Independent Report for the Policing Authority

Interim Update on the Preliminary Examination of the Garda Síochána review of the closure, (including cancellation) of Computer Aided Dispatch incidents

November 2021 -

Author

Derek Penman QPM LLB (Hons) FCMI

Contents

Summary of Key Findings1
List of Recommendations4
Priorities4
CAD Review4
Future Strategy5
Introduction6
Methodology6
Call Handling Processes7
Stages 1 & 2: Call
Call Recording8
Stages 3 & 4 – Prioritised Incidents9
Stages 5, 6, 7, 8 & 9 - Dispatch & Closure Report9
Stage 10 – Initiate Follow Up10
Policies & Procedures
Call Handling & Incident Recording10
Code of Ethics
Garda Decision Making Model12
Victim Centred Policies
Training
CAD Review Methodology14
Strategic Leadership
Data Management
Victim Engagement
Assessment of Adverse Impact
Crime Reports22
Complaints
Mitigations
Additional CAD Issues25
Next Steps26
Appendix 1 – Terms of Reference
Appendix 2 – Garda Síochána - National CAD Review Terms of Reference29
Appendix 3 – Garda Síochána - INTELR Terms of Reference

Summary of Key Findings

- 1. Overall, there was good co-operation from the Garda Síochána. Staff working on the Computer Aided Dispatch (CAD) Review and victim engagement were committed to identifying vulnerability, supporting victims and service recovery. Many of them expressed disappointment that the public had not been provided with the service expected.
- 2. The CAD Review process was a reasonable and proportionate response to the challenges identified from the cancellation of CAD incidents. The sheer volume of cancelled incidents required an iterative risk-based approach, and the focus on identifying harm and vulnerability was consistent with the Garda Síochána mission of "keeping people safe".
- 3. Strategic oversight, common processes and validated data have ensured a consistent baseline standard for the CAD Review and victim engagement across the Garda Síochána, albeit that some regions and districts built further on these processes.
- 4. The Garda Síochána is to be commended for the detailed preparation of CAD Review incident files. The scale of this task should not be underestimated, especially the effort needed to secure electronic copies of 999/112 telephone calls and radio recordings.
- 5. All stages of the CAD Review and victim engagement process are capable of independent audit at an individual incident level.
- 6. Access to call recordings is essential to provide assurance to the Policing Authority, both for the CAD Review and ongoing quality assurance. Due to legal issues, access has not yet been provided and therefore it has not been possible to check if call takers entered calls accurately, nor confirm if critical procedures were followed. Legal advice is being jointly sought by the by the Policing Authority and Garda Síochána.
- 7. There was a nationally coordinated approach to victim engagement, delivered through divisional protective services teams or domestic abuse coordinators. This was good practice and ensured victim engagement was conducted by experienced staff and integrated with local support arrangements.
- 8. The group established by the Garda Síochána to provide strategic oversight recognised that some cancelled incidents may have resulted in serious risk or harm to individuals. Processes were put in place at the start of the review to identify any "high risk" incidents. These were collated and escalated to Divisions for urgent review.
- 9. The knowledge and data gathered during the CAD Review will inform approaches to reviewing the remaining cancelled Priority 2 and 3 incidents. Given the high volume of incidents, any further review should be proportionate and remain focused on vulnerability. The financial and opportunity costs for any further reviews should be commensurate with the risks being mitigated.
- 10. Garda Síochána Analysis Services, (GSAS) has made a valuable contribution in supporting the CAD Review and ensuring data integrity. A data store creates future possibilities for extracting and analysing additional CAD data. However, the costs associated with this should be carefully balanced against the potential benefits.

- 11. An unintended benefit of the internal scrutiny over call handling is the deeper understanding of strategic risk across the organisation. There is an unprecedented opportunity to capture and build on the learnings, and for the Garda Síochána to develop a comprehensive strategy and roadmap for national Communication, Command and Control (C3) that goes beyond the planned roll-out of CAD2.
- 12. Using incident types to narrow the scope of the CAD Review was valid, although there is a risk that some incidents were incorrectly coded at the time of receipt. This could have resulted in incidents being automatically assigned a lower priority and excluded from the current CAD Review of Priority 1 incidents.
- 13. There is a risk where call takers may have used INTELR to record "intelligence" on the CAD system, which has not been followed-up or assessed through other business processes. Given the absence of guidance on the use of INTELR, there is also a risk that some call takers may have recorded CAD incidents in a manner that is not compliant with Garda Síochána intelligence protocols.
- 14. There are incidents where the information provided by callers was not accurately recorded. This meant that Garda Síochána members were dispatched to the wrong locations, and callers could not be re-contacted. Although not quantified, there were occasions where the Garda Síochána was unable to provide a service, and in terms of the CAD Review, some callers remain unidentified.
- 15. There are cancelled incidents where Garda Síochána members responded and provided a service to victims. However, in some cases, members requested dispatchers to cancel incidents and avoided initiating follow up activities.
- 16. Training in call taking and dispatch has been extensive, and members should have understood the limited circumstances when incidents could be cancelled. There is nothing to indicate that training was inadequate or has been a factor in cancelled incidents or other workarounds by members.
- 17. Although there is evidence of effective strategic leadership of the CAD Review, there is less evidence of what assurances were sought for ongoing compliance with the revised policies and mitigations.
- 18. Policies and procedures were in place that should have identified unwarranted cancelled incidents. This would suggest that supervision, quality assurance checks and procedures for the performance management of individuals within regional control rooms and local stations were either not followed or not effective.
- 19. The discovery of additional non-compliant CAD incidents in September 2021 would suggest that the current levels of supervision, quality assurance checks and the performance management of individual members within the Dublin Metropolitan Region (DMR) and the other three regional control rooms is weak. This presents a serious ongoing risk to the Garda Síochána.
- 20. The absence of call recording at local stations is a serious vulnerability. It is made more acute by the lack of sufficient technical or procedural safeguards to ensure that all incidents are recorded and appropriately managed.

- 21. Despite limitations with the ageing CAD system, the need for explicit text commands means that users must consciously decide what to enter. This reduces the likelihood of accidental cancellations. The service failures arising from cancelled incidents and other workarounds by members cannot be attributed to failures in the CAD System.
- 22. There was limited early engagement with individual members to identify CAD vulnerabilities, workarounds or understand the drivers for cancelling incidents. Instead, there would appear to have been a reliance on written directives, technical mitigations, and supervision.
- 23. Given that the Garda Síochána recognised that sergeants and supervisors have insufficient capacity to check all incidents, it is difficult to understand why the organisation relied on the close supervision of incidents to manage compliance and the ongoing risk with CAD incidents. It would have been reasonable to expect that additional checks and balances would have been put in place to supplement supervision and provide some level of assurance that the mitigations and ongoing service delivery were effective.
- 24. There is no shared understanding of what constitutes "adverse impact" to victims as a consequence of cancelled incidents. While the Garda Síochána has provided assurances around no physical harm, some victims will have experienced detriment. There are also incidents where a victim could not be identified and the extent of any harm or detriment is unknown. More work is needed to understand what constitutes "adverse impact" and agree proportionate methods for assessment.
- 25. The ageing CAD system and other legacy technologies in use across regional control rooms indicate a chronic lack of investment. Significant future investment will be required to support any national Communication, Command and Control Strategy and its integration with the Garda Síochána Information and Security Vision (2020-2023). Decisions over call handling structures and economies of scale will be important

List of Recommendations

Priorities

- 1. The Garda Síochána should undertake an urgent review to ensure that effective supervision, quality assurance and robust performance management processes for individual members are in place for all regional control rooms and local call taking and dispatch arrangements.
- 2. The Garda Síochána should review its approach to recording calls for service at local stations and develop a call recording strategy that meets operational needs and provides safeguards to the public.
- 3. The Garda Síochána should review the very high-risk Domestic Violence Sexual Assault (DVSA) incidents included in the CAD Review and assess the effectiveness of current protocols and the consistency of response.
- 4. The Garda Síochána should engage with members involved in call taking and dispatching within all regional control rooms and at a station level, to identify potential CAD vulnerabilities, workarounds, and the drivers for cancelling incidents. This should emphasise the positive behaviours expected from all members and reinforce the importance of providing a quality response to the public.

CAD Review

- 5. The Garda Síochána should consider a proportionate approach to assess the extent to which cancelled incidents with the potential for harm and vulnerability might still exist in Priority 1. It should proceed with its plan to include relevant key word searching across the CAD data store and apply some statistically significant random sampling of incidents to inform wider decisions on a way forward.
- 6. The Garda Síochána should complete its current review of Priority 1 incidents and analyse the data and learnings to assess any residual risks around harm and vulnerability in the Priority 2 and 3 incidents. It should provide the Policing Authority with evidenced-based proposals on how best to proceed, weighing the significant financial and opportunity costs of further reviews with the anticipated benefits to victims.
- 7. The Garda Síochána should progress an internal peer review of the victim engagement phase to provide assurances over quality, consistency and identify all learnings. This should be led by the Garda National Protective Services Bureau (GNPSB) and conducted by a small team drawn from victim engagement teams across all regions.
- 8. The Garda Síochána should engage with the Policing Authority and agree on approaches to define adverse impact. This should be followed by an assessment report to articulate the nature and extent of the risks, harms and detriment experienced by victims whose incidents were cancelled.
- 9. The Policing Authority should request an independent review of all incidents that were identified as "high risk" by the Garda Síochána during the CAD Review. This should include an assessment of the adequacy of follow up actions by Divisions.

- 10. The Garda Síochána should extend its review of INTELR incidents to address the risk that call takers may have used INTELR to record "intelligence" on the CAD system, which has not been followed-up or assessed through other business processes. It should also address the risk where incidents may not have been recorded in compliance with Garda Síochána intelligence protocols.
- 11. The Policing Authority and Garda Síochána should explore options for more proactive engagement in the strategic oversight of CAD Review, ensuring that all learnings are identified and implemented into future communication, command and control arrangements. This should include officers of the Policing Authority being invited as observers in the Garda Síochána strategic oversight meetings

Future Strategy

- 12. The Garda Síochána should consider whether the current model of call taking within regional control rooms and local stations is sustainable. This will include consideration of whether the potential to reduce risk, increase operational effectiveness and improve customer service through increased centralisation can offset the disadvantages of reduced local access and visibility.
- 13. The Garda Síochána should build on the learnings from the CAD Review and develop a comprehensive strategy and roadmap for national Communication, Command and Control (C3).

Introduction

This report follows a request from the Policing Authority to complete a Preliminary Examination of the Garda Síochána review of the closure (including cancellation) of Computer Aided Dispatch (CAD) incidents. This Preliminary Examination was commissioned by the Policing Authority and the Terms of Reference¹ were finalised on 29 July 2021. The examination focused on the Garda Síochána approach to reviewing cancelled and other CAD incidents, progressing victim engagement, and implementing technical, procedural and behavioural mitigations.

The report offers some high-level assurances supported by evidence and makes recommendations for consideration by the Policing Authority and the Garda Síochána.

It should be understood that making direct contact with the Garda Síochána can be a major step for the public, especially for those who are most at risk and vulnerable. Information obtained through such contact fundamentally contributes to providing an effective policing service. It is imperative that all calls are effectively managed and callers' experiences are positive, maintaining public confidence in policing. In the event where calls have not been effectively managed, the Garda Síochána must act quickly to understand the issues, implement effective solutions, and robustly manage its ongoing service delivery. When improvement measures are implemented, the Commissioner and the senior leadership team should seek assurances that they are effective and have ongoing confidence in the services being provided.

Openness and transparency are crucially important in maintaining public confidence, and the role of the Policing Authority to independently assure and publicly scrutinise progress in high profile service failures is one of a number of steps required to re-establish fully public confidence in the service.

Methodology

The Preliminary Examination commenced with a review of background documents provided by the Garda Síochána to the Policing Authority and was followed by eight days of fieldwork visits in August 2021. This included interviews with the senior leadership team and key members responsible for all stages of the Garda Síochána CAD Review. The regional control rooms at Dublin, Waterford, Cork and Galway were visited to meet members, observe critical processes, and better understand the available technologies and working environments. Several interviews with members were conducted remotely over Zoom.

The fieldwork was supplemented by information requests to the Garda Síochána and documents were provided between September and November. These were examined and a final meeting was held in Dublin with the Deputy Commissioner and members of her senior management team on 2 November 2021.

The Preliminary Examination was limited to the scope, depth and scale of the *methodology* employed by the Garda Síochána in conducting the CAD Review. It did not extend to an assessment of individual calls, incidents, decisions or victim outcomes.

The Terms of Reference² envisaged listening to an appropriate sample of call recordings. Unfortunately, this was not possible due to legal issues that are now being explored by the Policing Authority and Garda Síochána. Independent access to call recordings is considered essential in providing assurance to the Policing Authority, both for the CAD Review and ongoing quality assurance.

¹ A Copy of the Terms of Reference is reproduced in Appendix 1.

² A Copy of the Terms of Reference is reproduced in Appendix 1

Without access, it is not possible to check if call takers entered calls accurately, nor confirm if critical procedures were followed.

Throughout this report, all references to "CAD Review" relate to the Garda Síochána's internal review of the cancelled CAD incidents. All references to "Preliminary Examination" relate to the independent preliminary examination of the Garda Síochána's internal review, which was requested by the Policing Authority and conducted by Mr Derek Penman.

Call Handling Processes

To understand the issues surrounding the cancellation of CAD incidents, it is helpful to understand the key stages used by the Garda Síochána to record calls for service from the public.

CALL PRIORITISED INCIDENT DISPATCH CLOSURE REPORT INITIATE FOLLOW UP

The incident is immediately available for dispatcher records all unit activates all unit activa

Figure 1 – CAD Incident Lifecycle³

The CAD Review has highlighted potential vulnerabilities in each of these stages.

Stages 1 & 2: Call

Telephone calls for service to the Garda Síochána are either received through the 999/112 system or made directly to local stations.

All 999/112 calls are routed through the national Emergency Call Answering System (ECAS), which handles calls for all the emergency services. Garda Síochána calls are forwarded to the relevant regional control room. They are recorded by ECAS and recordings are made available to the regional control rooms on demand to assist the management of incidents.

The CAD Review highlighted an issue with the scripted handover of calls from ECAS operators to Garda Síochána call takers, which is currently being addressed. This will streamline future handovers and reduce the potential for confusing callers. ECAS carries out audits and sampling of calls to monitor service delivery and provides detailed reports to the Garda Síochána and the other emergency

-

³ Source: Garda Síochána - Presentation to D. Penman 04/09/21

services. This includes data on the time taken for the Garda Síochána to answer ECAS calls, which is used to monitor the ongoing performance of regional control rooms.

Call Recording

All telephone systems used to answer 999/112 calls in the four Regional Control Rooms are voice recorded, with recordings retained for a period of seven years. In addition, these systems are enabled to make an outgoing telephone call to internal and external numbers. All outgoing calls are also voice recorded and retained for a period of seven years. This includes cases such as outbound calls and returned calls to silent calls or when the line drops. An instant replay on these telephone systems is also available to control room staff to assist in retrieving details where the emergency caller is not fully understood during an active call. In the DMR Regional Control Room, the telephone systems retain the last 10 calls or until the call operator logs off. In the three Regional Control Rooms, the telephone instruments retain the calls for a 24-hour rolling period.

Calls received directly by local stations are not recorded. This means there is no facility for playback to assist in the management of an incident, support quality assurance processes or to investigate complaints made by the public. Significantly for the CAD Review, it meant that calls received at stations could not be fully assessed to check the accuracy of the incident record.

The breakdown of the source of incorrectly cancelled calls as per the CAD Review is as follows:

- Dublin Control Room 78% 999, 22% non 999 (local station)
- Galway Control Room 73% 999, 27% non 999 (local station)
- Cork Control Room 62% 999, 38% non 999 (local station)
- Waterford Control Room 62% 999, 38% non 999 (local station)

The cumulative nationwide total of (excluding Waterford)⁴ was 75% (999/112 calls), which means that the remaining 25% (non 999/112) were received at local stations. These are significant volumes and given that some may be emergency calls, the absence of local call recording should be of concern.

Call recording by the Garda Síochána was scrutinised by the Fennelly Commission of Investigation in 2017⁵, and led to only 999/112 calls being recorded. However, the Commission acknowledged that in many areas of the country, as a significant proportion of emergency calls were made to the local station. It recognised clear benefits for the Garda Síochána and for the general public in having such calls recorded⁶. The Commission also recognised the operational value in outgoing calls being recorded.

The Commission highlighted that the benefits in recording certain kinds of calls to and from Garda stations must be balanced against the general right of individuals to have the privacy and confidentiality of their communications respected. It specifically identified implications in terms of:

- The legislative framework to be adopted,
- The technology used to record and retain calls, and
- The practices and procedures adopted by the Garda Siochána to manage and use the recorded information.

_

⁴ Source – Garda Garda Síochána. The Waterford Control Room do not have data for the CAD review period available, but supplied data for CAD incidents from Jan-Sep 2021 as an indication of call breakdown

⁵ Report of the Fennelly Commission (2017) [gov.ie - Report of the Fennelly Commission (www.gov.ie)]

⁶ Report of the Fennelly Commission (2017) – Paras. 13.2.7 – 13.2.8

This would suggest that the Commission was not looking to prevent local call recording, rather ensure that it operated within a proper legislative framework with suitable safeguards.

HQ 027/2018 – Recording of Telephone Calls Policy refers to the recording of emergency calls for service in regional/divisional communication centres, and any other areas within Garda stations/facilities where recording from non-emergency calls for service is approved. This would suggest that recording of calls for service not received through ECAS could be recorded under the current policy if approval was granted.

The absence of call recording at local stations is a serious vulnerability. It is made more acute by the lack of sufficient technical or procedural safeguards to ensure that all incidents are recorded and appropriately managed. The Garda Síochána should review its approach to recording of calls for service received at local stations and develop a call recording strategy that meets operational needs and provides safeguards to the public. This should be aligned to the development of a wider Contact, Command and Control Strategy that embraces ongoing developments within the Regional Control Room and new technologies aligned to the CAD2 Project.

Stages 3 & 4 – Prioritised Incidents

Calls for service are requests from the public seeking Garda services. They are categorised as either emergency or non–emergency by the call taker based on the nature of the call and/or the information available. This differs from other approaches where emergency and non-emergency calls are categorised by the channel used by callers and then prioritised for the appropriate response. The latter approach supports clear public messaging on the appropriate use of 999/112 and supports control room technologies such as skills based-routing for call-takers.

Irrespective of the means of contact, it is essential that call takers accurately record incidents on the CAD system and enter the caller's details, contact number, incident location, brief details of the incident and an opening incident code. This code is used by the CAD system to assign automatically the priority for the incident, (either Emergency, Priority 1, Priority 2 or Priority 3). If the initial call type is not correctly assigned to the incident, there is the potential for an urgent call to be assigned a lower priority and receive a delayed response.

Although not yet quantified, there are incidents within the CAD Review where the information provided by callers was not accurately recorded, such as contact details and/or the location of an ongoing incident. This resulted in members being dispatched to the wrong locations and unable to recontact callers to resolve. On such occasions, the Garda Síochána were unable to provide a service, and in terms of the CAD Review, some callers remain unidentified.

Stages 5, 6, 7, 8 & 9 - Dispatch & Closure Report

Where an incident requires attendance by the Garda Síochána, it is forwarded electronically by the call taker, via the CAD system to a dispatcher and resourced accordingly. The member attending the incident updates the dispatcher and, once concluded, the dispatcher will update and close the CAD incident. This process requires the dispatcher to enter manually a final incident type and disposal code into the CAD system.

Communication between the dispatcher and members should be over secure TETRA radio, which is recorded for policing purposes and provides an audit of the communication. Members should not be dispatched to incidents directly by mobile telephone or any other means of communication that is not officially provided by the Garda Síochána. This is potentially a greater risk at local stations where a CAD incident might not always be raised, despite a member attending and raising a PULSE record.

The Garda Síochána had policies and procedures in place to reconcile PULSE entries with CAD incidents, which should have identified any shortcomings or local practices circumventing CAD. However, the Garda Síochána has been unable to provide evidence of the extent to which these policies were enforced, or reconciliations completed.

The CAD review identified cases where dispatchers were requested to cancel incidents by members who had physically responded to incidents and provided a service. On occasions, dispatchers accepted these requests without challenge or without seeking justification. Although some cancellations were justified, there were incidents where members attended, provided a service to victims and thereafter requested dispatchers to cancel incidents. This resulted in incidents being closed without transferring to PULSE and avoided the need for any follow-up actions by members who had attended them. This vulnerability was addressed through the mitigations requiring only sergeants and supervisors to cancel incidents.

Stage 10 – Initiate Follow Up

This disposal code is used to automatically generate a skeleton PULSE entry, carrying forward basic information from the CAD Incident. This closes the incident within the regional control room and places responsibility onto the individual member who attended the call, their supervisor and divisional Performance Accountability Framework (PAF).

Typically, the creation of a PULSE entry will ensure that an incident is investigated and, where relevant, a crime report raised. With a DVSA incident, the creation of a PULSE entry will initiate further investigation, and where relevant, prompt information sharing with other agencies. Importantly, it provides the Garda Síochána with a record to inform subsequent DVSA interventions and ensure victims are supported. It is essential that every incident is closed properly, and a PULSE entry created. Otherwise, there is a serious risk of incidents being closed prematurely with no further action being taken.

It is of relevance that incidents closed using the CANCELLATION, INFO or TRANS disposal codes did not transfer to PULSE.

Policies & Procedures

Call Handling & Incident Recording

The CAD Review covers the period from 1 January 2019 to 31 October 2020 and spanned two distinct policies and procedures for call handling. The *Call Handling and Incident Recording Policy and Procedure (HQ Directive 067/2016)* was introduced on 1 November 2016 and remained in place until 10 September 2020, when it was cancelled by the *National Control Room Policy and Procedure* (HQ Directive No: 042/2020). Both require that all calls for service from the public are to be recorded at the time of the report.

Prior to September 2020, there was a requirement for calls for service to be recorded on either the CAD System or RC1 Form (manual or electronic) and/or PULSE as applicable. This policy covered calls received at both control rooms and local stations. Telephone systems are not integrated with CAD, and no procedures exist within the regional control rooms or local stations to reconcile calls received from the public with CAD incidents. This lack of integration presents a potential risk where call takers receive a call for service and either inadvertently or deliberately fail raise a CAD incident. Although there are plans to integrate 999/112 calls with the new CAD2 system, this will not extend to local calls.

After September 2020, all calls for service from the public were to be recorded at the time of the report on the CAD System, with emergency 999/112 calls received via ECAS recorded on the CAD

System by call takers in the regional control rooms. The 2020 policy seems to focus on processes within the Regional Control Rooms and appears less detailed on the current processes to be followed at local stations.

Call takers within the regional control rooms are instructed to enter information directly onto the CAD system, although notepads and scrap paper are used to capture some information from calls. While integration issues will be resolved through the CAD2 project, the legitimate need for call takers to jot down notes is likely to continue, especially where a caller is distressed or difficult to understand. Garda Síochána may wish to consider whether there is a need to manage the risk of call takers manually recording information on paper, and whether mitigations such as issuing sequential scribble pads with supervisory checks are necessary or proportionate.

The 2016 policy existed for most of the CAD Review period. It contained prescriptive processes to reconcile CAD incidents or RC1 Forms with PULSE and manage these through Divisional PAF processes. It required calls for service to be reviewed by authorised personnel and where the "Final Incident Type differs from the Initial Incident Type, to ensure that the appropriate call outcome and rationale recorded in the CAD Incident narrative is sufficient for audit proposes". Given this level of prescription, it seems surprising that the issues around both cancelled and INFO incidents were not identified sooner. It would suggest that quality assurance checks required by the 2016 policy were either not being followed or were not effective.

Furthermore, documentation provided by the Garda Síochána refers to *HQ 059/2014 – Inspection and Review* and highlights that control room sergeants should review all incidents per tour of duty. It also highlights that data quality will be examined as part of inspection and review. Given this level of prescription, it again seems surprising that the specific issues around cancelled, and INFO incidents identified by the CAD Review were not identified sooner through ongoing daily supervision and quarterly quality assurance checks. This would suggest that supervision and quality assurance checks were not followed or not effective.

The Garda Síochána acknowledges that systematic and consistent quarterly quality assurance checks have been historically difficult to implement given the absence of data and management reporting. It also highlights the importance of system and analysis support.

The discovery of additional non-compliant CAD incidents in September 2021 would also suggest that the current levels of supervision and quality assurance within regional control rooms is weak. This presents a serious ongoing risk to the Garda Síochána, and an urgent review should be undertaken to ensure that effective supervision and robust performance management is in place for all regional control rooms. This should include consideration of whether there are sufficient supervisors at each location, and whether they have the necessary skills and experience to check the quality of incidents and manage individual performance by members.

There is also a need to review supervisory processes and enabling technologies, as well as consider a suite of performance indicators that provide visibility over identified risks and offer assurance to the Senior Management Team.

Given the level of risk, it is important that the Garda Síochána seeks assurances beyond the regional control rooms and ensures that sufficient supervisory and audit measures are in place to monitor local and divisional compliance with incident recording.

The 2020 policy⁷ provides current guidance in situations where the caller requests cancellation:

- "On occasion, the original caller will call back the emergency service stating that a Garda response is no longer required to respond to an incident. The Call Taker will confirm with the original caller that they no longer require the Garda Síochána and will cancel the incident and ensure that the rationale for the cancellation is noted on the incident. Call Takers shall exercise extreme caution before cancelling any incidents. If the Call Taker is in any doubt that the cancellation request is not genuine, resources shall be dispatched and made aware of all details in relation to the incident including the cancellation request. No CAD Incident shall be cancelled without the knowledge and approval of the Sergeant I/C.
- Incidents of Domestic Violence shall NOT be cancelled under any circumstances. All calls of a Domestic Violence (as defined under the relevant Domestic Violence policy/procedure) nature must receive a response ensuring a unit attends each incident."

Code of Ethics

The Policing Authority published a Code of Ethics for the Garda Síochána⁸ in 2017, which sets out guiding principles to inform and guide the actions of every member of the Garda Síochána. These are:

- Duty to Uphold the Law
- Honesty and Integrity
- Respect and Equality
- Authority and Responsibility
- Police Powers
- Information and Privacy
- Transparency and Communication
- Speaking Up and Reporting Wrongdoing
- Leadership

The Code of Ethics is relevant to call takers and dispatchers. It was explicitly included within the CAD Review Terms of Reference⁹ as a consideration against which to assess individual incidents.

Garda Decision Making Model

The Garda Decision Making Model¹⁰, (GDMM) is an integrated tool to assess risk at the earliest stages of decision making. It aims to ensure consistency of decision making and provides a framework for continuous review, evaluation and improvement. It promotes a rights and ethics based model for decision making, which ensures that constitutional, human rights and ethical principles are embedded in all considerations.

The GDMM is the sole decision-making framework for the Garda Síochána and guides call takers and dispatchers in determining responses to calls for service. It was included in the CAD Review as a specific consideration against which to assess individual incidents. The relevant questions to inform this assessment where:

- Is what I am considering consistent with Constitutional and Human Rights and the Code of Ethics?
- What would An Garda Síochána expect me to do in this situation?

⁷ National Control Room Policy and Procedure (HQ Directive No: 042/2020)

⁸ Code of Ethics for the Garda Síochána (23rd January 2017)

⁹ Appendix 2 – Garda Síochána - National CAD Review Terms of Reference

¹⁰ Garda Decision Making Model (4th July 2019)

- What would any victims (s), the affected community and the wider public expect of me in this situation?
- Am I demonstrating empathy in this situation?
- Am I demonstrating respect for all involved?
- Are my own personal values, preferences, beliefs impacting on this decision in a positive way?
- Can I explain my actions or decision in public?

Victim Centred Policies

In addition to the Code of Ethics and GDMM, the Garda Síochána identified the following policies as relevant considerations for the CAD Review:

- The Garda Charter Working with our Communities¹¹
- Garda Victims Service Policy¹²
- Domestic Abuse Intervention Policy¹³

These policies set the standards of service that victims can expect from the Garda Síochána.

Training

Copies of CAD training materials and resources used from February 2017 show that members were trained in how to cancel a CAD incident. In demonstrating how to perform a cancellation, attendees were shown that the CAD system records the Garda number of the operator who cancels the incident. This means that all members should be aware that cancelled incidents can be traced back to them. Members were strongly discouraged from cancelling incidents, unless in the case of a duplicate incident or in limited situations such as a caller ringing back for a minor road traffic collision when Gardaí are no longer required. Members were instructed never to cancel a DVSA Incident.

A comprehensive training programme was used to support the introduction of the Regional Control Rooms, which commenced in the Eastern Region in August 2018. The programme covered:

- National Control Room Strategy Call Takers/Operatives Course 4 weeks duration
- Train the Trainers Course 4 weeks duration
- CAD Dispatchers Course: Regional Control Rooms 3 weeks duration
- CAD Familiarisation Course 1 day duration and
- Dispatcher Conversion Course for Call takers transferring to Dispatch 2 days. -

Overall, the training in call taking and dispatch seems extensive, covering policies, procedures and the technical aspects of both CAD and PULSE. It also covered softer skills such as how to answer calls, listening and dealing with traumatised callers, as well as inputs on culture, human rights and diversity. The central aim of the training was to embed the Garda Síochána Code of Ethics and ensure that all personnel have an in-depth knowledge of the organisational core values and vision.

Following training, new staff are required to complete a period of close supervision within the regional control rooms. They work alongside experienced staff and must be assessed as competent by sergeants or supervisors before taking calls.

¹¹ The Garda Charter – Working with our Communities

¹² Garda Victims Service Policy – Policy Directive 14.2015

¹³ Domestic Abuse Intervention Policy – HQ Directive 23/2017

Additional training and briefings have been delivered to call takers and dispatchers as part of the CAD Review. These included inputs on victim centred approaches when dealing with callers who may be vulnerable and the victims of DVSA.

Although members were trained in how to cancel incidents, they should have been aware of the limited circumstances when this was permitted. There is nothing to suggest that the training was inadequate or has been a factor in cancelled incidents or other workarounds.

CAD Review Methodology

Following the initial check of CAD Incidents in October 2020, further checks were made on a sample of cancelled incidents on two separate dates, across all four units in the DMR Control Room. These checks identified that:

- There did not appear to be any indication of supervisory sanction to cancel incidents;
- A significant number of incidents were either cancelled incorrectly or unclear;
- There was a lack of clear policy in force on those dates;
- There was no indication that supervisors are monitoring cancelled incidents;
- · Cancelled incidents were not transferring to PULSE; and
- PULSE safeguards and governance not being applied to incidents.

On 5 November 2020, the strategic oversight group instructed the national CAD Review and circulated a formal Terms of Reference¹⁴. This sought to review the level of compliance with approved and recognised good practice and the Garda Síochána Code of Ethics and Victims Charter. One of the key drivers of the review was to identify crimes and non-crimes that were not properly recorded as a result of CAD cancellations.

This was followed by agreement over a phased approach:

- Phase I Examination of Cancelled Priority 1 Incidents for the period 01/01/20 to 31/10/20;
- Phase II CAD Priority 1 Incidents classified as INFO incidents for the period 01/01/20 to 31/10/20;
- Phase III Cancelled Priority 1 Incidents for the period 01/01/19 to 31/12/19 for DMR and from the commencement of the Control Rooms in the North Western, Eastern and Southern regions; and
- Phase IV CAD Priority 1 Incidents classified as INFO Incidents for the period 01/01/19 to 31/12/19 for DMR and from the commencement of the Control Rooms in the North Western, Eastern and Southern regions.

INFO incidents were included due to concerns that these did not automatically transfer to PULSE and could be closed by call takers and dispatchers without additional scrutiny.

The scale of the Garda Síochána CAD Review should not be underestimated, with over 1.4 million incidents recorded nationally on the CAD system between 1 January 2019 and 31 October 2020. This included almost 203,000 cancelled incidents and required the Garda Síochána to adopt a risk-based approach to the review. This rightly focused on identifying those incidents which presented the greatest risk of harm or vulnerability. As all incidents are prioritised automatically on CAD from the initial incident type, it was reasonable and proportionate for the CAD Review to focus on Emergency and Priority 1 incidents.

¹⁴ Reproduced in Appendix 2 – Garda Síochána National CAD Review

This prioritisation reduced the sample for review to 23,361 incidents. These were subject to an initial risk assessment by members with relevant experience in call taking and dispatch. These members assessed incidents that were potentially non-compliant using a Red Amber Green (RAG) risk rating. Green ratings were applied where the Garda response or service was deemed correct and in line with proper policies and procedures. Red and amber ratings were applied to incidents where it was unclear from the data whether the call had been responded to appropriately or cancelled without the victim or caller receiving a suitable response or service. The process was later amended to using only red and green, with incidents rated as red where there was any doubt.

Incident assessments were subject to peer review and supervisory checks. Members recorded their RAG assessment and rationale for each incident on the CAD Review spreadsheets and were instructed by supervisors and managers to mark all incidents as non-compliant where there was any doubt. Supervisors and managers confirmed that they had made some changes to the initial assessments by members, invariably marking incidents as non-compliant to ensure their review.

As more information became available, the strategic oversight group decided to narrow the focus further and concentrate on the high risk cancelled incident types of Domestic Violence and Sexual Assault (DVSA), health related matters, missing persons and INFO incidents. Although using incident types to narrow the scope of the CAD Review is valid, there is a risk that some incidents were incorrectly coded by call takers and dispatchers at the time of receipt. This could potentially result in incidents being automatically assigned a lower priority and excluded from the CAD Review.

The Garda Síochána should therefore consider a proportionate risk-based approach to assess the extent to which cancelled incidents with the potential for harm and vulnerability still exist in Priority 1 incidents. From initial discussions with GSAS, this will include relevant key word searching across the CAD data store and some statistically significant random sampling of incidents to inform wider decisions on a way forward.

The next stage of the CAD Review process involved gathering and collating data and the creation of files to support the detailed review of non-complaint incidents. Each file included:

- Copy of relevant CAD incident;
- Copy of the CAD data obtained by the initial Review and RAG rating including names and addresses and phone number of caller;
- Copy of the 999 call recording received;
- Copy of the TETRA radio transmissions recording, if applicable; and
- Checklist for reviewer/assessor.

The Garda Síochána are to be commended for the detailed preparation of the CAD incident files. The scale of this task should not be underestimated, especially the effort needed to secure electronic copies of 999/112 telephone calls and radio recordings. The commitment and attention to detail of the CAD review team involved in this stage should be recognised. The checklist for the reviewer/assessor initially contained 34 questions and a further nine were added by the strategic oversight group. This was to ensure a consistent national approach and capture the outcome and any impact from the caller/victim perspective. This demonstrates an iterative approach by the strategic oversight group, improving the review process and capturing additional data to support subsequent analysis.

The assessment of each incident was recorded on an individual CAD Review Checklist and responses transposed onto CAD Review Master Spreadsheets. In addition to providing a highly auditable process,

this offers a rich dataset for research and analysis. This stage initially identified a total of 2,910 incidents for referral to divisions for consideration of victim engagement.

The strategic oversight group was mindful at the outset of the CAD Review that some cancelled incidents may have resulted in serious risk or harm to individuals. Processes were put in place at the start of the review for members to identify any "high risk" incidents. These were collated and escalated to Divisions for urgent review. Members involved in the initial examination of CAD incidents identified a small number of high-risk incidents and other members at other stages did likewise. By August 2021, approximately 47 incidents had been identified within the DMR as potentially high risk and forwarded to divisions for review. Given the potential for these incidents to have resulted in serious risk or harm to individuals, it is recommended that all high-risk incidents identified across all regions during the CAD Review be independently reviewed. This will necessitate listening to the call and radio recordings as well as reviewing the CAD Review File and any victim engagement.

The Garda Síochána were aware of "outliers" in relation to individual members who appeared to have been responsible for a disproportionate number of incorrectly cancelled incidents. This was identified during the initial review by the Chief Superintendent (Eastern Division) in October 2020 and again highlighted early in the process by regional CAD Review Teams. The data was subsequently confirmed through analysis by GSAS.

The identification of "outliers" alerted the strategic oversight group to the potential for disciplinary action arising from the cancelled CAD incident review. A separate terms of reference was established to (i) conduct an assessment of all relevant incidents from a disciplinary perspective, (ii) ensure appropriate disciplinary investigations are conducted and disciplinary outcomes are recorded in a timely manner, as appropriate, and (iii) compile statistical returns on discipline outcomes, arising from the cancelled CAD incident review. Disciplinary action was not reviewed as part of this Preliminary Examination.

It would appear there was only limited early engagement with individual members to seek their cooperation in identifying CAD vulnerabilities, workarounds or better understanding the drivers for cancelling incidents. Instead, there would appear to have been a reliance on written directives, technical mitigations, and ongoing supervision. The Garda Síochána acknowledges that the consideration of discipline in relation to members and staff was a factor in inhibiting the extent of such engagement.

However, the risk in not having engaged early with members is that further vulnerabilities or workarounds were not identified until much later into the CAD Review. Arguably, this has had the potential to undermine public confidence, not only in the service but in its response to the original critical incident. It is recommended that the Garda Síochána consider engaging with members involved in call taking and dispatching within all regional control rooms and at a station level to identify potential CAD vulnerabilities, workarounds and particularly the drivers for cancelling incidents.

The CAD Review process was a reasonable and proportionate response to the challenges identified from the cancellation of CAD incidents. The sheer volume of cancelled incidents required an iterative risk-based approach and the focus on identifying harm and vulnerability was entirely consistent with the mission of "keeping people safe". The assessment process and determination of non-compliance was made possible through the existence of relevant policies and procedures.

The approach taken by the Garda Síochána in using different members for separate stages of the CAD review was helpful in bringing different skills, expertise and perspectives to the review process. It also provided a degree of independence from members who may have been involved in the call handling

process. The peer review and quality assurance measures across all stages of the CAD review provides additional reassurance.

Strategic oversight, common review processes and validated data has ensured a consistent baseline standard across the Garda Síochána, albeit that some regions and districts built further on these processes. There has been forensic attention to detail in the preparation of individual incident files. Although this has been a highly labour-intensive process, it will expedite any future independent audit.

All stages of the CAD Review process are capable of independent audit at an individual incident level.

The knowledge and data gathered from the CAD Review, including the victim engagement phase will provide valuable insights and should inform any risk-based approach to reviewing cancelled Priority 2 and 3 incidents. Given the high volume of these incidents, any further review should be proportionate and remain focused on vulnerability. The financial and opportunity costs needed for further reviews should be commensurate with the risks being mitigated.

Strategic Leadership

Interviews were held with the Commissioner, Deputy Commissioners, Chief Information Officer and all four Regional Assistant Commissioners. There is a sense of personal responsibility within the Senior leadership team and recognition of the impact arising from the closure of CAD incidents. There has been active engagement from the Commissioner and Deputy Commissioner (Policing and Security). The Commissioner was first made aware of this issue on 4 December 2020. He has personally visited the CAD Review teams and regional control rooms to meet members and reinforce key messages, particularly around identifying vulnerability.

The issues arising from the closure of CAD incidents were identified in October 2020, through the initiative of the Chief Superintendent, (Eastern Region) who conducted a limited analysis of CAD incidents not transferring to PULSE. These issues were escalated through the Assistant Commissioner (Eastern Region) and led to a strategic level oversight group being established on 5 November 2020.

The leadership, and integrity of the Chief Superintendent, (Eastern Region) is to be commended, as is her ongoing engagement with the CAD review and identification of subsequent issues. Her actions serve as a positive example of the Code of Ethics for the Garda Síochána, identifying issues and working within the organisation to identify learnings and drive continuous improvement.

A critical incident in policing is generally understood as any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community. It requires effective strategic leadership and co-ordination. In this case, the Garda Síochána acted promptly in establishing a CAD strategic oversight group. This group is chaired by the Assistant Commissioner (North Western Region), who is also the CAD Business Sponsor. It is attended by the other three Regional Assistant Commissioners and other senior members. This represents a significant commitment at Assistant Commissioner level and should ensure strong and consistent leadership.

Specialist national assets including the Garda National Protective Services Bureau (GNPSB) and the Garda Síochána Analysis Services (GSAS) were included in this group to provide specific expertise, which has proved invaluable. There was also early external engagement with Women's Aid to seek advice on victim impact and engagement.

The group has met on 30 occasions up to 21 October 2021, producing agendas and minutes for each meeting. These demonstrate the ongoing oversight of the CAD Review process, with identification of

key issues and decisions informed by available data. Together with other supporting documents, these minutes offer a timeline of when key issues were known to senior leaders and provides an auditable record of their direction and control.

Given the volume of cancelled incidents, there was an initial requirement to define the problem and understand risk. This developed into a victim-centered strategy to identify harm and vulnerability. The approach aligns with the Garda Síochána wider commitment to tackling domestic violence and was an appropriate way for the service to address the complexity of the CAD review.

On 21 May 2021, the Assistant Commissioner (North Western Region) established an *Operational Governance Board – Computer Aided Dispatch*. This is led by the Superintendent (DMR) and attended by the three inspectors responsible for the other regional control rooms. The purpose of this board is to ensure consistent operational governance across the regional control rooms, with a specific focus on CAD data integrity, caller response, policy compliance and implementing lessons learned from current and future reviews. It also has a role in overseeing the training and development of both regional control room members and local dispatchers.

The strategic oversight group will be needed for the foreseeable future to conclude the CAD Review and more importantly, ensure that all learnings are identified and implemented into future communication, command and control arrangements. Although current reporting arrangements to the Policing Authority allow for scrutiny and accountability, there would be value in exploring options for officers of the Authority to participate as observers within the strategic level oversight group. This would facilitate more proactive engagement between the Garda Síochána and the Policing Authority, provide greater transparency over all aspects of the CAD review, promote a shared situational awareness over key issues and impact positively on building public confidence in call handling.

Although there is evidence of effective strategic leadership of the CAD Review process, there is less evidence of what assurances were sought for ongoing compliance with the revised policies and mitigations introduced under its direction. Only limited evidence was provided of performance management and quality assurance processes for the "business as usual" operation of regional control rooms.

Data Management

Access to reliable data has been critical in progressing the CAD review. This has been difficult due to limitations in extracting data from the ageing CAD system, which was commissioned in 1987. The system uses a proprietary data store rather than a structured database and relies on users entering text commands. There is no data validation, in-line quality checks or decision support and only very limited real time reporting. This makes the system less intuitive and requires users to have sufficient training, guidance, and experience to operate it effectively. It also makes the system more prone to data entry errors and relies on effective supervision and monitoring to ensure that incidents are accurately recorded and coded.

Notwithstanding the limitations around data validation, the use of explicit commands and formatted text strings means that users must consciously decide what to enter, making the accidental cancellation of CAD incidents less likely. It is therefore not legitimate to attribute the service failures from cancelled incidents on the technical limitations of the CAD System.

After the initial identification of cancelled incidents in October 2020, a CAD Review Team was created in each region. These were made up of individuals experienced in using the system. The limitations in abstracting data prompted a "bottom up" process, where every cancelled call was retrieved on the

CAD system and relevant data manually entered onto spreadsheets. Although hugely time consuming, this created an initial dataset of all cancelled incidents and built the foundations of an effective CAD Review management system. All decisions and assessments for individual incidents are recorded on these spreadsheets. They provide a record of review actions taken on each incident and collectively provide a rich source of data for analysis and audit.

Network access to these spreadsheets was tightly controlled to only those working on the CAD Review. Team members interviewed were confident that the integrity of their data was maintained across all stages of the review and GSAS has collated and retained these spreadsheets for future audit.

The "bottom up" approach was expedient and allowed the Garda Síochána to manage the volume of incidents identified through the CAD Review process. However, it was followed by a separate "top down" process led by GSAS. This was supported by the software vendor and extracted relevant data from the CAD system to create a definitive data store of all incidents covered by the CAD Review. This exercise allowed GSAS to validate the manually entered data from the "bottom up" process and check that all relevant incidents had been identified and accurately entered. This resulted in additional incidents being identified and added to the dataset for review.

Notwithstanding the longevity of the CAD system, there remains a good relationship with the US-based software vendor. This allowed the Garda Síochána to respond quickly to issues identified from the CAD Review, implementing software changes for technical mitigations at very short notice and working with GSAS to extract data and build the data store. Following the identification of additional CAD issues in September 2021, the Garda Síochána asked the software vendor to identify other ways in which users could cancel CAD incidents outside the current instructions. The software vendor has confirmed in writing that "I have checked the programs in the CAD system and have not found another way that the users are able to cancel incidents who are not authorized to cancel incidents. No other methods of cancellation are known".

The data store allows the Garda Síochána to search and report on the CAD Review data and use this to analyse the many nuances of how incidents were cancelled. This will be invaluable in identifying learnings and informing how best to review the Priority 2 and 3 incidents. The investment in the data store creates future possibilities for extracting and analysing additional CAD data. However, the costs associated with this should be carefully balanced against the potential benefits.

GSAS has made a valuable contribution in supporting the CAD Review and ensuring data integrity. However, its involvement is a notable example of the significant opportunity costs to the Garda Síochána in abstracting members on a full and part-time basis to service the CAD Review, and the consequential impact on both business-as-usual and organisational development.

Victim Engagement

The victim engagement phase is critical to the effectiveness of the CAD Review, as it provides an opportunity for service recovery and facilitates the assessment of risk or actual harm caused to victims as a result of the unwarranted cancelled call.

The Detective Chief Superintendent, (now retired) from the Garda National Protective Services Bureau (GNPSB) participated in the strategic oversight group and should be commended for his contribution in developing priorities for identifying vulnerability and supporting the victims of DVSA. In his presentation to Victim Engagement Teams, he emphasised that victim engagement was not about "AGS getting a 'get out of jail free card' – and dealing with a crisis – but the victim feeling safe, being safe and having the confidence in AGS to deliver effective safe-quarding".

There has been a nationally coordinated approach to victim engagement, with core briefings and resources provided by the GNPSB and the Superintendent (Communications Room) to all divisional Victim Engagement Teams. This included clear messaging around DVSA, identifying vulnerability, stressing the need for a consistent & compassionate response, and minimizing re-victimisation. Victim Engagement Teams were instructed to provide contact details for national or local victim support groups.

The GNPSB provided briefings to regional control room members on victim centred approaches when dealing with callers who may be vulnerable and the victims of DVSA. This was a positive development and reinforced the reasons behind the policy directives and technical mitigations that had been implemented within control rooms.

There was positive early engagement between the GNPSB and Womens' Aid, including a briefing on issues arising from the unwarranted cancellation of incidents. This resulted in them providing timely advice on the victim engagement phase.

In addition to the national coordination from the GNPSB, the Victim Engagement Phase had strong ownership from divisions, with oversight from Divisional Chief Superintendents. Members demonstrated an intimate knowledge of the incidents that had been forwarded to them. Victim engagement was largely delivered through divisional protective services teams or domestic abuse coordinators. This was good practice and ensured the victim engagement phase was conducted by experienced members and integrated into local victim support arrangements.

Victim Engagement Teams were provided with full CAD Review incident files, including both call and radio recordings where these were available. All incidents were individually assessed by a Victim Engagement Team member and their assessment subject to both peer and supervisory review. A sample of incidents were also reviewed by divisional chief superintendents and superintendents. This gave both divisional leadership teams and members involved in protective services insights into call handling and dispatch. Many expressed disappointment at the service failures and were committed to remedy these and support victims.

Following the individual assessments by Victim Engagement Teams, decisions were taken on whether to contact the victim. Where contact was deemed necessary, agreement was made as to how best to engage. At the time of the evaluation fieldwork in August 2021, there had been 2910 incidents passed to divisions for victim engagement. Of these, it was assessed that no contact was required in 1,550 incidents. 808 incidents had resulted in telephone contact and 431 incidents had resulted in face-to-face contact.

The victim engagement has now concluded, with only very few victims remaining who cannot be traced or contacted for legitimate reasons.

Anecdotal feedback from the Victim Engagement Teams revealed that most victims were supportive of their contact and follow-up actions. Many victims expressed surprise at being contacted as part of the CAD Review and voiced no concerns over how their original incident had been dealt with. This likely reflects the nuances around cancelled incidents, where in many cases the Garda Síochána had attended incidents and provided a response to victims - or did not attend at the victims' request. The data gathered in the CAD Review will provide greater clarity over these nuances.

In terms of service recovery, the Victim Engagement Teams had responsibility for reassessing the incident, carrying out any additional investigation and where appropriate raising a PULSE record and

crime report. It was also responsible for providing additional information or referrals to other agencies such as TUSLA.

As with the earlier CAD Review process, the Victim Engagement Phase benefitted from strong national coordination and consistency. It provided a baseline approach that was enhanced in some divisions with additional training and resources.

It is recommended that the Garda Síochána progress a national peer review of the victim engagement phase, including individual case files to provide assurances over quality, consistency and identify all learnings. This should be led by the GNPSB and conducted by a small team drawn from Victim Engagement Team members across all regions.

The CAD Review has created a substantial dataset and offers valuable insights into the effectiveness of critical processes. This includes insights into the protocols and responses provided to victims of very high risk DVSA incidents. The Garda Síochána should review the very high risk DVSA incidents included in the CAD Review and assess the effectiveness of current protocols and the consistency of responses within regional control rooms.

Assessment of Adverse Impact

The Policing Authority has asked the Garda Síochána to provide some assessment of the adverse impact to victims because of service failures identified by the CAD Review. This assessment should inform any approach to reviewing Priority 2 and 3 incidents and building public confidence in policing. However, there is currently no shared understanding of "adverse impact" and more work is needed to articulate its meaning and agree methods for meaningful assessment.

On 28 October, the Deputy Commissioner, Policing and Security provided a public assurance at the Policing Authority meeting that no victim had suffered physical harm because of a cancelled incident. This assurance has not yet been independently validated, and there is still a need to articulate the potential risks that failures in call handling presented to victims.

There is an opportunity to categorise the types of detriment that victims have experienced, and the CAD Review and victim engagement phase should provide both quantitative and qualitative data to inform this. It should be feasible to identify victims who despite making a call, did not receive a service and either suffered actual harm as a result or experienced a reduced intervention on a subsequent incident due to the initial call not being logged.

There will be some incidents where victims were unable to report a crime, and have it investigated to the extent that perpetrators were arrested and prosecuted. In DVSA cases, this could have delayed or deprived a victim of the opportunity to obtain a barring order against an abusive partner. There will also be incidents where a service was not provided, or a victim not identified. This is most likely to have occurred when a call taker did not accurately record an incident location or the callers' details.

The CAD Review Terms of Reference¹⁵ requires that an overview is to be provided to the Regional Assistant Commissioner as to the level of compliance with the practices and procedures outlined in the Garda Síochána Code of Ethics and Victims Charter thus protecting the human rights of all persons involved in and affected by this examination. This overview will be relevant to assessing adverse impact.

¹⁵ See Appendix 2 - Garda Síochána CAD Review Terms of Reference

Crime Reports

As of 22 October 2021, 87% of CAD incidents were reconciled with a PULSE incident. 4.6% of these were categorised as crime incidents and 95.4% as non-crime incidents. This represents 114 crime incidents, which included the following categories:

Table 1 – Crime Reports broken down by Crime Type

Crime Type	Total
Assault Causing Harm	7
Assault Minor	56
Breach of Barring Order	5
Breach of Interim Barring Order	7
Breach of Protection Order	8
Breach of Safety Order	14
Criminal Damage (Not by Fire)	6
Intoxicated Driving a Vehicle	1
Menacing Phone Calls	1
Murder - Threats to Kill or Cause Serious Harm	2
Possession of Offensive Weapon	1
Public Order Offences	1
Public Mischief & Similar Offences	1
Rape of a Female	1
Sexual Assault	1
Theft (Other)	2
Total Crime Reports	114

The Garda Síochána has publicly acknowledged that some crime reports could not be progressed due to the statute of limitations, given the passage time between the original incident and the victim engagement. An examination of all crime related incidents will be needed to assess the extent to which investigations could not be progressed due to lost evidential opportunities, such as visible injuries, other physical evidence that might have been available at a scene or missed witness testimony.

Given the importance of assessing the adverse impact, it is recommended that the Garda Síochána engage with the Policing Authority and develop approaches on how best to define and assess adverse impact.

Complaints

In terms of complaints, the Garda Síochána receives Complaints which are dealt with under Section 85 of the Garda Síochána Act 2005 and are forwarded to the Garda Síochána Ombudsman Commission (GSOC). A review on this matter was conducted by Internal Affairs, which identified four complaints where complainants contacted a Garda Station or Communications Centre complaining that they did not receive an appropriate service. Given that the almost 1.4m calls for service were received by the Garda Síochána during the CAD Review period, it seems unlikely that only four calls resulted in callers being dissatisfied.

While it is likely that dissatisfied callers will call back and speak to call takers and supervisors, it seems that these calls are not being captured as quality-of-service issues. This makes it difficult to assess accurately the quality of service being provided and represents a lost opportunity to improve service delivery.

Mitigations

The Garda Síochána responded promptly when the initial issue of cancelled incidents was highlighted. On 2 November 2020, technical mitigations were introduced with support from the CAD software vendor to prevent future incidents being cancelled other than by a supervisor. This addressed the risk where call takers and dispatchers could cancel incidents directly and without supervisory checks.

These technical mitigations were supplemented by directions and emails from the strategic oversight group. These advised that as part of the consolidation of CAD, several process reviews had been undertaken which revealed that a large number of incidents had been either cancelled or categorised as INFO incidents. It reminded members of the very strict criteria for using INFO and instructed that incident should only be cancelled where there was (i) a duplicate on the system, (ii) an alarm activation and cancellation request validated by the alarm company and (iii) where the original caller contacts the regional control advising that a response is no longer required. In the latter case, the direction provides additional guidance and safeguards. This direction makes it clear that domestic violence incidents should not be cancelled under any circumstances.

It required supervisors and inspectors in the regional control rooms and at a station dispatch level to monitor CAD throughout their tour of duty to ensure that calls for service are properly managed and correctly categorized. These directions were marked for "strict compliance".

Despite this technical mitigation and direction, the CAD Review Team identified that some call takers continued to cancel incidents, using an alternative method of adding an "X" to an action field on the CAD system. This was addressed on 8 December 2020 through a further technical mitigation and software change. CAD training resources show that this was a legitimate method for cancelling incidents and its continued use after the software update and policy directions may indicate ineffective communication with control room members. However, if members were aware, then it would suggest that some deliberately chose to ignore policy directions and continue to cancel incidents.

Additional technical mitigations were applied on 14 December 2020 to ensure that incidents initially recorded with an opening code of DVSA could not be changed or cancelled. This addressed the risk where DVSA incidents could be cancelled without providing a policing response. It also ensured that all future DVSA incidents would be transferred to PULSE.

On 14 December 2020, the AC (North Western Region) issued a direction to all other Regional Commissioners advising that the INFO command would be eliminated from CAD and that new incident types would be introduced. The risk in using the INFO command was that incidents did not automatically transfer to PULSE and could be closed without any further supervision. The five new incident types were TEL, MTCC, PARTY, PRISTR and INTELR and additional instructions were issued on the use of NUIS, SILENT & HANGUP. It is of note that PRISRT (Prisoner to be transported) and INTELR (Intelligence Received), were new codes intended not to transfer the incident to PULSE.

There was no additional guidance issued on the use of these new codes, and members were expected to rely on the short literal descriptions provided. While this may have been sufficient for the PRISRT

code, the INTELR offers more scope for misinterpretation and would have benefitted from more expansive guidance.

It seems that INTELR was intended to be used for several scenarios, including calls where intelligence was received at control rooms about potential criminality. No supporting business processes were introduced to manage how intelligence coded using INTELR was passed to divisions or other departments for assessment and action.

It was noted that the direction issued on 14 December 2020 highlighted the use of the Re-open (RO) command and advised members that it would come under the same scrutiny key as the CAN command. This meant that only supervisors could use RO and were required to add a comment as to why the incident was being re-opened.

This directive advised that all incidents of domestic violence should not be cancelled under any circumstances and that in accordance with policy and procedures, must receive a response ensuring a unit attends each incident. It also required supervisors and inspectors in the regional control rooms and at station dispatch level to monitor and examine CAD throughout their tour of duty - to ensure that calls for service are properly managed and correctly categorised. This direction is again marked for "strict compliance" and signals a clear expectation that inspectors and supervisors would be responsible for the ongoing monitoring and compliance with all aspects of the direction, including INTELR.

Despite the reliance on supervision, no additional measures were put in place to ensure that supervisory checks were being carried out, and no other arrangements were put in place to provide the strategic oversight group with wider assurance that the initial mitigations were effective.

On 16 December 2020, the AC (North Western Region), sent an email to the regional Assistant Commissioners. This has a PowerPoint presentation attached for the attention of all supervisors and inspectors in each control room. This presentation was intended to provide a clear and substantive overview of the procedural, technical and ethical parameters in which all calls for service should be undertaken. It highlighted the recently released (HQ042/2020) National Control Room Policy and Procedures and referenced the Garda Charter. It also highlighted the background and key findings of the CAD Review.

Importantly, it identified operational issues that had been identified and the corrective action put in place to address them. This included reference to (i) the technical mitigations and the requirement that only supervisors can cancel incidents, (ii) changes to the INFO command and replacement codes, and (iii) changes to DVSA. It also referred to HQ059/2014 - Inspection & Review, with a statement that sergeants were to review all incidents per tour of duty and that data quality will be examined quarterly.

These slides provide a comprehensive briefing and clear messaging around the CAD Review and technical mitigations. While the covering email instructed that the slides be circulated to all supervisors and inspectors, it did not direct that they brief their teams on its contents. The email also referred to an intention to circulate critical slides as a general instruction through the Garda Portal, however a later decision was made not to publish the critical slides as the content related to a "niche" area.

On 13 January 2021, the AC (North Western Region) issued a direction to all other Regional Commissioners, requesting that they review the use of the TRANS command. This followed concerns identified by a sergeant within the Eastern Division, who had identified an anomaly with a specific

incident. He highlighted a risk that incidents could be closed without transferring to dispatchers and effectively lost on the system. In his report, he provided a small sample of Priority 1 and Priority 2 TRANS incidents, which also included Domestic Abuse Incidents. This led to TRANS incidents being included within the CAD Review.

During the evaluation fieldwork, it was noted that some internal Garda Síochána reports referred to "NO DISP – BLANK" as a CAD disposition. The purpose of the NO-DISP code and the potential for it to misused in the same way as cancelled incidents has not been fully explained. The Garda Síochána has committed to examine blank dispositions once it has concluded the review of INTELR.

The evaluation fieldwork and document review highlighted reference to the Garda Confidential Helpline and the 112 SMS Service. As both these services involve information being received and actioned within regional control rooms, it would seem sensible for the Policing Authority to receive assurances that both systems are being robustly managed.

Additional CAD Issues

On 3 September 2021, the Garda Síochána wrote to the Policing Authority advising that despite the ongoing review and mitigations that had been put in place, some members of the DMR Control Room had bypassed these safeguards. These incidents had not transferred to PULSE and the Policing Authority was informed that a technical mitigation was being put in place by the software vendor.

On 4 October 2021, the Garda Síochána wrote to the Policing Authority, advising that there were more cancellations than the 54 that had initially been identified by the software vendor for the period 4 December 2020 to 4 September 2021. This increase had come to light through engagement with a control room member. The Policing Authority was informed that the full extent of the number of inappropriately cancelled incidents was still being established and that a full review of any additional cancelled incidents would take place.

This additional CAD issue raises questions around the level of assurances sought and received by the strategic oversight group on the effectiveness of its mitigations. It also raises questions around the effectiveness of the ongoing supervision within the DMR control room.

On 5 October 2021, the Garda Síochána again wrote to the Policing Authority, advising that a further area of concern had been identified. This related to the use of the INTELR incident type, which as mentioned earlier in this report, does not transfer to PULSE. From initial enquiries by the Garda Síochána, it appeared that this method may have been used by control room members to close incidents inappropriately. The Policing Authority was advised that the software vendor had provided a list of all incidents which had been closed using this method during the period 14 December 2020 to 1 October 2021.

This issue extends to 19,709 incidents across all four regional Control Rooms, albeit the Garda Síochána believes that only a relatively few of these were potentially used to incorrectly cancel incidents. The Garda Síochána has developed a Terms of Reference¹⁶ to specifically address their review. This issue is particularly concerning, given the fact that INTELR was introduced by the strategic oversight group as mitigation against the known misuse of the previous INFO command. Again, this raises questions around the level of assurances sought and received by the strategic oversight group on the effectiveness of its mitigations around INTELR incidents. Again this raises questions around the effectiveness of the ongoing supervision within the regional control rooms

¹⁶ Appendix 3 – Garda Síochána - INTELR Terms of Reference

The Garda Síochána confirmed that although a direction was issued to Sergeants with an expectation of reviewing all CAD incidents, they are not able to review all incidents per tour of duty due to capacity issues. While supervisors will endeavour to review many incidents during their tour of duty, there are no records kept of what incidents are reviewed. Each cancelled incident is reviewed by a supervisor and a record is maintained of this on the CAD system.

Some limited dip sampling of incidents takes place quarterly in all regional control rooms as part of the inspection and review process, although this is currently being developed and has a focus on the performance of individual call takers and dispatchers.

Given that the Garda Síochána recognised that sergeants and supervisors have insufficient capacity to check all incidents, it is difficult to understand why the strategic group relied almost exclusively on the close supervision of incidents to manage compliance and the ongoing risk with CAD incidents. It would have been reasonable to expect that additional checks and balances would have been put in place to supplement the supervision and provide some level of assurance that the mitigations were being effective.

The potential reputational damage to the Garda Síochána and impact on public confidence because of these additional CAD issues should not be understated. However, from the Preliminary Examination completed to date, the Policing Authority can be assured that the CAD Review and Victim Engagement provides a highly auditable process to identify risk and vulnerability. It is therefore important that the Garda Síochána ensures that every incident which is identified as potentially non-compliant from these additional CAD issues follows the same methodology.

Discussions have taken place with the Garda Síochána around the methodology for reviewing INTELR incidents. This will include the use of keyword searching to identify where the code has been used inappropriately to close incidents and should also include random sampling across the entire dataset.

However, there is an additional a risk where call takers may have used INTELR to record "intelligence" on the CAD system, which has not been followed-up or assessed through other business processes. Given the absence of guidance on the use of INTELR, there is also a risk that some call takers may have recorded CAD incidents in a manner that is not compliant with Garda Síochána intelligence protocols. Given these risks, the Garda Síochána should extend its review to identify and remedy any such incidents.

Next Steps

This Preliminary Examination has focused on the CAD Review Process and mitigations, and there has been only limited opportunity to consider wider strategic issues around the Garda Síochána approach to call handling and the development approach to CAD2. However, an unintended benefit of the internal scrutiny over call handling is the deeper understanding of strategic risk across the organization and the strong engagement with control room staff and addressing system and process improvements for CAD2. There is an unprecedented opportunity to capture and build on the learnings, and for the Garda Síochána to develop a comprehensive strategy and roadmap for national Communication, Command and Control (C3) that goes beyond the planned roll-out of CAD2.

The focus on identifying risk and vulnerability through the CAD Review has undoubtedly accelerated opportunities to develop a more integrated model for assessing vulnerability and prioritising calls for service.

There is a need to consider whether the current model of call taking within regional control rooms and local stations is sustainable and whether the potential to reduce risk, increase operational

effectiveness and improve customer service through increased centralisation can offset the disadvantages of reducing local access and visibility. There is also a need to understand the economies of scale through increased centralisation, particularly in relation to technology and resources.

The issues around the ageing CAD system and other legacy technologies in use across regional control rooms are indicative of a chronic lack of investment. Further significant investment will be required to support any national Communication, Command and Control Strategy and its integration with the Garda Síochána Information and Security Vision (2020-2023). Decisions over call handling structures and economies of scale will be important.

Appendix 1 – Terms of Reference

Terms of Reference – Independent strategic advice regarding the Garda Síochána Review of the closure/ cancellation of CAD incidents

Perform a preliminary examination of the Garda Síochána review of the closure¹⁷ (including cancellation) of Computer Aided Despatch¹⁸ incidents, and assess and provide strategic advice to the Policing Authority on:

- 1) The adequacy of the scope, depth and scale of the methodology employed by the Garda Síochána in their on-going review.
- 2) The adequacy of the Garda Síochána assessment of adverse impact in terms of the potential risks arising (both immediate and long term) from the unwarranted closure (including cancellation) of incidents and whether the consequent risk assessments being performed by the Garda Síochána are consistent between the four regions. This will be based on a preliminary validation of the application of the definition of adverse impact through appropriate sampling of incidents by the consultant.
- 3) The adequacy of any immediate actions taken by the Garda Síochána from a performance management perspective to resolve the quality issues already identified to date in terms of call taking and appropriate engagement with the public.
- 4) The adequacy of the actions taken to address the failure to deliver a service to those victims of crime whose incidents were inappropriately closed or cancelled (unwarranted cancellation) to ensure public confidence in the CAD 999 service provided.
- 5) The approach and timescale for:
 - a) completion of the Garda Síochána review of the remaining Emergency and Priority 1 incidents; and
 - b) what strategy might be feasible for assurance about the Priority 2, and 3 incidents.
- 6) proposed options for the next phase of further external independent oversight by the Authority; and
- 7) the lessons emerging for the Garda Síochána from the closure / cancellation of incidents.

The expected timeframe for completion of this preliminary exercise is 30 August 2021

¹⁷ The invalid or incorrect closure of CAD incidents is a serious matter because it can prevent a caller from receiving an appropriate service at that time and it effectively prevents both the proper recording of non-crime incidents and further mandatory steps in the investigation of crimes

¹⁸ The source of Computer Aided Despatch (CAD) incidents are from 999 calls, calls to Garda Stations or referrals from other emergency services

Appendix 2 – Garda Síochána - National CAD Review Terms of Reference

- 1. To examine the present status of each Priority 1 CAD incident which has been cancelled and to evaluate the status within this examination.
- 2. To re-evaluate the relevance, probity and significance of the Priority 1 CAD incidents with particular emphasis on the potential to obtain further relevant information and update as appropriate.
- 3. To establish if cancelled Priority 1 CAD incidents has a corresponding PULSE incident and how was said incident categorised.
- 4. When analysing each Priority 1 CAD incident the examiner shall consider criteria and record on an excel spreadsheet for each month.
- 5. To provide an overview to the Regional Assistant Commissioner as to the level of compliance with the practices and procedures established and engage in the RCR conforms to approved and recognised good practice guidelines, in line with procedures as outlined in the Garda Síochána Code of Ethics and Victims Charter thus protecting the human rights of all persons involved in and affected by this examination.
- 6. To constructively and objectively evaluate the conduct of the overall examination, with a view to identifying and disseminating good work practice and innovation.
- 7. To reassure all stakeholders that the Regional Control Rooms are managed effectively, efficiently and with due integrity, thereby maintaining and increasing public confidence in the ability of the Garda Síochána to receive calls for service from the public and ensure that each call for service is appropriately categorised and prioritised to a conclusion.

SOURCE - Garda Síochána

Appendix 3 – Garda Síochána - INTELR Terms of Reference

- 1. To examine the status of each INTELR CAD incident which has been entered on CAD since 14th December 2021 and evaluate its status with particular emphasis on the potential to obtain further relevant information and update as appropriate.
- 2. Phase 1 will be a scoping exercise of identified incidents which were opened as one type and changed to INTELR. This scoping exercise will be a CAD based review.
- 3. Phase 2 will be an examination of the victim-based incidents.
- 4. Phase 3 will be an examination of the remainder of the incident TYPES. When analysing each INTELR CAD incident, in Phase 2 & Phase 3 the examiner shall consider the data available on CAD, CAD MIS & PULSE & record the data on an excel spreadsheet for the review period.
- 5. The examiner will elevate each INTELR CAD incident utilising the agreed RAG rating.
- 6. To provide each Regional Assistant Commissioner an overview as to the level of compliance with the practices and procedures established as part of the ongoing review under the National Examination of Cancelled Calls.
- 7. To provide each Regional Assistant Commissioner confidence that data conforms to approved and recognised good practice guidelines, in line with procedures as outlined in the Garda Síochána Code of Ethics, Crime Counting rules and Victims protocols thus protecting the human rights of all persons involved in and affected by this examination.
- 8. To report to each Regional Assistant Commissioner on the outcome of the examination, with a view to identifying performance issues and disseminating good work practice.
- 9. The findings of the review will evidence that the Governance controls and process adopted as part of the National Examination of Cancelled Calls are robust to reassure stakeholders that the Regional Control Rooms are managed effectively, efficiently, thereby maintaining and increasing the public confidence in the ability of An Garda Síochána to receive calls for service.

SOURCE - Garda Síochána