

Charlie Roberts Tel No: 01865 541948 E-mail: charlie.roberts@thamesvalley.pnn.police.uk

Date: 23 July 2020

JOINT INDEPENDENT AUDIT COMMITTEE

You are requested to attend a meeting of the Joint Independent Audit Committee on Friday 31 July 2020 to be held in the Conference Hall, TVP HQ South at **2.00pm**.

Yours sincerely

Paul Hammond Chief Executive

To: Members of the Joint Independent Audit Committee

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Date of next meeting 9 October 2020 at 10.30am in the Conference Hall, Thames Valley Police Headquarters HQ South - Risk & Business Continuity Q1 and narrative update to end of August



MINUTES OF A MEETING OF THE JOINT INDEPENDENT AUDIT COMMITTEE HELD AT POLICE HEADQUARTERS, KIDLINGTON ON 12 JUNE 2020 COMMENCING AT 10.30AM AND CONCLUDING AT 1.50PM

Committee Members Present:

Dr L Lee (Chairman), Mike Day, Richard Jones, Alison Phillips OBE, Dr G A Woods

Present:

A Stansfeld (Police & Crime Commissioner) M Barber (Deputy Police & Crime Commissioner) P Hammond (Chief Executive, OPCC) I Thompson (Chief Finance Officer, OPCC) J Hogg (Deputy Chief Constable) L Waters (Director of Finance) A Cooper (Director of Information) C Hemmings (Head of Governance & Service Improvement) S Patel (Associate Partner, EY) C Sha (Assistant Manager, EY) P Paling (Head of Department, Health & Safety) N Pankhania (Lead Advisor, People Directorate) C Kirby (Head of People Innovation) M Peuleve (Head of Information Management, JIMU) N Shovell (Chief Internal Auditor, TVP & OPCC) A Shearn (Principal, Auditor, TVP & OPCC) C Roberts (Executive Assistant to the PCC/DPCC, OPCC)

Observers: A Rehman (new Committee Member), M Strange (new Committee Member), T Sidhu (Sgt, Staff Officer, TVP)

Apologies:

R France (Chief Supt.) S Chase (Head of People Directorate) G Pickwick (Inspector, Local Policing)

Apologies

The Chair, Louis Lee (LL) welcomed everyone to the meeting which was carried out via MS Teams and noted the apologies given. The two new members of the Committee were observing today and introductions were made of all attending outlining a brief overview of themselves.

1. Minutes of the JIAC meeting held on 18 December 2019 (Part 1)

(LL) went through the actions in the minutes of the meeting held on 18 December 2019 (Part 1) for approval and accuracy. (LL) signed off the minutes noting they were a true reflection of the meeting. The meeting scheduled in March 2020 had been cancelled due to Covid-19 and noted the importance of papers being updated and rectified. (LL) noted that the Annual Report of the SIRO would now be presented after agenda item 4 instead as Amanda Cooper (AC) was required to attend another meeting.

2. Update to EY Audit Plan as a result of Covid-19

The EY 2019/20 Audit Plan referred to in the agenda was previously drafted and reviewed by the Committee on 18 December 2019. The paper provided an update considering the known and potential impacts of Covid-19. A further update would be provided to the Committee where issues were expected to continue and change. The impact of Covid-19 had been significant on financial reporting. Cheng Sha (CS) picked up on the details leading on the external audit for Thames Valley. Because of the efforts by the Force and the

OPCC, EY were able to prepare to carry out their comprehensive audit of the draft accounts in May. However, there were ongoing concerns regarding the timetable for financial reporting and auditing, in particular pensions. As a result of Covid-19 some assets affected in March were expected to have an impact on the timetable of the pension fund audit. EY tried to contact Grant Thornton, who audit the Local Government Pension Scheme as administered by Buckinghamshire Council, to discuss their timeline but were still trying to get a confirmed date from them. TVP and EY had changed their working pattern although work was going slightly slower than expected as to issues of accessibility so the audit reports would be modified. EY had been very impressed with both the Force and the OPCC working remotely and were currently in a good position with the finance teams. (LL) noted a good historic collaboration between EY and the Force/OPCC.

Richard Jones (RJ) indicated that he was unclear on the final timescale of tests that were to be carried out in the autumn if accounts were hopefully signed off in July. . Suresh Patel (SP) confirmed that EY expert property valuations would be completed by the end of June. Discussions had taken place with Ian Thompson (IT) and Linda Waters (LW) during the week regarding other updates and disclosures to the accounts. This would then enable EY to close the audit.

3. EY Progress Report

The EY Progress Report was the first progress report on the audit of the 2019/20 financial statements. EY had met with the finance teams to agree an outline for the timetable of the current year's audit. In December 2019, Outline Audit Planning Reports to the Committee were issued and have since met with both the Chief Constable and the PCC's finance teams to discuss the 2019/20 accounts closedown process and expectations. EY were currently undertaking their interim audit procedures which would include revisiting their risk assessment to confirm whether any changes were required to the previously reported plan. However, this paper had now been superseded and this report was the agenda item from the postponed meeting in March. EY confirmed that the Audit Committee Briefing had now stopped due to Covide-19 so there would no longer be any more briefings provided to the Committee in the near future.

4. Proposed External Audit Fees 2019/20

It was noted that 98% of eligible bodies use Public Sector Audit Appointments (PSAA) Ltd to let their contracts for external audit. PSAA went to tender in 2017. Following the letting of contracts to successful applicants, the PCC and Chief Constable were notified that their external auditor would continue to be EY.

Since the tender exercise in 2017 the volume and complexity of audit work had significantly increased and all audit firms were requesting additional fees from their clients. Since PSAA let the contracts, they had to agree the final audit fee although negotiations were held at individual local authority level. In April 2020 the Associate Partner of EY notified the Chief Finance Officer and Director of Finance what their proposed fee levels for 2019/20 would be. The initial fee proposal of £81,531 reflected an increase of 78% on the PSAA scale fee. Following these increases, there had been discussions with EY who then reduced their proposed fee by £2,974 to a total of £78,557.

There was currently an excellent working relationship with EY and as such, it was seen as an important factor to get matters signed off early. The paper sets out clear comments as to the level of fees which was important as this provided a good quality audit.

(LL) agreed that the context of the proposed external audit fees for 2019/20 paper was very clear. Gordon Woods (GW) asked how the increase compared with other forces around the country to give a clearer picture and understanding. EY confirmed that Thames Valley sat somewhere in the middle range but was fairly similar to its peers. (LL) noted that the PSAA contract was at base level but if additional work was required, would this then increase the fees. (RJ) felt that having entered into this contract this should be honoured but also asked for a clearer direction from EY. (SP) confirmed over the past 18 months EY had been upfront in relation to additional works and fees but their workload had significantly increased and the paper presented at today's meeting was to outline this increase in work.

The Committee were asked to consider and endorse the proposed audit fee for 2019/20 of £78,557.

The Chairman of JIAC APPROVED the recommendations.

11. Annual Report of the SIRO

(LL) confirmed that (AC) would be presenting the Annual Report of the SIRO slightly earlier in order to allow her to attend another meeting.

The Annual Report of the SIRO provided a summary of Information Assurance and Information Governance activity across TVP and Hampshire Constabulary during 2019/20 in providing assurance that information risks were being managed effectively. The report followed the same format as last year but incorporated suggestions from the Committee from previous meetings. The report also provided an update on the following:

- Achievements relating to Information Assurance and Information Governance for the period 1 April 2019 to 31 March 2020.
- The Forces' compliance with legislative and regulatory requirements relating to the handing of information, including compliance with the Data Protection Act 2018 and Freedom of Information Act 2000.
- Summary of information security incidents during 2019/20 including incidents relating to any losses of personal data or breaches of confidentiality.
- The planned direction of Information Assurance and Information Governance activity during 2020/21 to support the strategic objectives of TVP and Hampshire Constabulary.
- An overview of Information Assurance and Information Governance activity to support the Forces' initial response to the Covid-19 situation.

Throughout last year, the Force had conducted three independent Penetration and Vulnerability Tests and a further three were funded by suppliers. In addition to this, a number of internal vulnerability scans had been carried out using recently acquired Nessus tool. The IT Health Check for 2020 was scheduled to commence on 22 June; the original date in early April was not achievable due to Covid-19. IT health checks continue to be monitored and reviewed.

(AC) discussed the section outlining Protective Monitoring.

An independent security benchmark based on the National Institute of Standards and Technology (NIST) framework had been undertaken as part of the NPCC National Enabling Programme by Deloittes consultancy. The maturity and capability assessment (SRM) worked on a score of 0 to 5, where 0 was uncontrolled and 5 would be a perfect security and compliance status. HC and TVP scored slightly above average at 1.32 compared to some of their peers and areas identified as to development were currently being progressed or were completed following the second review. The average score had improved from 1.32 to 1.81. Thames Valley had good contracts with QinetiQ and like all forces, would be moving to the National Monitoring Centre. Part of this phase in joining would be updated in next year's SIRO Annual Report.

An enterprise security assessment tool (Vigilance Pro) was currently in use which allowed Joint ICT to proactively monitor and identify areas of concern as part of 'business as usual' activity rather than relying solely on annual IT health checks.

The Public Services Network (PSN) programme had some major outstanding issues that were identified by the 2016 IT Health Checks, most of these findings had been remediated. However, there were some remaining that were dependent on delivery of other programmes to replace legacy systems which were due to be completed in spring 2021. PSN would be replaced in 2022 but law enforcement community network and TVP would be submitting bids to enable TVP to move across to the Force PSN. A review and structure of this process would be taking place.

Improvements to information assurance processes had been implemented and (AC) went through the three bullet points set out on pages 148-149 in particular, the development and improvement of working relationships with national teams within 2019 had resulted in an improvement in GIRR compliance status to

amber. This resulted in conditional connection to the National Automatic Number Plate Recognition System (ANPR) and support to enable the new PSN connections into the ARK data centres.

The progress in implementing the 2018/19 audit actions at the end of March 2020 were clearly set out on page 149 and the preparation and planning ensured internal audits were improving.

The Committee thanked (AC) for providing the table of complaints on page 151 that the ICO had dealt with regarding the way that FOI requested had been handed.

All work carried out on awareness and the use of ICT of security incidents and causes around these disclosures was still an issue for TVP but were working closely with Craig Kirby (CK) and the CPS in the way changes were being made. This was also being scrutinised closely by the Chief Constable and Deputy Chief Constable Jason Hogg (JH).

A summary of reported security incidents for 2019/20 set out on page 154 ensured staff and the Force performed their duties and included good decisions and that processes were in place. There were key areas of focus for the coming year in relation to planning and strategic direction for 2020/21 which set out a number of improvements on existing programmes.

(LL) confirmed the Report was extremely comprehensive and was pleased to see that all audit actions had been completed. (GW) noted in relation to security incidents, TVP seemed to have a higher rate than Hampshire and asked (AC) to comment whether the organisation had the culture right on information security as shown on page 160. There were a number of incidents showing a level of positives that people were actually reporting on as to levels of awareness. (AC) had been in discussions with the Force Security Manager and there was currently a critical piece of work being produced. Before the pandemic hit, the Force had discussed ways on working safely and effectively. (AC) agreed with the Committee that the summary at Appendix B indicating the loss or theft of technology assets was high and it appeared that TVP/staff were not looking after the equipment correctly. (JH) and the Force Security Manager, Sue Murphy (SM) had been discussing these issues and would be making recommendations but was still an issue for the Force. The figure for unauthorised disclosure was fairly high for TVP almost five times higher than Hampshire. The main reason for this was around the CPS regions as they sat in different areas. This was where a statement was sent to the CPS that gave out dates of births and personal details and TVP were being penalised but the Force were working around this issue. Officers should not be putting these details into statements and was an issue for unauthorised disclosure on case files.

The Committee asked for clarification as to how the benchmark worked for the maturity model that was set out on a scale of 0 to 5. Thames Valley scored 1.81 and this was an average means with most forces scoring around this figure. The maturity scale moved from 0 to 5 and the Force were looking to be around the 2-3 mark. To get Thames Valley to 5 would need a significant amount of investment.

(LL) noted an excellent comprehensive paper in that the paper had moved from capacity and lack of professionalism previously presented to a lot more clarity and transparency of information and technology and thanked (AC) and her team for the paper. (AC) also wanted to note she had an incredible ICT team behind her with Marion Peuleve (MP) pulling all the information together who were all highly committed to the organisation especially during this time.

The Committee NOTED the Annual Report of the SIRO.

5. TVP Wellbeing Annual Report 2019/20

During 2019/20 the Wellbeing, Health, Safety and Environment Group had been working to identify and address issues that fell within the scope of the Terms of Reference (TOR) in order to make positive contributions to the working lives of officers, staff and volunteers. Norma Brown (NB) had produced the report and it was noted that (NB) was retiring from the organisation today. Christine Kirby (CK) presented and reported on the key areas of where the Force remained committed to the National Framework in the Workplace and highlighted the following 6 principal themes:

• Leadership

- Creating the Environment
- Protecting the Workforce
- Personal Resilience
- Mental Health
- Absence Management

An additional £1000 per LPA had been provided by CCMT to assist with the implementation of the principal themes.

Lessons had also been learned around Op Kentia/PC Harper's death and had given further opportunities for the Force especially around mental health and wellbeing.

(NB) used to chair the Wellbeing Board and (CK) confirmed she had now taken this on with immediate effect.

(CK) continued summarising the key points to note in the paper around Covid-19 and other activities that had to be rescheduled or halted due to the pandemic. (RJ) commented that the report was a very clear paper and well structured. There was a theme that ran through the paper of postponements of training due to Covid-19 and (RJ) asked whether this was an issue around not coming together through MS Teams or was it an operational challenge. It had been possible in other forces to continue effectively via MS Teams. (CK) commented that Covid-19 had taught the organisations valuable lessons in shifting towards virtual learning. CCMT had helped prioritise what training would be required and had started introducing this and implementing 'social distancing' measures with (AC's) team showing how training can be effective working remotely whilst driving this forward. (JH) was in the process of using MS Teams as a Force prioritising training operationally to protect the public. 50% of the training could be done online with new recruits and driver training but there was a significant backlog of training still outstanding. The Gold Commander was currently dealing with this challenge and slightly concerned of the impact on the organisation.

(MD) had one comment for Dr Steven Chase (SC) who was currently unable to attend today's meeting and who had given his apologies, in that it would be beneficial to see additional progress being made and reporting next year on the 'real achievements' that had been made within the organisation and to focus on providing this information in next year's annual report but accepted that Covid-19 had disrupted matters. It would also be beneficial to see how much Covid-19 had slowed matters down although (CK) pointed out that more detail had been provided in the Equality, Diversity update later on in the agenda.

Action: The Committee wished to see the 'real achievements' focussing on what was actually being achieved in the annual report for 2021.

The Wellbeing, Health and Safety and Environment Board had been tasked by CCMT to identify the priority areas for wellbeing activity if dedicated financial resources were made available and this table was set out on page 62 of the report. The Committee noted that item (i). water coolers did not provide any figures and wondered if something was missing. (CK) noted that a number of sites had been identified and the estates teams were progressing with this. The Committee asked how many water coolers the Force would be providing and requested more specific clarity and achievements from the outcome of this survey. A survey had been sent to all Thames Valley Police officers and staff and water coolers had come out as top priority in this survey. CCMT had provided half a million pounds to wellbeing and a lot of good work has been captured from this showing the key priorities of what would happen in the next 12 months and would show a clearer outcome this time next year.

The Committee were asked to receive and NOTE the contents of the annual report.

6. Health & Safety Annual Report 2019/20

The purpose of the Health & Safety Annual Report was to provide the Committee with a summary of principal activity and outcomes that related to the promotion and management of health and safety within TVP even though the report provided at today's meeting was a shorter version than usual. (LL) noted that whether

Covid-19 had arisen or not, the paper fell short of what was required by the Committee in order for them to provide assurances but were very sympathetic as to where (PP) was coming from in this difficult time. (PP) confirmed that a longer report would be provided to the Committee later on in the year. Alison Phillips (AP) reiterated to (PP) of providing a much more comprehensive report would need to be provided to the Committee after September. However, this was no criticism to (PP) for the hard work that he had already provided.

Action: (PP) to provide to the Committee a more comprehensive report after September.

The Committee NOTED the Health & Safety Annual Report 2019/20.

7. Equality Diversity & Inclusion Annual Report 2019/20

The Equality Diversity & Inclusion Annual Report covered the following key areas:

- Strategic Governance;
- Providing a policing service to diverse communities;
- Recruitment and Attraction;
- Retention and Progression;
- Representation; and
- Future Plans.

The Committee noted that this report had been well prepared by Nita Pankhania (NP) and since last year, the new governance structure had been well embedded. The Equality Diversity & Inclusion meetings were still chaired by the Chief Constables Management Team (CCMT) and in order to maintain the connection, the Chief Constable attended regular meetings with this network. The Chief Constable had accelerated numerous events about building a diverse workforce particularly with BAME which was led by (JH).

Unfortunately, Inspector Georgia Pickwick (GP) was unable to attend today's meeting but had provided an update as to diverse communities and this may need to be covered separately outside of today's meeting.

The organisation's commitment to introduce a dedicated Positive Action and Engagement Team had been in place since October 2019. This team consisted of four PC's and one Sergeant. Each member of the team was responsible for a region within the Force that had a high BAME community representation focussing on before recruitment, during recruitment and one appointed to understand the impact in joining the Force. Once appointed, the team continued to supported training as well as through the probationary period.

Covid-19 had meant that a number of community events had to be postponed, in particular the Police Officer Recruitment Day. This was now due to be re-scheduled to take place in each nominated LPA.

The Force continue to invest in a dedicated Employer Branding and Recruitment specialist role and had enhanced internal messaging so that current employees were aware of new routes of entry and career opportunities. Statistics of the police officer recruitment and new starter (Student Officer) figures for the years 2018-2019 with completion of probation for the financial year 2019/20 was set out in the table on page 79 of the report.

In terms of retention and progression, the project had engaged with the Positive Action and Engagement Team, Thames Valley Women's Network as well as the Support Association for Minority Ethnic staff and were developing and delivering tools to enable line managers in improving the managers and team members strengths by either having one-to-one coaching conversations, challenging conversations and discussing plans for retirement. (CK) summarised the next steps the project would deliver in order to support all police staff in developing their careers within the Force to include greater support to front-line leaders and supporting flexible child care arrangements for families within the Force.

As to the Development Programme, all positive actions and talent programmes had started but were unable to continue due to the current Covid-19 restrictions. A police officer PALS cohort was started in the autumn of 2019 with 15 participants facilitating this development programme in partnership with SAME. Two people

were successful in the recent PC-Sergeant promotion and several others were looking to engage with the 2021 promotion process. A candidate from the group had been selected to work on a national project for professionalising how forces recruit, train and deploy Police Staff investigators, with another applying for a role as an Investigative Skills trainer.

Exit interviews for BAME Officers and staff were continuing whilst there was no real examples of overt inappropriate behaviour towards BAME colleagues. However, there was evidence that showed a lack of understanding and appreciation by line manager, for the needs of BAME staff/officers. There were no specific examples to provide of where staff and officers were on lower grades and ranks BB2, with less than 6 months service and Constables with over 13 years' service who had cited how they felt their line managers failed to accommodate specific needs around prayer room availability and insistence on flexible working requests to accommodate specific breaks for prayer.

There still remained a gap in gender pay and equal pay but this was being addressed. The Force were also making changes to the Police Staff reward strategy with regard to performance related pay. This was to address previous concerns around equal pay to ensure better parity and equality for police staff. With this being introduced, there would be a change to the pay structure and would help to reduce the pay gap.

(LL) congratulated everyone involved in putting the paper together which was extremely good and included a lot of useful data. (RJ) also reiterated that the report was a fair paper.

(GW) felt disappointed with the BAME figures in that they were going down and wondered if this data had been shared with other forces in finding ways to try and retain BAME officers. (JH) indicated that this was indeed a challenge and there was a backlog of people wanting to join the Force. 70% of new officers were either specials, volunteers or police staff and therefore the organisation were recycling internally. The Force had also invested in an action team to liaise with the communities in encouraging BAME. The recruitment window had closed in June and (JH) reported that 23% of those that had been recruited were BAME applicants which was down to the team being proactive in their recruitment process. The difficulties sustained were in fact a national problem especially failure with BAME communities in recruiting into the organisation.

(MD) noted that recruitment was one thing but retention was another. How was the organisation addressing culture and training issues. The Chief Constable regularly had meetings with Staff Associations and (JH) confirmed he met with SAME and Muslim Police Associations. Any issues that were raised during these meetings came to the attention of (JH). He was of the opinion that TVP was not a racist organisation but sometimes first line supervisors were not creating opportunities for BAME officers. 23% of new applicants from the BAME community was encouraging to see but (MD) asked whether other forces were seeing this slight increase. Greater Manchester Police (GMP) had taken on the concept of positive team action and (JH) confirmed that (NP) and her team were extremely proactive in putting in place best practices and leading on initiatives in this matter.

(MD) asked what the reaction was like amongst officers and staff in relation to the 'Black Live Matters'. (JH) confirmed that this was difficult question for him to answer as currently there were nine protests being planned with the organisation faced scrutiny. (JH) believed that officers were feeling hurt and bruised by the protests and comments but that clear guidance and clarity had been provided to officers in relation to the protests. The Committee thanked (NP) in trying to get the number of BAME increased as well as (CK) and her team in providing the Committee with a lot of information and data.

The Committee NOTED the Equality Diversity & Inclusion Annual Report 2019/20.

8. Annual Report from the Chief Internal Auditor 2019/20

The Annual Internal Audit Report 2019/20 included the Chief Internal Auditor's Annual Internal Auditor's Opinion although it was noted that there were no concerns identified for 2019/20.

At the beginning of March 2020, the Joint Internal Audit Team were on track to complete the 2019/20 Joint Internal Audit Plan. However, due to the Covid-19 pandemic subsequent demand issues faced by the Force

and the OPCC meant that seven audits that were in the process of being concluded had to be placed on hold. Neil Shovell (NS) gave assurance that the remainder would be finalised shortly and details were set out in table 4.2 on page 96 of the report.

Audit assurance ratings issued over the last five years for comparison was set out in table 4.5. Although there had been an increase in the number of limited assurance ratings, there was a positive culture and maturity within both organisations in engaging with the audit process and reviews of the high risk areas that were likely to require improvements. (NS) continued to briefly outline sections for HC Assurance Summary and Additional Sources of Assurance.

The Joint Internal Audit Team followed up management progress by implementing agreed actions from any issued final audit reports. Any overdue and outstanding actions were reported to the Committee on a quarterly basis. For 2019/20 the number of actions reported to the Committee in July 2019 was seven. Throughout the year, there had been an increase in the number of overdue actions with twenty eight reported in October 2019 and thirty two in December 2019. As at March 2020 the number of overdue and outstanding actions had reduced to twenty five.

(LL) thanked (NS) for his report and raised a couple of points as set out on page 94 section 1.4 in that there had been no comments made in relation to the Audit Charter. (NS) confirmed that this information was attached to a later paper in today's meeting to assist the Committee. A minor point had been picked up on page 103, fifth bullet point to identify any team process efficiencies, to ensure an effective audit service for the Force and the OPCC. (NS) pointed out that this was simply an internal point.

The Committee were surprised to note that there were still two outstanding actions for People Directorate:

- IR35 Process audit; and
- Attendance Management

These actions were deemed important to the Committee ensuring that they were completed. (CK) confirmed that she would follow up these outstanding actions and once (NS) had received an update from (CK) he would notify the Committee. Going forward, (MD) felt that there were a lot of issues from People Directorate to focus on and it would be useful to have more documentation around these outstanding points. It was noted that People Services were also currently cutting positions within the organisation in line with the Operating Model.

Action: (NS) to update the Committee once (CK) had followed up on the two outstanding actions.

The Committee were requested to note and endorse the Annual Report of the Chief Internal Auditor for 2019/20.

The Committee APPROVED the Report.

9. Annual Treasury Management Outturn Report 2019/20

The PCC approved the Treasury Management Strategy Statement for 2019/20 at the Level 1 meeting held on 22 January 2019. Quarterly treasury management performance updates had been presented to the PCC in July and November 2019 as well as in February 2020.

Issues for consideration were set out in section 2.1 paragraph 10 with the detailed annual report in Appendix 1. (IT) summarised the key points for the Committee to note.

The PCC was required to receive and approve, as a minimum, three reports every year that incorporated a variety of policies, estimates and actual. These were as follows:

- Annual Treasury Strategy Statement;
- Mid-Term Report; and
- Annual Treasury Report.

These reports were adequately scrutinised before being recommended to the PCC.

During the first two months of 2019/20, the PCC maintained an under-borrowed position. However, with very low borrowing rates in the spring of 2019 combined with the purchase of two new buildings in Reading, the organisation borrowed £23.2m although this was not shown in the capital programme at the time for 2019/20. Not long after the loans were taken out, the interest rates fell.

The Capital Financing Requirement (CFR) for the year had been set out in table 2 at section 5.6 and represented a key prudential indicator. The (CFR) included PFI and leasing schemes on the balance sheet which increased the underlying borrowing need. However, no borrowing was actually required against these schemes as a borrowing facility had been included in the contract.

(IT) commented that that there had been problems getting cash as of 1 April 2020 due to Covid-19 outbreak and the organisation therefore had to increase its overdraft facility for a couple of weeks . For the last 5-6 weeks the OPCC had been paying urgent invoices for PPE and this had meant they were unable to close the treasury payments until 5pm each day but wanted to thank his colleagues for their hard work during the pandemic. (AP) understood the impact of Covid-19 and had concerns about the Councils being slow in producing income and asked whether any contingency arrangements and scope in anticipating delays had been discussed. (IT) confirmed that for 2020/21 Councils would be paying their council tax precept in full but the reduced tax base and collection fund surplus would be an issue in 2021/22 and later years These matters were currently being discussed with EY. Letters had been written to all local authorities and to the LGA to ascertain information from them but as yet, it was unknown how the government would be dealing with this.

The Committee were asked to note the Annual Treasury Management Report for 2019/20 and APPROVE the actual 2019/20 prudential and treasury indicators in the report.

The Committee APPROVED the recommendations set out in the Report.

10. Strategic Risk Update

The purpose of the Strategic Risk update was to support enhanced risk assurance and governance to CCMT during Covid-19 and consider existing and new strategic risks as well as the most significant operational risks. The document reported on the strategic risk by exception only which included a heat map of all the strategic risks and table of risks that were important to note. Since April 2020, work had continued to progress the management of these risks relating to Covid-19 which included the development of four new sub-risks that fed into the overarching unintended legal and regulatory breaches risk.

(LL) was aware the update was slightly unusual but had given the Committee a deeper understanding and accepted the report as it was.

From page 127 onwards Cat Hemmings (CH) noted the report was more of an up-to-date Strategic Risk Register due to ongoing tactical operations hence the report being slightly unusual but a more comprehensive paper would be provided to the Committee later on in the year.

Key points of assurance of governance were in place as follows:

- Tactical Risk Register;
- Local Resilience Forum Structure; and
- Strategic Risk Register.

The Tactical Risk Register was managed and reported to the Gold Structure for a response which dealt with resilience, PPE, health & Safety issues and cleaning vehicles. The Local Resilience Forum structure was managed by the resilience co-ordinator whist the Strategic Risk Register had been supporting Covid-19 and

what this meant for the organisation. Regular reviews took place on a monthly basis to deal with any issues that were raised in this document.

The Risk Heat Map identified the current Strategic risks and maps them in terms of priority based on current risk scores. (CH) briefly summarised the risks and important areas to note on pages 129 – 131 noting the latest mitigation status for certain risks.

(LL) thanked (CH) for the comprehensive report noting that risks were being managed effectively by the Force and had moved a long way and had embedded these risks within the organisation. The Committee may request an additional report in the next JIAC meeting or for the December meeting but this would be up to the new Chair of the Panel once elected. (MD) gave credit to the team and confirmed the Committee would need to discuss the Annual Report in due course but confirmed that regular updates were already being provided to them during the year. (AP) noted that it had been invaluable that the correct judgments had been made for risks and challenges that the Force faced and gave credit for this. (CH's) presentation had been impeccable outlining to the Committee any concerns the Force faced in the future. (CH) thanked the Committee for their comments and would pass on their positive feedback to the team.

The Committee NOTED the Strategic Risk Update.

12. Annual Governance Statement 2019/20

In March 2020 Committee members were sent an early draft of the Annual Governance Statement (AGS) for 2019/20 for consideration and comment. In accordance with previous practice, an updated, tracked changed version had been sent to the Committee before the AGS was included in the Statement of Accounts as submitted for external audit and comments were acted on accordingly. There had been significant additions to the earlier draft in order to reflect the actual and potential ongoing impact on governance of Covid-19. This included the identification of 'Covid-19' as a significant potential governance issue to be monitored and addressed if necessary in 2020/21.

The Committee confirmed they had read the paper and noted the comments had been incorporated as well as additional comments as to Covid-19. The Committee had no further comments and the AGS was accepted.

The Committee were asked to review the draft AGS for 2019/20 and endorse the conclusion contained therein.

The Committee APPROVED the recommendations in the AGS.

13. OPCC Risk Register

The OPCC Risk Register provided an annual overview of risk management and business continuity management policy and processes adopted by the OPCC together with the most recent quarterly progress update report.

The Report showed five risks although two risks had now been closed and one new risk had been added to the report.

Paul Hammond (PH) summarised the five risks set out on page 198 of the report of the key changes the Committee should be aware of.

OPCC 19 'Victim Services' – the demand for services had largely increased due to Covid-19. The MoJ had allocated to the OPCC £814,000 of extraordinary funding to enable the funding of services for victims of sexual violence and domestic abuse during the pandemic up to October 2020.

OPCC 23 'New Demands on the OPCC' – the OPCC had to come up with a system for identifying victims support service providers due to the extra workload arising from the MoJ funding and by 2020 had to report back to the MoJ as to the effect of funding the allocated service providers. In addition, there had been a

significant increase in the volume of work within the Governance team arising from the additional complaints handling responsibilities placed on the PCC, with a lot of appeals having had to be dealt with.

OPCC 24 'Specialist victims' services not in place before April2020' – the Service commissioning process had been successfully concluded and the new services were now in place as of 1 April, as planned, and this risk had now been closed.

OPCC 27 'PCC inadvertently acting 'Ultra Vires" – the Guidance had been produced in April 2020. A copy of the Guidance Note was attached at Appendix A for the Committee's information. This risk had now been closed.

OPCC 28 'Organisational impact of Covid-19' – since the Covid-19 pandemic 'lockdown' started in late March 2020, the OPCC had to introduce alternative ways of working as a result of the necessary restrictions introduced in order to manage the risks and actual/possible incidence of Covid-19 in order to protect staff, service users, service delivery and the general public. This risk fell into two categories, firstly an office business risk and secondly protection of staff and public. The PCC was able to scrutinise the Force's response to Covid-19 maintaining arrangements of internal office performance.

(MD) noted that on page 206 for OPCC 27, it stated that it had been acknowledged that the current PCC did not accept the interpretation of the governance and legal framework and the associated advice about the appropriate conduct of a PCC as set out in the Guidance Note. Neither the PCC nor the Committee accepted the direction put in by the Monitoring Officer and indicated that it should not be adopted and, in the opinion of the Committee, the Guidance for the Role and Remit of a PCC should be withdrawn by the Monitoring Officer as adequate national direction was already in place.

The Committee ascertained that the Guidance Note was already in the public domain and this could have a negative response from the public that the PCC and Chief Executive were not in agreement. (PH) indicated that as Monitoring Officer, he had a duty to provide advice to the Police & Crime Commissioner. (MD) asked whether there was any way this position could be resolved with such a difference of opinion. The PCC commented that he would not stop dealing with fraud across the country and would continue to deal with this major issue. Some of the cases were in the Thames Valley area but there were others across the country on a much wider scale. (PH) highlighted that he had produced the Guidance Note in response to a recommendation from the Police and Crime Panel following their decision in September 2019 to uphold a complaint made against the conduct of the PCC. This recommendation was for the PCC to review internal OPCC procedures in order to ensure that there is clarity and transparency as to when the PCC is acting in his respective roles as the PCC for Thames Valley and the APCC's Deputy Lead Portfolio Holder for Fraud and Cyber Crime. He was of the opinion that the Guidance was robust and accurate, and this opinion was supported from the legal advice obtained from an independent barrister commissioned by the OPCC. The Committee noted that it was unfortunate this situation had occurred and the Committee would have liked to have been consulted in the first instance back in September last year to review a draft of the Guidance Note but was only sent to them after it had been published on the OPCC website. PH corrected this point of fact by clarifying that a draft version had been provided to the Committee Chairman in March to be circulated to members and whilst the final version had been submitted to the Police and Crime Panel in April, it had not been published on the OPCC website until late May.

PH stressed that the Guidance Note was for all PCCs and the reasons for producing this document was to discharge (PH's) duty as a Monitoring Officer of what is and what is not 'appropriate'. (PH) stood by what he had said in that he believed the Guidance Note was correct in going forwards.

(GW) felt regrettable that this advice had been set out in a Guidance Note and should be withdrawn as it was becoming a real distraction. The Guidance Note was written in a way for one case rather than general guidance. It would be better to step away from this and just rely on the national guidance and regulations. In his opinion, the Guidance Note was unnecessary and confusing. The Committee all agreed that the detailed Guidance Note was not required and if this had been sent to the Committee for information, they would not have been in favour of it especially spending money to obtain legal advice. (PH) understood what (GW) had said noting this document was a way to bring the legal framework and various guidance into one document and to provide a clear steer of the role and remit of a PCC on the back of discussions held with the Police & Crime Panel. (PH) also noted that the commissioning of the external legal advice had been a joint decision taken with the PCC. The Committee felt that lessons now had to be learned from this. (PH) understood what the Committee had pointed out and regretted that a difference of opinion had been placed

in the public domain but felt he had to respond on behalf of the OPCC to the recommendation of the Police & Crime Panel. If something had happened at a later date, e.g. legal action taken against the PCC, then questions would then be asked of who had advised or failed to advise the PCC, and it was the role of the Monitoring Officer to protect the PCC. Finally, (PH) set out his rationale for what had been produced, noting that the Committee had a different opinion, but stood by what he had done in producing the Guidance Note. (MD) pointed out that the Committee was independent of the Police & Crime Panel and believed the Committee was an independent body and did not serve the Chief Constable or PCC and was there to give independent assurance.

(LL) then closed this discussion.

The Committee were invited to review and NOTE the report as appropriate.

The Committee APPROVED the recommendation set out in the OPCC Risk Register.

14. Internal Audit Strategy Revised Joint Internal Audit Plan 2020/21

The Report detailed the revised Internal Audit Strategy and Joint Internal Audit Plan 2020/21 including the methodology for collating the plan and the audit areas that were included for 2020/21. The Report had been read by the Committee from March to June noting the audit process was up and running with the Force looking at the business side of this. Follow-up reports would be provided to the Committee in the July meeting.

(RJ) referred to section 3.3 set out on page 266 of the report and queried the reference made to TVP-People indicating 20 days and could this figure be reduced. This was an analysis of the resources available for 2020/21 following the Joint Internal Audit Plan review which was completed in May. The total amount of days available for delivering the service was 395. Following the exclusion of overheads, team administration and corporate work in delivering the service, the total number of days available for assurance activity was 283. This was set out in table 3.3 which (RJ) commented on. (NS) agreed with (RJ's) point. It was suggested by the Committee that if these areas needed to be looked at further, the Committee were more than happy to do this as agreed by the Chief Constable and PCC although the Committee had never had to draw on this facility before.

The Committee were requested to note and endorse the Revised Internal Audit Strategy and Joint Internal Audit Plan 2020/21

The Committee APPROVED the recommendations set out in the Plan.

Any Other Business

The Committee wished to thank those that had worked on providing MS Teams in order for today's meeting to take place and to also thank Charlotte Roberts (CR) for a great effort in pulling the papers together in a timely fashion which arrived with members on time, especially during the pandemic.

Date of next meeting 31 July 2020 at 2.00pm - The Conference Hall, TVP Headquarters South

JOINT INDEPENDENT AUDIT COMMITTEE Matters and Actions Arising from 12 June 2020 Meeting (Part I and II)

Matters Arising from Minutes dated 12 June 2020	Lead	Action	Update / Action complete
Agenda item 5 TVP Wellbeing Annual Report 2019/20	Christine Kirby/Steven Chase	The Committee wished to see the 'real achievements' in focussing on what was actually being achieved in the annual report for 2021 as set out in the table on page 62 which set out the areas to focus on.	CK drafted the plan for the Wellbeing Annual Report and CR forwarded this to the JIAC Panel 21/07/20 and amended version would be sent to JIAC shortly as CK had additions to include for the Panel. Once this has been received CR would forward this on to the Panel
			ACTION COMPLETED
Agenda item 6 Health & Safety Annual Report 2019/20	Philip Paling	The Committee asked (PP) to produce a more comprehensive Report for the next annual meeting although accepted the report as it stood. Due to Covid-19 a shorter report had been provided and this and was no reflection on the hard work Philip had produced but the report fell short of the assurances that the Committee required for the June JIAC meeting.	UPDATE AWAITED
Agenda item 8 Annual Report form the Chief Internal Auditor 2019/20	Neil Shovell	(NS) to update the Committee on the two outstanding actions for People Directorate on IR35 Process Audit and Attendance Management once he had been updated by (CK).	The IR35 report has been finalised and actions agreed for all points raised. None of the actions are due and these will be tracked via the standard follow process. In relation to Attendance Management, of the 19 actions agreed, 17 have been completed and the remaining two are being tracked as part of the follow process. Any actions that are overdue will be included within the July JIAC follow up report.
Agenda item 14 Internal Audit and Revised Joint	Neil Shovell	The follow-up report was currently being worked on and (NS) would provide the report to the Committee at the next JIAC	ACTION COMPLETED The report has been collated and will be presented to the JIAC on the 31 July 2020.
Internal Audit Plan 2020/21		meeting on 10 July 2020.	ACTION COMPLETED

PART II ACTIONS

Agenda item 16 Equip Update	Linda Waters	(LW) to provide an Equip update to the Committee after September. The next JIAC meeting would take place on 9	
		October 2020.	
			TO BE PRESENTED TO JIAC AT THE OCTOBER
			MEETING
Agenda item 16 Equip	Linda Waters	(IT) to email (MD) the email addresses of the two new JIAC	IT emailed MD after the JIAC meeting on 12/6/20
Update		members.	with the two new JIAC members email addresses
			ACTION COMPLETED



JOINT INDEPENDENT AUDIT COMMITTEE



Report for Information

Title: Progress on delivery of agreed actions in Internal Audit reports

Executive Summary:

The report provides details of the progress made by managers in delivering the agreed actions in internal audit reports.

Recommendation:

The Committee is requested to note the report.

Chairman of the Joint Independent Audit Committee

I hereby approve the recommendation above.

Signature

Date

PART 1 – NON-CONFIDENTIAL

1 Introduction and background

- 1.1 The report provides details of the progress made by managers in delivering the agreed actions in internal audit reports.
- 1.2 This report details progress made to date and target implementation dates for any current overdue actions. Of the 22 actions that are currently overdue:
 - 1 action is due for completion by the end of July 2020;
 - 9 actions are due for completion by the end of August 2020;
 - 4 actions are due for completion by the end of September 2020;
 - 3 actions are due for completion by the end of October 2020;
 - 1 action is due for completion by the end of December 2020; and
 - 4 action dates are unknown at this time.

2 Issues for consideration

- 2.1 Appendix 1 sets out an analysis of the position with regard to the number of overdue actions as at 31st May 2020 in relation to audits conducted during the years 2017/18 to 2019/20. It shows that in total there were 22 overdue actions at 31st May, arising from 12 separate audits. The overdue actions are split by priority. Also shown is the number of overdue actions that had previously been reported which has fallen from 17 to 11 since the last report to this Committee in March 2020.
- 2.2 Appendix 2 shows the changes in the number of overdue actions since the previous report to this Committee in March 2020. The total number of outstanding overdue actions reported has fallen from 25 to 22.
- 2.3 Appendix 3 sets out the information provided by managers in respect of those actions that are now overdue. It includes all agreed actions that should have been completed by 31st May 2020. The information is based on responses from managers received up to and including 21st July 2020. If required, a verbal update will be provided to the Committee on any further information received since this report was written.

Priority 1 rated overdue actions

- 2.4 There are 9 priority 1 overdue actions.
- 2.5 Appendix 1 sets out details of which audits these actions relate to and further details of each of the actions can be found in appendix 3 of this report.

Priority 2 rated overdue actions

2.6 Of the priority 2 actions that are overdue none are specifically drawn to the attention of the Committee.

3 Financial comments

3.1 No known financial issues arise from the contents of this report.

4 Legal comments

4.1 No known legal issues arise from the contents of this report.

5 Equality comments

5.1 No known equality issues arise from the contents of this report.

6 Background papers

6.1 None.

Public access to information

Information in this form is subject to the Freedom of Information Act 2000 (FOIA) and other legislation. Part 1 of this form will be made available on the website as soon as practicable after approval. Any facts and advice that should not be automatically available on request should not be included in Part 1 but instead on a separate Part 2 form. Deferment of publication is only applicable where release before that date would compromise the implementation of the decision being approved.

Is the publication of this form to be deferred? No Is there a Part 2 form? No

Name & Role	Officer
Head of Unit	Chief Internal
This report provides the Committee with essential management information on the number and status of current overdue actions from internal audit reports.	Auditor
Legal Advice	PCC Head of
No known legal issues arise from the contents of this report.	Governance and
	Compliance
Financial Advice	PCC Chief
No known financial issues arise from the contents of this report.	Finance Officer
Equalities and Diversity	Chief Internal
No known equality issues arise from the contents of this report.	Auditor

OFFICER'S APPROVAL

We have been consulted about the proposal and confirm that financial and legal advice have been taken into account in the preparation of this report.

We are satisfied that this is an appropriate request to be submitted to the Joint Independent Audit Committee.

PCC Chief Finance Officer (OPCC)	Date:
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Director of Finance (TVP)

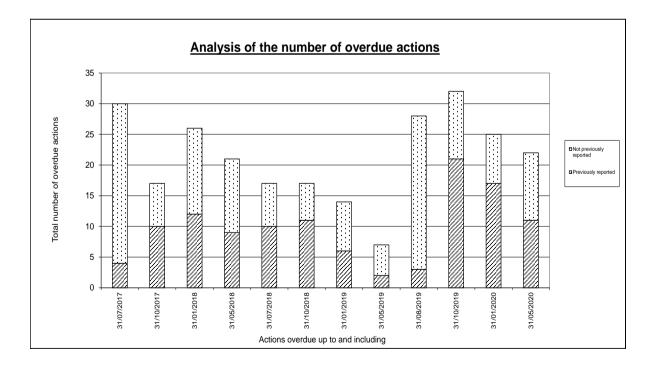
Date: 20/07/20

01/07/20

Audit Subject/Location	Outstanding Overdue	Priority 1	Priority 2	Previously Reported
2017/18				-
Firearms Licensing (Administration & Management)	1	-	1	1
TOTAL	1	0	1	1
2018/19				
Attendance Management	1	-	1	1
County Drug Lines	2	-	2	2
ICT Knowledge Transfer	1	1	-	1
LPA Financial Controls	1	-	1	1
Oversight and Governance of the CTC	1	-	1	1
Victims First Hub	3	2	1	2
TOTAL	9	3	6	8
2019/20				•
Fraud Investigation and Response	1	1	-	-
MASH Processes	5	3	2	-
Resourcing and Resilience	2	1	1	2
SEROCU ICT Services and Functions	2	-	2	-
Vetting	2	1	1	-
TOTAL	12	6	6	2
OVERALL TOTAL	22	9	13	11

ANALYSIS OF OVERDUE ACTIONS AS AT 31st MAY 2020

Appendix 2



Appendix 3

UPDATE ON PROGRESS IN DELIVERING OVERDUE AGREED ACTIONS

Finding and Risk		Agreed action	Original completion date	Priority	Current position	Revised completion date
Attendance Management	Fi	nal report issued on: 22/05/19	•	•	CCMT Lead: Dr Steven Chase	
Total number of agreed actions: 19	Number complete	d: 17 (90%) Nu	mber not yet d	ue: 1 (5%)	Number overdue: 1 (5%)	
Risk Assessments The Adjusted and Recuperative Duties guidance manager to complete an in-depth return to work assessment (RA), for both police officers and poshould be recorded on the local risk assessment for should be recorded on the local risk assessment for on the intranet, however this was due for review in There is nothing on the SRP template, or Corecuperative form, to act as a reminder for risk completed and the risk assessments are not forware among retained with the SRP. Completion of risk assessments was not followed with line managers, as it falls outside of the main however it was commented during the audit that rist	e requires 'the line interview and a risk blice staff This rm Per 72.' recuperative duties July 2018. Intact Management assessments to be arded to the E&WB up during the audit scope of the audit,	The requirement to complete risk assessments as appropriate to the circumstances will be included in the guidance for line managers.	31/10/19	2	Assessment has been examined, reviewed and minor amendments made. The return to work form (RTW) does contain a requirement to consider whether the completion of a risk assessment is required. However, the SSAMI team is in the process of updating the SRP/RTW to include the risk assessment with a workflow to H&S i.e. that the process cannot be closed down until appropriate completion has been made and if 'yes' has been ticked a weekly workflow prompt will be sent – the same as for accidents / incidents at work.	31/07/20
not always completed for non-obvious physical issu Risk: Lack of a clear, recorded risk assessment m consider risks fully and the ability to demonstrate th <u>County Drug Lines</u> Total number of agreed actions: 8	ies. ay lead to failure to is at a later stage.	nal report issued on: 20/02/19	mbor not vot d		CCMT Lead: ACC Tim De Meyer	
	Number complete		mber not yet de	1		Notknown
County Lines Investigation Toolkit The Force has adopted a County Lines Investigat found that the toolkit was launched around Augus been reviewed since then to ensure it is current and	t 2016, but has not d up to date.	Via the Gold Group, the Policing Strategy Unit will be commissioned to review the current County Lines Investigation Toolkit to ensure it is appropriate and up to date.	30/06/19	2	The County Lines Investigation Toolkit does require some updating. This request is logged on the PSU Tasking Document but has yet to be allocated due to competing demands of a higher priority. In the meantime, additional operational guidance for	Not known at this time
During the LPA testing, two LPAs commented that of the toolkit and one commented that they were ur LPA officers actually used it or were aware of it. Risk: The Force lacks an up to date and well p document for LPAs in dealing with county drug lipotential for ineffective Area responses.	bublicised guidance ines, leading to the	Once the County Lines Investigation Toolkit has been reviewed, the FIB County Lines / Drugs Desk will be tasked to promote the use of the toolkit within the LPAs.	30/06/19	2	those investigating children suspected of drug supply offences, including CDL offences went live in May 2019. The aim of the guidance is to help officers undertake a thorough investigation while discharging their safeguarding responsibilities appropriately. This guidance has been promoted through various avenues in the past few months.	
Firearms Licensing (Administration and Manage		nal report issued on: 06/06/18			CCMT Lead: ACC Tim De Meyer	
Total number of agreed actions: 24	Number complete		mber not yet de	ue: 0 (0%)	Number overdue: 1 (4%)	
Scanning of applications At the time of the audit work there were a large am which were awaiting scanning (estimated in excess		We have been unable to address the scanning backlog as both industrial scanners have broken. We have placed an	31/08/19	2	The two industrial scanners are not now being replaced as they are not compatible moving forward and the alternative solution selected (outsourcing the scanning) proved untenable.	Not known at this time

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
individual piles across the office). This made finding applications very time consuming and/or not possible during the audit. It was also difficult to reach and move some of the boxes due to them being double stacked on shelves above head height, and a number of staff had boxes stacked under and around their desks. As the audit fieldwork was completed a large number of the boxes were moved to be stored in other locations, although there were still boxes stacked around the office in various places. The Firearms Licensing Manager (FLM) confirmed that as of 20/11/17 a member of the Team would be scanning files full time to clear the backlog but this would take some weeks due to the quantity of applications to be scanned. Risk: Inability to locate applications leads to difficulty and delays in resolving queries and answering potential challenges from applicants.	order with ICT for 2 more scanners and are currently waiting for them.			The Department, alongside the Governance Team, is now in the very early stages of developing an alternative solution. However, this project has been temporarily put on hold due to the current circumstances. This does not mean that the work will not go ahead but for now there are other force priorities. The Team have moved locations since the audit took place. Arrangements are currently being made to move the boxes to the new location, where there is a big storage room which can house the boxes thus addressing the H&S issues which existed at the time of the audit work.	
Inappropriate storage of boxes leads to health and safety risks. Fraud Investigation and Response Fit	nal report issued on: 31/07/19			CCMT Lead: ACC Tim De Meyer	<u> </u>
Total number of agreed actions: 13 Number completed		mber not yet d	ue: 0 (0%)	Number overdue: 1 (8%)	
 Fraud Referral Responses As part of the audit, a sample of fraud referrals were reviewed to ensure that they had followed the correct process and were being actioned. From the 17 cases reviewed, testing found the following: For one case there was no Stats Classification noted and for another case the Stats Classification was incorrect. For one case the National Fraud Reporting Centre (NFRC) number had not been noted. A review of the Niche tasks found that the Force Crime Registrar Unit have been tasked to amend this. For one case there was no National Fraud Intelligence Bureau (NFIB) number noted. Three cases had a recommendation to complete an "ECU1 – Safeguarding Against Fraud Risk Assessment" form in the OEL, but this had not been done. It is acknowledged that the ECU1 form is a new requirement. For one case, the Fraud Matrix had not been completed. In two Victim Care cases, although assurances were obtained that the necessary action had been taken, the Niche record lacked sufficient detail to document the safeguarding action applied. Risk: Lack of up to date fraud referral Niche records, leading to gaps in reporting or assurance that referrals are being appropriately progressed. 	Discussions will take place with Contact Management and the Force Crime Register function to establish the most appropriate business as usual function and role for monitoring fraud crime recording accuracy and quality. ECU's Fraud Surgeries will continue to be used as a mechanism for ensuring fraud investigation learning and quality is disseminated.	30/04/20		A series of Home Office reviews have been conducted into NFIB and Action Fraud. The results of these are just now being published and include performance and outcomes. City of London Police lead on this and an email was sent to Chief Officers w/c 15/06/2020 explaining the position. There is work to be done to ensure TVP are in a position to be able to provide the data required to support performance indicators. A process will need to be devised and implemented and will require input from ECU, crime registrars and NFIB.	31/08/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
investigated or safeguards put in place.					
ICT Knowledge Transfer	inal report issued on: 25/02/19		•	CCMT Lead: Amanda Cooper	
Total number of agreed actions: 8 Number complete	ed: 7 (88%) Nu	mber not yet d	ue: 0 (0%)	Number overdue: 1 (12%)	
 Knowledge Transfer Learning The focus of the audit was to review ICT's knowledge transfer arrangements, sample testing how this had been covered as part of the ongoing Contact Management Programme (CMP). During the audit, there were further delays to the CMP, which had already suffered from missed "go live" deadlines. The recent issues included the following: Incomplete system documentation. Microsoft Azure stability. Incomplete design assurance, including the reconciliation of builds to design and build documentation. To ensure that the Force and ICT learn from the recent programme issues, a post programme review will be conducted. This will enable actions to be put in place to address any knowledge transfer issues for future programmes. Risk: The Force fails to enhance its knowledge transfer arrangements, leading to a repeat of any issues for any subsequent 	A post programme review will be conducted on the CMP. Following the review, any knowledge transfer issues identified will be acted upon and addressed as part of any future ICT programmes and change framework.	30/09/19	1	The Force are working to fully cutover to the Contact Management Platform (CMP) in Thames Valley Police mid-July 2020. The post project review will be completed by the end of September.	30/09/20
programmes. LPA Financial Controls F	inal report issued on: 01/05/19			CCMT Lead: Linda Waters	
Total number of agreed actions: 26 Number complete		mber not yet di		Number overdue: 1 (4%)	
Storage arrangements for cash – Admin Teams	We will investigate the possibility	31/08/19	ue. 0 (0%)	With regard to the safes which have combinations,	31/08/20
Each LPA Admin Team were asked whether they had an Admin only safe. It was identified that the combinations on safes had not been changed recently in two cases. Risk: Lack of regular updating of safe combinations results in unauthorised staff retaining access to safes.	of changing the combinations on these safes.			where no instructions are held and/or it has not been possible to change the combinations. New safes have been, or imminently will be, ordered but unfortunately this has been delayed by the Covid situation.	000.20
Storage arrangements for cash – Front Counter (found cash)					
Each LPA Admin Team were asked whether income is passed to them by Front Counter immediately and, if not, how the Front Counter Team secure income until such time as it is collected by/passed to the Admin Team. The following issues were identified: c) Where combination safes are in use the combinations are not					
always being changed regularly or at all (related to both SDO safes and drop safes).					
Risk: Inadequate storage arrangements leading to increased risk of					

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
money being misappropriated.					
	nal report issued on: 04/02/20			CCMT Lead: ACC Tim De Meyer	
Total number of agreed actions: 12 Number complete	d: 5 (42%) Nu	mber not yet d	ue: 2 (16%)	Number overdue: 5 (42%)	
Training and Induction Moodle training packages are currently being developed for all MASH teams to reflect the new processes. At the end of the audit, the Researcher package was nearing completion, but the Supervisors package was yet to be collated. It was also commented that a new starter checklist will be collated that will enable MASH Supervisors to sign off on each area of training and development for MASH Researchers, before they operate independently. Risk: Lack of an effective induction and training process, leading to	This action is linked to 1.1 in terms of process maps, guidance and procedures. The relevant MASH Moodle training packages will be completed and rolled out.	01/03/20	2	All Moodle training packages had been placed on hold. However, this will be completed now as a priority. Once completed the training package can be updated when processes and policies change due to the current MASH paper proposals with CCMT.	31/08/20
staff being unaware of the relevant processes and procedures.					
 Strategy Meetings As part of the testing at each MASH, the approach to strategy meetings / discussions was reviewed. The audit observed the following points: Berkshire MASHs are requested to attend every strategy meeting, which, it was reported, places a large resource burden on the MASH. The Oxfordshire MASH adopt a two tier approach whereby they attend each strategy discussion, but only attend strategy meetings if they feel they have something to add to the conversation / process. Within Buckinghamshire, it was reported that the Buckinghamshire MASH are required to attend far more strategy meetings than the Milton Keynes MASH. A further point was raised around the attendance and contribution of OICs at strategy meetings and discussions. Additionally, a sample of referrals for each MASH were tested to ensure that appropriate and timely action was being taken. Testing found the following in relation to referral progress: Berkshire: For one sampled referral, a copy of the strategy meeting date 3 	The current issue is that demand is outstripping capacity. With a view to manage this more effectively, we will review the requirements for each of the nine MASHs in relation to strategy meetings (i.e. those that insist on attendance or those that would be content with discussions). We will also liaise with LPAs and CAIUs to determine their involvement and engagement within the strategy meeting process. Pending this work, if the outcome is to adopt a process of MASH discussions prior to a strategy meeting (to manage demand more effectively), this is the corporate model we will roll out.	01/05/20	1	This now forms part of a much wider review of MASH review in Thames Valley. Due to Ofsted, HMI, Jtai and SCR recommendations a full review of all 13 MASH functions is being conducted to see how we can meet out statutory requirements. This will have recommendations for CCMT and partners. The paper is being discussed with CCMT in June 2020.	31/08/20
September 2019). It was commented that the MASH are waiting for a number of strategy meeting notes from the local authorities. These are escalated with the relevant local authority, but on occasions, this can take time. The mitigating process is that the Niche OEL will always include a summary of the strategy meeting. - Oxfordshire: For one sampled referral, the OEL update lacked detail on the strategy discussion outcome and further steps. During the audit, the MASH staff followed this up with the social worker.	We will also design and implement a Niche template for MASH updates, post strategy meetings.	01/05/20	1	When 5.1 is signed off by CCMT we will then amend documents as required.	31/08/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
Risk: MASH involvement within strategy meetings is ineffective leading to an inefficient use of MASH resources.	3,				
 MASH Governance and Ownership The audit reviewed the general governance and ownership for TVI MASH work. Via a variety of sources, the audit observed the following The Force currently lacks an overall Safeguarding Strategy detailing those measures designed to achieve a long-term or overall aim within safeguarding. MASH governance currently resides within the Protecting Vulnerable People service, although the largest proportion of referrals come from the LPA for LPA owned investigations. LPA SMTs do not currentl oversee the work of the MASHs, although they do attend loca authority adult and children safeguarding work, without the involvement of the MASHs. LPAs' awareness of the MASH functions and operations and how the LPAs support the effective delivery of the MASH referrals and wor could be improved. Contact Management's knowledge of the MASH role and responsibilities could also be improved. 	 consider the following: Adoption of a Force wide Safeguarding Strategy. Engagement and governance with the LPAs. Force wide communications and awareness. 	01/05/20	1	Recommendation 17 from the current MASH paper is for a new MASH governance role – Police manager or DCI. This will coordinate internal changes and liaison with all internal and external partners and safeguarding boards.	31/08/20
awareness, leading to ownership and operational issues. MASH ISAS The Force maintains a current list of area and Force wide Informatio Sharing Agreements (ISAs). In reviewing the documents, there are ISAs for each of the nine MASHs, but all are noted as "currently under review". Risk: Out of date agreements, leading to information being share incorrectly or inappropriately.	e individual ISAs, as opposed to nine separate documents.	01/05/20	2	Three ISAs have been signed by all parties. The remaining six still require some signatures or are with legal teams. All outstanding ISAs are being managed and chased in close liaison with the JIMU.	31/08/20
	Final report issued on: 15/11/18			CCMT Lead: DCC Jason Hogg	
Total number of agreed actions: 11 Number comple TVP Intranet Content	TVP's Transport Knowzone will	mber not yet d 30/04/19	ue: 1 (9%) 2	Number overdue: 1 (9%) The Fleet Services Officer had set out the content for	30/09/20
As part of the audit, the CTC content on TVP's intranet (Knowzone was reviewed. There is a Transport webpage, but the content does no appear to have been reviewed or updated for a number of years. The contact details are out of date and refer to staff who have left the CTC as well as old telephone numbers. The Structure Chart is also date. December 2008. The list of Livelink Transport Policies and Forms als appears to be out of date. This was discussed during the audit and it was commented that there has been an intention to review and update the content for a while, but	be reviewed and updated. Consideration will also be given to collating a generic CTC webpage, including details on services provided and key contacts, for all consortium members.	30/04/19		the proposed TVP Fleet/CTC information page at the end of Feb/Mar 2020 and had made initial contact with Corporate Comms as to how best to progress/make the changes. This work was then delayed due to the pandemic but has resumed w/c 15 th June. The intention is to create the TVP location and then ask the other CTC Forces to replicate it on their web sites with their Force Specific links.	30/09/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
due to time and staff availability, this has not been completed. There has also been the intention to collate a webpage that will service all five consortium members, rather than have to update a number of individual sites, but this is yet to be progressed. With a new member of the CTC team, the intention is to start addressing the lack of up to date CTC intranet guidance for each consortium member. Risk: Each consortium member lacks up to date information on the CTC, leading to staff being unaware of who to contact for any					
transport related requests or queries.	incluse at issued and 00/00/40			CONT Lood: Dr Stover Chase	
Resourcing and Resilience F Total number of agreed actions: 8 Number complete	inal report issued on: 06/09/19	mber not yet d	0 (00/)	CCMT Lead: Dr Steven Chase Number overdue: 2 (25%)	
Recruitment SIR As part of the audit, progress in addressing the actions identified as part of the 2018 Recruitment Service Improvement Review (SIR) was reviewed. Testing found that People Services have applied a governance process to oversee action implementation, which has included oversight and reporting to the Assistant Chief Officer and Director of People as well as updating the SIR Action Plan template. In reviewing the Action Plan, the latest updates were provided during April 2019. Through discussions during the audit, it was noted that not all areas have been resolved, with the main areas still requiring further work being Finance (i.e. blockages to the recruitment process associated with the ECRIS and Financial approval system), Volunteer Recruitment and Smarter Ways of Working. Risk: All of the areas for improvement identified as part of the review are not addressed, leading to the potential for a lack of a robust Force recruitment system.	implemented and signed off by the Director of People. The remaining actions will be implemented, prioritising the blockages to the recruitment process associated with the ECRIS and Financial approval system.	31/12/19	1	This is being looked at again as part of E and E 3 as we need to ensure strict governance re Police Staff vacancies.	31/08/20
 Officer and Staff Retention – Exit Interview Analysis The Force operates an exit interview process which consists of an exit questionnaire and a voluntary exit interview. At the April 2019 Recruitment and Retention Programme Board, analysis of recent exit questionnaires was presented. The outcome of the analysis concluded that work needed to be done to improve the effectiveness of the process, specifically focussing on: Addressing the officer and staff themes raised following an analysis of the completed exit interviews. Increasing exit interview completion rates and visibility of why officers and staff are leaving the organisation. Circulate the Learning and Development interventions to Commanders and Heads of Department. Task the W, H, S&E Board to consider the issue of resilience of supervisors and managers. General officer and staff appreciation and recognition. 	Recruitment and Retention Programme Board implemented. Consideration will also be given to producing regular management information on the exit interview and questionnaire process, aimed at addressing any regular themes or areas for improvement.	31/12/19	2	The end to end exit process is being reviewed and this will incorporate a review of the exit interview, and the process surrounding this, to ensure we are able to capture information to better inform workforce planning. The Business Change Manager has been providing support and guidance to line managers to help them navigate discussions around employees leaving and about what their responsibilities should be in these circumstances. The Business Change Manager has also been working with GS&I regarding the analysis of the exit questionnaire data. There is a retention think tank where this is discussed and scrutinised, as well as at the Workforce Board.	30/09/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
Again, although it is positive to see that the improvements in the eximeeting process are being identified and discussed, the work to improve this area has only recently commenced.					
Risk: The Force fails to learn from the reasons why employees are leaving the organisation, leading to areas that could be mitigated no being addressed.					
	Final report issued on: 20/03/20			CCMT Lead: ACC Peter O'Doherty	
Total number of agreed actions: 6 Number complet		mber not yet d	ue: 4 (67%)	Number overdue: 2 (33%)	
SEROCU ICT Meetings A bi-weekly meeting takes place between the SETSU IT Team and the Joint ICT Team, entitled the SEROCU ICT Board. The scope and meetings of the SEROCU ICT Board were reviewed and testing found that the meeting is not very well attended, but ir general, has the relevant people when required. There was a comment that there is the potential to widen the scope of the meeting to invite Single Points of Contacts (SPOCs) for each unit withir SEROCU. Testing also found that there are no formal meetings with the ICT departments at Surrey or Sussex. Risk: Lack of a joined up approach to ICT work within SEROCU leading to ineffective operations and processes.	SEROCÚ ICT Board from within the Region and Joint ICT. - Identify and attend Regional IT meetings, as appropriate. - Change the scope of meetings for future work. - Change to quarterly meetings.	30/04/20	1	Due to the Covid-19 pandemic, this piece has been delayed a little. We have not made progress with the quarterly meetings as yet, the first was due to be in April, but did not take place. However, we have actually been working closer and in more regular contact with our partners in ICT during this time than we were previously. We have been working together on numerous issues relating to working from home, change in working practices, roll out of new systems, etc. and have had weekly discussions with ICT on updates. I expect this to continue for the foreseeable future, but once things slowly start to return to normal and these discussions drop off, we will look to implement the original plan our quarterly update meetings.	01/10/20
 Performance Reporting The audit tested the performance reporting arrangements for the SETSU IT Team. The review found the following: The team report and share some information about their activities and disruptions. It was noted that December 2019 was the first month where some examples (redacted) were used as part of SEROCU's reporting. SEROCU's gateway function is the current mechanism for reporting demand and service to each Force and other customers. This is being developed and does not currently include all TSU data. The team produce a monthly report on their demand. However, the report does not detail performance against the internally set SLA targets against each ticket requested via the Service Desk Plus system. One further development was noted that the team will need to report their disruptions on the regional Agency and Partner Management Information System (APMIS), as other regional TSU teams do. The audit also tested whether any other management information is produced. It was commented that there was not, and the only team management information relates to that reported above. 	reports from Service DeskPlus. - Produce monthly reports against the new SLAs. - Identify appropriate disruptions for APMIS and performance frameworks.	30/04/20	2	The monthly reports on calls logged, regional stats, etc. are being generated as expected and processed by the SETSU Admin Team. We have also been identifying disruptions each month which are inputted into APMIS as required. We have begun work on configuring the automated monthly statistics to include SLA information, such as SLA breaches, requests completed within SLA, etc. but until work has completed to implement the actual SLAs, these changes have not been made live.	01/09/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
Risk: Lack of a robust performance reporting framework, leading to a lack of awareness on TSU work, pressures or risks. Vetting Fi	nal report issued on: 04/11/19			CCMT Load: DCC Josen Hogg	
0	10: 2 (15%)	CCMT Lead: DCC Jason Hogg			
 Promoting requirements Outside of guidance on the intranet, there are a number of ways in which the requirement for notifying the Vetting Team of changes is 'promoted'. These were reviewed and the following observations were made: Whilst input is included within initial training and/or induction sessions for Police Officers and most types of Police Staff, there does not appear to be any specific input on this area as part of the PCSO induction sessions. When an individual is issued with their DV certificate, they get a covering letter stating that they must notify Vetting of status changes. This is, however, the only level of vetting for which this is included within the confirmation of vetting completion (initial or renewal). The June version of the PSD newsletter included guidance around 'Changes in circumstances'. This is, however, the only recent reminder that has been issued to individuals to remind them of their responsibilities. It was commented that, given all the messaging which has been sent out recently with regard to the Vetting Compliance Project, the Vetting Team have been advised to hold off on other vetting comms at present. Risk: Lack of proactive promotion of requirements to all Officers and 	A communications plan will be drawn up once the VCP comms have been completed. As part of drawing up the plan the avenues already being used to promote requirements, including induction sessions and inclusion in confirmation 'letters', will be reviewed and enhanced as appropriate.	<u>mber not yet di</u> 31/03/20	2	Number overdue: 2 (11%) Due to Covid-19 this has not yet been progressed and we do not want the message to be lost when there is regular overwhelming information currently in circulation. Questions were added to the end of year PDR meetings, with a corresponding intranet page, which we hope has raised more local awareness initially. PSD IOs have been reviewing their course induction inputs and we have shared the staff induction presentation with them. We have worked with a specific sensitive department's dedicated Comms team to put out more regular reminders to their staff/officers of their requirements to update vetting with changes in circs.	31/12/20
Staff leads to lack of awareness amongst employees of the need to proactively notify the Vetting Team of changes in circumstances and subsequently issues not being identified, assessed and appropriately and promptly addressed.					
Current performance There are already known issues in terms of turnaround times. The clear by date, but not the % within SLA, is being reported to both the PSD Tasking Meetings and the Force Security Committee so there is management visibility of the level of issues. The SLAs are set regionally and it is understood that they can therefore be difficult to alter. However, to date no consideration has been given to whether a set of local SLAs, which reflect the level of performance the Team would realistically be able to achieve, should be drawn up. These could then be used to identify any unexpected fall in performance based on achievable rather than aspirational SLAs. This would be a similar approach to the approach adopted to Vetting APP compliance, in that the Team do not comply with all the requirements set out in the Vetting APP but work to the internally	Activity analysis work is due to be carried out by the Service Improvement Team in October. Business Analyst support is then being requested to look at levels of resources needed based on the activity analysis work. Depending on any decisions on staffing levels, consideration will then be given to drawing up local SLAs.	31/03/20	1	Due to other force priorities, Covid-19 and a national requirement, for the Uplift programme, to submit the data in a slightly different format, we have not had the activity analysis report back in its final form. All the 'work' has been done, we're just waiting for the final presentation of findings (unless the national requirement needs additional work carried out). We have been advised that there is no budget or resources available for a Business Analyst to support vetting, so we have to work with the knowledge and resources within the unit already.	31/08/20

Finding and Risk	Agreed action	Original completion date	Priority	Current position	Revised completion date
agreed 'standards' and compliance with procedures would be monitored on that basis. Risk: Inappropriate performance measures leading to inability to identify issues and address them in a timely manner. Victims First Hub Fit Total number of agreed actions: 12 Number completed Victims Service Redesign Project Actions As part of the audit, the content of the Victims Service Redesign End of Project report and process was reviewed. The report included a summary of the project objectives, outstanding project actions and follow-on recommendations. In reviewing these aspects, the audit identified the following areas were yet to be fully completed: - Compliance with victim contact contract requirements and the need for consent is overseen by TVP's Criminal Justice department. However, there is currently no formal or joint governance process to monitor or discuss issues between the Hub and Criminal Justice. - The Public Protection Notice (PPN) module was demonstrated to TVP PVP business leads but was not taken forward as it did not meet business requirements. Elements of the Niche upgrade, particularly the Enhanced OEL, have enabled the Domestic Abuse Risk assessment to become digitised (from paper) and this is now configured for implementation. The Victim Contact module is now also fully configured to be implemented. The Hub are yet to determine which aspects of the recent Niche upgrade will be useful to the Hub and enhance its operations. - The action to "engage with Contact Management Department to identify digital opportunities to refer victims at first contact" is on hold, pending the implementation of the Force's Contact Management Platform (CMP).	nal report issued on: 09/05/19 1: 9 (75%) Nu The Apricot system template needs to be redesigned to reflect the recent Niche upgrade and ensure the Hub is receiving the benefits and necessary information. This piece of work, in terms of cost and timeframe, requires agreement with the Force. Once the Contact Management	completion date		OPCC Lead: Shona Morrison Number overdue: 3 (25%) The Apricot template cannot be re-designed to reflect Niche until the data extract from Niche is redesigned. Re-designing the data extract from Niche requires ICT resources from TVP. The OPCC is in the queue for these (and have been since February 2019). A meeting was held in September 2019 between the OPCC, CJ, ICT, and Service Improvement and obtaining the necessary ICT resources was noted as a priority. However, a timeframe for delivering the piece of work is yet to be confirmed. A further meeting took place with ICT in early February 2020 to confirm the specification for the work but, again, we have been told the work commencing is dependent on the availability of an ICT resource (no timeframe given). ICT business analyst has written and signed off the extract requirements with OPCC and is now actively seeking a resource to implement the changes. This risk is also being managed via the OPCC's Risk Register. CMP is not yet live in Thames Valley Police. It is	completion
 bespoke reports, which are being run on a regular basis by Hub staff. However, the reporting process is ad-hoc and there is not a consistent or regular process for producing management reports. A Victims First Hub Privacy Impact Assessment has been produced and all parties were content with the final draft version. As at the end of the audit, the document was awaiting final sign off. Testing also observed that there was a lack of a formal oversight or governance forum to ensure all outstanding actions and recommendations raised within the Victims Service Redesign End of Project report were addressed. Risk: Project actions or general Hub improvements are not implemented, leading to ineffective operations or local processes. 	Platform has been implemented, the digital options and benefits for the Hub will be evaluated.			currently scheduled to go live in July 2020. Once it is live, contact will be made to explore digital options and benefits.	
Victims First Hub Guidance	The Operational Manual will be reviewed, updated and	31/07/19	1	The Hub Operational Manual: Action overdue - The Hub Operational Manual was	31/10/20

		Original completion date	Priority	Current position	Revised completion date
 and an Apricot System User Manual, which provide guidance and processes for the team. In reviewing the documents, testing observed the following: The Operational Manual is dated 28 December 2018, although the Hub went live in April 2018. In reviewing the document, there were some areas that needed updating and at the January Victims First Hub Review Meeting, an outstanding action was noted in relation to updating the manual. Additionally, aim 3.7 in the 2018/19 OPCC Strategic Delivery Plan relates to the Operational Manual. The latest update at the 22 January 2019 PCC Level 1 meeting noted the action as "Amber - action not on track or at risk that outcome may be less than planned". The Apricot User Manual is dated 2 February 2017. It was commented during the audit that the manual is a standard document produced by Apricot and needed personalising for the Victims First Hub processes. At the January Victims First Hub Review Meeting, there was an outstanding action to review the manual. A Victims First Officer Induction Booklet has been collated to support the list of OPCC staff required updating. The NCALT training section of the Induction Plan does not include the GDPR Managing Information course. 	relation to the Apricot User nual, the necessary staff dance will be covered within Operational Manual, so the evance of the User Manual be reviewed. e relevance of the Victims st Officer Induction Booklet also be reviewed as the Hub ff will follow the OPCC's ndard induction process. e NCALT training section of Induction Plan will be iewed and updated.			 being up-dated by the Hub Manager but due to long term sickness absence this task has been delayed. Regular Hub team meetings, and monthly review meetings, are also undertaken to review and agree any new procedures. Outside of full manual review, significant policies are produced and documented for the team as the need arises e.g. managing suicide threats. Apricot User Manual: Action complete - The Apricot User Manual was not necessary as full training is provided to new staff and Apricot Support is available as part of the license fee (this was unknown prior to agreeing the contract). The Victims First Officer Induction Booklet: Action complete - The Victims First Officer Induction Booklet duplicates much of the information already available via the TVP Staff Handbook. Accordingly, it is now adopted practice that staff refer to the TVP Staff Handbook and the VF Induction Booklet will no longer be used. The Staff Induction Training Plan: Action complete - The Induction training plan has been up-dated to include the GDPR course. 	

The Police and Crime Commissioner for Thames Valley Group Draft Audit Results Report

Year ended 31st March 2020

22 July 2020







The Office of Police and Crime Commissioner and Chief Constable Thames Valley Police Kidlington, OX5 2NX

Dear Anthony and John

We are pleased to attach our draft Audit Results Report for the forthcoming meeting of the Joint Independent Audit Committee (JIAC). This report summarises our preliminary audit conclusion in relation to the audit of the Police and Crime Commissioner for Thames Valley Group (the PCC and CC) for the year ended 31st March 2020. Subject to completing the outstanding matters included in this report we expect to issue an unqualified audit report.

22 July 2020

Further to the Audit Plan Addendum we reported to the May 2020 meeting, our audit has considered the uncertainty that Covid-19 has put on local government funding. As a result, we have sought evidence from the PCC/CC of its assessment on its future financial resilience and the impact this may have on the 2019/20 accounts and disclosures. The PCC/CC has now prepared a going concern assessment and a new disclosure note. In addition, we are carrying out procedures on the material uncertainty reported by the PCC/CC's valuer in respect of the valuation of certain assets held by the PCC/CC. Our work in these two areas is currently in progress but expected to be completed by the end of July. Both areas will impact the auditor's report where we expect to include emphasis of matter paragraphs. The audit report will be subject to EY consultation to ensure that we are giving the right assurance to the PCC/CC and its stakeholders. For clarity, an emphasis of matter is not a modification to the audit report but highlights to the reader of the accounts an important disclosure that will aid their understanding of the accounts.

As at the date of this report we have yet to receive the IAS19 assurances we have requested from the auditor of Buckinghamshire Pension Fund. Until we do so, and carry out our review of those assurances, we are unable to complete the audit.

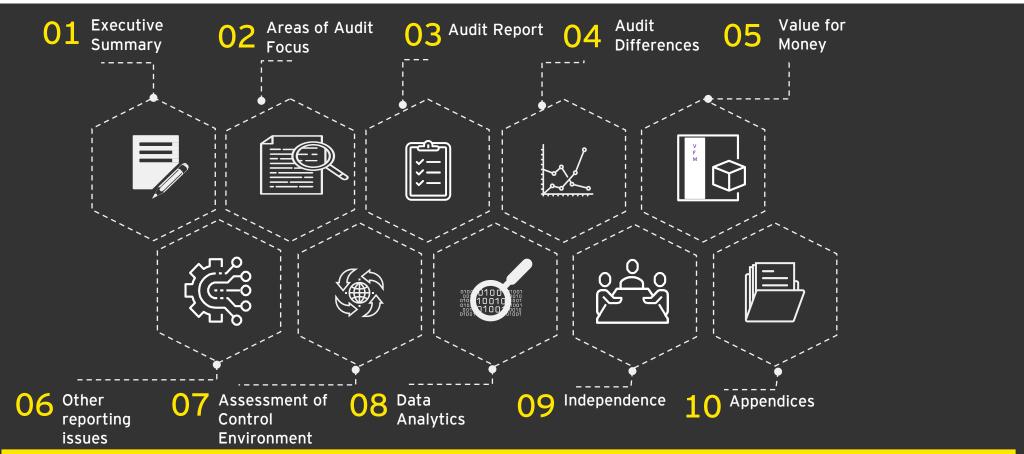
As part of our audit planning we had also identified a value for money significant risk in respect of the tri-force ERP project (Equip). We are yet to conclude our work in this area but based on our preliminary assessment we will have no matters to report on your arrangements to secure economy, efficiency and effectiveness in your use of resources.

This report is intended solely for the use of the JIAC, other members of the PCC and CC, and senior management. It should not be used for any other purpose or given to any other party without obtaining our written consent. We welcome the opportunity to discuss the contents of this report with you at the JIAC Committee meeting on 31 July 2020.



Suresh Patel, Associate Partner, for and on behalf of Ernst & Young LLP

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Public Sector Audit Appointments Ltd (PSAA) have issued a 'Statement of responsibilities of auditors and audited bodies'. It is available from the Chief Executive of each audited body and via the PSAA website (www.psaa.co.uk).

This Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The 'Terms of Appointment (updated April 2018)' issued by PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Audit Results Report is prepared in the context of the Statement of responsibilities. It is addressed to the Members of the audited body, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

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01 Executive Summary



Executive Summary

Scope update

In our Outline Audit Plan tabled at the 18th December JIAC meeting, we provided you with an overview of our audit scope and approach for the audit of the financial statements. We have carried out our audit in accordance with this plan taking into account the matters we reported to the May Committee meeting in an addendum to the plan. The key changes we reported in May are highlighted below.

Changes to reporting timescales as a result of Covid-19

As a result of COVID-19, new regulations, the Accounts and Audit (Coronavirus) (Amendment) Regulations 2020 No. 404, have been published and came into force on 30 April 2020. This announced a change to publication date for final, audited accounts from 31 July to 30 November 2020 for all relevant authorities.

Changes to our risk assessment as a result of Covid-19

- Valuation of Land and buildings- The Royal Institute of Chartered Surveyors (RICS), the body setting the standards for property valuations, has issued guidance to valuers highlighting that the uncertain impact of Covid-19 on markets might cause a valuer to conclude that there is a material uncertainty. Caveats around this material uncertainty have been included in the year-end valuation reports produced by the PCC/CC's external valuer. We consider that the material uncertainties disclosed by the valuer gave rise to an additional risk relating to disclosures on the valuation of Land and buildings.
- Disclosures on going concern Financial plans for 2020/21 and medium term financial plans will need revision for Covid-19. We considered the unpredictability of the current environment gave rise to a new risk that the PCC/CC would not appropriately disclose the key factors relating to going concern, underpinned by managements assessment with particular reference to Covid-19 and the PCC/CC's actual year end financial position and performance.
- Events after the balance sheet date We identified an increased risk that further events after the balance sheet date concerning the current Covid-19 pandemic will need to be disclosed. The amount of detail required in the disclosure needed to reflect the specific circumstances of the PCC/CC.
- Adoption of IFRS16 The adoption of IFRS 16 by CIPFA/LASAAC as the basis for preparation of police body Financial Statements has been deferred until 1 April 2021. The PCC/CC will therefore no longer be required to undertake an impact assessment, and disclosure of the impact of the standard in the financial statements does not now need to be financially guantified in 2019/20. We therefore no longer consider this to be an area of audit focus for 2019/20.

Changes to the scope of our audit as a result of Covid-19

• We revised our risk assessment on key estimates (valuation of Land and buildings) and are using EY specialists to support our work in this area.



Scope update (continued)

Changes in materiality

In our Outline Audit Plan, we communicated that our audit procedures would be performed using a materiality of £14.061 million for the PCC Group; £6.341 million for the PCC Single Entity; £13.852 million for the CC Single Entity; and £1.859 million for the Police Pension Fund, performance materiality at 75 % of overall materiality and thresholds for reporting misstatements at 5% of performance materiality.

We updated our planning materiality assessment using the draft consolidated accounts and have also reconsidered our risk assessment.

Based on our materiality measurement bases, we have updated our overall materiality assessment to £12.478 million for the PCC Group; £12.101 million for the CC Single Entity; and £6.664 million for the PCC Single Entity. In addition the Police Pension Fund materiality has been updated to £1.855 million. Performance materiality, at 75% of overall materiality and thresholds for reporting misstatements at 5% of performance materiality have remained unchanged.

We have considered whether any change to our materiality is required in light of Covid-19. Following this consideration we remain satisfied that the basis for planning materiality, performance materiality and our audit threshold for reporting differences reported to you in our Audit Planning Report remain appropriate.

Information Produced by the Entity (IPE): We identified an increased risk around the completeness, accuracy, and appropriateness of information produced by the entity due to the inability of the audit team to verify original documents or re-run reports on-site from the PCC/CC's systems. We undertook the following to address this risk:

- Used the screen sharing function of Microsoft Teams to evidence re-running of reports used to generate the IPE we audited; and
- Agree IPE to scanned documents or other system screenshots.

Additional EY consultation requirements concerning the impact on auditor reports because of Covid-19:

Following the government's decision to enforce a lockdown, all audit firms implemented a moratorium on the majority of their auditor reports. Whilst the moratorium was lifted in mid-April, because of the ongoing uncertainty Covid-19 presents to the material accuracy of financial statements, the firm (in common with other firms) has introduced a rigorous consultation process for all auditor reports to ensure that we are providing the right assurance to the readers of accounts. Once we have completed procedures on going concern and property valuations we will commence the consultation process.

Audit fees

At the May 2020 meeting, the Committee agreed our proposed increase to the fee for 2019/20. This is still subject to PSAA agreement. We are currently considering the impact of the Covid-19 driven changes to audit risks, audit approach and auditor reporting requirements on the fee and will discuss in detail with the Chief Finance Officers before reporting to the Committee.



Status of the audit

We are making good progress our audit of Thames Valley Police's financial statements for the year ended 31 March 2020 and have performed the procedures outlined in our Audit Planning Report. We include in Appendix D the outstanding matters as at the date of this report. Until all remaining items are completed it is possible that amendments could be required. Below we also note some significant items which may impact on the status of our final audit report:

- Land and buildings valuations: Our internal specialist's work on the valuation of Land and buildings is still ongoing due to the change in audit scope as a result of Covid-19. We anticipate that this work will be complete by end of July.
- IAS 19 assurances: We have yet to receive the IA19 assurances we have requested from the auditor of the Buckinghamshire Pension Fund. The auditor has stated that they will provide the letter by the end of July.
- Going concern disclosure: The PCC/CC has prepared a going concern assessment and drafted a new going concern disclosure note. We are currently
 performing our own procedures to assess the assurances provided. At the date of this report the PCC/CC has received written confirmation from the
 Home Office in relation to its reimbursement of £12m Covid-19 related expenditure. This confirmation has a significant impact on the PCC/CC's
 assessment and disclosure. We expect to complete our procedures shortly.

Impact of Covid-19

Our audit opinion will emphasise the following:

- Land and buildings valuations The PCC/CC's valuer has included a material uncertainty sentence in their valuation report and the PCC/CC has
 included reference to this in the draft accounts. We are currently collaborating with the PCC/CC and our EY Real Estates team to understand the
 extent of the impact of the uncertainty on Land and Building valuations (which are valued using market-based method). Our audit report will include an
 emphasis of matter paragraph in respect of the level of assurance we can obtain on the material accuracy over the valuation of Land and buildings,
 and whether appropriate disclosure has been included in the accounts.
- Going concern We have reviewed the PCC/CC's going concern assessment and new going concern disclosure note and as the PCC/CC has now
 received Home Office confirmation to reimburse the £12 million Covid-19 related additional expenditure we will conclude our review shortly. We will
 then need to complete an EY internal consultation. We will include an emphasis of matter paragraph in our audit report in respect of the impact of
 Covid-19 on the operations and finances of the PCC/CC.

We expect to issue the audit certificate at the same time as the audit opinion.



Executive Summary

Areas of audit focus

Our audit plan identified significant risks and areas of focus for our audit of the PCC/CC's financial statements. We summarise below our latest findings.

Significant risk	Findings & conclusions
Management override: Misstatements due to fraud or error	We have completed our testing and found no indications of management override of controls.
Incorrect capitalisation of revenue expenditure	Our work is complete but subject to final review. We have not identified any evidence of inappropriate capitalisation of revenue expenditure.

Other area of audit focus	Findings & conclusions
Valuation and impairment of Land and buildings	Our work is in progress and we expect to include an emphasis of matter paragraph in the audit report.
Pension liability	We are waiting for the IAS19 assurance letter from the auditor of Buckinghamshire Pension Fund.
Going concern	Our work is in progress and we expect to include an emphasis of matter paragraph in the audit report.

This report sets out our latest observations and conclusions on the above matters, and any others identified, in the "Areas of Audit Focus" section of this report. We ask you to review these and any other matters in this report to ensure:

- There are no other considerations or matters that could have an impact on these issues; and ►
- You agree with the resolution of the issues; and there are no other significant issues to be considered. ►

There are no matters, apart from those reported by management or disclosed in this report, which we believe should be brought to your attention.



Audit differences

At the time of drafting this report, we have not identified any audit differences in the draft financial statements which management has chosen not to adjust.

If we identify any, we will ask for them to be corrected or a rationale given as to why they are not corrected, which is approved by the JIAC Committee and included in the Letter of Representation. We will set out the aggregated impact of unadjusted audit differences and whether we agree with management's assessment that the impact is not material.

To date we have not identified any adjusted or unadjusted audit differences higher than the reporting materiality set. We did identify some minor disclosures errors which have management have agreed to adjust. We provide details in Section 4 Audit Differences.

Control observations

We have adopted a fully substantive approach, and so have not tested the operation of controls. We have, however, updated our understanding of the key processes and the controls which are in place to detect or prevent error. Through this work, we have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements and which is unknown to you.

Value for money

We have considered your arrangements to take informed decisions; deploy resources in a sustainable manner; and work with partners and other third parties. In our Outline Audit Plan we identified a significant risk in respect of the implementation of the ERP system. We have carried out a review of progress with the system since our prior year work across the three organisations involved of the financial and governance arrangements in place to manage the project. We are yet to conclude our findings and the implications on the value for money conclusion. For further details of our Significant Risk on VFM see Section 5.

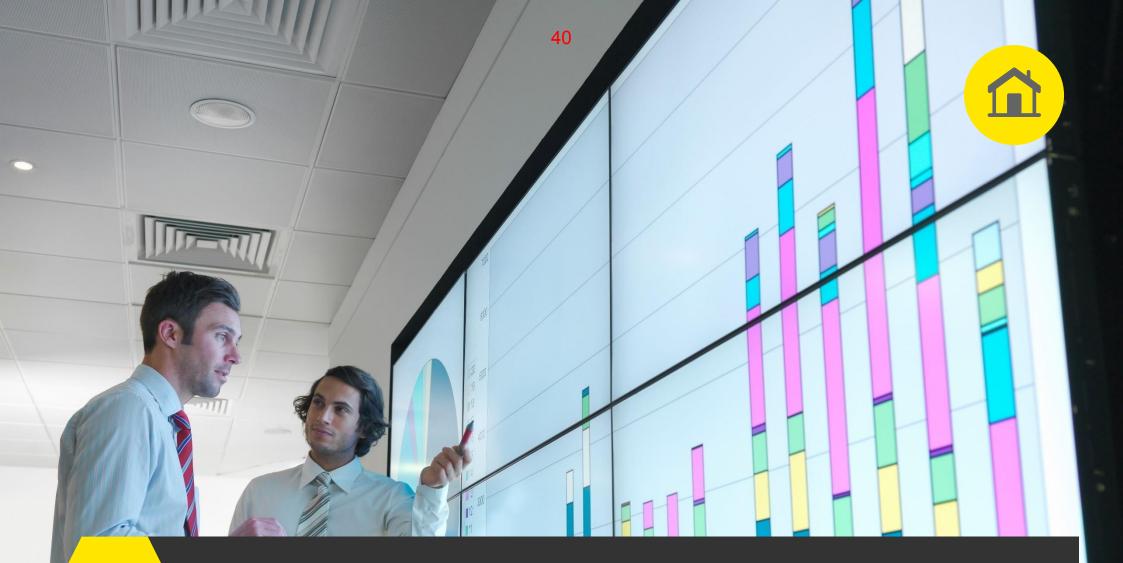
Other reporting issues

We have reviewed the information presented in the Annual Governance Statement for consistency with our knowledge of the PCC and CC. We have no matters to report as a result of this work.

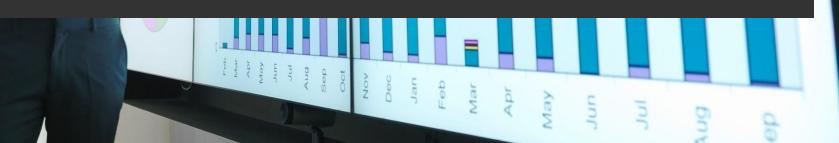
We have not yet performed the procedures required by the National Audit Office (NAO) on the Whole of Government Accounts submission. This will be completed at the end of the audit and we will report our findings in our final Audit Results Report.

Independence

We can confirm that we remain independent of the PCC and CC and include an update in Section 9.



O2 Areas of Audit Focus





Significant risk

Risk of misstatements due to fraud or error -Management override

What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

What did we do and what judgements did we focus on?

We:.

- ► Identified fraud risks during the planning stages.
- Enquired of management about risks of fraud and the controls put in place to address those risks.
- ▶ Understood the oversight given by those charged with governance of management's processes over fraud.
- Considered the effectiveness of management's controls designed to address the risk of fraud.
- ▶ Tested journals at year-end to ensure that there were no unexpected or unusual postings.
- ▶ Reviewed accounting estimates for evidence of management bias.
- ► Looked for and investigated any unusual transactions.

We used our data analytics capabilities to assist with our work, including journal entry testing. We assessed journal entries for evidence of management bias and evaluated for business rationale. We specifically reviewed any elements where judgement could influence the financial position or performance of the PCC/CC in a more positive or more favourable way.

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What are our conclusions?

We have not identified any material weaknesses in controls or evidence of material management override. We have not identified any instances of inappropriate judgements being applied or management bias. We did not identify any other transactions during our audit which appeared unusual or outside the normal course of business.

Areas of Audit Focus

Significant risk

Risk of fraud in revenue and expenditure recognition - specifically in inappropriate capitalisation of revenue expenditure

What is the risk?

As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

Local authorities have a statutory duty to balance their annual budget and are operating in a financially challenged environment with reducing levels of government funding and increasing demand for services. Achievement of budget is critical to minimizing the impact and usage of the PCC/CC's usable reserves and provides a basis for the following year's budget. Any deficit outturn against the budget is therefore not a desirable outcome for the PCC/CC and management, and therefore this desire to achieve budget increases the risk that the financial statements may be materially misstated.

Taking these pressures into account we have concluded that there is a risk of management manipulation of revenue expenditure to re-classify it as capital to improve the financial position over the medium term.

What judgements are we focused on?

We focus on whether expenditure is properly capitalised in its initial recognition, or whether subsequent expenditure on an asset enhances the asset or extends its useful life.

What did we do?

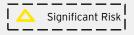
We have:

► Tested PPE additions to ensure that the expenditure incurred and capitalised is clearly capital in nature; and

► Sought to identify and understand the basis for any significant journals transferring expenditure from revenue to capital codes on the general ledger at the end of the year.

What are our conclusions?

Our testing of capital additions is complete and subject to final review but to date has not identified any instances where expenditure had been inappropriately capitalised. We will provide an update to the Committee.





🔀 Audit risks

Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the area of focus?	What did we do?	What are our conclusions?
Valuation of Land and Buildings The fair value of Land and buildings represent significant balances in the Group accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.	 We: Considered the work performed by the PCC/CC's valuer, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work; Sample tested key asset information used by the valuer in performing their valuation (e.g. floor plans to support valuations based on price per square metre); Considered the annual cycle of valuations to ensure that assets have been valued within a 5 year rolling programme as required by the Code. We have also considered if there are any specific changes to assets that have occurred and that these have been communicated to the valuer; Reviewed assets not subject to valuation in 2019/20 to confirm that the remaining asset base is not materially misstated; Considered changes to useful economic lives as a result of the most recent valuation; and Confirmed accounting entries have been correctly processed in the financial statements 	We updated our risk assessment in light of the impact of Covid-19 and the fact that the external valuer had highlighted a 'material uncertainty' in their valuation report. As a result we instructed our internal valuers (EY Real Estates) to support us with our work in this area. They will be reviewing a range of assets across the portfolio including police headquarters, training centres, and police houses. This work is still ongoing.



Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

We:

What is the area of focus?

Pension liability valuation & actuarial assumptions

The police body Accounting Code of Practice and IAS19 require the CC to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Buckinghamshire County Council. The PCC must also do similar in respect of the Police Pension Fund.

The PCC and CC's pension fund deficit is a material estimated balance and the Code requires that this liability be disclosed on the respective balance sheets of the PCC and CC. At 31 March 2020 this totalled

£2.4 million and £4,47 million respectively. The information disclosed is based on the IAS 19 report issued to the PCC and CC by the actuary to the County Council and also the Police Pension Fund. Accounting for these schemes involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.

What will we do?

- Liaised with the auditors of Buckinghamshire County Council Pension Fund, to obtain assurances over the information supplied to the actuary in relation to Thames Valley Police. As at the date of this report we are still awaiting responses to our audit enquiries;
- Assessed the work of the LGPS Pension Fund actuary (Barnett Waddingham) and the Police Pension actuary (GAD) including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by Public Sector Auditor Appointments for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; and
- Reviewed and tested the accounting entries and disclosures made within the PCC and CC's financial statements in relation to IAS19.

We are satisfied that the PCC/CC has correctly reflected the IAS 19 entries provided by the actuaries in the financial statements We are also satisfied that the actuaries are appropriately gualified.

What are our conclusions?

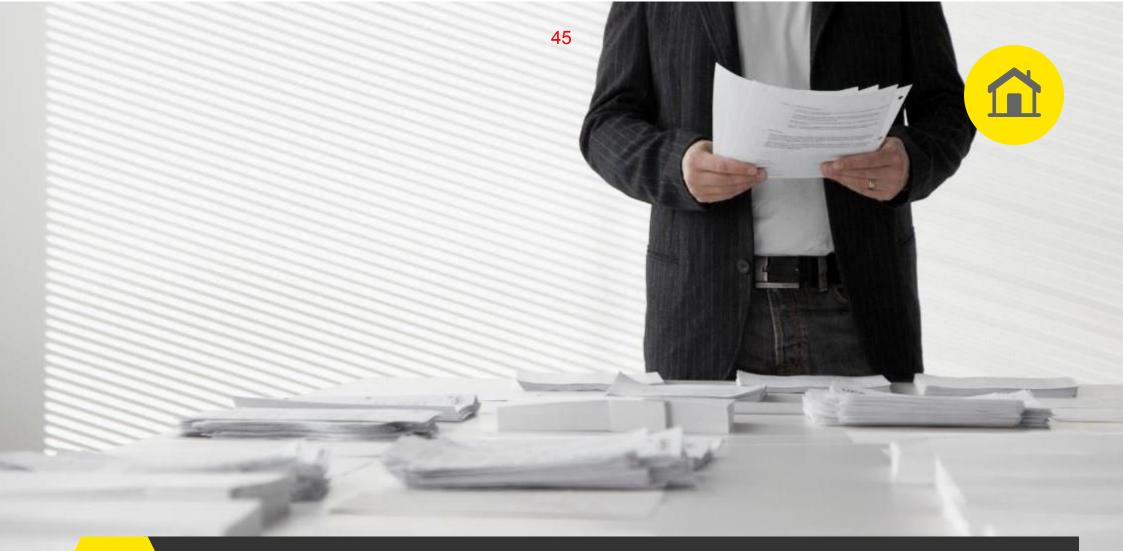
We have not received the IAS 19 assurance letter from the auditor's of Buckinghamshire Pension Fund. This work is still ongoing.

Going concern

Covid-19 has created significant uncertainty over the PCC/CC's future financial position necessitating a going concern disclosure note in the 2019/20 accounts.

We have scrutinising the PCC/CC's assessment, cashflow, liquidity forecasts, known outcomes, sensitivities, mitigating actions and key assumptions. We have also collaborated with management on its new disclosure in the 2019/20 statements on going concern.

Our work is in progress.



O3 Audit Report

Audit Report

Our draft opinion on the financial statements

INDEPENDENT AUDITOR'S REPORT TO THE POLICE AND CRIME COMMISSIONER FOR THAMES VALLEY [SUBJECT TO CHANGE]

Opinion

We have audited the financial statements of Police and Crime Commissioner for Thames Valley Police for the year ended 31 March 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the:

- Police and Crime Commissioner for Thames Valley and Group Movement in Reserves Statement;
- Police and Crime Commissioner for Thames Valley and Group Comprehensive Income and Expenditure Statement;
- Police and Crime Commissioner for Thames Valley and Group Balance Sheet;
- Police and Crime Commissioner for Thames Valley and Group Cash Flow Statement;
- Police and Crime Commissioner for Thames Valley Pension Fund Account Statements; and
- Related notes 1 to 49 and the Expenditure & Funding Analysis 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 2019/20.

In our opinion the financial statements:

- give a true and fair view of the financial position of Police and Crime Commissioner for Thames Valley as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2019/20.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the PCC/CC 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 the Comptroller and Auditor General's (C&AG) AGN01, 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.

Emphasis of matter - Effects of COVID-19 and Property Plant and Equipment valuation

We draw attention to General Accounting Policies, Note a. General principles (Going concern) of the financial statements, which describes the economic consequences the Police and Crime Commissioner is facing as a result of the COVID-19 pandemic which is impacting its financial position and performance during 2020/21 and beyond.

We also draw attention to Note 3 Assumptions made about the future and other major sources of estimation uncertainty and Note 14 Property, plant and equipment of the financial statements, which describe the valuation uncertainty the Police and Crime Commissioner is facing as a result of COVID-19 in relation to property valuations.

Our opinion is not modified in respect of these matters.

Audit Report

Our draft opinion on the financial statements

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Chief Finance Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the PCC/CC's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the Statement of Accounts 2019/20, 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 this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, 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 or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Local Audit and Accountability Act 2014

Arrangements to secure economy, efficiency and effectiveness in the use of resources

In our opinion, based on the work undertaken in the course of the audit, having regard to the guidance issued by the Comptroller and Auditor General (C&AG) in April 2020, we are satisfied that, in all significant respects, the Police and Crime Commissioner for Thames Valley put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Matters on which we report by exception

We report to you if:

- in our opinion the annual governance statement is misleading or inconsistent with other information forthcoming from the audit or our knowledge of the PCC/CC;
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014;
- we make written recommendations to the audited body under Section 24 of the Local Audit and Accountability Act 2014;
- 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;
- we issue an advisory notice under Section 29 of the Local Audit and Accountability Act 2014; or
- we make an application for judicial review under Section 31 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Audit Report

Our draft opinion on the financial statements

Responsibility of the Chief Finance Officer

As explained more fully in the Statement of Responsibilities set out on page ix, 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 2019/20, and for being satisfied that they give a true and fair view.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Police and Crime Commissioner'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 the Police and Crime Commissioner either intends to cease operations, or have no realistic alternative but to do so.

The Police and Crime Commissioner is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

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.

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

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General (C&AG) in April 2020, as to whether the PCC had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the PCC put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

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Audit Report

Our draft opinion on the financial statements

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, Police and Crime Commissioner for Thames Valley had put in place proper arrangements to secure 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 satisfy ourselves that the Police and Crime Commissioner has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office requires us to report to you our conclusion relating to proper arrangements.

We report if significant matters have come to our attention which prevent us from concluding that the Police and Crime Commissioner has put in place 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 and Crime Commissioner's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of the Police and Crime Commissioner for Thames Valley in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice issued by the National Audit Office. **Use of our report**

This report is made solely to Police and Crime Commissioner for Thames Valley, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose, as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Police and Crime Commissioner for Thames Valley, for our audit work, for this report, or for the opinions we have formed.

Suresh Patel (Key Audit Partner) Ernst & Young LLP (Local Auditor) London XX XXXXXX 2020



04 Audit Differences

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Hong Kong





Audit Differences

In the normal course of any audit, we identify misstatements between amounts we believe should be recorded in the financial statements and the disclosures and amounts actually recorded. These differences are classified as "known" or "judgemental". Known differences represent items that can be accurately guantified and relate to a definite set of facts or circumstances. Judgemental differences generally involve estimation and relate to facts or circumstances that are uncertain or open to interpretation.

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Summary of adjusted differences

At the time of writing, we have not identified any adjusted audit differences in the draft financial statements that exceed the reporting materiality that we set in our Outline Audit Plan.

Some minor adjustments have been identified and actioned in disclosures relating to Officers Renumeration, Pensions, Financial Instruments and Related Parties.

At the time of writing, we have not yet identified any unadjusted audit differences in the draft financial statements which management has chosen not to adjust.

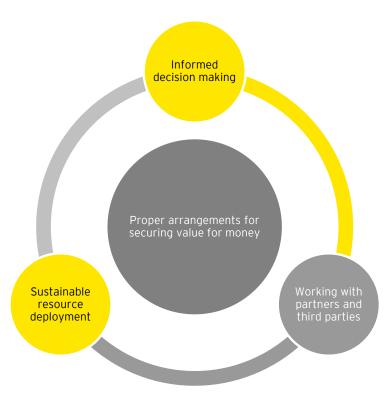


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05 Value for Money



Value for Money



Background

We are required to consider whether the PCC/CC has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

For 2019/20 this is based on the overall evaluation criterion:

"In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people"

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we will draw on the requirements of the CIPFA/SOLACE framework for local government to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

Impact of covid-19 on our Value for Money assessment

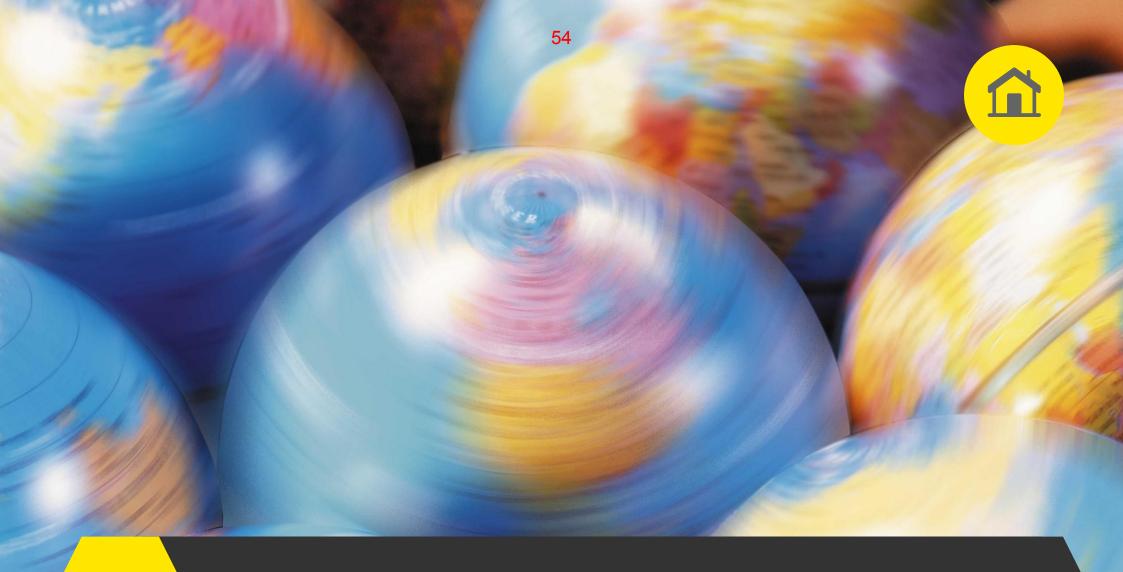
On 16 April 2020 the National Audit Office published an update to auditor guidance in relation to the 2019/20 Value for Money assessment in the light of covid-19.

This clarified that in undertaking the 2019/20 Value for Money assessment auditors should consider Local Authorities' response to Covid-19 only as far as it relates to the 2019-20 financial year; only where clear evidence comes to the auditor's attention of a significant failure in arrangements as a result of Covid-19 during the financial year, would it be appropriate to recognise a significant risk in relation to the 2019-20 VFM arrangements conclusion.

Overall conclusion

We identified one significant VFM risk in relation to the tri-force ERP system, which is linked to all three criteria above. Whilst Covid-19 is impacting on the timetable and cost of the programme, it has not changed the significant risk we identified.

We are yet to conclude on VFM, but based on work to date, we have no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources.



06 Other reporting issues



Cher reporting issues

Consistency of other information published with the financial statements, including the Annual Governance Statement

We must give an opinion on the consistency of the financial and non-financial information in the PCC and CC Statement of Accounts 2019/20 with the audited financial statements. We must also review the Annual Governance Statement for completeness of disclosures, consistency with other information from our work, and whether it complies with relevant guidance.

- We have concluded that, subject to reviewing the final versions of the accounts, the financial information in the PCC and CC Statement of Accounts 2019/20 and published with the financial statements is consistent with the audited financial statements.
- We have not yet reviewed the Annual Governance Statement. We need to confirm it is consistent with other information from our audit of the financial statements. We will provide an update on our review at the Audit & Governance Committee meeting on 30 July.

Whole of Government Accounts

Alongside our work on the financial statements, we also review and report to the National Audit Office on your Whole of Government Accounts return. The extent of our review, and the nature of our report, is specified by the National Audit Office.

We are currently concluding our work in this area and will report any matters arising to the Audit & Governance Committee. As the PCC/CC is under the threshold for full WGA procedures we do not anticipate any significant findings.

Other powers and duties

We have a duty under the Local Audit and Accountability Act 2014 to consider whether to report on any matter that comes to our attention in the course of the audit, either for the PCC/CC to consider it or to bring it to the attention of the public (i.e. "a report in the public interest"). We did not identify any issues which required us to issue a report in the public interest. We also have a duty to make written recommendations to the PCC/CC, copied to the Secretary of State, and take action in accordance with our responsibilities. We have taken no such action.

Other matters

As required by ISA (UK&I) 260 and other ISAs specifying communication requirements, we must tell you significant findings from the audit and other matters if they are significant to your oversight of the PCC's and CC's financial reporting process. They include the following:

- Significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures;
- Any significant difficulties encountered during the audit; Any significant matters arising from the audit that were discussed with management;
- Written representations we have requested; Expected modifications to the audit report;
- Any other matters significant to overseeing the financial reporting process; Related parties; External confirmations; Going concern;
- Consideration of laws and regulations; and Group audits.

We have nothing to comment in respect of these.



07 Assessment of Control Environment



Service Assessment of Control Environment

Financial controls

It is the responsibility of the PCC and CC to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the PCC and CC have put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

We considered whether circumstances arising from COVID-19 resulted in a change to the overall control environment of effectiveness of internal controls, for example due to significant staff absence or limitations as a result of working remotely. We identified no issues which we wish to bring to vour attention/details of issues noted.

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Use of Data Analytics in the Audit

[Data analytics - revenue recognition and management override

Analytics Driven Audit	Data analytics	
	We used our data analysers to enable us to capture entire populations of your financial data. These analysers:	
	 Help identify specific exceptions and anomalies which can then be the focus of our substantive audit tests; and 	
	 Give greater likelihood of identifying errors than traditional, random sampling techniques. 	
	In 2019/20, our use of these analysers in the PCC and CC audit included testing journal entries to identify and focus our testing on those entries we deem to have the highest inherent risk to the audit.	
	We capture the data through our formal data requests and the data transfer takes place on a secured EY website. These are in line with our EY data protection policies which are designed to	

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Journal Entry Analysis

We obtain downloads of all financial ledger transactions posted in the year. We perform completeness analysis over the data, reconciling the sum of transactions to the movement in the trial balances and financial statements to ensure we have captured all data. Our analysers then review and sort transactions, allowing us to more effectively identify and test journals that we consider to be higher risk, as identified in our audit planning report.

protect the confidentiality, integrity and availability of business and personal information.



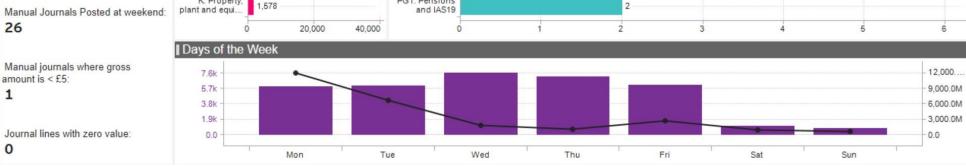


Journal Entry Data Insights

The graphic outlined below summarises the PCC/CC's journal population for 2019/20. We review journals by certain risk based criteria to focus on higher risk transactions, such as journals posted manually by management, those posted around the year-end, those with unusual debit and credit relationships, and those posted by individuals we would not expect to be entering transactions.

The purpose of this approach is to provide a more effective, risk focused approach to auditing journal entries, minimising the burden of compliance on management by minimising randomly selected samples.

Helix - GLASS: Journal Entry Data Insights - 20 Thames Valley Police Authority - P1 to P12 - 31/03/20 ΒY Manual v System by Value Facts and Figures Manual v System by Volume Manual (2.5%) System (4.8%) Number of Journals Posted: 34,708 System (97.5%) Manual (95.2%) Average Number of Journals Posted per Day: Top Five Activity Accounts **Bottom Five Activity Accounts** 53 VG1. Operating P. Provisions, 34,342 Expenditure other liabilities. Average Number of Lines per Journal: ZCO. Other F. Inventories 3 18 VD. LC. Intangible 5,032 Administrative... Assets, intern.. J. Non current **Operational Efficiences** VB. Payroll 4,736 2 receivables, n.. K. Property, PG1. Pensions





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Journal Entry Testing

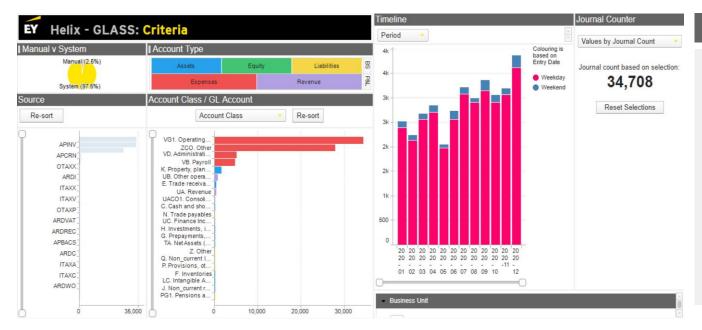
What is the risk?

In line with ISA 240 we are required to test the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements.

Journal entry data criteria - PCC/CC's - 31 March 2020

What judgements are we focused on?

Using our analysers we are able to take a risk based approach to identify journals with a higher risk of management override, as outlined in our audit planning report.



What did we do?

We obtained general ledger journal data for the period and have used our analysers to identify characteristics typically associated with inappropriate journal entries or adjustments, and journals entries that are subject to a higher risk of management override.

We then performed tests on the journals identified to determine if they were appropriate and reasonable.

What are our conclusions?

We isolated a sub set of journals for further investigation and obtained supporting evidence to verify the posting of these transactions and concluded that they were appropriately stated.



😤 Independence

Confirmation

We confirm that there are no changes in our assessment of independence since our confirmation in our Audit Plan dated 28th December 2019. We complied with the FRC Ethical Standards and the requirements of the PSAA's Terms of Appointment. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning of regulatory and professional requirements.

We consider that our independence in this context is a matter which you should review, as well as us. It is important that the JIAC consider the facts known to you and come to a view. If you would like to discuss any matters concerning our independence, we will be pleased to do this at the meeting of the Audit JIAC on the 31 July 2020.

The FRC Ethical Standard also requires that we provide details of all relationships between Ernst & Young (EY) and the PCC/CC, and its directors and senior management and its affiliates, including all services provided by us and our network to the PCC/CC, its directors and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2019 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.



Fee analysis

We set out below a summary of the fees paid for the year ended 31st March 2020. We confirm that we have not undertaken non-audit work outside the NAO Code. At the June JIAC meeting, the PCC/CC agreed the proposed additional fee of £32.9k. This additional fee did not include any further additional procedures required due to the impact of Covid-19. We will be discussing with the Chief Financial Officer and Director of Finance any additional audit fee in relation to Covid-19 on completion of the audit.

Description	Final Fee 2019/20 £	Planned Fee 2019/20 £	Final Fee 2018/19 £
Total Audit Fee - Code work	твс	45,652	45,652
Additional Fee	ТВС	32,905	12,651
Non-audit work	0	0	0
Total	ТВС	78,557	58,303

😤 Independence

New UK Independence Standards

The Financial Reporting Council (FRC) published the Revised Ethical Standard 2019 in December and it will apply to accounting periods starting on or after 15 March 2020. A key change in the new Ethical Standard will be a general prohibition on the provision of non-audit services by the auditor (and its network) which will apply to UK Public Interest Entities (PIEs). A narrow list of permitted services will continue to be allowed.

Summary of key changes

- Extraterritorial application of the FRC Ethical Standard to UK PIE and its worldwide affiliates
- A general prohibition on the provision of non-audit services by the auditor (or its network) to a UK PIE, its UK parent and worldwide subsidiaries
- A narrow list of permitted services where closely related to the audit and/or required by law or regulation
- Absolute prohibition on the following relationships applicable to UK PIE and its affiliates including material significant investees/investors:
 - Tax advocacy services
 - Remuneration advisory services
 - Internal audit services
 - Secondment/loan staff arrangements
- An absolute prohibition on contingent fees.
- Requirement to meet the higher standard for business relationships i.e. business relationships between the audit firm and the audit client will only be permitted if it is inconsequential.
- Permitted services required by law or regulation will not be subject to the 70% fee cap.
- Grandfathering will apply for otherwise prohibited non-audit services that are open at 15 March 2020 such that the engagement may continue until completed in accordance with the original engagement terms.
- A requirement for the auditor to notify the Audit & Governance Committee where the audit fee might compromise perceived independence and the appropriate safeguards.
- A requirement to report to the Audit & Governance Committee details of any breaches of the Ethical Standard and any actions taken by the firm to address any threats to independence. A requirement for non-network component firm whose work is used in the group audit engagement to comply with the same independence standard as the group auditor. Our current understanding is that the requirement to follow UK independence rules is limited to the component firm issuing the audit report and not to its network. This is subject to clarification with the FRC.

Next Steps

We will continue to monitor and assess all ongoing and proposed non-audit services and relationships to ensure they are permitted under FRC Revised Ethical Standard 2016 which will continue to apply until 1 April 2020.

To date we have mot identified any non-audit services being provided to Thames Valley Police Group which would be prohibited under the new standard.



Other communications

EY Transparency Report 2019

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

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Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2019:

https://assets.ey.com/content/dam/ey-sites/ey-com/en_uk/about-us/transparency-report-2019/ey-uk-2019-transparency-report.pdf



Appendices

Appendix A

Audit approach update

We summarise below our approach to the audit of the balance sheet/s and any changes to this approach from the prior year audit.

Our audit procedures are designed to be responsive to our assessed risk of material misstatement at the relevant assertion level. Assertions relevant to the balance sheet include:

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- Existence: An asset, liability and equity interest exists at a given date
- Rights and Obligations: An asset, liability and equity interest pertains to the entity at a given date
- Completeness: There are no unrecorded assets, liabilities, and equity interests, transactions or events, or undisclosed items
- Valuation: An asset, liability and equity interest is recorded at an appropriate amount and any resulting valuation or allocation adjustments are appropriately recorded
- Presentation and Disclosure: Assets, liabilities and equity interests are appropriately aggregated or disaggregated, and classified, described and disclosed in accordance with the applicable financial reporting framework. Disclosures are relevant and understandable in the context of the applicable financial reporting framework

Appendix A

Balance sheet category	Audit Approach in current year	Audit Approach in prior year	Explanation for change
Trade receivables	We substantively tested all relevant assertions with no controls testing performed in accordance with auditing standards	We substantively tested all relevant assertions with no controls testing performed in accordance with auditing standards	No change
Trade payables	We substantively tested all relevant assertions with no controls testing performed in accordance with auditing standards	We substantively tested all relevant assertions with no controls testing performed in accordance with auditing standards	No change
Tangible fixed assets	Substantively tested all relevant assertions, involved EY Real Estate Specialist for year end valuation	Substantively tested all relevant assertions	Additional procedure e.g. involvement of EYRE due to Covid-19
Cash	Substantively tested all relevant assertions	Substantively tested all relevant assertions	No change

🖹 Appendix B

Summary of communications

Date 👬	Nature 🎎	Summary
November 2019	Planning enquiries	Planning enquiries made of management
18th December 2019	Report	The Audit Planning Report, including confirmation of independence, was issued to the JIAC meeting
31 st March 2020	Report	Audit progress report and update to the Audit Plan
31 st March 2020	Management and TCWG letters issued	The PCC, CC and senior officers were all sent formal letters of enquiry in respect of key matters such as fraud, laws and regulations, Going Concern and litigation and claims
31 st May 2020	Letters	Formal responses received from the PCC, CC and senior officers in respect of year end letters issued as at 31 st March 2020
24 th July 2020	Report	The Audit Results Report, including confirmation of independence, was issued to the JIAC.
31 st July 2020	Meeting	The partner in charge of the engagement, accompanied by the manager of the audit team, met with the JIAC, the PCC and CC and senior members of the management team to discuss the Audit Results Report.

In addition to the above specific meetings and letters the audit team met with the management team multiple times throughout the audit to discuss audit findings.

Appendix C

Required communications with the PCC and CC

There are certain communications that we must provide to the PCC and CC. We have detailed these here together with a reference of when and where they were covered:

		Our Reporting to you
Required communications	What is reported?	📅 💎 When and where
Terms of engagement	Confirmation by the PCC and CC of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	Audit planning report presented at the JIAC meeting on 18th December 2019; Plan update provided for March 2020 JIAC.
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	Audit planning report presented at the JIAC meeting on 18th December 2019; Plan update provided for March 2020 JIAC.
Significant findings from the audit	 Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures Significant difficulties, if any, encountered during the audit Significant matters, if any, arising from the audit that were discussed with management Written representations that we are seeking Expected modifications to the audit report Other matters if any, significant to the oversight of the financial reporting process 	Work still ongoing, to be reported once complete

Appendix C

		Our Reporting to you
Required communications	What is reported?	🗰 💎 When and where
Public Interest Entities	 For the audits of financial statements of public interest entities our written communications to the audit committee include: A declaration of independence The identity of each key audit partner The use of non-member firms or external specialists and confirmation of their independence The nature and frequency of communications A description of the scope and timing of the audit Which categories of the balance sheet have been tested substantively or controls based and explanations for significant changes to the prior year, including first year audits Materiality Any going concern issues identified Any significant deficiencies in internal control identified and whether they have been resolved by management Subject to compliance with regulations, any actual or suspected non-compliance with laws and regulations identified relevant to the audit committee Subject to compliance with regulations, any suspicions that irregularities, including fraud with regard to the financial statements, may occur or have occurred, and the implications thereof The valuation methods used and any changes to these including first year audits The scope of consolidation and exclusion criteria if any and whether in accordance with the reporting framework The identification of any non-EY component teams used in the group audit Any significant difficulties encountered in the course of the audit Any significant matters discussed with management Any significant matters discussed with management 	Audit planning report presented at the JIAC meeting on 18th December 2019; and Audit results report presented at the JIAC meeting on 31 st July 2020



Appendix C

		Our Reporting to you
Required communications	What is reported?	📅 💎 When and where
Going concern	 Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: Whether the events or conditions constitute a material uncertainty Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements The adequacy of related disclosures in the financial statements 	Work still ongoing, to be reported once complete
Misstatements	 Uncorrected misstatements and their effect on our audit opinion The effect of uncorrected misstatements related to prior periods A request that any uncorrected misstatement be corrected Material misstatements corrected by management 	Work still ongoing, to be reported once complete
Subsequent events	 Enquiry of the audit committee where appropriate regarding whether any subsequent events have occurred that might affect the financial statements. 	Work still ongoing, to be reported once complete
Fraud	 Enquiries of the PCC, CC, the Monitoring Officer and senior officers to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the PCC and CC Any fraud that we have identified or information we have obtained that indicates that a fraud may exist Unless all of those charged with governance are involved in managing the PCC and CC, any identified or suspected fraud involving: a. Management; b. Employees who have significant roles in internal control; or c. Others where the fraud results in a material misstatement in the financial statements. The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected Any other matters related to fraud, relevant to PCC, CC & Management responsibility. 	Audit results report presented at the JIAC meeting on 31 st July 2020



Appendix C

		Our Reporting to you
Required communications	What is reported?	🟥 💎 When and where
Related parties	 Significant matters arising during the audit in connection with the PCC's and CC's related parties including, when applicable: Non-disclosure by management Inappropriate authorisation and approval of transactions Disagreement over disclosures Non-compliance with laws and regulations Difficulty in identifying the party that ultimately controls the PCC or CC 	Audit results report presented at the JIAC meeting on 31 st July 2020
Independence	 Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence. Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: The principal threats Safeguards adopted and their effectiveness An overall assessment of threats and safeguards Information about the general policies and process within the firm to maintain objectivity and independence Communications whenever significant judgments are made about threats to objectivity and independence and the appropriateness of safeguards put in place. 	Audit planning report presented at the JIAC meeting on 18 th December 2019; and Audit results report presented at the JIAC meeting on 31 st July 2020

🕒 Appendix C

		Our Reporting to you
Required communications	What is reported?	📅 💎 When and where
External confirmations	 Management's refusal for us to request confirmations Inability to obtain relevant and reliable audit evidence from other procedures. 	Audit results report presented at the JIAC meeting on 31 st July 2020
Consideration of laws and regulations	 Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur Enquiry of the PCC, CC and audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of 	We have asked management and those charged with governance. We have not identified any material instances or non- compliance with laws and regulations.
Significant deficiencies in internal controls identified during the audit	 Significant deficiencies in internal controls identified during the audit. 	Audit results report presented at the JIAC meeting on 31 st July 2020

🖹 Appendix C

		Our Reporting to you
Required communications	What is reported?	📅 💡 When and where
Group Audits	 An overview of the type of work to be performed on the financial information of the components An overview of the nature of the group audit team's planned involvement in the work to be performed by the component auditors on the financial information of significant components Instances where the group audit team's evaluation of the work of a component auditor gave rise to a concern about the quality of that auditor's work Any limitations on the group audit, for example, where the group engagement team's access to information may have been restricted Fraud or suspected fraud involving group management, component management, employees who have significant roles in group-wide controls or others where the fraud resulted in a material misstatement of the group financial statements. 	Audit planning report presented at the JIAC meeting on 18th December 2019; and Audit results report presented at the JIAC meeting on 31st July 2020
Written representations we are requesting from management and/or those charged with governance	 Written representations we are requesting from management and/or those charged with governance 	Audit results report presented at the JIAC meeting on 31st July 2020
Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	 Material inconsistencies or misstatements of fact identified in other information which management has refused to revise 	Audit results report presented at the JIAC meeting on 31st July 2020
Auditors report	 Any circumstances identified that affect the form and content of our auditor's report 	Work still ongoing, to be reported once complete
Fee Reporting	 Breakdown of fee information when the audit planning report is agreed Breakdown of fee information at the completion of the audit Any non-audit work 	Audit results report presented at the JIAC meeting on 31st July 2020

🕒 Appendix D

Outstanding matters

The following items relating to the completion of our audit procedures are outstanding at the date of the release of this report:

Item	Actions to resolve	Responsibility
Whole of Government Accounts	Completion of work in line with NAO Group Instructions	EY and management
Annual Governance Statement (AGS)	EY to complete review of AGS	EY
Pensions and IAS 19 Review	Response required from Grant Thornton as external auditor of Buckinghamshire Pension Fund	EY, management and Grant Thornton
Land and buildings (PPE)	EY to complete work on valuations. EY Internal specialists to complete review of sample of assets once calculations and information requested obtained from Lambert Smith Hampton as external valuer	EY, management and Lambert Smith Hampton
Accounts	Incorporation of EY review comments on disclosure notes	EY and management
Management representation letter	Receipt of signed management representation letter	Management and Audit & Governance Committee
Subsequent events review	Completion of subsequent events procedures to the date of signing the audit report	EY and management
Going Concern Assessment	EY to complete review of Management's Going Concern assessment in light of the financial impact of Covid-19	EY and management
Final Manager and Engagement Partner Review	EY to complete final review of audit file upon full completion of all procedures above	EY
EY Consultation	EY to complete mandatory internal consultation process as a result of Covid-19 before issuing audit opinion.	EY

🖲 Appendix E

Management representation letter

PCC Group Management Representation Letter 2018/19

Management Rep Letter

[To be prepared on the entity's letterhead] [Date]

Ernst & Young Apex Plaza Forbury Rd Reading RG1 1YE

This letter of representations is provided in connection with your audit of the Group and PCC's financial statements of the Police and Crime Commissioner for Thames Valley ("the Group and PCC") for the year ended 31st March 2020. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the Group and PCC's financial statements give a true and fair view of the Group and PCC financial position of the Police and Crime Commissioner for Thames Valley as of 31st March 2020 and of its financial performance (or operations) and its cash flows for the year then ended in accordance with the CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 2019/20.

We understand that the purpose of your audit of our Group and PCC single entity financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing, which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

- We have fulfilled our responsibilities, under the relevant statutory authorities, for the preparation of the financial statements in accordance with the Accounts and Audit Regulations 2015 and CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 2019/20.
- 2. We acknowledge, as members of management of the Group and PCC, our responsibility for the fair presentation of the Group and PCC's financial statements. We believe the Group and PCC financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the Group in accordance with [the CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 2019/20 for the Group and PCC and are free of material misstatements including omissions. We have approved the Group and PCC financial statements.
- 3. The significant accounting policies adopted in the preparation of the Group and PCC financial statements are appropriately described in the Group and PCC financial statements.

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Management representation letter

Management Representation Letter 2019/20

Management Rep Letter

- 4. As members of management of the Group and PCC, we believe that the Group and PCC have a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 20119/20 for the Group and PCC that are free from material misstatement, whether due to fraud or error.
- 5. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

B. Non-compliance with Law and Regulations, including Fraud

- We acknowledge that we are responsible to determine that the Group and PCC's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.
- 2. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
- 3. We have disclosed to you the results of our assessment of the risk that the Group and PCC financial statements may be materially misstated as a result of fraud.
- 4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the Group or PCC (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:

- involving financial statements;
- related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the Group or PCC's financial statements;
- related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the Group or PCC's activities, its ability to continue to operate, or to avoid material penalties;
- involving management, or employees who have significant roles in internal controls, or others; or
- in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

C. Information Provided and Completeness of Information and Transactions

- 1. We have provided you with:
- Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- Additional information that you have requested from us for the purpose of the audit; and
- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

2. All material transactions have been recorded in the accounting records and are reflected in the Group and PCC's financial statements.

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Management representation letter

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Management Rep Letter

- 3. We have made available to you all minutes of the meetings of the Group and PCC, and committees held through the year to the most recent meeting on the following date: 31st July 2020.
- 4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Group and PCC's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the year ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the Group and PCC's financial statements.
- 5. We believe that the significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- 6. We have disclosed to you, and the Group and PCC has complied with, all aspects of contractual agreements that could have a material effect on the Group and PCC's financial statements in the event of noncompliance, including all covenants, conditions or other requirements of all outstanding debt.

D. Liabilities and Contingencies

- 1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the Group and PCC's financial statements.
- 2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
- 3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent. There are no guarantees that we have given to third parties.

E. Subsequent Events

1. There have been no events subsequent to year end which require adjustment of or disclosure in the Group and PCC's financial statements or notes thereto.

F. Other information

- We acknowledge our responsibility for the preparation of the other information. The other information comprises the Statement of Accounts, Narrative Report, the Statement of Accountable Officers Responsibilities and the Annual Governance Statement for 2019/20.
- 2. We confirm that the content contained within the other information is consistent with the financial statements.

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Management representation letter

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Management Rep Letter

G. Ownership of Assets

- Except for assets capitalised under finance leases, the Group and PCC has satisfactory title to all assets appearing in the balance sheets, and there are no liens or encumbrances on the Group and PCC's assets, nor has any asset been pledged as collateral. All assets to which the Group and PCC's has satisfactory title appear in the balance sheets.
- 2. All agreements and options to buy back assets previously sold have been properly recorded and adequately disclosed in the Group and PCC's financial statements.
- 3. We have no plans to abandon lines of product or other plans or intentions that will result in any excess or obsolete inventory, and no inventory is stated at an amount in excess of net realisable value.

H. Reserves

1. We have properly recorded or disclosed in the Group and PCC's financial statements the useable and unusable reserves.

I. Contingent Liabilities

1. We are unaware of any violations or possible violations of laws or regulations the effects of which should be considered for disclosure in the Group and PCC's financial statements or as the basis of recording a contingent loss (other than those disclosed or accrued in the Group and PCC's financial statements).

We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements, and there have been no communications from regulatory agencies or government representatives concerning investigations or allegations of non-compliance, except as follows:

(1) Matters of routine, normal, recurring nature (e.g., examinations by bank and insurance examiners, examinations by taxing authorities none of which involves any allegations of noncompliance with laws or regulations that should be considered for disclosure in the Group and PCC's financial statements or as a basis for recording a loss contingency.

J. Use of the Work of a Specialist

1. We agree with the findings of the specialists that we engaged to evaluate the valuation of Land and buildings and the Pension Liability and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the Group and PCC's financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

K. Land and buildings and Pension Estimates

1. We believe that the measurement processes, including related assumptions and models, used to determine the accounting estimates have been consistently applied and are appropriate in the context of the CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 2019/20.

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Management representation letter

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2. We confirm that the significant assumptions used in making the accounting estimate of Land and buildings and pensions appropriately reflect our intent and ability to carry out providing services on behalf of the entity.

3. We confirm that the disclosures made in the Group and PCC's financial statements with respect to the accounting estimates are complete and made in accordance with CIPFA LASAAC Code of Practice on police body Accounting in the United Kingdom 2019/20.

4. We confirm that no adjustments are required to the accounting estimates and disclosures in the Group and PCC financial statements due to subsequent events.

L. Retirement benefits

 On the basis of the process established by us and having made appropriate enquiries, we are satisfied that the actuarial assumptions underlying the scheme liabilities are consistent with our knowledge of the business. All significant retirement benefits and all settlements and curtailments have been identified and properly accounted for.

Yours faithfully,

Ian Thompson - Chief Financial Officer to the Police and Crime Commissioner

Anthony Stansfeld - Police and Crime Commissioner for Thames Valley

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ED None

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