



## **BY-LAW NO. 543-2026**

### **A BY-LAW RESPECTING QUALITY ASSURANCE, AUDITS, CONTINUOUS IMPROVEMENT, AFTER ACTION REVIEWS AND RISK MANAGEMENT**

#### **1. PREAMBLE**

- 1.1 WHEREAS subsection 37 (1) of the *Community Safety and Policing Act, 2019, S.O. 2019, c. 1, Sched. 1, ("CSPA")* provides that a Board shall provide adequate and effective policing in the area for which it has policing responsibility as required by Section 10 of the CSPA;
- 1.2 AND WHEREAS subsection 38 (2) of the CSPA provides that a Police Service Board may establish policies respecting matters related to the Police Service or the provision of policing;
- 1.3 AND WHEREAS O. Reg. 392/23: Adequacy and Effective Policing (General) ("the Adequacy Regulation") prescribes standards for adequacy and effectiveness of police services;
- 1.4 AND WHEREAS Section 23 of the Adequacy Regulation requires every Police Service Board and Chief of Police to implement a quality assurance process relating to the provision of adequate and effective policing and compliance with the CSPA and the Regulations;
- 1.5 AND WHEREAS the Board recognizes that an effective quality assurance program is an integral component of adequate and effective policing and extends beyond compliance auditing to include organizational learning, continuous improvement, implementation monitoring, systemic risk identification, after-action reviews, and enterprise risk management;
- 1.6 AND WHEREAS the Board is committed to maintaining governance processes that promote transparency, accountability, public confidence, organizational learning and continuous improvement in the delivery of policing services;
- 1.7 AND WHEREAS the Board deems it expedient to enact this By-law to ensure that the delivery of policing services by the Niagara Regional Police Service under the direction of the Chief of Police complies with the said Act, and Regulations;
- 1.8 AND WHEREAS the purpose of this By-law is to establish the Board's governance framework for quality assurance, audits, after-action reviews, enterprise risk management and organizational learning to support the provision of adequate and effective policing, continuous improvement, accountability, legislative compliance and public confidence.

NOW THEREFORE THE REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICE BOARD ENACTS AS FOLLOWS:

**2. DEFINITIONS**

- 2.1 “Act” or “CSPA” means the *Community Safety and Policing Act, 2019, S.O. 2019, c. 1, Sched. 1*, and amendments thereto;
- 2.2 “After Action Review” means a structured review conducted following a significant incident, event, investigation or organizational issue to evaluate decision-making, policies, supervision, communications, training, operational effectiveness, systemic risks and opportunities for organizational improvement;
- 2.3 “Audit” means an objective assessment conducted by a qualified Member or a qualified external expert as the case may be, designed to evaluate compliance, governance, internal controls, risk management and operational effectiveness;
- 2.4 “Board” means the Regional Municipality of Niagara Police Service Board;
- 2.5 “Chief” means the Chief of the Niagara Regional Police Service;
- 2.6 “Chief Governance Officer” means the Chief Governance Officer appointed by the Board;
- 2.7 “Continuous Improvement” means the ongoing process of evaluating organizational performance and implementing changes to improve governance, service delivery, operational effectiveness, compliance and public confidence.
- 2.8 “Corrective Action Plan” means a documented implementation plan identifying recommendations, responsible persons, timelines, performance measures and reporting requirements following an After Action Review;
- 2.9 “Enhanced Reports” means an Enhanced Report requested by the Board concerning significant governance, performance, compliance or Organizational Risk matter. An Enhanced Report could require, where applicable, root cause, data/trends, comparative information, risks, remedial measures, implementation status, measurable outcomes, and outstanding decisions required from the Board;
- 2.10 “High-Risk Reviews” means a Quality Assurance review, audit, after action review, or other formal organizational review concerning a matter, function or identified deficiency that presents a significant risk to public or officer safety, regulatory or policy compliance, organizational effectiveness, including operational, financial or legal effectiveness, or public confidence.
- 2.11 “Implementation Status Report” means a progress report identifying completed, ongoing and outstanding corrective actions together with implementation timelines;
- 2.12 “Key Performance Indicators (KPIs)” means objective performance measures for the Service established in accordance with 5.5.1 of this By-law to evaluate effectiveness, compliance, service delivery and implementation progress;
- 2.13 “Member” means a member of the Niagara Regional Police Service;
- 2.14 “Organizational Risk” means a strategic, operational, financial, legal, reputational or governance risk that could adversely affect public confidence, adequate and effective policing or achievement of organizational objectives;

- 2.15 “*Organizational Risk Register*” means a documented record of significant strategic, operational, governance, financial, legal, reputational and service delivery risks affecting the Niagara Regional Police Service, together with an assessment of their likelihood and impact, existing controls, mitigation strategies, assigned accountabilities and implementation status;
- 2.16 “*Quality Assurance*” means the ongoing process of monitoring, evaluating and improving policing services through audits, reviews, performance measurement, risk management, corrective actions and organizational learning; and
- 2.17 “*Service*” means the Niagara Regional Police Service.

### **3 BOARD POLICY**

- 3.1 The Board recognizes that effective governance requires a comprehensive Quality Assurance, Audit and Risk Management Framework that promotes accountability, transparency, continuous improvement and public confidence in the delivery of policing services.
- 3.2 The Board is committed to ensuring that the Chief ensures that the Niagara Regional Police Service maintains robust Quality Assurance processes that extend beyond compliance and individual accountability to include the evaluation of policy effectiveness, operational practices, supervision, training, communications, organizational learning, implementation monitoring, systemic risk identification and enterprise risk management.
- 3.3 Through effective governance oversight, the Board shall monitor compliance with the Community Safety and Policing Act, 2019, and its Regulations, oversee the Chief’s implementation of corrective actions arising from audits, reviews and external oversight findings, ensure that its governance decisions are informed by meaningful performance reporting and risk analysis, and the Chief promotes organizational learning and continuous improvement to support the delivery of adequate and effective policing.
- 3.4 Quality Assurance activities shall support achievement of the Board’s Strategic Plan and annual organizational objectives.
- 3.5 In carrying out its governance responsibilities under this By-law, the Board shall exercise oversight in accordance with the following governance principles:
- (i) Accountability;
  - (ii) Transparency;
  - (iii) Evidence informed decision-making;
  - (iv) Continuous improvement;
  - (v) Organizational learning;
  - (vi) Risk-informed governance;
  - (vii) Legislative compliance; and
  - (viii) Public confidence.
- 3.6 The Board shall provide governance oversight of the Chief regarding the Service’s Quality Assurance, Audit and Risk Management Framework and shall obtain reasonable assurance respecting:
- (i) compliance with the Community Safety and Policing Act and its Regulations;
  - (ii) continuous improvement in policing services;
  - (iii) organizational learning from significant incidents;
  - (iv) identification and mitigation of systemic risks;
  - (v) implementation of corrective actions;

- (vi) transparent governance reporting;
- (vii) accountability for the delivery of adequate and effective policing; and
- (viii) governance accountability.

- 3.7 The Board shall ensure that its governance and oversight of Quality Assurance is proportionate, in the Board's reasonable opinion, to the level of organizational, operational and legislative risk associated with the policing function being reviewed. Greater governance oversight and reporting shall be expected for policing functions presenting higher operational, legal or public confidence risks.
- 3.8 Quality Assurance shall extend beyond misconduct or work performance investigations and compliance audits to include:
- (i) policy effectiveness;
  - (ii) operational practices;
  - (iii) supervision;
  - (iv) training;
  - (v) communications;
  - (vi) Quality Assurance processes;
  - (vii) organizational learning;
  - (viii) implementation monitoring;
  - (ix) systemic risks; and
  - (x) organizational risk management.
- 3.9 The Chief shall provide the Board with sufficient information to enable it to monitor organizational performance, implementation of corrective actions and emerging governance risks.
- 3.10 The Board shall critically evaluate the sufficiency, reliability and completeness of information received from the Chief and may request supporting evidence, performance data, comparative analysis, implementation updates, and other information necessary to satisfy itself that policing services are being delivered in accordance with the CSPA, its Regulations, Board policy and the policing needs of the community.
- 3.11 The Board shall utilize information received through the Quality Assurance Procedure to inform Board governance decisions respecting strategic planning, policy development, budgeting, resource allocation, organizational priorities and the performance evaluation of the Chief.
- 3.12 Quality Assurance activities shall promote continuous improvement and organizational learning rather than solely determining individual accountability.

## **4 DIRECTION TO THE CHIEF**

- 4.1 The Chief shall establish, implement and maintain a comprehensive Quality Assurance Procedure that supports the provision of adequate and effective policing and complies with the CSPA, its Regulations and this By-law.

### **4.2 Quality Assurance Procedure**

- 4.2.1 The Chief shall establish, maintain and annually review a documented Quality Assurance Procedure that establishes processes for Quality Assurance activities consistent with the CSPA, its Regulations, and this By-law, including:

- (i) Review triggers;
- (ii) Audit and file review methodologies;
- (iii) Quality indicators;

- (iv) Escalation thresholds;
- (v) Documentation standards;
- (vi) Corrective action processes;
- (vii) Implementation monitoring;
- (viii) Reporting requirements;
- (ix) After action review criteria;
- (x) Organizational learning processes; and
- (xi) Periodic review of the Quality Assurance Procedure.

#### 4.3 **External Standards**

- 4.3.1 The Chief shall identify and consider applicable professional standards, accreditation frameworks, recognized policing practices; Inspector General guidance, legislative changes, inquest recommendations, and other relevant external benchmarks when developing and maintaining Quality Assurance processes, and shall explain how such standards have informed Service procedures when so requested by the Board.

#### 4.4 **Internal Audit**

The Chief shall:

- 4.4.1 Establish and maintain an objective internal audit function for the Service that is supported by qualified Members and shall ensure that appropriate resources are provided to the Members performing the function.
- 4.4.2 Ensure that Members involved in audit processes have the knowledge, skills and abilities required to perform the duties required, and that adequate training and education are provided to Members to enable them to fulfill their responsibilities.
- 4.4.3 Develop and implement an annual risk-based Quality Assurance and Internal Audit Work Plan that prioritizes policing functions according to operational risk, legislative obligations, previous audit findings, public confidence considerations and emerging organizational risks for Board review.
- 4.4.4 Ensure there are sufficient resources to conduct audits.
- 4.4.5 Ensure that the Quality Assurance and internal audit functions have sufficient organizational independence to carry out their responsibilities objectively, including an appropriate escalation mechanism for significant or unresolved findings, matters involving senior leadership, or circumstances where there is a material disagreement regarding the scope, conduct or findings of an audit or review.

#### 4.5 **Risk-Based Quality Assurance**

- 4.5.1 The Quality Assurance Procedure shall apply a risk-based approach to determining the frequency, scope and methodology of reviews.
- 4.5.2 Policing functions presenting elevated Organizational Risks shall be subject to enhanced Quality Assurance processes by the Chief and enhanced governance reporting to the Board commensurate with the nature and significance of the risk.
- 4.5.3 Enhanced Quality Assurance consideration shall include:
  - (i) Communications, call-taking and dispatch;
  - (ii) Emergency response;
  - (iii) Investigations;
  - (iv) Intimate partner violence;
  - (v) Missing persons;
  - (vi) Evidence and property management;
  - (vii) Records management;
  - (viii) Supervision;
  - (ix) Specialized units;
  - (x) Public Order Units;

- (xi) Crisis response; and
- (xii) Any policing function that is identified by the Chief or the Board as presenting elevated organizational risk.

#### 4.6 **Organizational Risk Management**

The Chief shall:

- 4.6.1 Establish an Organizational Risk Management process.
- 4.6.2 Identify, assess and monitor strategic, operational, legal, financial, reputational and governance risks.
- 4.6.3 Maintain and regularly update an Organizational Risk Register that identifies significant Organizational Risks affecting the delivery of adequate and effective policing, legislative compliance, public confidence, governance, operational performance and organizational directives, together with mitigation strategies and implementation status.
- 4.6.4 Report material changes to the Organizational Risk Register to the Board where such risks may materially affect governance, public confidence, or the delivery of adequate and effective policing.
- 4.6.5 Ensure that Organizational Risks inform strategic planning, policy development, organizational priorities and Board governance decisions.

#### 4.7 **After Action Reviews**

The Chief shall:

- 4.7.1 Establish procedures requiring After Action Reviews following incidents where organizational learning may improve policing services. An After Action Review must be coordinated so it does not compromise an SIU investigation, criminal proceeding, Law Enforcement Complaints Agency (LECA) matter, labour proceeding or other statutory investigation. Criteria shall include, at minimum:
  - (i) Incidents resulting in death or serious injury;
  - (ii) Inspector General Directions;
  - (iii) Coroner's recommendations;
  - (iv) Ombudsman findings;
  - (v) SIU investigations involving systemic concerns;
  - (vi) Significant operational failures;
  - (vii) Recurring service delivery deficiencies;
  - (viii) Repeated complaints indicating possible systemic deficiencies;
  - (ix) Critical incidents;
  - (x) Significant public complaints involving systemic issues;
  - (xi) Major public safety events;
  - (xii) Significant civil litigation involving systemic issues;
  - (xiii) Matters attracting substantial public concern or significant reputational risk;
  - (xiv) Incidents where Quality Assurance processes failed to identify, prevent, or adequately address significant operational, compliance or service delivery deficiencies, and
  - (xv) Any incident directed by the Board or Chief.
- 4.7.2 The Chief shall ensure that each After Action Review shall examine:
  - (i) Policies and procedures;
  - (ii) Supervision;
  - (iii) Communications;
  - (iv) Training;
  - (v) Technology;
  - (vi) Resource Allocation;

- (vii) Decision-making;
- (viii) Quality Assurance processes;
- (ix) Systemic issues;
- (x) Organizational Risks; and
- (xi) Lessons learned.

4.7.3 The Chief shall establish procedures to ensure the timely commencement and completion of After Action Reviews. Unless circumstances reasonably require otherwise:

- (i) an After Action Review shall be commenced as soon as practicable and no later than 30 days after the incident, finding, direction, recommendation, or other triggering matter has been identified as requiring an After Action Review; and
- (ii) an After Action Review shall be completed within 90 days of its commencement.

Where an After Action Review cannot reasonably be completed within the prescribed timeframe due to the complexity of the matter, an ongoing investigation or proceeding, or other exceptional circumstances, the Chief shall document the reasons for the delay, establish a revised completion date, and ensure that the review proceeds without unnecessary delay.

4.7.4 The Chief shall ensure that findings, lessons learned, recommendations and required corrective actions arising from an After Action Review are documented and acted upon in a timely manner in accordance with this By-law.

#### 4.8 **Corrective Actions**

The Chief shall:

- 4.8.1 Prepare Corrective Action Plans arising from audits and reviews;
- 4.8.2 Assign responsibility and timelines;
- 4.8.3 Monitor implementation until completed; and
- 4.8.4 Evaluate effectiveness after implementation.

#### 4.9 **External Oversight**

4.9.1 Following any Inspector General Decisions, Directions or Reports; Coroner's recommendations; Ombudsman investigations or reports; SIU investigations or reports; or similar oversight finding, the Chief shall:

- (i) Identify Service implications;
- (ii) Identify operational changes;
- (iii) Identify implementation timelines; and
- (iv) Report progress as outlined in 5.3.1 until implementation is completed.

#### 4.10 **Organizational Learning and Misconduct**

4.10.1 The Chief shall ensure that Quality Assurance reviews, Audits and After Action Reviews conducted under this By-law are distinct from misconduct, disciplinary and workplace investigations and are undertaken for the purposes of organizational learning, continuous improvement, identification of systemic issues and improvement in the delivery of policing services.

- 4.10.2 A finding that employee misconduct did not occur, or that disciplinary action is not warranted, shall not preclude a Quality Assurance review, Audit or After Action Review where operational, systemic, policy, supervision, training, communications, risk or service delivery issues may require further examination.

## **5 REPORTING REQUIREMENTS**

### **5.1 Annual Quality Assurance and Risk Management Report**

- 5.1.1 The Chief shall submit an annual report including:

- (i) Audit activities;
- (ii) After Action reviews completed;
- (iii) Implementation status;
- (iv) Outstanding recommendations;
- (v) Organizational Risks;
- (vi) Systemic trends;
- (vii) Lessons learned;
- (viii) Policy improvements;
- (ix) Performance (KPI) dashboard;
- (x) Audit Work Plan completed versus planned;
- (xi) Outstanding High-Risk Reviews;
- (xii) Recommendation implementation tracking;
- (xiii) Trend analysis; and
- (xiv) Recommendations for continuous improvement.

- 5.1.2 The Chief shall annually provide assurance to the Board regarding the Service's Quality Assurance Procedure and identify any material deficiencies.

- 5.1.3 The Chief shall report annually, and more frequently where warranted, on significant Organizational Risk, emerging trends and mitigation strategies identified through the Organizational Risk Register, including any risks that may materially affect public safety, legislative compliance, organizational performance or public confidence.

### **5.2 Quarterly Reporting**

- 5.2.1 The Chief shall provide quarterly implementation reports until all corrective actions have been completed or at such other intervals as directed by the Board. Each report shall identify:

- (i) Quality Assurance reviews completed during the reporting period;
- (ii) Significant findings identified;
- (iii) Areas not yet reviewed together with rationale;
- (iv) Completed actions;
- (v) Actions underway;
- (vi) Overdue actions;
- (vii) Barriers;
- (viii) Revised timelines;
- (ix) Emerging risks; and
- (x) Board decisions required.

### 5.3 **Final Corrective Action Report**

5.3.1 Upon completion of corrective actions, the Chief shall submit a final report summarizing:

- (i) Implementation outcomes;
- (ii) Measurable results;
- (iii) Lessons learned;
- (iv) Remaining risks; and
- (v) Recommendations for future improvements.

### 5.4 **Reporting under Ontario Regulation 392/23**

5.4.1 Every report submitted under this By-law respecting the adequacy and effectiveness of policing shall address the Generally Applicable Standard under Section 2 of Ontario Regulation 392/23, including consideration of:

- (i) Community policing needs;
- (ii) Geographic and socio-demographic characteristics of Niagara;
- (iii) Policing practices in comparable Ontario communities;
- (iv) Effectiveness of previous service delivery in addressing community needs; and
- (v) Applicable best practices.

5.4.2 The analysis shall be supported by quantitative and qualitative information wherever available.

### 5.5 **Performance Dashboard**

5.5.1 Reports shall include measurable KPI's, including:

- (i) Compliance rates;
- (ii) Audit findings;
- (iii) Implementation progress;
- (iv) Recurring issues;
- (v) Systemic trends;
- (vi) Risk indicators;
- (vii) Quality Assurance outcomes;
- (viii) Other KPI's which the Chief determines are appropriate; and
- (ix) Organizational performance measures approved by the Board.

5.5.2. Reports shall clearly identify recurring themes, emerging trends, systemic issues and opportunities for organizational improvement.

### 5.6 **Immediate Reporting**

5.6.1 The Chief shall promptly and as soon as practicable notify the Board Chair and Chief Governance Officer where:

- (i) A significant Organizational Risk is identified;
- (ii) Significant non-compliance is discovered;
- (iii) Significant service failures are identified;
- (iv) Serious recurring operational deficiencies are identified;
- (v) Significant After Action review findings requiring Board awareness;
- (vi) An external oversight body issues findings affecting governance; or
- (vii) Public confidence may be materially affected.

- 5.6.2 The Chair and Chief Governance Officer shall ensure that the Board is informed as soon as reasonably practicable, subject to applicable confidentiality, privilege, investigative, legal and statutory restrictions.

## **6. POLICE SERVICE BOARD REVIEW**

- 6.1 Following any Inspector General Decisions and Direction, Coroner's recommendation, Ombudsman report, SIU Investigation report or similar external oversight finding, the Board shall review whether its governance framework, policies or by-laws require amendment. The CGO shall support and advise the Board in conducting that review.
- 6.2 The Chief of Police shall submit a report regarding matters that may impact Board governance sufficiently in advance of any reporting deadlines established by an external oversight body to enable the Board to consider any required governance actions, unless otherwise directed by the Board.
- 6.3 The Board shall continue monitoring implementation of After Action Reviews until satisfied that all corrective actions have been completed and organizational improvements have been demonstrated.
- 6.4 The Board shall use the information received under this By-law to:
- (i) Monitor organizational performance and implementation of corrective actions;
  - (ii) Evaluate the effectiveness of governance oversight;
  - (iii) Identify emerging governance risks and systemic issues;
  - (iv) Determine whether Board policies or by-laws require amendment;
  - (v) Support strategic planning and governance decision-making; and
  - (vi) Promote continuous improvement in the provision of adequate and effective policing.
- 6.5 The Board may require additional information, reports, audits, reviews, implementation updates, or other documentation where necessary to satisfy itself that policing services are being delivered in accordance with legislative requirements, Board policy and the provision of adequate and effective policing.
- 6.6 The Board may commission external audits, peer reviews, legal reviews, governance reviews, accreditation assessments, or independent expert examinations where additional assurance is considered necessary.
- 6.7 The Board may require periodic governance reviews of policing functions presenting elevated operational, legislative or organizational risk.

## **7. BOARD GOVERNANCE ACTIVITIES**

- 7.1 The Board may undertake governance activities to obtain reasonable assurance respecting compliance, organizational performance, and adequate and effective policing, including:
- (i) Reviewing Quality Assurance reports;
  - (ii) Reviewing Audit findings;
  - (iii) Monitoring recommendation implementation;
  - (iv) Reviewing Organizational Risks;
  - (v) Requesting Enhanced Reports;
  - (vi) Commissioning external reviews;

- (vii) Monitoring performance indicators;
- (viii) Reviewing community feedback;
- (ix) Examining trends;
- (x) Requesting supporting evidence;
- (xi) Reviewing policy effectiveness; and
- (xii) Evaluating governance implications.

7.2 Such activities constitute governance oversight and shall not be interpreted as directing a specific investigation, the conduct of a specific operation, the discipline of a specific police officer, or the day-to-day administration of the Service.

## 8. IMPLEMENTATION

8.1 This By-law shall come into force on the date of its passage.

8.2 The Chief shall implement this By-law, where applicable, through Service procedures, including updating the Service's Quality Assurance Procedure to:

- (i) Establish criteria requiring After Action Reviews;
- (ii) Prescribe review methodology;
- (iii) Define reporting requirements;
- (iv) Establish engagement between the Board and Chief following reviews;
- (v) Integrate Organizational Risk Management; and
- (vi) Ensure organizational learning and continuous improvement are embedded in Quality Assurance practices.

8.3 The Chief shall ensure all policies, procedures and reporting processes are reviewed at least every three years, or sooner where required by legislative amendments or external oversight findings.

ENACTED AND PASSED this 24<sup>th</sup> day of September, 2026.

THE REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICE BOARD



Nyarayi Kapisavanhu, Chair



Deb Reid, Chief Governance Officer