# Suffolk Police and Crime Commissioner

*Making Suffolk a safer place to live, work, travel and invest*

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| **ORIGINATOR:  TIAA (INTERNAL AUDITORS)** | **PAPER NO:**                            **AC21/11** |

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| **SUBMITTED TO:**        **AUDIT COMMITTEE – 25 JUNE 2021** |

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| **SUBJECT:**             **SUMMARY INTERNAL CONTROLS ASSURANCE (SICA) REPORT** |

**SUMMARY:**

1.  The summary report provides an update on the progress of internal audit.  The report is based on internal audit work carried out by TIAA and management representations that have been received during the period since the last progress report.

2.  The follow up of internal audit recommendations undertaken by TIAA is undertaken throughout the year and reported to the Audit Committee during the year at each meeting.

**RECOMMENDATION:**

1.  The Audit Committee is requested to consider the attached report.

# tiaa

# Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies

Summary Internal Controls Assurance (SICA) Report – Suffolk

## 2021/22

June 2021

# tiaa

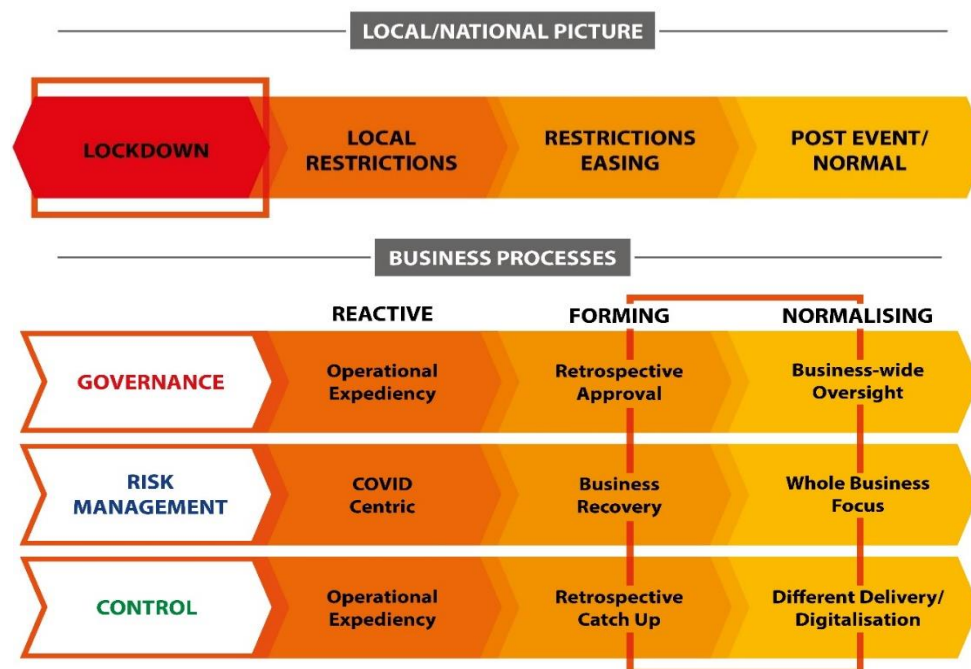# Summary Internal Controls Assurance

**Introduction**

1.  This summary controls assurance report provides the Audit Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies as of the 15th June 2021. The period covered by this summary controls assurance report was impacted by the COVID 19 pandemic.

**Emerging Governance, Risk and Internal Control Related Issues**

2.  COVID 19 is the most significant recent event to impact both strategically and operationally upon modern day Governance, Risk and Internal Control arrangements. There will be a number of phases in relation to the move through the pandemic and each phase has different implications for the Governance, Risk and Internal Control arrangements. Based upon the information gathered from our work at a number of clients, some of the potential strategic impacts for 2021/22 are summarised below. A key consideration is that there is unlikely to be a precise timeline when the organisation moves from one phase to the next and also there will be a consequential timelag as the organisation adapts new ways of operating. The diagrams in the table below signify the assessment of the current local and/or national picture, but also assesses how the organisation has adapted to new ways of working (the 'new normal') at least for the foreseeable future.

*Impact on COVID 19 on strategic focus during business interruption*

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3. There are a range of operational matters arising from the COVID 19 pandemic which impact upon the Governance, Risk and Internal Control arrangements and examples of such have been summarised in Appendix A. During the COVID 19 period it would be prudent for the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies to compare the policies, procedures and internal control processes in effect during the pandemic against the policies, procedures and internal control processes in effect prior to the onset of the pandemic. The matters identified should be risk assessed so as to gain awareness about where the undetected vulnerabilities that may exist so that an informed decision can be made around acceptance of such risks.

**Internal Control Framework**

**Audits completed since the last SICA report to the Audit Committee**

4. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

*Audits completed since previous SICA report*

| Review | Evaluation | Key Dates | | | Number of Recommendations | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | Draft issued | Responses Received | Final issued | 1 | 2 | 3 | OEM |
| Learning and Development | Reasonable | March 21 | April 21 | April 21 | 0 | 2 | 1 | 1 |
| Key Financials | Reasonable | March 21 | March 21 | March 21 | 0 | 0 | 0 | 1 |
| Procurement- Compliance with Contract Standing Orders within departments | Reasonable | January 21 | March 21 | March 21 | 0 | 4 | 1 | 0 |
| HR Strategy Use of Resources and Succession Planning | Reasonable | May 21 | June 21 | June 21 | 0 | 3 | 3 | 0 |
| Risk Management – Risk Maturity | Reasonable | April 21 | April 21 | April 21 | 0 | 0 | 0 | 0 |
| Recruitment | Reasonable | March 21 | June 21 | June 21 | 0 | 3 | 1 | 3 |
| Data Quality | Limited | Februay 21 | May 21 | May 21 | 1 | 5 | 2 | 1 |
| Assurance Review of MOPI Project Implementation | Limitied | March 21 | June 21 | June 21 | 1 | 2 | 0 | 0 |
| Cyber Security | n/a Advisory piece of work | May 21 | June 21 | June 21 | n/a | n/a | n/a | n/a |

5. The Executive Summaries and the Management Action Plans for each of the finalised reviews are included at Appendix B.

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**Progress in actioning priority 1 & 2 recommendations**

6.  We have made one Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. Progress against implementation of internal audit recommendations is set out in Appendix D.

**Progress against the 2020/21 Annual Plan**

7.  **COVID 19:**  In mid-March, when the potential scale and impact of COVID 19 was becoming evident it was agreed with the Police and Crime Commisioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies  that the delivery of the internal audit service would be carried out partly remotely thereby minimising the need to physically access the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies premises and to hold face to face meetings.

8.  Our progress against the Annual Plan for 2020/21 is set out in Appendix C.

**Changes to the Annual Plan 2021/22**

9.  Out contract finishes on the 30th June 2021. We will be undertaking only the first quarter of the 2021/22 internal audit plan work.

**Frauds/Irregularities**

10.  We have not been advised of any frauds or irregularities in the period since the last SICA report was issued.

**Other Matters**

11.  We have reviewed recent guidance issued by the Internal Audit Standards Advisory Board (IASAB) in relation to internal auditing during the COVID-19 pandemic. The guidance aims to support heads of internal audit and individual internal auditors in continuing to meet their personal and professional responsibilities for conforming the UK Public Sector Internal Audit Standards (PSIAS). We can confirm continued conformance with the professional standards during this period.

**Responsibility/Disclaimer**

12.  This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

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# Covid 19 – Governance, Risk and Control considerations during 'lockdown' phase

| Area | Possible assurance from internal audit |
|---|---|
| **Governance:** The speed of the need to respond to COVID 19 has significantly impacted on the strategic governance infrastructure:<br><br>• Urgent decisions taken for urgent operational reasons which would normally have gone through Board review and approval<br>• Extension and rollover of procurement contracts<br>• Disruption to management information received by the Board<br>• Operational necessity for management dispensation to scheme of delegation and financial regulations<br>• Move to remote working for reactive operational expediency reasons, rather than as part of a pre-planned strategy | **Strategic Control and Corporate Governance – COVID-19 Resilience:** A review of financial governance and decision making following the business interruption caused by Covid-19**.** |
| **Risk Management:** The markers which differentiate COVID 19 pandemic from most business resilience/recovery plans are:<br><br>• Speed of major disruption to business as usual did not permit normal level of preparation<br>• International as well UK-wide, not local<br>• Level of government intervention<br>• Duration and severity<br>• Move to medium term remote working arrangements by staff and suppliers<br>• Consequential impact upon all the previous strategic risks | **Business as Usual Resumption Arrangements:** Targeted post-event risk mitigation assessment to identify any unintentional gaps in the risk management framework |
| **Internal Control:** COVID 19 has provided the perfect storm both in a positive as well as negative manner. The positive aspects are the expeditious embracing of digital business delivery. It is recognised that a number of government and/or regulatory guidance requirements were issued at short notice and many of these were without the normal consultation and similar. On a negative basis the following need to be recognised:<br><br>• Suppliers and contractors being unable to deliver contracted services<br>• Increased digitalisation introduced at very short notice increases information governance risks<br>• Temporary compromise of effective segregation of duties due to staff absences and/or remote working etc<br>• Fraudsters seeking to take advantage of COVID disruption<br>• Deferment and/or reprioritisation of services | **COVID-19 Controls Resilience**: To review the control environment in relation to policy and process design or temporary re-design, taking into account the heightened risk of fraud and changes to ways of working.<br><br>**Accountability for Additional COVID-19 Funding:** Revisiting the control framework for when emergency payments shift into longer term services – especially where large sums are invested. |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |
|---|---|---|---|---|---|---|---|---|

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| | |
|---|---|
| • Sudden and significant change in demand patterns for services | |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. |
|---|---|---|

| 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. |
|---|---|---|

| 3 | ROUTINE | Control issue on which action should be taken. |
|---|---|---|

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# Executive Summaries and Management Action Plans

The following Executive Summaries and Management Action Plans are included in this Appendix. Full copies of the reports are available to the Audit Committee on request. Where a review has a 'Limited' or 'No' Assurance assessment the full report has been presented to the Audit Committee and therefore is not included in this Appendix.

| Review | Evaluation |
|---|---|
| Learning and Development | Reasonable |
| Key Financials | Reasonable |
| Procurement – Compliance with Contract Standing Orders | Reasonable |
| HR Strategy Use of Resources and Succession Planning | Reasonable |
| Risk Management – Risk Maturity | Reasonable |
| Recruitment | Reasonable |
| Data Quality | Limited |
| Assurance Review of MOPI Project Implementation | Limited |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |
|---|---|---|---|---|---|---|---|---|

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# Executive Summary – Learning and Development

## OVERALL ASSESSMENT



REASONABLE ASSURANCE

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to deliver a modern innovative service

## KEY STRATEGIC FINDINGS

Work is ongoing to address the issue of the inaccuracy of skills data in ERP.

Additional laptops needs to be sourced to enable new officer recruits to undertake their training, as currently a lot of the training where practical is being delivered via Teams.

Work is ongoing to transfer old e-learning training which cannot be accessed on NCALT to LMS as Flash Adobe is no longer working on NCALT.

The external training policy has been produced, and is awaiting final sign off by legal. An interim policy will be published whilst awaiting final sign off.

## GOOD PRACTICE IDENTIFIED

Apprenticeships are being used to improve the skills and qualification of the workforce.

A review of initial officer training programme has been undertaken to enable training to continue throughout the Covid-19 pandemic, where possible virtual training is being used.

## SCOPE

The audit reviewed the controls in place within the learning and development department. The audit included a review of the effectiveness of the approach for planning, development, record keeping, training and specialist training.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 2 | 1 | 1 |

**PRIORITY GRADINGS**

| | | |
|---|---|---|
| **1** | **URGENT** | Fundamental control issue on which action should be taken immediately. |
| **2** | **IMPORTANT** | Control issue on which action should be taken at the earliest opportunity. |
| **3** | **ROUTINE** | Control issue on which action should be taken. |

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|-------------------------------------|----------------------------------|
| 1 | Directed | ERP is currently being used for recording of skills, but it has been found that there have been instances where ERP does not have an accurate record of skills recorded on it. And there are inconsistencies of language used to describe a skill across all the police systems. Management are aware of the issue and are looking at what can be done to address this. It is vital that there is an accurate record of skills maintained. The ERP board have oversight. Chronicle is currently being used by the firearms for recording of skills and is working effectively the driving school are also using Chronicle for recording records of driving licences and driver skills. | Work to continue to address the limitation of inaccuracy of skills data recorded in ERP. | 2 | *A dedicated L&D resource is now in place to work with ICT and the ERP board to resolve integration of systems and commonality of language between platforms. The secondment is for 6 months and will potentially resolve the skills data issues and allow for improved reporting through ERP.* *The Chronicle system is working well for Firearms and Driver skills data and has enabled a clearer picture of demands and risks.* *A skills governance board is now in place that feeds into People Board with a dashboard of skills compliance across each command. Significant improvement in information has been achieved over the last three months.* | *30/09/21* | *Rachel Ward* *Head of L&D* |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |
|---|--------|-------|---|-----------|-------|---|---------|-------|

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|-------------------------------------|----------------------------------|
| 2 | Directed | On their first day, the new officers come in they are provided with their uniform and are provided with either a laptop or tablet as a high percentage of the initial officer training is currently being delivered via Teams due to the Covid-19 pandemic..<br><br>Face to face training has been replaced with training via Teams for a temporary period of time and only where it can achieve the desired learning outcomes.<br><br>Laptops are not generally issued to student officers unless there is a need for a reasonable adjustment. Tablets are the standard issue for student officers. The tablets have limitations in that they do not provide access to all required areas, for example Athena<br><br>With the introduction of PEQF in January 2022, students will be required to carry out their learning in flexible and agile ways using technology for research, assignments and assessment. Laptops that can be converted into tablets will provide a better platform for undertaking learning, assignments and access to all systems. | Work needs to continue to source sufficient number of laptops for the new officers so that they receive all required training and can complete as much of their training remotely as possible. | 2 | *Whilst the findings present a preference for lap-tops over tablets, the provision of tablets is suitable for the current student needs. As we migrate over to PEQF in January 2022 there may be a need to re-visit the provision and this will be addressed through the PEQF governance structure.* | *January 2022* | *Rachel Ward*<br>*Head of L&D* |

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|--------------------------------------|----------------------------------|
| 3 | Directed | e -learning training is used where practicable to achieve learning outcomes. NCALT is the College of Policing e-learning platform and is predominately used for e-learning across the constabularies. There are some old elements on NCALT which are not currently working due to Flash Adobe no longer working.<br><br>LMS is the locally developed e-learning platform and work is already ongoing to transfer relevant training on to LMS where NCALT packages are no longer working.<br><br>LMS also allows for improved data management as enables greater monitoring of training undertaken and for identifying of training due and outstanding. | L&D to continue to work with stakeholders to get essential but old NCALT material that uses Flash Adobe, transferred on to the LMS. | 3 | *This recommendation was already in place. The L&D Blended learning Manager is undertaking a review and will address the priority learning programmes in quick time (within 6 months) and plan over a longer period to complete the review of non-priority and old packages. The L&D business case has two resources on hold pending a review by SBOS on necessity of the third phase of L&D growth.* | *30/9/21* | *Richard Game*<br><br>*Blended Learning Manager L&D* |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |
|---|--------|--------|---|-----------|--------|---|---------|--------|

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# Operational - Effectiveness Matter (OEM) Action Plan

| Ref | Risk Area | Finding | Suggested Action | Management Comments |
|-----|-----------|---------|------------------|---------------------|
| 1 | Directed | Records of apprenticeships undertaken once they commence need to be recorded on ERP so that there are accurate records maintained.<br><br>Individuals to be reminded of the requirement to record these on ERP. | The self-serve approach for recording of skill through ERP be promoted wider. | *Apprenticeship Delivery Manager in post and will ensure records are updated with immediate effect.* |

Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies
Assurance Review of NSC2117 Procurement – Compliance with CSO within departments

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# Executive Summary – Key Financials

## OVERALL ASSESSMENT



REASONABLE ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Financial uncertainty and failure to deliver good stewardship of taxpayers' money.

## KEY STRATEGIC FINDINGS

Norfolk have had two occurrences of breaching counterparty limit over the last 12 months. These were for short times, and were reported to the Audit Committee.

The reporting functionality is limited on ERP. Work is continuing by management to address this.

All members of the AR team fulfil all aspects of the AR function, it is possible that the same person who raises the invoice may also receipt it. Management accept this risk.

Direct debits are not set up for debtors making payments via instalments, as currently they do not have the appropriate software to run direct debit file.

## GOOD PRACTICE IDENTIFIED

Link Asset Services Treasury solutions have been appointed as external treasury management advisors for both Norfolk and Suffolk.

Budget monitoring reports are produced on a monthly basis for all departments.

## SCOPE

The review looked to ensure that financial transactions are completely and accurately recorded on a timely basis within the Financial Ledger, thus ensuring the integrity of all financial information reported, included management accounts and financial accounts.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 0 | 0 | 1 |

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Assurance Review of NSC2117 Procurement – Compliance with CSO within departments

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# Executive Summary – Procurement – Compliance with Contract Standing Orders

## OVERALL ASSESSMENT



SUBSTANTIAL ASSURANCE

REASONABLE ASSURANCE

LIMITED ASSURANCE

NO ASSURANCE

## KEY STRATEGIC FINDINGS

**Managers to assign sufficient time to ensure appropriate procurement exercises can be completed to minimise Single Tender Action forms being completed for post activity exemption.**

**Instances of retrospective purchase orders were identified. Purchase orders to be raised in advance of procuring goods and services to help ensure value for money when procuring goods and services.**

**Single tender action forms are not being completed when there are deviations away from agreed procurement processes.**

**Departments to consider total intended spend with a supplier rather than individual orders to ensure appropriate procurement arrangements are followed, and contracts are agreed with suppliers as appropriate.**

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

If procurement is not undertaken appropriately, there is a risk that inappropriate goods and services are procured and value for money is not achieved.

## GOOD PRACTICE IDENTIFIED

**Norfolk and Suffolk are members of the seven force procurement function, this helps ensure that there is resilience within the function**

**Purchase orders are raised on a designated system Iprocurement. Authorisation limits are inbuilt on Iprocurement.**

## SCOPE

The audit assessed the procurement processes within departments to ensure that there is compliance with contract standing orders and ensuring single tender actions are raised appropriately.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 4 | 1 | 0 |

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Assurance Review of NSC2117 Procurement – Compliance with CSO within departments

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# Assurance - Key Findings and Management Action Plan (MAP)

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|-------------------------------------|--------------------------------|
| 1 | Directed | Learning and development had raised nine purchase orders with the same supplier where there wasn't evidence that the appropriate procurement process had been followed.<br><br>This supplier had been used in the previous financial year, and there was a single tender action form in place for the supplier for the previous year, but there is not a single tender action form in place for the current financial year where purchase orders have been raised.<br><br>In addition Learning and development have raised a number of purchase orders with suppliers who are considered to be the single supplier, but no single tender action forms had been completed. | Single tender action forms be raised and approved appropriately and timely when there are deviations from the standard procurement process. | 2 | *This recommendation is agreed. In order to tackle this and improve compliance, 7 Force Procurement is running training sessions for non-procurement staff across the 7 Forces to cover awareness of Contract Standing Orders and procedures and covers STAs.*<br><br>*7 Force Procurement Governance and Standards is engaging with stakeholders to encourage attendance. ACOs will issue some further communications linking in a number of the recommendations.* | 31/03/21 | *Head of Governance and Standards – 7 Force Procurement* |

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HR Strategy, Used of Resources and Succession Planning

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|--------------------------------------|----------------------------------|
| 2 | Directed | Purchase orders are expected to be raised in advance, but there are occasions when retrospective orders will be raised as the cost will not be known in advance i.e. utility charges. Audit testing found instances where retrospective purchase orders had been raised. | Purchase orders be raised in advance of procuring goods and services to help ensure value for money. | 2 | *While this recommendation is agreed it should be noted that there are some limited genuine reasons for retrospective purchase orders.* *It is already stated on the Procurement pages of the Intranet that POs should be raised in advance and although not specifically mentioned in the current round of Procurement awareness training attention is drawn to the guidance on the Intranet.* *ACOs will issue some further communications linking in a number of the recommendations.* | *30/06/21* | *ACOs* |
| 3 | Directed | Upon review of purchase orders raised it appears that departments seem to look at individual orders with suppliers in isolation rather than the total spend that they intend to spend with that supplier. To help ensure the constabularies receive value for money, the total intended spend rather than the individual order value should be calculated as this should help to ensure value for money is achieved. | Total intended spend with suppliers be calculated to ensure that appropriate procurement arrangements are followed to ensure value for money. Contracts need to be agreed with suppliers that are to be used frequently to help ensure best value is achieved. | 2 | *This will be addressed over time with the Atamis tools as the system is populated with spend data. Procurement will be able to look at spend with suppliers and for products or services and determine where corporate contracts can be best targeted to aggregate spend and reduce the need for standalone quotes.* *Currently this issue is being addressed in the Procurement awareness training roll out.* | *30/06/21* | *Head of Governance & Standards – 7 Force Procurement* |

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HR Strategy, Used of Resources and Succession Planning

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 4 | Directed | At the time of audit, there had been 11 STAs raised.<br><br>There had been five STAs raised for the period January to May, three STAs for June to August and three STAs September to November. From review of STAs that had been raised, six related to Norfolk, four were joint and one for Suffolk.<br><br>Of the 11 STAs that had been completed, four of these were for post activity exception. These being;<br><br>• for Project Manager, Tackling Organised Exploitation (TOEX) (value of STA - £100k)<br>• Forensic Collision Investigation Network Training Course (value of STA - £50K)<br>• Hethersett Old Hall Building Works (value of STA £412K); and<br>• Independent Domestic Violence Adviser Service (value of STA £645K).<br><br>Appropriate time needs to be set aside for procuring of goods and services to ensure appropriate procurement process is followed. Department leads need to ensure that they set aside appropriate time to undertake appropriate procurement | There is a need to ensure that there is sufficient timing assigned for undertaking procurement exercises to ensure that appropriate procurement protocols are followed. | 2 | *7F Procurement have a pipeline and are engaging with stakeholders to add known requirements to that pipeline. Additionally, through Procurement awareness training the message of engagement and timescales to undertake procurement activity is addressed. Despite this engagement and knowledge Procurement is not always made aware of projects but does robustly challenge STAs.*<br><br>*Of the examples cited the following is noted:*<br><br>*the STA for the IDVA service was the result of an unsuccessful procurement and the need to keep the essential service running with no break in service; the STA for Hethersett stemmed from a contractual dispute with the main contractor with an urgent need to place the work directly with the on-site sub-contractor to prevent an immediate walkout and cessation of works resulting in unacceptable health and safety risks.* | *31/03/21* | *ACOs* |

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HR Strategy, Used of Resources and Succession Planning

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 5 | Directed | It was found that there have been instances where 'verbal approval' had been given by a senior officer to raise a purchase order, and this has been used to justify why appropriate procurement processes in accordance with contract standing orders had not been followed. | To help ensure value for money is achieved, all to be reminded that it is not appropriate for there to be deviations from contract standing orders, it is not appropriate for senior individuals to give verbal approval to raise purchase orders that have not been procured in line with contract standing orders. | 3 | *Procurement awareness training that is currently being delivered is supporting staff in understanding Contract Standing Orders and providing confidence to be able to advise of appropriate procedures.* *ACOs will issue some further communications linking in a number of the recommendations.* *These instances will tend to be sub £50k requirements as above that it will be managed through Procurement who will insist on appropriate procedures being followed.* | *31/03/21* | *ACOs* |

Police and Crime Commissioner for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies
HR Strategy, Used of Resources and Succession Planning

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# Executive Summary – HR Strategy, Use of Resources and Successiona Planning

## OVERALL ASSESSMENT



REASONABLE ASSURANCE

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Inadequate staffing levels and training is part of the failure to increase visible policing strategic risk on the Norfolk strategic risk register. Suffolk have also identified insufficient staffing as a risk on the strategic risk register.

## KEY STRATEGIC FINDINGS

Work to continue to ensure ERP can be used for recording of skills so that there is an accurate record of skills to help ensure effective succession planning.

Succession planning is not undertaken for police staff.

A promotion policy is not in place.

Additional turnover measures to be adopted to assist with measuring retention and to identify areas where turnover is high.

## GOOD PRACTICE IDENTIFIED

In June 2020 Suffolk commissioned a Leadership Development Survey.

There is a current Joint Recognition and Reward Policy in place.

## SCOPE

The objective of the audit was to review the systems and controls in place for ensuring that there is a current HR Strategy which is fit for purpose. The audit will also review the controls in place to ensure that resources are used efficiently and succession planning is undertaken.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 3 | 3 | 0 |

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HR Strategy, Used of Resources and Succession Planning

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# Assurance - Key Findings and Management Action Plan (MAP)

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 1 | Directed | It is the expectation that ERP is to be used for recording of skills for both police officers and police staff.<br><br>Management are aware that there are some issues with using ERP for recording of skills, and thus no recommendation has been raised. A project is currently being undertaken to address this, a member of the L&D team is working with ICT around the development of a skills data base. Oversight of this is being monitored by the ERP Board. In addition to the ERP Board receiving updates, the Peoples Board also receive updates. | Work to continue to develop a skills database. | 2 | *As highlighted in the findings, work to progress a skills data base is being progressed. PM support from SBOS is being secured to further support the work. Accountability is through the ERP Board and People Board.*<br><br>*Further recommendations to extend skills recording and management through Chronicle has received early support and is now being progressed through the decision-making boards.* | *31/12/21* | *Head of Learning & Development* |

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Assurance Review of Recruitment

Page 1

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 2 | Directed | The workforce planning team are responsible for production and maintenance of the constabularies' workforce plan. The workforce plan covers only police officers. Formalised succession planning is not undertaken for police staff. Effective workforce planning is needed to align the needs and priorities of the organisation with those of its workforce to ensure it can meet its legislative, regulatory and sufficient staffing levels. | Succession planning be undertaken for police staff. | 2 | *Work is now underway to bring in an E-PDR. This will provide opportunity to pull data on career preferences and high potential staff/officers enabling pro-active work to be undertaken for succession planning.* *All police staff have the opportunity to record career aspirations and development objectives within the existing PDR forms.* *Our intention is to develop a Succession Planning policy which outlines the Constabularies approach for officers and staff and which provides a framework for Heads of Department and Commands to undertake succession planning in a way which is tailored to their operational and organisational needs.* | *31/12/21* | *Head of Policy, Reward & Employee Relations* |

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Assurance Review of Recruitment

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 4 | Directed | A joint promotion policy is not in place. Whilst there is not a promotion policy, Suffolk have developed the 'Leading with Care Strategy'. The 'Leading with Care Strategy' has not been adopted in Norfolk. The Leading with Care Strategy is the new leadership strategy for Suffolk and covers both police officers and police staff. | Norfolk to develop a leadership programme to provide effective support for leaders. | 2 | *Head of People will work with the Norfolk Chief Officer Team to progress a Leadership Programme.* <br><br> *The CoP will be launching a National Leadership framework to be adopted by all forces. This is currently being piloted and the L&D team are involved as one of the consultant forces. The Head of L&D is now also on the National L&D Exec committee and is leading on the Leadership development work with the CoP.* <br><br> *A Promotion Policy has been drafted and is in the process of being finalised ahead of being sent out for formal consultation.* | 30/08/21 | *Ch/Supt Head of People* <br><br><br> *Head of Policy, Reward & Employee Relations* |
| 3 | Directed | A secondment policy is currently being drafted, the secondment policy is planned to be presented to JNCC for their approval in September 2021. | The secondment policy be drafted and presented to JNCC for their approval as planned. | 3 | *Our intention is to present the policy to JNCC in September, subject to the outcome of formal consultation* | 01/10/21 | *Head of Policy, Reward & Employee Relations* |

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 5 | Directed | Turnover figures are now being reported, and these are included in the monthly Workforce Data Reports.<br><br>Regular monitoring of staff turnover can show why employees are leaving as it is happening and should help with controlling and forecasting of staff turnover, and is also a means of determining the effectiveness of Peoples Strategy.<br><br>To help establish if experienced staff are being retained, consideration to the employee stability index being used as well as a turnover measure. | The employee stability index be used for measuring staff turnover and this to be formally reported and recorded in monthly Workforce Data Reports. | 3 | *As noted, the first step has been for is to become more confident in the data set. Now that this has been achieved, we will be looking to use this more proactively to provide insight – the employee stability index will be part of this as well as benchmarking our turnover rates with other "like" organisations.* | *30/09/21* | *HR Service Improvement Manager* |

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Assurance Review of Recruitment

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 6 | Directed | There are significant costs associated with high turnover. Neither, organisational or departmental level targets are in place in relation to the number of voluntary redundancies which are susceptible. A target at organisational and departmental levels need to be put in place, and strategies to be developed to reduce attrition when voluntary resignation numbers climb above the target. | Targets at organisational and departmental levels be set for voluntary resignations, and strategies to be developed to reduce attrition when voluntary resignation numbers climb above the target. | 3 | *We will be looking to put turnover alongside other measures to help inform Senior Officers about areas of concern or good practice.)*<br><br>*Our intention is to undertake benchmarking and research to inform the development of a Retention Strategy.*<br><br>*To reduce attrition associated with a lack of opportunity to develop or progress - An Apprenticeship strategy has been developed and this has a primary purpose of getting our workforce 'fit for the future', professionalising the workforce with qualifications and organically responding to skills gaps and hard to recruit or retain posts. Each force now has 26 staff undertaking a formal apprenticeship and we will be looking to grow and develop this with funding through Levy Transfer options.* | 31/10/21 | *HR Service Improvement Manager* |

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Assurance Review of Recruitment

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# Executive Summary – Risk Management – Risk Maturity

## OVERALL ASSESSMENT



REASONABLE ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

An appropriate risk management process is needed to help identify and manage the significant risks that may affect the Constabularies' ability to achieve its overall priorities to deliver against strategic objectives.

## KEY STRATEGIC FINDINGS

Separate strategic risk registers are in place for Norfolk and Suffolk Constabularies. The strategic risk registers are subject to regular review.

The Constabularies have become more risk mature, a review of their risk appetite is planned to be undertaken during the 2021/22 financial year.

A risk management strategy will be developed during the 2021/22 financial year.

The Risk and Compliance Manager reviews the departmental risk registers regularly to identify any potential trends and to escalate any risks.

## GOOD PRACTICE IDENTIFIED

A Covid-19 Response and Restore Gold Risk Register has been developed, this has been used to help co-ordinate the constabularies response to the Covid-19 pandemic.

Risks on the strategic risk registers are linked to their respective Police and Crime Plans.

## SCOPE

The objective of the audit was to review the systems and controls in place for Risk Management. The audit focused on the risk maturity of the constabularies following developments of its risk management processes. The audit covered the third and fourth quarters, an interim report was issued earlier in the year covering quarters one and two.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 0 | 0 | 0 |

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Assurance Review of Recruitment

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# Executive Summary – Recruitment

## OVERALL ASSESSMENT



REASONABLE ASSURANCE

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to sustain an adequate and engaged workforce.

## KEY STRATEGIC FINDINGS

Current police officer and police staff recruitment policies are not in place. Review of the police officer recruitment policy has been placed on hold as it feels more appropriate for this to be undertaken once PEQF has commenced, and once the e-recruitment system has been implemented. With the introduction of the new e-recruitment system this will also have implications for the police staff recruitment policy, and thus the review of this policy has also been placed on hold

Audit testing found that staff recruitment was taking a long period of time. For the 20 new police staff starters randomly selected to test, the recruitment process had taken longer than three months.

A centralised recruitment team has been established to manage both police officer and police staff recruitment. A new e-recruitment system is being procured.

## GOOD PRACTICE IDENTIFIED

A recruitment plan is in place and progress against this is monitored by the Resource Planning and Demand Meeting Group.

Prior to undertaking interviews, individuals are required to undertake un-bias interview training.

## SCOPE

The audit reviewed recruitment arrangements for recruiting of police officers and police staff to ensure that controls are working effectively following the introduction of the Shared Services Transaction Centre.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 0 | 3 | 1 | 3 |

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Assurance Review of Recruitment

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# Assurance - Key Findings and Management Action Plan (MAP)

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 1 | Directed | There is not a current recruiting police officer policy. A policy provides clear guidance and helps ensure that consistent appropriate process is followed and this is in accordance with current legislation.<br><br>The review of the police officer recruitment policy has been placed on hold as it feels more appropriate for this to be undertaken once PEQF has commenced and once the e-recruitment system has been implemented as this is likely to have implications on the recruitment process**.** | A recruiting of police officer policy be produced and made accessible. | 2 | *The production of this policy remains a key priority, but the key dependencies (the introduction of PEQF and the OLEEO E-Recruitment System) remain outstanding.*<br><br>*The Implementation Date therefore takes these into account.* | *30/06/22* | *Head of Resourcing* |
| 2 | Directed | There is a Recruitment of Police Staff Policy, the policy is passed its review date.<br><br>Review of the recruiting staff policy has been delayed, as the constabularies are looking to introduce a new e-recruiting system.<br><br>The policy needs to be reviewed to ensure that it is in accordance with current relevant legislation. | The recruiting of police staff policy be reviewed to ensure that it reflects current legislation. | 2 | *As stated within the finding, this has been delayed by the expected implementation of the new e-recruitment system. The review will take place as soon as implementation allows.* | *30/06/22* | *Head of Resourcing* |

PRIORITY GRADINGS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1** | **URGENT** | Fundamental control issue on which action should be taken immediately. | | **2** | **IMPORTANT** | Control issue on which action should be taken at the earliest opportunity. | **3** | **ROUTINE** | Control issue on which action should be taken. |

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 3 | Directed | Applicants should be vetted and receive occupational health clearance before they commence employment.<br><br>A sample of ten Norfolk and ten Suffolk police officers were selected to test, audit testing found that there was one officer for Norfolk and one officer for Suffolk that had commenced employment before they had received their full vetting clearance, both of these officers had received conditional clearance prior to commencing employment and the offer letters had made it clear that the offer was subject to full vetting clearance being obtained. | Officers to receive full vetting clearance prior to commencing employment. | 2 | *This was an exigency owing to COVID, and was signed for a limited time by Chief Officers.*<br><br>*Normal business practices have now resumed, so this should be regarded as complete.*<br><br>*(There are individuals who historically had not provided Biometric information. This is being worked through as a priority.* | *Complete* | *Head of Resourcing* |
| 4 | Directed | It is the expectation that Line Managers are sent completed job applications within five days of the closing date for them to undertake shortlisting.<br><br>Audit testing of ten Norfolk police staff starters selected to test, found that there were two occasions where the completed job applications had not been sent to Line Managers within five days of the closing date of the job. | HR to submit completed application forms to Line Managers within five days of the advert closing date to enable Line Managers to invite appropriate candidates for interviews. | 3 | *Work is ongoing to improve the Police Staff recruitment process (with an objective to reduce processing time). The Head of Resourcing will ensure that this forms part of the measure as to whether the impact of the changes has been successful. This will be completed after the summer.* | *30/09/21* | *Head of Resourcing* |

**PRIORITY GRADINGS**

| | | |
|---|---|---|
| **1** | **URGENT** | Fundamental control issue on which action should be taken immediately. |
| **2** | **IMPORTANT** | Control issue on which action should be taken at the earliest opportunity. |
| **3** | **ROUTINE** | Control issue on which action should be taken. |

# Operational - Effectiveness Matter (OEM) Action Plan

| Ref | Risk Area | Finding | Suggested Action | Management Comments |
|---|---|---|---|---|
| 1 | Directed | Currently the recruitment process is very labour intensive with spreadsheets being used to record and manage the recruitment process. | Work to continue to implement appropriate e-recruitment system. | *Work continues to implement the E-Recruitment System, which resolve the issues identified.* |
| 2 | Directed | The job advert does not include the proposed interview dates. Including planned interview dates will inform the applicants of the planned interview days and will ensure that managers are aware of the key dates that they are working towards. | The job advert to include planned interview dates. | *Work continues to implement the E-Recruitment System, which resolve the issues identified.* |
| 3 | Delivery | To help ensure the recruitment process is completed as swiftly as possible, it would be beneficial if Line Managers were formally required to identify the key dates for each stage of the recruitment process in advance. | Line Managers to formally agree the key target dates for each stage of the recruitment process in advance of the recruitment process commencing to help avoid potential delays. | *Work continues to implement the E-Recruitment System, which resolve the issues identified.* |

# Executive Summary – Data Quality

## OVERALL ASSESSMENT



LIMITED ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Data quality has been identified as key risk for the constabularies. Suffolk have identified poor data management as one of its' strategic risks. Norfolk have core system data quality as a risk under it's 'Deliver a modern innovative service' risk.

## KEY STRATEGIC FINDINGS

The root cause of data quality issues needs to be addressed, as it is not appropriate to use the data quality team to rectify data quality issues.

Standard data quality training programme needs to be developed to ensure that data quality receives appropriate attention.

The suite of management information that is produced from Athena needs to be enhanced, as there is a lack of management information that can currently be produced from Athena. It is not possible to run reports to establish the number of potential duplicates in Athena.

The match and merge automated function is not switched on in Athena, as it is currently not fit for purpose.

## GOOD PRACTICE IDENTIFIED

The records management team has developed good networks with other Athena using forces.

Additional staff have been sourced to address the quick wins, this enables the data quality team to focus on the more complex cases. There is guidance in place for staff to refer to on quick wins.

## SCOPE

The review focused on the quality of data across areas of the organisations. This included data recording and retention on central systems and stand-alone systems, quality of input, focusing initially on data quality for priority reporting systems.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 1 | 5 | 2 | 1 |

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Assurance Review of Data Quality

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# Assurance - Key Findings and Management Action Plan (MAP)

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 1 | Directed | Whilst resources have been allocated to help address data quality issues, the numbers are so high and until the root cause of why data quality issues arise is identified and addressed, the number of duplicates will continue to increase. | The root cause of why data quality issues arise to be investigated and action plan developed to address these. | 1 | *This will be implemented in two stages. The first stage is setting up of appropriate groups to manage and co-ordinate the process.* *Setting up the groups to provide the governance for the process has been completed. There is an Executive Board (Data Quality) which is chaired by the ACCs that they have been assigned with responsibility for co-ordinating and driving forward data quality improvements.* *Supporting the Executive Board is the Data Quality Working Group. The Data Quality Working Group are undertaking a project to improve date quality called the Athena Efficiency Project.* *The second stage is delivering of the Athena Efficiency Project, this is a big piece of work and may take up to two years to deliver.* | *Stage one has been completed the groups are now in place.* *Work has commenced to implement the second stage, this may take up to two years to deliver a target date of 31/03/2023 has been set.* | *Records Manager* |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |
|---|---|---|---|---|---|---|---|---|

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| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 2 | Directed | The constabularies do not have a current data quality policy in place. A joint data quality policy is being developed by the Records Manager. There is a need for there to be a current data quality policy, as this should ensure that standard and consistent approach is adopted, clear guidance is in place and stability is provided. | The Joint Data Quality Policy to be developed and made available to all. | 2 | *Review of the policy has been undertaken and is currently at final consultation stage.* | *30/04/21* | *Records Manager* |
| 4 | Directed | The constabularies do not have a data quality strategy in place. A data quality strategy is needed as a strategy helps with providing direction and setting prioritises which in turn should help improve data quality within the constabularies. | A data quality strategy to be developed. | 2 | *The data quality strategy has been developed and has been published.* | *31/03/21* | *Records Manager* |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | | 3 | ROUTINE | Control issue on which action should be taken. |
|---|---|---|---|---|---|---|---|---|---|---|

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|-------------------------------------|----------------------------------|
| 5 | Directed | Only limited management information can be obtained from Athena at present, it is not possible for the Records Management Team to produce reports on the number of potential duplicates in Athena.<br><br>The Records Management Team rely on reports being produced by a third party consultant.<br><br>Reports on the number of duplicates are produced by a consultant that is not employed by the constabularies, and thus they have to accept that reports are produced adhoc. | Formalised suite of management information reports need to be agreed and these need to be produced at regular intervals so data quality issues can be identified and action can be taken to address. | 2 | *As part of delivery of the data quality strategy, a suite of management reports will be developed.* | *31/03/23* | *Records Manager* |
| 6 | Directed | There is a need to formalise a standard data quality training programme to ensure that all are aware of the implications of entering incorrect data into Athena, and the importance of entering data correctly onto Athena.<br><br>Consistent training needs to be developed to help improve data quality and to help reduce data errors and duplicates.<br><br>Potential implications of data quality issues includes potentially arresting the wrong person, disclosing information about the wrong person, data breaches, complaints from the public and disclosing information to the wrong person. | A standard data quality training programme needs to be developed in conjunction with learning and development. | 2 | *Specific data quality training programmes will be developed and this will be tailored so that they are relevant to the role individuals undertake.* | *31/03/23 a review will be undertaking 31/03/22 to ensure appropriate progress is made* | *Records Manager* |

**PRIORITY GRADINGS**

| 1 | URGENT | Fundamental control issue on which action should be taken immediately. | 2 | IMPORTANT | Control issue on which action should be taken at the earliest opportunity. | 3 | ROUTINE | Control issue on which action should be taken. |

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 8 | Directed | The automated match and merge function is not switched on in Athena, and is used currently to populate the duplicate queues and then these are worked on manually.<br><br>The automated match and merge function has not been switched on as it is currently not fit for purpose. Switching on the automated match and merge function on Athena would cause additional pressure at the moment. The areas that need to be addressed to enable the automated match and merge function on Athena to be switched on have been identified by the Records Management Team and these have been flagged to Northgate (the Athena System Developers) , but there are cost implications and the Covid-19 pandemic has caused additional pressures.<br><br>The Regional Athena Data Quality Working Group are looking to offer solutions to improve the current rules, so they would provide confidence required so an automated process could apply. | Work needs to continue to get the automated match and merge function switched on in Athena to help address the potential number of duplicates in the system. | 2 | *Work is ongoing to develop the rules to enable automated match and merges to be undertaken, but with this being a national system it takes time for this to be addressed. Work is already ongoing to address this through the Athena Regional Group.*<br><br>*It is hoped that the first stage of this will be delivered within the next 6 months. Delivery of this relies on the support of Northgate who are the external provider of Athena.* | *31/03/22* | *Records Manager* |

**PRIORITY GRADINGS**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1** | **URGENT** | Fundamental control issue on which action should be taken immediately. | **2** | **IMPORTANT** | Control issue on which action should be taken at the earliest opportunity. | **3** | **ROUTINE** | Control issue on which action should be taken. |

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|---|---|---|---|---|---|---|---|
| 3 | Directed | There is a Data Retention Policy in place to help ensure data is held accordingly.<br><br>The Constabularies have a Joint Review, Retention and Disposal of Crime Related Information Policy. The policy was published in September 2015, the policy was due for review in March 2020. The review was postponed due to awaiting updated guidance from the College of Policing. Updated Authorised Professional Practice from the College of Policing was published in November 2020 on this area. The constabularies have been working to this guidance.<br><br>The Joint Review, Retention and Disposal of Crime Related Information Policy needs to be reviewed to ensure that it reflects all necessary and updated statutory guidance. | The Joint Review, Retention and Disposal of Crime Related Information Policy to be reviewed to ensure that it reflects current working practices. | 3 | *The policy is being reviewed to ensure that it is in line with APP. The Records Manager has been asked to produce the national guidance on this. The local policy will be drawn up in line to ensure that it reflects national guidance.* | *30/06/21* | *Records Manager* |
| 7 | Directed | To help ensure data quality gets the appropriate attention, regular communication to be sent out advising of frequent data quality issues. | The Records Management Team to send out regular reminders on data quality to ensure data quality gets the appropriate attention.<br><br>A slide on data quality issues to be included as standard agenda item in all training courses. | 3 | *Regular reminders will be sent out, and this will be delivered through a variety of mediums. The Records Manager is doing a blog to raise the importance of data quality.* | *30/06/21* | *Records Manager* |

# Operational - Effectiveness Matter (OEM) Action Plan

| Ref | Risk Area | Finding | Suggested Action | Management Comments |
|-----|-----------|---------|------------------|---------------------|
| 1 | Directed | Suffolk have identified poor data management as one of its' strategic risks. Risk of poor data management and disposal is strategic risk number eight on the Suffolk strategic risk register.<br><br>Norfolk have not identified data quality as a strategic risk by itself, but is part of the 'Deliver a modern innovative service'. | Consideration should be given as to whether poor data quality is a strategic risk by itself for Norfolk. | *Agreed, the risk register will be updated.* |

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Assurance Review of MOPI Project Implementation

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# Executive Summary – Assurance Review of MoPI Project Implementation

## OVERALL ASSESSMENT



LIMITED ASSURANCE

Adequate & effective governance, risk and control processes

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

## KEY STRATEGIC FINDINGS

Work is still ongoing to achieve MoPI compliance. Additional ICT resources are needed for implementation and ongoing support.

It is not currently possible to access all legacy systems to undertake searches. The Genie Clearcore search needs to be rolled out more widely. Management are aware of this and are taking steps to address this.

Phase 1 and phase 2 of the Genie Clearcore project has been completed. A post project report has been produced. An action plan needs to be developed to help ensure achievement of outstanding actions.

A third party consultant is being used to help support implementation of Genie Clearcore.  A further single tender action (STA) form needs to be completed as expenditure is greater than the STA value.

## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to comply with MoPI has been identified as risk on the Norfolk and Suffolk strategic risk registers.

## GOOD PRACTICE IDENTIFIED

The Genie Clearcore system enabled users to find information more quickly, and to find information that they wouldn't have found using previous search tools.

Following implementation of stage two the Genie Clearcore Project, the number of searches undertaken on Genie Clearcore has increased from 2,800 a month to 4,500.

## SCOPE

The audit assessed the MOPI strategy for storage and data cleansing, with progress towards implementation of data transfer.

## ACTION POINTS

| Urgent | Important | Routine | Operational |
|--------|-----------|---------|-------------|
| 1 | 2 | 0 | 0 |

# Assurance - Key Findings and Management Action Plan (MAP)

| Rec. | Risk Area | Finding | Recommendation | Priority | Management Comments | Implementation Timetable (dd/mm/yy) | Responsible Officer (Job Title) |
|------|-----------|---------|----------------|----------|---------------------|-------------------------------------|--------------------------------|
| 1 | Directed | Genie Clearcore has been transferred to ICT to manage as part of business as usual. There are concerns that ICT do not have the capacity to provide ongoing support for Genie Clearcore as they are having to use support of an external consultant. | Additional ICT resources to be obtained to support full implementation and to provide ongoing support for Genie Clearcore. | 1 | Management are aware of this and are looking at what can be done to address this. Progress against this will be monitored through the | 30/09/21 | Mark Williams, Records Manager |
| 2 | Directed | Full functionality of Genie Clearcore is not being used. Genie Clearcore cannot be used for match and merge. Phase 2 of implementation of the Genie Clearcore project has been completed, there were some elements of phase 1 which were not delivered these were transferred to phase 2 to deliver. Although phase 2 has been completed, there are some actions from phase 2 of the implementation of the project that were not completed. To ensure that appropriate progress is being made an action plan needs to be developed stating what actions needs to be completed, with assigned responsible officers and target date for completion of these actions. | An action plan be developed for the outstanding actions from phase 2 of the Genie Clearcore project implementation, responsible officers be assigned for each action and target date be assigned for each action. | 2 | An action plan will be developed covering each outstanding action with responsible owner assigned for each action. | 31/08/21 | Mark Williams, Records Manager |
| 3 | Directed | A consultant (Software Initiative Ltd) is being used to help with the integration of Genie Clearcore within Norfolk and Suffolk. The most recent STA for Software Initiative Ltd was raised on the 23rd July 2019 and covers the 2019/20 financial year and was for | Appropriate procurement be followed, STA to be raised to cover the full value of expenditure with the external provider. | 2 | Expenditure with the external consultant was higher than predicted as it has taken longer than expected to implement Genie Clearcore. A further single tender action form will be completed for the external consultant. | 31/08/21 | Mark Williams, Records Manager |

DRAFT

Police and Crime Commissioners for Norfolk and Suffolk Police and Chief Constables of Norfolk and Suffolk Constabularies
Assurance Review of MOPI Project Implementation

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| | | £12,600. Since the 1st April 2019 £28,080 has been spent with Software Initiatives Ltd.<br><br>The single tender action form does not cover the value of expenditure with Software Initiative Ltd that has been spent with them since the 1st April 2019. | | | | | |
|---|---|---|---|---|---|---|---|

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Assurance Review of MOPI Project Implementation

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# Progress against Annual Plan for 2020/21 and first quarter of 2021/22

| System | Planned Quarter | Current Status | Comments |
|---|---|---|---|
| Covid-19 Controls | 1 | Final report issued | |
| Transformation and Business Case | 2 | Final report issued | |
| Estates Strategy and Policy | 2 | Final report issued | |
| Vetting | 2 | Final report issued | |
| Payroll | 2 | Final report issued | |
| Performance Management | 2 | Final report issued | |
| Strategic Control and Corporate Governance – Coronavirus Resilience | 2 | Final report issued | |
| Risk Management Advisory | 2 | Final report issued | |
| PEQF | 3 | Final report issued | |
| Use of Vehicles and Telematics | 4 | Final report issued | |
| OBB | 4 | Final report issued | |
| Corporate Health and Safety | 4 | Final report issued | |
| Learning and Development | 4` | Final report issued | |
| Key Financials | 4 | Final report issued | |
| Procurement Compliance with Contracting Standing Orders within departments | 3 | Final report issued | |
| HR Strategy Use of Resources and Succession Planning | 4 | Final report issued | |

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| System | Planned Quarter | Current Status | Comments |
|---|---|---|---|
| Risk Management – Risk Maturity | 4 | Final report issued | |
| Recruitment | 4 | Final report issued | |
| Data Quality | 3 | Final report issued | |
| MoPI | 4 | Final report issued | |
| Cyber Security | 4 | Final report issued | |
| Recovered Property – Seized Monies | 3 | Draft report issued – Limited Assurance | 2020/21 audit there has been delay in finalising the report, as the report incorporates a number of different departments. |
| Constabularies Commissioning | 4 | Draft report issued | 2020/21 audit, this was delayed until first quarter of 2021/22 due to staffing resources and needed to consider MOJ return |
| IT – ERP Governance | 4 | Draft report issued | 2020/21 audit |
| IT – Device Management Data Storage | 4 | Draft report issued | 2020/21 audit |
| **2021/22 Audit Work** | | | |
| Overtime | 1 | Draft report issued | |
| Shared Services Transaction Centre | 1 | Draft report issued | |
| Joint Justice Services | 1 | Draft report issued | |
| Business Continuity | 1 | Draft report issued | |
| Dog Handling | 1 | Fieldwork complete | |
| Transport Management - Maintenance, Repair, Disposal, Transport Stock | 1 | Fieldwork commenced | |

**KEY:**

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|---|---|---|---|---|---|---|---|
| | To be commenced | | Site work commenced | | Draft report issued | | Final report issued |

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# Follow-up of Recommendations - Progress update

| Audit Title | Year | Total | Urgent | Important | Routine | Implemented | Superseded | Not due | Overdue | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Vetting | 2020/21 | 3 | 0 | 1 | 2 | 2 | 0 | 0 | 1 | |
| Performance Management | 2020/21 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | |
| Payroll | 2020/21 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | |
| PEQF | 2020/21 | 2 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | |
| Use of Vehicles and Telematics | 2020/21 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | |
| Allowances Expenses and Additional Payments | 2019/20 | 3 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | The remaining priority 2 recommendation is on hold, as currently with a high proportion of the workforce working from home it would not be representative to undertake the review in the current circumstances |
| Data Protection Legislation – GDPR / Data Protection Act | 2019/20 | 8 | 1 | 2 | 5 | 7 | 0 | 0 | 1 | Covid-19 has caused significant pressures in addressing the outstanding priority 3 recommendation, but an action plan has been drawn up to ensure that progress is made. Progres is being monitored to help ensure completion by revised date. |
| External Training Budget | 2019/20 | 3 | 0 | 3 | 0 | 2 | 0 | 0 | 1 | The Covid-19 pandemic has caused some training to be placed on hold. Work is progressing to address by the revised due date. |

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| Audit Title | Year | Total | Urgent | Important | Routine | Implemented | Superseded | Not due | Overdue | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Dog Handling | 2019/20 | 5 | 1 | 4 | 0 | 2 | 0 | 0 | 3 | These are being followed up as part of the current audit. |
| Workplace Health | 2019/20 | 5 | 0 | 2 | 3 | 5 | 0 | 0 | 0 | |
| Establishment, Capacity, Recruitment and Retention | 2018/19 | 6 | 0 | 3 | 3 | 5 | 0 | 0 | 1 | Work is progressing to develop the new Acting up and Temporary Promotions Policy. |
| Recovered Property | 2018/19 | 4 | 0 | 2 | 2 | 3 | 0 | 0 | 1 | The Covid-19 pandemic has prevented annual audits from being undertaken. |
| **TOTAL** | | **43** | **3** | **21** | **19** | **30** | **0** | **1** | **12** | |

**Information on overdue recommendations**

| Audit Title | Recommendation | Priority | Management Comments | Responsible Officer | Due Date | Revised Due Date | Recent update |
|---|---|---|---|---|---|---|---|
| Vetting | MV clearances be reviewed on an annual basis, in accordance with the requirements of the APP. | 2 | The draft APP July 2020 has now been circulated to all forces in anticipation of implementation December 2020/January 2021. The new APP states: "8.48.3 In addition to making disclosures after vetting clearance has been granted, individuals holding MV clearance should be subjected to review at least twice during the validity of the clearance. Any MV conducted in conjunction with SC or DV clearance must be subject of annual review alongside the review of the SC or DV i.e. it is not necessary to complete two reviews per year for MV/SC or MV/DV clearances. Forces should have a programme in place to ensure that all applicable posts are subjected to review during the lifetime of the clearance. NPPV3 should also be reviewed at least twice during the validity of the clearance."There are currently 950 staff and officers who hold DV or SC clearance and 2147 who hold MV clearance. The vetting unit will begin reviews on those who hold DV and SC clearance. The remaining MV clearances will be | Vetting Manager | 01/04/21 | 30/09/21 | A review system has been created to ensure staff and officers are identified at appropriate times during the lifetime of a clearance. This should have been implemented from the 01/01/2021. However due to Covid/staffing issues in the vetting unit this has not started. The team are currently focusing on new applications and renewal vetting which is currently up to date.

Unforeseen absence due to Covid/sickness/bereavement/surgery in the team has impacted on productivity and we are currently working at 60% capacity. Options have been explored to support the team, however training requirements/access to systems make this problematic. The Vetting Team are due to begin 7 Force UAT |

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| | | | reviewed and appropriate review dates set in future. | | | | | for Robotic Automation on 05/05/2021 which will be ongoing until 05/06/21 when we anticipate this will 'Go-Live'. An operational decision was made to prioritise the highest area of risk i.e. new applications and renewal vetting.<br><br>We continue to explore options to reduce demand however the team are unlikely to return to full capacity before August, at which point we will review outstanding actions and prioritise workloads.<br><br>A revised due date has been requested |
| Payroll | A standard to be agreed for submitting overtime claims to help ensure that these are submitted timely. | 3 | Agreed, a standard to be agreed for submitting of overtime claims in Norfolk. There is already a three month time limit in place for Suffolk officers, and approval has to be obtained for overtime which is submitted outside of this period. | Head of Transcational Sevices | 31/03/21 | 31/07/21 | | This has not yet been formally signed off by the DCC these has been presented to the DCCs to sign off.<br><br>A revised due date has been requested |
| Payroll | A standard to be agreed for submitting expenses to help ensure that expense are submitted timely. | 3 | Agreed, a standard to be agreed for submitting of overtime claims in Norfolk. There is already a three month time limit in place for Suffolk officers, and approval has to be obtained for overtime which is submitted outside of this period. | Head of Transcational Sevices | 31/03/21 | 31/07/21 | | This has not yet been formally signed off by the DCC these has been presented to the DCCs to sign off.<br><br>A revised due date has been requested |
| PEQF | Review of vetting team capabilities be undertaken to establish if there are sufficient resources to undertake vetting of new recruits for the PEQF programme. | 2 | Vetting capability and capacity continue to be under review to ensure delivery against PEQF and Op Uplift plans. It will be ensured that this is added to the Vetting Risk Register, so that this can be monitored. Implementation date of three months hence provided for monitoring purposes | Vetting Manager | 31/03/21 | 31/07/21 | | The Vetting team remain on target to meet capabilities, however, there are capacity issues which are under constant review as detailed above in 20/21 NSC2121.<br><br>A revised due date has been requested |
| Allowances Expenses and Additional Payments | A review of pool cars be undertaken, to ensure that there are optimum numbers available/used for the most efficient | 2 | All travel is deemed necessary as authorised by managers, however in light of the recent Covid-19 outbreak a review of working practices will take place in both Forces, with a view to reducing travelling and utilising technology as well as increased home working.The review of pool car usage will be considered as part of this review. | ACO | 31/03/21 | 31/07/21 | | Pool I car usage (distance travelled and time in use) continues to be monitored via the telematics system. Pool car numbers are flexed according to demand.  It has been agreed with ACO's to include hire vehicles with the review with, as this |

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| | travel between headquarters and other journeys, compared to paying private mileage. Any changes to the way pool cars are used to be communicated to those travelling between sites and monitored for changes being instigated. | | | | | | overlaps and spend is high, particularly in Norfolk.<br><br>A revised due date has been requested |
| Data Protection Legislation – GDPR / Data Protection Act | The following policies updates, incorporating the GDPR, be published following approval: the Acceptable Use of Information Systems and Assets Policy, the Government Security Classification Scheme Policy, the Information Security and Information Security Management Policy, the Interim Email, Intranet and Internet Use Policy, the Interim Information Security Incident and Data Breach Reporting and Management Policy, and the Interim Information Risk Management Policy. | 3 | Recommendation is agreed.Information security will endeavour to review, amend or re-write their policies and procedures over the course of 2020. With the appropriate resources available, it is hoped that 25% of the policies and procedures will be reviewed and appropriately amended each quarter.This will start with the Information Security Incident and Data Breach Management Policy which must be re-written in-line with the requirements of the National Enabling Program's delivery of Office 365. | DCC / Information Security | 31/12/20 | 31/07/21 | All all of the Information Security Policies and Procedures require updating. In fact all of the policies require a complete re-write, and to be brought into line with ISO 27001 – the International Information Security Standard. Our Policies are currently authored in a manner that makes them joint policies and procedures. We intend to re-write these documents so that the policies are a few pages in length, and then far more complex and detailed procedures are then associated with them. In addition to complete re-writing and formatting these existing documents, there is also a requirement to write completely new policies and procedures, which relate to accreditation / assurance and the use of cloud services. However the department has very limited resources, and is finding it difficult to allocate appropriate time to this particular project, this issue has been detailed to TIAA etc. I hope that may be of some assistance and provide some response for you. We are trying to complete this project, however as detailed above, other projects, and departmental pressures mean that the policies |

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| | | | | | | | and procedures may not be worked on as often as possible.

A revised recommendation date has been requested |
| External Training Budget | Training requirements be recorded within the constabularies' workforce plans, to ensure effective succession planning and an appropriately trained workforce. | 2 | This work is reliant on a number of other workstreams, such as Succession Planning, E-PDR and the skills database which are ongoing and form key elements of the constabularies' People Strategy.A further update will be provided at the end of the calendar year. | Change and Development Manager – L&D(from an oversight perspective) | 31/12/20 | 31/07/21 | This remains ongoing as part of the wider strategic work. Bids are becoming more streamlined to departmental needs but this is being refreshed as part of L&D commissioning process.

A revised due date has been requested |
| Dog Handling | An annual risk assessment be undertaken to identify the optimum number of police dogs and handlers needed. | 2 | There is no "Dog STRA" and it is understood that none of the forces in the region have such a document. Developing an accurate STRA for N&S would currently be difficult because of the method used to capture data of activity, this is under review and an annual risk assessment will be considered once complete. An initial date of 31/03/20 is provided for review / consideration. | DCC / Insp 3051 HAMMERTON | 31/03/21 | 31/07/21 | This is under review regionally - not all forces have a dog STRA. We are linked in to the regional work.

A revised due date has been requested |
| Dog Handling | The annual training programme for police dog handlers be produced, incorporating all required training and made available to RMU. The RMU to book officers' duties accordingly to ensure that police dog handlers receive the required training. | 2 | Without dedicated training days factored in, it will be difficult to populate training on set days – RMU have begun attempting to roster training but this isn't always possible. The peer review should highlight this issue and work is being undertaken to look at a better pattern with dedicated training days. | DCC / Insp 3051 HAMMERTON | 31/03/21 | 31/07/21 | A review of the Dog Unit has been undertaken. Training requirements will be added by RMU on to the staff rosters so that training can be included. This will commence from the 2021/22 financial year. The Covid-19 pandemic caused delay in implementing of the recommendation. |
| Dog Handling | A review be carried out of police dog handlers training days to ensure that actual training hours received is in agreement with training hours that have been planned for. | 2 | Set training days should make this easier, a pattern with a dedicated week for training will ensure handlers are getting what they require. It will also improve team cohesion, as Norfolk and Suffolk handlers will come together to train. Training should be as a team rather than 1:1 as this is good practice, the current system does not support this. A date of 31/12/19 is provided for peer review results, following which the timeline | DCC / Insp 3051 HAMMERTON | 31/03/21 | 31/07/21 | A review of the Dog Unit has been undertaken and a Business Case is now with CO's for decision making and to ensure appropriate action is taken. The Covid-19 pandemic has caused a delay in implementation. |

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| | | | for shift review, with a view to implementation 31/03/20. | | | | |
| Establishment Capacity, Recruitment and Retention | Approval and rationale for why officers and staff are acting up be recorded for all officers/staff. | 2 | The new Acting and Temporary Promotions Policy will be published in the Spring of 2019. This will standardise the process and this detail will therefore be captured.Staff are already covered within other HR policies and process. | DCC / Head of Resourcing | 30/06/19 | 31/07/21 | This has been challenging due to changes from federation. Claire Kaye is now working on the changes and then it needs to go out again for consultation. This should be completed by end of May.

A revised due date has been requested |
| Recovered Property | Annually, an audit be undertaken at the property stores and records be maintained of the stock take. | 3 | Annual audits have not been carried out due to the Evidential Property Review and other commitments. These audits will recommence in 2019 and Main Stores (with Property Staff) and satellite stations will be audited annually. Programme of audits to be discussed with Senior Property Officers on 17th July. | ACO Locally / PM&VRC and Senior Property Officers | 31/10/19 | 30/06/21 | These audits are not essential and in view of the ongoing situation with COVID and the current restrictions and the requirement to minimise travel these will not be scheduled at this time. We will review this again post 21st June 2021. |

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# Briefings on developments in Governance, Risk and Control

TIAA produces regular briefing notes to summarise new developments in Governance, Risk and Control which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those CBNs issued in the last three months which may be of relevance to the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies is given below. Copies of any CBNs are available on request from your local TIAA team.

## Summary of recent Client Briefing Notes (CBNs)

| CBN Ref | Subject | Status | TIAA Comments |
|---------|---------|--------|---------------|
| CBN – 21007 | Cyber – The Importance of Preparedness | | **Action Required**<br><br>Audit Committees and Boards are recommended to obtain assurance or independent assessment, that IT incident management plans are robust and tested. A holistic approach is needed linking backup provisions, business continuity plans, and IT incident response plans. |
| CBN – 21008 | NAO: Good Practice Guidance: Fraud and Error | | **Action Required For Information Only**<br><br>Boards and Governing Bodies to be made aware of the NAO Good Practice Guidance, in particular the Fraud and Error Audit Framework. |
| CBN – 21014 | National Audit Office – Guidance for Senior Leaders to improve operational delivery | | **Action Required Not Urgent**<br><br>Chief Executives, Chief Operating Officers and Operational senior management are asked to note the guidance and to reflect on the principles outlined in respect of the application within their own organisation. |
| CBN – 21015 | Greenfell Inquiry Fire Safety Bill | | **Action Requied – To Note**<br><br>Please note awaiting further legislation and potential action. |

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