

# Target Risk



<b>Report Date</b>	18 Sep 2023
<b>Risk Status</b>	Open
<b>Risk Area</b>	Office of the Police and Crime Commissioner
<b>Control Status</b>	Existing
<b>Action Status</b>	Outstanding

## Target Risk



Office of the Police and Crime Commissioner							
Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1472	<p>Organisational Governance</p> <p><b>Risk Owner:</b> Michael Porter</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> No changes to risk in the previous 6 months - the risk is at the target level</p>	<p>A lack of adherence to good governance procedures Acts/Orders/Regulations could lead to bad publicity, loss of reputation, financial loss and possible legal sanction resulting in critical review by HMICFRS, Police &amp; Crime Panel and/or External Audit, poor decision making and adverse publicity and public attention.</p> <p>Poor governance processes leads to poor decision making and overall poor performance and value for money.</p>	I = 5 L = 5 Primary (25)	<p>1.Governance and decision making procedures in place regularly reviewed and updated.</p> <p>2.PCC signs up to a voluntary Code of Conduct including declarations of interests and notification of gifts and hospitality.</p> <p>3.PCC staff subject to Code of Conduct including declarations of interests and notification of gifts and hospitality.</p> <p>4.Annual Governance Statement process.</p> <p>5.Internal (&amp; external) audit scrutiny and reporting</p> <p>6.Oversight by Audit Committee</p> <p>7.Monitoring Officer and Deputy Monitoring Officer.</p> <p>8.Ongoing environmental scanning for new regulatory requirements.</p> <p>9.Code of Corporate Governance in place and reviewed by the Audit Committee</p> <p>10. Robust Governance arrangements are in place for major Collaborations. Which are subject to regular Audit.</p>	I = 5 L = 2 Contingency (10)	<p><b>Person Responsible:</b></p> <p><b>To be implemented by:</b></p>	10

## Target Risk



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1474	<p>Fraud</p> <p><b>Risk Owner:</b> Michael Porter</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> Risk has been reviewed, policies have been reviewed and will need to be again in the next year. Risk owner has changed</p>	Failure to manage processes, controls and procedures leads to increased risk and occurrence of fraud resulting in bad publicity, financial loss, possible legal sanctions and critical review by external agencies.	I = 4 L = 5 Primary (20)	<p>1.Whistle-blowing Strategy.</p> <p>2.Counter Fraud and Corruption Strategy.</p> <p>3.Confidential e-mail system.</p> <p>4.Internal Audit Services.</p> <p>5.Internal disciplinary policies.</p> <p>6.Systems of management including Delegation Scheme.</p> <p>7.Financial Regulations (including Contract Standing Orders).</p> <p>8.Budgetary control system with monthly analysis and review.</p> <p>9.Audit Committee</p> <p>10.Zero tolerance' policy</p>	I = 4 L = 2 Contingency (8)	<p>1. Continued and Annual review of all policies and processes relied upon as existing controls to ensure that it is clear how they apply to the Office of the PCC.</p> <p>The OPCC have introduced a number of risk controls (as listed) to reduce the residual risk of Fraud within both the Force and OPCC. These risk controls are subject to annual review with sign off of policies and produces by the relevant panels.</p> <p><b>Person Responsible:</b> Michael Porter</p> <p><b>To be implemented by:</b> 30 Sep 2024</p>	8

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1478	<p>Financial Planning</p> <p><b>Risk Owner:</b> Michael Porter</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> No update to the risk at this stage. The actions are still in progress and on target to be delivered - the risk will be updated and reviewed in 6 months time</p>	<p>Failure to ensure effective financial control and financial planning processes for the 'PCC Group', (i.e. the Office of the PCC, the Chief Constable, and Grants provided to, or services commissioned by, Partner organisations.) leads to poor decisions and wasting public money resulting in reduced services, poor value for money and adverse commentary and scrutiny for external bodies.</p>	<p>I = 4 L = 4 Primary (16)</p>	<p>Key Mitigations:</p> <ol style="list-style-type: none"> <li>1. PCC CFO in place</li> <li>2. Force CFO in place</li> <li>3. Work of internal audit</li> <li>4. Work of external audit</li> <li>5. Regular reporting and scrutiny of current year financial performance and longer terms plans</li> <li>6. Regular meetings and communications with partners who currently receive grants from the PCC</li> <li>7. Regular meetings of the PCC and Force CFO's</li> <li>8. Balanced medium term financial plan (MTFP) in place for next 2 years based on current assumptions.</li> <li>9. Earmarked Reserves created for higher pay awards and a legal/insurance reserve.</li> </ol>	<p>I = 4 L = 3 Primary (12)</p>	<p>For a 4 year balanced MTFP to be developed, which includes scenarios for higher pay awards and higher levels of inflation.</p> <p><b>Person Responsible:</b> Michael Porter</p> <p><b>To be implemented by:</b> 29 Feb 2024</p> <p>The PCC requires assurance from the Force that scarce resources are delivering against the organisational priorities and in turn delivering efficient services. The OPCC obtain assurance from the Force by assessing and scrutinising the key mitigations which have been put in place and ensuring delivery of financial reporting against actual progress. Regular governance meetings take place with the Forces CFO along with regular work by internal and external audit.</p> <p><b>Person Responsible:</b> Michael Porter</p> <p><b>To be implemented by:</b> 31 Mar 2024</p> <p>Ongoing reassurance is needed from the Force to the PCC that future recruitment and training plans will meet both the organisational needs, and service demands and that overall they can be delivered within the finances available to the Force.</p> <p><b>Person Responsible:</b> Michael Porter</p> <p><b>To be implemented by:</b> 31 Mar 2024</p>	8

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1485	<p>Objectives of the Office of the PCC</p> <p><b>Risk Owner:</b> Chief Executive and Monitoring Officer</p> <p><b>Last Updated:</b> 20 Mar 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> Actions are on target. No further update to the risk at this point.</p>	Failure to focus on the delivery of the key organisational objectives of the Office of the Police and Crime Commissioner leads to time wasted on non key areas and absorbing resources into peripheral areas resulting in a poor service to the people of Cleveland in the areas most needed.	I = 4 L = 4 Primary (16)	<ol style="list-style-type: none"> <li>1. Annual delivery plan developed covering all 10-points of the police and crime plan.</li> <li>2. Regular meetings take place to review progress both internally and with Partners as required.</li> <li>3. The Force's Towards 2025 Strategy aligns with and underpins the Police and Crime Plan.</li> <li>4. The PCC has issued a clear Strategic Direction to the Force setting out what is required.</li> <li>5. Reporting to the Police and Crime Panel is well embedded.</li> <li>6. Police and Crime Plan has been refreshed and reflects feedback from Partners, Public and Force.</li> <li>7. OPCC is well engaged with HMICFRS.</li> </ol>	I = 4 L = 2 Contingency (8)	<p>Continued development and embedding of the revised scrutiny programme is required including drawing in more independent information to challenge the Force and provide alternatives sources of assurance/information.</p> <p><b>Person Responsible:</b> Independent Complaints Adjudicator</p> <p><b>To be implemented by:</b> 30 Sep 2023</p> <hr/> <p>Continue to monitor and review the additional responsibilities being placed upon PCCs and ensure appropriate resources to deliver are in place to prevent impact on PCP delivery objectives.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 30 Dec 2023</p> <hr/> <p>Ensure effective implementation of revised OPCC staffing structure</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 31 Dec 2023</p> <hr/> <p>Now a new Chief Constable has been appointed, the Police and Crime Plan needs to be promoted further within the Force as the key strategic document, with the OPCC to scrutinise how the Toward 2025 Programme is the mechanism for delivering the requirements.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 31 Dec 2023</p>	8

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1486	<p>Holding the Chief Constable and the Force to account</p> <p><b>Risk Owner:</b> Chief Executive and Monitoring Officer</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> Action owner has been updated</p>	<p>Failure to put in place adequate processes to effectively hold the Chief Constable and the Force to account for performance and use of resources as per statutory requirements leads to a reduction in the ability to shape the strategic direction of the Force resulting in key objectives not being met, adverse publicity, poor services to the people of Cleveland and adverse comments from external agencies.</p>	I = 5 L = 5 Primary (25)	<p>1. Attendance/involvement at key force performance meetings.</p> <p>2. Regular one to one meetings between the PCC and CC.</p> <p>3. Clear Governance framework in place</p> <p>4. The OPCC has redesigned the Governance, Assurance and Scrutiny arrangements, that it has in place, to provide independent assurance to the PCC on the performance of the Force.</p> <p>5. The scrutiny programme has been developed in line with Strategic Direction given to the Force to ensure key areas of concern are reviewed. To ensure there is a clear understanding about the current health of the Force and how it will improve its efficiency, effectiveness and standards in the years to come. This will include an increase in the use of independent scrutiny approaches and a clear expectation for the Chief Constable to confirm what will change and by when.</p> <p>6. An important aspect of the Strategic Direction from the PCC was an expectation that police personnel at all levels are transparent and candid with the PCC – and with the Chief Constable - about their work</p> <p>7. A joint Strategic Board has now been implemented with refreshed agreed terms of reference.</p>	I = 5 L = 3 Primary (15)	<p>1. The OPCC will continue to review the Governance, Assurance and Scrutiny arrangements, that it has in place, to provide independent assurance to the PCC on the performance of the Force.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 30 Sep 2023</p> <p>3. An important aspect from the PCC is an expectation that police personnel at all levels are transparent and candid with the PCC – and with the Chief Constable - about their work.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 31 Mar 2024</p> <p>2. The scrutiny programme will be subject to continued review in line with key areas of concern are reviewed. The OPCC will ensure they have a clear understanding about the current health of the Force and how it will improve its efficiency, effectiveness and standards in the years to come. This will continue the use of independent scrutiny approaches to drive a clear expectation for the Chief Constable.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 31 Mar 2024</p>	10

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1487	Commissioning of services <b>Risk Owner:</b> Rachelle Kipling <b>Last Updated:</b> 18 Sep 2023 <b>Latest Review Date:</b> 18 Sep 2023 <b>Latest Review By:</b> Michael Porter <b>Last Review Comments:</b> Risk has been reviewed, 2 action owners changed along with dates. Further update will be provided in 6 months and combines with delivery of internal audit actions	Failure to effectively commission services leads to a lack of service provision that fails to meet local need and demand, as well as reduces the support we can offer our communities, policing and partnerships	I = 4 L = 4 Primary (16)	Commissioning Strategy published on PCC website Contract Management Training delivered to key members of the team Contract monitoring arrangements in place Grant agreement template in place Strong links with Cleveland Police procurement team Victims Service Needs Assessment in place.	I = 4 L = 3 Primary (12)	Clear policy and processes to be developed in relation to commissioning as a whole <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 30 Sep 2023 Development of a strategic commissioning strategy / plan <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 30 Sep 2023 Commissioning action plan to be developed as a result of the January 2023 internal audit <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 30 Sep 2023 Management actions from the Internal Audit of Commissioning to be implemented within the required timescales. <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Dec 2023 Understand any further training and development needs of the OPCC team <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Dec 2023 Services currently commissioned to be regularly reviewed to ensure they still meet specified delivery and need <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Mar 2024	8

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
						<p>Continue to improve our understanding of the needs of both Victims and Witnesses within Cleveland, using a demand / evidence based approach, ensuring that commissioned services provided meet the needs of the public.</p> <p><b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Mar 2024</p> <p>Organisation needs to continue to move away from Grants and towards Commissioning/Contracting for the delivery of services. This will be driven via the Commissioning Strategy, within which there is a focused effort to work with key partners and stakeholders to collaborate wherever possible. Ongoing action with a view to further increase commissioned services.</p> <p><b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Mar 2024</p>	



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1490	<p>Complaints against the Chief Constable</p> <p><b>Risk Owner:</b> Chief Executive and Monitoring Officer</p> <p><b>Last Updated:</b> 20 Mar 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> No change to risk - action is expected to be complete with reporting to the Sept-23 Audit Committee</p>	<p>Failure to effectively monitor complaints against the Chief Constable and monitor all complaints made against officers and staff leads to bad practices, poor public confidence and reduced morale resulting in lack of organisational focus, potential legal costs if complaints are not addressed in the most appropriate manner and additional adverse publicity and media attention.</p>	<p>I = 3 L = 3 Contingency (9)</p>	<p>1. Adherence to guidelines laid down in Section 95 of the Police Reform and Social Responsibility Act 2011 Schedule 14 makes provisions for amendment of the Police Reform Act 2002, particularly Schedule 3.</p> <p>2. Adherence to Police (Conduct) Regulations 2008, Schedule 'Standards of Professional Behaviour'.</p> <p>3. The Policing Protocol Order 2011</p> <p>4. The Code of Corporate Governance sets out the process to be followed and the delegations in place for dealing with and responding to any complaints received.</p>	<p>I = 2 L = 2 Low (4)</p>	<p>Annual Monitoring Officer reporting arrangements to the Joint Audit Committee ensures transparency in the handling of Chief Constable Complaints and compliance of the PCC's statutory responsibilities.</p> <p><b>Person Responsible:</b> Chief Executive and Monitoring Officer</p> <p><b>To be implemented by:</b> 30 Sep 2023</p>	4

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1720	<p>Failure to provide competent Complaints Model 3 service</p> <p><b>Risk Owner:</b> Independent Complaints Adjudicator</p> <p><b>Last Updated:</b> 09 May 2023</p> <p><b>Latest Review Date:</b> 08 Aug 2023</p> <p><b>Latest Review By:</b> Independent Complaints Adjudicator</p> <p><b>Last Review Comments:</b> No additional information/changes to add at this time</p>	<p>Failure of OPCC-led Complaints Model 3 service could lead to sub-optimal or severely deficient service delivery to the public of Cleveland who wish to exercise their lawful right to express dissatisfaction against Cleveland Police under Police Reform Act 2002, Policing and Crime Act 2017 and Police (Complaints and Misconduct) Regulations 2020. This could result in loss of public confidence in both Cleveland Police and the OPCC, reputational damage if any service failure matters were amplified in public domain, damage to the relationship between the OPCC and the Force, and potential escalation/ repetition of complaints/ service failure to Independent Office for Police Conduct, the Police and Crime Panel, the Home Office, HMICFRS, or to courts for judicial review.</p>	I = 4 L = 5 Primary (20)	<p>Centurion is used as the central system, with full auditability and governance in place</p> <p>Comprehensive training and induction programme in place with ongoing training and development</p> <p>Demand analysis undertaken to ensure appropriate resources available to deliver service</p> <p>Initial communications strategy developed for service launch and embedding of service</p> <p>Occupation Health service in place for staff dealing with difficult complaints</p> <p>Regular monitoring of demand &amp; performance undertaken</p> <p>Service delivery is engineered around the College of Policing Code of Ethics</p> <p>Use of Sancus for review handling with additional administrative support</p>	I = 3 L = 3 Contingency (9)	<p>Work towards Customer Service Excellence award for excellent complaint's handling. Pre-assessment taken place, assessment to done in September.</p> <p><b>Person Responsible:</b> Independent Complaints Adjudicator</p> <p><b>To be implemented by:</b> 31 Dec 2023</p> <p>Toolkit and processes formalised</p> <p><b>Person Responsible:</b> Independent Complaints Adjudicator</p> <p><b>To be implemented by:</b> 31 Dec 2023</p>	6

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						<p>1. To conduct a regular survey, on the public perception of the complaints service.</p> <p>2. To carry out an annual analysis of demand once full years' worth of data is available.</p> <p>3. Strategic Complaints Group to be instigated as forum for service scrutiny</p> <p>4. Conduct regular dip sampling of complaint responses by the Resolution Team</p> <p>5. SLA developed (to ensure clarity of roles, responsibilities and response times) with regular review between OPCC and DSE.</p> <p>6. Conduct further internal and external comms on service function</p> <p>7. Embed OPCC complaints team</p> <p>8. Development of staff feedback/training/lessons learnt programme via MPRs</p> <p>9. Ongoing problem solving with DSE</p> <p><b>Person Responsible:</b> Independent Complaints Adjudicator</p> <p><b>To be implemented by:</b> 31 Dec 2023</p>	

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1751	<p>Working with Partners</p> <p><b>Risk Owner:</b> Rachelle Kipling</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> Risk is still on target with actions to be complete by the end the year</p>	Failure to effectively work with partners could lead to poor working relationships, lack of opportunities for collaboration and weaken delivery of police and crime plan and other organisational objectives	I = 4 L = 4 Primary (16)	<p>1. Strong partnership links and networks in place</p> <p>2. PCC/OPCC play a leading role in a number of key strategic groups namely, Local Criminal Justice Board, Combatting Drugs Partnership and CURV Governance Group.</p> <p>3. Attendance at key partnership including CSPs and Domestic Abuse Partnerships</p>	I = 4 L = 3 Primary (12)	<p>1. Ensure PCC is supported to effectively chair Cleveland wide strategic groups.</p> <p>2. Ensure sufficient resources are in place to engage with and lead on partnerships groups / forums.</p> <p>3. Understand the balance between partnership working and holding partners to account – broader than Cleveland Police</p> <p><b>Person Responsible:</b> Rachelle Kipling</p> <p><b>To be implemented by:</b> 31 Dec 2023</p>	8
1752	<p>Sexual Assault Referral Centre</p> <p><b>Risk Owner:</b> Rachelle Kipling</p> <p><b>Last Updated:</b> 18 Sep 2023</p> <p><b>Latest Review Date:</b> 18 Sep 2023</p> <p><b>Latest Review By:</b> Michael Porter</p> <p><b>Last Review Comments:</b> Risk Reviewed and actions on track</p>	Failure to maintain a high quality service to victims of sexual assault as a result of historic self referral forensic samples (post 1 April 2022) not being correctly stored and maintained and as a result of non-compliance with the new SARC quality accreditation (ISO15189) required by October 2025	I = 4 L = 4 Primary (16)	<p>1. Support from senior nurse within Mitie (previous contract holder),</p> <p>2. Monitoring technology in place to ensure freezer storage maintains appropriate temperate</p> <p>3. Samples remain stored within Teesside SARC building behind a secure door</p> <p>4. Regional ISO working group in place involving both children and adult SARC services (Paediatric service is NHS England contract)</p> <p>5. Ongoing discussion with NE SARC Support Service provider who bring learning from being pilot in other OPCC area</p> <p>6. Cleveland Police Estates supporting conversations around changes required in Teesside SARC building</p>	I = 4 L = 3 Primary (12)	<p>1. Formal arrangement for management of historic samples required with Mitie.</p> <p>2. Disposal and retention of historic samples to be arranged with Mitie.</p> <p>3. Understanding of requirements for Teesside SARC needed to enable building plans to be developed.</p> <p>4. Continue to engage with NHS England in relation to the paediatric service and escalate if required</p> <p><b>Person Responsible:</b> Rachelle Kipling</p> <p><b>To be implemented by:</b> 31 Dec 2023</p>	8

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Risk Reference	Risk Title	Cause & Effect	Inherent Risk Priority (I x L)	Risk Control	Residual Risk Priority (I x L)	Action Required	Target Risk Priority
1753	Data Protection <b>Risk Owner:</b> Rachelle Kipling <b>Last Updated:</b> 20 Mar 2023 <b>Latest Review Date:</b> 18 Sep 2023 <b>Latest Review By:</b> Michael Porter <b>Last Review Comments:</b> No update to risk details at this point - actions to be reviewed later in the year	Failure to effectively adhere to requirements of GDPR/Data Protection Act, resulting in lack of confidence in the OPCC and risk of legal challenge	I = 4 L = 3 Primary (12)	1. Data Protection Officer in place 2. Data Protection Impact Assessments utilised routinely as part of ongoing team work. 3. Data Processing Contracts / Information Sharing Agreements in place between agencies / organisations as required. 4. DPA considered as part of grant agreement process prior to signature	I = 4 L = 2 Contingency (8)	Training needed for DPO and wider OPCC team <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 30 Dec 2023 Review of all existing control measures relating to data protection needed to provide assurance <b>Person Responsible:</b> Rachelle Kipling <b>To be implemented by:</b> 31 Dec 2023	8