



POLICE AND CRIME COMMISSIONER FOR CLEVELAND

Victim Referral Services

FINAL

Internal Audit Report: 13.16/17

3 February 2017

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CONTENTS

1 Executive summary	2
2 Action plan	4
3 Detailed findings.....	6
APPENDIX A: SCOPE	11
APPENDIX B: FURTHER INFORMATION.....	13
For further information contact.....	14

Debrief held 20 January 2017

Draft report issued 31 January 2017

Responses received

Final report issued

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1 EXECUTIVE SUMMARY

1.1 Background

From April 2016, the Police and Crime Commissioner (PCC) for Cleveland appointed Safe in Tees Valley to deliver the new Victim Care and Advice Service (VCAS), following a competitive tender process. The estimated initial set up costs of the service for the PCC was £46,750 and the annual charges for the contract for the period 1st April 2016 to 31st March 2017 was £252,000, increasing to £289,500 for the period 1st April 2017 to 31st March 2018.

VCAS provides an independent and confidential service to help victims cope with the immediate impact of crime and to subsequently make a full recovery. The Office of the Police and Crime Commissioner (OPCC) has in place a Commissioner's Officer for Victims, who works alongside the Assistant Chief Executive and Deputy Monitoring Officer, and has responsibility for ensuring performance of the VCAS is in line with the contract agreement.

1.2 Conclusion

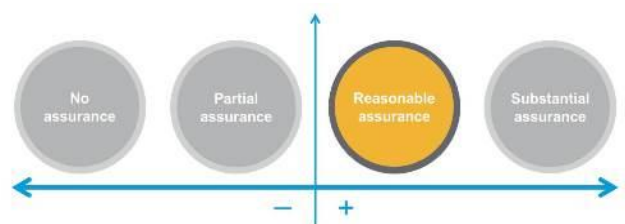
The objective of this review was to ensure the provision for victim services is delivered in accordance with the service contract with the PCC and support the needs of the local area. During our review and testing, we have identified four medium and one low priority management actions. The medium management actions are summarised below:

- The case management system was not calculating the victim needs assessment scores correctly, which was used to report on the output and outcome quarterly report.
- There were no dip sample reviews of care pathways and victim journeys by the PCC.
- There was no risk plans and subsequent action plans in place to enable business continuity arrangements for the VCAS service.
- We identified some inaccuracies and a lack of inconsistency in the performance data reported.

Internal Audit Opinion:

Taking account of the issues identified, the **Police and Crime Commissioner** can take reasonable assurance that the controls in place to manage this area are suitably designed and consistently applied.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area.



1.3 Key findings

The key findings from this review are as follows:

- A needs assessment entitled Listening and Learning: Improving Support for Victims in Cleveland was developed on behalf of the PCC by the victims' services advocates' project. We noted that five sources of information contributed to the findings of this which included:
 - A mapping exercise to identify current services for victims in Cleveland;

- The contribution of local organisations and stakeholders;
 - Focus groups and interviews with victims of crime;
 - A review of statistical data, mainly from the British Crime Survey; and
 - Existing local evidence and research on victims of crime.
- Review of the contract agreement between the two organisations confirmed that outputs and outcome were defined. We also confirmed that the two expected outcomes as set out in the Government consultation paper, 'Getting it right for victims and witnesses', were defined in the contract agreement.
 - Review of the Joint Cleveland and Durham Collaboration Board meeting minutes in October 2016 confirmed that a performance update had been presented. This provided an update of how the service was progressing including staff, work under-development and victim satisfaction for the first six months.

We however found the following areas which have resulted in four **medium priority** management actions being agreed:

- Discussions with the Assistant Chief Executive and Deputy Monitoring Officer identified that the OPCC was not undertaking dip sample reviews of care pathways and victim journeys, as detailed within the contract agreement.
- We were advised through discussions with the VCAS Manager and the Assistant Chief Executive and Deputy Monitoring Officer that the VCAS service was currently experiencing capacity issues. Furthermore, we found that there were no risk plans in place to enable business continuity arrangements.
- Through sample testing of 10 performance management information reports presented on a quarterly basis we identified a number of inaccuracies and a lack of inconsistency on the data reported.
- We identified that the case management system used for documenting all the victim needs assessment scoring was incorrectly calculating the overall closing needs assessment scores. This had resulted in the VCAS team manually collecting and calculating all the scores thereby increasing the risk of data errors.

1.4 Additional information to support our conclusion

Area	Control design*	Compliance with controls*	Agreed actions		
			Low	Medium	High
Victim Referral Service	0 (8)	5 (8)	1	4	0
Total			1	4	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
Area: Victim Referral Service					
1	A decision form had been completed and signed by the PCC and the agreement signed by the Chief Executive Officer and a representative of Safe in Tees Valley, however we identified that no date had been included.	Low	When contracts / service agreements are signed the dates will be included.	Ongoing	Claire Wrightson, Procurement and Fleet Lead Business Partner
2	We identified that the OPCC was not undertaking dip sample reviews of care pathways and victim journeys as detailed within the contract agreement.	Medium	<p>The OPCC will ensure that dip sampling of care pathways and victim journeys is subject to audit every quarter.</p> <p>A continuous testing programme will be established with interim reports produced and a final report produced at the end of the year.</p> <p>The programme will ensure that early warning signs are realised in a timely manner.</p>	30 June 2017	Joanne Hodgkinson, Assistant Chief Executive and Deputy Monitoring Officer

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
3	We found that the VCAS service was currently experiencing capacity issues.	Medium	<p>The OPCC are currently exploring different options for the provision of services that are being undertaken by Safe in Tees Valley but are not part of the contract agreement.</p> <p>A risk plan will be drafted which will include demand of service scalability, GAP analysis, system infrastructure and a defined critical limit for cases handled by the Victim Care Officers (VCO).</p> <p>Furthermore, this will be monitored and scrutinised in the performance meetings on an on-going basis.</p>	30 April 2017	Joanne Hodgkinson, Assistant Chief Executive and Deputy Monitoring Officer
4	We found a number of inaccuracies and lack of inconsistency in the performance data reported at the quarterly output and outcome meetings.	Medium	<p>The OPCC will ensure that Safe in Tees Valley includes comparable data within the quarterly output and outcome meetings.</p> <p>The need for data to be consistent, accurate and comparable is essential and this will be reflected within the performance reports.</p>	30 April 2017	Joanne Hodgkinson, Assistant Chief Executive and Deputy Monitoring Officer
5	<p>We identified that the case management system used for documenting all the scoring was incorrectly calculating the overall closing needs assessments scores.</p> <p>This had resulted in the VCAS team manually collecting and calculating all the scores.</p>	Medium	<p>The Assistant Chief Executive and Deputy Monitoring Officer will ensure that Safe in Tees Valley will undertake a review of its case management system to ensure that it is accurately recording the victim needs assessment scores.</p> <p>This will include enabling an automated process of calculating the percentage reduction of vulnerability, a key part of the reporting outcomes. Exceptions reporting of individual victim scores for victims who have not seen a significant will be undertaken in order help improve the service.</p>	30 June 2017	Joanne Hodgkinson, Assistant Chief Executive and Deputy Monitoring Officer

3 DETAILED FINDINGS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
Area: Victim Referral Service						
1	There is a contract agreement in place between the PCC and Safe in Tees Valley. This has been signed by all parties and commenced from the start of service delivery in April 2016.	Yes	No	<p>A signed contract was produced; however, the contract was not dated when it was signed. The Acting Strategic Contracts Manager and Procurement and Fleet Lead Business Partner confirmed the contract had been signed in January 2016 but had no record of this.</p> <p>Although it was confirmed that a decision record form had been signed by the PCC, following the tender exercise, there is a potential legal implications associated with the contract not being dated. As the contract is time sensitive, there is risk that should any problems arise the law could deem the contract unenforceable with no date on the signatures.</p>	Low	When contracts / service agreements are signed the dates will be included.
2	<p>The delivery of service is based on outcomes rather than outputs. Outputs and outcomes have been defined and agreed within the service specifications which is monitored on a quarterly basis by the OPCC Commissioner's Officer for Victims and the Assistant Chief Executive and Deputy Monitoring Officer.</p> <p>The two expected outcomes as set out in the Government consultation 'Getting it right for victims and witnesses' include: helping victims first</p>	Yes	No	<p>We have identified that dip sampling of the care pathways was completed in January 2015 when the service had been commissioned to a different provider. No audits had been performed since the commissioning of the new service.</p> <p>There is therefore a risk that information reported in relation to care pathways and victims' journey were not being undertaken. This meant there was currently no independent assurance that victims were being dealt with in an appropriate manner or provided with the correct support.</p>	Medium	<p>The OPCC will ensure that dip sampling of care pathways and victim journeys is subject to audit every quarter.</p> <p>A continuous testing programme will be established with interim reports produced and a final report produced at the end of the year.</p> <p>The programme will ensure that early warning signs are realised in a timely manner.</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
	<p>to cope with the immediate impact of crime, and subsequently to recover from the harm they have experienced. This is also linked to the PCC's Police and Crime Plan.</p> <p>To ensure the integrity of the information reported dip sampling of care pathways and victims' journey are completed by the OPCC on a regular basis.</p>					
3	The PCC monitors the performance of Safe in Tees Valley on a quarterly basis through the performance meetings, which are held jointly with Durham PCC.	Yes	No	<p>We confirmed that performance meetings were held every quarter. We attended and observed the quarter three performance meeting and noted the performance data monitored the number of open cases at the end of the each reporting quarter.</p> <p>The number of open cases had increased month on month; however, this was not challenged at the time of the meeting. We had noted that the number of accumulated cases at the end of quarter three compared to quarter one had increased by 77 percent.</p> <p>Although the report had made reference to how the situation needed to be carefully monitored and that action was needed to be taken to keep the caseload at manageable levels. There had been no further discussion as to why this was the case and of the actions that were being undertaken to ensure that the service was coping with demand.</p> <p>Furthermore, discussions with the VCAS Manager found that demand for the service had increased due to an increase in crime across Cleveland, dealing with Anti-Social Behaviour (ASB) victims and an</p>	Medium	The OPCC are currently exploring different options for the provision of services that are being undertaken by Safe in Tees Valley but are not part of the contract agreement. A risk plan will be drafted which will include demand of service scalability, GAP analysis, system infrastructure and a defined critical limit for cases handled by the Victim Care Officers (VCO). Furthermore, this will be monitored and scrutinised in the performance meetings on an on-going basis.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
				<p>increase in the number of asylum seeker cases.</p> <p>We also noted that within section 12.3 of the contract agreement that ASB victims were among the services that was to be provided. Dealing with an increased number of ASB victims has resulted in the service having capacity issues and thereby is currently impacting on the core victims that are supposed to be covered within the contract agreement.</p> <p>This had in effect caused the number of open cases to increase and resulted in each Victim Care Officer (VCO) having an average of 38 cases to deal with.</p> <p>There is therefore a risk that the service does not have the capacity / scalability to deal with increased demand leading to victims not being supported.</p>		
4	Performance is monitored on a quarterly basis and this includes outcomes. Furthermore, a review of the satisfaction surveys is reviewed in the performance meetings and any negative feedback is scrutinised.	Yes	No	<p>Testing of 10 performance data reported identified the following:</p> <ul style="list-style-type: none"> In eight instances, the data reconciled to the spreadsheet generated from the case management system by the VCAS Manager. In one instance relating to the total number of victims subject to the VCAS needs assessment had been reported as 1,135 as at quarter three; however, the spreadsheet showed this number was 1,123 a difference of 12. Discussions with the VCAS Manager noted that this was due data being run on different days resulting in different figures. In the other instance relating to a victim satisfaction survey, we identified that the first 	Medium	The OPCC will ensure that Safe in Tees Valley includes comparable data within the quarterly output and outcome meetings. The need for data to be consistent, accurate comparable is essential and this will be reflected within the performance reports.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
				<p>question on the spreadsheet had 46 respondents as opposed to the 47 reported. The VCAS Manager informed us that this could have been due to the relevant volunteer not inputting the correct information.</p> <p>We also identified that for each reporting period, some of the figures reported at the end of quarter three were different from the figures reported in quarter one and quarter two. These included the following:</p> <ul style="list-style-type: none"> In the quarter three outcomes report, the overall number of cases subject to a needs assessment were reported as 410 cases for quarter one; 385 cases quarter two and 340 for quarter three. <p>However upon review of the previous outcome reports, the figures reported in the quarter two outcome report were 412 for quarter one and 400 for quarter two. This represented a difference of two and 15 for each respective quarter when compared to figures reported in quarter three</p> <p>In the quarter one outcome report, the reported figure for this had been 448, representing a difference of 38 in comparison to the quarter three figure.</p> <p>Discussions with the VCAS Manager confirmed that for each quarter, an excel report was generated for each period at the latest reporting date. The latest figures for those periods were then utilised in the latest outcome and output performance meeting. However figures reported at the previous quarterly reports were not similar due to the data being live.</p>		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
				There was therefore a risk that data reported was not accurate, inconsistent and was not comparable with the figures reported in previous periods.		
5	<p>Constant underperformance of outcomes and increased returns of dissatisfied service users would result in the termination of the contract.</p> <p>The termination period is stated on the agreement.</p> <p>Safe in Tees Valley were awarded a two year contract with an option for a further year plus another year (total of four years) extended based on performance.</p> <p>Performance is measured through satisfaction surveys and the reduction in the vulnerability of victims by using the scores generated from the VCOs undertaking the victim needs assessment.</p>	Yes	No	<p>The main outcomes monitored, as detailed in the contract specification, are for Safe in Tees Valley to demonstrate that they helping victims first to cope with the immediate impact of crime and subsequently to recover from the harm they have experienced.</p> <p>We identified that the calculation of the reduction of vulnerability with the victim was the difference between the total initial victim needs assessment score and the closing needs assessment score expressed as a percentage.</p> <p>We however identified that the case management system used for documenting all the scoring was not calculating the overall closing needs assessments figures correctly. This had resulted in the VCAS team manually collecting and calculating all the scores. Although the methodology for calculating the reduction in vulnerability was found to be appropriate, the volume of the cases and manual intervention was subject to the risk of data errors occurring.</p> <p>Furthermore, there was a need to report on the exceptional cases where the victim scores had not reduced significantly in order to understand the reason for this and if any improvements to the system could be made.</p> <p>There was a risk that the overall scores were not reflecting areas of improvement leading to dissatisfied members of the public / victims.</p>	Medium	<p>The Assistant Chief Executive and Deputy Monitoring Officer will ensure that Safe in Tees Valley will undertake a review of its case management system to ensure that it is accurately recording the victim needs assessment scores. This will include enabling an automated process of calculating the percentage reduction of vulnerability, a key part of the reporting outcomes. Exceptions reporting of individual victim scores for victims who have not seen a significant will be undertaken in order help improve the service.</p>

APPENDIX A: SCOPE

Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. The scope was planned to provide assurance on the controls and mitigations in place relating to the following area:

Objective of the area under review

To ensure the provision for victim services is delivered in accordance with the service contract with the Police and Crime Commissioner (PCC) and supports the needs of the local area.

When planning the audit, the following areas for consideration and limitations were agreed:

Areas for consideration:

Our review has considered the following:

- A contract is in place between the PCC and the service provider, which was signed and was in place from the start of the contract arrangement.
- An appropriate needs assessment had been performed by the PCC to identify and understand the local needs and profile of victim support requirements.
- Clearly defined outputs focussed on deliver of service and outcomes had been established and monitored. We reviewed if this included the two expected outcomes as set out in the Government consultation 'Getting it right for Victims and Witnesses'.
- The service provider's performance was monitored on a periodic basis in relation to established outputs and outcomes.
- Review of how under-performance was identified, monitored and reported.
- Review of process of withholding monies for under-performance and if this was clearly articulated in the contract specification.
- Appropriate risk management arrangements are in place.
- The contract performance was reported to the Commissioner and through the organisation's governance structure at regular intervals.

The following limitations apply to the scope of our work:

- We have not reviewed the tender process for the appointment of Safe in Tees Valley.
- We have not confirmed that Value for Money has been achieved.
- We have not assessed Safe in Tees Valley's performance, rather the PCC's requirements of the contract, check and challenge of performance was in place.

- We have not considered engagement with third party specialist services, not under contract with the PCC.
- We have not commented on the appropriateness of the performance outputs and outcomes identified in the contract specification.
- We have not confirmed the contractor's performance will achieve expectation over the short or long term.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Joanne Hodgkinson, Assistant Chief Executive and Deputy Monitoring Officer
- Rachelle Kipling, Commissioner's Officer for Victims
- Graham Strange, Manager- Victim Care and Advice Service
- David Mead, Team Leader- Victim Care and Advice Service
- Jennifer Yates, Commissioned Services Support Officer

Documentation reviewed during the audit:

- Victim Referral Services Agreement
- Case Management System

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