Suffolk Police and Crime Commissioner

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

ORIGINATOR: TIAA (INTERNAL AUDITORS)	PAPER NO: AC21/28

SUBMITTED TO: AUDIT COMMITTEE – 26 NOVEMBER 2021

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.

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The Police and Crime Commissioners for Suffolk and the Chief Constable of Suffolk Constabularies

Summary Internal Controls Assurance (SICA) Report

2021/22

November 2021

# 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 Commissioner of Suffolk and Chief Constable of Suffolk Constabulary as at the 15th November.

Emerging Governance, Risk and Internal Control Related Issues

2. In our recent 'Post-Lockdown Working Practices Briefing', we explored the results of our survey of clients to ascertain how organisations are planning to deliver some of their functions going forward. We asked a number of questions regarding Audit Committee meetings and their effectiveness since the pandemic started and gained thoughts on how these will take place once restrictions are eased.

    The experience of remotely held Audit Committees meetings has been positive with the majority of respondents recording no change in or increased attendance, efficiency and engagement at meetings.

Post Lockdown Audit Committee Attendance

Attendance of committee members

Increased	26%
No Change	74%
Decreased	0%

Efficiency of committee
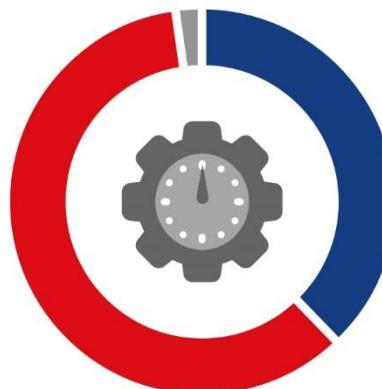
Increased	38%
No Change	60%
Decreased	2%

Engagement from attendees
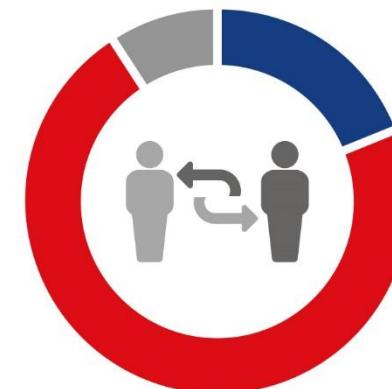
Increased	19%
No Change	72%
Decreased	9%

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Audits completed since the last SICA report to the Audit Committee

3.   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
Overtime	Reasonable	July 21	July 21	July 21	0	1	1	0
Transport Management - Maintenance, Repair, Disposal, Transport Stock	Reasonable	August 21	September 21	September 21	0	1	1	1
Dog Handling	Reasonable	September 21	October 21	October 21	0	3	0	0
Business Continuity	Reasonable	July 21	October 21	October 21	0	1	1	0
Joint Justice Services	Reasonable	July 21	October 21	October 21	0	4	1	0

4.   The Executive Summaries and the Management Action Plans for each of the finalised reviews are included at Appendix A. There are no issues arising from these findings which would require the annual Head of Audit Opinion to be qualified.

Progress against the 2021/22 Annual Plan

5.   Our progress against the Annual Plan for 2021/22 is set out in Appendix B.

Changes to the Annual Plan 2021/22

6.   A revised annual plan has been produced which sets out the work for the rest of the year. The revised plan provides sufficient coverage to be able to provide a head of internal audit opinion.

Progress in actioning priority 1 & 2 recommendations

7.   No Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) have been raised when undertaking audit work during 2021/22 since the previous SICA. An update of outstanding recommendations is included in Appendix C.

Frauds/Irregularities

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

Other Matters

9.   We have issued a number of briefing notes and fraud digests, shown in Appendix D, since the previous SICA report.

Responsibility/Disclaimer

10.   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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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
Overtime	Reasonable
Transport Management - Maintenance, Repair, Disposal, Transport Stock	Reasonable
Dog Handling	Reasonable
Business Continuity	Reasonable
Joint Justice Services	Reasonable

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Executive Summary – Overtime

OVERALL ASSESSMENT

REASONABLE ASSURANCE

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

KEY STRATEGIC FINDINGS

There is no reconciliation undertaken between POCASO and ERP to ensure that the correct amount of overtime is paid.

Access to POCASO is reviewed quarterly by one of the POCASO system administrators to ensure access is appropriate, but no evidence of this check is maintained.

Manual forms are still being used by police staff to claim overtime. The process for inputting of police staff overtime is very labour intensive and there is risk of error.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Inappropriate and/or fraudulent payments are made

GOOD PRACTICE IDENTIFIED

POCASO flags duplicate claims.

SCOPE

The objective of the audit was to review the adequacy, effectiveness and efficiency of the systems and controls in place for overtime for both police officers and police staff.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	0

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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)
2	Directed	POCASO and ERP do not interface. Overtime is paid a month in arrears. There is a payroll timetable in place which states when overtime needs to submitted and approved to ensure that it is paid timely. Monthly as part of the payroll process, an excel extract from POCASO is run and this is uploaded onto ERP so that police officer overtime payments can be made. There is a risk that the excel extract that is taken from POCASO could be manipulated and additional fraudulent payments added.	A monthly reconciliation be undertaken between POCASO and ERP to ensure that only approved overtime as per POCASO is paid.	2	*It is accepted that this a minor risk and a reconciliation process will be introduced to reconcile the input into the payroll monthly.*	31/12/21	*Head of Transactional Services*
1	Directed	Access is granted to POCASO by the system administrators for POCASO. Sergeants are granted approval rights access on POCASO as they are needed to approve overtime claim forms that are submitted. Access to POCASO is reviewed quarterly by one of the POCASO system administrators to ensure access is appropriate, but no evidence of this check is actually maintained.	Evidence be maintained of the quarterly authority checks.	3	*The access has been reviewed on a quarterly basis and acting sergeant ranks removed as required. A spreadsheet will be retained to monitor the changes made.*	31/07/21	*Head of Transactional Services*

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Executive Summary – Transport Management - Maintenance, Repair, Disposal, Transport Stock

OVERALL ASSESSMENT

REASONABLE ASSURANCE

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

KEY STRATEGIC FINDINGS

There are still some instances where drivers are not using their RFID card to log onto vehicle.

There are some officers/police staff that are not reporting damage to vehicles. Formal monitoring of these individuals need to be undertaken so that potential trends can be identified and action taken accordingly.

Generally vehicles are disposed of at auction, there have been some delays in disposing off vehicles as the auction houses were closed.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The risk of not being able to get supplies and maintain vehicles is covered under the 'service delivery failure as a result of immediate, high impact or sustained disruption'. Brexit has been identified as a risk on both the Norfolk and the Suffolk Strategic Risk Registers.

GOOD PRACTICE IDENTIFIED

Donor vehicles have been used, the transport team have seen delays in getting parts and thus a decision was taken that the use of donor vehicles

SCOPE

The audit appraised the arrangements and controls in place to ensure that the fleet of vehicles are adequately maintained, and to ensure appropriate controls are in place for disposing of vehicles and recording of vehicles proceeds.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	1

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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)
2	Directed	There are some officers/police staff that are not reporting damage to vehicles. There is a need to report damage to vehicles promptly, as failure to report damage to vehicles promptly could put colleagues at risk and will mean that vehicles are out of action for longer.	Records to be maintained of individuals that damage a vehicle and do not report it so that any potential trends can be identified and action taken accordingly. Regular updates to be provided to the Drivers Standards Group on this.	2	*Any instance of damage found, either by way of a PVIR (damage reporting form) or noted during service is brought to the attention of Professional Standards for them to investigate. This was introduced during July 2021. Since the introduction of dashcams the number and cost of damage found incidents has reduced. Damage found incidents are discussed at the monthly Driver Standards Group where SPOC's and subsequently District Commanders are held accountable. PSD will consider checking hard copy vehicle logbooks and speaking supervisors to determine which shift, group or individual was driving the vehicle prior to the damage being found.* *Further comms regarding damage found incidents will be published in due course. Noting a Corporate Communications representative attends the Driver Standards Group.*	*This is an ongoing task*	*Head of Transport and Uniform Services – linking to the Driver Standards Group*

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	There are still some instances where drivers are not using their RFID card to log onto vehicle.	Monitoring to be undertaken for individuals that are not using their RFID cards to log onto a vehicle.	3	*It is accepted that due to the high number of telematics systems in use and the regularity of that use. Approximately, 5% of units will become unserviceable. A process is in place for drivers to complete a defect form for the telematics unit/card reader to be repaired or replaced. A sub-group from Driver Standards Group membership has been formed during July 2021. This is Chaired by a T/ACC with the Head of Transport, Driver Risk Manager, Suffolk CPC lead (Superintendent rank) and Norfolk CPC lead (Superintendent lead) as members. This Group meets regularly to discuss the reported incidents of non-RFID tagged journeys and actions to increase usage. Comms messages have previously been circulated to all staff. It should be noted the Driver Standards Sub-Group has a member of the Force Executive as Chair. This confirms the require appetite to improve usage.*	*This is an ongoing task*	*Head of Transport and Uniform Services – linking to the Driver Standards Sub-Group*

Executive Summary – Dog Handlers

OVERALL ASSESSMENT

REASONABLE ASSURANCE

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

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Dog handlers do not receive the required mandatory training.

SCOPE

The review appraised the effectiveness of controls in place for management of the police dog function.

KEY STRATEGIC FINDINGS

Dog handlers shift patters have been reviewed to include designated training days. In addition designated trainers have been assigned and there are sergeants in place to provide operational line support for dog handlers.

There is not a designated system in place for managing and monitoring usage of police dogs. Manual records are maintained of when police dogs are used. This makes the process to establish usage of police dogs very labour intensive.

There is not a designated system for recording police dog training. Manual records of training are maintained. Records of training undertaken is not currently recorded on either Chronicle or ERP.

GOOD PRACTICE IDENTIFIED

There are designated trainers assigned to provide the training.

Dog handlers training is factored into shift patterns.

ACTION POINTS

Urgent	Important	Routine	Operational
0	3	0	0

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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 designated system in place for managing and monitoring usage of police dogs. Manual records are maintained of when police dogs are used. This makes the process to establish usage of police dogs very labour intensive, and requires a lot of manual work and analysis to establish usage of police dogs.	A designated system to be used for police dogs.	2	We currently record dog deployments via officers submitting records monthly. We are seeking SBOS assistance to capture some of this data from STORM however Chronicle will also be able to capture and record deployments however this will still need submissions of data by officers to Chronicle inputters. Which may require uplift of staff in the future.	30/04/23	*Armed Policing and Dog Inspector*
2	Directed	There is not a designated system for recording police dog training. Training records are recorded and written up by the instructor who has taken the training day. They are then uploaded onto a database within the shared folder. Records of training is not currently recorded on either Chronicle or ERP, although Chronicle could be used for this. As there is not a designated system it is not possible for reminders to be generated of training due. There is a risk that dog handlers do not receive the required training as reminders are not automatically generated.	Use of chronicle to be explored for recording of police dog handlers training.	2	Very recently the authoring officer of the forthcoming Police Dogs APP has posed to the region would we want Chronicle for dogs. Norfolk and Suffolk have replied positively but am at this point unaware on the whole regional response, but I believe it was a very positive acceptance of Chronicle being introduced. Once this is agreed regionally procurement will source as a region and then I will work towards implementation with L&D who are expanding the modules on Chronicle for other areas of business.	30/04/23	*Armed Policing and Dog Inspector*

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	Records of training is not currently recorded on ERP. ERP should record all training undertaken.	Police dog handlers training to be recorded on ERP so that ERP has a full record of training completed.	2	I would not want to explore ERP if Chronicle is to be introduced. We have a method in place (OI folders) which has greatly improved with the new training team and shift pattern.	N/A	N/A

Executive Summary – Business Continuity

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Service delivery failure as a result of immediate, high impact or sustained disruption has been identified as a strategic risk for both Norfolk and Suffolk constabularies.

SCOPE

The reviewed appraised the effectiveness of controls in place for business continuity.

KEY STRATEGIC FINDINGS

Whilst each business continuity plan has their "life-saving activities" identified there is not a central record of "life- saving activities". There would be some benefit in having a central record of life-saving defined activities, this would help co-ordinate a constabularies wide business continuity plan.

The Business Continuity Manager works part-time, in the absence of the Business Continuity Manager there is a named deputy. Whilst there is a named deputy, the named deputy does not have currently much involvement in the business continuity management process.

Business continuity plans are reviewed and tested annually.

GOOD PRACTICE IDENTIFIED

There is a significant project underway - the Modern Workplace Programme - to review ways of working.

A new appendix was added to Business Continuity plan template in 2020 about the Pandemic Response.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	0

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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)
2	Delivery	There is a designated Business Continuity Manager in post. The Business Continuity Manager works part-time, in the absence of the Business Continuity Manager there is a named deputy. Whilst there is a named deputy, the named deputy does not have currently much involvement in the business continuity management process. There would be some benefit in the named deputy having more involvement in the business continuity process so that they are in a position to provide cover if/or when needed.	The named deputy business continuity lead to have more involvement in the business continuity process so that they can provide adequate cover.	2	*Agreed, the named deputy will be involved as much as possible. The named deputy will be fully sighted on testing/review and risk group meeting attendance.* *The named deputy works all week, and will be accessible in the absence of the Business Continuity Manager.*	*30/11/21*	*Business Continuity Manager*
1	Directed	Whilst each business continuity plan has their "life-saving activities" identified there is not a central record of "life-saving activities" identified. There would be some benefit in having a central record of life saving defined activities, this would help co-ordinate constabularies' wide business continuity response.	A centralised record of all "life-saving activities" to be developed which would support and help co-ordinate constabularies' wide business continuity response.	3	*Agreed, this has been addressed life-saving activities are now listed on a new appendices within the gold business continuity plans.*	*Complete*	*Business Continuity Manager*

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Executive Summary – Joint Justice Services

OVERALL ASSESSMENT

REASONABLE ASSURANCE

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

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Both Norfolk and Suffolk Constabularies have identified failure to deliver a good service to victims as strategic risks on their strategic risk registers.

KEY STRATEGIC FINDINGS

Police Officers are not completing all necessary fields on Athena in relation to victims and witnesses.

Under the Code of Practice for Victims of Crime all victims should be offered the option to complete a Victim Personal Statement

Athena is not generating MG2 forms correctly.

Action has been taken to improve the quality of all investigations and services offered to victims.

GOOD PRACTICE IDENTIFIED

A Custody Investigation Unit Handover Assessment template has been created and this is used by CIU to ensure that case files are of the appropriate standard.

The Investigation Improvement Board has been established to improve the quality of all investigations and services offered to victims and suspects.

SCOPE

The review appraised the effectiveness of controls in place for the joint justice services. The joint justice service consists of Criminal Justice Service, Custody and Custody Investigation Unit.

ACTION POINTS

Urgent	Important	Routine	Operational
0	4	1	0

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Under the Code of Practice for Victims of Crime (Victims Care Code) issued by the Ministry of Justice, states that some victims of crime such as victims of the most serious crimes, persistently targeted victims, vulnerable and/or intimidated victims are entitled to an enhanced service from the Joint Victim and Witness Support Team. Athena has the ability to flag victims/witnesses that require enhanced services. A sample of ten victims of crime were selected to test, and it was found that in all cases the vulnerable victims of crime had not been flagged on Athena and therefore were not identified to receive the enhanced services available timely.	Police officers be reminded of the need to ensure that victims of crime that are entitled to enhanced support have the appropriate designated boxes completed on Athena so that they are identified timely to receive the enhanced services available.	2	*Agreed, work is already in place to address this. Good progress is being made, the webinars in April highlighted this point under Right 4. Officers need to ensure the 'Victim information tab' is adequately completed to reflect vulnerability etc and under Right 6 the 'Victim Contract Tab' must highlight the correct option in the 'Person to be updated' field ie 'Opt in Victim - Enhanced VIPS'* *In the last couple of months this information has been circulated via webinar/communications and via VCOP champions.* *The OPTIK team will be looking tp provide a prompt to officers to ensure they complete a NA when creating a crime. The NA will link in with the new IVNA question set being progressed on ATHENA.* *Using data from the 30 case audit it has been identified that the rear of the MG11 is the main source of information about needs. This information is rarely transferred onto any ATHENA fields.*	*31/12/21*	*Detective Chief Superintendent, Joint Justice Services Command*

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	Under the Code of Practice for Victims, all victims are invited to make a Victim Personal Statement. Any victim of crime who has provided a witness statement is invited to submit a Victim Personal Statement (VPS) to explain the affect this incident has had on them. Athena has the ability to record if a victim wishes to make a VPS or not. For the constabularies to be able to demonstrate compliance with the Code of Practice for Victims, all officers should be reminded that they need to offer victims the opportunity to complete a VPS, and if this is declined that a no answer is recorded on the designated field on Athena rather than not applicable.	Police officers be reminded of the need to ensure that all victims of crime are offered the opportunity to complete a VPS, and if this is declined then a no answer rather than a not applicable answer is to be recorded on Athena.	2	*Work is already ongoing to address this. 'In the last couple of months officers have had reminders via webinar/communications and via VCOP Champions. The message reminds officers to offer a VPS and most importantly complete the VPS field on ATHENA to reflect what action has been taken.* *The OPTIK team will look to provide a prompt to officers to ensure they consider the VPS and record correctly.*	*31/12/21*	*Detective Chief Superintendent, Joint Justice Services Command*
4	Directed	Police officers are expected to record on Athena all details of any witnesses and victims of a crime so that the Joint Victims & Witness Care Team are able to provide appropriate support for victims. Audit testing found that police officers were not recording contact details (mobile numbers and email addresses) on the witness information tab	Police officers be reminded of the need to record contact details for witnesses and victims on the Victims Information tab on Athena.	2	*Work is already ongoing to address this, recent training highlighted the need to record all contact details correctly. NSVC do sometimes have an issue with referrals which have information missing or incorrectly recorded and this will be picked up through discussions with them* *We have recently completed some work within the IMU regarding the quality of work completed within the initial investigation build and we are currently reviewing the results.*	*31/12/21*	*Detective Chief Superintendent, Joint Justice Services Command*
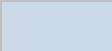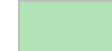
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	An MG2 form is expected to be completed when the victim requires special measures. For the ten victims that were randomly selected for testing it was found that whilst nine of them appeared to have special measures there was not a corresponding completed MG2 form. There appears to be an error in Athena with automatic generating of the MG2 form.	Athena be investigated to establish why the MG2 forms are not being created appropriately.	2	*This is a case question so has been posed to the Athena team. They have responded to say that there are no current reported issues or in fact any previous faults with the generated MG2. This will be investigated, and an appropriate solution sourced.*	*31/12/21*	*Detective Chief Superintendent, Joint Justice Services Command*
3	Directed	The Joint Victim & Witness Care Team are able to support victims when they are completing their Victim Personal Statement (VPS) and/or Business Impact Statement (BIS). The BIS gives individuals the opportunity to advise how their business has been affected by a crime. Whilst undertaking the audit it was found that there is a lack of consistency in terms of approach as to whom is responsible for completing the VPS. In some cases, police officers are obtaining VPS/BIS and in some cases these are being undertaken by the Joint Victim & Witness Care Team. There needs to be consistency to ensure that it is clearly defined who is responsible for getting these completed. The Joint Victim & Witness Care Team have a standard letter which they send out to victims, and are looking to make it possible for the VPS/BIS to be completed online.	Clarity be obtained as to whom is responsible for ensuring a VPS/BIS is offered to all victims and clarity to be obtained to ensure that a VPS/BIS is completed where required by the victim.	3	*This will be addressed. The WCU are due to ensure a task is sent to the officer if a VPS is required. There has not been so much emphasis during training on the taking of BIS as we held this with our priority focus being on VPS instead. If a VPS cannot be obtained online then OIC should be tasked every time.*	*31/12/21*	*Detective Chief Superintendent, Joint Justice Services Command*

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Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Overtime	1	Final Report	
Transport Management - Maintenance, Repair, Disposal, Transport Stock	1	Final Report	
Dog Handling	1	Final Report	
Business Continuity	1	Final Report	
Joint Justice Services	1	Final Report	
Shared Service Transaction Centre	1	Draft Report Issued	
Pension Administration	3	Audit brief issued	Audit commenced on the 22nd November
Systems – ERP / Enact / DMS / Chronicle interfaces	3	Audit brief issued	Planned start date 21st December
Capital Programme	3	Audit brief issued	Planned start date 16th December
Procurement Strategy and Policy	3	Audit brief issued	Planned start date 20th December
Establishment, Capacity, Recruitment and Retention	4	Audit brief issued	Planned start date 11th January
Corporate and HR Policies	4	Audit brief issued	Planned start date 3rd February
PEQF	4	Audit brief issued	Planned start date 21st February
Risk Maturity and Development	4	Audit brief issued	Planned start date 11th January
Data Quality	4	Audit brief issued	Planned start date 8th March
Absence Management including limited duties	4	Audit brief issued	Planned start date 21st March

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System	Planned Quarter	Current Status	Comments
Transformation and Strategic Planning / Change	4	Audit brief issued	Planned start date 23rd March
Key Financial Systems will incorporate AP and Treasury Management as well	4	Audit brief issued	Planned start date 11th January
Automatic Number Plate Recognition (ANPR)	4	To be scoped	Replacement for the Norfolk OPCC Audit - Community Safety Partnership Audit

KEY:

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

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Priority 1 and 2 Recommendations –Past their due date

Audit	Recommendation	Priority	Management Comments	Original Due Date	Revised Due Date	Responsible Officer	Current status
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.*	30/06/19	31/01/22	*DCC/ Head of Resourcing*	*The policy has been drafted and is currently going through the consultation process with the Police Federation.* **A revised due date has been requested for the recommendation.**
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.*	31/03/2020	31/01/22	*Dogs Inspector*	*Work is progressing to address this, this is being discussed with regional partners.* **A revised due date has been requested for the recommendation.**
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.*	31/12/20	31/01/22	*Head of People*	*Work is still ongoing to address the recommendation. This is still ongoing as part of the wider skills work / WFP / mapping work. Progress is being made on the e-pdr project and aligning to LMS / ERP. Chronicle is also now authorised for wider use for recording Public order, first aid and PST.*

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							A revised due date has been requested for the recommendation.
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*	*31/03/21*	*31/01/22*	*Head of People*	*The position has not changed. If anything it is worse due to ongoing resource issues. There are three staff off long term sick and another due to go off for hip replacement surgery so they continue to work at 60%. The Coe-Vet upgrade and Robotics project are now complete however the implementation phase was extended and this proved to be very disruptive to the vetting service. As a result backlogs have grown and all renewal vetting and reviews have stopped. They continue to offer overtime and are continuously looking to find solutions to reduce the problem.* *A revised due date has been requested for the recommendation*
Vetting	MV clearances be reviewed on an annual basis, in accordance with the requirements of the APP.		*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*	*01/04/21*	*31/01/22*	*Head of Vetting*	*Same as above*

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			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 reviewed and appropriate review dates set in future.				
Corporate Health and Safety	Designated fire safety persons be assigned for all buildings/areas/departments to ensure that the necessary statutory fire checks are undertaken.	2	*Responsible persons already have this role, to an extent, however the requirements are not routinely being complied with, and the individuals, particularly in Suffolk cover multiple stations increasing risk and ability to fulfil statutory duties placed upon both constabularies. Proposed actions to resolve: Review and improve first safety and responsible person eLearning .Training and or eLearning to be repeated every 3 years as per the latest Fire Safety Management Policy requirements Review of responsible person role for all stations. Each station to assign either a responsible person 'based' in the station or a nominated*	01/07/21	31/01/22	Joint: Health and Safety Manager and Head of Estates	*Work is progressing to address this. LMS system has seen additional eLearning elements added to it and is providing a solution. We are using links to NCALT which works via Microsoft Edge for RoSPA produced Fire Warden and Fire Safely eLearning Packages for which no negative feedback has been received. A member of the Health and Safety Team is reviewing the script from our original package and that from the RoSPA to develop our own version. A number of stations across both forces have failed to ensure weekly fire alarm tests are carried out (See the 'Master' Tab on: PMS Norfolk and PMS Suffolk for a point in time indication of compliance levels). As an example,*

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			person 'based' at the station to aid in fulfilling these statutory duties.				*currently 31 stations out of 36 are overdue weekly fire alarm tests for Suffolk and 12 out of 31 in Norfolk are overdue. We have drafted an email to all 'Responsible Persons' to improve levels of compliance, however it is clear that the lack of responsible person based in each station for Suffolk is not working and this need urgent review. This email also requests them to identify persons to act as Evacuation Marshalls in all areas where gaps may currently exist.* **A revised due date has been requested for the recommendation**
Corporate Health and Safety	A designated resource be assigned for co-ordinating and managing the fire safety management process. The resource needs to ensure that the necessary fire safety checks are undertaken and staff receive appropriate fire safety training.	2	*In order to satisfy this finding, if fire safety compliance does not improve within the next six months then a dedicated role to ensure fire safety compliance, monitoring and auditing will be required to be fulfilled by a suitably qualified, competent and experienced individual.*	01/09/21	31/01/22	*Joint: Health and Safety Manager and Head of Estates*	*Work is progressing to address. A dedicated role/resource to provide internal advice, monitoring and audits focused on fire safety is therefore the preferred option to ensure that our responsible persons fulfil their duties and both constabularies remain 'broadly compliant'.* **A revised due date has been requested for the recommendation**
Learning and Development	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*	30/09/21	31/01/22	*Head of L&D*	*Approval has now been received for the purchase of the Chronicle skills Public Order and CBRN module. This puts the forces in a much stronger position on skills data and will enable stronger compliance and risk management. Governance in place to analyse data and feed up to relevant DCCs. Next steps will be to mobilise L&D resources into a new*

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		■	*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.*				*Chronicle team with supervision from the new Driver Risk management post (this post to be extended to all skills risk). Significant progress now made in this risk that supports the ERP data but allows for more meaningful data to be recorded, analysed and reported on. The mobilisation timeline for Chronicle is 3 months from the purchase order being submitted (attached to email). By Mid - September this will be in up and running in the force.* ***A revised due date for the recommendation has been requested***

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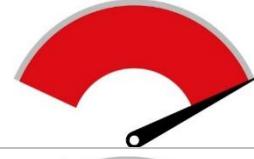
Priority Gradings (1 & 2)

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.

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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 few months which may be of relevance to the Police and Crime Commissioners for Suffolk and Chief Constables of Suffolk is given below. Copies of any CBNs are available on request from your local TIAA .

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN - 21023	Public Procurement Update		**No Action Required** This briefing note has been provided for information only and is to note.
CBN – 21024	Cyber Device Security Guidance		**No Action Required** This briefing note has been provided for information only and is to note.
CBN – 21025	Action Fraud Reporting Service		**Action Required** For information only. Boards and Audit Committees are advised to note that Action Fraud continues to be the UK fraud reporting service. Plans are underway for a replacement system to be implemented in April 2022.
CBN – 21030	VMWare Vulnerabilities		**Action Required** All organisations running the VMWare virtualisation software need to install the latest version as soon as practicable to address the vulnerability.
CBN – 21035	Cyber Threats using the COVID-19 Pandemic		**No Action Required** This briefing note has been provided for information only and is to note.

CBN Ref	Subject	Status	TIAA Comments
CBN – 21039	UK Finance Confirm Fraud Losses Rise by 30%		**Action Required For Information Only** Boards and Governing Bodies to note the changing nature of fraud, and in particular, the increase in APP fraud.
CBN – 21042	Fraudulent Emails and Purchase Orders		**Action Required** Procurement teams and suppliers to your organisation should be made aware of this scam.
CBN – 21043	Guidance to Prevent use of Vehicles as Weapons in Terror Attacks		**Action Required Where Applicable** Audit Committees and Boards/Governing Bodies are advised to assess their arrangements in light of the risks if applicable and take appropriate remedial action.

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