

**ORIGINATOR: TIAA (INTERNAL AUDITORS)**

**PAPER NO: AC25/04**

**SUBMITTED TO: AUDIT COMMITTEE – 4 FEBRUARY 2025**

**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.



## **Office of the Police and Crime Commissioner for Suffolk and Chief Constable of Suffolk Constabulary**

Summary Internal Controls Assurance (SICA) Report

January 2025

# 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 for the Office of the Police and Crime Commissioner for Suffolk and Chief Constable of Suffolk Constabulary at the 24<sup>th</sup> January 2025.

## Investing in the Future of TIAA

2. TIAA welcomed our largest intake of talented and enthusiastic trainees in the summer across the UK. This initiative is a testament to our dedication to nurturing the next generation of professionals and ensuring that we continue to deliver the highest standards of service to you. This builds on past successes where staff who joined TIAA as trainees have obtained professional qualifications and progressed to audit management roles.

We believe that investing in their development is crucial not only for their personal growth but also for the continued success of TIAA. To this end, we are sponsoring their professional qualifications, providing them with the necessary resources and support to excel in the internal audit profession and any relevant specialism they may choose.

With each trainee mentored by an experienced Director of Audit, we have re-designed a comprehensive training programme that covers a wide range of skills and knowledge areas. All trainees have been guided by experienced audit staff and management, shadowing on audits to get to know our client base, following a high standard already set by our experienced team.

By investing in our trainees, we are investing in the future of our company. We are confident that this initiative will enhance our capabilities. Our commitment to the quality of our services remains unwavering, and we are excited about the positive impact our new trainees will have on our work with you.

## 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
Risk Management	Reasonable	01/10/24	03/12/24	04/12/24	-	1	2	1
Corporate and HR Policies	Substantial	28/10/24	02/12/24	02/12/24	-	-	1	-
Vetting	Reasonable	29/11/24	17/01/25	20/01/25	-	1	1	-

Fleet Maintenance	Reasonable	10/12/24	20/01/25	22/01/25	-	3	4	-
Recruitment and Induction Training	Reasonable	02/12/24	17/01/25	20/01/25	-	2	3	3

4. The Executive Summaries for each of the finalised reviews are included at Appendix A.

#### Reports that are currently at draft report stage and awaiting management comments to finalise

5. The table below sets out the reports that are at draft report stage that are awaiting management comments to finalise.

##### *Audits currently at draft report stage*

Review	Evaluation	Draft issued	Comments
Payroll	Reasonable	28/01/25	Exit meeting being arranged
Culture and Required Behaviour	Reasonable	08/01/25	Exit meeting being arranged

#### Progress against the Internal Annual Plan

6. Our progress against the Internal Annual Plan is set out in Appendix B.

#### Changes to the Annual Plan 2024/25

7. The client lead for Change Management has asked that the audit is delayed until October 2025, the Audit Committee is asked to approve this change. The Audit Committee is also asked to consider approval of delay to the Suffolk Commissioning audit to later year, as the previous audit was substantial assurance.

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

8. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. The recommendation tracker is provided for the Committee, and is shown in Appendix C.

#### Frauds/Irregularities

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

#### Other Matters

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

#### Responsibility/Disclaimer

11. 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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## Appendix A: Executive Summaries

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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.

Review	Assurance Level / Notes
Risk Management	Reasonable Assurance
Corporate and HR Policies	Substantial Assurance
Vetting	Reasonable Assurance
Fleet Maintenance	Reasonable Assurance
Recruitment and Induction Training	Reasonable Assurance

## Executive Summary – Risk Management

OVERALL ASSESSMENT	KEY STRATEGIC FINDINGS								
<div></div>	<div><div><p>Both Norfolk and Suffolk Constabularies' governance structure are being reviewed currently following the cessation of the Organisational Board, which reviewed risks with constabulary functions. The Risk Management Policy and Procedure will need to be amended to accommodate these changes.</p></div><div><p>Governance arrangements are in place to scrutinise and receive assurance on the effectiveness of risk management within their operational areas. A recommendation has been made however to review the Suffolk Audit Committee Terms of Reference.</p></div><div><p>There are currently no key performance indicators (KPIs) for reporting the effectiveness of the risk management system. A recommendation has been made to use risks mitigated to reflect and report on KPIs.</p></div><div><p>The Strategic Risk Register for Norfolk Constabulary is under review so that it links to objectives within the Chief Constable's Mission and Values Statement. This should provide a better basis for identifying strategic risks.</p></div></div>								
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	GOOD PRACTICE IDENTIFIED								
<p>All risks within the Constabulary's Strategic Risk Registers.</p>	<div><div><p>Quarterly risk management reports are separately presented to Norfolk and Suffolk Chief Officers.</p></div></div>								
SCOPE	ACTION POINTS								
<p>The review covered organisational governance structures and scrutiny processes put in place to ensure effective Risk Management across the organisation, including embedding risk, risk identification and risk mitigation. The audit will review Constabularies approach to risk management only.</p>	<table><tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr><tr><td>0</td><td>1</td><td>2</td><td>1</td></tr></table>	Urgent	Important	Routine	Operational	0	1	2	1
Urgent	Important	Routine	Operational						
0	1	2	1						

## 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	<p>The Joint Risk Management Policy and the Suffolk Audit Committee's Terms of Reference states that the Committee will consider the risk management arrangements of the Police and Crime Commissioner (PCC) and Chief Constable.</p> <p>A review of the Suffolk Audit Committee's papers for the last three meetings found that risk management arrangements had not been considered by the Committee.</p>	The Risk Management Policy be amended to reflect current practice, or to provide more detail as to how the Suffolk Audit Committee will consider the risk management arrangements in place going forward.	2	<p><i>Recommendation accepted, policy to be updated to reflect current practice.</i></p> <p><i>Priority level not accepted. Please note we consider this to be a routine priority for the Constabulary as it is a straightforward policy update to align with current practice. This is also consistent with Rec 1. We therefore request the priority level is changed. We accept it could be an important issue for the OPCC, but it is not within our remit to direct.</i></p>	31/12/24	Risk Manager
1	Directed	<p>There is a Joint Risk Management Policy and a Risk Management Procedure in place. Both were reviewed and approved in December 2023. The Risk Management Policy and Risk Management Procedure refer to the Organisational Board which is no longer in place.</p> <p>The governance structure is being reviewed to ensure that roles and responsibilities in relation to risk management will be covered by the Joint Chief Officer's Group, supported by the Strategic Planning Meeting.</p>	The Risk Management Policy be amended to reflect current governance structures.	3	<p><i>Accepted, policy to be updated to reflect current governance structures.</i></p>	31/12/24	Risk 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)
3	Delivery	<p>A review of the Strategic Risk Registers (SRRs) for both Constabularies shows that they are managing all strategic risks to their tolerated target apart from business continuity and data risks.</p> <p>Neither of the Constabularies have in place key performance indicators to reflect on the effectiveness of their risk management processes to reduce residual risks to the desired tolerated levels. This could take the form of trend graphics or charts and providing on a six-monthly basis a report with narrative to focus on successful risk management, but also remaining gaps between residual risk and target risk.</p> <p>For example, reports could highlight those significant risks which have been mitigated to tolerable levels, commenting on the controls and actions which assisted in this achievement, significant risks which have not reduced and why and what more is needed to attain target risk scores.</p>	Risk management reports at both strategic and operational level to provide reflection on the effectiveness of risk management within the organisation to mitigate risks, using appropriate key performance indicators to form the bases of the reports.	3	<i>Not accepted. This information (direction of travel, target score and date) is already included in the SRR templates and is reported on via updates as and when required and viewed at each relevant chief officer meeting. The Norfolk SRR template is currently under review and will be developed further as a result should chief officers direct us to do so.</i>	n/a	n/a







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	A review of both the Norfolk and Suffolk Audit Committee papers confirmed that only the Norfolk Audit Committee receives the SRR as part of its consideration of the framework of assurance and ensuring that it adequately addresses the risks and priorities of the PCC /the Constabulary. It is acknowledged that the Suffolk OPCC receives the SRR and the Risk Manager's quarterly report as part of its Accountability and Performance Panel, but this may still leave a gap in the Suffolk Constabulary's assurance framework in terms of scrutiny.	The Suffolk Constabulary's Senior Responsible Officer for risk management considers raising an assurance gap with the OPCC Commissioners' Audit Committee. This consideration to take into account recommendation number three for inclusion in Committee papers.	<i>We will initiate a discussion with Suffolk SRO for risk management based on these audit findings, but this is ultimately for Suffolk OPCC to consider and agree as it is within their remit, and not the Constabulary's.</i>

## Executive Summary – Corporate and HR Policies

OVERALL ASSESSMENT		KEY STRATEGIC FINDINGS									
<div><div><div>Adequate &amp; effective governance, risk and control processes</div><div>SUBSTANTIAL ASSURANCE</div></div><div><div>SUBSTANTIAL ASSURANCE</div><div>REASONABLE ASSURANCE</div><div>LIMITED ASSURANCE</div><div>NO ASSURANCE</div></div></div>		<div><div><div>Arrangements are in place for legal services to review Norfolk and Joint policies, but Suffolk policies are not as a standard reviewed by legal services.</div></div><div><div>An escalation process has been implemented to ensure that the review process of creating/updating a policy is a streamline process.</div></div><div><div>Responsibility for production and review of policies has been assigned to a Policy Owner who is responsible for managing, reviewing and applying the relevant policy and/or procedures.</div></div><div><div>The number of overdue policies has decreased considerably from the previous audit. There is only 4% of overdue policies, all of these were being followed up by the policies team.</div></div></div>									
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE		GOOD PRACTICE IDENTIFIED									
<div>NSR8 Failure to maintain an efficient and effective policing services because of poor data quality, management and non-compliance with standards.</div> <div>SR2 Failure to promote inclusion and diversity, communicate and engage well, build trust and confidence.</div>		<div><div><div>There is an in-depth consultation process in place as a part of the review process for policies. The Policy and Assurance Officer are responsible for organising the consultation for all non-HR policies and associated procedures.</div></div><div><div>A designated process is followed for the review and consultation of HR policies, this is led by the HR officer that is responsible for overseeing developing and reviewing HR policies.</div></div></div>									
SCOPE		ACTION POINTS									
The objective of the audit was to review the systems and controls in place for management of policies. The audit incorporated policies for Norfolk and Suffolk Constabularies. The audit did not cover the Office of the Police and Crime Commissioners.		<table><tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr><tr><td>0</td><td>0</td><td>1</td><td>0</td></tr></table>		Urgent	Important	Routine	Operational	0	0	1	0
Urgent	Important	Routine	Operational								
0	0	1	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	All joint and Norfolk policies are subject to review by the Norfolk legal services. The majority of policies are joint policies. A significant extent of work has been undertaken to create joint policies, to streamline processes.  Suffolk only policies are not subject to legal review.	Confirmation be obtained that Suffolk only policies could be subject to legal review if required.	3	<i>Chief Officers are sighted on the current practice that Suffolk polices can be subject to a legal review, if required.</i>	Complete	N/A

## Executive Summary – Vetting

### OVERALL ASSESSMENT



### ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

PSD4 - Workforce not vetted to appropriate level.  
 PSD6 - Significant delays in vetting negatively impact on organisational performance.  
 PSD13 - Non-compliance with updated APP and therefore fail HMICFRS inspections.

### SCOPE

The review focused on the systems and processes for vetting new and existing staff, officers and contractors. The review also considered whether individuals are vetted to the appropriate level and at the required frequency. The audit incorporated Commissioners and Constabularies for Norfolk and Suffolk.

### KEY STRATEGIC FINDINGS



The Constabularies have a joint vetting team responsible for undertaking vetting for all staff, officers and contractors, recently extending the team by four additional staff. The backlogs have reduced significantly, with a current volume of 75 new and renewals and 92 aftercare reviews outstanding.



There is disparity between records held by HR, payroll, salto and vetting officers, staff and contractors. At the time of the audit one reconciliation had been undertaken, showing the extent of disparity. Regular reconciliations and remedial actions are required between the departments, with ownership of the reconciliations to be agreed.



Vetting checks include Opensource, checking individual's social media presence for appropriateness and aligned values, there is a need for clarity whether all renewal cases require this check.



The College of Policing are expected to formally publish the new Vetting APP on the 12/12/2024 following release of the draft version which was circulated to all forces on the 17/10/2024. The vetting team are currently working through this to fully understand the changes and impact this will have on vetting and all police personnel going forward.

### GOOD PRACTICE IDENTIFIED



The Constabularies apply the Vetting Code of Practice and Authorised Professional Practice (APP) published by the College of Policing.

### ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	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	<p>The vetting team complete a reconciliation between HR, salto and vetting records. This reconciliation sought to assess the accuracy of records, verifying that there are no individuals accessing buildings and systems without the relevant vetting in place. The reconciliation did not include payroll checking.</p> <p>The checks undertaken by vetting on the reconciliation highlighted that 66 out of the 96 'no vetting' recorded on the HR system, vetting records were accurate, and HR records were incorrect. This applied to both Norfolk and Suffolk Constabularies.</p> <p>Cases included one where the individual left the Constabulary in June 2017, was TUPED to Bedfordshire with ERSU, HR have the person on their records with no vetting active.</p> <p>Testing on a sample of 10 contractor vetting applications identified one renewal where the contractor had a break of around ten months between vetting expiring and a new application, it was not confirmed whether the contractor was still engaged by the Constabularies during this period and accessing the premises/police records.</p> <p>A regular reconciliation between the systems would identify any discrepancies, investigations into anomalies would reduce the risk of inaccuracies on the systems and identify any individuals that do not have current and correct vetting.</p>	A minimum quarterly data matching/ reconciliation to be undertaken between payroll, HR, vetting and salto. Any discrepancies to be addressed where anomalies are identified. The responsibility for undertaking the reconciliations and resulting actions, including cancelling Salto cards, updating HR records and any amendments to payroll or vetting, to be agreed and formalised.	2	<p><i>Initially looking to run the data monthly from the HR system, for Vetting to match the data and identify any anomalies. The anomalies will be agreed back with HR, for any amendments to be made and learning points required.</i></p> <p><i>The data matching for salto requires an in-depth first review, due to the data mapping requirements, with outcomes assessed and ongoing data matching considered.</i></p> <p><i>A further assessment will be undertaken to review the reconciliation process, identify any automated processes available and review the frequency of reconciliation.</i></p>	<p>31/03/25</p> <p>30/06/25</p> <p>30/09/25</p>	<p>Senior People Services Manager / Vetting Manager</p> <p>Senior People Services Manager / Facilities Manager</p> <p>Senior People Services Manager / Vetting Manager / Facilities Manager</p>
2	Directed	Sample testing identified one renewal where Opensource, checking of social media	The requirement for checking Opensource as part of the vetting process for renewal cases to be	3	<i>This has been relayed to the team to ensure that this is applied to all renewals.</i>	Implemented	Vetting Manager

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		<p>presence/content, was not checked as part of the vetting checks.</p> <p>The previous vetting on this individual had identified one closed social media account and was low risk.</p>	reiterated to ensure the process is consistently applied.				

## Executive Summary – Fleet Maintenance

### OVERALL ASSESSMENT



### ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Failure to meet the Corporate Strategy, the vision for which is to be recognised as the trusted 'go to' partner for Norfolk and Suffolk Constabularies and OPCCs by providing agile, relevant and efficient services and a high-quality customer experience.

### 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 or disposing of vehicles and recording of vehicle proceeds.

### KEY STRATEGIC FINDINGS



The Transport and Uniform Services have a development plan in place as required by the Joint Corporate Services Strategy, and report on five agreed Key Performance Indicators (KPIs). However, two of these for vehicle availability and workshop productivity are on hold pending the introduction of new tablets and software. Reports had been produced on this up until the start of the 2024/25 financial year.



The Driver's of Police Vehicles Policy needs to be updated and approved. There is also an internal departmental Joint Transport Policy that needs to be formalised and approved.



Examples of data issues were identified during testing of service maintenance. A recommendation has been raised to address this.



The Drivers of Police Vehicles Policy states that drivers should complete a weekly check on their vehicles. An on-line form has been developed for this purpose but there is no means of reporting compliance on this.

### GOOD PRACTICE IDENTIFIED



Tablets for fleet maintenance workshops are being introduced to improve efficiency of data input, evidence of supervisory controls and information available to management.



A Service maintenance report is routinely available to highlight vehicles not booked in when they are near to their service date or mileage.

### ACTION POINTS

Urgent	Important	Routine	Operational
0	3	4	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	<p>There is a draft Driver's of Police Vehicles Policy in place which has been through the consultation processes and now needs to be formally approved and issued.</p> <p>The Policy includes guidance on driver's safety standards as well as their responsibilities, and Department Heads in terms of vehicle and accessory safety checks, in addition, there is a Joint Transport Policy which is an internal departmental policy/procedure. This is currently under review.</p>	To update and formally approve the Drivers of Police Vehicles Policy and the departmental Joint Transport Policy/Procedure.	2	<p><i>Drivers of Police Vehicles Policy published on 17<sup>th</sup> December 2024. Review date 17<sup>th</sup> December 2027.</i></p> <p><i>Joint Transport Policy to be reviewed as part of wider Transport Strategy review.</i></p>	<p><i>Complete</i></p> <p><i>30<sup>th</sup> September 2025</i></p>	Head of Transport and Uniform Services
2	Directed	<p>The Drivers of Police Vehicles Policy states that drivers should complete a weekly check on their vehicles.</p> <p>To facilitates this, the Constabularies have set up an online form (T52) for drivers to complete and submit. There is currently no way of reporting on the information received or the numbers of weekly checks completed.</p>	A process to be developed to monitor compliance in relation to completion of the weekly checks form. Where issues of non-compliance are identified these are to be flagged so that appropriate action can be taken to address.	2	<i>This recommendation is fully supported. SBOS and ICT resource will be required in order for this to be developed.</i>	<i>30<sup>th</sup> September 2025</i>	Head of Transport and Uniform Services
7	Delivery	An example of a report for the September Corporate Services Senior Leadership Team's monthly performance meeting was provided which shows the budget, establishment and sickness positions. It was noted however that two key performance indicators are still to be implemented for vehicle availability and workshop productivity. These were due to be implemented by September 2024.	The vehicle availability and workshop productivity performance indicators be set and reported against so that performance can be appropriately monitored.	2	<p><i>New workshop tablets and software have now been introduced with a go-live date of 1<sup>st</sup> January 2025. Workshop productivity reports are now being produced, with vehicle availability reports expected to be finalised during February 2025. Productivity reports will be discussed at monthly Workshop Team Leader meetings.</i></p>	<i>28<sup>th</sup> February 2025 (Partially complete)</i>	Head of Transport and Uniform Services

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	A sample of 25 fleet vehicles was reviewed to ensure that the service and MOTs had been undertaken accordingly. Service history as recorded on Tranman was received and reviewed. It was noted that there were instances where no mileage or the wrong odometer mileage was input for the vehicles reviewed.	To produce exception reports for workshops where the odometer mileage has not been input and to use these as a reminder to staff that correct mileage to be recorded within the Tranman system so that up to date mileage is known.	3	<p><i>Mileage is captured from 3 areas:</i></p> <ol style="list-style-type: none"> <li><i>1. Tranman workshop jobs.</i></li> <li><i>2. Telematics.</i></li> <li><i>3. Fuel transactions.</i></li> </ol> <p><i>However, Workshop Team Leaders were requested to improve completion of odometer reading on 2<sup>nd</sup> January 2025. In addition, a weekly report has been completed that provides details of missing odometer readings, incomplete labour, etc from jobs.</i></p>	Complete	Head of Transport and Uniform Services
4	Directed	From a review of a sample of 25 vehicles' Tranman repair history, the annual service appeared to be missed for 15 vehicles. Eight of these occurred over three years ago, seven of these occurred in 2024. The Head of Transport and Uniform stated that in these instances, it was likely a safety check or service was undertaken at the same time as an MOT.	Workshop staff be reminded that where a service has been undertaken at the time of an MOT, the Repair Cause is stated as 'MOT/Service'.	3	<p><i>Improved admin 'housekeeping' has been discussed at a Workshop Team Leaders meeting on 2<sup>nd</sup> January 2025. Again, this will be monitored via a weekly data report. Improved, scheduling is now available via the ServiceMaster database v0.741.</i></p>	Complete	Head of Transport and Uniform Services
5	Directed	Two out of the 25 vehicles reviewed were found to have not been serviced within the requisite number of miles. Vehicle TBC541 had two instances where the mileage was over the required mileage by up to 780 miles. Vehicle TBC601 had mileages up to 4,475 miles over the stated service mileage.	<p>A report be produced to highlight where services were not undertaken appropriately, and the relevant operational heads or staff be reminded of the need to book services early to ensure servicing of vehicles is done in good time.</p> <p>If a variance is allowed, then this to be made clear within the Joint Transport Policy.</p>	3	<p><i>Vehicles were within time parameters. Improved scheduling is now available via the ServiceMaster database v0.741 with refresher training scheduled for 15<sup>th</sup> January 2025.</i></p>	Partially complete (training 15 <sup>th</sup> January 2025)	Head of Transport and Uniform Services
6	Directed	There was an instance where a vehicle (NV1484) had unusually low mileage and time between servicing.	The instance of a small gap frequent servicing be investigated and reports produced at	3	<p><i>This vehicle has been overserviced, having been serviced at 2 different</i></p>	Partially complete	Head of Transport and

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
			regular intervals to monitor and identify vehicles that are potentially underutilised.		workshops. Improved, scheduling is now available via the ServiceMaster database v0.741 with refresher training scheduled for 15th January 2025.  The new workshop tablets and software ensures the system is immediately updated.	(training 15 <sup>th</sup> January 2025)	Uniform Services

## Executive Summary – Recruitment and Induction Training

### OVERALL ASSESSMENT



### ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The People and Directorate risk register have the following risks on recruitment:

Risk 50: Unable to attract or retain skills and diverse talent required into key / specialist roles across the organisations.

Risk 51a: Inability to recruit into specialist People Directorate areas / skills.





Risk 51b: Inability to recruit into workplace health specialist skills

Risk 55: Police Officer Recruitment (Norfolk and Suffolk).



### SCOPE

The review considered the arrangements in place for recruitment processes, around advertising, shortlisting, interviewing and appointment staff/officers. The review also considered induction process.

### KEY STRATEGIC FINDINGS

-  The policy for staff and framework for officers requires enhancing by including a specific section on managing conflicts of interest during all stages of recruitment.
-  There is not a formalised policy documenting the probation process for staff or officers.
-  Recruitment risks are logged on the people risk register, with appropriate controls and mitigations, but require more regular review.
-  A corporate induction programme is in place, with information, support and in-person events provided, though not all police officer transferees have attended. Local manager-led induction requires further development.

### GOOD PRACTICE IDENTIFIED

-  Good care for police officers through onboarding, induction and probation period, building supportive relationships early with each individual candidate. The Teams supporting recruitment work well together, and with Anglia Ruskin University, to provide a seamless recruitment/induction service for new starters.
-  The Oleo system maintains recruitment records, guides/templates for hiring managers and information on recruitment progress, with positive feedback from candidates.

### ACTION POINTS

Urgent	Important	Routine	Operational
0	2	3	3

## 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	The new recruitment policy does not cover on-boarding and induction. There is a process for probation, but this is not yet captured in a procedure or policy.	Develop a Probation Policy or procedure to document the current process or add this information to the existing policy/framework.	2	A Probation Procedure will be developed, which will draw together existing documentation. This will focus on police staff and transferees given the Student Police Officer policy.	30/09/25	Senior People Services Manager
3	Directed	Local manager induction records are not centrally maintained, relying on hiring managers to maximise the new starter's experience, with a comprehensive range of induction materials available on the Line Manager Guidance area of Oleo. The recruitment team are developing a training calendar and role-based training profiles for key roles, with prompts in the Learning Management System (LMS).	Formal process to be developed on local induction relevant to roles, the process to be formally documented and training to be provided for hiring managers on the new agreed process.	2	As part of the on-boarding process, both Norfolk & Suffolk are considering making the face-to-face sessions mandatory for all new starters. This process will mean that L&D take ownership for the promotion/comms and awareness to both new-starters and also line managers simultaneously thus making a much more structured approach and maximising attendance. Support will be gathered from the HR team who will supply accurate lists of new starters into L&D (the best it can be) to ensure that everyone is captured and is aware of the on-boarding offerings. This will also be supported by the HR team in their comms to line managers and new starters to maximise awareness and visibility of the offerings.  In addition, a formal process will be developed on local induction relevant	01/04/25	Blended Learning Manager & HR

### 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)
					<i>to roles, this process to be formally documented and training to be provided for hiring managers on the new agreed process.</i>		
2	Directed	There is not an explicit section on managing conflicts of interest through all stages of recruitment in either staff or police officer recruitment policy, though the staff policy explains management of potential conflicts at interview.	Explicitly reference the management of conflicts of interest during recruitment, particularly at shortlisting and interview stage within the recruitment policy. Interview panels to have an odd number of members to enable majority decisions to be taken for senior roles.	3	<i>This will be added as an instruction within OLEEO and on supporting documentation for recruiting managers.</i>	30/06/25	Senior People Services Manager
4	Directed	The People Directorate risk register describes four key risks relevant to recruitment, all added in 2022. Controls and mitigation listed are appropriate and align to recruitment processes. One risk remains red rated. The implementation of the Oleeo system is a key mitigation, as is the robust vetting process and work with Anglia Ruskin University. Ongoing His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) audits offer independent assurance of risk mitigation and inspected the Force Vetting Unit in August 2024. Risks are not reviewed regularly.	Review people risks to ensure that these are still appropriate with appropriate controls identified to help manage their risks. A process to be put in place to ensure that risks are reviewed at regular intervals.	3	<i>We are introducing a local risk register for People Services – this will be reviewed monthly at our People Services SLT Meetings and allow for us to better monitor the issues and risks that are on the strategic register.</i>	30/06/25	Senior People Services Manager
5	Directed	A standard corporate induction programme has been developed, all new starters both police officers and police staff are expected to attend corporate induction.	Ensure police transferees attend corporate induction.	3	<i>It is acknowledged that the face-to-face sessions are difficult to schedule when taking into account shift patterns and also other commitments. Every effort</i>	01/04/25	Blended Learning Manager

PRIORITY GRADINGS

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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
		For the sample of officers tested, it was noted that three police transferees had not attended a standard corporate induction session.			<i>will be made to ensure transferees do attend. An enhanced on-line on boarding programme will be developed and hosted on the force's LMS system allowing for those with a valid reason not to attend the face-to-face sessions to still be able to access the relevant on-boarding material. Whilst an assumption can be made as to who 'might' not be able to attend a face-to-face session the standard comms and information about these sessions will still be sent to the new starters/transferees and their line managers to look to maximise face-to-face attendance.</i>		

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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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	The police staff recruitment policy states it does not cover agency staff. However, this is the policy followed if agency staff are recruited.	The recruitment police staff policy to be updated to make it clear that it covers agency staff recruitment as well.	<i>We are in the process of tendering for a new supplier for agency staff and once this is complete, we will reflect on any updates to procedures/policies.</i>
2	Directed	A recruitment complaints process is not referenced explicitly in the recruitment policies, though feedback from candidates using the new Oleo system have been positive, as reported to the People Board.	Add a complaints process to the recruitment policies and recommend survey of hiring managers' experience of Oleo to understand their experience so that lessons can be learnt and improvements made.	<i>When Onboarding is launched within OLEEO we are planning to introduce a survey that picks up the line manager view, as well as gaining insights from officers and staff on the whole process, to allow us to make improvements.</i>
3	Delivery	The organisation is looking to commence the fourth entry route for police officers by 2025 which will impact on the team's capacity.	Keep team capacity under review when commencing the in-house fourth entry route for police officers.	<i>This is kept under close review by the Talent and Acquisitions Manager.</i>



## Appendix B: Progress against Annual Plan

### 2023/24 Plan

System	Audit Days	Planned Quarter	Current Status	Comments
23/24 Procurement Strategy and Compliance	12	3	Final report	
22/23 Agile Working	10	2	Final report	
22/23 Firearms Licensing	10	3	Final report	Private report
22/23 Resource Management Unit	10	3	Final report	
22/23 Succession Planning	10	2	Final report	
23/24 Key Financial Controls	16	4	Final report	
22/23 Commissioners Grants	10	2	Final report	
22/23 Vetting	10	4	Final report	


## 2024/25 Plan


System	Audit Days	Planned Quarter	Agreed Start Date	Audit Committee Reporting	Current Status	Comments
23/24 New E-recruitment systems	16	2		September 2024	Final report	
23/24 Risk Management	10	4	30/07/2024	February 2025	Final report	
23/24 Limited Duties	16	2	25/06/2024	February 2025	Final report	Private Report
24/25 Corporate and HR Policies	13	2	27/08/2024	February 2025	Final report	
24/25 Recruitment and Induction Training	15	2	01/10/2024	February 2025	Final report	
24/25 Fleet Maintenance	16	2	01/10/2024	February 2025	Final report	
23/24 Culture and Required Behaviour	12	2	25/06/2024	March 2025	Draft report issued 8 <sup>th</sup> January 2025	Exit meeting being arranged
24/25 Payroll	15	2	22/11/2024	March 2025	Draft report issued 28 <sup>th</sup> January 2025	Exit meeting being arranged
22/23 ICT Cyber Security Maturity	22	2	08/10/2024	March 2025	Fieldwork in progress	Audit days from the 2022/23 have been transferred to the 2023/24 audit so that in-depth 23/24 internal audit can be undertaken. There have been delays in receiving information from the audit leads to complete the audit.
22/23 ICT Strategy combined with ICT Project Management	22	2	29/10/24	March 2025	Fieldwork in progress	Audit in progress. There have been delays in receiving information from the audit leads to complete the audit.
24/25 Workforce Planning	12	2	21/11/2024	March 2025	Fieldwork in progress	
24/25 Contract Business Continuity	16	2	26/11/2024	March 2025	Fieldwork in progress	


22/23 Data Protection / Freedom of Information	10	2	07/01/2025	March 2025	Fieldwork in progress	Audit commenced 21 <sup>st</sup> January at the request of client lead
24/25 Complaints	12	2	11/12/2024	March 2025	Fieldwork in progress	
24/25 Key Financial Controls	25	4	21/01/2025	March 2025	Fieldwork in progress	
23/24 Fleet Management Strategy	12	4	03/03/2025	June 2025	Being scheduled	Moved to the 2024/25 audit plan at the request of management, due to the fleet management strategy being completed refreshed. A start date has been agreed for the audit. The audit is to be commenced on the 3 <sup>rd</sup> March 2025.
22/23 Change Management	10	3	10/02/2025	June 2025		Client has asked for this audit to be delayed until October 2025
24/25 Commissioner and Partnerships	18	2	17/02/2025	June 2025		Client has asked for this audit to be undertaken in later year, as previous audit was substantial assurance.
24/25 Safeguarding	12	2	27/01/2025	June 2025	Being scheduled	Start date has been agreed
24/25 Retention of Staff	15	3	18/02/2025	June 2025	Being scheduled	Start date has been agreed
<b>Audits Paused until plan is further progressed</b>						
24/25 Communications Strategy	12	3			Paused	
24/25 Pensions	12	3			Paused	
24/25 MoPI Compliance	14	3			Paused	
24/25 Body Worn Cameras	14	3			Paused	
24/25 Asset Management	12	3			Paused	
Follow Up	12	All				
Annual Planning	2	All				

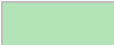
Annual Report	2	All				
Audit Management	24	All				
<b>Total b/fwd Days</b>	<b>130</b>					
<b>Total 2024/25 Days</b>	<b>275</b>					

**KEY:**

 To be commenced

 Site work commenced

 Draft report issued

 Final report issued

## Appendix C: Recommendations Status as at the 24<sup>th</sup> January 2025

### Recommendations Summary

Audit	Implemented / No longer relevant since last Audit Committee	Not due	Overdue	Newly added recommendations and recommendations not due	Comments
23/24 Agile Working	1				
23/24 Business Interest, Secondary Employment & Declaration of Interest	1				
23/24 Sustainability	1	2			One recommendation is Norfolk only so removed from Suffolk tracker to avoid confusion.
24/25 Corporate and HR Policies	1				
<b>Total Recommendations</b>	<b>4</b>				

## Recommendations implemented since the last Audit Committee meeting:

Audit	Recommendation	Priority	Management Comments	Original Due Date	Revised Due Date	Responsible Officer	Progress
Agile Working	Line managers to be reminded of the importance of reviewing 'Assault Force Incident Forms' promptly to ensure that they are aware of anything they need to be aware of. And to ensure that any lessons to be learnt are identified.	2	<p>Reminders to be issued to all managers and supervisors. Quarterly updates provided at Joint Health and Safety Committee People Board. JCOT. In addition DCC Day (if high level intervention required). Routine updates provided to SLT's and SMT's e.g. Protective Services bi-monthly. Assault, Force, Incident Steering Group agreed to trigger a reminder in January via the Force Forms system. This has halved the number of outstanding forms with no Supervisor investigation or Op Hampshire Supervisor intervention. System generated emails include timescales.</p> <p>Subject to the success of the system reminder, JCOT were asked 12/02/24 to support a Chief Officer reminder if required. Dedicated Learning Management System Pages: <a href="https://www.thebesticanbe.uk/Apps/IONCore/landingPages/default.asp?ID=1122">https://www.thebesticanbe.uk/Apps/IONCore/landingPages/default.asp?ID=1122</a> and dedicated page on the intranet <a href="https://intranet.norfolk.police.uk/Pages/AFI.aspx">https://intranet.norfolk.police.uk/Pages/AFI.aspx</a> AFI policy being created.</p>	31/01/25		Workplace Health, Safety & Wellbeing Manager  Monitored by Health and Safety Team	This has been addressed, reminders have been issued. A process has been established to ensure that lessons are learnt and compliance rates have increased.
Business Interest, Secondary	Review the arrangements for cover in the absence of the Business Interest Administrator,	2	Agreed that resilience is an issue with regards to processing business interests. Plan to upskill PSD Administrator.	28/02/24	31/12/24	Head of PSD	This has been completed, a restructure of PSD has been undertaken. A resilience plan which includes 'resilience pods', where staff

Audit	Recommendation	Priority	Management Comments	Original Due Date	Revised Due Date	Responsible Officer	Progress
Employment & Declaration of Interest	including training for other members of staff within the team and preparing procedure notes/guidance on the key parts of the process.		Detailed process maps will also be devised.				with similar skills and the same systems access act as resilience for each other. To further this work staff have been asked to categorise their core responsibilities into 'red' & 'amber' tasks according to risk. The staff have then produced process guides which are centrally stored so that all appropriate staff have access.
Corporate and HR policies	Confirmation be obtained that Suffolk only policies could be subject to legal review if required.	3	Chief Officers are sighted on the current practice that Suffolk policies can be subject to a legal review, if required.	02/12/24		Corporate Governance Officer	This has been addressed, Chief Officers are aware and have accepted the process to be followed for Suffolk only policies. Norfolk legal would be commissioned to review a Suffolk only policy if needed.
Sustainability	Develop KPIs that can be readily calculated from existing data and shared widely among staff; to demonstrate areas where improvements are being made, and those areas where further intervention is required to keep the annual performance on track. Examples could include: miles travelled, fuel consumed, average mileage, EVs procured, waste recycled, Carbon emissions (TCO2e).	3	The Sustainability & Environmental Manager has commenced working on the proposed template for the annual carbon reduction performance report. This is planned to report by the end of June 2024. This will include key KPI's relating to carbon reduction and environmental performance & progress, which can then be reviewed and monitored annually.	30/06/2024	31/12/24	Sustainability & Environmental Manager	The new annual carbon management performance plan has been produced and this includes KPIs. Performance against the KPIs is monitored and being used to drive improvements.

## Appendix D: Briefings on Developments in Governance, Risk and Control

TIAA produce regular briefing notes to summarise new developments in Governance, Risk, Control, Counter Fraud and Security Management 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 briefings issued in the last three months which may be of relevance to Office of the Police and Crime Commissioner for Suffolk and Chief Constable of Suffolk Constabulary is given below:

### Summary of recent Client Briefings and Alerts

Subject	TIAA Comments
Covid Corruption Commissioner Appointed	<b>Action Required</b> For information only to Audit Committees and Boards.
Windows 10 approaching End of Support.	<b>Action Required</b> Organisations are advised to establish if devices currently running Windows 10 are compatible with Windows 11 as a priority and develop plans to replace any non-compatible machines or ensure that ESU agreements are secured for remaining Windows 10 devices.