

PFCC Cumbria & Cumbria Constabulary

Assurance Review of Use of Force Reporting

January 2025

Final



Executive Summary

OVERALL ASSESSMENT SUBSTANTIAL ASSURANCE REASONABLE ASSURANCE UMITED ASSURANCE NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The potential for misuse of force leading to public complaints and loss of trust.

KEY STRATEGIC FINDINGS



The Constabulary has current and comprehensive use of force policies that outline expectations to police officers and supporting staff.



Regular use of force data audits with the Home Office ensures data accuracy and compliance and allows for public scrutiny.



Use of force forms are being retained for all cases sampled. The majority was submitted within 24 hours and with significant detail, showing officer adherence to reporting requirements.

GOOD PRACTICE IDENTIFIED



The use of body cameras and station recordings support accountability in force incidents.



Mandatory training, assessments and refresher training ensure officers are competent and prepared for force application.

SCOPE

The review considered the reporting arrangements for reporting Use of Force and the categories reported by Cumbria Police. The review also considered the integrity of the data used to provide the performance reporting.

ACTION POINTS

Urgent	Important	Routine	Operational
0	2	0	0



Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The review of fifty cases where force was used and recorded by the Constabulary confirmed that 38 had evidence of body camera footage, seven incidents happened in custody, so station cameras were sufficient and there were five cases where the officer who used force did not use their body worn camera. On further investigation into one case, it was identified after searching the camera recording database with the relevant crime number that there was a recording however this was under a different officer who did not complete a form as they were not involved in the use of force. For the remaining four, it could not be confirmed why the footage was missing. Further investigation following audit fieldwork identified a record in the officer's notebook stating that there was no body camera footage because the camera ran out of battery. There was no further record for the remaining three.	reasons explaining why there is no body camera footage for use of force is mandatory.		S — This is specific in terms of a communications message out to officers to remind them of policy. M — It is measurable in the delivery of the message supported by posters in key locations. A - Achievable in use of Need to Know message. R- Realistic in terms of normal comms activity/reminders to officers. T — Deliverable by end of Feb 2025.	28/02/25	Chief Superintenden t Matt Kennerley





Fundamental control issue on which action should be taken immediately.

IMPORTANT

Control issue on which action should be taken at the earliest opportunity.



Control issue on which action should be taken.



Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Delivery	The Constabulary publishes annual data on the use of force. From April 2023 to March 2024, 11,498 use of force forms were completed in Cumbria, detailing 15,835 tactics employed. The report highlights tactics ranging from compliant handcuffing and ground restraint to dog deployment, noting that multiple tactics may be used on one individual. Taser use is separately analysed, with 436 deployment events recorded. Of these, 17 were labelled as "Not Stated" with no context. The Insight and Performance team, in collaboration with the Home Office, reviewed these entries, updating usage rationale where possible. Remaining "Not Stated" cases primarily involved minor taser uses rather than firings or red-dot activations. Tasers also self-record usage, such as draws, with logs available for review. The report includes demographic data on individuals subjected to force, showing 75% were men and 95% were white (officer-defined). It also covers subject and officer injuries, reasons for force use, and related outcomes.	the taser be a mandatory field on usage of force forms to ensure completed data is submitted.	2	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.	28/02/25	Chief Superintenden t Matt Kennerley

PRIORITY GRADINGS



Fundamental control issue on which action should be taken immediately.

IMPORTANT

Control issue on which action should be taken at the earliest opportunity.

ROUTINE

Control issue on which action should be taken.



Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No Operational Effectiveness Matters were identified.				

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.



Assignment Engagement Details

TIAA Auditors	Title	Contact Email	Telephone
James Back	Senior Auditor	James.Back@tiaa.co.uk	07814581890
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Constabulary Staff	Title
Matthew Kennerley	Chief Superintendent
Kerry Holdsworth	Insight and Performance
Robert Thomson	Constable PPST/Taser/First Aid Instructor and Stop and Search Lead Instructor

Exit Meeting Date	12/11/2024
Attendees	Matthew Kennerley – Chief Superintendent

line	Im reassured that in 47 cases of the 50 reviewed that there was footage from BWV/Custody in e with policy or the officer had recorded why they had not recorded (battery had run out) with oly 3 cases with no recording or PNB entry.
a fo us this	terms of TASER, the devices are downloaded, and record all uses (of all types) so any use where form was submitted and not stated could be verified/checked. This is an ICT system bug due to using a basic Microsoft solution and further options are being explored with suppliers to design is out. /01/2025 Chief Superintendent Matt Kennerley



Deputy Chief Constable's Comment	I note the findings of the audit, which are accepted by the Constabulary. Action will be taken to implement the recommendations, which will be overseen by the Stopsearch and Use of Force Group. Darren Martland (DCC) 15/01/2025
Considered for Risk Escalation	N/A.



Findings



Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

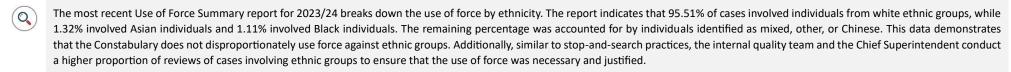
Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
С	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	1	-

Other Findings

- The Constabulary utilises two policy and procedure documents relating to Use of Force which are the "Use of Force Stop and Search Policy, and Use of Force in Custody Searching Detainees and Related Matters which are both current and within their review date.
- The Use of Force Audit Methodology provides a clear definition of what is considered use of force, as does the Use of Force and Stop Search Policy & Procedure which outlines what is expected from officers if use of force is required. In addition, Guidance document ADR148 Police Use of Force gives detailed guidance to officers and staff on how to complete the Home Office data template to reduce errors.
- The Power BI (PBI) tool used by the Constabulary includes a data quality check page to flag inconsistencies in submitted forms. Examples include missing custody reference numbers or unspecified secondary tactics. This feature was initially highlighted to the Use of Force (UOF) Board upon the launch of the new recording system; however, no department currently reviews or corrects this flagged data. Post-submission validation occurs annually, in May, when the Insight and Performance team processes all UOF submissions. Adjustments are made according to Home Office (HO) guidance, including the exclusion of tactics not recognised by HO (e.g., Tactical Communications) and corrections for officer errors (e.g., incorrect "AEP used" entries). Additionally, for any significant data changes, explanations are provided to HO for context before public release. These adjustments only apply to data shared with the HO, not to internally held records.



Other Findings



- A review of Use of Force incidents over the last three months indicates that there were 2,888 incidents, with 35 complaints filed during this period. This represents approximately 1.2% of total incidents resulting in complaints, suggesting that current training and de-escalation techniques are effective in minimising misuse of force and reducing grievances.
- Most of the Use of Force forms were completed within 24 hours of the incident occurring however there were six cases in which the report was submitted at least seven days after the incident. The concern here is that recollections of the events may be inaccurate many days after the fact. A review of a Use of Force, Stop and Search Policy and Procedure confirms that "A record is to be completed as soon as is practicable and preferably within the tour of duty the force was used. If you are going on a period of leave, then this should be completed before you go."
- All cases reviewed confirmed that force was applied to the subject with appropriate justification. Officers recorded their justifications within the use of force form whether that be for officers, public or subjects' safety or additionally any intelligence that suggest the individual has a history of violence or weaponry.



Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	2	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

- The Constabulary issues a Use of Force summary report to the Community Scrutiny Panel on an annual basis of which the 2023/24 summary was evidenced during the audit. The purpose of the Community Scrutiny Panel is to provide independent oversight and accountability to ensure high standards of integrity and ethics within Cumbria Constabulary, Cumbria Fire and Rescue Service, and the Office of the Police, Fire and Crime Commissioner. The panel challenges, supports, and monitors ethical issues, guided by national Codes of Ethics for both policing and fire services, to promote professionalism, transparency, and public trust. This includes overseeing how complaints and misconduct allegations against police officers and staff are handled, ensuring public confidence in these services.
- The Constabulary demonstrates a structured approach to internal and external reporting on UOF data and performance metrics. Internally, UOF data is reported through a Power BI dashboard, which provides comprehensive breakdowns across variables such as subject characteristics, officer details, impact factors, and tactics. This dashboard includes results from the BIU audit and is accessible for monthly review by key stakeholders at the Stop and Search and UOF board meetings. These meetings foster discussions on performance trends, data developments, and improvement opportunities and are further supplemented by local BCU performance meetings that emphasise UOF insights and reporting does include data on subject's ethnicity.
- Externally, UOF data is reported annually to the Home Office (HO) as per the Annual Data Requirement, following a thorough reconciliation process in line with HO guidelines. This includes refining data submissions, such as the exclusion of non-reportable tactics and the rectification of input errors. The reporting process includes rounds of data quality discussions with the HO, ensuring that discrepancies are clarified, and substantial data shifts are explained for public reporting purposes.
- UOF training takes place over nine days for initial recruits in which there are a number of assessments taken to ensure recruits are competent before progressing. This training is mandatory for all officers and staff cannot proceed without passing their PPST. The training is a mix of classroom based and practical training to ensure that staff are equipped and competent to carry out force to protect both themselves and the public. A sample of 10 officers was selected, half being established officers and 5 being recruits currently going through live training. It was established that established officers had gone through their PPST training and were on register to complete their annual two-day refresher training and also confirmed that the trainees were on register to complete their practical training whilst the audit was ongoing.



Scope and Limitations of the Review

 The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

The matters raised in this report are only those that came to the attention of the auditor during the course of the review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of Arrangements

 The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4. The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.	
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.	
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.	
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.	

Acknowledgement

5. We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6. The table below sets out the history of this report:

Stage	Issued	Response Received
Audit Planning Memorandum:	14 th October 2024	14 th October 2024
Draft Report:	3 rd December 2024	
Revised Draft Report:	15 th January 2025	15 th January 2025
Final Report:	16 th January 2025	

