cannot currently be shared, but any issues raised have already been addressed. The report should be published in August but can be subject to delay.

A Member asked in Relation to Uplift, what does it mean for recruitment flexibility as it comes to an end.

DCC, A specific HO Grant of £3.4m is now linked to the achievement of a target number of Police Officers/PCSO resources allocated to Neighbourhood Policing Teams. The removal of Operation Uplift constraints provides the opportunity to recruit wider within the workforce

mix.

The Chair noted the drop in Anti-Social Behaviour stats and asked if this was due to a change in the coding of these types on incidents.

DCC, it isn't due to coding changes. The reduction is a general reduction due to the added Government and Commissioner funding for dedicated patrols to target this behaviour.

DDC outlined further tracking and reporting used to analyse the patrol areas.

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.

The Chair asked for the JAC to be kept up to date and informed with Devolution as the end date draws closer.

The Chair remarked with regards Police Reform we wouldn't lose the ability to make joint working arrangements with other forces/

PFCC/CFO, we already do at regional level that provide scaled benefits and efficiencies.

There was further discussion.

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.

The Chair commented that it was good to see savings coming out of the Futures Programme that can be applied to bridge the budget gap.

There was further discussion.

07. INTERNAL AUDIT – PROGRESS REPORT

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

A Member asked why there was a delay in reporting Attendance Management.

DCC pushed for this audit, but the loss of key staff within the HR department have caused delays. A new Head of People has recently been employed.

There was further discussion. The Chair asked a development session with MIAA to go through the Internal Audit process follow-up and progress tracking.

ACTION: MIAA Development session on report processing, follow-up and progress tracking.

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) Office Safety Training.

A Member asked on Expired Officer Safety Training for example, could they have a percentage as well as a figure for the sample size to give a better understanding on its severity.

A Member noted the critically low number of PPST and First Aid trainers, has this been resolved.

DCC, we have a small number of trainers to start with. Recruitment is ongoing but the role requires training time.

A Member asked what level the Constabulary would like to see to be sufficient.

DCC, the constabulary is compliant, but unforeseen incidents arise and officers can't attend courses. Succession planning is the key to keeping levels compliant and officers operational.

There was further discussion.

ACTION: MIAA to add percentages to sample size figures in reports.

b) Risk Management

A Member asked for assurance as there was only partial acceptance on some risk ratings from management.

Senior Audit Manager, MIAA, Risk management is done as best practice across all clients.

There was further discussion on risk management, risk appetite, the setting and meeting of targets and management responses.

c) IT Asset Management

A Member asked if a regular reconciliation had now been done and was everything accounted for.

CC/CFO responded to say that the reconciliation was being progressed and would be monitored for completion by 3rd September, in line with the management response provided in the audit report.

How big of a risk is the assets for disposal with regards what value assets and the information stored on them.

DCC, some laptops are destroyed as opposed to collected, there is however a larger estates issue around the security of the ICT store.

d) Attendance Management – Deferred to September Meeting.

e) Accreditations

CC/CFO All the recommendations were accepted and put in place and have been evidenced, hence will not need further monitoring.

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

Senior Audit Manager, MIAA, Since the report was issued, Business Continuity and Use of Force remaining points now actioned and completed and also for ICT- Disaster Recovery and Commissioner Grants Reports.

The Chair asked if they could receive an email confirming prior to the meeting any updates or changes of status to reports.

A Member remarked that there were no responses to some audit actions. As a committee could we write to the respondents to remind them of their responsibilities.

CC/CFO these are monitored through governance boards, there are occurrences when respondents aren't available due to sickness etc. Efforts are always made to provide timely responses.

There was further discussion.

DDC Blackwell had to excuse himself from the meeting at his point due to a critical incident response.

A Member asked for assurance on deadline drift and did respondents understand the importance of meeting the set deadlines for responses.

CC/CFO Internal audits historically focused on the financial systems; those respondents were used to audit recommendations and responses. With audits now also looking into operational areas the DCC fully supports the process and recommendations highlighting areas of improvement.

There was further discussion.

ACTION: CC CFO to add copies of the monthly internal audit update to the members portal for information.

MEETING PAUSED TO DISCUSS PART 2 ITEM AT 12:43hrs.

b) Part 2 Follow up

No comments were made.

MEETING RESUMED AT 12:45hrs.

10. PROPOSED INTERNAL AUDIT PLAN / INTERNAL AUDIT CHARTER

Members had received and reviewed the Head of Internal Audit's Annual Report including the Annual Audit Opinion. Regional Assurance Director, MIAA gave an overview.

a) MIAA Internal Audit Annual Report and Head of Internal Audit Opinion 2025-26

The Chair noted with the change of Internal Auditors the overall assurance had dropped from substantial to moderate and hoped this was an initial base assessment and not a trend.

CC/CFO highlighted the significant increase in the audit quality since MIAA took over and the fact that the organisation has taken it upon themselves to direct the auditors to areas where improvements are sort.

b) MIAA EQA Results - Principal Authorities

No comments were made.

11. EXTERNAL AUDIT FEES

This was included in the Audit Plan considered at the March 2026 meeting.

12. RISK MANAGEMENT MONITORING

Members had received and reviewed the annual report from the Chief Executive on Risk Management Activity including the Commissioner's arrangements for holding the CC to account for Constabulary Risk Management. PFCC/CFO gave an overview.

A Member noted based on the recent Fire risk activities they feel Fire are more pessimistic.

PFCC/CFO work is underway to realign the risk management of both organisations. That work is ongoing.

13. ANTI-FRAUD AND CORRUPTION ACTIVITIES

Members had received and reviewed the annual report from the Chief Executive on activity in line with the arrangements for anti-fraud and corruption

PFCC/CFO gave a brief overview.

A Member asked for assurance that there is the culture where an individual can come forward to report any concerns.

PFCC/CFO Yes, people are encouraged to.

A Member noted that with the advent of AI, fraud is on the increase, is the Organisation aware and taking steps to assess this.

PFCC/CFO, that will be picked up as part of the monitoring process using internal audit. The organisation is cognisant of the risks of fraud and anti-corruption.

A Member asked if working while off sick is looked into as a case of fraud.

CC/CFO within the constabulary any areas of fraud are brought to their attention, that information forms part of the annual report with Grant Thornton. There are no current occurrences of this within the force. Any professional standards enquiry outcomes are communicated to the wider force for information.

14. COMMUNITY SCRUTINY GOVERNANCE

Members received and reviewed the annual report from the Chief Executive on activity in line with the arrangements for anti-fraud and corruption.

For information only.

15. EFFECTIVENESS OF AUDIT

Members received and reviewed a report from the Constabulary CFO in respect of the effectiveness of arrangements for audit.

CC/CFO gave a brief overview.

16. JOINT AUDIT COMMITTEE – REVIEW OF EFFECTIVENESS

To conduct a 360' review of committee effectiveness (private meeting between members, DCC, PFCC CFO & CC CFO)

CC/CFO defer review to a future meeting, early 2027 in consideration of the recent recruitment of new members to the committee.

17. ANNUAL GOVERNANCE STATEMENT

Members had received and reviewed a report on the effectiveness of the PFCC and Constabulary arrangements for Governance.

a) Effectiveness of Governance Arrangements: PFCC/CFO gave a brief overview.

b) Codes of Corporate Governance: To consider the Codes of Corporate Governance 2026/27

i. PFCC deferred to September 2026 meeting

ii. Constabulary - CC CFO provided a brief overview of the report.

c) Annual Governance Statement: To consider the Annual Governance Statements for the financial year and to the date of this meeting:

i. PFCC deferred to September 2026 meeting

ii. Constabulary - CC CFO provided a brief overview of the report.

18. ANNUAL STATEMENT OF ACCOUNTS

Members had received and reviewed the un-audited Statement of Accounts and consider a copy of a summarised non-statutory version of the accounts:

i. PFCC/Constabulary Group Reports to follow

ii. Constabulary

The Chair asked committee members to look through the accounts and any questions / comments be back before the end of August.

19. TREASURY MANAGEMENT ACTIVITIES

Members had received and reviewed the Treasury Management Activities 2025/26 Quarter 4 / Annual Report 2025/26 prior to the meeting.

CC CFO provided a brief overview of the report.

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

The Chair/Jake to provide wording in relation to the importance of Internal Audit recommendation follow up to be communicated to the PFCC, CC and Chief Fire Officer.

ACTION: The Chair and Jake to provide wording to CC CFO

21. AOB

CC/CFO advised that the HMRC approved mileage rates have changed from £0.45ppm to £0.55ppm with effect from 6 April 2026, Constabulary and Executive Board Decision to increase our rates to be in line with HMRC approved rates.

Meeting ended at 13:09hrs.

Signature_____ Date_____

Future JAC Meeting Dates (For Information)
23rd September 2026 @ 11.00– Police HQ Conference Room 1 & Fire HQ
25th November 2026 @ 11:00 – Police HQ Conference Room 1 and Fire HQ Penrith
24th March 2027 @ 11:00 - Police HQ Conference Room 1 and Fire HQ Penrith
23rd June 2027 @ 11:00 - Police HQ Conference Room 1 and Fire HQ Penrith

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

12th October 2026 @ 10.30 – TBC
29th January 2027 @ 10:30 - TBC
2nd April 2027 @ 10.30 - TBC

Agenda Item 5a

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~~ ~~24/06/2026~~ 01/08/2026	**January 2025** - The strategy is due for replacement from April 2025 so will be updated at that point in time. **May 2025** - The Partnership Strategy is currently being discussed and updated by the Partners with an expectation it will be complete by September. **October 2025** – Agreed at JAC meeting 24/09/25 for deadline to be extended to 30/04/2026 **March 2026 –** OPFCC/CC confirmed the report will ready for 24th June 2026 meeting. **June 2026** – a Verbal update will be provided at the meeting. **September 2026** – The partnership strategy has been updated.	Completed
06b (26/11/25)	FSA to add Devolution development session to March 2026 meeting agenda	FSA	~~31/03/2026~~ 30/06/2026	**March 2026 –** Due to OFCC CFO absence at the March meeting it is suggested that this briefing now takes place in June. **June 2026** – A devolution update by the PFCC CFO has been included as part of the development session following the June meeting.	Completed
13b 25/03/2026	DCC to arrange a session on ISO Accreditations	DCC	24/06/2026	**June 2026** – The DCC will provide a verbal update at the meeting on 24/06/26.	Completed

13b 25/03/2026	CC/CFO to discuss with Claire Griggs updating the Strategic Risk Register Report	CC/CFO	~~24/06/2026~~ 30/09/2026	**June 2026 –** Meeting to be arranged prior to the next reporting of the SRR to JAC in September. **September 2026 –** The meeting took place on 23/07/26 a verbal update will be provided at the September meeting.	Completed
14c 25/03/2026	PFCC/CE to liaise with procurement for a completion time on ITT Templates	OPFCC	24/06/2026	**June 2026** – Chased with procurement 10/06 & 18/06 Revised deadline to be agreed. **September 2026** – The Chief Commercial Officer has confirmed that the ITT documents along with a PFCC/Constabulary Terms and Conditions have been prepared, approved and are now published on the website.	Completed
15 25/03/2026	CC/CFO arrange development session on HMICFRS Value For Money Profiles	CC/CFO	24/06/2026	**June 2026** – A HMICFRS VFM tutorial by the CC CFO has been included as part of the development session following the June meeting.	Completed
07 (24/06/26)	MIAA Internal Audit development session to be arranged on report processing, follow-up and progress tracking	MIAA	25/11/2026	**September 2026** – A development session with MIAA and the CC CFO has been diarised for before the 25 November 2026 meeting, the session will take place 09:45-10:45.	Ongoing within Original Timescale
08a 24/06/2026	MIAA to add percentages to sample size figures.	MIAA	23/09/2026	**September 2026** – MIAA have confirmed that a percentage in relation to sample sizes will be added to all future reports that contain samples.	Completed
09a 24/06/2026	CC/CFO to add copies of the monthly internal audit update to the members portal for information.	CC/CFO	23/09/2026	**September 2026 –** The internal monthly update on audit recommendations will now be uploaded to the JAC members portal. The report as at 31/07/26 was uploaded on 25/08/26. The report as at 31/08/26 was uploaded on 10/09/26. This practice will now become business as usual.	Completed
10a 24/06/2026	FSA to upload internal audit reports to the members portal as soon as they are finalised.	FSA	23/09/2026	**September 2026 –** All internal audit reports will be uploaded to the JAC members portal upon finalisation. The Serious & Organised Crime Report awas uploaded on 25/08/26. The Attendance Management Report was uploaded on 03/09/26. This practice will now become business as usual.	Completed

20	The Chair/Jake to provide wording in relation to the importance of Internal Audit recommendation follow up to be communicated to the PFCC, CC and Chief Fire Officer	Chair/JC	23/09/2026	**September 2026 –** the wording for the matter to be escalated to the PFCC and CC was provided by the chair of JAC on 01/09/26, an email escalation was provided to the PFCC and CC by the CC CFO on 02/09/26.	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.	• Maintain longer term budget overview through Corporate Updates • Follow through any sustainability issues from audit reports • Identification, analysis and comment on sustainability issues within Annual Accounts	JAC	June 2026	Completed
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.	• Development Session on HMICFRS / Futures Programme • HMICFRS reports included as formal agenda item for JAC • Monitor through Corporate Updates **Development session included on JAC agenda for 24/06/26**	JAC	~~March 2026~~ June 2026	Completed
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.	• Chair has met with PFCC, Chief Constable, Chief Fire Officer, Chief Executive, PFCC DoF, CC DoF, External Audit, Internal Audit, • Chair has met with Chair of Scrutiny Panel and Deputy CC • Chair has attended Police, Fire and Crime Panel Meeting	JAC	March 2026	Completed

JAC4	Achieve a greater understanding of partnerships that the PCC and Constabulary are involved with.	• Development session on partnerships • Analysis and follow up of relevant audit reports • Overview through Corporate Updates - especially any changes	JAC	~~March 2026~~ March 2027	Ongoing, with original timescale extended
JAC5	Support and challenge any new or emerging governance arrangements including the greater collaboration and joint working with other organisations on service delivery.	• Overview through Corporate Updates • Specific JAC agenda item if required • Link with other organisations as necessary	JAC	~~March 2026~~ March 2027	Ongoing, with original timescale extended
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.	• Annual discussion and assessment held with all JAC members • Training / Development plans agreed for all members • Action Plan arising from this process drafted	JAC	March 2026	Completed

Chief Officer Group

TITLE OF REPORT:	**Joint Audit Committee – Constabulary Corporate Update**
DATE OF MEETING:	**23rd September 2026**
ORIGINATING OFFICER:	**Deputy Chief Constable Jonathan Blackwell**

Constabulary Performance Overview *(Year to date to include exceptions and comparisons (where available)*

Financial year to date (FYTD) 2026/27:

- 90.62% of 999 calls were answered within 10 seconds
- 89.92% of 101 calls were answered within 5 minutes
- 89.84% of grade 1 incidents were attended within target
- 91.14% of grade 2 incidents were attended within target
- All Crime currently 0.89 percentage points (pp) below the 22% lower key performance indicator (KPI) requiring 141 positive outcomes (PO) to achieve this, compared to the same period last year (SPLY) we are 1.96pp higher with 888 more crimes. In addition there has been a noted upward trend in *All Crime* with July and August having the highest volume of crime recorded in 12 months.

Outcome Performance

Achieving 6 out of 7 Tier 1 lower KPI's FYTD, residential burglary being the exception with a PO Ratio of 12.57%, an additional 8 PO's required to achieve the 16.70% lower KPI, there was also a slight dip in Burglary PO Ratio observed in August but this is not out of kilter with the 12 month trend.

Rape PO Ratio has continued on a upward trend for the G2 DA AIT 4.38pp below the 90% KPI FYTD, over the last 6 weeks G2 DA dipped considerably from 96% w/e 09/08 to 90% w/e 16/08, however there has been an improving picture over the last 2 weeks, up from 88.57% to 90.63% w/e 30/08.

Noted improvements in Hate Crime PO increasing by 8.55pp although the 12 month trend is sporadic, increasing and decreasing throughout. Slight reduction in DA PO Ratio in August, however we are still 1.64pp higher FYTD compared to SPLY

Corporate Updates *(HR and Inspection)*

Recruitment

The Constabulary continue to recruit via the following entry routes for police officers:

1. Police Constable Entry Programme - 2026 cohorts to date started in January, March and May (Barrow)
2. Policing Professional Degree – added to any intake
3. Police Constable Degree Apprenticeship – September 2026 Intake

Transferee recruitment remains ongoing with candidates in the pipeline at various stages of the recruitment process, and a focus to recruit into CBO roles continues. Between May and July 2026, we had accepted 10 transferees with 4 transferees starting in WAF BCU in July and 4 in August.

PCSO transferee recruitment is currently in progress with a start date of March 2027 aligned to NPT commitments/national NPG funding.

Retention measures have been introduced to assist with reducing turnover of officers and staff. This includes the following measures:

- Stay conversations
- Improved exit interviews
- Improved data and metrics
- Utilisation of agile working
- Salary and market forces supplements
- Leadership and organisational culture to promote retention
- Development of PDR's
- Effective management of temporary contracts

Inspection Regime

1/Last year HMICFRS conducted a thorough inspection of our force focusing on how we protect children.

HMICFRS published the results of the inspection in June 2026 - which are:

- Leadership of child protection arrangements – **GOOD**
- Working with safeguarding partners – **GOOD**
- Responding to children at risk from harm – **ADEQUATE**
- Risk assessment and referrals – **ADEQUATE**
- Investigating child abuse, neglect and exploitation – **REQUIRES IMPROVEMENT**

The report highlights our clear commitment to child-centred policing, with strong leadership oversight and effective collaboration with partner agencies.

While the inspection identifies some areas for improvement, we have already taken steps to address these. Importantly, the report raises no concerns about children currently being at risk, and work is ongoing to further strengthen services.

2/Cumbria Constabulary was recognised for strong performance across several key areas of policing following our latest HMICFRS PEEL inspection in April 2026.

The gradings are as follows:

- Safeguarding children and adults at risk of harm – **Good**
- Responding to the public – **Good**
- Leadership and force management – **Good**
- Attracting, developing and retaining the workforce and creating a diverse and inclusive workplace – **Good**
- Using powers fairly, appropriately and with justification – **Adequate**
- Investigating crime – **Adequate**
- Preventing and deterring crime and antisocial behaviour, and reducing vulnerability - **Adequate**
- Managing fraud – **Adequate**

Operations and Events

- Appleby Horse Fair June 2026
- World Cup 2026 June/July 2026
- Keswick Convention July 2026
- Kendal Calling – 30th July – 2nd August
- Summer Safety Campaign

NB. Performance update is reflective of a very busy period of demand over the summer months with the influx of visitors to the county and the above operations/events

Media Highlights

Proactive campaigns / operational activity / force performance

- **Cumbria rated as the most improved force in National Wellbeing Survey**
- Positive coverage generated from county-wide World Cup campaign – A campaign promoting DA, VAWG and personal safety messaging ran throughout the tournament, receiving widely-positive local media coverage with the force's supporting social media content reaching almost one million people
- Appleby Horse Fair passed without significant incident – Multi-agency public messaging and media approach supported the wider operation to keep people safe during this year's fair

High profile incidents / activity / court results / news

- Courtney Gaston-Hird jailed for ten years for one of the largest drug seizures in Cumbria's history – Gaston-Hird was stopped by police in June with 39 kilos of cocaine, worth almost £4 million
- Brian Smith jailed for murder of his father in Silloth – Smith was found guilty of murder following a trial in July and was subsequently jailed for life with a minimum sentence of 18 years to serve
- Increase in misinformation incidents – There has been an increase in the number of incidents where misinformation has been spread online, require swift clarification from police and in some cases additional engagement work with communities from local policing teams
- Sky documentary series broadcast exploring the response and impact to grooming reports made in Barrow – The three-part series adopted a critical stance of aspects of the Constabulary's historic handling of CSE-related investigations in relation to Ellie Williams, Operation Tributary and allegations made by Ellie Reynolds. A robust response from the Constabulary rejected unfounded allegations of corruption or attempts to silence victims, acknowledged shortcomings in some historic victim care, and highlighted the significant improvements made to safeguarding, victim support and CSE investigations

Upcoming campaigns and promotion of operational activity

- **World Suicide Prevention Day - Wednesday 10th September 2026**

  Cumbria's suicide rate remains significantly higher than the national average, with young adults particularly affected.

  In response, the Constabulary is implementing suicide awareness training for all supervisors in line with national guidance, equipping them to identify risk, support colleagues and signpost appropriate help. This is complemented by access to counselling services and wider support available through Every Life Matters, Cumbria's suicide prevention and bereavement charity. Together, these measures aim to strengthen awareness, early intervention and wellbeing across the workforce.

- **14th September – 4th October 2026. Operation Spotlight road safety campaign focussing on young drivers**

Joint Audit Committee

Title: OPFCC Corporate Update

Date of Meeting: September 2026
Agenda Item No: 6b
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. Annual Report

Included within the meeting papers is a copy of the Annual Report for the Office of the Police, Fire and Crime Commissioner for Cumbria. A headline summary is provided below:

- Cumbria remains one of the safest places in the country. This was reinforced in July when HMICFRS recognised Cumbria as one of the highest-performing police forces in England and Wales through its new Policing Performance Framework. Cumbria was placed at the highest performance level, recognising the continued dedication and professionalism of officers, staff and volunteers across the Constabulary.

- Visible neighbourhood policing has remained a key priority. Over the last year, we have continued to invest in neighbourhood policing, increasing visibility within our communities and strengthening the approach to tackling anti-social behaviour and serious violence. The results have been extremely encouraging, with anti-social behaviour reducing significantly across the county by 32.6%, from 3,612 to 2,435 incidents.

- The OPFCC continues to commission and support services for victims of domestic abuse, sexual violence and other serious crimes. This includes innovative approaches such as the introduction of Independent Domestic Violence Advocates within the Constabulary's Contact Centre, helping to ensure that vulnerable people receive support at the earliest possible opportunity.

- Through the Community Fund, the OPFCC has continued to invest in local organisations, youth projects, sports clubs, community groups and voluntary organisations that make a real difference in their communities. Since November 2025, more than £340,000 has been invested in projects across Cumbria.

- Across a large and predominantly rural county, firefighters, control staff, support staff and volunteers continue to protect our communities every day. During the last year, the Service has continued to deliver strong performance, including a reduction in accidental dwelling fires (down 12.4%, from 210 to 184 fires), while maintaining high standards across its prevention, protection and response functions.

2. Devolution

Work is progressing on the PCC & FRA Transfer to Mayoral Strategic Authority (MSA) Programme. The programme is being delivered jointly with Cumbria Combined Authority through a shared governance structure, ensuring effective oversight and coordination across all areas of transition.

Four key workstreams have been established to drive delivery, supported by dedicated working groups with representation from Office of the Police, Fire and Crime Commissioner (OPFCC), Cumbria Combined Authority (CCA,) Cumbria Constabulary and Cumbria Fire and Rescue Service (FRS). The workstreams focus on:

- Legal & Governance
- People
- Finance, ICT & Estates
- Communications & Stakeholder Engagement

Each workstream is actively progressing the actions required to support a safe and legal transfer.

The programme remains on track, with the Statutory Instrument (SI) scheduled to be laid before Parliament on 23 November 2026 and made in February 2027. Regular engagement continues with both the Home Office and the Ministry of Housing, Communities and Local Government (MHCLG). The workstreams are identifying and developing the information required to inform the SI process and ensure all statutory requirements are met.

3. Risk Registers

The Office of the Police, Fire and Crime Commissioner (OPFCC) are currently reviewing both the Strategic and Operational Risk Registers to ensure they continue to accurately reflect the key internal and external risks impacting the OPFCC. The Strategic Risk Register will be presented to the Joint Audit Committee at its November meeting.

The Register continues to include risks relating to the financial pressures affecting both Cumbria Constabulary and Cumbria Fire & Rescue Service (CFRS), including the implications for fire and rescue service pensions, reserves, and the ability to progress development of the fire estate.

In addition, new strategic risks are being developed to reflect the potential implications of local government devolution and the ongoing impact associated with Commissioned Services. This will ensure that emerging issues are appropriately identified, assessed, and managed through the implementation of suitable mitigating actions.

Joint Audit Committee – 23 September 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

The audit of the 2025/26 statutory statement of accounts is almost complete and a draft Audit Findings Report and Annual Audit Report from Grant Thornton (GT) are included on the agenda. The agenda also includes a marked up set of each of the respective statement of accounts with changes highlighted; green highlight represents changes identified by Grant Thornton, yellow those identified by JAC members and blue those identified by the Financial Services Team. The finalised statement of accounts include one adjusted misstatement in relation to the single entity statements of the Chief Constable which also impacts the PFCC Group Accounts. This adjusted misstatement relates to the method used by the LGPS scheme actuary to calculate the asset ceiling, the original accounting disclosures requested used the 'in perpetuity' method to calculate the present value of the secondary contributions and this gave rise to a net asset of £26m being recognised after the asset ceiling calculation had been applied. Following a concern raised by GT, a recalculation was requested on the basis of secondary contributions being valued 'over the funding horizon only' which reduced this net asset to nil with a corresponding adjustment to the LGPS Pensions Reserve (unusable reserve). The result being a £26m adjustment to both sides of the balance sheet. With this adjustment made, the audit opinion is unqualified and reflects that the statements of account were of a 'good standard and supported by detailed working papers'.

2026/27 Budget Monitoring

The quarter 1 (Apr-Jun) revenue budget position for the PFCC/Constabulary group was for an underspend of £0.132m (0.08%), of which the Constabulary represented an overspend of £0.496m (0.29%) and the OPFCC an underspend of £0.628m).

The capital position at the end of quarter 1 provides a forecast spend of £6.871m against a budget of £6.908m, with £0.037m being approved for transfer to the revenue budget in relation to programme expenditure that can not be classified as capital.

2027/28 Budget Setting

The budget setting process for 2027/28 is now in the early stages, with Financial Services Officers working with their respective budget holders to develop their departmental budgets for 2027/28 and 5 year MTFF to 2031/32 for consolidation into the group position to report to the OPFCC at the end of November.

Internal Audit

The 2026/27 internal audit plan is progressing well, the internal auditors MIAA have included a progress update and follow up of recommendation on the agenda. Members will also find on the members portal, a copy of the monthly updates prepared by the Constabulary for

inclusion at all internal governance boards which include progress against the audit plan and the current status of audit recommendations.

HMICFRS Reports

Since the last meeting the following report has been issued by HMICFRS on 20/08/2026, a link to this report was circulated to members on the day of release.

Please use the link below to access the report.

Cumbria Constabulary – PEEL Inspection 2025-27

PEEL 2025–27: Police effectiveness, efficiency and legitimacy – An inspection of Cumbria Constabulary

Internal Audit Progress Report

Joint Audit Committee (23rd September 2026)

Cumbria Police, Fire & Crime Commissioner

Cumbria Constabulary

Contents

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 2026/27 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 10th June 2026 – 9th September 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 & 2026/27 Audit Reviews
The following remaining review from the 2025/26 Audit Plan has been finalised: • Attendance Management (Moderate) Overall, a moderate level of assurance was provided. Areas of good practice included Policies and Procedures were available to support individuals, with training also provided. However, sample testing of data and supporting documentation highlighted reasons for absence were not always recorded or were often very broad, with return-to-work dates being unclear. Evidence to support the absences was not readily available including fit notes and that trigger points had been considered. The following review has been finalised from the 2026/27 Audit Plans: • Serious and Organised Crime (Substantial) This review awarded an overall level of substantial assurance in that there was a good system of internal control designed to meet the system objectives, and that controls were generally being applied consistently. There was a strategy in place that focused on the 4P framework (Pursue, Prevent, Protect, Prepare). Many elements of good practice, in the context of the above strategy, were observed during the review.

Areas for improvement related to review, update, and re-issue of data sharing agreements with partner organisations. The development of a formal post-disruption review process for completed Serious and Organised Crime disruption activity and strengthen the governance arrangements that support the Operation Alliance Partnership

The following reviews from the 2026/27 plan are in fieldwork stage or are being scoped:

- Professional Development Reviews (fieldwork)
- Recalls and Warrants (fieldwork in progress, but has been delayed due to summer annual leave)
- IT User and Identity Management (planning, with a delay due to vetting and summer annual leave)

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.

- Management have requested that the Q2 Civil Orders Review is postponed to 2027/28, as there have been some recent changes and updates via NCVPP (Home Office / College of Policing). The impact of this is that the processes internally will need to be looked at and amended. The replacement review proposed is Voluntary Attendance Biometric Compliance to take place in Q3.

Investors in People (IIP) Gold Accreditation

We are delighted to share that MIAA has been awarded Investors in People (IIP) Gold accreditation for the third consecutive time.

This is a fantastic achievement and recognition of MIAA's culture. Gold accreditation is awarded to organisations that don't just have great people practices in place, but where those practices are consistently experienced and valued by colleagues across the organisation.

Added Value

Events

- Developing Tomorrows Leaders (18th September 2026) This virtual session will explore the importance of effective leadership succession evolving organisational landscapes, highlighting what good practice looks like in action. It will consider how leadership expectations and skills are changing, and how organisations can take a more strategic, future-focused approach to developing their leadership pipeline.
- Improvement Recruitment and Retention in the public sector (8th October 2026): This session will define what good employee experience is and what it looks like. Attention will be paid to how we can ensure a positive employee experience throughout the whole employee lifecycle along with highlighting how this can improve recruitment, retention, and engagement along with other organisational measures.

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.'

Audit Committee estimated reporting dates are approximate and are dependent upon engagement and availability of officers.

Below sets outs the overview of delivery for your Head of Internal Audit Opinion for 2026/27:

HOIA Opinion Area	Qtr as per Plan	TOR Agreed	Status	Assurance Level	Draft & Final Report Issued	Estimated Audit Committee Reporting	Audit Committee Reporting	Exec Lead
Core Assurances								
Key Financial Systems – Deep Dive	Q3					March 2027		Chief Finance Officer
Risk Management	Q4					June 2027		Director of Strategic Development
AI Governance	Q3					March 2027		ICT Business Development Manager
Risk Based Assurances								

HOIA Opinion Area	Qtr as per Plan	TOR Agreed	Status	Assurance Level	Draft & Final Report Issued	Estimated Audit Committee Reporting	Audit Committee Reporting	Exec Lead
Voluntary Attendance Biometric Compliance (was Q2 Civil Orders)	Q3					March 2027		To be advised
Accreditations	Q1	✓	Final Report	Substantial	Draft - 20tt May 2026 Final – 15th June 2026	September 2026	June 2026	Detective Chief Superintendent
Recalls and Warrants Process	Q2	✓	Fieldwork			November 2026		Detective Chief Superintendent
Serious and Organised Crime	Q1	✓	Final Report	Substantial	Draft- 28th July 2026 Final - 19th August 2026	September 2026	September 2026	Detective Chief Superintendent
Professional Development Reviews	Q2	✓	Fieldwork			November 2026		Superintendent Enabling Services
Taser Training	Q3					March 2027		Superintendent Enabling Services
User & Identity Management	Q2		Planning			November 2026		Chief Technology Officer

HOIA Opinion Area	Qtr as per Plan	TOR Agreed	Status	Assurance Level	Draft & Final Report Issued	Estimated Audit Committee Reporting	Audit Committee Reporting	Exec Lead
2025/26 Reviews								
Attendance Management Policy/Retention*	3	✓	Final Report	Moderate	Draft – 9th July 2026 Final - 3rd September 2026	November 2025	September 2026	Superintendent Enabling Services
Follow Up								
Qtr 1		N/A	Complete	N/A		June 2026	June 2026	
Qtr 2		N/A	Complete	N/A		September 2026	September 2026	
Qtr 3		N/A				November 2026		
Qtr 4		N/A				March 2027		

* This review will be delivered during 2026/27 and will be included in the 2026/27 Head of Internal Audit Opinion.

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	Amber	There is ongoing engagement and communications with management regarding delivery of key reviews to support the Head of Internal Audit Opinion. There has been some slippage in the progress against the plan, largely as a result of summer annual leave. However, MIAA remain positive that the Head of Internal Audit Opinion will be delivered on a timely basis.
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.

Element	Reporting Regularity	Status	Summary
Proportion of recommendations raised which are agreed by management	Each Joint Audit 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 29 (100%) outstanding due recommendations, 28 (97%) recommendations have either been completed or are no longer possible. There is 1 (3%) recommendation in progress.
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: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
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: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
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.

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MIAA - Internal Audit Service External Quality Assessment – Action Plan

1 Introduction and Background

From April 2025 MIAA are required to comply with the Global Internal Audit Standards (UK Public Sector) (collectively referred to as GIAS throughout this document). These documents replace the Public Sector Internal Audit Standards (PSIAS).

As required by the GIAS external assessments to confirm our compliance with standards must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation.

There are two approaches to EQAs allowed under GIAS:

- An external reviewer undertakes a full assessment; or
- An external reviewer validates the internal audit service's own self-assessment.

MIAA undertake annual self-assessments against GIAS (and previous standards). Therefore the option that was both the most efficient and presented best value was to commission an external reviewer to validate our own self-assessment.

Our last EQA was completed in 20/21 financial year and therefore we were required to commission an EQA in 25/26 to meet the 5 year requirement outlined in GIAS.

This approach was communicated to you in November 2025 and approved.

MIAA appointed the Chartered Institute of Public Finance and Accountancy (CIPFA) to undertake our EQA.

2 EQA Results

The assessment confirmed that MIAA is **Generally Conforming** with the Global Internal Audit Standards (UK Public Sector). This is the highest classification CIPFA award. This has been reported to you separately

3 EQA Action Plan

As previously reported CIPFA raised a small number of recommendations for management action and consideration as part of their EQA.

MIAA's action plan in response to these recommendations is provided below. This action plan has been reviewed and approved by MIAA's Management Board:

Issues for Management Action	Priority	MIAA Agreed Action	Deadline
(Std 14.3) We found that for MIAA to continue to the next level with root cause analysis and theme identification and to fully match the requirements of Standard 14.3 that root cause analysis should be explicitly documented for each finding in MIAA reports and that themes identified should be more specific reflecting the more detailed nature of the root cause analysis.	Medium	CIPFA confirmed that MIAA engagement teams discuss with management root causes for each issue identified and that is how the audit team establish whether the audit findings are a control design or operating effectiveness issue, which is explicitly referenced in reports at both at finding level and collated at Executive Summary level. This approach also supports the identification of themes. To support progression of our methodology all internal audit staff will receive further training on root cause analysis and how this should be reflected in our reports.	30th September 2026
(Std 13.4) Evaluation criteria, audit methodology and practice needs to more clearly result in sub objectives that reflect GIAS requirements. We recommend this is driven through internal quality assurance, review and training. This may also be assisted by embedding the language of GIAS; "evaluation criteria" and "condition" into the internal audit manual and documentation.	Low	To support progression of our methodology all internal audit staff will receive further training on evaluation criteria. Following training ongoing compliance with requirements will be confirmed through existing internal quality assurance and review mechanisms.	30th September 2026
(Std 9.1) We recommend providing further training for internal auditors to allow greater incorporation of value for money (VFM) within such areas as evaluation criteria	Low	To support progression of our methodology all internal audit staff will receive further training on evaluation criteria	30th September 2026

Issues for Management Action	Priority	MIAA Agreed Action	Deadline
and to enhance MIAA's position as a key strategic partner. This could include bite sized training sessions and other training methods but ideally expanded to include comprehensive VFM audit methodology training.		which will include coverage of value for money where applicable.	
(Std 9.2) We recommend that MIAA strengthen their Board by adding representation from their wider portfolio of clients to improve diversity of input, specifically to strategic thinking.	Advisory.	MIAA regularly assesses the composition of our Management Board. We will continue to review composition and widen representation as and when appropriate.	31st March 2027 (date of next review completion)
(Std 1.1) We consider further including the language of GIAS, in this case the values of "honesty and courage" across all appropriate MIAA documentation will assist with embedding GIAS.	Advisory	The requirement for honesty and courage is included in the IA manual which has been updated for GIAS. As other MIAA documentation becomes due for review we will assess the relevance of these references for specific documents and update them as appropriate.	N/A – dependent on when documents are due for review.

We will monitor progress against this action plan through MIAA's governance structure and update you on the position of these actions in our Annual Report.

CIPFA Action Priority Ratings Definitions

Action Priorities	Criteria
High priority	The internal audit function needs to rectify a significant issue of non-conformance with the standards. Remedial action to resolve the issue should be taken urgently.
Medium priority	The internal audit function needs to rectify a moderate issue of conformance with the standards. Remedial action to resolve the issue should be taken, ideally within a reasonable time scale, for example six months.
Low priority	The internal audit function should consider rectifying a minor issue of conformance with the standards. Remedial action to resolve the issue should be considered but the issue is not urgent.
Advisory	These are issues identified during the course of the EQA that do not adversely impact the service's conformance with the standards. Typically, they include areas of enhancement to existing operations and the adoption of best practice.

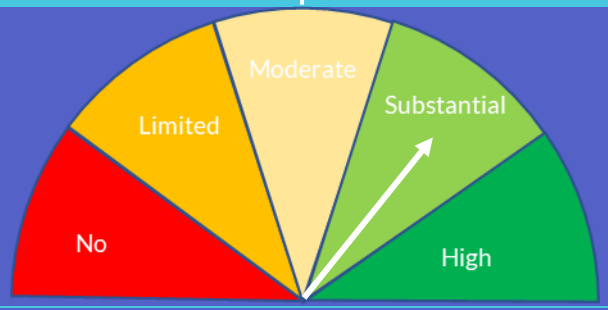
Serious and Organised Crime

Final Assignment Report 2026/27

Cumbria Police, Fire & Crime Commissioner and Cumbria Constabulary

309CPFCCC_2627_011

Overall Assurance Opinion



There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Contents

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 provide assurance over the Constabulary's governance processes to assist in the managing of Serious and Organised Crime (SOC), with a particular focus on agency and partners interactions; the effectiveness and governance of disruption activity; and the processes for reviewing, maintaining, and archiving Organised Crime Groups (OCGs.)

Limitation: The review does not provide assurance on the robustness of operational decision making/ actions taken in respect of SOC threats/ intelligence.

Key Findings/Conclusion

This review awards an overall level of substantial assurance in that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

The "No Place to Hide: Serious and Organised Crime Strategy 2023–2028", was published in December 2023 (updated in April 2024.) focuses on the 4P framework (Pursue, Prevent, Protect, Prepare) and on disrupting and dismantling organised crime groups, tackling cyber-enabled crime, illicit finance, exploitation, drugs, and improving partnership work.

Many elements of good practice, in the context of the above strategy, were observed during the review. This included the effective use of the national Agency and Partner Management Information System (APMIS) and the application of the 4Ps framework and the Management of Risk in Law Enforcement (MoRiLE) risk-assessment and prioritisation methodology. Also, moderation processes are in place to ensure the consistency and accuracy of recorded disruption activity data. The Constabulary has established the Operational Alliance and Partnership meetings to tackle SOC threats in a co-ordinated manner.

Opportunities for further enhancement/ development include the review, update, and re-issue of data sharing agreements with partner organisations. The development of a formal post-disruption review process for completed SOC disruption activity. Such reviews should capture outcomes achieved, what worked well, areas for improvement, and any follow-up actions required.

Other recommendations were made to strengthen the governance arrangements that support the Operation Alliance Partnership to ensure that it is a forum for effective multi-agency decision-making and problem solving rather than information sharing.

Objectives Reviewed	RAG Rating
Agency & Partner Information	Amber
Disruptions	Amber
Organised Crime Groups	Green
Overall Assurance Rating	**Substantial**

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	-	-
High	-	-
Medium	1	1
Low	2	2
Total	**3**	**3**

Areas of Good Practice

- The Constabulary has co-ordinated its SOC activity across the strategic themes as set out by the National Crime Agency (NCA)
- The Constabulary makes effective use of the Agency and Partner Management Information System (APMIS) the National Crime Agency's national database that stores Serious and Organised Crime threat assessments, Organised crime group information, disruption activity and outcomes and intelligence relating to SOC threats.
- Since the 2022/23 PEEL inspection of the 'north-west regional response to serious and organised crime' raised a concern over the constabulary not having enough analytical capacity to meet demand this area has been strengthened with the Senior Intelligence Analyst and his team directly supporting SOC activities.
- SOC is managed using the 4P (Pursue, Prevent, Protect, Prepare) approach, which provides the framework for tackling organised crime groups (OCGs) and SOC threats. A documented 4P plan is in place for each priority OCG.
- The Management of Risk in Law Enforcement (MoRiLE) risk-assessment and prioritisation methodology is used to assess threats, risks, harm, vulnerability, and demand. MoRiLE is used alongside the 4P framework to identify which threats, or organised crime groups should receive the highest priority.
- The Constabulary has formed the SOC Operational Alliance as the coordinated operational force wide response to SOC.
- A Disruptions Moderation Panel is in place where senior officers and analysts review updated disruptions on the APMIS system to ensure, consistency and accuracy before results are reported through national systems.
- Organised Crime Groups are subject to senior officer review before they are formally closed.
- Constabulary has created the SOC Alliance Partnership which is a meeting attended by various representatives for agencies involved in SOC activities for the purpose of using intelligence-led policing and partnership working to tackle SOC related threats.
- A Data Protection Impact Assessment has been created for the SOC Alliance highlighting the purpose of the sharing of information, the types, and categories of data to be shared, the lawful basis for sharing and data security, retention, and deletion arrangements. The form also contains a section on risk assessment and mitigations.
- Individual Information Sharing Agreements are in place with SOC partner organisations. These outline the need for the parties to work together to share information in line with the Policing Purposes as set out in the Management of Police Information Code of Practice.
- Dashboards APMIS reporting dashboards are used by the Constabulary to monitor SOC activity, organised crime groups (OCGs), and disruptions.
- SOC thematic leads report on SOC outcomes in the Strategic Governance Group (SGG) lead by the Regional Organised Crime Unit (ROCU.) There is a quarterly prevent meeting at which SOCU outcomes for numerous thematic areas are discussed. Officers from the Constabulary also present to both regional and national prevent audiences.
- A 'Force Tactical Assessment' document is produced which includes references to MoRiLE risk scores, 4P plans, local intelligence, intelligence gaps and recommendations. The contents cover the key SOC thematic areas.

Key Findings – Issues Identified	
Medium	3.1. Data Sharing Agreements 3.2. Disruption outcomes/ lessons learnt
Low	3.3. Allicance membership 3.4. Terms of Reference 3.5. Partner participation 3.6. Partner Training

Deputy Chief Constable Comments

I have reviewed the report in relation to the audit of Serious and Organised Crime. I am pleased to note that the report provides 'substantial' assurance with six recommendations, two of which are graded as medium and four graded as low (3 relating to control design and 3 relating to operating effectiveness). Management responses have been provided for each of the recommendations by Detective Supt Graham-Cumming, and I am comfortable that the implementation timelines are reasonable and appropriate. I also note the numerous examples of good practice that are highlighted 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.

Jonny Blackwell, Deputy Chief Constable 19/08/2026

4 Findings and Management Action

<table>
<tr><th colspan="2">1. Disruption Outcomes/ Lessons Learnt</th><th>Risk Rating: Medium</th></tr>
<tr><td colspan="3">Control Design</td></tr>
<tr><td>Key Finding – Disruptions are effectively recorded and monitored but there is limited formal review following completion of disruption activity to consider lessons that can be learnt for future disruption activities.

A key theme throughout the ‘No Place to Hide: Serious and Organised Crime Strategy 2023–2028’ is the focus on continuous improvement, partnership working, and ensuring disruption activity is effective and delivers measurable outcomes.</td><td>Specific Risk – lessons are not captured, good practice is not shared, and recurring issues are not addressed, reducing the effectiveness of future SOC disruption activity.</td><td>Recommendation - A formal post-disruption review process should be introduced for completed SOC disruption activity. Reviews should capture the objectives of the disruption, partners involved, outcomes achieved, what worked well, areas for improvement, and any follow-up actions required.

Actions should be assigned to responsible officers, given clear timescales, and monitored through the appropriate SOC partnership governance group.</td></tr>
<tr><td colspan="2">Management Response – Action plan set:

Post-disruption review process
Specific: Introduce a formal post-disruption review template capturing objectives, partners involved, outcomes, what worked well, areas for improvement, and follow-up actions.
Measurable: 100% of major completed SOC disruption activity has a review logged within 20 working days of closure.
Achievable: Build on existing disruption recording processes and target major disruption activity.</td><td>Evidence to confirm implementation –
Procedure Notes
Disruption Evaluation Reports/ Dashboards
Agenda Items at Operation Alliance meetings</td></tr>
</table>

• **Relevant**: Directly addresses the audit finding on lessons not being captured and supports the continuous improvement theme in the 2023–2028 strategy. • **Time-bound**: Template designed and piloted within 1 month; embedded into SOP and monitored via Op Alliance within 3 months. Responsible Officer – D Supt Specialist Crime Implementation Date – 31 December 2026	

2. Information Sharing Agreements/ Single Points of Contact		Risk Rating: Medium
Operating Effectiveness		
Key Finding – 4 Information sharing agreements in place with partner organisations were provided during the audit. Following review, it was identified that: • The forms were all signed by representatives from partner organisations in 2023. • A representative of the Constabulary did not sign the documents. • The document refers to the partner naming a Single Point of Contact (SPOC) but none of the documents contained such a named person. There are some areas in the document which requires review including: Clarification of the statement regarding Data Controller responsibility (the current document states	**Specific Risk** – Data sharing agreements may not be up to date or formally signed by all relevant parties, resulting in unclear responsibilities, outdated sharing purposes, and insufficient evidence that data is being shared lawfully, securely, and transparently.	**Recommendation** – The data sharing agreements form should be reviewed to ensure it is reflective of current legislation and guidance. Management should establish and maintain a central register of all SOC data sharing agreements, including agreement owner, parties, purpose of sharing, review date, expiry date, signing status, and risk rating. Revised data sharing forms should be issued to partners for signature and formally signed by a representative from the Constabulary. SPOCS should be identified and their appropriateness subject to regular review.

… all Parties to this agreement are Data Controllers in their own right ... until the point when the information is shared when data controller responsibility transfers to the recipient but under GDPR and DPA 2018, data controller status does not "transfer" when data is shared. The originating organisation remains a controller for its own processing and the recipient becomes a separate controller for its subsequent processing. Potential confusion regarding subject rights, breaches, and retention responsibilities. The document repeatedly references GDPR, DPA 2018 and MoPI but does not clearly state Article 6 lawful bases, Article 9 condition for special category data and Schedule 8 DPA 2018 law enforcement conditions where relevant. The agreement states information will be shared securely but does not define classification standards. The agreement refers to: BS17799:2005. This standard is obsolete and should be replaced with ISO 27001:2022, National Cyber Security Centre guidance and the Government Security Classification Policy.		
Management Response **Data sharing agreements** • **Specific**: Review and reissue the SOC data sharing agreement template to reflect current UK GDPR/DPA 2018 lawful bases (Article 6, Article 9, Schedule 8), replace the obsolete BS17799:2005 reference with ISO 27001:2022/NCSC/GSCP		Evidence to confirm implementation – • Revised Data Sharing Agreement document

standards, and correct the data controller wording. Establish a central register (owner, parties, purpose, review/expiry dates, signing status, risk rating) and identify SPOCs for each partner. • **Measurable**: All existing agreements reviewed and register populated; revised agreements issued to 100% of partners for signature, with Constabulary co-signature obtained. • **Achievable**: Documents / templates are already present and require updating. • **Relevant**: Closes a compliance gap that creates legal and information-sharing risk. • **Time-bound**: Revised template signed off within 6 weeks; all agreements reissued and register live within 4 months; annual review cycle thereafter. Responsible Officer – D Supt Specialist Crime Implementation Date – 31 December 2026	• Agreement documents in place for all partner organisations signed by representatives from the respective partners and the Constabulary.

3. Terms of Reference		Risk Rating: Low
Control Design		
Key Finding – The Operational Alliance has an Operational Order (dated 01/10/2022) to set out the intention to 'To initiate a force wide, generic SOC Operation ('Operation ALLIANCE') that will aggregate all SOC disruption activity being undertaken / promoted by the Constabulary.' This document serves as the Terms of Reference for the group but whilst containing some of the	**Specific Risk** – The absence of a formal Terms of Reference may result in unclear governance arrangements for the SOC Alliance, leading to ineffective coordination, reduced accountability, and limited assurance that serious and organised crime risks are being	**Recommendation** - The Cumbria SOC Alliance should develop, approve, and implement a formal Terms of Reference (ToR) which clearly defines the group's purpose, objectives, scope, membership, roles and responsibilities, decision-making arrangements, quorum requirements, reporting lines, and review arrangements. The ToR should be formally approved by members and reviewed at least annually to ensure it remains aligned to

information you would expect to see in a TOR it does not cover the full remit. Items expected to be included are: 1. Purpose 2. Objectives 3. Scope 4. Key Responsibilities 5. Membership 6. Membership Review 7. Chair and Vice Chair 8. Meetings 9. Quorum 10. Information Sharing 11. Reporting and Accountability 12. Performance Monitoring 13. Review of Terms of Reference	appropriately managed through partnership activity.	current SOC priorities and partnership governance requirements.
Management Response **Operation Alliance Terms of Reference** • **Specific**: Draft and approve a full ToR covering purpose, objectives, scope, key responsibilities, membership, membership review, chair/vice chair, meetings, quorum, information sharing, reporting/accountability, performance monitoring, and ToR review.		Evidence to confirm implementation – • Terms of Reference Document for the Operation Alliance/ Partnership

• **Measurable**: ToR document approved and circulated to all SOC Alliance members. • **Achievable**: Chair to lead drafting using the audit's checklist of 13 required sections as the structure. • **Relevant**: Directly resolves the governance gap identified in the audit. • **Time-bound**: Draft ToR to next Alliance meeting for comment within 6 weeks; formal approval within 3 months; annual review built in thereafter. Responsible Officer – D Supt Specialist Crime Implementation Date – 31 December 2026	

4. Partner Participation		**Risk Rating: Low**
Control Design		
Key Finding – observing the Alliance Partnership meeting it was clear that most of the information was being imparted by the Constabulary with limited participation observed by partner members. This resulted in a lot of information being presented at the internal Operation Alliance meeting earlier in the month being repeated.	**Specific Risk** – There is a risk that meetings becoming a forum for information sharing rather than effective multi-agency decision-making and problem solving.	**Recommendation** – The chair of the meeting should monitor engagement, challenge passive participation, and periodically review whether representatives have the appropriate seniority, authority, and knowledge to contribute effectively. This could be achieved through conducting a survey of partner members to gain their views on the meetings in their current form. Potential questions to pose could include: • What helps you contribute effectively during Operational Alliance meetings?

		• What prevents you or your organisation from contributing more actively? • What changes would improve partner engagement and participation? • Are there any organisations that should contribute more frequently or more effectively? • Overall, how effective is the Operational Alliance as a forum for multi-agency problem solving and decision-making?
Management Response **Partner engagement in meetings** • **Specific**: Chair to actively monitor and challenge passive participation; run a survey of partner members using the questions suggested in the audit (what helps/prevents contribution, what would improve engagement, whether attendees have appropriate seniority/authority). • **Measurable**: Survey completed with response rate target (75% of standing members); findings and actions reported back to the group. • **Achievable**: Low-cost, can be run via MS Forms / Teams already used by the group. • **Relevant**: Addresses the specific risk of meetings becoming one-way information dumps rather than multi-agency decision-making. • **Time-bound**: Survey issued within 4 weeks; results and action plan presented at the following quarterly meeting. Responsible Officer – D Supt Specialist Crime Implementation Date – 31 December 2026		Evidence to confirm implementation – • Results of survey • Impact of feedback on future Alliance Partnership agendas

<table>
<tr><td colspan="2">5. SOC Alliance/ Partnership Membership</td><td>Risk Rating: Low</td></tr>
<tr><td colspan="3">Operating Effectiveness</td></tr>
<tr><td>Key Finding – The membership of the Operational Alliance and Partnerships consist of c50 standing members who are invited to each meeting and have access to the relevant Teams Channel/ SharePoint.

Observed attendance at recent meetings indicated that there were between 10-15 attendees at each meeting.

Discussions revealed that the master lists could contain individuals who were on longer associated with SOC related activities.</td><td>Specific Risk – Failure to periodically review Alliance membership may result in inappropriate attendance, leading to inefficient governance arrangements, ineffective use of resources, reduced accountability, and less effective partnership oversight SOC activity.</td><td>Recommendation – A review of the membership lists and corresponding access to Teams/ SharePoint sites should be subject to review and any individuals for whom membership is no longer appropriate should have their access removed.

Going forward the membership groups, given the sensitive nature of SOC activities, should be subject to regular review to ensure that invites and access is provided to those who require it.</td></tr>
<tr><td colspan="2">Management Response

Membership and access review

• Specific: Review the full Alliance membership list against current SOC involvement; remove access (Teams/SharePoint) for individuals no longer active; establish a recurring review cycle.
• Measurable: Membership list reconciled to 100%, with a documented number of accounts removed; recurring review scheduled (Annual Action).
• Achievable: Administrative task owned by Op Alliance, supported by chairs confirming relevant attendees.</td><td>Evidence to confirm implementation –

• Revised membership lists and associated access to SOC Alliance channels</td></tr>
</table>

• **Relevant**: Reduces risk from inappropriate access to sensitive SOC material and improves governance efficiency. • **Time-bound**: Initial review completed within 2 months; first recurring review scheduled 6 months later. Responsible Officer – D Supt Specialist Crime Implementation Date – 31 October 2026	

6. Partner Training		Risk Rating: Low
Operating Effectiveness		
Key Finding – There is no formal training in place for partner members who participate in the Operation Alliance meetings. Training and information updates are provided on an as an when basis rather than through a structured programme. Given the complexities of SOC arrangements and this not necessarily being a core aspect of the job roles of partner participants this could result in a knowledge or understanding gap that could impact of the effectiveness of partner participation.	**Specific Risk** – The Cumbria Operation Alliance may be unable to achieve its objectives effectively because partner representatives have not received consistent training and development to support their role within the partnership.	**Recommendation** – The Alliance should develop and maintain a partnership training plan that identifies mandatory and desirable learning requirements for all members. This should include induction training for new representatives and periodic refresher training covering: • The role and objectives of the Alliance. • Serious and organised crime threats within Cumbria. • Information sharing and data protection requirements. • Safeguarding responsibilities. • Governance and decision-making processes. • Partner roles, powers, and responsibilities.

		• Lessons learned and emerging threats.
Management Response **Partner training programme** • **Specific**: Develop a structured CPD covering Alliance role/objectives, SOC threats in Cumbria, information sharing/data protection, safeguarding, governance/decision-making, partner roles/powers, and lessons learned/emerging threats • **Measurable**: CPD offered to all representatives. Attendance tracked. • **Achievable**: Can draw on existing partner subject-matter experts to build content. • **Relevant**: Closes the identified knowledge/understanding gap affecting partner effectiveness. • **Time-bound**: CPD to be arranged within next 6 months and managed through Op Alliance Responsible Officer – D Supt Specialist Crime Implementation Date – 31 August 2027		Evidence to confirm implementation – • Training needs assessment • Training materials • Training included on periodic meeting agendas

Appendix A: Engagement Scope

Scope

Serious Organised Crime (SOC) remains one of the most complex and high-impact threats facing policing, requiring coordinated, intelligence-led activity across multiple agencies and partners. Cumbria Police (The Constabulary) play a vital role in identifying, managing, and disrupting Organised Crime Groups (OCGs),

The objective of this review is to provide independent assurance over The Constabulary's approach to managing SOC, focusing on agency and partner information flows; the effectiveness and governance of disruption activity; and the processes for reviewing, maintaining, and archiving OCGs.

The review considered the following sub-objectives.

Agency & Partner Management Information

- There are effective, timely, and structured processes for sharing intelligence.
- Information-sharing supports effective threat identification and operational decision-making.

Review and Archive of Organised Crime Groups

- OCGs are reviewed regularly against defined criteria.
- Decisions to archive or reactivate OCGs are evidence based, documented, and approved.
- Archived OCGs remain visible for intelligence purposes.

Disruptions

- Disruption plans align with the national SOC strategy.
- Disruption actions are risk based, prioritised, and tracked to completion.
- Outcomes are measured.
- Multi agency disruption activity is co-ordinated with clear roles and information sharing protocols.

Scope Limitations

The review will focus on the governance arrangements in place to support SOC processes. The review will not provide assurance on the robustness of operational decision making/ actions taken.

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: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
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 significantimpact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function, or process objectives. • has exposed the system, function, or process to a key risk, however the likelihood of this risk occurring is low.
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	Temporary Deputy Chief Constable
Michelle Bellis	Constabulary Chief Finance Officer
Ian Hussey	Temporary Chief Superintendent
John Graham-Cumming	Temporary Detective Superintendent
Andrew Burgess	Senior Intelligence Analyst

Darrell Davies
Regional Assurance Director
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Limitations

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Global Internal Audit Standards (UK Sector)

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

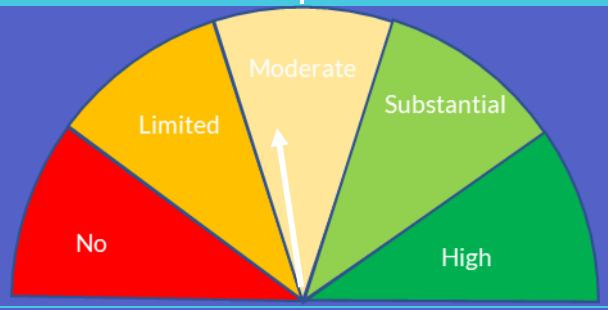
Attendance Management Policy & Retention

Assignment Report 2025/26 FINAL

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

309CPFCCC_2526_004

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

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: Was to evaluate the systems and processes in place to ensure that line managers are proactively managing sickness absence, ensuring compliance with policy.

Scope Limitation: No assurance is provided on the appropriateness of actions taken or decisions reached in respect of individual periods of absence.

Key Findings/Conclusion

Overall, a moderate level of assurance can be provided, in respect of attendance management, that 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.

Areas of good practice include the Constabulary having an Attendance Support Policy & Procedure and a Fair Passport Policy in place which helps support individuals through periods of sickness and their return to work. Both documents are available to staff through SharePoint and contain many features of good practice in terms of managing and monitoring absences and making required reasonable adjustment to facilitate a return from absence. Training is routinely provided on absence management to the Leadership Training Programme and through wider force wide training.

Absence data is routinely monitored and reported through to Executive Board- Police and other forums such as weekly Bronze Meetings. Deep dives are undertaken for a sample of absences to establish if appropriate actions have been taken in accordance with the established policies.

Absence data is recorded on the Crown system. To inform audit testing, data was extracted of all instances of sickness absence recorded between January 2025 and January 2026. Review of the data provided revealed records where either the broad reason for the absence had not been recorded, the return-to-work date was before the absence reported date and/or there was a zero figure for the days lost to absence as the return-to-work date was the same date as the absence reported date.

A sample of absences were selected from the Crown data for compliance testing. Significant delays were experienced in obtaining supporting documentation. There were several omissions in the evidence provided to support compliance such as fully completed return-to-work forms, complete fit notes and evidence that actions in respect of formal trigger points had been considered/ undertaken. Other recommendations were raised in respect of case summaries and KPIs.

Objectives Reviewed	RAG Rating
Policies and procedures	Green
Training	Green
Monitoring of Absence	Green
Compliance with Policy	Red
Corporate Reporting/ Review of sickness data	Amber
Overall Assurance Rating	**Moderate**

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	-	-
High	0	1
Medium	1	1
Low	0	1
Total	**1**	**3**

Areas of Good Practice

- The Constabulary has an 'Attendance Support Policy & Procedure' in place whose purpose is to effectively manage welfare needs of individuals in balance with organisational needs. The policy is in date and due for review in September 2026. This policy applies to all police officers, staff and Special Constables.
- Where staff are unable to return to work by an agreed date or there continues to be attendance issues during a specified review period then the formal process for managing these situations transfers to the requirements set out in either the 'Staff Capability Procedure' or 'Police Performance Regulations 2020.'
- A 'Fair Passport Policy' is in place which covers the production of a live document (the Fair Passport) which records reasonable adjustments resulting from an individual's circumstances. The purpose of the Fair Passport is to facilitate communication between the individual and the organisation. The was due for review in May 26. At the time of writing this report (July 26) the policy is under review with limited changes expected.
- Leadership training includes absence management is provided at all ranks with Commands organising further refreshers via SLT based upon requirement.
- Full force wide 'Working Arrangements' training is provided annually which covers all management systems (Crown and iTrent), absence management, organisational understanding of absence impacts, development etc. This training is provided by several departments, including HR to ensure all leaders within the Constabulary are aware of best practice.
- HR single points of contact (SPOCs) are allocated to each Command to provide, amongst other things, support regarding application of attendance management requirements. co
- Case Summary documents are used to record actions taken in respect of an individual's absence from work. These documents, in some cases, can cover multiple instances of absence occurring over the course of an individual's employment with the Constabulary.
- Weekly sickness reports are produced from the 'Crown' system which contain information on the number of total absences, long term absences, the number of absences in the different escalation categories (Informal review meeting, stage 1, stage 2, ill health retirement etc) and those absences which potentially will become long term absences in the next week.
- Sickness information can be extracted through Power BI which the Senior Leadership Team can access to identify absence trends. Power BI can show trend analysis from a Departmental view up to Force wide
- Weekly Bronze Meetings review sickness data within their Commands.
- Periodic 'HR Update – Establishment, Recruitment and Sickness' briefings are presented to the Executive Board- Police for review and scrutiny,
- There is a Trauma Tracker to identify where support maybe potentially required for mental health and the Crown system is used for individual absence
- Every six months a sample of absences are reviewed for compliance with corporate requirements. The outcomes of these exercises are reported to the Commissioner through to the Police, Fire and Crime Commissioner.

Key Findings – Issues Identified	
High	3.1. Evidence of Compliance with policy- There were instances in the sample selected where compliance with the 'Attendance Support Policy & Procedure' could not be fully evidenced.
Medium	3.2. Data Quality- The absence data extract from the Crown systems contained several anomalies which requires review. 3.3. KPIS- There is an absence of Key Performance Indicators (KPIs) in respect of the management and compliance with the absence proces
Low	3.4. Case Summaries- There are inconsistencies in the strucure & content of 'case summaries.'

Management Response to Audit Report

We would like to thank the audit team for their review and for recognising the positive work, governance arrangements and controls that are currently in place across the attendance management and sickness absence process. The findings provide assurance that there are some good foundations, and we welcome the observations and recommendations that will support further enhancement.

Newly appointed leadership includes ACC and Head of People who plan to build upon the existing strengths and commit to a programme of continuous improvement that seeks to further strengthen attendance management, improve data quality, enhance user experience for managers and police officers and police staff, and ensure we continue to support organisational wellbeing objectives.

The audit has rightly highlighted the importance of data accuracy and process compliance. Whilst controls are in place, there remains a level of reliance on line managers entering information into systems accurately and consistently, which is a critical component of the overall process. We recognise that attendance management currently operates across two core systems, supplemented by a number of manual interventions. This creates opportunities to simplify processes, improve consistency and reduce administrative effort through enhanced system capability and integration.

To support this approach, we plan to undertake an end-to-end review of the attendance management process at each stage. This will include all relevant systems, stakeholders and partner teams involved in the employee lifecycle and attendance recording process. The intention is not to undertake an overhaul but to identify practical and proportionate improvement opportunities that will strengthen current arrangements and improve overall effectiveness.

Planned Actions

- Establish a cross-functional project team comprising representatives from HR, Crown, Payroll, HRIS, Employee Relations and other relevant functions as appropriate.
- Complete a comprehensive end-to-end review of attendance management processes, systems, controls and hand-offs between teams.
- Assess opportunities for system development and automation to reduce manual interventions and improve data integrity.
- Review absence reason categories to ensure high-quality and consistent recording, enabling better management information and insight.
- Develop options for the electronic recording and storage of fit notes within the system environment.
- Create and deploy targeted bite-sized training and guidance materials for line managers to reinforce process requirements, data quality expectations and good attendance management practices.

- Introduce a suite of performance indicators and benchmarking measures, initially comparing performance against:
  - Historical organisational performance;
  - National attendance and sickness absence benchmarks; and
  - Relevant external professional standards and comparator organisations.
- Continue to support and maintain the Fair Passport Policy, which has been assessed as operating effectively.

Progress to Date

The first discovery and deep-dive session with HR colleagues was completed on 27 August and has provided valuable initial insight into opportunities for refinement and enhancement. This work will now be expanded to include wider stakeholder engagement across all relevant functions.

Expected Outcomes

Through this programme of continuous improvement, we expect to:

- Improve the timeliness and quality of attendance data.
- Reduce reliance on manual processes where possible.
- Increase efficiency and user experience for managers and administrators.
- Enhance management information and reporting capability.
- Strengthen compliance and policy application across the organisation.
- Provide measurement through agreed KPIs and benchmarking.

Given the recent leadership transition and the scope of the review, it is proposed to complete the discovery, assessment phase by 31/12/2026 and initial implementation activities by 31/03/27. We would propose to present/report on the Continuous Improvement measures in line with the above timelines. Overall, we view the audit as an acceptable assessment of existing controls and an opportunity to enhance the attendance framework with evidence-based improvements.

Jilly Atherton, Constabulary Head of People

31/08/2026

Deputy Chief Constable Comments

I have reviewed the report in relation to the audit of Attendance Management and Retention. I note that the report provides 'moderate' assurance with four recommendations, one graded high, two of which are graded as medium and one graded as low (1 relating to control design and 3 relating to operating effectiveness).

A single management response covering all recommendations has been provided above by the newly appointed Head of People and I am comfortable that a holistic approach is being taken to review and improve current processes. I also note the numerous examples of good practice that are highlighted in the report and the Head of People's intention to build on these firm foundations. Having a robust approach to attendance management is a high priority for the Chief Constable. I am comfortable that the discovery/assessment and implementation timelines are reasonable and appropriate. I will ensure that progress against these recommendations is made in line with the agreed timescales and tracked through Organisational Board, which is chaired by ACC Bird.

Jonny Blackwell, Deputy Chief Constable 02/09/2026

4 Findings and Management Action

1. Policy Compliance- Supporting Documentation		Risk Rating: High
Operating Effectiveness		
Key Finding – A sample of sickness related absence events were selected for testing based on data held in the Crown system. A list of all sickness absences occurring between January 2025 and January 2026. From this a sample was selected for testing. For the selected sample HR were requested to provide evidence that appropriate action had been taken in line with the Constabulary's absence policy based on the duration of the absence (short/ medium/ long term.) From the evidence provided for review in respect of the selected sample the following matters were identified: • Instances where fit notes were not provided to cover the whole period of absence. • Omissions on the Return to Work (RTW) forms such as details of the manager completing the interview and/or instances where a trigger has been hit but no intention to take further action appears to have been recorded.	**Specific Risk** – **Failure to follow Policy** Failure to follow the absence policy and procedures can result in inconsistent treatment of staff and increases in absence-related costs. It can also damage trust, reduce productivity, and lead to poor wellbeing and workforce management. **Inability to Locate Relevant Documents** A weak audit trail and/or an inability to evidence compliance or non-compliance with retention and records management requirements can weaken the organisation's ability to evidence fair, consistent and policy-compliant employment decisions.	**Recommendation** – The constabulary should strengthen controls, documentation standards, and oversight across sickness absence management to ensure consistent compliance with policy and a complete, auditable record of actions taken. Including: a) Implement a control requiring verification that fit notes are obtained and retained to cover the full duration of absence, b) Improve Completion Standards for Return to Work (RTW) Forms through QA checks to prevent incomplete submissions. c) Introduce monitoring and escalation controls where absence triggers focusing on requirements to evidence informal/formal review meetings etc. d) Require documented evidence of all key absence-related meetings, including informal reviews, case conferences and attendance surgeries. This should include outcomes, actions, and agreed next steps.

• Some RTW contained no narrative at all in respect of the discussions that had taken place. • Several occasions where an absence trigger had been hit but no evidence provided that an informal review meeting had taken place. • Where absences could be classed as a 'Serious Long-Term Illness' no evidence was provided of a first contact letter being sent to the staff member/ officer by an 'Area Superintendent, Head of Department or Director' as required under the absence policy • Limited documentary evidence provided of the discussions/ outcomes from any case conferences and attendance surgeries that had taken place relating to individual's absence. • No evidence provided of Recuperative Action Plans or Fair Passports being produced to assist employees in their return to work.		e) Introduce a control to verify that, where absences meet the definition of 'Serious Long-Term Illness' first contact letters are issued in line with policy evidence of issuance is retained f) Require documented use of support mechanisms where appropriate, including Recuperative Action Plans and Fair Passports
Management Response – Please see the consolidated management response provided on pages 6 and 7 above Responsible Officer – Head of People Implementation Date – 31/03/2027		Evidence to confirm implementation – • updated policies and procedures • Updated training material • Quality assurance outputs demonstrating consistent compliance across a sample of cases.

<table>
<tr><th colspan="2">2. Data Quality</th><th>Risk Rating: Medium</th></tr>
<tr><td colspan="3">Operating Effectiveness</td></tr>
<tr><td>Key Finding – Data was requested from the Crown system of all sickness related absences between January 2025 and January 2026 to select a sample for detailed testing.

In selecting the sample, the data provided was reviewed and the following matters were identified:

There were numerous records where the broad reason for the absence had not been selected from the drop-down menus. It is acknowledged that is some cases an individual may not want the reason to be recorded formally.

There were multiple instances where the initial absence date and the end date were the same thus generating an absence instance but with zero days being recorded as being lost to the absence.

There were instances where the absence end date was prior to the recorded start date.</td><td>Specific Risk – absence data errors can lead to risks of flawed reporting resulting the potential for misleading absence rates and trends, poor workforce planning decisions and/or inappropriate interventions</td><td>Recommendations–

a) Periodic review and data cleanse activities should be developed and documented to review core absence data in the CROWN system to identify and resolve any potential anomalies.

b) Data cleanse activities should form part of the corporate reporting of absence information.

c) Any common issues identified should be included within training or manager updates to assist in reducing future occurrences.</td></tr>
<tr><td colspan="2">Management Response – Please see the consolidated management response provided on pages 6 and 7 above

Responsible Officer – Head of People

Implementation Date – 31/03/2027</td><td>Evidence to confirm implementation –

• Data cleanse procedure
• Absence reports commenting on data cleanse results
• Update training materials highlighting common issues identified in the data cleanse exercise.</td></tr>
</table>

3. Key Performance Indicators		Risk Rating: Medium
Control Design		
Key Finding – The 'Weekly Sickness Report' and the 'HR Update – Establishment, Recruitment and Sickness' briefings contain a range of informative absence related data covering core sickness absence, health and wellbeing and operational performance KPIs Currently there are no key performance indicators being reported in respect of the management and compliance aspects of the absence process. The absence of such KPIs may result in the Constabulary being unable to effectively monitor adherence to attendance management procedures and holding managers accountable for managing absence.	**Specific Risk** – Inconsistent application of policy, increased sickness levels, reduced operational resilience, higher costs, and missed opportunities for early intervention and workforce support.	**Recommendations** – The Constabulary should introduce a formal suite of management and compliance KPIs for sickness absence management. These should be aligned to policy requirements and used to monitor the timely recording, review, escalation, and management of absence cases. KPI performance should be reported regularly to senior management, with clear accountability for addressing non-compliance, ensuring consistent application of policy, and supporting early intervention to reduce sickness absence and maintain operational resilience. Examples of KPIs include: • Timeliness of sickness absence recording. • Completion of return-to-work interviews within required policy timescales. • Compliance with absence trigger points, including timely management action where thresholds are met. • Timeliness and appropriateness of Occupational Health referrals. • Completion of attendance review meetings and follow-up actions.

		• Management of long-term sickness cases, including review frequency and documented action plans. • Use and monitoring of reasonable adjustments, recuperative duties, or restricted duties, where applicable. • Quality and completeness of absence case records, including evidence of decisions and interventions.
Management Response – Please see the consolidated management response provided on pages 6 and 7 above Responsible Officer – Head of People Implementation Date – 31/03/2027		Evidence to confirm implementation – • Documented KPIS • Monitoring reports

4. Case Summary Documents		**Risk Rating: Low**
Operating Effectiveness		
Key Finding – The constabulary has a case summary proforma in place which is normally used in instances of medium- or long-term sick to record key activities/ decisions made during the absence. There is no reference to the case summary document or its completion in the 'Attendance Support Policy & Procedure.' Review of the summary documents provided to support the audit testing identified the following;	**Specific Risk** – Inconsistent approaches to recording information in absence case summaries creates risks of unfair decision-making, weak audit trails, compliance failures, and reduced data reliability due to incomplete, unclear, or non-comparable information across cases.	**Recommendations** – a) The constabulary should clarify the intended use of the case summary proforma and update guidance to ensure it is used consistently for either a single absence occurrence only, or multiple absences with clearly defined sections or separate entries for each period. b) The proforma should be enhanced to include mandatory fields for absence start date, absence end date and a clear separation between distinct

The proforma appears to be designed for a single absence occurrence (the first page requires a narrative summary of the case) but in some instance the form has been used to record multiple absence occasions. In these situations, it is not always clear when one absence period has ended and another begun. When comparting the CROWN data and the case summary sheets there were occasions where the end date recorded on CROWN did not appear to mirror activity recorded on the case summary sheet (e.g. actions continuing closely after the 'end date' recorded on CROWN) Variances in level of information being recorded in the summary documents with some containing sufficient information to clearly establish progression of the absence through recognised process and decisions being taken with others containing minimum information on activity such as 'Advice re Stage 1' and 'IRM' without providing detail on the advice or the decisions reached as a result of reviving it. Initials are stated in respect of each recorded entry but there are no details on the form to state who these initials represent or their respective roles in managing the absence.		absence episodes. This will reduce ambiguity where multiple absences are recorded and ensure alignment with system records c) Develop and enforce minimum expectations for recording case activity, including sufficient detail on advice given, decisions made and rationale. d) Amend the proforma to require full name (not just initials) role/ title of the individual making each entry. e) Issue updated guidance and, where necessary, targeted training to managers on the correct completion of the proforma, required level of detail and alignment with HR policy and systems. f) Introduce a periodic QA process (e.g., HR or supervisory review) to assess completeness, consistency and alignment with policy and system records
Management Response – Please see the consolidated management response provided on pages 6 and 7 above		Evidence to confirm implementation – • Revised proforma document

Responsible Officer – Head of People Implementation Date – 31/03/2027	• Guidance notes/ training material for managers • Absence reporting containing reference to periodic QA results

Appendix A: Engagement Scope

Scope

The 2025-26 Internal Audit Plan, approved by the Joint Audit Committee, included an audit to provide assurance that attendance at work is managed in line with both the Constabulary's and national guidance to support health and wellbeing together with maximising attendance rates for operational duties.

The overall objective of the review was to evaluate the systems and processes in place to ensure that line managers are proactively managing sickness absence, ensuring compliance with policy. This included a review of the processes in place for the identification, recording, reporting and monitoring of sickness absence.

The following sub-objectives were considered during the review:

- There are a comprehensive up-to-date policy and related procedures governing the management of sickness absence
- Managers have received training and are aware of the sickness absence policy requirements
- Effective systems and processes are in place to ensure sickness is appropriately recorded, monitored, and managed throughout the different stages, for all periods of sickness. The Constabulary actively facilitates employees to return to work after illness and employees are appropriately managed in line with relevant Constabulary processes, including phased return and use of Occupational Health.
- Processes are in place to analyse and review reasons for sickness to enable targeted action to be taken where appropriate.
- Different levels of management, and relevant formal meetings receive sufficient information about sickness and absence levels, and this information is presented in a comprehensible format.

Scope Limitations

This review focused on the content and requirements set out in the 'Attendance Support Policy & Procedure' and organisational compliance. No view is offered on the appropriateness of actions taken or decisions reached in respect of individual periods of absence.

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: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
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 significantimpact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
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
Jilly Atherton	Constabulary Head of People
Sarah Jones	Superintendent (Enabling Services: L&D, HR, OHU, CSD, Fleet & Professional Standards)
Siraaz Patel	Inspector (Recruitment / Diversity / Positive Action)

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

Louise Cobain
Executive Director – Assurance / Deputy Managing Director
Tel: 07815 966625
Email: louise.cobain@miaa.nhs.uk

Limitations

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Global Internal Audit Standards (UK Sector)

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

Internal Audit Follow Up Report - Police Joint Audit Committee (23rd September 2026)

Cumbria Police, Fire & Crime Commissioner

Cumbria Constabulary

Contents

Global Internal Audit Standards (UK public sector)

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

1 Introduction and Background

In making recommendations and agreeing action plans it is intended that improvements may be made to both internal controls and operational effectiveness. However, in order to verify that the benefits of the process are achieved, it is necessary to subsequently follow up on the implementation of agreed actions, in order to fully assess:

- Whether implementation has occurred or been superseded by further events; and
- Whether the actions have produced the intended effect.

Follow-up is, therefore, a vital aspect of the internal audit process.

This report provides an update on the progress of implementing previous internal audit recommendations against the last position reported to the Joint Audit Committee and on recommendations contained in internal audit reports issued since then.

Section 3 and 4 summarises the status of previous audit recommendations and Section 5 details the critical, high and medium risk recommendations that are in progress/outstanding or are not yet due.

When all recommendations have been completed, reviews from previous years will be removed from the tracker once presented to Joint Audit Committee.

To assist the Joint Audit Committee the definitions of risk levels and assurance ratings are included in Appendix A.

2 Objective

The objective of this follow-up review was to provide an update on progress made towards the implementation of agreed internal audit recommendations. The reported position is at the 9th September 2026.

3 Summary Table

The summary of our follow-up work is contained below:

	September 2026		June 2026	
Total number of recommendations made	47		47	
Actions not yet due	(18)		(15)	
Actions included within this report	29	100%	32	100%
Actions previously reported as completed	8	28%	10	48%
Actions confirmed by MIAA as complete in this report	18	62%	12	13%
Actions confirmed by MIAA as no longer required/superseded	2	7%	-	-
Actions overdue and in progress	1	3%	7	4%
Actions overdue and awaiting an update	-	-	3	35%
Actions deemed by management to be complete but not yet confirmed by MIAA	-	-	-	

There are 47 internal audit recommendations in relation to 12 reviews, of which 18 recommendations are not yet due for implementation: leaving 29 to be reported upon in this briefing note.

- 26 recommendations have been completed in total, with 18 recommendations completed since the last report at the Joint Audit Committee in June and 8 having been completed previously.
- There are no overdue recommendations.

- There is 1 recommendation that is in progress, part of the action has been closed with further evidence requested for the remaining actions.
- 5 critical/high/medium actions have revised deadlines. These are as follows:

Review	Recommendation	Original Date	Revised Date
Data Protection and GDPR	Central Information Asset Register (IAR)be reviewed and departmental IARs be developed	31/12/2025	31/03/2026 31/12/2026
Data Protection and GDPR	Specific responsibilities for data ownership be clearly defined and enforced	31/12/2025	31/03/2026 31/12/2026
Officer Safety Training	Update the 'amendments made' section with any required updates during the interim review in April 2025. The policy should be updated to include the roles that require officers and staff to use personal protective equipment (PPE), and those roles that do not require the use of PPE. Consider producing a First Aid training specific policy. Update the Learning and Development Strategy to ensure consistency with dates.	24/08/2026	30/11/2026
Officer Safety Training	Remind staff of the importance of completing deferment forms in detail. Forms should be returned if not completed with sufficient information. Regular audits should be undertaken of the deferment log to ensure the Microsoft form is working correctly and emails being sent to the appropriate people. Approval emails should be sought and retained for all deferments.	24/08/2026	30/11/2026

Officer Safety Training	The Constabulary should ensure the statistics presented to Chief Officer Group are expanded to include full PPST and first aid compliance, deferrals and nonattendance.	25/05/2026	30/11/2026

The next formal follow up of previously agreed recommendations will be reported at Q3 2026/27.

A detailed breakdown by review is provided in section four below.

4 Internal Audit Action Tracker

The following summarises progress against the internal audit recommendations, including those previously raised by TIAA as at 9th September 2026:

Audit Title	Assurance Level	Total	Progress on recommendations						C	H	M	L
			Previously reported as complete / Superseded	Implemented since June 2026	Not Due	Due and in progress	Due and Awaiting Response	Total Outstanding				
The following are TIAA Audit Team Recommendations. Assurance levels differ to those used by MIAA.												
2023/24 Reviews												
Partnerships and LGR	Reasonable	1	-	1	-	-	-	-	-	-	-	-
2024/25 Reviews												
Data Protection and GDPR	Reasonable	5	3	-	2	-	-	2	-	2	-	-
Business Continuity	Reasonable	1	-	1	-	-	-	-	-	-	-	-
Use of Force Reporting	Reasonable	2	1	1*	-	-	-	-	-	-	-	-
The following are MIAA Recommendations												
2025/26 Reviews												
Management of Sexual Offenders	**Part Two Report**											
Problem Solving	Moderate	7	3	2/1*	1	-	-	1	-	-	-	1

Audit Title	Assurance Level	Total	Progress on recommendations						C	H	M	L
			Previously reported as complete / Superseded	Implemented since June 2026	Not Due	Due and in progress	Due and Awaiting Response	Total Outstanding				
Futures Programme	Moderate	6	-	6	-	-	-	-	-	-	-	-
Risk Management	Moderate	3	1	1	1	-	-	1	-	1	-	-
Officer Safety Training	Moderate	6	-	3	3	-	-	3	-	-	3	-
IT Asset Management	Moderate	2	-	-	1	1	-	2		1	1	
2026/27 Reviews												
Accreditations	Substantial	4	-	4	-	-	-	-	-	-	-	-
Serious and Organised Crime	Substantial	6	-	-	6	-	-	6	-	-	2	4
Attendance Management	Moderate	4	-	-	4	-	-	4	-	1	2	1
Totals		**47**	**8**	**18/2**	**18**	**1**	**-**	**19**	**-**	**5**	**8**	**6**

	No overdue actions
	Actions are in progress
	Actions awaiting response
	Management advised actions complete but not yet confirmed by MIAA

	All report actions confirmed as implemented/superseded/unable to complete following further work.

*These recommendations are no longer able to be implemented, as per Section 5 comments.

5 Internal Audit Critical, High and Medium Risk Recommendations

The following provides the details of the critical, high and medium risk recommendations that have been implemented/ superseded and those outstanding as at 9th September 2026. They include recommendations raised by the previous auditors TIAA who used different assurance levels to MIAA.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
2023/24		
Audit Title: Partnerships and LGR **Responsible Officer:** Safer Cumbria Business Manager **Action Due:** 31/07/2024 **Revised Deadline:** 30/04/2026	**R1 Recommendation (risk rating 2):** The Safer Cumbria Partnership Strategy be updated to reflect key changes as a result of the newly formed unitary authorities including structural and functional changes. **Management Response:** The changes to the Local Authority Landscape have been recognised through the work of the Safer Cumbria Partnership and named individuals from both Local Authorities are in attendance at both the main board and across the associated subgroups, with all terms of reference updated to reflect the changes. The changes to the strategy need to be made out with of the office due to the design packages required. This work is scheduled in with the Force Marketing and Media Department.	**Implemented** **Evidence to confirm implementation:** Draft Safer Cumbria Partnership document for 2026-2028.
2024/25		

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Data Protection and GDPR **Responsible Officer:** Data and Information Privacy Manager **Action Due:** 31/12/2025 **Revised Deadline:** 31/03/2026 **Revised Deadline:** 31/12/2026	**R3 Recommendation (risk rating 2):** The central IAR be reviewed and departmental IARs be developed with business leads responsible for their ownership and management. **Management Response:** S – Review the existing central IAR and develop Departmental registers. M – An up-to-date central IAR and creation of Department owned registers. A – With support from department heads and Constabulary leadership. To achieve this, additional resource may be required. R – Reduce risk and identify efficiency. T – See Implementation Timetable.	**Management Update June JAC** DCC made the decision at Information Management Board (30/04/2026) that the deadline for the remaining actions on this audit can be extended to 31/12/26. **Not yet due. MIAA have received evidence that work is in progress.**
Audit Title: Data Protection and GDPR **Responsible Officer:** Cyber Security and Risk Intelligence Advisor **Action Due:** 31/12/2025 **Revised Deadline:** 31/03/2026 **Revised Deadline:** 31/12/2026	**R4 Recommendation (risk rating 2):** The Department Heads and Commands maintain oversight and accountability for information assets and records. Specific responsibilities for data ownership be clearly defined and enforced through relevant policies. **Management Response:** S – Review the Information Asset Owner framework and revise or create any required Policies. M – Completion of appropriate policies that define responsibilities. A – With support from leadership across the Constabulary and capacity allows. R – Improve accountability, reduce risk and achieve efficiencies T – See Implementation Timetable column.	**Management Update June JAC** DCC made the decision at Information Management Board (30/04/2026) that the deadline for the remaining actions on this audit can be extended to 31/12/26. **Not yet due. MIAA have received evidence that work is in progress.**

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Business Continuity **Responsible Officer:** Chief Superintendent Operations Carl Patrick **Action Due:** 31/10/2025 **Revised Deadline:** 28/02/2026 **Revised Deadline:** 31/05/2026	**R1 Recommendation (risk rating 2):** Business Continuity Plans and Business Impact Assessments and all related appendices be appropriately reviewed and brought up to date in line with relevant requirements and standards. **Management Response:** To address the recommendation a review will be undertaken of Business Continuity Plans consisting of Force Operations undertaking the following: 1. A review of all Business Continuity Plans with a view to placing them in a prioritisation list April 2025. 2. Training for relevant officers / staff across Commands / Directorates across the force May 2025. 3. Business Continuity Plans to be reviewed and refreshed if needed October 2025.	**Implemented** **Evidence to confirm implementation** New format of BIAs introduced with staff trained on them. Documents which show the progress to date in relation to BIAs as part of the Business Continuity Impact as part of the BC review.
Audit Title: Use of Force Reporting **Responsible Officer:** Chief Superintendent t Matt Kennerley **Action Due**: 28/02/2025 **Revised Deadline:** 28/02/2026 **Revised Deadline:** 31/05/26	**R2 Recommendation (risk rating 2):** A review into making actual usage of the taser be a mandatory field on usage of force forms to ensure completed data is submitted. **Management Response:** S – This is specific in terms of a review of the IT solution for Use of Force. M – It is measurable in the delivery of a technical meeting with DDAT resources and if not can be worked into discussions with future supplier. A - Achievable in short time as it is a meeting to consider system capability. R- Realistic in terms of delivery by meeting with DDAT and their review of a system. T – Deliverable by end of Feb 2025.	**Unable to implement.** **Management response** We are unable to change the technology to meet this recommendation as we cannot make it a mandatory field due to the way the system is built. However use of taser is manually recorded by Firearms Operations Unit and presented to the Use of Force / Stop & Search meeting.
2025/26		

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Futures Programme **Responsible Officer:** Claire Head, Assistant Director of Change **Action Due**: December 2025 **Revised Deadline:** 31/07/2026	**R1 Recommendation (Medium)** A change control process covering business cases should be introduced which incorporates: • Requiring all changes to be logged, reviewed, approved, and tracked. • Use version control to maintain a history of edits and ensure traceability. • Templates that include change logs, revision dates, and responsible parties. • Changes are clearly documented with rationale and expected impact. • Stakeholders reviewing and signing off on changes. • Checklists to verify that all required updates have been incorporated. • Review meetings to walk through the revised business case. Consideration should be given to providing risk management training to those involved in the production and review of business cases. **Management Response** 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.	**Implemented** **Evidence to confirm implementation** Business case development and change process document.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Futures Programme **Responsible Officer:** Claire Head & Sarah McMeekin **Action Due**: July 2026	**R2 Recommendation (Medium)** 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. Areas to consider could include: • Project Objectives vs. Outcomes • Scope, Schedule, and Budget Performance • Stakeholder Satisfaction • Quality of Deliverables • Risk Management • Team Performance and Collaboration • Lessons Learned • Benefits Realisation **Management Response** 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.	**Implemented** **Evidence to confirm implementation** A formal Post Implementation Review (PIR) process has been incorporated within the Change Management Standard Operating Procedure (SOP) The End Project Report template has been amended to include a dedicated PIR assessment and approval section A standardised PIR report template has been developed to provide a consistent approach to reviewing benefits realisation, operational impact, adoption into business as usual, outstanding actions, residual risks and lessons learned.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Futures Programme **Responsible Officer:** Claire Head / Louise Kane **Action Due**: September 2026	**R3Recommendation (Medium)** The content of reports presented to the Futures Programme Board should consider the inclusion of the following (as appropriate): Finance Report • Actual Savings Achieved in year against those identified in the respective business cases. • Details of any pressures on delivery of identified savings • Profiled savings where appropriate (e.g. projects that are delayed/ implemented mid-year are unlikely to achieve full year savings in year one) • Split between recurring and non-recurring savings. • Detailing of any one-off costs that need to be incurred to deliver identified savings (e.g. Redundancy costs) Project Highlight Updates Development of an annual cycle of business detailing when specific projects updates can be expected along with post implementation reports. • Update of the highlight update template to reference the RAG criteria and introduce prospective timescales in reference to risk mitigations and achieving benefits. • Consider a brief executive summary to highlight the key matters to bring to the attention of the members of the Futures Programme Board. **Management Response** 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.	**Implemented** **Evidence to confirm implementation** Standard reporting mechanism is now in place through the Project Highlight Report template, which incorporates project highlight updates and financial information where appropriate. The Organisational Change SOP has been updated to document the reporting and assurance arrangements already in operation. Specifically: A new Project Reporting Cycle section has been added within Section 6.6 Delivery & Implementation, detailing the requirement for weekly project checkpoint reviews, monthly Project Highlight Reports, and reporting through the appropriate governance route (Futures Board for Business Change and Digital Board for DDaT change). Additional wording has been added within Section 6.11 Post Implementation Review (PIR) to clarify that PIR completion dates are recorded within the End Project Report and monitored by the Portfolio Manager to ensure reviews are completed and reported through governance as required.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Problem Solving **Responsible Officer:** Chief Inspector Smillie **Action Due**: March 2026	**R2 Recommendation (Medium)** 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 standardisation meeting will be established to compare each BCU's NHP performance agenda and ensure the performance framework and procedural compliance is appropriately monitored. Responsible Officer – Chief Inspector Smillie Implementation Date – March 2026 • Chief Supt Wilkinson will issue a direction to assert compliance regarding quality assurance reviews of problem-solving files. • 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. • 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.	**Implemented** **Evidence to confirm implementation** Problem solving audit expectations framework for the NPT's to use as part of their monthly dip sampling regime. Broadened the dip sampling to six cases per NPT per month, Problem Solving Policy implementation & Audits as an agenda item. All NPT Improvement Plan / Performance Framework CIP Neighbourhood Policing V1 Master.docx Instruction was made by Mr Wilkinson (NHP Lead) during SNGB meeting around compliance.

Audit Title: Problem Solving **Responsible Officer:** Chief Supt Wilkinson **Action Due**: February 2026	**R3 Recommendation (Medium)** • The action for dedicated Problem-Solving Software on the Continuous Improvement document should be investigated with rigorous review of the 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	**Unable to implement.** **Management response** DDaT have been consulted and unfortunately the Lancashire product has been found to be incompatible with our IT. As such this element cannot be progressed. Instead, the existing excel databases for each NPT will continue to be used to document locations of problem solving plans. The need to record within the spreadsheet has been included in the Problem-Solving Policy. Further to this, performance Frameworks and Audits have included a review of both open and closed problem-solving plans to ensure compliance. Further to this the need for a better product will continue to be explored. this will require National Benchmarking. The requirement remains as an incomplete action within the force NPT continuous improvement plan and will continue to be tracked for progress through this within the NPT Tactical meeting. - evidence seen of this still on the improvement plan Evidence seen of updates to ASB policy and problem solving policy being created

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	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 • required – although to note this is unlikely to be explicit as it will be dependent upon the circumstances of each case. • 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. • The governance for the progression of the policy guidance is as per recommendation 1.	

Audit Title: Problem Solving **Responsible Officer:** Chief Inspector Smillie **Action Due**: March 2026	**R4 Recommendation (Medium)** • 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. • There should be clarification in the Policy on cases for Problem Solving to be applied and those that do not require the approach. • Segregation of duties should be ensured when processes are reviewed. **Management Response** 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. 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.	**Implemented** **Evidence to confirm implementation** Ch/Supt Wilkinson has decided that sending a force wide Need to Know message is a bit overkill and has decided to target Neighbourhood Officers directly. We have received the following update: We have shared this verbally in the force wide NPT tactical meeting, and also the Force Prevention meeting. The NPT tactical was a 45 minute input in relation to the policy, its aims, and its implementation. Further to this we have planned 4 x leadership CPD problem solving sessions over the next two months and within these officers from across the organisation will be signposted to the policy. Policies updated.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	• Requirements regarding what situations and cases requiring formal OSARA plans will be reviewed and confirmed within the aforementioned ASB and problem-solving • 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. • 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.	

Audit Title: Risk Management **Responsible Officer:** Casey Walton **Action Due**: 09/09/2026	**R1a, 1b and 1c Recommendation (High)** The Constabulary should consider: • Where risks have the same initial score and current score, consider whether the controls in place need to be adjusted to help reduce the likelihood and impact. • Narrative should outline why the risks score has not changed or why it has increased. • Include target risk scores in the information going to SMB to provide a complete picture of risks. • Complete a quarterly audit on a sample of risks to ensure all key fields are complete and to identify any common themes emerging. Themes can inform training or communications to staff. • Whether risks should be reviewed in line with their RAG ratings. For example, red rated risks are reviewed monthly, amber risks reviewed quarterly and yellow/green annually. • The risk registers should include due dates for actions to be completed by to encourage accountability. **R1a, 1b and 1c Management Response** Response to recommendation stating: Where risks have the same initial score and current score, consider whether the controls in place need to be adjusted to help reduce the likelihood and impact. This recommendation is not accepted as it is believed it is based on a snapshot of the risk register in time. Certain risks have fluctuated over the course of updates and some do revert back to their initial risk score over time and appearing as though activity may not have been effective or there have not been attempts to mitigate the risk. The legacy of the scores changes over time are not logged on the risk register to prevent an overly complicated document but we are assured that the measures to scores are effectively recorded. • Response to recommendation: Narrative should outline why the risks score has not changed or why it has increased. Currently through our internal risk management process, leads are only requested to provide a rationale for when a risk score has changed and not why a score remains the same. The following action will be taken: S: In addition to other recommendations for SLT management of risk, comms will be devised to be disseminated by the ACC of Operational support to all leads on improvements to the recording of their local risks including now providing a narrative for no changes to a risk score. M: This will be measured by the next internal audit of all risks for the risk paper to COG. A: SLT already provide updates on changes to risk scores so this will be a slight additional request for information as part of the existing process. R: N/A T: This will be verified at the next risk management audit process for the paper to SMB on the 9 th September. • Response to recommendation: Include target risk scores in the information going to SMB to provide a complete picture of risks. This recommendation is not accepted. The scoring methodology is used to assign a RAG grading for each risk. The risk treatment is the equivalent of a target risk score – e.g. whether to reduce the risk, which is already conducted as part of the risk management process. • Response to recommendation: Complete a quarterly audit on a sample of risks to ensure all key fields are complete and	**Not yet due.**

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	to identify any common themes emerging. Themes can inform training or communications to staff. This recommendation is partially accepted – the quarterly internal audit process already exists to review the risks to ensure key fields and information are completed when the updates are completed. However, any themes emerging that are identified organisational learning opportunities will be captured and fed through into the Organisational Learning & Innovation Board. The next board will be on the 22.05.26 • Response to the recommendation: Whether risks should be reviewed in line with their RAG ratings. For example, red rated risks are reviewed monthly, amber risks reviewed quarterly and yellow/green annually. This recommendation is partially accepted: the current process observes all risks to be reviewed and updated during the internal risk management audit quarterly. Implementing different update periods for different rated risks may result in lower level risks not being progressed as timely and subsequently escalating to a higher risk score. However, SLT's will be requested to record where risks are discussed and managed through their SLT meetings and be requested to be set agenda items so that it can be tracked that risks are being discussed on a monthly basis. Communication on the amendments to SLT management of risk registers will be circulated post COG approval. • Response to recommendation: The risk registers should include due dates for actions to be completed by to encourage accountability. This recommendation is not accepted. This is on the basis that several risk pertain to regional, national and external factors that are not within the scope of the organisation to mitigate. E.g. the police funding settlement, which presents significant savings pressures for the organisation and although mitigations are put in place, the drivers of the risk on long term and externally driven. The process for the strategic risk register is for Chief Officers to monitor and hold SLT's to account over the timeliness of responses to risks and the regular reviews drive accountability.	

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Risk Management **Responsible Officer:** Casey Walton **Action Due**: 21/05/2026	**R2 Recommendation (Medium)** Implementing a risk management training needs analysis for staff. • Increase staff numbers for the College of Policing National Decision-Making e-learning. **Management Response** In response to the recommendation to implement a risk management training needs analysis for staff: S: An assessment of the requirement for which roles, at specific grade/rank to complete training will be conducted to establish the numbers deemed sufficient to ensure appropriate coverage for SLT who have ownership/oversight of risk registers. Once an agreed number of individuals are identified, a recommendation be submitted to the Org Board for ACC approval for training. This will then be recorded in the policy to ensure regular training and business continuity for regular training for specific roles is sustained. A: This will not be a blanket all approach for every officer/staff to receive training as this is already partially captured through the NDM e-learning package from the CoP. It will be limited to specific SLT who have oversight of operational/corporate risk register, which will be an achievable change to implement. R: Once specific numbers are agreed, scoping will be conducted as to what course would be most appropriate for the identified cohort to complete and costings. T: A proposed group of individuals will be brought to the next Org Board on the 21/05/2026 for approval. The completion of training will be recorded and updates provided through Org board. • In response to the recommendation that Increase staff numbers for the College of Policing National Decision-Making e-learning. This gap was already identified in relation to the completion rates of e-learning. The ACC of Operational Support is in receipt of regular updates monitoring complete rates from L&D through the Org Board on a monthly basis.	**Implemented** **Evidence to confirm implementation** Policy updated List of individuals has been identified for the risk management training and was discussed at Org Board 21/05/26. Currently liaising with the insurance broker Marsh to see if we can utilise our risk management days to provide this training in house.

Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 26/06/2026	**R1 Recommendation (Medium)** Review the themes emerging from expired training and implement an action plan to increase training compliance regarding first aid and PPST. Ensure the exceptional circumstances tracker includes reasoning as to why the training cannot be completed. **Management Response** Review the themes emerging from expired training and implement an action plan to increase training compliance regarding first aid and PPST. This recommendation is accepted and the below SMART action plan developed. S – Review the themes emerging from expired training and implement an action plan to increase training compliance regarding first aid and PPST. M – This is measurable by the completion of the review, identifying any themes and developing a plan of action therefore after to address themes. A – This is achievable as data is already collated within L&D dept and available for review. R – It is essential that the department take a proactive approach to improve and identify themes which hinder effective delivery. T – The data for this work, if readily available, should be a relatively easy review process and confirm themes and develop separate plan of action to address said themes. Timescales therefore for completion in 2 months when considering other recommendations in their entirety; 26.06.2026 Ensure the exceptional circumstances tracker includes reasoning as to why the training cannot be completed. This recommendation is accepted and the below SMART action plan developed. S – Ensure the exceptional circumstances tracker includes reasoning as to why the training cannot be completed. M – This is measurable by the completion of adding in a new criteria field within the tracker and any reporting documentation.	**Implemented** **Evidence to confirm implementation** Themes have been reviewed within the department to understanding expired training issues. It has been identified that this is about process of deferment and exceptional circumstances rather than any issues of themes for officers and staff being expired/failing to attend. Demo seen of new exceptional circumstances and deferment form. This now includes reasoning for why training could not be completed.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	A – This is achievable as the form and the subsequent tracker are internally owned and therefore should be easily amended. R – It is essential that the department take a proactive approach to improve and identify themes which hinder effective delivery; capturing reasoning is essential to understand this. T – the mechanisms for these changes are already in place and require review; should be a relatively easy review process of amending two locally held systems. Timescales therefore for completion in 2 months when considering other recommendations in their entirety; 26.06.2026	

Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 24/08/2026	**R2 Recommendation (Medium)** Review the discrepancies between the figures in the key finding. The tracking of expired training should ensure all those officers with training expired have a new course date booked and noted on the tracker or narrative attached to the tracker that outlines why training is not currently required and a date for when this should be reviewed. **Management Response** Review the discrepancies between the figures in the key finding. This recommendation is accepted and the below SMART action plan developed. S – Review the discrepancies between the figures in the key finding M – This is measurable by the completion of the review and confirming how this has been reconciled or explained. A – This is achievable as requires review and reconcile of data already provided to the audit team. R – It is essential that data held, either in L&D, RCT or organisational wide is correct and informed, and the extent of any issue is documented correctly to inform risk management. T – The data for this work, if readily available as already provided by L&D/RCT to the audit committee however there will be a number of issues, cross departments to reconcile to provide an accurate picture; but also ensure that any identified process failure is rectified and implemented to give the auditors and organisation confidence in the departmental approach. Timescales therefore for completion are 4 months; 24.08.2026. The tracking of expired training should ensure all those officers with training expired have a new course date booked and noted on the tracker or narrative attached to the tracker that outlines why training is not currently required and a date for when this should be reviewed. This recommendation is accepted and the below SMART action plan developed. S – The tracking of expired training should ensure all those officers with training expired have a new course date booked and noted on the tracker or narrative attached to the tracker that outlines why training is not currently required and a date for when this should be reviewed. M – This is measurable by the completion of the review of the issues, identifying a solution for creation of effective tracking, including dates and rationale, and works cross department (L&D and RCT) for successful implementation of said process.	**Implemented** **Evidence to confirm implementation** New deferment form that requires new training date to be booked when completing the form. Review of discrepancies.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	A – This is achievable through departmental review and creation of potentially new practice and recording mechanism. It will also require cross department working with RCT. R – It is essential that training exceptions are tracked effectively to inform on risk management but also to ensure problem solving and effective training planning/management. T – This will require a review of current practice and require the provision of a new tracking mechanism (system and practice), to give the auditors and organisation confidence in the departmental approach, it is recommended that timescales therefore for completion are 4 months; 24.08.2026.	

Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 24/08/2026	**R3 Recommendation (Medium)** An action plan should be produced and implemented to increase the numbers of PPST trainers so that extensions to PPST are not required for trainers solely due to the critically low number of qualified trainers at present. Action plans should be produced for all trainers to ensure they are and remain accredited. Peer assessments should be completed of trainers annually and the documentation retained centrally so that it can be accessed should a trainer leave the Constabulary. A review of the trainers prior learning mapping documentation should be completed to ensure they are all completed in full. **Management Response** An action plan should be produced and implemented to increase the numbers of PPST trainers so that extensions to PPST are not required for trainers solely due to the critically low number of qualified trainers at present. This recommendation is accepted however requires a proposed change of wording. The assumption from the auditors is that we do not have sufficient trainer numbers in department to deliver. It is not clear from the audit how MIAA have made the assumption of 'critically low' trainers and against what criteria. FTE budgeted trainer numbers is significantly different to available trained staff qualified to deliver training; the department has an on going training programme to bring staff up to full operational and occupational accreditation in line with College of Policing training licenses. There has been limited review of force training needs in L&D in respect of the delivery of PPST, First Aid and Taser within the department, aside from the provision of omni competent trainers; there has not been a wholesale review of plans for initial and refresher training to accurately map out the need for training to ensure timely training provision and management. Alongside this there is a need for reviewed governance in L&D to ensure progression of trainers to full occupational and operational competence. The department is proposing a review of the Training Needs Assessment for specialist training and have the intention of developing a 3 year TNA delivery plan, taking into account officer numbers, requirements for PPST, First Aid and Taser and provide a more co-ordinated approach. Until this is completed and the organisation understand what the 3 year delivery looks like and how this can be delivered, the recommendation of more staff requested for pending. That said, it may be the case that, upon review a departmental move of budgeted posts within L&D, dependent on other training delivery may be required; (2 FTE currently vacant) but to come to this, there is a requirement for an evidence based approach.	**Implemented** **Evidence to confirm implementation** New forms in place and saved down in a central location. A portfolio has been designed for new instructors to follow a mentoring process and demonstrate competence. For assessment and IQA process. This has been put into use for a new starter (July 2026) to include prior learning for peer assessment for First aid and PPST and general department knowledge. The peer assessment and prior learning mapping document have been combined into one development document stored on the L&D Team Drive.

	Therefore, the following SMART action plan is proposed: S – Completion of training needs assessment in L&D for specialist training to include PPST, First Aid and Taser and subsequent review to specialist trainer numbers to achieve proposed TNA. M – This is measurable by the completion of the TNA review and assessment of staffing needs. A – This is achievable through departmental review if proposed plan for review work is agreed. This is a significant piece of work which requires both time and resource to develop. R – It is essential that training delivery is data informed and long term planning is in place to achieve successful delivery. T – This will require extensive TNA review and subsequent staffing assessment therefore it is recommended that timescales for completion are 4 months; 24.08.2026. Action plans should be produced for all trainers to ensure they are and remain accredited. This recommendation is accepted and the below SMART action plan developed. S – Action plans should be produced for all trainers to ensure they are and remain accredited. M – This is measurable by the inclusion of this issue as an agenda item within proposed L&D Training Management Board; an L&D led internal governance mechanism, where issues raised within this audit (and other identified matters) are progressed. A – This is achievable as requires inclusion in governance and management therein by Enabling Services SLT. R – It is essential that the L&D department and force wide training delivery pertinent to specialist training is delivered effectively, and the capability, accreditation and availability of trainers for this is essential. T – Whilst establishing a board, agenda, TOR etc are relatively easy tasks, it is proposed that this should be developed at the end of the review and completion of recommendations for completeness. Timescales therefore for completion in 4 months; 24.08.2026. Peer assessments should be completed of trainers annually and the documentation retained centrally so that it can be accessed should a trainer leave the Constabulary. This recommendation is accepted and the below SMART action plan developed. S – Peer assessments should be completed of trainers annually and the documentation retained centrally so that it can be accessed should a trainer leave the Constabulary.	

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	M – This is measurable by confirmation of a defined peer assessment procedure akin to other training disciplines in the organisation, confirmation of repository and inclusion in L&D management governance. A – This is achievable as requires review of current process, learning from other disciplines, e.g POPS, Firearms etc and developing new process, repository and inclusion in governance structure. R – It is essential that the L&D department records are accurate and available. This will fall in line with any College of Policing training license. T – In order that the process is reviewed effectively, timescales for completion are 4 month; 24.08.2026. A review of the trainers prior learning mapping documentation should be completed to ensure they are all completed in full. This recommendation is accepted and the below SMART action plan developed. S – A review of the trainers prior learning mapping documentation should be completed to ensure they are all completed in full. M – This is measurable by confirmation of the review of learning mapping, documented and recorded via L&D governance. A – This is achievable as requires review of current governance approach and recording management to ensure training are occupational and operationally competent to deliver in line with College of Policing training license. R – It is essential that the L&D department records are accurate and available. This will fall in line with any College of Policing training license. T – In order that the process is reviewed effectively, timescales for completion are 4 month; 24.08.2026.	

Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 25/05/2026 & 24/08/2026 **Revised Deadline** 30/11/2026	**R4 Recommendation (Medium)** Update the 'amendments made' section with any required updates during the interim review in April 2025. The policy should be updated to include the roles that require officers and staff to use personal protective equipment (PPE), and those roles that do not require the use of PPE. Consider producing a First Aid training specific policy. Update the Learning and Development Strategy to ensure consistency with dates. **Management Response** Update the 'amendments made' section with any required updates during the interim review in April 2025. The policy should be updated to include the roles that require officers and staff to use personal protective equipment (PPE), and those roles that do not require the use of PPE. This recommendation is accepted and the below SMART action plan developed. S – A review of PPST policy relating to specifics of: Update the 'amendments made' section with any required updates during the interim review in April 2025. The policy should be updated to include the roles that require officers and staff to use personal protective equipment (PPE), and those roles that do not require the use of PPE. M – This is measurable by confirmation of policy review and sharing of a reviewed and updated policy document with auditors. A – This is achievable as requires review of policy already in place. R – It is essential that force policies are clear and accurate. T – In order that the process is reviewed effectively, timescales for completion are 1 month; 25.05.2026. Consider producing a First Aid training specific policy. This recommendation is not accepted in its entirety. As outlined at the time of the inspection to MIAA, where national guidance is available force policy is that a stand-alone policy is not required of which First Aid Training is one area of guidance nationally. This has been the stance of the force in respect of First Aid for a number of years. That said, due diligence can be done to review this nationally to see if Cumbria Constabulary are an outlier. Therefore the below SMART action plan is identified.	**Not yet due** The DCC approved an extension to all recommendations to 30/11/26

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	S – Conduct national benchmarking into the development of First Aid Policy within national L&D departments. Upon those results, consider thereafter creation of policy if the Constabulary are an outlier and a requirement can be evidenced. M – This is measurable by confirmation of benchmarking and subsequent decision rationalised to auditors. A – This is achievable as requires benchmarking and review. R – It is essential that force has the required guidance and policies. T – In order that the process is reviewed effectively, timescales for completion are 4 month; 24.08.2026 Update the Learning and Development Strategy to ensure consistency with dates. This recommendation is accepted and the below SMART action plan developed. S – A update the L&D Strategy for consistency of date. M – This is measurable by confirmation of updated strategy and confirm publication. A – This is achievable as requires review of strategy and changing of dates. R – It is essential that force strategies are up to date. T – In order that the process is reviewed effectively, timescales for completion are 1 month; 25.05.2026.	

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 24/08/2026 **Revised Deadline** 30/11/2026	**R5 Recommendation (Medium)** Remind staff of the importance of completing deferment forms in detail. Forms should be returned if not completed with sufficient information. Regular audits should be undertaken of the deferment log to ensure the Microsoft form is working correctly and emails being sent to the appropriate people. Approval emails should be sought and retained for all deferments. **Management Response** Remind staff of the importance of completing deferment forms in detail. Forms should be returned if not completed with sufficient information. Regular audits should be undertaken of the deferment log to ensure the Microsoft form is working correctly and emails being sent to the appropriate people. Approval emails should be sought and retained for all deferments. These recommendations are accepted and the below SMART action plan developed. S – Review the deferment process and governance to ensure: Remind staff of the importance of completing deferment forms in detail. Forms should be returned if not completed with sufficient information. Regular audits should be undertaken of the deferment log to ensure the Microsoft form is working correctly and emails being sent to the appropriate people. Approval emails should be sought and retained for all deferments. M – This is measurable by confirmation of reviewed deferment process, articulating changes made, communication, audit data and governance. A – This is achievable as requires review of process, review record keeping, communication to the force and governance within L&D. R – Deferment process is intrinsic to the success delivery of specialist training. T – In order that the process is reviewed effectively, timescales for completion are 4 month; 24.08.2026.	**Not yet due** The DCC approved an extension to all recommendations to 30/11/26

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Officer Safety Training **Responsible Officer:** Supt Sarah Jones **Action Due**: 25/05/2026 **Revised Deadline** 30/11/2026	**R6 Recommendation (Medium)** The Constabulary should ensure the statistics presented to Chief Officer Group are expanded to include full PPST and first aid compliance, deferrals and nonattendance. **Management Response** The Constabulary should ensure the statistics presented to Chief Officer Group are expanded to include full PPST and first aid compliance, deferrals and nonattendance. These recommendations are accepted and the below SMART action plan developed. S – The Constabulary should ensure the statistics presented to Chief Officer Group are expanded to include full PPST and first aid compliance, deferrals and nonattendance. M – This is measurable by confirmation of COG reporting (via Org Pacesetter). A – This is achievable as requires review of reporting mechanism and provision of data. R – Accurate corporate data reporting and insight in imperative to service delivery and risk management. T – For completion in 1 month by 25.05.2026	**MIAA** Received statistics presented to Chief Officer Group are expanded to include full PPST and first aid compliance, however it did not include deferrals and nonattendance **Not yet due** The DCC approved an extension to all recommendations to 30/11/26

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: IT Asset Management **Responsible Officer:** Technical Team leaders **Action Due**: 03/09/2026	**R1 Recommendation (High)** 1. The Constabulary should undertake a reconciliation exercise between its ICT asset register(s) and InTune / SCCM to identify any devices that may have been lost, stolen or had an incorrect status within the register(s). 2. This should include a review of devices that are in the disposal 'garage' and confirmation that they are to be recycled and the status on the register(s) is accurate. 3. Any devices that are identified with the above criteria should be investigated and managed in line with the Constabulary's incident management process. 4. Going forwards, the Constabulary would benefit from designing and implementing a regular reconciliation process to ensure ICT asset register(s) are accurate. Given that the organisation has InTune it would be recommended that this solution is used for the reconciliation process. This reconciliation process should have an audit trail to confirm performance on a regular basis. 5. The Constabulary should consider implementing an automated control via InTune to prohibit access to the network for any devices that have not been seen by the network for an extended period of time (for example, 90 days). **Management Response** S – Develop and implement a standardized reconciliation process, incorporating Recommendations 1–5. M – Monitor and report progress through weekly updates at the Team Leaders' Meeting (Tuesdays at 1pm), with additional updates provided via the Digital Board. A – This will be achieved by incorporating daily, weekly, and monthly activities within DDAT to support delivery. R – This initiative will help reduce the current high-risk rating within the Reconciliation Process and Automated Tooling category, while strengthening ITAM security. T – Target completion by the end of September 2026. Some recommendations may be implemented earlier; however, others are more complex and will require the additional time.	**Partially implemented** Point 4 has been verified as completed. For points 1, 2, 3 and 5, MIAA have requested further evidence.

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: IT Asset Management **Responsible Officer:** Technical Team leader / Estates. 1st Line Support team leader / Estates **Action Due**: 06/10/2026	**R2 Recommendation (Medium)** 1.The Constabulary should consider the appropriateness of storing ICT assets for recycling in the disposal 'garage' with the current access controls in place. In particular, the Constabulary should consider implementing controls in line with other secure storage access solutions (for example, the build room). 2. The Constabulary should evidence a regular review of whom has access to secure storage rooms on a regular basis. The Constabulary should keep an audit trail of this review. **Management Response** Recommendation 1 S A process to be designed to regular check access to our IT storage rooms and remove those no longer eligible for access. To be documented and shared with all technical team leaders so process can be actioned by all. M Update of progress to Weekly Team leaders (Tuesday 1pm) A Yes, would support the rating for IT Asset Lifecycle controls R Yes – report options are available, discussions to be held with Estates to obtain door entry access info. T 6 Months Responsible Officer –Technical Team leader / Estates Implementation Date – 6th October 2026 Recommendation 2 S Discussions to be held between 1st line support team/Estate around what enhanced door entry can be fitted to the disposal garage. M Update of progress to Weekly Team leaders (Tuesday 1pm) A Unsure on feasible options currently without discussion options with Estates R Yes, would support the rating for IT Asset Lifecycle controls T 6 months Responsible Officer – 1st Line Support team leader / Estates Implementation Date – 6th October 2026	**Not yet due.**

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Accreditations **Responsible Officer:** Quality Manager **Action Due**: 08/06/2026	**Recommendation (Medium)** Complete an annual review and include an annual date of review on the critical control and contamination risks to check they are still relevant or require change. **Management Response** Contamination Risks are not currently reviewed as they decision was made previously that they do not change, however, I can see that there is benefit in them being reviewed by the departments that owns the risk annually, with the review recorded on SSD/DOC/98. The requirement for this has been added to the Quality Manual (section 7.3) and the Control of Non-Conforming Work, Corrective & Improvement Actions procedure (section 7.1). The contamination risks have been sent to the relevant departments to be reviewed to ascertain if they are still relevant or if they require change. This action has been recorded on URN 401 of the Quality Log (SSD/DOC/17), with a target date of 30/06/26 for completion. An annual reminder has been set in the Quality Team diary to ensure that the review of contamination risks is conducted annually in June. There has been a miscommunication regarding Critical Control Points (CCP's), these are reviewed annually, this requirement is in the Control of Data & Information Security procedure (SSD/QP/14) section 5.4. The departmental data process maps (Appendix 199 – FEL, Appendix 200 – CSI, Appendix 201 – FB, Appendix 202 – DFU, Appendix 254 – RF. Appendix 256 - FCIU, Appendix 257 – Imaging), which identify the CCP's are reviewed as part of the annual Control of Data & Information Security internal audit, this requirement is recorded on the Schedule of Planned Audits (SSD/DOC/11). The data process map is sent to the relevant department to be reviewed and updated if required. It is acknowledged that recording the date of the review on the CCP tab on the Quality Risk Register is beneficial, so this requirement has been added to the Quality Manual (section 7.3) and the Control of Data & Information Security procedure (SSD/QP/14) section 5.4.	**Implemented.** **Evidence that confirmed implementation:** Quality Manual - version 10.6 - section 7.3 Control of Non-Conforming Work, Corrective & Improvement Actions procedure (SSD/QP/05) - version 10.2 - section 7.1 Control of Data & Information Security procedure (SSD/QP/14) - version 13.2 - section 5.4

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Accreditations **Responsible Officer:** Quality Manager **Action Due**: 08/06/2026	**Recommendation (Medium)** Ensure all the items included in the MRM are covered in the ISO Board during the year, or the MRM is held more frequently. **Management Response** The annual Management Review Meeting (MRM) is a requirement of ISO/IEC 17025:2017 and ISO/IEC 17020:2012 and the frequency of this has never been raised by UKAS, who assess us against the ISO/IEC 17025:2017 standard as a concern. An annual meeting aligns with the agenda (the agenda is stipulated by the 2 standards) as a lot of the discussion points focus on annual events such as the UKAS assessment, customer survey, review of competency for opinion and interpretation evidence and PT. Cumbria Constabulary introduced the ISO Board which is held every 2 months and chaired by the SAI (Senior Accountable Individual), although there is no requirement from the standards to do this. Issues that may affect the Quality Management System (QMS) are brought to the attention of the SAI as the ISO Board meetings, therefore there are no accreditation risks from holding the MRM annually. In order to give assurance of this the following items from the MRM agenda have been added to the ISO Board agenda to be discussed if required: • Outcome of recent internal audits. • Non-Conformance and Trend Analysis • Assessments by External Bodies. • Changes in the volume and type of work or in the range of activities. • Changes that could affect the management system. • Appeals and Complaints. • Adequacy of resources and facilities. • Result of Risk Identification, including Impartiality Risks. • A review of staff and management training requirements	**Implemented** **Evidence that confirmed implementation:** Updated ISO Board Agenda Updated Management Review Procedure (SSD/QP/03) version 6.3 - section 3.0

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Serious and Organised Crime **Responsible Officer:** D Supt Specialist Crime **Action Due**: 31/12/2026	**R1 Recommendation (Medium)** A formal post-disruption review process should be introduced for completed SOC disruption activity. Reviews should capture the objectives of the disruption, partners involved, outcomes achieved, what worked well, areas for improvement, and any follow-up actions required. Actions should be assigned to responsible officers, given clear timescales, and monitored through the appropriate SOC partnership governance group. **Management Response** Post-disruption review process Specific: Introduce a formal post-disruption review template capturing objectives, partners involved, outcomes, what worked well, areas for improvement, and follow-up actions. Measurable: 100% of major completed SOC disruption activity has a review logged within 20 working days of closure. Achievable: Build on existing disruption recording processes and target major disruption activity. Relevant: Directly addresses the audit finding on lessons not being captured and supports the continuous improvement theme in the 2023–2028 strategy. Time-bound: Template designed and piloted within 1 month; embedded into SOP and monitored via Op Alliance within 3 months.	**Not yet due.**

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Serious and Organised Crime **Responsible Officer:** D Supt Specialist Crime **Action Due**: 31/12/2026	**R2 Recommendation (Medium)** The data sharing agreements form should be reviewed to ensure it is reflective of current legislation and guidance. Management should establish and maintain a central register of all SOC data sharing agreements, including agreement owner, parties, purpose of sharing, review date, expiry date, signing status, and risk rating. Revised data sharing forms should be issued to partners for signature and formally signed by a representative from the Constabulary. SPOCS should be identified and their appropriateness subject to regular review. **Management Response** Data sharing agreements • Specific: Review and reissue the SOC data sharing agreement template to reflect current UK GDPR/DPA 2018 lawful bases (Article 6, Article 9, Schedule 8), replace the obsolete BS17799:2005 reference with ISO 27001:2022/NCSC/GSCP standards, and correct the data controller wording. Establish a central register (owner, parties, purpose, review/expiry dates, signing status, risk rating) and identify SPOCs for each partner. • Measurable: All existing agreements reviewed and register populated; revised agreements issued to 100% of partners for signature, with Constabulary co-signature obtained. • Achievable: Documents / templates are already present and require updating. • Relevant: Closes a compliance gap that creates legal and information-sharing risk. • Time-bound: Revised template signed off within 6 weeks; all agreements reissued and register live within 4 months; annual review cycle thereafter.	**Not yet due.**

Audit Title: Attendance Management **Responsible Officer:** Constabulary Head of People **Action Due**: 31/03/2027	**R1 Recommendation (High)** The constabulary should strengthen controls, documentation standards, and oversight across sickness absence management to ensure consistent compliance with policy and a complete, auditable record of actions taken. Including: a) Implement a control requiring verification that fit notes are obtained and retained to cover the full duration of absence, b) Improve Completion Standards for Return to Work (RTW) Forms through QA checks to prevent incomplete submissions. c) Introduce monitoring and escalation controls where absence triggers focusing on requirements to evidence informal/formal review meetings etc. d) Require documented evidence of all key absence related meetings, including informal reviews, case conferences and attendance surgeries. This should include outcomes, actions, and agreed next steps e) Introduce a control to verify that, where absences meet the definition of 'Serious Long-Term Illness 'first contact letters are issued in line with policy evidence of issuance is retained f) Require documented use of support mechanisms where appropriate, including Recuperative Action Plans and Fair Passports **Management Response** An overarching management response has been provided for all recommendations of attendance management. We would like to thank the audit team for their review and for recognising the positive work, governance arrangements and controls that are currently in place across the attendance management and sickness absence process. The findings provide assurance that there are some good foundations, and we welcome the observations and recommendations that will support further enhancement. Newly appointed leadership includes ACC and Head of People who plan to build upon the existing strengths and commit to a programme of continuous improvement that seeks to further strengthen attendance management, improve data quality, enhance user experience for managers and police officers and police staff, and ensure we continue to support organisational wellbeing objectives.	**Not yet due.**

	The audit has rightly highlighted the importance of data accuracy and process compliance. Whilst controls are in place, there remains a level of reliance on line managers entering information into systems accurately and consistently, which is a critical component of the overall process. We recognise that attendance management currently operates across two core systems, supplemented by a number of manual interventions. This creates opportunities to simplify processes, improve consistency and reduce administrative effort through enhanced system capability and integration. To support this approach, we plan to undertake an end-to-end review of the attendance management process at each stage. This will include all relevant systems, stakeholders and partner teams involved in the employee lifecycle and attendance recording process. The intention is not to undertake an overhaul but to identify practical and proportionate improvement opportunities that will strengthen current arrangements and improve overall effectiveness. Planned Actions • Establish a cross-functional project team comprising representatives from HR, Crown, Payroll, HRIS, Employee Relations and other relevant functions as appropriate. • Complete a comprehensive end-to-end review of attendance management processes, systems, controls and hand-offs between teams. • Assess opportunities for system development and automation to reduce manual interventions and improve data integrity. • Review absence reason categories to ensure high-quality and consistent recording, enabling better management information and insight. • Develop options for the electronic recording and storage of fit notes within the system environment. • Create and deploy targeted bite-sized training and guidance materials for line managers to reinforce process requirements, data quality expectations and good attendance management practices. • Introduce a suite of performance indicators and benchmarking measures, initially comparing performance against: o Historical organisational performance; o National attendance and sickness absence benchmarks; and o Relevant external professional standards and comparator organisations. • Continue to support and maintain the Fair Passport Policy, which has been assessed as operating effectively.	

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
	Progress to Date The first discovery and deep-dive session with HR colleagues was completed on 27 August and has provided valuable initial insight into opportunities for refinement and enhancement. This work will now be expanded to include wider stakeholder engagement across all relevant functions. Expected Outcomes Through this programme of continuous improvement, we expect to: • Improve the timeliness and quality of attendance data. • Reduce reliance on manual processes where possible. • Increase efficiency and user experience for managers and administrators. • Enhance management information and reporting capability. • Strengthen compliance and policy application across the organisation. • Provide measurement through agreed KPIs and benchmarking. Given the recent leadership transition and the scope of the review, it is proposed to complete the discovery, assessment phase by 31/12/2026 and initial implementation activities by 31/03/27. We would propose to present/report on the Continuous Improvement measures in line with the above timelines. Overall, we view the audit as an acceptable assessment of existing controls and an opportunity to enhance the attendance framework with evidence-based improvements. Jilly Atherton, Constabulary Head of People	

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Attendance Management **Responsible Officer:** Constabulary Head of People **Action Due**: 31/03/2027	**R2 Recommendation (Medium)** a) Periodic review and data cleanse activities should be developed and documented to review core absence data in the CROWN system to identify and resolve any potential anomalies) b) Data cleanse activities should form part of the corporate reporting of absence information. c) Any common issues identified should be included within training or manager updates to assist in reducing future occurrences. **Management Response** **See R1**	**Not yet due.**

Review/Responsible Officer/Due Date	Recommendation and Management Response	Position (as per management update provided)
Audit Title: Attendance Management **Responsible Officer:** Constabulary Head of People **Action Due**: 31/03/2027	**R3 Recommendation (Medium)** The Constabulary should introduce a formal suite of management and compliance KPIs for sickness absence management. These should be aligned to policy requirements and used to monitor the timely recording, review, escalation, and management of absence cases. KPI performance should be reported regularly to senior management, with clear accountability for addressing noncompliance, ensuring consistent application of policy, and supporting early intervention to reduce sickness absence and maintain operational resilience. Examples of KPIs include: • Timeliness of sickness absence recording. • Completion of return-to-work interviews within required policy timescales. • Compliance with absence trigger points, including timely management action where thresholds are met. • Timeliness and appropriateness of Occupational Health referrals. • Completion of attendance review meetings and follow-up actions Management of long-term sickness cases, including review frequency and documented action plans. • Use and monitoring of reasonable adjustments, recuperative duties, or restricted duties, where applicable. • Quality and completeness of absence case records, including evidence of decisions and interventions. **Management Response** **See R1**	**Not yet due.**

Appendix A: Risk Classifications

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: • the efficient and effective use of resources • the safeguarding of assets • the preparation of reliable financial and operational information • compliance with laws and regulations.
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 significantimpact on the achievement of the overall organisation objectives.
Medium	Control weakness that: • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low. •
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.

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Grant Thornton

The Joint Audit Findings (ISA 260) Report for The Police, Fire and Crime Commissioner for Cumbria and The Chief Constable of Cumbria Constabulary

Year ended 31 March 2026

10 September 2026

Grant Thornton

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10 September 2026

Dear Police, Fire and Crime Commissioner and Chief Constable

Joint Audit Findings for The Police, Fire and Crime Commissioner for Cumbria and Chief Constable of Cumbria Constabulary for the 31 March 2026

This Joint Audit Findings Report presents the observations arising from the audit that are significant to yourselves as those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. Its contents have been discussed with management.

As auditor we are responsible for performing the audit, in accordance with International Standards on Auditing (UK), which is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities for the preparation of the financial statements.

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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We encourage you to read our transparency report which sets out how the firm complies with the requirements of the Audit Firm Governance Code and the steps we have taken to manage risk, quality and internal control particularly through our Quality Management Approach. The report includes information on the firm's processes and practices for quality control, for ensuring independence and objectivity, for partner remuneration, our governance, our international network arrangements and our core values, amongst other things. This report is available at transparency-report-2025-.pdf (grantthornton.co.uk).

We would like to take this opportunity to record our appreciation for the kind assistance provided by the finance team and other staff during our audit.

Elizabeth Luddington

Elizabeth Luddington

Director
For Grant Thornton UK LLP

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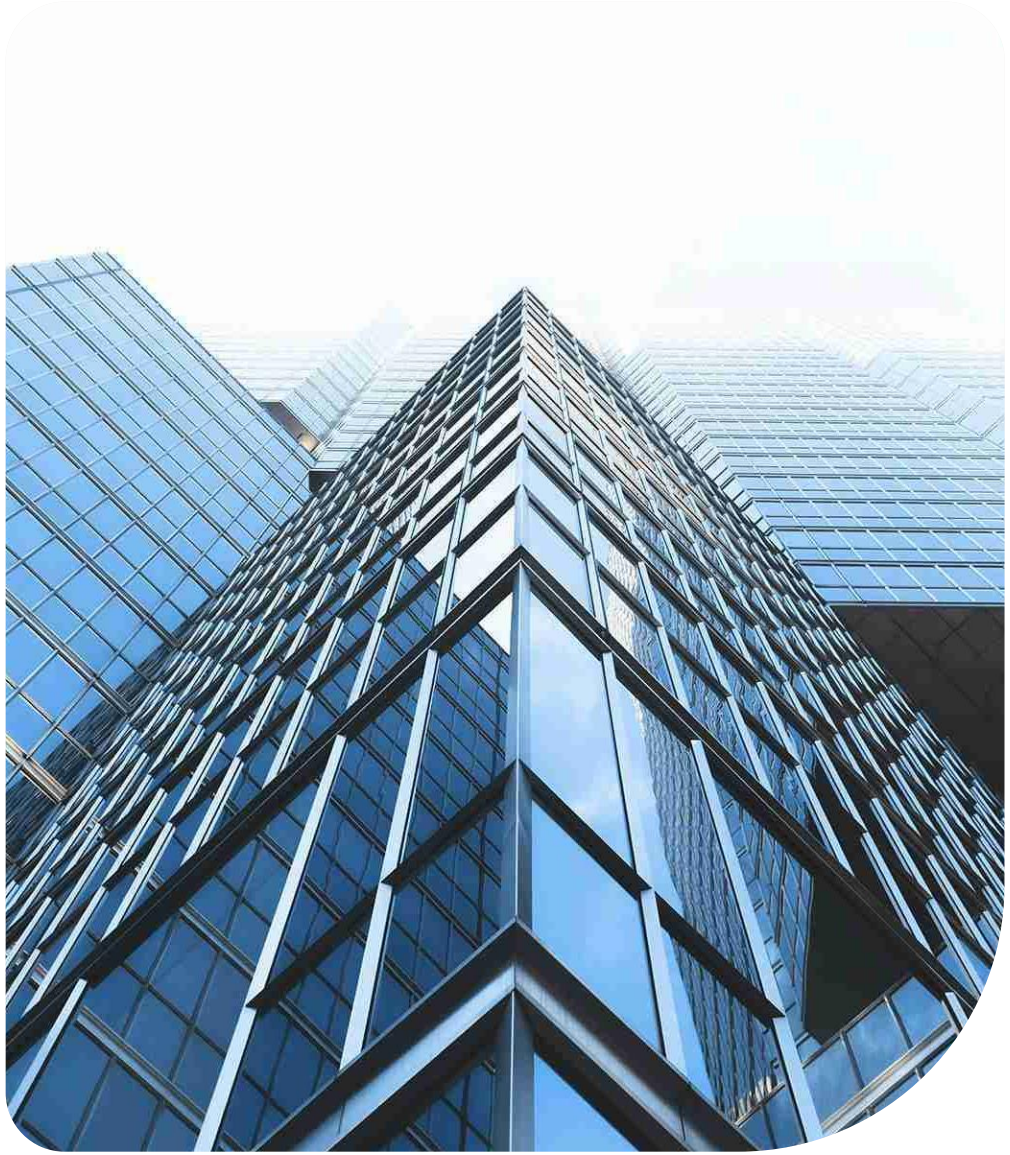

Appendices

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Headlines

This table summarises the key findings and other matters arising from the statutory audits of The Police, Fire and Crime Commissioner for Cumbria (the 'PFCC') and The Chief Constable of Cumbria Constabulary and the preparation of the PFCC's and Chief Constable's financial statements for the year ended 31 March 2026 for those charged with governance.

Financial statements

Under International Standards of Audit (UK) (ISAs) and the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to report whether, in our opinion the financial statements:

- give a true and fair view of the financial positions of the PFCC, Group and Chief Constable's income and expenditure for the year
- have been properly prepared in accordance with the CIPFA/LASAAC code of practice on local authority accounting and prepared in accordance with the Local Audit and Accountability Act 2014.

We are also required to report whether other information published together with each set of audited financial statements (including the Annual Governance Statement (AGS) and Narrative Report) is materially consistent with the financial statements or our knowledge obtained in the audit or otherwise whether this information appears to be materially misstated.

Our audit work was completed remotely during July-September. Our findings are summarised on the following pages. We have not identified any adjusted or unadjusted misstatements in the PFCC or Chief Constable financial statements, which impact on the reported outturn. There has been an adjustment in respect of the pension asset following our review of the asset ceiling calculation. A small number of misclassification and disclosure changes were identified, which are detailed on pages 21-23.

We have also raised recommendations for management set out on page 24 and reported our follow up of the prior year's recommendation on page 25.

Our work is substantially complete and there are no matters of which we are aware that would require modification of our audit opinion for the PFCC's financial statements (including the financial statements which consolidate the financial activities of the Chief Constable) or the Chief Constable's financial statements, subject to the following outstanding matters;

- receipt of IAS 19 assurances from the Pension Fund Auditor and finalisation of our pensions work linked to those assurances, member data and the updated IFRIC14 calculations;
- finalisation of our work on the PFI liability, cash and investments with receipt of two independent confirmations outstanding;
- manager and engagement lead final reviews;
- receipt of management representation letters; and
- review of the final sets of financial statements and Annual Governance Statements.

We have concluded that the other information to be published with the financial statements, is consistent with our knowledge of your organisations and the financial statements we have audited.

Our anticipated financial statements audit report opinions will be unmodified. We anticipate signing your accounts following the September JAC meeting.

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Headlines (continued)

Value for money (VFM) arrangements

Under the National Audit Office (NAO) Code of Audit Practice (the 'Code'), we are required to consider whether the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Auditors are required to report in more detail on the Authority's overall arrangements, as well as key recommendations on any significant weaknesses in arrangements identified during the audit.

Auditors are required to report their commentary on the Authority's arrangements under the following specified criteria:

- Financial sustainability
- Governance
- Improving economy, efficiency and effectiveness.

We have completed our VFM work, which is summarised on page 26, and our detailed commentary is set out in the separate Joint Auditor's Annual Report, which is presented alongside this report. We are satisfied that the PFCC and Chief Constable have made proper arrangements for securing economy, efficiency and effectiveness in their use of resources.

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Headlines (continued)

Statutory duties

The Local Audit and Accountability Act 2014 (the 'Act') also requires us to:

- report to you if we have applied any of the additional powers and duties ascribed to us under the Act
- to certify the closure of the audit.

We have not exercised any of our additional statutory powers or duties.

We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Significant matters

We did not encounter any significant difficulties or identify any significant matters arising during our audits.

There continues to be a high level of engagement from the finance team, which greatly assists with the delivery of an efficient and effective year end audit process, so thank you for the continued support.

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Group audit

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

The table below summarises our final group scoping, as well as the status of work on each component.

Component	Risk of material misstatement to the group	Scope – planning	Scope – final	Status	Comments
Police, Fire and Crime Commissioner for Cumbria	Yes	Full audit	Full audit	G	Our work is substantially complete and there are no matters of which we are aware that would require modification of our audit opinion for the PFCC's financial statements, subject to the outstanding matters listed on page 5.
Chief Constable of Cumbria Constabulary	Yes	Full audit	Full audit	G	Our work is substantially complete and there are no matters of which we are aware that would require modification of our audit opinion for the Chief Constable's financial statements, subject to the outstanding matters listed on page 5.

R Planned procedures are incomplete and/or significant issues have been identified that require resolution.

A Planned procedures are ongoing/subject to review with no known significant issues.

G Planned procedures are substantially complete with no significant issues outstanding.

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Our approach to materiality

As communicated in our Audit Plan dated 25 March 2026, we determined materiality at the planning stage as £5.320m based on 2.5% of prior year gross expenditure for the group. At year-end, we have reconsidered planning materiality based on the draft consolidated financial statements and concluded that we will not update materiality from the amounts determined at planning as the determined amount remains appropriate.

A recap of our approach to determining materiality is set out below.

Basis for our determination of materiality

- We have determined financial statement materiality based on a proportion of the gross expenditure of the group, the PFCC and the Chief Constable (CC) for the financial year. For our audit testing purposes, we apply the lowest of these materialities, which is £4.67m which equates to 2.5% of the CC's prior year gross expenditure.
- Materiality levels remain the same as reported in our audit plan on 25 March 2026.

Performance materiality

We have determined component performance materialities to be set at between £3.503m and £3.570m. For our audit testing we have applied the lowest of these, which is £3.503m, which equates to 75% of the Chief Constable's financial statements materiality.

Specific materiality

Materiality has been reduced to £0.064m for senior officer remuneration disclosures due to the sensitive nature and public interest. This is an increase from £0.051m at planning, which was based on prior year expenditure.

Reporting threshold

We will report to you all misstatements identified in excess of £0.234m in addition to any matters considered to be qualitatively material.

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Our approach to materiality

A summary of our approach to determining materiality is set out below.

	Group (£)	PFCC (£)	Chief Constable (£)	Qualitative factors considered
Materiality for the financial statements	£5.329m	£4.790m	£4.670m	Financial performance, focusing on the expenditure.
Performance materiality	£3.990m	£3.570m	£3.503m	Quality of working papers in prior year and client's response to audit processes.
Specific materiality for senior officer remuneration	£0.064m	£0.064m	£0.064m	Materiality has been reduced for remuneration disclosures due to the sensitive nature and public interest.
Reporting threshold	£0.266m	£0.238m	£0.234m	The amount below which matters would be considered trivial to the reader of the accounts.

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Overview of audit risks

The below table summarises the significant risks discussed in more detail on the subsequent pages.

Significant risks are defined by ISAs (UK) as an identified risk of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum due to the degree to which risk factors affect the combination of the likelihood of a misstatement occurring and the magnitude of the potential misstatement if that misstatement occurs.

Other risks are, in the auditor's judgement, those where the risk of material misstatement is lower than that for a significant risk, but they are nonetheless an area of focus for our audit.

Risk title	Relates to	Risk level	Change in risk since Audit Plan	Fraud risk	Level of judgement or estimation uncertainty	Assessment from work
Management override of controls	Group	Significant	↔	✓	Low	G
Valuation of land and buildings	PFCC	Significant	↔	×	High	G
Valuation of the pension fund net asset/liability	Group	Significant	↔	×	High	A
Risk of fraud in revenue recognition	Group	Rebutted	↔	✓	Low	G
Risk of fraud in expenditure cycle	Group	Rebutted	↔	✓	Low	G

↑ Assessed risk increase since Audit Plan
↔ Assessed risk consistent with Audit Plan
↓ Assessed risk decrease since Audit Plan

G Not likely to result in material adjustment or change to disclosures within the financial statements
A Potential to result in material adjustment or significant change to disclosures within the financial statements
R Likely to result in material adjustment or significant change to disclosures within the financial statements

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Significant risks

Risk identified	Relates to	Audit procedures performed	Key observations
Management override of controls Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management override of controls is present in all entities. We have therefore identified management override of controls, in particular journals, management estimates and transactions outside the course of business as a significant risk of material misstatement.	Group	We have: • reviewed accounting estimates, critical judgements and significant decisions made by management; • evaluated the design and implementation of journal controls; • reviewed accounting policies and any changes to those policies; • tested journals entries for appropriateness; and • reviewed unusual significant transactions.	In performing the procedures above, we identified a population of journals to test using data analytic software to analyse journal entries and to split large batch journals into smaller sets of transactions that support targeted testing based on specific risk criteria assessed by the audit team. These criteria included: • Post year-end journals • Year-end journals • Year-end expenditure accrual journals • Journals posted by senior management • Journals posted by users with administrative access to Oracle • Credits to expenditure codes above 50% of performance materiality • Off ledger adjustments Application of these routines and supplementary procedures identified a total sample of 33 journals to test. As part of our review of journal procedures we continue to note that only journal lines over £50k are approved by senior management, journal lines which are less than £50k, are not approved. Our sample testing of journals, including those where journal lines were less than £50k did not identify any matters for concern with all journal lines appropriate and reasonable. In addition, the, we did not raise a recommendation in respect of this. It was noted as part of our IT audit work that three users had administrative access to Oracle, with a role that is used to configure and set up the system during implementation. We reviewed all journals posted by these users and selected several for testing as per the criteria above. Please see page 24 for details of the recommendation linked to this issue. Our journals work is complete and did not identify any evidence of management over-ride of controls. We did not identify any changes in accounting policies or estimation processes and our review of key estimates has not identified any matters to bring to your attention.

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Significant risks (continued)

Risk identified	Relates to	Audit procedures performed	Key observations
Valuation of land and buildings This valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved, being £69.3m as at 31 March 2026 and the sensitivity of this estimate to changes in key assumptions. The valuation of land and buildings is a key accounting estimate which is derived, depending on the valuation methodology, from assumptions that reflect market observations and the condition of the asset at the time. However, the valuation methodology for land and buildings is specified in detail in the CIPFA Code and the sector is highly regulated by RICS, therefore we will focus our audit attention on assets that have large and unusual changes and/or approaches to the valuation of land and buildings, as a significant risk requiring special audit consideration.	PFCC and Group	We have: • evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; • evaluated the competence, capabilities and objectivity of the valuation expert; • written to the valuer to confirm the basis on which the valuation was carried out to ensure that the requirements of the code are met; • challenged the information and assumptions used by the valuer to assess the completeness and consistency with our understanding; • evaluated the valuer's report to identity assets that have large and usual changes and/ or approaches to the valuation – these assets will be substantively tested to ensure the valuations are reasonable; • tested a selection of asset revaluations performed during the year to see if they have been input correctly into the PFCC and Group asset register, revaluation reserve and Comprehensive Income and Expenditure Statement; and • evaluated the assumptions made by management for the indexation of assets not subject to a formal revaluation.	Our work in this area is complete. Our work on the calculations performed by the valuer showed that the valuations had been based on realistic and sound assumptions supported by floor and site plans, building rate costs and rationale for various obsolescence factors applied. Our work on indexation applied by management showed that the application was appropriate and based on underlying assumptions that could be verified back to BCIS source data. Based on our audit work, we are satisfied that the value of Property, Plant and Equipment is not materially misstated within the financial statements.

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Significant risks (continued)

Risk identified	Relates to	Audit procedures performed	Key observations
Valuation of net pension asset/liability for Local Government Pension Scheme (LGPS) and Police Pension Fund (PPF) The PFCC and Chief Constable's pension fund net liability, as reflected in its balance sheet as the net defined benefit liability, represents significant estimate in the financial statements. The pension fund net liability is considered a significant estimate due to the size of the numbers involved (PPF - £975m liability and LGPS £0m – after a £68.9m asset ceiling adjustment) at 31 March 2026) and the sensitivity of the estimate to changes in key assumptions. We therefore identified valuation of the Group's pension fund net liability as a significant risk, which was one of the most significant assessed risks of material misstatement	Group	We have: • updated our understanding of the processes and controls put in place by management to ensure that the PFCC and Chief Constable's pension fund net liability is not materially misstated and evaluated the design of the associated controls; • evaluated the instructions issued by management to their management expert (an actuary) for this estimate and the scope of the actuary's work; • assessed the competence, capabilities and objectivity of the actuary who carried out the Group's pension fund valuation; • assessed the actuary's approach taken and work undertaken to confirm reasonableness of approach; • used the work of PWC, as auditor's expert, to assess the assumptions made by the actuary; • tested the consistency of the pension fund asset and liability and disclosures in the notes to the core financial statements with the actuarial report from the actuary; • undertaken procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performed the additional procedures suggested with the report, including confirmation of the scope of the actuary's work and whether the application of IFRIC 14 has been considered; and • obtained assurances from the auditor of Cumbria Local Government Pension Scheme as to the controls surrounding the validity and accuracy of membership data, contributions data and benefits data sent to the actuary by the pension fund and the fund assets valuation in the pension fund financial statements.	We requested assurances from the auditor of Cumbria Pension Fund as to the controls surrounding the validity and accuracy of membership data; contributions data and benefits data sent to the actuary by the pension fund and the fund assets valuation in the pension fund financial statements. We have not yet received these assurances. As part of our LGPS work we noted that the actuary had considered secondary contributions in perpetuity rather than over the funding horizon only, which is what we would expect. The actuary revised their asset ceiling calculations and produced revised statements, which have resulted in adjustment of £26.39m to pension asset for the PFCC and group, as detailed on page 22. The assumptions used in calculating the net pension liability/surplus of both schemes are considered to be in line with expectations and we have not identified any issues with the estimation process.

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Significant risks (continued)

Risk identified	Relates to	Audit procedures performed	Key observations
Presumed risk of fraud in revenue recognition Under ISA (UK) 240, there is a rebuttable presumed risk of material misstatement due to the improper recognition of revenue. This presumption can be rebutted if the auditor concludes that there is no risk of material misstatement due to fraud related to revenue recognition. During our audit planning, we considered the risk factors set out in ISA (UK) 240 and the nature of the revenue streams of the PFCC and the Chief Constable, and determined that the risk of fraud arising from revenue recognition could be rebutted. The assessment detailed in our Audit Plan remains appropriate.	Group	As set out in our Audit Plan, we do not consider this to be a significant risk for the PFCC and Chief Constable. Having considered the risk factors set out in ISA (UK) 240 and the nature of the revenue streams of the PFCC and the Chief Constable, we have determined that the risk of fraud arising from revenue recognition can be rebutted, because: • there is little incentive to manipulate revenue recognition; • opportunities to manipulate revenue recognition are very limited; • the majority of revenue received by the PFCC derives from taxation and grant income which is difficult to manipulate; • all revenue received by the Chief Constable comes from the PFCC; and • the culture and ethical frameworks of public sector bodies, including the Chief Constable comes from the PFCC, mean that all forms of fraud are seen as unacceptable. Whilst revenue recognition was not identified as a significant risk, we have carried out procedures and detailed testing of material revenue streams to gain assurance over this area. We reviewed and tested, on a sample basis, revenue transactions, ensuring that it remained appropriate to rebut the presumed risk of revenue recognition, and designed and carried out appropriate audit procedures to ascertain the recognition of income is in the correct accounting period using cut-off testing.	We did not identify instances of fraudulent revenue recognition or any reason to change our assessment of the risk in this area. Our work on completeness did not identify any items recorded in the wrong period. We are satisfied that judgements made by management are appropriate and have been determined using consistent methodology. Having assessed management judgements and estimates individually and in aggregate we are satisfied that there is no material misstatement arising from management bias across the financial statements.

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Significant risks (continued)

Risk identified	Relates to	Audit procedures performed	Key observations
The expenditure cycle includes fraudulent transactions Practice Note 10 (PN10) states that as most public bodies are net spending bodies, then the risk of material misstatements due to fraud related to expenditure may be greater than the risk of material misstatements due to fraud related to revenue recognition. As a result under PN10, there is a requirement to consider the risk that expenditure may be misstated due to the improper recognition of expenditure. During our audit planning, we identified and completed a risk assessment of all expenditure streams for the PFCC and Chief Constable. We rebutted the presumed risk that expenditure may be misstated due to the improper recognition of expenditure for all expenditure streams due to the low fraud risk in the nature of the underlying nature of the transactions. Employee costs account for 80% of expenditure and therefore we deemed the overall risk that expenditure may be misstated due to improper recognition of expenditure to be low. The assessment detailed in our Audit Plan remains appropriate.	Group	As the risk has been rebutted, we do not consider this to be a significant risk for the PFCC or Chief Constable and standard audit procedures have been carried out. We have: • reviewed and tested, on a sample basis, expenditure transactions, ensuring that it remains appropriate to rebut the presumed risk of expenditure recognition. • designed and carried out appropriate audit procedures to ascertain the recognition of expenditure is in the correct accounting period using cut-off testing.	We did not identify instances of fraudulent expenditure recognition or any reason to change our assessment of the risk in this area. Our work on completeness did not identify any items recorded in the wrong period. We are satisfied that judgements made by management are appropriate and have been determined using consistent methodology. Having assessed management judgements and estimates individually and in aggregate we are satisfied that there is no material misstatement arising from management bias across the financial statements.

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Other findings – Information Technology

This section provides an overview of results from our assessment of the Information Technology (IT) environment and controls therein which included identifying risks from IT related business process controls relevant to the financial audit. This table below includes an overall IT General Control (ITGC) rating per IT application and details of the ratings assigned to individual control areas.

IT application	Level of assessment performed	Overall ITGC rating	ITGC control area rating			
			Security management	Technology acquisition, development and maintenance	Technology infrastructure	Related significant risks/other risks
Oracle Fusion	Design and Implementation Testing	A	A	G	G	N/A
Active Directory	Design and Implementation Testing	G	G	B	B	N/A

The report noted one recommendation, which is included on page 24.

Assessment:

- R - Significant deficiencies identified in IT controls relevant to the audit of financial statements
- A - Non-significant deficiencies identified in IT controls relevant to the audit of financial statements/significant deficiencies identified but with sufficient mitigation of relevant risk
- G - IT controls relevant to the audit of financial statements judged to be effective at the level of testing in scope
- B - Not in scope for assessment

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Other communication requirements

Issue	Commentary
Matters in relation to fraud	• We have previously discussed the risk of fraud with the PFCC, Chief Constable and Joint Audit Committee. We have not been made aware of any incidents in the period and no other issues have been identified during the course of our audit procedures.
Matters in relation to related parties	• We identified a number of directorships and business interests that were not reflected in the declarations of interests for members of the Joint Audit Committee, senior officers and key personnel. No transactions occurred with these parties and therefore no disclosures were required, but we have raised a recommendation in the action plan on page 24.
Matters in relation to laws and regulations	• You have not made us aware of any significant incidences of non-compliance with relevant laws and regulations and we have not identified any incidences from our audit work.
Written representations	• Letters of representation have been requested from both the PFCC and the Chief Constable.
Confirmation requests from third parties	• We requested from management permission to send confirmation requests to the PFCC's banking and treasury partners. This permission was granted and the requests were sent. We are awaiting two confirmations.
Disclosures	• Our review found no material omissions in the financial statements.
Audit evidence and explanations	• All information and explanations requested from management was provided.
Significant difficulties	• There were no significant challenges during the audit.

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Other responsibilities

Issue	Commentary
Going concern	In performing our work on going concern, we have had reference to Statement of Recommended Practice – Practice Note 10: Audit of financial statements of public sector bodies in the United Kingdom (Revised 2024). The Financial Reporting Authority recognises that for particular sectors, it may be necessary to clarify how auditing standards are applied to an entity in a manner that is relevant and provides useful information to the users of financial statements in that sector. Practice Note 10 provides that clarification for audits of public sector bodies. Practice Note 10 sets out the following key principles for the consideration of going concern for public sector entities: • The use of the going concern basis of accounting is not a matter of significant focus of the auditor's time and resources because the applicable financial reporting frameworks envisage that the going concern basis for accounting will apply where the entity's services will continue to be delivered by the public sector. In such cases, a material uncertainty related to going concern is unlikely to exist, and so a straightforward and standardised approach for the consideration of going concern will often be appropriate for public sector entities. • For many public sector entities, the financial sustainability of the reporting entity and the services it provides is more likely to be of significant public interest than the application of the going concern basis of accounting. Our consideration of the PFCC and Chief Constable's financial sustainability is addressed by our value for money work, which is covered elsewhere in this report. Practice Note 10 states that if the financial reporting framework provides for the adoption of the going concern basis of accounting on the basis of the anticipated continuation of the provision of a service in the future, the auditor applies the continued provision of service approach set out in Practice Note 10. The financial reporting framework adopted by the PFCC and Chief Constable meets this criteria, and so we have applied the continued provision of service approach. In doing so, we have considered and evaluated: • the nature of the PFCC and Chief Constable and the environment in which they operates • the PFCC and Chief Constable's financial reporting framework • the PFCC and Chief Constable's system of internal control for identifying events or conditions relevant to going concern • management's going concern assessment. On the basis of this work, we have obtained sufficient appropriate audit evidence to enable us to conclude that: • a material uncertainty related to going concern has not been identified for either the PFCC or the Chief Constable • management's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

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Other responsibilities

Issue	Commentary
Other information	We are required to give an opinion on whether the other information published together with the audited financial statements (including the Narrative Reports and Annual Governance Statements), is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. No inconsistencies have been identified. We plan to issue unmodified opinions in this respect.
Matters on which we report by exception	We are required to report on a number of matters by exception in a number of areas: • if the Annual Governance Statement does not comply with disclosure requirements set out in CIPFA/SOLACE guidance or is misleading or inconsistent with the information of which we are aware from our audit, • if we have applied any of our statutory powers or duties. • where we are not satisfied in respect of arrangements to secure value for money and have reported [a] significant weakness/es. We have nothing to report on these matters.
Specified procedures for Whole of Government Accounts	We are required to carry out specified procedures (on behalf of the NAO) on the Whole of Government Accounts (WGA) consolidation pack under WGA group audit instructions. Note that detailed work is not required as the PFCC/Group/Chief Constable do not exceed the threshold.
Certification of the closure of the audit	We cannot formally conclude the audit and issue an audit certificate for Police, Fire and Crime Commissioner for Cumbria for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have received confirmation from the National Audit Office that the audit of the Whole of Government Accounts is complete for the year ended 31 March 2026.

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Audit adjustments – PFCC

We are required to report all non-trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

No adjusted misstatements have been identified at the date of issuing our report. We will provide an update to Management and the Joint Audit Committee should any issues be identified from the remaining testing.

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure	Misclassification or change identified	Adjusted?
Throughout	A number of typographical errors have been identified throughout the financial statements.	✓
Note 1 – Accounting Policies	Intangible asset policy updated to reflect the 2025/26 CIPFA code.	✓
Note 4 – Assumptions made about the future and other Sources of Estimation Uncertainty	Valuations updated to note as quinquennial under the 2025/26 CIPFA code.	✓
Note 9a – Valuations Rolling Programme	Valuations updated to note as quinquennial under the 2025/26 CIPFA code.	✓
Annex B – Technical Annex – Pensions Disclosures	Narrative clarified to note that the pension fund is managed by the Pensions Partnership Administration.	✓

Impact of unadjusted misstatements.

No unadjusted misstatements have been identified at the date of issuing our report. We will provide an update to Management and the Joint Audit Committee should any issues be identified from the remaining testing.

Impact of unadjusted misstatements in the prior year

The one unadjusted misstatement identified in the prior year (£370k relating to PPE valuations) was adjusted during the year and therefore does not need to be considered in our assessment on unadjusted items.

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Audit adjustments – Chief Constable and Group

We are required to report all non-trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

The table below provides details of adjustments identified during the audit which have not been made within the final set of financial statements. Those charged with governance are required to approve management's proposed treatment of all items recorded within the table below.

Detail	Comprehensive Income and Expenditure Statement £'000	Balance Sheet £'000	Impact on total net expenditure £'000	Impact on general fund £'000
As part of our LGPS work we noted that the actuary had considered secondary contributions in perpetuity rather than over the funding horizon only, which is what we would expect. The actuary revised their asset ceiling calculations and produced revised statements.	26,393	- 26,393	0	0
Overall impact	26,393	-26,393	0	0

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Audit adjustments – Chief Constable

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure	Misclassification or change identified	Adjusted?
Throughout	A number of typographical errors have been identified throughout the financial statements.	✓
Narrative Report	Wording updated in respect of the publication of the HMICFRS report on approach to Child Protection.	✓
Note 1 – Accounting Policies	Intangible asset policy updated to reflect the 2025/26 CIPFA code.	✓
Annex B – Technical Annex – Pensions Disclosures	Narrative clarified to note that the pension fund is managed by the Pensions Partnership Administration.	✓

Impact of unadjusted misstatements

No unadjusted misstatements have been identified at the date of issuing our report. We will provide an update to Management and the Joint Audit Committee should any issues be identified from the remaining testing.

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Action plan

We set out here our recommendations for the PFCC and Chief Constable which we have identified as a result of issues identified during our audit. The matters reported here are limited to those deficiencies that we have identified during the course of our audit and that we have concluded are of sufficient importance to merit being reported to you in accordance with auditing standards.

Assessment	Issue and risk	Recommendations
● Medium	During the review of privileged user access within Oracle Fusion as part of our IT audit, we noted that one user who posts journals has access to elevated privileges which includes the role 'Application Implementation Consultant'. The Application Implementation Consultant role in Oracle Cloud is a highly privileged role used for configuring and setting up the system during implementation. It provides broad access to define structures, manage setup tasks, and configure multiple application modules.	It is recommended that Management performs a review of all users and their access rights in Oracle Fusion and confirm if these align with their designated roles and responsibilities. **Management response** The users in Finance with privileged access are for the administration of the finance system, adding/removing codes which are all only created with the authorised documentation behind them and are signed off by another member of the Finance Senior Leadership Team prior to the code creation. The additional configuration changes are to enhance or maintain system functionality which result from Oracle releases or bugs found in the system.
● Low	A number of directorships and business interests were identified that were not reflected in the declarations of interests for members of the Joint Audit Committee, senior officers and key personnel. Follow-up testing identified that no transactions occurred between the PFCC/CC and therefore no related party disclosures were required, but the results indicated that declarations of interest may not be complete in all cases.	It is recommended that management remind members and officers of their responsibility to declare all relevant directorships, business interests and other appointments and periodically review declarations against publicly available records to ensure they remain complete and up to date. **Management response** The covering letter which accompanies the annual distribution of the Related Party Transactions form and the form itself, will be updated to remind members and officers of their responsibility to declare all relevant directorships, business interests and appointments. The individuals on the list identified by Grant Thornton, will be contacted specifically to advise that the audit team have picked up an omission on their latest form during their routine checks. *Michelle Bellis, Constabulary CFO 10/09/26*

Key

- ● High – Significant impact on control system and/or financial statements
- ● Medium – Limited impact on control system and/or financial statements
- ● Low – Best practice for control systems and financial statements

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Follow up of prior year recommendations

We identified the following issues in the audit of the PFCC and CC's 2024/25 financial statements, which resulted in 1 recommendation being reported in our 2024/25 Audit Findings Report. We are pleased to report that management have implemented our recommendation.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
✓ Action completed	**Users with elevated system privilege in Oracle Fusion** During the review of privileged user access within Oracle Fusion, we noted that six users have access to elevated privileges which includes the role 'Application Implementation Administrator'. This role is assigned when Oracle Fusion is first implemented, allowing the application to be configured as required. It permits a user to make changes to Oracle Fusion system configuration. **Risk** Elevated access could lead to inappropriate or unauthorized changes to data and functionality within Oracle Fusion. It also increases the risk that system-enforced internal control mechanisms could be bypassed resulting in users being able to: • Make unauthorised changes to system configuration parameters. • Create unauthorised accounts. • Make unauthorised updates to user account privileges	Management have verified via providing the Oracle User Access Report summary page that as of 18 September 2025, the six individuals as listed in our prior year AFR have had their responsibility as Application Implementation Administrator removed.

Assessment

✓ Action completed

X Not yet addressed

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Value for Money arrangements

Approach to Value for Money work for the year ended 31 March 2026

The National Audit Office issued its latest Value for Money guidance to auditors in March 2026. The Code requires auditors to consider whether a body has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Additionally , the Code requires auditors to share a draft Auditor's Annual Report (AAR) with those charged with governance by 30 November each year. Our draft AAR accompanies this audit findings report as a separate committee item.

In undertaking our work, we are required to have regard to three specified reporting criteria. These are as set out below.

Financial sustainability

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

Governance

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

Improving economy, efficiency and effectiveness

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

In undertaking this work we have not identified any significant weaknesses in arrangements. Our Joint Auditor's Annual Report accompanies this audit findings report.

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Independence considerations

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

We are required to report to you details of any breaches of the requirements of the FRC Ethical Standard, and of any safeguards applied and actions we have taken to address any threats to independence. No such breaches have been identified by team.

We confirm that we have implemented policies and procedures to meet the requirement of the Financial Reporting Authority's Ethical Standard. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in February 2025 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

As part of our assessment of our independence we note the following matters:

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

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention and consider that an objective reasonable and informed third party would take the same view. The firm and each covered person and network firms have complied with the Financial Reporting Council's Ethical Standard and confirm that we are independent and are able to express an objective opinion on the financial statements.

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Fees and non-audit services

The following tables below sets out the total fees for audit and non-audit services that we have been engaged or charged from the beginning of the financial year to date, as well as the threats to our independence and safeguards that have been applied to mitigate these threats.

None of the below services were provided on a contingent fee basis.

For the purposes of our audit we have made enquiries of all Grant Thornton teams within the Grant Thornton International Limited network member firms providing services to the PFCC and Chief Constable. There are no non-audit services provided to the Police, Fire and Crime Commissioner or Chief Constable.

Audit fees	PFCC £	Chief Constable £	Group £
Scale fee	102,847	58,008	160,855
Additional IT related procedures	4,200	1,800	6,000
Total audit fees (excluding VAT)	**107,047**	**59,808**	**166,855**

- The above fees are exclusive of VAT.
- The fees agree to the financial statements.
- The fees reconcile to the financial statements as follows:

- fees per financial statements £165k
- Under-accrual £2k
- Total fees per above £167k

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Appendices

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A. Communication of audit matters with those charged with governance

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

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B. Management letter of representation - PFCC

Grant Thornton UK LLP
11th Floor
Landmark St Peter's Square
1 Oxford Street
Manchester
M1 4PB

[Date as per date of signing financial statements**]**

Dear Grant Thornton UK LLP

The Police, Fire and Crime Commissioner for Cumbria
Financial Statements for the year ended 31 March 2026

This representation letter is provided in connection with the audit of the financial statements of The Police, Fire and Crime Commissioner for Cumbria (the "PFCC") and its subsidiary undertaking**[**s**]** (the "group") as shown in Appendix I to this letter, for the year ended 31 March 2026 for the purpose of expressing an opinion as to whether the group and PFCC financial statements give a true and fair view in accordance with International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities, as set out in the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited, for the preparation of the group and PFCC's financial statements in accordance with the Accounts and Audit Regulations 2015, International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 ("the Code"); in particular the financial statements are fairly presented in accordance therewith.

ii. We have complied with the requirements of all statutory directions affecting the group and PFCC and these matters have been appropriately reflected and disclosed in the financial statements.

iii. The PFCC has complied with all aspects of contractual agreements that could have a material effect on the group and PFCC financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include **[**add details**]**. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the Code and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the Code and adequately disclosed in the financial statements.

vi. We confirm that we are satisfied that the actuarial assumptions underlying the valuation of pension scheme assets and liabilities for International Accounting Standard 19 Employee Benefits disclosures are consistent with our knowledge. We confirm that all settlements and curtailments have been identified and properly accounted for. We also confirm that all significant post-employment benefits have been identified and properly accounted for.

vii. Except as disclosed in the group and PFCC financial statements:

   a. there are no unrecorded liabilities, actual or contingent;

   b. none of the assets of the group and PFCC has been assigned, pledged or mortgaged; and

   c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

viii. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the Code.

ix. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the Code require adjustment or disclosure have been adjusted or disclosed.

x. The financial statements are free of material misstatements, including omissions.

xi. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xii. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xiii. We have updated our going concern assessment. We continue to believe that the group and PFCC's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:

   a. the nature of the group and PFCC means that, notwithstanding any intention to cease the group and PFCC operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

   b. the financial reporting framework permits the PFCC to prepare its financial statements on the basis of the presumption set out under a) above; and

   c. the group and PFCC's system of internal control has not identified any events or conditions relevant to going concern.

   We believe that no further disclosures relating to the group and PFCC's ability to continue as a going concern need to be made in the financial statements

xiv. The group and PFCC has complied with all aspects of ring-fenced grants that could have a material effect on the group and PFCC's financial statements in the event of non-compliance.

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B. Management letter of representation – PFCC continued

Information Provided

xv. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the group and PFCC's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. unrestricted access to persons within the group and PFCC from whom you determined it necessary to obtain audit evidence.

xvi. We have communicated to you all deficiencies in internal control of which management is aware.

xvii. All transactions have been recorded in the accounting records and are reflected in the financial statements.

xviii. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

xix. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the group and PFCC, and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

xx. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

xxi. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxii. We have disclosed to you the identity of the group and PFCC's related parties and all the related party relationships and transactions of which we are aware.

xxiii. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

xxiv. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the PFCC's risk assurance and governance framework, and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Narrative Report

xxv. The disclosures within the Narrative Report fairly reflect our understanding of the group and PFCC's financial and operating performance over the period covered by the financial statements.

Approval

The approval of this letter of representation was minuted by the PFCC's Joint Audit Committee at its meeting on 23 September 2026.

Yours faithfully

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the PFCC

C. Management letter of representation - Chief Constable

Grant Thornton UK LLP
11th Floor
Landmark St Peter's Square
1 Oxford Street
Manchester
M1 4PB

[Date as per date of signing financial statements**]**

Dear Grant Thornton UK LLP

The Chief Constable of Cumbria Constabulary
Financial Statements for the year ended 31 March 2026

This representation letter is provided in connection with the audit of the financial statements of The Chief Constable of Cumbria Constabulary (the "Chief Constable") for the year ended 31 March 2026 for the purpose of expressing an opinion as to whether the Chief Constable's financial statements give a true and fair view in accordance with International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities, as set out in the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited, for the preparation of the Chief Constable's financial statements in accordance with the Accounts and Audit Regulations 2015, International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 ("the Code"); in particular the financial statements are fairly presented in accordance therewith.

ii. We have complied with the requirements of all statutory directions affecting the Chief Constable and these matters have been appropriately reflected and disclosed in the financial statements.

iii. The Chief Constable has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include pension valuations. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the Code and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the Code and adequately disclosed in the financial statements.

vi. We confirm that we are satisfied that the actuarial assumptions underlying the valuation of pension scheme assets and liabilities for International Accounting Standard 19 Employee Benefits disclosures are consistent with our knowledge. We confirm that all settlements and curtailments have been identified and properly accounted for. We also confirm that all significant post-employment benefits have been identified and properly accounted for.

vii. Except as disclosed in the financial statements:

   a. there are no unrecorded liabilities, actual or contingent;

   b. none of the assets of the Chief Constable has been assigned, pledged or mortgaged; and

   c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

viii. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the Code.

ix. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the Code require adjustment or disclosure have been adjusted or disclosed.

x. The financial statements are free of material misstatements, including omissions.

xi. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xii. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xiii. We have updated our going concern assessment. We continue to believe that the Chief Constable's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:

   a. the nature of the Chief Constable means that, notwithstanding any intention to cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

   b. the financial reporting framework permits the Chief Constable to prepare its financial statements on the basis of the presumption set out under a) above; and

   c. the Chief Constable's system of internal control has not identified any events or conditions relevant to going concern.

   We believe that no further disclosures relating to the Chief Constable's ability to continue as a going concern need to be made in the financial statements.

xiv. The Chief Constable has complied with all aspects of ring-fenced grants that could have a material effect on the Chief Constable's financial statements in the event of non-compliance.

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C. Management letter of representation - Chief Constable continued

Information Provided

xv. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the Chief Constable's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. unrestricted access to persons within the Chief Constable from whom you determined it necessary to obtain audit evidence.

xvi. We have communicated to you all deficiencies in internal control of which management is aware.

xvii. All transactions have been recorded in the accounting records and are reflected in the financial statements.

xviii. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

xix. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Chief Constable and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

xx. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

xxi. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxii. We have disclosed to you the identity of the Chief Constable's related parties and all the related party relationships and transactions of which we are aware.

xxiii. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

xxiv. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the Chief Constable's risk assurance and governance framework and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Narrative Report

xxv. The disclosures within the Narrative Report fairly reflect our understanding of the Chief Constable's financial and operating performance over the period covered by the Chief Constable's financial statements.

Approval

The approval of this letter of representation was minuted by the Chief Constable's Joint Audit Committee at its meeting on 23 September 2026.

Yours faithfully

Name.....

Position.....

Date.....

Name.....

Position.....

Date.....

Signed on behalf of the Chief Constable

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D. Audit opinion - PFCC

Independent auditor's report to the Police, Fire and Crime Commissioner for Cumbria

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of the Police, Fire and Crime Commissioner for Cumbria (the 'Police, Fire and Crime Commissioner') and its subsidiary the Chief Constable (the 'group') for the year 31 March 2026, which comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including material accounting policy information, and include the Police Officer Pension Fund Account financial statements comprising the Police Officer Pension Fund Account, the Pension Fund Net Assets & Liabilities and notes to the Police Officer Pension Fund Account. The financial reporting framework that has been applied in their preparation is applicable law and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Police, Fire and Crime Commissioner as at 31 March 2026 and of the group's expenditure and income and the Police, Fire and Crime Commissioner's expenditure and income for the year then ended;
- have been properly prepared in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26; and
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Police, Fire and Crime Commissioner and the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Chief Finance Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Police, Fire and Crime Commissioner and group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Police, Fire and Crime Commissioner and the group to cease to continue as a going concern.

In our evaluation of the Chief Finance Officer's conclusions, and in accordance with the expectation set out within the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 that the Police, Fire and Crime Commissioner and group's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Police, Fire and Crime Commissioner and the group. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Police, Fire and Crime Commissioner and group and the Police, Fire and Crime Commissioner and group's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Chief Finance Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Police, Fire and Crime Commissioner and the group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Chief Finance Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Statement of Accounts, other than the financial statements and our auditor's report thereon. The Chief Finance Officer is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the Statement of Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make a written recommendation to the Police, Fire and Crime Commissioner under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application to the court for a declaration that an item of account is contrary to law under Section 28 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we issue an advisory notice under Section 29 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014, in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Police, Fire and Crime Commissioner and the Chief Finance Officer

As explained more fully in the Responsibilities for the Statement of Accounts, the Police, Fire and Crime Commissioner is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has the responsibility for the administration of those affairs. That officer is the Chief Finance Officer.

D. Audit opinion - PFCC

The Chief Finance Officer is responsible for the preparation of the Statement of Accounts, which includes the financial statements, in accordance with proper practices as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, for being satisfied that they give a true and fair view, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Police, Fire and Crime Commissioner's and the group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Police, Fire and Crime Commissioner and the group without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

- Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Police, Fire and Crime Commissioner and the group and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, the Local Audit and Accountability Act 2014, the Accounts and Audit Regulations 2015, the Accounts and Audit (Amendment) Regulations 2024, the Local Government Act 2003, Police Reform and Social Responsibility Act 2011, Public Service Pensions Act 2013, Police Pension Fund Regulations 2006 and Police Pensions Regulations 2015.
- We enquired of management and the Police, Fire and Crime Commissioner concerning the Police, Fire and Crime Commissioner and group's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Police, Fire and Crime Commissioner whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Police, Fire and Crime Commissioner and group's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. We determined that the principal fraud risk was in relation to:
  - management override of controls, particularly in respect of senior management and self-approved journals, management bias in determining income and expenditure accrual amounts or accounting estimates and journals posted by privileged access users.
- Our audit procedures to address the principal fraud risk included:
  - reviewing accounting estimates, critical judgements and significant decisions made by management;
  - evaluating the design and implementation of journal controls;
  - reviewing accounting policies and any changes to those policies;
  - testing journals entries for appropriateness; and
  - reviewing unusual significant transactions.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it or recognise non-compliance.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the group and Police, Fire and Crime Commissioner audit team members included consideration of their
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the police sector
  - understanding of the legal and regulatory requirements specific to the Police, Fire and Crime Commissioner and group including:
    - the provisions of the applicable legislation
    - guidance issued by CIPFA/LASAAC and SOLACE
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the Police, Fire and Crime Commissioner and group's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the Police, Fire and Crime Commissioner and group's control environment, including the policies and procedures implemented by the Police, Fire and Crime Commissioner and group to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Police, Fire and Crime Commissioner's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Police, Fire and Crime Commissioner's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Police, Fire and Crime Commissioner has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in respect of the above matter.

Responsibilities of the Police, Fire and Crime Commissioner

The Police, Fire and Crime Commissioner is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

D. Audit opinion - PFCC

Auditor's responsibilities for the review of the Police, Fire and Crime Commissioner's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 20(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Police, Fire and Crime Commissioner has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Police, Fire and Crime Commissioner's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the relevant guidance issued by the Comptroller and Auditor General. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Police, Fire and Crime Commissioner plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Police, Fire and Crime Commissioner ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Police, Fire and Crime Commissioner uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Police, Fire and Crime Commissioner has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Police, Fire and Crime Commissioner for Cumbria for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have received confirmation from the National Audit Office that the audit of the Whole of Government Accounts is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the Police, Fire and Crime Commissioner, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 85 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the Police, Fire and Crime Commissioner those matters we are required to state to the Police, Fire and Crime Commissioner in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Police, Fire and Crime Commissioner as a body, for our audit work, for this report, or for the opinions we have formed.

[Signature**]**

Elizabeth Luddington, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

[Date**]**

E. Audit opinion - Chief Constable

Independent auditor's report to the Chief Constable of Cumbria

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of the Chief Constable for Cumbria (the 'Chief Constable') for the year 31 March 2026, which comprise the Comprehensive Income and Expenditure Statement, the Movement in Reserves, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including material accounting policy information, and include the Police Officer Pension Fund Account financial statements comprising the Police Officer Pension Fund Account, the Pension Fund Net Assets & Liabilities and notes to the Police Officer Pension Fund Account. The financial reporting framework that has been applied in their preparation is applicable law and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Chief Constable as at 31 March 2026 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26; and
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Chief Constable in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Constabulary Chief Finance Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Chief Constable's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Chief Constable to cease to continue as a going concern.

In our evaluation of the Constabulary Chief Finance Officer's conclusions, and in accordance with the expectation set out within the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 that the Chief Constable's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Chief Constable. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Chief Constable and the Chief Constable's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Constabulary Chief Finance Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Chief Constable's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Constabulary Chief Finance Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Statement of Accounts, other than the financial statements and our auditor's report thereon. The Constabulary Chief Finance Officer is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the Statement of Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make a written recommendation to the Chief Constable under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application to the court for a declaration that an item of account is contrary to law under Section 28 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we issue an advisory notice under Section 29 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014, in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Chief Constable and the Constabulary Chief Finance Officer

As explained more fully in the Statement of Responsibilities for the Statement of Accounts, the Chief Constable is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has the responsibility for the administration of those affairs. That officer is the Constabulary Chief Finance Officer. The Constabulary Chief Finance Officer is responsible for the preparation of the Statement of Accounts, which includes the financial statements, in accordance with proper practices as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, for being satisfied that they give a true and fair view, and for such internal control as the Constabulary Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Constabulary Chief Finance Officer is responsible for assessing the Chief Constable's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using

E. Audit opinion - Chief Constable

the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Chief Constable without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Chief Constable and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26, the Local Audit and Accountability Act 2014, the Accounts and Audit Regulations 2015, the Accounts and Audit (Amendment) Regulations 2024, the Local Government Act 2003, Police Reform and Social Responsibility Act 2011, Public Service Pensions Act 2013, Police Pension Fund Regulations 2006 and Police Pensions Regulations 2015.
- We enquired of management and the Chief Constable concerning the Chief Constable's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Chief Constable whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Chief Constable's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. We determined that the principal fraud risk was in relation to:
  - management override of controls, particularly in respect of senior management and self-approved journals, management bias in determining income and expenditure accrual amounts or accounting estimates and journals posted by privileged access users.
- Our audit procedures to address the principal fraud risk included:
  - reviewing accounting estimates, critical judgements and significant decisions made by management;
  - evaluating the design and implementation of journal controls;
  - reviewing accounting policies and any changes to those policies;
  - testing journals entries for appropriateness; and
  - reviewing unusual significant transactions.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it or recognise non-compliance.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the police sector
  - understanding of the legal and regulatory requirements specific to the Chief Constable including:
    - the provisions of the applicable legislation
    - guidance issued by CIPFA/LASAAC and SOLACE
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Chief Constable's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Chief Constable's control environment, including the policies and procedures implemented by the Chief Constable to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Chief Constable's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Chief Constable's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Chief Constable has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the for the year ended 31 March 2026.

We have nothing to report in respect of the above matter.

Responsibilities of the Chief Constable

The Chief Constable is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Auditor's responsibilities for the review of the Chief Constable's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 20(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Chief Constable has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Chief Constable's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the relevant guidance issued by the Comptroller and Auditor General. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Chief Constable plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Chief Constable ensures that it makes informed decisions and properly manages its risks; and

E. Audit opinion - Chief Constable

- Improving economy, efficiency and effectiveness: how the Chief Constable uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Chief Constable has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for The Chief Constable of Cumbria Constabulary for Cumbria for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have received confirmation from the National Audit Office that the audit of the Whole of Government Accounts is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the Chief Constable, as a body, in accordance with Part 5 of the Local Audit and Accountability Act and as set out in paragraph 85 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. Our audit work has been undertaken so that we might state to the Chief Constable those matters we are required to state to the Chief Constable in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Chief Constable as a body, for our audit work, for this report, or for the opinions we have formed.

[Signature**]**

Elizabeth Luddington, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

[Date**]**

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Grant Thornton

Police Fire and Crime Commissioner for Cumbria and Chief Constable of Cumbria Constabulary

Auditor's Annual Report
Year ending 31 March 2026

10 September 2026

Contents

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting, on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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01 Introduction and context

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Introduction

This report brings together a summary of all the work we have undertaken for Police, Fire and Crime Commissioner and Chief Constable for Cumbria during 2025/26 as the appointed external auditor. The core element of the report is the commentary on the Value for Money (VfM) arrangements. The responsibilities of the Police, Fire and Crime Commissioner (the PFCC) and the Chief Constable (the CC) are set out in Appendix A. The Value for Money Auditor responsibilities are set out in Appendix B.

Opinion on the financial statements

Auditors provide an opinion on the financial statements which confirms whether they:

- give a true and fair view of the financial position of the PFCC and CC as at 31 March 2026 and of its expenditure and income for the year then ended
- have been properly prepared in accordance with the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2025/26
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014

We also consider the Annual Governance Statement and undertake work relating to the Whole of Government Accounts consolidation exercise.

Auditor's powers

Under the Local Audit and Accountability Act 2014, auditors of an Authority have a duty to consider whether there are any issues arising during their work that require the use of a range of auditor's powers.

These powers are set out on page 13 with a commentary on whether any of these powers have been used during this audit period.

- Statutory recommendations to the full Authority which must be considered publicly
- A Public Interest Report (PIR).

Value for money

Under the Local Audit and Accountability Act 2014, we are required to be satisfied whether the PFCC and CC has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources (referred to as Value for Money). The National Audit Office (NAO) Code of Audit Practice ('the Code'), requires us to assess arrangements under three areas:

- financial sustainability
- governance
- improving economy, efficiency and effectiveness.

During 2024/25, the NAO consulted on and updated the Code to align it with accounts backstop legislation. The new Code requires auditors to share a draft Auditor's Annual Report (AAR) with those charged with governance by a nationally set deadline each year, and for the audited body to publish the AAR thereafter. The deadline requirement for 2025/26 AARs is 30 November 2026.

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Local Police Reform – organisational change and risk

National Context

Abolition of PCCs

In November 2025, the Government announced its intention to abolish PCCs with transition to new governance arrangements planned for 2028. PCCs were introduced in 2012 under the Police Reform and Social Responsibility Act 2011 to replace police authorities and enhance local accountability for policing. In 2017, PCCs were enabled to take on fire governance by the Policing and Crime Act 2017.

In PFCC areas, the PFCC is directly responsible for delivering statutory fire and rescue services, setting the Fire and Rescue Plan, agreeing the fire precept, managing the fire budget, and overseeing service performance. Those governance functions will transfer to a new body, for Cumbria this will be the Mayoral Authority and is discussed further on the following page.

Residual risks

Heightened risks will remain as organisational change moves from transition into steady-state operation.

The impact of organisational change such as significant reform does not always crystallise at the point of design or implementation.

The abolition of PFCCs / PFCCs represents a major shift in governance, moving from a single elected official to a more integrated model aligned with broader local government structures.

Significant change can often lead to ongoing risks such as clarity around accountability and decision-making, leadership and management capacity, and loss of institutional knowledge. These could place additional pressure on operational performance, control, assurance and decision-making arrangements if not actively monitored and strong Board and Working Group focus will be required to manage risk as arrangements begin to transition.

To manage risks within the transfer, the OPCC has developed a number of key principles as part of its Governance Framework, these include ensuring appropriate decision- making processes remain in place, maintaining business continuity, ensuring staff are fully integrated into the new organisation, managing risks effectively, protecting public services, and enabling the Mayor to deliver their responsibilities without disruption. The governance arrangements emphasise collaboration between the OPFCC, Combined Authority, police, and fire service to ensure a safe, legal, and operationally effective transfer

We provide further commentary on the following page of our report.

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Local Police Reform – organisational change and risk

What we observed in 2025/26

The PFCC currently provides governance and oversight of policing and fire services in Cumbria

Devolution for Cumbria will entail the transfer of an existing single elected PFCC model, to a directly elected Mayor on 10 May 2027.

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. Following the formal consent given by Cumberland Council and Westmorland and Furness Council in October 2025, the Combined Authority was established in April 2026, operating in a transitional phase until the first mayoral election scheduled for May 2027. The OPFCC, Fire and Rescue Authority (FRA) and Constabulary are scheduled to transfer to the Combined Authority following the Mayoral Elections in May 2027.

The PFCC recognises the risks to a smooth handover of powers and work is underway through joint working arrangements with the Combined Authority. A number of dedicated workstreams have been established. The programme is being managed through a detailed project management approach, with progress tracked against milestone plans and workstream objectives. The PFCC has established the Governance Framework to oversee the transfer. It sets out clear statutory accountability, defined leadership roles, formal governance boards, structured escalation pathways, risk management arrangements and regular reporting requirements.

The Cumbria PFCC and OPFCC maintain statutory responsibilities until they transfer to the Cumbria Mayor when they take office on 10 May 2027 and the mayor will assume the statutory responsibilities of the PCC and FRA for:

- Police and Crime Commissioner (PCC) functions, including legal powers and duties set out in The Policing Protocol Order 2023; Police Reform and Social Responsibility Act 2011; and Policing and Crime Act 2017.
- Fire and Rescue Authority (FRA) functions, the Fire and rescue national framework for England sets out the government's priorities and objectives which FRAs must have regard to in carrying out their duties. It is a requirement of the Fire and Rescue Services Act 2004.
- This includes setting policing and fire precepts for 2027/28 (in February 2027). ▪ The PFCC remains decision maker for policing, fire and crime until the Mayor takes office 10 May 2027 – The CCA will not make any policing, fire, and crime decisions.
- The PFCC and OPFCC remain gatekeeper / relationship owner for Home Office and Ministry of Justice and Chief Constable and Chief Fire Officer discussions.

To manage the transition, the OPFCC has established an Executive Group, Executive Board, Programme Board, and five workstream Groups. The programme is designed in two phases: firstly, preparing for the legal transfer by May 2027, and secondly, supporting any future organisational changes determined by the Mayor after taking office.

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Local Police Reform – organisational change and risk

National Context

From Local to National: A New Model for Policing - January 2026 White Paper

In January 2026, the UK government published the Police Reform White Paper, marking the most significant redesign of policing since the 1960s. Central to this vision is the creation of a National Police Service (NPS), which will unify functions such as forensics, counter-terrorism, organised crime units, and national roads policing under a single organisation led by a national police commissioner.

Abolition of PFCCs

In November 2025, the Government announced its intention to abolish PFCCs with transition to new governance arrangements in 2027-2028, PFCCs were introduced in 2012 under the Police Reform and Social Responsibility Act 2011 to replace police authorities and enhance local accountability for policing, and in 2017, PFCCs were enabled to take on fire governance by the Policing and Crime Act 2017.

What we observed in 2025/26

The PFCC currently provides governance and oversight of policing and fire services in Cumbria

Devolution for Cumbria will entail the transfer of an existing single elected Police, Fire and Crime Commissioner (PFCC) model, to a directly elected Mayor. The transfer of Cumbria's PFCC model to a Mayoral model on 10 May 2027, relates to the PFCC as the Elected Local Policing Body (PCC); and the Fire and Rescue Authority.

The PFCC recognises the risks to a smooth handover of powers and has put in place plans to ensure a seamless transition. The PFCC has established the Governance Framework to oversee the transfer. It sets out clear statutory accountability, defined leadership roles, formal governance boards, structured escalation pathways, risk management arrangements and regular reporting requirements. Collectively, these arrangements demonstrate plans for effective oversight, decision-making and accountability, supporting the safe transfer of PFCC functions to the Mayor in May 2027.

Residual risks

Heightened risks will remain as organisational change moves from transition into steady-state operation.

The impact of organisational change such as significant reform does not always crystallise at the point of design or implementation.

The abolition of PFCCs / PFCCs represents a major shift in policing governance, moving from a single elected official to a more integrated model aligned with broader local government structures.

Significant change can often lead to ongoing risks such as clarity around accountability and decision-making, leadership and management capacity, and loss of institutional knowledge. These could place additional pressure on operational performance, control, assurance and decision-making arrangements if not actively monitored and strong Board and Working Group focus will be required to manage risk as arrangements begin to transition.

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02 Executive Summary

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Executive Summary – our assessment of value for money arrangements

Our overall summary of our Value for Money assessment of the PFCC's and CC's arrangements is set out below. Further detail can be found on the following pages.

Criteria	2024/25 Assessment of arrangements		2025/26 Risk assessment	2025/26 Assessment of arrangements	
Financial sustainability	G	No significant weaknesses identified and no improvement recommendations raised.	No risks of significant weakness identified.	G	No significant weaknesses in arrangements identified and no improvement recommendation made.
Governance	G	No significant weaknesses identified and no improvement recommendations raised.	No risks of significant weakness identified.	G	No significant weaknesses in arrangements identified and no improvement recommendation made.
Improving economy, efficiency and effectiveness	G	No significant weaknesses identified and no improvement recommendations raised.	No risks of significant weakness identified.	G	No significant weaknesses in arrangements identified and no improvement recommendation made.

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendation(s) made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Executive Summary

We set out below the key findings from our commentary on the Police Fire and Crime Commissioner's (PFCC's) and Chief Constable's (CC's) arrangements in respect of value for money.

Financial sustainability

The PFCC and CC continue their record of sound financial management. In addition to delivering a balanced 2025/26 budget which had no savings requirement, the CC secured £1.7m of in-year efficiencies, with an ongoing annual benefit of £2.8m. The in-year efficiencies were mainly used to bolster earmarked reserves and strengthening overall financial resilience.

The PFCC and CC recognise the challenges to future financial sustainability, with the Medium-Term Financial Forecast identifying forecast funding gaps in the period to 2030/31 and the Futures Change Programme supporting delivery of the savings required from 2027/28.

We have not reported any key or improvement recommendations in this area. Further details can be found on pages 18 to 20 of our report.

Governance

The PFCC and CC maintain effective governance, risk management and internal control arrangements that support sound financial management, informed decision-making and compliance with appropriate standards.

The Head of Internal Audit provided a "Moderate" Assurance opinion on the overall adequacy and effectiveness of the PFCC's and CC's framework of governance, risk management and control. No audits received a "Limited" or "No" assurance opinion, and no critical recommendations were issued.

We have not reported any key or improvement recommendations in this area.

Further details can be found on pages 21 to 23 of our report.

Improving economy, efficiency and effectiveness

Regular performance monitoring and reporting provide the PFCC and CC with assurance over progress against strategic priorities.

The 25-27 PEEL inspection report from His Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) was broadly positive, noting two areas of innovative practice including the impact of partnership working.

We have not reported any key or improvement recommendations in this area.

We provide an insight slide with a suggestion how the PFCC could obtain greater assurance that performance issues are being actively managed and addressed

Further details can be found on pages 24 to 27 of our report.

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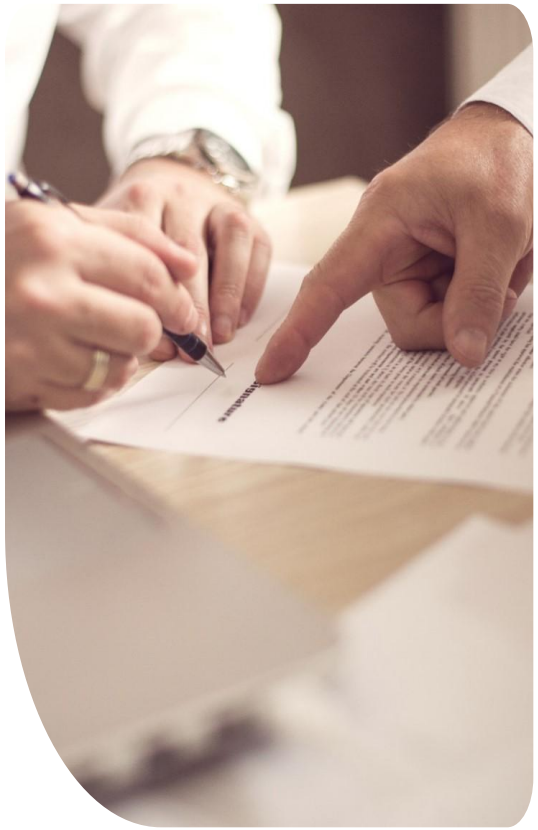
Executive summary – auditor's other responsibilities

This page summarises our opinion on the PFCC's and CC's financial statements and sets out whether we have used any of the other powers available to us as the PFCC's and CC's auditors.

Auditor's responsibility	2025/26 outcome
Opinion on the Financial Statements: PFCC	We have substantially completed our audit of your financial statements expect to issue an unqualified audit opinion following the Joint Audit Committee meeting on 23 September 2026. Our findings are set out in further detail on pages 12 to 15.
Opinion on the Financial Statements: CC	We have substantially completed our audit of your financial statements expect to issue an unqualified audit opinion following the Joint Audit Committee meeting on 23 September 2026. Our findings are set out in further detail on pages 12 to 15.
Use of auditor's powers	We did not make any written statutory recommendations to the PFCC or CC under Schedule 7 of the Local Audit and Accountability Act 2014. We did not make an application to the Court or issue any Advisory Notices under Section 29 of the Local Audit and Accountability Act 2014. We did not make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014. We did not identify any issues that required us to issue a Public Interest Report (PIR) under Schedule 7 of the Local Audit and Accountability Act 2014.



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03 Opinion on the financial statements and use of auditor's powers

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Opinion on the financial statements

These pages set out the key findings from our audit of the PFCC's and CC's financial statements, and whether we have used any of the other powers available to us as the PFCC and CC auditors.

Audit opinion on the financial statements

We have substantially completed our audit of your financial statements expect to issue unqualified audit opinions on the PFCC and CC's financial statements following the Joint Audit Committee meeting on 23 September 2026.

The full opinion is included in the PFCC's and CC's Statement of Accouns for 2025/26, which can be obtained from the PFCC's and Force/Constabulary websites.

Grant Thornton provides an independent opinion on whether the PFCC's and CC's financial statements:

- give a true and fair view of the financial position of the group, of the PFCC and of the CC as at 31 March 2026 and of its expenditure and income for the year then ended
- have been properly prepared in accordance with the CIPFA/LASAAC Code of practice on local authority accounting in the United Kingdom 2025/26
- have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014.

We conducted our audit in accordance with: International Standards on Auditing (UK), the NAO Code of Audit Practice (2024), and applicable law. We are independent of the PFCC and CC in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

Findings from the audit of the financial statements

The PFCC and CC provided draft accounts in line with the national deadline of 30 June 2026.

Draft financial statements were of a good standard and supported by detailed working papers.

The only adjustment to the financial statements was in respect of the IFRIC14 asset calculation and has no impact on the reported outturn.

No significant deficiencies or recommendations were identified through our audit work.

Audit Findings Report

We report the detailed findings from our audit in our Audit Findings Report. A final version of our report was presented to the PFCC's and CC's Joint Audit Committee on 23 September 2026. Requests for this Audit Findings Report should be directed to the PFCC and CC.

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Other reporting requirements

Annual Governance Statement

Under the Code of Audit Practice published by the National Audit Office we are required to consider whether the Annual Governance Statement does not comply with the requirements of the CIPFA/LASAAC Code of Practice on Local Authority Accounting, or is misleading or inconsistent with the information of which we are aware from our audit.

We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

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Use of auditor's powers

We bring the following matters to your attention:

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make a written recommendation to the Authority under section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application to the court for a declaration that an item of account is contrary to law under Section 28 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or;
- we issue an advisory notice under Section 29 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014, in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

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04 Value for Money commentary on arrangements

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Value for Money – commentary on arrangements

This page explains how we undertake the value for money assessment of arrangements and provide a commentary under three specified areas.

The PFCC is the statutory governing authority responsible for overseeing policing services across Cumbria. The PFCC sets the purpose, objectives, priorities and values and are responsible for the provision of an effective and efficient Police Service. Cumbria Constabulary carries out day-to-day operations, whilst the PFCC sets the strategic direction for the Constabulary and is responsible for governance, oversight of the Constabulary and holds the Chief Constable to account.

All PFCCs and CCs are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. PFCCs and CCs report on their arrangements, and the effectiveness of these arrangements as part of their individual Annual Governance Statements.

Under the Local Audit and Accountability Act 2014, we are required to be satisfied whether the PFCC and CC has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The National Audit Office (NAO) Code of Audit Practice ('the Code'), requires us to assess arrangements under three areas:

Financial sustainability

Arrangements for ensuring the Authority can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).

Governance

Arrangements for ensuring that the Authority makes appropriate decisions in the right way. This includes arrangements for budget setting and budget management, risk management, and making decisions based on appropriate information.

Improving economy, efficiency and effectiveness

Arrangements for improving the way the Authority delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

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Financial sustainability – commentary on arrangements

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	The PFCC and CC continue to demonstrate strong financial management. The revenue outturn was largely breakeven with a small overspend of £10k at group level (0.01% of budget) comprising PFCC overspend of £695k offset by CC underspend of £685k. The MTFF incorporates reasonable assumptions, supported by sensitivity analysis to assess financial risks. Forecast budget gaps from 2027/28 onwards (£1.7m in 2027/28 up to £6.8m in 2030/31) have been identified and reflected within the MTFF, with work underway to bridge the gaps. The Reserves Strategy supports financial resilience to 2030/31 through the planned use of earmarked reserves while maintaining adequate general reserves. General reserves increased to £4.8m in 2025/26 and are projected to reach £5.2m by 2030/31, while earmarked reserves are forecast to reduce from £21.0m at 31 March 2026 to £13.4m as they are deployed to support budget resilience and priority projects.	G
plans to bridge its funding gaps and identify achievable savings	Whilst no savings were required to balance the 2025/26 budget, the CC delivered £1.7m of in-year efficiencies with a recurring full-year benefit of £2.8m. The in-year efficiencies strengthened earmarked reserves, including the Management of Change Reserve, enhancing financial resilience. The MTFF forecasts widening budget gaps, with required savings increasing from £1.7m in 2027/28 to £6.8m by 2030/31. The recurring £2.8m efficiency benefit partially mitigates this challenge, with reviews underway to delivering further savings driven by the Futures Change Programme, with oversight by the Executive Board.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Financial sustainability – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	The PFCC's and CC's financial planning processes support the five priorities set out in the Police, Fire and Crime Plan 2025-29 alongside sustainable service delivery. The MTFF aligns resources to strategic and statutory priorities for example, improving efficiency through technology, collaboration, shared services and robust financial management related to the "making best use of resources" priority in the Plan. Progress against the Plan is monitored through performance reports presented at Public Accountability Conferences (PAC), with outcomes informing budget setting and future financial planning.	G
ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning which may include working with other local public bodies as part of a wider system	The PFCC's and CC's financial planning is aligned with the Police, Fire and Crime Plan 2025-29's supporting strategies including workforce, estates, DDaT (Digital, Data and Technology) and fleet. The Capital Strategy and 10-year Capital Programme align investment with operational priorities, supported by business case approval processes and treasury management arrangements. Progress with the capital programme is monitored quarterly in year at Constabulary Chief Officer Group and Executive Board-Police with summary reporting to Police, Fire and Crime Panel. In 2025/26, capital outturn was reported at £4.4m against a budget of £6.8m (65%). The underspend is mainly related to capital projects re-profiled to future years, including £1.9m for DDAT projects largely driven by the rescheduling of the Mark43 case and custody modules development to 2026/27. The capital programme approved in February 2026 included a 2026/27 budget of £6.2m. Proposed re-profiling from 2025/26 would have increased this to £9.2m; however, following a deliverability review and discussions with both Chief Finance Officers, a prudent adjustment was made to reduce the budget to a more achievable £6.9m including £1.9m relating to DDAT projects. Given this proactive action, we have not raised an improvement recommendation, but will review delivery as part of our 2026/27 audit.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

Financial sustainability – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
identifies and manages risk to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions in underlying plans	The PFCC and CC identify and manage risks to financial resilience through regular budget monitoring, strategic risk management and scrutiny of financial planning assumptions. Key risks and emerging pressures are monitored through Executive Board reporting and maintenance of risk registers reviewed biannually by Joint Audit Committee (JAC). Financial planning includes sensitivity analysis to evaluate the financial impact of changes in key funding, inflation, workforce and council tax assumptions enabling the financial impact of changes in these to be understood and mitigated.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Governance – commentary on arrangements

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
monitors and assesses risk and how the PFCC and CC gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	The PFCC and CC have arrangements in place for identifying, assessing and managing risk as part of their governance arrangements. Both bodies maintain risk registers that are subject to quarterly review. Key strategic risks are reported biannually to JAC, facilitating independent scrutiny and assurance. Internal Audit reviewed the CC's risk management arrangements in 2025/26 and provided Moderate Assurance, identifying areas of good practice alongside raising one high rated recommendation which has been implemented by management. Assurance over internal controls is obtained through Internal Audit, governance boards and independent scrutiny arrangements. The 2025/26 Head of Internal Audit Opinion provided a "Moderate Assurance" opinion which indicates that the PFCC and CC have an adequate system of internal control. While some control design weaknesses and/or inconsistencies in the application of controls were identified, these are not considered significant enough to undermine the overall control framework. No audits received a "Limited" or "No" assurance opinion, and no critical recommendations were issued. Timely implementation of Internal Audit recommendations continues to be scrutinised by JAC to ensure ongoing improvement is sustained. Anti-fraud, corruption and whistleblowing arrangements are supported by established policies, regular reviews and oversight from specialist scrutiny bodies such as the Community Scrutiny Panel. Annual reporting to JAC confirmed no instances of fraud, corruption or irregularity and concluded that controls and prevention arrangements were operating effectively.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Governance – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
approaches and carries out its annual budget setting process	The PFCC's and CC's annual budget-setting process is integrated with the ongoing refresh of the MTFF. The process is undertaken collaboratively by the PFCC and CC and includes consultation with stakeholders such as the National Police Chiefs' Council (NPCC), to ensure alignment with sector-wide assumptions. Consultation with Cumbria residents and other interested parties also forms an integral part of the process. The draft budget is presented in January and approved by the PFCC in February, following approval of the Council Tax precept by the Police, Fire and Crime Panel. A mid-year review is conducted each September to assess funding, savings plans, capital expenditure, reserves, and key risks, with the results informing the ongoing refresh of the MTFF.	G
ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information; supports its statutory financial reporting; and ensures corrective action is taken where needed, including in relation to significant partnerships	The PFCC and CC have well-established budget monitoring and reporting arrangements that provide effective oversight of financial performance and support informed decision-making and statutory financial reporting. Quarterly reports provide oversight of revenue, capital and treasury performance, identify variances and risks, and support timely corrective action through scrutiny by the Chief Officer Group and Executive Board. The Police Fire and Crime Panel is presented with a summary of these quarterly reports so they are appraised of financial performance and mitigations. Clear financial accountability is established through the Joint Financial Regulations governing the preparation, oversight and reporting of financial information and statutory accounts. The 2025/26 financial statements were published in line with statutory reporting guidelines for audit purposes. There have been no issues arising from the audit of the financial statements to date which are indicative of weaknesses in final accounts processes.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Governance – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency, including from audit committee	The PFCC and CC operate established governance arrangements that support informed and accountable decision-making. Executive Boards, Public Accountability Conferences, the Police, Fire and Crime Panel and JAC provide effective oversight, scrutiny and challenge. Governance records demonstrate decisions are supported by appropriate evidence, with no indication of inappropriate decision-making or leadership behaviour. Formal business case processes ensure risks, costs and delivery implications are considered before decisions are taken.	G
monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of staff and board member behaviour	The PFCC and CC have embedded Codes of Conduct, ethical policies and transparency arrangements that promote compliance with legislative and regulatory requirements. Declarations of business interests required at each Board or Committee meeting, alongside registers of interests, gifts and hospitality, anti-fraud controls and procurement oversight help manage conflicts of interest and support high standards of conduct. No significant breaches of legislation, regulatory requirements, data security or cyber security were reported during 2025/26. Independent scrutiny is provided through the Community Scrutiny Panel, which meets quarterly and reviews complaints, misconduct, grievances, vetting activity and other integrity matters. Vetting arrangements help reduce the risk of unsuitable individuals entering or remaining within the police service. The CC's arrangements align with national professional standards and regulations and are subject to regular monitoring by Professional Standards. There is no evidence of significant backlogs or delays in processing vetting applications.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Improving economy, efficiency and effectiveness – commentary on arrangements

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
uses financial and performance information to assess performance to identify areas for improvement	The PFCC and CC use comprehensive performance, financial and benchmarking information to monitor service delivery and identify areas requiring improvement. Performance is scrutinised through Chief Officer Group and Public Accountability Conference (PAC) reporting, supported by trend analysis, exception reporting and benchmarking comparing Cumbria's performance to other forces. Where performance falls below expectations, targeted action plans, governance oversight and service reviews are implemented. The CC presented its 2025/26 end of year performance overview at PAC in June 2026. Performance was strong in a number of areas, for example Cumbria being ranked the top force nationally for public confidence (76% compared with a 67% national average). For areas of underperformance such as rising numbers of fatal road traffic collisions (up 4.5% compared to the prior year) actions being taken to reduce these are described in the report. Overall, whilst the report provides clear performance context, it is not consistent in providing detail of remedial actions, ownership and success measures for underperforming areas. We consider this an opportunity to further enhance reporting to strengthen the PFCC's insight and assurance over actions taken by the CC to improve performance, details are provided on page 28. Robust data quality, governance and independent scrutiny arrangements provide a sound basis for decision-making, ensuring leaders can rely on accurate information, challenge assumptions and take corrective action where required. Financial benchmarking informs efficiency reviews, organisational planning and the Future Change Programme as part of the CC's drive to deliver savings over the medium term.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Improving economy, efficiency and effectiveness – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
evaluates the services it provides to assess performance and identify areas for improvement	The PFCC and CC use external inspection and internal improvement frameworks to assess performance and drive continuous improvement. HMICFRS' PEEL 2025-27 report (August 2026) identified two areas of innovative practice, two areas of promising practice and four Areas for Improvement (AFIs). Four areas were graded Good and four Adequate. The Child Protection Inspection report (June 2026) identified two areas of innovative practice, one area of promising practice and six AFIs. Two areas were graded Good, two Adequate and one Requires Improvement. No areas were graded Inadequate in either inspection. Progress against all AFIs is monitored through established governance arrangements, including the monthly HMICFRS Board chaired by the Deputy Chief Constable, with regular assurance reporting to the PAC and JAC.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Improving economy, efficiency and effectiveness – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
ensure they deliver their role within significant partnerships and engages with stakeholders they have identified, in order to assess whether they are meeting their objectives	The PFCC and CC engage stakeholders through consultation, partnership forums and collaborative governance arrangements. Partnership activity is monitored through established scrutiny, performance and accountability processes, including PAC, Executive Boards and the JAC. Positive outcomes and HMICFRS findings provide assurance that partnership working supports delivery of strategic objectives. For example, HMICFRS's 25-27 PEEL inspection report flags innovative practice with partners to reduce delays and improve early intervention for children through out-of-court resolution decisions. The PFCC, CC and Fire Authority operate established collaborative arrangements overseen through the Joint Executive Working Together Board and supporting executive boards. Collaboration extends beyond formal agreements to shared approaches in areas such as occupational health and procurement, delivering efficiencies and service benefits. Opportunities for further integration remain under review to maximise value from shared resources while maintaining operational effectiveness. The Authority has commenced work to support the transition into the Cumbria Combined Authority. The OPFCC for Cumbria has developed a Governance Framework setting out the arrangements for transferring the current PFCC model to a directly elected Mayor on 10 May 2027 as part of the wider devolution programme. We have provided further narrative on pages 4 and 5 of our report.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Improving economy, efficiency and effectiveness – commentary on arrangements (continued)

We considered how the PFCC and CC:	Commentary on arrangements:	Rating
commissions or procures services, assessing whether it is realising the expected benefits	The PFCC and CC have appropriate arrangements to monitor whether expected benefits from commissioned and procured services are being realised, through defined contract management responsibilities, comprehensive contract registers, governance oversight and regular KPI performance monitoring. These arrangements are further supported by collaborative procurement activity with the Fire Authority and the use of national procurement frameworks to drive efficiencies and value for money. The CC continues digital transformation through its partnership with Mark43, replacing legacy systems with a fully integrated platform. Phase 1 has been delivered. The programme is now progressing Phase 2, overseen through the Mark 43 Programme Board with onward reporting to Executive Board for assurance. Delivery is targeted for 2027 in collaboration with Greater Manchester Police. Despite some challenges, arrangements are in place to support delivery of the project in line with target.	G

G	No significant weaknesses or improvement recommendations.
A	No significant weaknesses, improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendation(s) made.

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Grant Thornton insights – learning from others

The PFCC and CC has the arrangements we would expect to see in respect of performance management but could challenge itself to go further, based on the best arrangements we see across the public sector

What the PFCC and CC are already doing

- The PFCC's Public Accountability Conference performance reports provide clear performance trend analysis and explains factors contributing to changes in performance.
- Performance reports also reference operational activity to improve performance, such as Operation THEMIS to tackle residential burglary, the introduction of a Collision Harm Index to inform decision making for locations of speed cameras and police visibility.

What others are doing

- Performance reporting explains not only performance outcomes, but where improvement is required also includes narrative such as:
  - actions being taken to improve performance.
  - who is responsible for delivery.
  - expected outcomes and timescales.
  - how success will be measured.
  - other considerations to drive performance improvement.

The PFCC could consider

- Requesting a brief "Actions and Improvement" section for areas of underperformance. This would provide greater assurance that performance issues are being actively managed and enable more effective scrutiny of progress against improvement plans.

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07 Appendices

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Appendix A: Responsibilities of the Police and Crime Commissioner (PFCC) and the Chief Constable (CC)

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The Chief Financial Officer (or equivalent) is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Chief Financial Officer (or equivalent) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Chief Financial Officer (or equivalent) is required to prepare the financial statements in accordance with proper practices as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom. In preparing the financial statements, the Chief Financial Officer (or equivalent) is responsible for assessing the PFCC's and the CC's ability to continue as a going concern and use the going concern basis of accounting unless there is an intention by government that the services provided by the PFCC and Chief Constable will no longer be provided.

The PFCC and the Chief Constable are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in their use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

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Appendix B: Value for Money Auditor responsibilities

Our work is risk-based and focused on providing a commentary assessment of the PFCC's and CC's Value for Money arrangements

Phase 1 – Planning and initial risk assessment

As part of our planning, we assess our knowledge of the PFCC's and CC's arrangements and whether we consider there are any indications of risks of significant weakness. This is done against each of the reporting criteria and continues throughout the reporting period.

Phase 2 – Additional risk-based procedures and evaluation

Where we identify risks of significant weakness in arrangements, we will undertake further work to understand whether there are significant weaknesses. We use auditor's professional judgement in assessing whether there is a significant weakness in arrangements and ensure that we consider any further guidance issued by the NAO.

Phase 3 – Reporting our commentary and recommendations

The Code requires us to provide a commentary on your arrangements which is detailed within this report. Where we identify weaknesses in arrangements we raise recommendations.

A range of different recommendations can be raised by the auditors as follows:

Statutory recommendations – recommendations to the PFCC and CC under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014.

Key recommendations – the actions which should be taken by the PFCC and CC where significant weaknesses are identified within arrangements.

Improvement recommendations – actions which are not a result of us identifying significant weaknesses in the PFCC's and CC's arrangements, but which if not addressed could increase the risk of a significant weakness in the future.

Information that informs our ongoing risk assessment

Cumulative knowledge of arrangements from the prior year	Key performance and risk management information reported to the Police and Crime Panel
Interviews and discussions with key stakeholders	External review such as by CIPFA
Progress with implementing recommendations	Regulatory inspections such as from HMICFRS
Findings from our opinion audit	Annual Governance Statement including the Head of Internal Audit annual opinion

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The Police and Crime Commissioner for Cumbria and The Chief Constable of Cumbria Constabulary

Annual Statement of Accounts 2025/26: Assurance Framework

Joint Audit Committee: 23 September 2026

Originating Officers: Steven Tickner, OPFCC Chief Finance Officer & Michelle Bellis, CC Chief Finance Officer

Agenda Item: 12

1. Introduction and Background

1.1. This report sets out for the Commissioner, Chief Constable and members of the Joint Audit Committee, those areas of governance and audit pertaining to scrutiny and formal approval of the 2025/26 Statement of Accounts. This report covers the single entity financial statements of the Police, Fire and Crime Commissioner, the single entity financial statements of the Chief Constable, and the Group financial statements. The report sets out the opinion of the Commissioner's appointed auditor and amendments made to the Accounts, and accompanying governance statement, as a consequence of the findings of the audit. It also sets out information provided to Mrs Liz Luddington, of Grant Thornton UK LLP, the Commissioner's appointed auditor, as part of the regulatory requirement for a letter of representation.

1.2. The report includes an appendix that provides a narrative on the financial statements (**Appendix A**). The appendix aims to support members of the Joint Audit Committee in undertaking their assurance role by providing a narrative in respect of the sources of

assurance available to them and on the substantive issues that have been considered in respect of the production of the financial statements.

2. Formal Approval of the Audited Statements

2.1. With continued delays to the production and audit of local authority accounts, the Government amended the dates for the audit of the statutory accounts. The date for production of the draft statement of accounts was 30 June.

The draft Statement of Accounts for the Commissioner and Chief Constable were authorised by the respective CFOs on **30 June 2026** (PFCC/Group) and **19th June 2026** (CC). The audit has now been substantially completed, the Chief Finance Officers are required to again certify the statements and present them to the Commissioner and Chief Constable for formal approval. Prior to certification, the Commissioner and Chief Constable will take into consideration the Audit Findings Report from Mrs Liz Luddington (Grant Thornton UK LLP). The Commissioner and Chief Constable will also take into consideration the views of members of the Joint Audit Committee. The Committee will receive the Statement of Accounts and the Audit Findings Report. They will consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Commissioner.

3. Appointed Auditor's Audit Findings Report

3.1. Preceding this item on your agenda is the Audit Findings Report (AFR) from Mrs Liz Ludington, of Grant Thornton UK LLP, the Commissioner's and Chief Constable's appointed auditor. In the report, Mrs Luddington advises members of her intention, based on her findings to date, to issue an unmodified audit opinion in respect of the Statement of Accounts for the year to 31 March 2026.

3.2. The Auditor's Annual Report (AAR) which examines the Commissioner and Chief Constable's arrangements to secure value for money is also provided on the agenda for this meeting. The AAR concludes that based on the areas of focus and evidence considered, they have found no evidence of significant weaknesses in the PFCCs and the CCs arrangements for improving economy, efficiency and effectiveness. This report makes no recommendations for improvement.

3.3. In carrying out their audit, the auditors have considered internal controls that are relevant to the preparation of the financial statements. Where they identify any control weaknesses, these are reported to the Commissioner and Chief Constable. Within the AFR the auditors have raised two matters in relation to system access and related party disclosures which need to be considered by those charged with governance (see page 24 of the AFR):

- It is recommended that Management performs a review of all users and their access rights in Oracle Fusion and confirm if these align with their designated roles and responsibilities.
- It is recommended that management remind members and officers of their responsibility to declare all relevant directorships, business interests and other appointments and periodically review declarations against publicly available records to ensure they remain complete and up to date.

3.4. The AFR on pages 21-23, outlines audit adjustments which are classified into 3 main categories:

- **Adjusted misstatements** – there was one adjusted misstatement for the CC or PFCC/Group statement of accounts in relation to pensions and the actuarial valuation methodology of secondary contributions. The adjustment had no overall impact and was a change to the CIES of +£26.393m and the balance sheet of -£26.393m.

- **Unadjusted misstatements** – There were no unadjusted misstatements.

- Misclassification and disclosure changes – A small number of misclassification and disclosure adjustments were identified through the audit process for both bodies and these have been amended in the accounts.

3.5. In the member's copy of the financial statements on the agenda, these disclosure changes have been highlighted in green. Changes identified as a result of the JAC review of the financial statements have been highlighted in yellow. Other changes highlighted in blue relate to items identified by the Financial Services team.

3.6. In the 2024/25 AFR the auditors made one recommendation in relation to their audit. In their 2025/26 report the auditors have noted that all recommendations had been completed.

4. Post Balance Sheet Event

4.1. A post balance sheet event is an event, subsequent to the date of the financial statements, and for which International Financial Reporting Standards and the Code of Practice on Local Authority Accounting (the Code) require adjustment or disclosure. There were no post balance sheet events identified for 2025/26.

5. 2025/26 Governance Statements

5.1. The Police, Fire and Crime Commissioner approved the OPFCC Annual Governance Statement (AGS) on 7 July 2026. The Chief Constable approved the Constabulary Annual Governance Statement for 2025/26 on 15 June 2026 at a meeting of the Chief Officer Group.

6. Letters of Management Representation

6.1. At the conclusion of the audit of the Statement of Accounts, but before an opinion can be given, a 'Letter of Management Representation' is provided to the appointed auditors by the Chief Finance Officer's on behalf of the Commissioner and Chief Constable. The underlying purpose of the letter is to confirm that the financial statements reflect a true and fair view in accordance with international financial reporting standards. The letters set out that relevant codes, standards and statutory directions have been complied with and that we have made reasonable estimates and judgements in undertaking accounting entries and disclosures. The letters also confirm that there has been full disclosure of all matters requiring disclosure to our auditors.

7. Acknowledgements

7.1. The work undertaken in preparing the Statement of Accounts and supporting the audit for the year places very significant demands on staff within the financial services team. Key amongst those has been Michelle Bellis, CC Chief Finance Officer and Lorraine Holme, Group Accountant who have once again secured for the Commissioner and Chief Constable another clean audit. This report also acknowledges the work undertaken by our colleagues in external audit headed by Liz Luddington and Fay Woodmass. The production of the Statement of Accounts for 2025/26 and subsequent audit process was successfully undertaken and the teams have once again worked well together and have held video conferences to work together and more innovative screen sharing sessions to enable finance staff to walk auditors through the working papers where required.

8. Recommendations

8.1. Following consideration of the findings and conclusions of the Appointed Auditor it is recommended that:

- Members of the Joint Audit Committee determine whether there are any issues in respect of governance or the statement of accounts that they wish to report to the Commissioner and/or Chief Constable.
- The Commissioner and Chief Constable sign the audited Statement of Accounts and authorise for publication the Accounts and accompanying Governance Statement.

Appendix A

Statement of Accounts Narrative 2025/26

1. Introduction and Background

1.1. The Police, Fire and Crime Commissioner and Chief Constable are asked to sign their respective annual statement of accounts following audit and the review process by the Joint Audit Committee. Members of the Joint Audit Committee will receive a copy of the audited accounts and accompanying governance statement for which they have a review and assurance role. The Statement of Accounts are highly complex technical documents. They take a number of weeks to produce and a similar period of time to audit by a team of technical and experienced staff. The audit process will typically involve support from national technical teams who assess and advise on accounting treatment for complex transactions against the requirements of international financial reporting standards and codes of practice. Within the finance profession, the Statement of Accounts is a very specialist field.

1.2. In this context, this narrative aims to provide a guide to the considerations that the Commissioner, Chief Constable and Members of the Joint Audit Committee can reasonably be expected to take account of, in carrying out a review process and undertaking to approve the Statement of Accounts. It covers two main areas, sources of assurance for the financial statements and key challenges. These are the areas that influence the dialogue and engagement between the financial services staff preparing the accounts and those undertaking the audit. In doing this, the narrative aims to ensure that members have sufficient information to fulfil their assurance role and that the Commissioner can place reliance on this assurance in approving the Statement of Accounts.

2. Sources of Assurance

2.1. The Statement of Accounts consolidates financial transactions for a financial year and records the position as at 31 March in respect of assets and liabilities including reserves and cash flow. They include a number of year end accounting entries that ensure income and expenditure is presented on an accruals basis, that assets and liabilities are recorded in accordance with accounting standards and codes and that the financial implications of those assets and liabilities are adjusted such that net expenditure reflects the actual cost funded by external financing (government grants and the council tax payer). They are accompanied by accounting

policies that explain how those transactions and balances have been accounted for and a set of notes that provide further detail on amounts included within the main financial statements.

2.2. Those undertaking a review of the accounts will not usually be in a position to determine whether the presented figures are correct based on a reading of the financial statements and notes. The review processes must therefore place reliance on wider sources of assurance from which it is reasonable to make a judgement that the accounts present a true and fair view. The main sources of assurance that support this process are the opinion of the PFCC Chief Finance Officer (PFCC CFO), the Constabulary Chief Finance Officer (CC CFO), the opinion of the Head of Internal Audit (HIA) and the opinion of the Appointed Auditor. These opinions are supported by the statements made by the PFCC Chief Finance Officer and CC Chief Finance Officer, on behalf of the Commissioner and Chief Constable, within the letter of representation, by the Commissioner's Annual Governance Statements (signed by the Commissioner, the Commissioner's Monitoring Officer and the PFCC CFO) and by the Chief Constable's Annual Governance Statement (signed by the Chief Constable and the CC CFO).

2.3. The PFCC Chief Finance Officer's (CFO) Opinion: The CFO provides to members an annual opinion on the effectiveness of the arrangements for audit. That review, presented to members at their Meeting on 24 June 2026, concluded that "there are no material shortcomings in the effectiveness of the entirety of the Internal Audit arrangements for the year to 31 March 2026." In previous years, further assurance of the effectiveness of internal audit was taken from the opinion provided by the external auditors. The external auditor (Grant Thornton) advised in June 2020 that they no longer use the work of internal audit to assist with their work and as such no longer provide an opinion on the work of internal audit. The internal auditors did however share some information with external auditors in relation to the audit on financial sustainability. The assurance from the PFCC Chief Finance Officer enables the Commissioner and members of the Joint Audit Committee to place reliance on the opinion of the Head of Internal Audit and the findings of internal audit.

Sources of Assurance

"There are no material shortcomings in the effectiveness of the entirety of the Internal Audit arrangements for the year to 31 March 2026."
PFCC CFO

2.4. The opinion of the Head of Internal Audit (HIA): The HIA provides an annual opinion on the internal control environment. The opinion is based on the audit reviews undertaken over the

course of the financial year. Audits are risk based and include cyclical reviews of the material financial systems. The findings of the HIA are set out in an annual report which was presented to members at the June meeting. The HIA's opinion for 2025/26 is that "for the period 1st April 2025 to 31st March 2026 provides Moderate Assurance, that that 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 of the organisation's objectives at risk.

2.5. Of the 9 audits finalised during 2025/26 all of which contributed to the Commissioner and Chief Constable's overall assurance with 9 from 9 (100%) assurance audits achieving substantial or moderate assurance, and none provided limited assurance.

2.6. The opinion of the Appointed Auditor: The Appointed Auditor will provide an independent external opinion on the financial statements following the audit process. In forming this audit opinion they will undertake a range of audit work. This will include reconciling the figures within the accounts to the financial ledger, undertaking a computer based analytical review to validate the accuracy of material transactions and undertaking further systems based sample testing of ledger amounts back to the primary financial transactions. The external auditors will also review accounting policies and ensure accounting estimates, manual entries and the presentation of financial information is consistent with policy, financial reporting standards and codes of practice. The external audit is typically undertaken by a team of professionally qualified staff who will audit a number of public and/or private sector clients. They will have access to national technical support and quality controls at a regional and national level to support the integrity of the audit and ensure specialist advice and input is given to the treatment of complex transactions of a technical nature.

Sources of Assurance

"We anticipate issuing an unmodified audit opinion on the financial statements of both the PFCC and the Chief Constable".

The opinion of the Commissioner's appointed auditors, Grant Thornton.

2.7. In forming their opinion, the external auditors give consideration to internal controls relevant to the preparation of the financial statements. The external auditors complete walkthrough tests of controls operating in areas where they consider that there is a risk of material misstatement to the financial statements. For the 2025/26 financial statements this has included, an evaluation of the PFCC's and Chief Constable's internal controls environment,

including its IT systems and controls; and Substantive testing on significant transactions and material account balances, including the procedures outlined in the Audit Findings report in relation to the key audit risks.

2.8. The Letters of Representation: The letters of representation are provided at **Appendix B** and referenced in the main body of this report. The letters provide assurances from the Commissioner and Chief Constable to the Appointed Auditor. The letters are written on behalf of the Commissioner and Chief Constable respectively by the respective Chief Finance Officers. The CFOs, as required under legislation, must be financially qualified. The OPFCC Chief Finance Officer, Steven Tickner and the CC Chief Finance Officer, Michelle Bellis are both members of the Chartered Institute of Public Finance and Accountancy (CIPFA) with a requirement to abide by codes of practice, standards and ethics. These arrangements provide assurance that members can place reliance on the representations made by the Chief Finance Officers in the letters of representation on behalf of the Commissioner and Chief Constable. There have been no specific matters raised by the Commissioner or Chief Constable in the letter of representation for 2025/26 and all appropriate assurances have been provided to the external auditors.

2.9. The Annual Governance Statement: An Annual Governance Statement (AGS) for the separate entities of the Police, Fire and Crime Commissioner for Cumbria and the Chief Constable of Cumbria Constabulary were presented to members on 24 June 2026 with a number of supporting governance papers. The AGS detail how the Commissioner and Chief Constable have complied with the governance framework set out within the Code. The Annual Governance Statement provides members with assurance that the Commissioner and Chief Constable have in place appropriate arrangements for financial and wider governance matters including arrangements for managing risks and internal controls.

2.10. Collectively, these sources of assurance, where they are operating to the satisfaction of members, can support conclusions in respect of the extent to which the committee is reasonably able to provide the related assurance to the Police, Fire and Crime Commissioner and Chief Constable in reviewing the financial statements.

3. Key Challenges

3.1. 2025/26Financial Year Accounts and Audit Timetable

For 2025/26 the only specific key challenge was in relation to the requirement to adopt IFRS16 in relation to leases (outlined above). The process of compiling the statutory accounts is complex and involves significant technical expertise. The process within the shared financial services team is well practiced and clearly timetabled. The requirements of audit have changed over recent years and specific areas of the accounts, for example land and buildings valuations and pensions, receive increased audit focus. The financial services team adapt the working papers each year to provide what the auditors require and then use these as a baseline for all future working paper uploads.

This work was successful in delivering a sign off date for the draft financial statements by the respective Chief Finance Officers on 30 June 2026 (PFCC) and 19 June 2026 (CC), in accordance with the 30 June deadline.

The audit period commenced in July and was largely completed by September, with the AFR being reported through JAC on 23 September 2026. The auditors are currently waiting to receive assurance from the auditors of the Local Government Pension Scheme auditors and some responses from the PFCCs valuer in relation to land & buildings valuations before they can formally sign off the accounts.

3.2. Public Consultation

The draft statements of Accounts for the Chief Constable and PFCC/Group have been published on the respective websites since 30 June 2026. The notice of publication advises readers of their rights of inspection. There have been no requests to view the financial statements or accompanying papers.

This concludes the substantive matters considered as part of the production of the statement of accounts.

David Allen
Police, Fire and Crime Commissioner for Cumbria
Carleton Hall
Penrith CA10 2AU

DAVID ALLEN
CUMBRIA'S POLICE, FIRE AND CRIME COMMISSIONER

In case of enquiry please
contact: S. Tickner
Tel: 01768 217734
Email:
steven.tickner@cumbria.police.uk
www.cumbria-pcc.gov.uk

Mrs Elizabeth Luddington
Director
Grant Thornton UK LLP
Landmark, St Peter's Square
1 Oxford Street
Manchester M1 4PB

To be dated on date accounts are signed

Dear Grant Thornton UK LLP

The Police, Fire and Crime Commissioner for Cumbria
Financial Statements for the year ended 31 March 2026

This representation letter is provided in connection with the audit of the financial statements of The Police, Fire and Crime Commissioner for Cumbria (the "PFCC") and its subsidiary undertaking (the "group") as shown in Appendix 1 to this letter, for the year ended 31 March 2026 for the purpose of expressing an opinion as to whether the group and PFCC financial statements give a true and fair view in accordance with International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities, as set out in the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited, for the preparation of the group and PFCC's financial statements in accordance with the Accounts and Audit Regulations 2015, International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 ("the Code"); in particular the financial statements are fairly presented in accordance therewith.

ii. We have complied with the requirements of all statutory directions affecting the group and PFCC and these matters have been appropriately reflected and disclosed in the financial statements.

iii. The PFCC has complied with all aspects of contractual agreements that could have a material effect on the group and PFCC financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.

iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include land and building valuations and pensions valuations. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the Code and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the Code and adequately disclosed in the financial statements.

vi. We confirm that we are satisfied that the actuarial assumptions underlying the valuation of pension scheme assets and liabilities for International Accounting Standard 19 Employee Benefits disclosures are consistent with our knowledge. We confirm that all settlements and curtailments have been identified and properly accounted for. We also confirm that all significant post-employment benefits have been identified and properly accounted for.

vii. Except as disclosed in the group and PFCC financial statements:

   a. there are no unrecorded liabilities, actual or contingent;

   b. none of the assets of the group and PFCC has been assigned, pledged or mortgaged; and

   c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

viii. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the Code.

ix. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the Code require adjustment or disclosure have been adjusted or disclosed.

x. The financial statements are free of material misstatements, including omissions.

xi. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xii. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xiii. We have updated our going concern assessment. We continue to believe that the group and PFCC's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that:

a. the nature of the group and PFCC means that, notwithstanding any intention to cease the group and PFCC operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

b. the financial reporting framework permits the PFCC to prepare its financial statements on the basis of the presumption set out under a) above; and

c. the group and PFCC's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the group and PFCC's ability to continue as a going concern need to be made in the financial statements

xiv. The group and PFCC has complied with all aspects of ring-fenced grants that could have a material effect on the group and PFCC's financial statements in the event of non-compliance.

Information Provided

xv. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the group and PFCC's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. unrestricted access to persons within the group and PFCC from whom you determined it necessary to obtain audit evidence.

xvi. We have communicated to you all deficiencies in internal control of which management is aware.

xvii. All transactions have been recorded in the accounting records and are reflected in the financial statements.

xviii. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

xix. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the group and PFCC, and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

xx. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

xxi. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxii. We have disclosed to you the identity of the group and PFCC's related parties and all the related party relationships and transactions of which we are aware.

xxiii. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

xxiv. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the PFCC's risk assurance and governance framework and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Narrative Report

xxv. The disclosures within the Narrative Report fairly reflect our understanding of the group and PFCC's financial and operating performance over the period covered by the financial statements.

Approval

The approval of this letter of representation was minuted by the PFCC's Joint Audit Committee at its meeting on 23 September 2026.

Yours faithfully

David Allen

The Police, Fire and Crime Commissioner for Cumbria

To be dated on date accounts are signed

Steven Tickner

PFCC Chief Finance Officer

To be dated on date accounts are signed

Appendix 1

List of subsidiary undertakings

Chief Constable of Cumbria Constabulary

Name: Michelle Bellis
Dept: Financial Services
Email: Michelle.Bellis@cumbria.police.uk

Chief Constable
Chief Constable Darren Martland
Police Headquarters
Carleton Hall Penrith,
Cumbria
CA10 2AU

Telephone: 101
Your reference: www.cumbria.police.uk

Mrs Elizabeth Luddington
Director
Grant Thornton UK LLP
Landmark, St Peter's Square
1 Oxford Street
Manchester M1 4PB

To be dated on date accounts are signed

Dear Grant Thornton UK LLP

The Chief Constable of Cumbria Constabulary
Financial Statements for the year ended 31 March 2026

This representation letter is provided in connection with the audit of the financial statements of The Chief Constable of Cumbria Constabulary (the "Chief Constable") for the year ended 31 March 2026 for the purpose of expressing an opinion as to whether the Chief Constable's financial statements give a true and fair view in accordance with International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 and applicable law.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Financial Statements

i. We have fulfilled our responsibilities, as set out in the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited, for the preparation of the Chief Constable's financial statements in accordance with the Accounts and Audit Regulations 2015, International Financial Reporting Standards and the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 ("the Code"); in particular the financial statements are fairly presented in accordance therewith.

ii. We have complied with the requirements of all statutory directions affecting the Chief Constable and these matters have been appropriately reflected and disclosed in the financial statements.

iii. The Chief Constable has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory

authorities that could have a material effect on the financial statements in the event of non-compliance.

iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. Such accounting estimates include pension valuations. We are satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the Code and adequately disclosed in the financial statements. We understand our responsibilities includes identifying and considering alternative, methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. We are satisfied that the methods, the data and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in accordance with the Code and adequately disclosed in the financial statements.

vi. We confirm that we are satisfied that the actuarial assumptions underlying the valuation of pension scheme assets and liabilities for International Accounting Standard 19 Employee Benefits disclosures are consistent with our knowledge. We confirm that all settlements and curtailments have been identified and properly accounted for. We also confirm that all significant post-employment benefits have been identified and properly accounted for.

vii. Except as disclosed in the financial statements:

   a. there are no unrecorded liabilities, actual or contingent;

   b. none of the assets of the Chief Constable has been assigned, pledged or mortgaged; and

   c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

viii. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the Code.

ix. All events subsequent to the date of the financial statements and for which International Financial Reporting Standards and the Code require adjustment or disclosure have been adjusted or disclosed.

x. The financial statements are free of material misstatements, including omissions.

xi. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xii. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

xiii. We have updated our going concern assessment. We continue to believe that the Chief Constable's financial statements should be prepared on a going concern basis

and have not identified any material uncertainties related to going concern on the grounds that:

a. the nature of the Chief Constable means that, notwithstanding any intention to cease its operations in their current form, it will continue to be appropriate to adopt the going concern basis of accounting because, in such an event, services it performs can be expected to continue to be delivered by related public authorities and preparing the financial statements on a going concern basis will still provide a faithful representation of the items in the financial statements

b. the financial reporting framework permits the Chief Constable to prepare its financial statements on the basis of the presumption set out under a) above; and

c. the Chief Constable's system of internal control has not identified any events or conditions relevant to going concern.

We believe that no further disclosures relating to the Chief Constable's ability to continue as a going concern need to be made in the financial statements.

xiv. The Chief Constable has complied with all aspects of ring-fenced grants that could have a material effect on the Chief Constable's financial statements in the event of non-compliance.

Information Provided

xv. We have provided you with:

a. access to all information of which we are aware that is relevant to the preparation of the Chief Constable's financial statements such as records, documentation and other matters;

b. additional information that you have requested from us for the purpose of your audit; and

c. unrestricted access to persons within the Chief Constable from whom you determined it necessary to obtain audit evidence.

xvi. We have communicated to you all deficiencies in internal control of which management is aware.

xvii. All transactions have been recorded in the accounting records and are reflected in the financial statements.

xviii. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

xix. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the Chief Constable and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the financial statements.

xx. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.

xxi. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxii. We have disclosed to you the identity of the Chief Constable's related parties and all the related party relationships and transactions of which we are aware.

xxiii. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

Annual Governance Statement

xxiv. We are satisfied that the Annual Governance Statement (AGS) fairly reflects the Chief Constable's risk assurance and governance framework and we confirm that we are not aware of any significant risks that are not disclosed within the AGS.

Narrative Report

xxv. The disclosures within the Narrative Report fairly reflect our understanding of the Chief Constable's financial and operating performance over the period covered by the Chief Constable's financial statements.

Approval

The approval of this letter of representation was minuted by the Chief Constable's Joint Audit Committee at its meeting on 23 September 2026.

Yours faithfully

Darren Martland	Michelle Bellis
The Chief Constable of Cumbria Constabulary	Constabulary Chief Finance Officer
To be dated on date accounts are signed	To be dated on date accounts are signed

Joint Audit Committee

TITLE OF REPORT:	**Constabulary Risk Management Update**
DATE OF MEETING:	**23rd September 2026**
ORIGINATING OFFICER:	**Claire Griggs, Standards, Insight and Performance Command**
PART 1 or PART 2 PAPER:	**PART 1 (OPEN)**

Executive Summary:

The purpose of this paper is to provide the Joint Audit Committee with an update on the Constabulary's risk management arrangements, including a review of the current strategic risk register.

As part of this process, quarterly quality assurance checks of all departmental and operational risk registers are completed, to ensure that risk is effectively managed across the organisation. The Strategic Risk Register was last reviewed by the Strategic Management Board on 9th September 2026.

Recommendations:

That the Joint Audit Committee:

Note the progress made in managing the Constabulary's current strategic risks.

MAIN SECTION

1. Introduction and Background

1.1 Strategic Risks

Risk is the threat that an event or action will affect the Constabulary's ability to achieve its organisational aim and objectives.

Each risk is managed at the level where the control to manage the risk resides. Strategic risks are managed by the Strategic Management Board, significant operational risks are managed by the Operations, Scrutiny and Oversight Board, and significant strategic business risks are managed in the relevant directorate or by nominated senior managers. Projects and programmes also have their own risks that are managed by the project / programme teams, which are raised at the Futures Programme Board.

Strategic risks are those affecting the medium-to-the-long-term objectives of the Constabulary and are the key, high level and most critical risks that the Constabulary faces. Currently the Constabulary has 2 strategic risks.

The Constabulary's mission is to deliver an outstanding police service to Keep Cumbria Safe.

The strategic risks identified by the Constabulary are concerned with:

1. The implications of longer-term reduction in budget and the level of savings required
2. The implementation of local government devolution arrangements across Cumbria will generate challenges and demand which may adversely impact on the service delivery of Cumbria Constabulary.

The table on page three outlines the Constabulary's two strategic risks and provides the RAG rating (Red, Amber, and Green) for each risk (**RAG risk rating = impact x likelihood**).

The table also includes details of the strategic risks which have been closed / transferred since the Strategic Risk Register was last discussed at a Joint Audit Committee Meeting, and the rationale for that decision. These risks are shaded in grey.

Strategic Risk Register

Risk Ref No	Responsible Officer(s)	Risk Description	Initial Score			Latest Score			Link to Strategic Objectives	Summary of mitigating actions taken and planned – latest update
			Impact	Likelihood	Risk Score	Impact	Likelihood	Risk Score		
28	Constabulary Chief Financial Officer	There may be a detrimental and significant impact on the available budget and a requirement for substantially increased savings.	5	5	**25**	4	5	**20** ↔[1]	All	**Actions already taken:** The 2026/27 budget/MTFF was approved on 12/02/26, the updated MTFF provided a balanced budget for 2026/27 and a reduced budget gap emerging from 2027/28 of £1.7m rising to £6.8m by 2030/31. The reduction in the budget gap reflects the good work already undertaken through the futures programme. In terms of mitigating factors, as part of the Futures Programme Board, work is already underway to identify savings and efficiencies to be delivered in future years. In addition to this, the CFO is currently examining the 2025/26 Constabulary budget outturn to see if this identifies potential areas for other budget reductions. As work continues to develop through the futures programme it is felt that the savings requirement for 2027/28 is challenging but manageable. The recent announcement that the PO Pay Award at 3.5% compared to the budgeted 3% is to be met by additional HO Grant has removed one of the financial uncertainties for the 2026/27 financial year. No change proposed to the score at this stage.

[1] Please note that the direction of travel arrows show any movement in risk score since the last update to the Joint Audit Committee, NOT since the risk was initially created (Initial Score).

			Initial Score			Latest Score				
Risk Ref No	**Responsible Officer(s)**	**Risk Description**	**Impact**	**Likelihood**	**Risk Score**	**Impact**	**Likelihood**	**Risk Score**	**Link to Strategic Objectives**	**Summary of mitigating actions taken and planned – latest update**
										Outstanding Risk Mitigating Actions: The Constabulary CFO is closely involved in the Futures Programme to ensure that savings generated by proposals are captured and fed into the MTFF in order to reduce the current funding gap. Regular updates are provided to COG and OPFCC setting out the progress made to date in relation to bridging the budget gap. Active engagement in the funding formula development process will be undertaken as and when plans are communicated.
58	ACC Operations	Achieving accreditation in line with the Forensic Science Regulator statutory code.	4	4	**16**	3	3	**9** ↔	All	This risk was updated in April 2026; the update was as follows: There will always be an inherent risk around ISO accreditation, but this is managed through the ISO Board and other meetings. The specific risk around CSI accreditation was an issue identified prior to the Forensic Unit Review, and not having a plan to work towards ISO accreditation for CSI. A plan is now in place to work towards accreditation, as required by UKAS to maintain the authority to operate.

			Initial Score			Latest Score				
Risk Ref No	**Responsible Officer(s)**	**Risk Description**	**Impact**	**Likelihood**	**Risk Score**	**Impact**	**Likelihood**	**Risk Score**	**Link to Strategic Objectives**	**Summary of mitigating actions taken and planned – latest update**
										Milestones have replaced a specific go-live date, with the first stage due in 2027. The Constabulary is on track to meet this requirement. Moving forward this will be tracked through the ISO Board and the internal Crime & Intel Command SLT meeting. As a safety net, it can be added to the Crime & Intel Risk Register to continue to monitor. However, at this stage there is nothing that sits outside "business as usual" that would justify this being tracked as a risk at a force level. As such the recommendation would be that it is removed from the Force Risk Register and tracked at the ISO Accreditation Board & added to the Crime & Intel Risk Register to monitor locally. This proposal was endorsed by Chief Officers and ratified at the Strategic Management Board on 3rd June 2026.
61	ACC Operations	Increased Volume & Complexity of Reported Cyber Crime – March 25	4	4	**16**	4	4	**12** ↓	All	This risk was updated in May 2026; the update was as follows: Tabletop exercise was run with NMC – involving all commands and DDAT services. The Syap which mitigates risk has a plan in place that is monitored through DDAT SLT and also IMB. Recent work has implemented new firewalls. Threats are monitored through close working and the alert systems with NMC. The CTO and DDAT teams ensure patching is

			Initial Score			Latest Score				
Risk Ref No	**Responsible Officer(s)**	**Risk Description**	**Impact**	**Likelihood**	**Risk Score**	**Impact**	**Likelihood**	**Risk Score**	**Link to Strategic Objectives**	**Summary of mitigating actions taken and planned – latest update**
										regularly undertaken – increasing protection. We now build Cyber risk into our commercial work with suppliers – with active involvement of Head Commercial, CIO and CTO and their teams. Commanders (duty Gold) briefed where we get breaches and incidents – Gold groups are used effectively. The Constabulary SIRO is one of the national Cadre for Cyber incidents. 1.Recommend this part of the risk around cyber-attack be reduced and removed from the force register to DDAT register. 2. With the Crime element going into the Crime Command register. We have discussed this and agreed following action from SMB Likelihood score reduced from 4 to 3. This proposal was endorsed by Chief Officers and ratified at the Strategic Management Board on 3rd June 2026.
62	ACC Support	Increased demand for call data requests.	3	5	**15**	4	4	**16** ↔	All	This risk was updated in April 2026; the update was as follows: Recruitment and training of new SPOCS is underway. Visit by SRO and CAB manager to Lancs and Merseyside planned. New operating model progressing with FWA under review. Staffing is still being supported by other forces for call for the time being.

			Initial Score			Latest Score				
Risk Ref No	**Responsible Officer(s)**	**Risk Description**	**Impact**	**Likelihood**	**Risk Score**	**Impact**	**Likelihood**	**Risk Score**	**Link to Strategic Objectives**	**Summary of mitigating actions taken and planned – latest update**
										No change to the risk score at this time but hoping the score will reduce in about July 2026. Chief Officers made a decision, which was ratified at the Strategic Management Board on 3rd June 2026 to remit this risk to the Crime and Intel Risk Register.
64	DCC	Devolution	5	4	**20**				All	**Actions already taken:** - Active representation within devolution meetings - Engagement with local authority leaders. - Participation in regional discussions - Strategic oversight by Chief Officer Team. - Engagement with the Office of the Police, Fire and Crime Commissioner. **Outstanding Risk Mitigating Actions:** - Monitoring by Corporate Planning and Governance. - Business continuity planning - Monitor legislative developments - Development of a devolution strategy - Creation of a devolution comms plan

Risk Tolerance Levels

Risk Score 1-4 Acceptable. No action is required but continue monitoring.	**Risk Score 5-12** Tolerable risks but action is required to avoid a Red status. Investigate to verify and understand underlying causes and consider ways to mitigate or avoid within a specified time period.	**Risk Score 15-25** Unacceptable. Urgent attention is required. Investigate and take steps to mitigate or avoid within a specified short term.

1.2 Drivers for Change

Effective risk management is a key component of effective corporate governance. Managing risk will contribute towards delivery of the strategic priorities. There are potential significant consequences from not managing risk effectively.

Robust risk management will help improve decision-making and drive corporate activity that represents value for money. Effective risk management will help protect the reputation of the Constabulary and the Office of the Police, Fire and Crime Commissioner, safeguard against financial loss and minimise service disruption.

1.3 Consultation processes conducted or which needs to be conducted

Individual risk owners have been consulted as part of the standard risk management arrangements.

1.4 Impact assessments and implications on services delivered

Not applicable- described in the risk register where appropriate.

1.5 Timescales for decision required

Not applicable to this report.

1.6 Internal or external communications required

None.

2. Financial Implications and Comments

Any financial implications are described in the relevant risks outlined within this report.

3. Legal Implications and Comments

Any legal implications are described in the relevant risks outlined within this report.

4. Risk Implications

The Constabulary's risks are described in section one of this report.

5. HR / Equality Implications and Comments

Any HR / Equality implications are described in the relevant risks outlined within this report.

6. ICT Implications and Comments

Any ICT implications are described in the relevant risks outlined within this report.

7. Procurement Implications and Comments

Any procurement implications are described in the relevant risks outlined within this report.

8. Supplementary Information

8.1 List any relevant documents and attach to report

Appendix 1	Risk Scoring Matrix

8.2 List persons consulted during the preparation of report

- All Departmental risk owners.
- BCU and Crime Command risk owners.
- Chief Officer Group.

Appendix 1

Risk Scoring Matrix

Impact Score	Description					
		IMPACT ON SERVICE PROVISION	**FINANCIAL IMPACT**	**IMPACT ON PEOPLE**	**DURATION OF IMPACT**	**IMPACT ON REPUTATION**
5	Very High	Unable to function, inability to fulfil obligations	Severe financial loss > £3M	Multiple fatalities	In excess of 2 years	Highly damaging, severe loss of public confidence or being declared a failing Force
4	High	Significant impact on service provision	Major financial loss £1M to £3M	Fatality	Between 1 year - 2 years	National publicity, major loss of confidence or serious IPCC complaint upheld
3	Medium	Service provision is disrupted	Significant financial loss £500k to £1M	Serious injury, RIDDOR reportable	Between six months to 1 year	Some adverse local publicity, legal implications, some loss of confidence
2	Low	Slight impact on service provision	Moderate financial loss £100k to £500k	Slight medical treatment required	2 to 6 months	Some public embarrassment, or more than 1 complaint
1	Very Low	Insignificant impact, no service disruption	Insignificant financial loss < £100k	First Aid treatment only No obvious harm/injury	Minimal - up to 2 months to recover	No interest to the press, internal only

Likelihood Score	Tolerance Levels – Likelihood Assessment	
5	Very High	A risk has a very high score if there is a 90% or more chance of it happening every year. This means that it is almost certain to happen regularly.
4	High	A risk has a high score if there is a 65% to 90% likelihood of it happening at some point over the next 3 years. Basically, it probably will happen but it won't be too often.
3	Medium	A risk has a medium score if the likelihood of it happening is between 20% and 65% over the next 10 years. This means it may happen occasionally.
2	Low	A risk has a low score if the likelihood of it happening is between 5% and 25% at some point in the next 25years. This means it is not expected to happen but it is possible.
1	Very Low	A risk has a very low score if the likelihood of it happening is less than 5% over 100 years. Basically, it could happen but it is most likely that this would never happen.

		Impact	**Impact**	**Impact**	**Impact**	**Impact**
		Very Low (1)	**Low (2)**	**Medium (3)**	**High (4)**	**Very High (5)**
Likelihood	**Very High (5)**	**5**	**10**	**15**	**20**	**25**
Likelihood	**High (4)**	**4**	**8**	**12**	**16**	**20**
Likelihood	**Medium (3)**	**3**	**6**	**9**	**12**	**15**
Likelihood	**Low (2)**	**2**	**4**	**6**	**8**	**10**
Likelihood	**Very Low (1)**	**1**	**2**	**3**	**4**	**5**
		Impact	**Impact**	**Impact**	**Impact**	**Impact**

The Police, Fire and Crime Commissioner for Cumbria

Treasury Management Activities 2026/27 for the period

01 April 2026 to 30 June 2026

Executive Board Police 29/07/2026 and Joint Audit Committee 23/09/2026

Cash flow Balances

Quarter 1 average daily balance - £21.017m

Investment balance @ 30/06/26 £14.867m

Investment Strategy

Category	Category Limit (£m)	Investments at 30 Jun (£m)	Compliance with Limit
Banks Unsecured	20	11.770	Yes
Government (inc LA)	Unlimited	0.000	Yes
Registered Providers	10	0.000	Yes
Pooled Funds	20	3.097	Yes
Total		**14.867**	

There have been no breaches in the approved limits to report during the reporting period.

Borrowing Strategy

The Commissioner has not had any borrowing during Qtr 1. Although short term borrowing may be necessary during 2026/27, current projections remain at a level where this is unlikely. Should the need arise, this would most likely be from another Local Authority. The Commissioner, with the treasury advisors, continues to monitor interest rates and market conditions, in the context of the Commissioner's capital expenditure plans, with a view to minimising borrowing costs over the medium to long term.

Investment Interest Forecast

Base Budget - £0.92m

Current Estimate - £1.039m

Performance Indicators

Quarter 1	Number of Days	Average Balance £	Largest Balance £
Days In Credit	91	64,407	432,747
Days Overdrawn	0	0	0

Average interest rate earned – 3.78%

Average bank base rate – 3.75%

(Current bank base rate – 3.75%)

Treasury and Prudential Indicators

During the period 01 April 2026 and 30 June 2026, the treasury function has operated within the treasury and prudential indicators set out in the Treasury Management Strategy Statement and in compliance with the Treasury Management Practices.

Compliance with the prudential and treasury indicators are shown on page 4.

Economic Outlook and Treasury position for the quarter ended 30 June 2026

Base Rate Estimates	2026/27 %	2027/28 %	2028/29 %
Quarter 1	3.75	3.75	3.25
Quarter 2	3.75	3.75	3.25
Quarter 3	3.75	3.50	3.25
Quarter 4	3.75	3.50	3.25

The first quarter of 2026/27 (1st April to 30th June) saw:

- A 0.1% m/m fall in GDP in April – following growth of 0.4% in February and 0.3% in March (the likely high point of the year).
- Core CPI inflation fell sharply from 3.1% in March to 2.5% in April, the lowest level for five years, however rose again to 2.6% in May.
- CPI inflation stuck at 2.8% in May.
- The Bank of England held interest rates at 3.75% throughout the quarter.

A fall in services inflation from 4.5% to 3.2% in April was the largest driver in the reduction of core CPI. Core CPI increased again in May to 2.6% due to a bounce back in services inflation to 3.7%, driven by transport inflation contributing to broader service-sector price increases. This increase was masked in part by goods inflation which fell from 2.4% to 2.0%. Headline CPI remained unchanged at 2.8%. June CPI inflation data is not yet available, but Market expectations are increases over the next nine months, perhaps up to 3.6%, although the weaker labour market and soft economic backdrop should prevent second-round effects, allowing inflation to fall to its target of 2.0% next year.

In June's MPC vote, the tone was increasingly hawkish with two MPC members voting to raise interest rates by 25bps to 4.00%, citing concerns over persistently higher energy prices and the risk of second-round inflation effects. The other seven members felt that evidence of a loosening labour market, slowing economic activity and higher borrowing costs already in place, justified keeping rates unchanged. The Bank will continue to monitor developments, maintaining it "…stands ready to act as necessary".

MUFG treasury advisors' comment that they expect rates to fall once it is evident that the Bank of England will not have to contend with second -round inflation effects from the Middle East conflict. They forecast that the next reduction in the Bank Rate will be made on Q2 2027, falling to 3.25% by early 2028.

Borrowing position for the quarter ended 30 June 2026

At 30th June 2026 there were no loans outstanding.

Investments in place on 30 June 2026

Category/Institution	Credit Rating	Investment Date	Investment Matures	Rate (%)	Counterparty Total (£m)
Category 1 - Banks Unsecured (Includes Banks & Building Societies)					
Lloyds Bank	AA	01/04/2026	On Demand	3.51%	1.760
MUFG - Standard Charter	AA-	05/06/2026	22/02/2027	4.31%	2.000
MUFG - Qatar National Bank	A+	05/06/2026	21/08/2026	3.990%	4.000
MUFG - National Bank of Kuwait	A+	05/06/2026	22/09/2026	3.990%	4.000
NatWest (Liquidity Select Acc)	AA	01/04/2026	On Demand	0.95%	0.010
					11.770
Category 5 - Pooled Funds (Includes AAA rated Money Market Funds)					
Invesco	AAA	Various	On demand	3.870%	0.015
BlackRock	AAA	Various	On demand	3.810%	0.010
Fidelity	AAA	Various	On demand	3.880%	0.010
Goldman Sachs	AAA	Various	On demand	3.780%	0.100
Aberdeen Standard	AAA	Various	On demand	3.880%	2.962
					3.097
Total					**14.867**

At the end of June funds invested were £14.867m. The breakdown is: 12% in bank deposits, 67% in call accounts and 21% held in money markets funds. June observes cash available for investment at its lowest, due to the timing of the Home Office Police Pension Grant. This grant is paid largely in advance and drawn down as police pensions are paid throughout the year. As the funds held decline liquidity is monitored to ensure funds are available when needed. In early July, following the receipt of the pensions top up grant, the balances increased to £39m and this is expected to be the highest point for investments in the year.

Treasury and Prudential Indicators 2026/27 at 30 June 2026

Treasury Management Indicators		Result	RAG
The Authorised Limit			
The authorised limit represents an upper limit of external borrowing that could be afforded in the short term but may not be sustainable. It is the expected maximum borrowing need with some headroom for unexpected movements. This is a statutory limit under section3(1) of the Local Government Act 2003.	**TEST - Is current external borrowing within the approved limit**	**YES**	
The Operational Boundary			
The operational boundary represents an estimate of the most likely but not worse case scenario it is only a guide and may be breached temporarily due to variations in cash flow.	**TEST - Is current external borrowing within the approved limit**	**YES**	
Actual External Debt			
It is unlikely that the Commissioner will actually exercise external borrowing until there is a change in the present structure of investment rates compared to the costs of borrowing.	**TEST - Is the external debt within the Authorised limit and operational boundry**	**YES**	
Gross and Net Debt			
The purpose of this indicator is to highlight a situation where the Commissioner is planning to borrow in advance of need.	**TEST - Is the PFCC planning to borrow in advance of need**	**NO**	
Maturity Structure of Borrowing			
The indicator is designed to exercise control over the Commissioner having large concentrations of fixed rate debt needing to be repaid at any one time.	**TEST - Does the PFCC have large amounts of fixed rate debt requiring repayment at any one time**	**NO**	
Upper Limit for total principal sums invested for over 365 Days			
The purpose of this indicator is to ensure that the Commissioner has protected himself against the risk of loss arising from the need to seek early redemption of principal sums invested.	**TEST - Is the value of long term investments within the approved limit**	**YES**	

Prudential indicators		Result	RAG
Ratio of Financing Costs to Net Revenue Stream			
This is an indicator of affordability and highlights the revenue implications of existing and proposed capital expenditure by identifying the proportion of revenue budget required to meet financing costs.	**TEST - Is the ratio of capital expenditure funded by revenue within planned limits**	**YES**	
Net Borrowing and the Capital Financing Requirement			
This indicator is to ensure that net borrowing will only be for capital purposes. The Commissioner should ensure that the net external borrowing does not exceed the total CFR requirement from the preceding year plus any additional borrowing for the next 2 years.	**TEST - Is net debt less than the capital financing requirement**	**YES**	
Capital Expenditure and Capital financing			
The original and current forecasts of capital expenditure and the amount of capital expenditure to be funded by prudential borrowing for 2026/27.	**TEST - Is the current capital outurn within planned limits**	**YES**	
Capital Financing Requirement			
The CFR is a measure of the extent to which the Commissioner needs to borrow to support capital expenditure only. It should be noted that at present all borrowing has been met internally.	**TEST - Is the capital financing requirement within planned limits**	**YES**	

The CIPFA (Chartered Institute of Public Finance and Accountancy) Code of Practice for Treasury Management recommends that regular reports are presented with regards to treasury management activities. This quarterly report ensures the Police, Fire and Crime Commissioner is implementing best practice in accordance with the Code.

Joint Briefing Note

Consultation on capital risk metrics implementation and mitigation measures
Consultation on changes to the Prudential and Treasury Management Code

Joint Audit Committee – 23 September 2026

Item 16 - Joint briefing note: Consultation on capital risk metrics implementation and mitigation measures and Consultation on changes to the Prudential and Treasury Management Code

Originating Officers: Laura Watson, Head of Finance, CCFRA
Rosy Rourke, Financial Services Manager, PFCC/Constabulary

The Police, Fire and Crime Commissioner for Cumbria and Cumbria Commissioner Fire & Rescue Authority are separate legal entities with no group accounting relationship and their treasury management activities are kept separate. However, the decision was taken for the PFCC/Constabulary shared Financial Services Team to carry out treasury management activities on behalf of both organisations. This briefing note is a Joint document covering both organisations. Throughout this document, reference will be made to 'The Commissioner', for the purposes of this document, this is intended to refer to responsibilities in relation to the separate responsibilities of The Police, Fire and Crime Commissioner for Cumbria (PFCC) and Cumbria Commissioner Fire and Rescue Authority (CCFRA).

Consultation on capital risk metrics implementation and mitigation measures
Consultation on changes to the Prudential and Treasury Management Code

This briefing paper sets out a summary of the two consultations which closed in August 2026 and the impact upon The Commissioner.

It is noted that the capital risk metrics implementation and mitigation measures do not currently apply to either organisation, however it will apply for combined authorities, which both organisations will become part of in May 2027.

The proposed changes to the Prudential and Treasury Management Code are set out below with a short note under each significant change noting the impact.

Consultation - Capital risk metrics implementation and mitigation measures

The consultation sought views on the capital risk metric calculations and implementation, covering the metrics calculations, threshold methodology and process following risk identification and implementation plan. The consultation lasted for 10 weeks from 28 May to 6 August 2026.

A full copy of the consultation can be located at Capital risk metrics implementation and mitigation measures - GOV.UK

The government intends to apply the capital powers only to principal authorities and combined authorities, as defined as local authorities in section 33(a)–(g) and (jc)–(jd) of the 2003 Act.

This excludes Police and Crime Commissioners and Fire and Rescue Authorities; therefore, this consultation is not applicable.

CIPFA Second Consultation on the Prudential and Treasury Management Codes

Summary

CIPFA has issued its second consultation on proposed revisions to the Prudential Code and the Treasury Management Code. The changes are intended to strengthen transparency, affordability assessments and treasury management practices following the review of commercial investment activity in local authorities.

The consultation consisted of 19 questions, asking organisations if they agree with the proposed additions/removals to the code, and lasted for 10 weeks from 1 July to 12 August 2026. The proposed implementation date is 1 April 2027.

The full consultation can be located Consultation on the Prudential Code for Capital Finance in LA and Treasury Management

For both organisations, the proposals do not represent a significant change to the current treasury management arrangements as they both have a relatively low risk approach to investment. However, both organisations will be required to ensure reporting formats for the Treasury Management Strategy Statement (TMSS) and Quarterly Reports and prudential indicators are updated appropriately.

The most significant changes proposed are:

- Additional disclosure requirements where authorities have subsidiary or group entities.
- Stronger requirements for ongoing monitoring of investments and exit strategies.
- Greater emphasis on the affordability of borrowing limits.
- Removal of the Operational Boundary as a formal prudential indicator.
- Introduction of a revised suite of liability benchmark-based treasury indicators (LB1-LB5).
- Clear separation between treasury management activities and non-treasury commercial investments.

Proposed changes

1. Group Activities Reporting

Authorities with significant group structures will be expected to keep a separate set of prudential indicators for the group as well as the single entity.

It is proposed to add the following wording to the Prudential code:

"The extent to which group undertakings impact on the prudential indicators and therefore whether group and single entity indicators should be disclosed."

With the following paragraph to Section 4 of the Code added:

"Authorities that have significant group undertakings, particularly arrangements where there is significant on-lending to subsidiaries, should have a separate suite of indicators for group activities, in order to ensure

that income from subsidiaries is sustainable and based on their operations. These indicators should include financing costs vs the net revenue stream and service and commercial income vs the net revenue stream on a group basis, as well as a single-entity basis, as a minimum. These would exclude and intra-group commercial and service income from a subsidiary to the authority and include any third-party debt held by a subsidiary for which the authority is ultimately responsible."

The proposed change will not have an impact however awareness of the changes is required for the transition to Cumbria Combined Authority (CCA) in May 2027.

2. Enhanced Governance of Investments

Authorities would need to demonstrate:

- Ongoing reviews of investments.
- Monitoring of investment risks.
- Confirmation that exit strategies are in place where appropriate.

Paragraph 48 of the Prudential Code lists a number of items that a capital strategy should take into account for investments for service and commercial purposes. The majority of respondents from the first consultation agreed that additional requirements for ongoing performance and monitoring should be included. It is proposed to add the following bullet:

• *Ongoing review of investments and confirmation that exit strategies are in place and the risks involved are being monitored.*

The consultation proposes to remove the passages from the Treasury Management Code titled "Investments that are not part of treasury management activity" and "Investment management practices for investments that are not part of treasury management activity" with the following paragraph placed in Section 5 of the Prudential Code (Process and governance issues).

"For the purpose of reporting, any investments that are not taken or held for treasury management purposes as described in Section 9 should be clearly identified and reported as outlined in the MHCLG investment guidance."

These proposals are not expected to present a material change to the ongoing review and reporting for either organisation.

3. Prudence

The majority of respondents of the first consultation agreed that some prudential indicators should include the two previous years:

- Capital expenditure
- Capital financing requirement
- Financing costs vs the net revenue stream
- Service and commercial income vs the net revenue stream

The proposal is to add the following wording into the Prudential Code to reflect this:

"The local authority will set out the actual total of [indicator] for the previous year and then make reasonable estimates for the current financial year, forthcoming financial year and at least the following two."

Both organisations already voluntarily include this level of detail within the TMSS and this can be incorporated into the Quarterly Reporting as required.

In addition, respondents of the first survey believe that the Prudential Code does not make it sufficiently clear that the authorised limit should be linked to affordability.

It is proposed to add the following paragraph:

"Section 4 of the Local Government Act 2003 (England and Wales), Section 36 of the Local Government in Scotland Act 2003 (Scotland) and Section 14 of the Local Government Finance Act 2011 (Northern Ireland) require that an authority set a level of borrowing that it considers affordable and that it may not borrow sums it does not consider affordable."

CIPFA proposes removing the Operational Boundary as a formal prudential indicator, arguing that it duplicates the purpose of the Liability Benchmark and may create confusion where multiple borrowing limits exist. Instead, greater reliance would be placed on the Liability Benchmark framework.

The following paragraphs are proposed to end the section:

The authorised limit should be driven primarily by what the authority considers to be affordable in terms of its medium- and long-term financial planning and the sums it can prudently set aside for capital financing.

Thus the authorised limit will be based on the authority's plans. The authority will need to assure itself that these plans are affordable and prudent. The authorised limit will in addition need to provide headroom sufficient e.g. for unusual cash movements. The authorised limit should however be based on sums available for capital financing identified in its medium-term financial planning processes, since an authority may not borrow sums that it deems to be unaffordable under Section 4 of the Local Government Act 2003 (England and Wales), Section 36 of the Local Government in Scotland Act 2003 (Scotland) and Section 14 of the Local Government Finance Act 2011 (Northern Ireland).

4. New Treasury Management Prudential Indicators (LB1-LB5)

The consultation proposes to introduce a new suite of treasury management indicators, which differ to the previous treasury management indicators and are based on the Liability Benchmark concept.

The indicators will be included in a new section of the code (Section 7) with each indicator set out in full:

Indicator	Purpose
LB1	Net Treasury Position
LB2	Treasury Benchmarks
LB3	Treasury Commitments vs Benchmarks
LB4	Summarises LB3 by illustrating Borrowing Requirement / Over-Borrowing
LB5	Summarises LB3 by illustrating Treasury Investment Position (committed and projected and capacity for long term investments)

These indicators are intended to provide Members with a clearer understanding of borrowing requirements, liquidity needs and treasury risks through graphical reporting.

The maturity structure of borrowing and long-term treasury investments are proposed to be removed as formal indicators.

If the proposal goes ahead, both organisations will need to implement these changes within the Quarterly Reporting and the TMSS.

5. Clarification of Financing Costs

CIPFA proposes a revised definition of financing costs, specifically preventing authorities from netting investment income against financing costs when calculating prudential indicators.

It is proposed that the final two sentences of the relevant paragraph in this section will read:

"Estimates for financing costs for current and future years should be calculated in a manner consistent with this definition. Interest receivable for loans granted, treasury management investments or finance leases as a lessor should not be netted off financing costs."

A definition for the liability benchmark is also proposed to be added to the definitions section, linking to the newly created section 7, new Treasury Management Prudential Indicators.

Both organisations do currently net off investment income against financing costs when looking at the ratio, therefore this will need to be amended for future reporting. The required information is readily available to do this.

6. Clear Separation of Treasury and Commercial Investments

The proposed Treasury Management Code would focus exclusively on treasury management activity. Commercial and service investments would instead be governed through the Prudential Code and relevant statutory guidance.

CIPFA proposes to change the definition of treasury management activities to:

"The management of an organisation's borrowings and surplus cash position generated by its spending and resourcing decisions. It involves the planning, execution and ongoing monitoring of cash balances, borrowing and treasury investments, using appropriate financial instruments to manage risk and achieve optimal performance within acceptable risk parameters."

The Commissioner will need to note the change in governance through the Prudential Code and statutory guidance, but does not currently have, and does not intend to invest in, service or commercial investments.