



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

Audit Progress Report – Suffolk

2018/19

INTRODUCTION

1. This summary report provides an update on the progress of our work at the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies as at 16th November 2018. The report is based on internal audit work carried out by TIAA and management representations that have been received during the period since our last progress report.

PROGRESS AGAINST THE 2018/19 ANNUAL PLAN

2. Our progress against the Annual Plans for 2018/19 is set out in Appendix A. The results of these reviews are summarised at Appendix B.

AUDITS COMPLETED SINCE THE LAST REPORT TO COMMITTEE

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

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OE
IM MOPI Project (NSC1818)	Limited	27/04/2018	20/07/2018	23/07/2018	1	4	0	0
Fixed Assets (NSC1911)	Substantial	09/08/2018	17/08/2018	21/08/2018	0	0	0	0
Duty Management System	Limited	10/08/2018	01/10/2018	17/10/2018	0	9	2	0
Allowances (NSC1912)	Limited	12/07/2018	12/11/2018	14/11/2018	1	2	0	0
Vetting (NSC1917)	Reasonable	29/05/2018	13/11/2018	19/11/2018	0	4	2	0
Stations, including building access and vehicle security (NSC1922)	Reasonable	31/05/2018	09/11/2018	12/11/2018	0	3	6	3
Lone Working (NSC1929)	Reasonable	09/08/2018	17/10/2018	17/10/2018	0	3	5	0

Capital Programme (NSC1910)	Reasonable	25/10/2018	09/11/2018	12/11/2018	0	1	2	0
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Copies of the finalised reports are available to Audit Committee Members on request. The details for Suffolk only reports will not be included in the Norfolk progress report.

CHANGES TO THE ANNUAL PLAN 2018/19

6. There has been the following changes made to the annual plan since the last meeting:
- Cybersecurity – Maturity Assessment – the audit has been moved to 2019/20, due to an internal assessment being currently in progress, the internal audit assessment will be undertaken once this is complete and provide assurance over the assessment and actions taken.
 - Records Management – replaced with ERP Disaster Recovery

FRAUDS/IRREGULARITIES

7. We regularly liaise with PSD regarding any work streams that may be relevant for internal audit.

LIAISON

8. Liaison is undertaken with the following:
- Liaison with the Chief Finance Officers: Regular progress meetings are held with the Chief Finance Officers.
 - Liaison with PSD: Regular meetings are held with PSD during the year.
 - Liaison with Risk Management: Increased liaison has commenced, to directly link internal audit with risk management.
 - Liaison with External Audit: We have liaised with EY during the year and kept them informed of our work and will make available to them all final audit reports.

PROGRESS ACTIONING PRIORITY 1 (URGENT and NOT APPROVED RECOMMENDATIONS)

9. It is noted that there are a number of limited assurance reports issued, where elements of the system have warranted a limited assurance due either to non-compliance with statutory requirements or internal requirements, however it is also noted that progress is being made by management at the time of the audit to address the control weaknesses and this progress is taken into account in the overall annual opinion.
10. We have made the following urgent recommendations (i.e. fundamental control issues) since the previous Progress Report:
- A project plan, including allocation of resources/IT resources be completed, to enhance GENIE and enable the five electronic systems excluded from the GENIE search to be incorporated into this search. The project plan to have clear target dates and officers assigned to each action so that progress can be monitored accordingly.

8. No recommendations have been raised which have not been approved by management since the previous Progress 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.

Progress against the Annual Plan for 2018/19

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
2017/18 Plan							
IM MOPI Project (NSC1818)	2	10	10	Final Report	November 2018	Limited	
2018/19 Plan							
Strategic Control, Corporate Governance and Whistleblowing (NSC1901)	1	10	10	Fieldwork complete			
GDPR (NSC1907)	1	18	18	Draft Report			
Fixed Assets (NSC1911)	1	10	10	Final Report	November 2018		
Allowances (NSC1912)	1	14	14	Final Report	November 2018		
Duty Management System (1916)	1	14	14	Final Report	November 2018		
Vetting (NSC1917)	1	10	10	Final Report	November 2018		
Stations, including building access and vehicle security (NSC1922)	1	14	14	Final Report	November 2018		
Proceeds of Crime (NSC1927)	1	10	10	Draft Report			
Lone Working (NSC1929)	1	10	10	Final Report	November 2018		
Capital Programme (NSC1910)	2	10	10	Final Report	November 2018		
Establishment, Capacity, Recruitment and Retention (NSC1915)	2	15	15	Draft Report			
Enact Replacement Project (NSC1906)	2	12		In progress			
Website Content / CAD Grazing (NSC1908)	2	12		In progress			

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Estates Strategy and Policies (NSC1921)	2	6	6	Draft Report			
Ethical Standards (Relationships Conduct) (NSC1930)	1-2	10	10	Draft Report			
Risk Management – Embedding/Development (NSC1903)	1-3	10	3	In progress			Working with management to monitor embedding, review in Q3
Commissioners Grants (NSC1904)	2	18		In progress			
ERP Disaster Recovery (NSC1913)	3	12	4	In progress			
Transport Strategy (NSC1918)	2	6	6	Draft Report			
Transport Procurement (NSC1919)	2	9	9	Draft Report			
MoPI Project Implementation (NSC1914)	3	4		Scheduled			
Purchase Cards (NNSC1923) Norfolk only	3	6	6	Draft Report			
Control Room (NSC1924) Norfolk only	3	14	12	In progress			
Control Room (NSC1925) Suffolk only	3	14	12	In progress			
Transformation and Strategic Planning/Change, with Business Cases (NSC1902)	2	12		Scheduled			
Key Financial Systems (NSC1909)	4	30		To be scheduled			
Telematics and Fuel Usage (NSC1920)	4	12		To be scheduled			
Recovered Property (NSC1928)	3	10		To be scheduled			
Custody Administration	1		--	Cancelled			HMIC inspection undertaken
Cyber Security – Maturity Assessment (NSC1905)	2			Cancelled			Moved to 2019/20
Records Management (NSC1913)	3			Cancelled			Replaced with ERP Disaster Recovery
Follow up of previous recommendations	1-4	12	6	Ongoing			

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Management	1-4	20	12	Ongoing			
Total Days Planned		384					
Annual Plan Days		330					
Contingency b/fwd		58					
Contingency (c/fwd)		(4)					

KEY:

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

Summaries of Finalised Audit Reports issued since the last report

Audit Report: MoPI (NSC1818)

Report: July 2018

SCOPE

The review assessed the adequacy and effectiveness of the internal controls in place at the Constabularies for ensuring that police information is managed in accordance with key principle retention and disposal of police information under the Statutory Code of Practice for the Management of Police Information (MoPI).

MATERIALITY

All forces are required to be MoPI compliant and take the relevant steps to achieve this.

KEY FINDINGS

The overall assurance opinion is derived from the Constabularies' non-compliance with the statutory requirements of MoPI.

- Police information is currently stored on 35 systems, GENIE can be used to search 30 of these systems and the remaining systems are currently searched independently/manually. There is a risk that the information contained on the excluded five systems may potentially alter the decisions taken.
- A formal project plan has been developed to enable the search engine GENIE to be used to search across all computer systems, this however requires IT resources to be allocated to progress the project, along with resources for data quality checking.
- Regular meetings of the project board require improved attendance, to provide focus on progress towards implementation.
- Data from de-commissioned systems needs to be accessible to be searched via GENIE and stored in a form that is compliant with Code of Practice for MoPI.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
1	4	0	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>Police information is currently stored on 35 computer systems. The 35 computer systems that are currently used by the Constabularies are held on a series of separate, unlinked systems.</p> <p>There is a search engine called GENIE in place, which provides the capacity to find information in 30 of the 35 systems that have been used by the Constabularies for recording of police data. The remaining five electronic systems cannot be searched through GENIE and require separate searches to be made.</p> <p>A project plan has been developed within Information Management, however requires resource allocation and completion to take forward.</p> <p>There is a risk that the other five systems are not fully searched and incorrect information is given out and or incorrect decisions are taken. In addition, hardcopy data is also held and in some cases may need to be checked (refer to recommendation 4).</p>	<p>A project plan, including allocation of resources/IT resources be completed, to enhance GENIE and enable the five electronic systems excluded from the GENIE search to be incorporated into this search. The project plan to have clear target dates and officers assigned to each action so that progress can be monitored accordingly.</p>	1	<p><i>It is planned to include these systems in the next phase.</i></p> <p><i>We are currently looking at implementing the Genie Data Quality tools over the information that we currently have in Genie and develop these so that the MoPI grouping and dates can be generated by the system. This has been identified as a greater advantage than having the other systems within Genie at this time due to the inability to target reviews and deletions other than by a manual process of it being triggered by an external input e.g. person writing in for deletion. The Clearcore work will take many months to fully implement this will be totally resource dependent.</i></p>	01/04/2020	Records Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Compliance	<p>There are no specific checks undertaken at the point of data entry, to ensure that data is entered correctly on to the force computer systems.</p> <p>Due to the nature and vast points of data entry across the organisations, there is significant potential for incorrect data being entered onto the system.</p> <p>There are several points to consider:</p> <p>Training provided to staff for data entry</p> <p>The level of system checking, where differences in spelling names may not flag up the person, so would only look for the correct spelling.</p> <p>Data quality checking in terms of looking for duplicate people, vehicles etc.</p>	<p>Review the level of resources applied to data quality checking, level of errors identified and assess resources required to balance data quality/time and training for data input staff.</p>	2	<p><i>This is an organisational issue, in relation to legacy data this is an issue that will continue to be in place until the Genie / Clearcore is fully implemented, as above the DQ issues within these systems will take significant time and resources to complete as we are redirecting the MoPI Analysts to complete this work and continue with their current workload but redirecting priorities.</i></p> <p><i>DQ for Athena / Current systems, we have DQ standards and requirements in systems the Athena DQ Officers are significantly under resourced to fully reduce the backlog on the system.</i></p>	01/04/2020	Records Manager
3	Compliance	<p>The Project Board meets monthly, from review of the GENIE Project Board meeting minutes it was found that there have been a number of meetings where the ICT representatives have not attended the Project Board meetings.</p>	<p>All members of the Project Board to attend regularly the monthly Project Board meetings to ensure appropriate progress is made.</p>	2	<p><i>Noted Records Manager to raise with Chair of the board.</i></p>	01/11/2018	Chair of the board

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Compliance	<p>Whilst the majority of police information is held electronically, hard copy data is also held, either because it is yet to be transferred to electronic format, or because hard copy data is required as a permanent record/not economically viable to transfer.</p> <p>Hard copy data can be accessed manually. To make searching of data easier it would be beneficial to continue to move relevant records to transearch.</p>	Continue to move the backlog of relevant records onto transearch.	2	<i>This is a continuous process within the RM team.</i>	01/04/2020	Records Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	There are costs associated with maintaining computer systems. It is understandable that IT would be looking to realise savings from decommissioning old systems, prior to which there is a need for IT to establish that data from the decommissioned systems will be accessible and can be searched through GENIE, as well as being stored on a system compliant with MoPI.	Formal plans to be developed on the decommissioning of old electronic systems to ensure compliant with MoPI and the accessibility of data through GENIE.	2	<p><i>Legacy systems do not possess the ability to delete data. Legacy data will be migrated off old technology and put it into a SQL database.</i></p> <p><i>Both NSPIS systems are now virtually decommissioned. All data has been extracted and ICT, into an SQL database and providing a user interface for Joint Justice Command to search it. This SQL database will be connected to GENIE.</i></p> <p><i>ICT are working with Northgate Public Services to decommission Suffolk's Crime and Intelligence system. This work is nearing a point where ICT can migrate the application on to an up to date technical platform.</i></p> <p><i>There is no intention to decommission Norfolk's legacy CIS system as this was developed in-house and incurs no licensing costs. On top of this as Norfolk did not back record convert any of this legacy data on to Athena (unlike Suffolk) the data on this system is still live.</i></p> <p><i>This will allow Records Management to search and where appropriate delete legacy data in accordance with the MoPI guidance.</i></p>	31/12/2018	SIRO

Audit Report: Fixed Assets (NSC1911)

Report: August 2018

SCOPE

The scope of the review focused on maintenance of the asset register, acquisitions, disposals and valuations.

MATERIALITY

Within the draft financial statements for 2017/18 which are published on the PCC websites Norfolk assets are stated as valued at £74.3million, and Suffolk has a value of £52.2 million.

KEY FINDINGS

- Procedures and Accounting Policies are in place for the treatment of Fixed Assets.
- Roles and responsibilities are clearly defined in relevant job descriptions.
- Testing of samples of acquisitions and disposals proved satisfactory.
- Property is revalued on a five year rolling basis, review of last revaluation confirmed this had been reflected in the Fixed Asset register.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	0	0	0

Audit Report: Duty Management System (NSC1916)

Report: October 2018

SCOPE

The review appraised the effectiveness of controls for management of the Duty Management System across Norfolk and Suffolk Constabularies.

MATERIALITY

There are approximately 30,000 exceptions outstanding on DMS at the time of the audit fieldwork.

KEY FINDINGS

The overall opinion is derived from the number of important recommendations raised surrounding the operation of the system. The full functionality of DMS is not being utilised and there are a high number of continuing exceptions preventing DMS from being used for overtime. The risks identified within this audit are being taken forward as part of a DMS project.

- DMS is not being used for overtime. An alternative solution has been developed for recording and authorising of police officers overtime and a SMART form is currently being developed.
- Police staff overtime continues to be recorded on hard copy forms that are manually entered on to spreadsheets to be uploaded on the payroll. Whilst a business case was drawn up for a police staff SMART form for overtime, development of this has not commenced as it was considered too complicated.
- Proactive checks are not undertaken on DMS to identify individuals that are recording data incorrectly and/or fraudulently.
- DMS is not being used by all areas, such as in Custody, where a spreadsheet is maintained rather than DMS.
- There are some senior police officers that are not using DMS for clocking in and clocking off.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	9	2	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>Staff manually enter their own time on DMS, and are able to amend time that has been entered up to seven days previously.</p> <p>The ability to amend own time that has been entered on to DMS was agreed at system implementation.</p> <p>Proactive checks are not undertaken to identify individuals that are potentially fraudulently changing their times entered on DMS.</p>	PSD to undertake proactive checks to potentially identify staff that are fraudulently changing their time on Duty Management System (DMS).	2	<p><i>This will be presented to the Joint Integrity Board to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Integrity Board.</i></p>	31/03/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>There are some Inspectors that are not clocking in and out on DMS, as they are recorded on DMS as having assumed clocking in and out rights. Assumed clocking means that they are recorded on DMS as working what they are rostered to work. Assumed clocking for inspectors was agreed at system implementation, as they were considered responsible enough to manage their own time.</p> <p>There is a risk with assumed clocking, as there is a risk that the appropriate rostered hours on DMS are not worked and it is not possible to monitor the number of hours that inspectors are actually working and thus may be working an exceptionally high number of hours.</p> <p>RMU encourage all staff and police officers to clock in and clock out on DMS so that there is an accurate record of hours that are worked</p>	All police officers and police staff to be required to use DMS for clocking in and clocking out.	2	<p><i>This will be presented to the Joint Chief Officers Team to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Chief Officers Team.</i></p>	31/03/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	<p>Police staff clock out on DMS when they go to lunch and clock back in when they return.</p> <p>All staff that work full-time are expected to take at least a half an hour lunch break.</p> <p>Lunch is expected to be taken between 12pm and 2pm, where lunch is taken out of this period it generates an exception.</p> <p>For part-time staff that work full days, DMS does not require them to take a half an hour lunch and thus these can be paid for lunch/or accrue additional flexi leave.</p>	<p>A review of exception rules on DMS be undertaken, including rules for part time staff working full days and taking a lunch break.</p>	2	<p><i>DMS has the capability to ensure that staff that work part time take the required lunch break, it is the profile that individuals have been set up on DMS rather than DMS which does not require part time workers to take a lunch break.</i></p> <p><i>Line Managers to be reminded that the clearing of exceptions for their team is their responsibility and where exceptions are being generated due to role profiles being incorrect on DMS that these are to be raised to RMU to address.</i></p>	31/03/19	<p><i>Head of Resourcing and the ERP System Reporting and Data Integrity Manager</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	<p>The System for Tasking and Operational Resource Management (STORM) is used by officers to record and manage police incidents that are reported to the police and for deployment of officers, and is also used by police officers for clocking in and clocking off on DMS.</p> <p>Operational police officers predominately use STORM for booking in and booking off DMS as there are some officers that do not have access to a computer. Whilst it is useful being able to book in and off through STORM if a police officer is given a different call number during this shift, and the control room doesn't close down the original call then this will generate an exception and the officer will have overtime recorded on DMS that hasn't been worked.</p>	<p>A standard process log be developed by the control rooms, to ensure that officers that have had their call number changed during a shift have their previous call number closed down to prevent unworked overtime being generated.</p>	2	<p><i>The Interface between STORM and DMS needs to be reviewed.</i></p> <p><i>A project is to be commissioned to address the issue of the interface between STORM and DMS not working.</i></p> <p><i>Progress against this project will be reported to the ERP and Shared Service Programme Board.</i></p>	30/09/19	<p><i>Head of Resourcing and the ERP System Reporting and Data Integrity Manager</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Directed	Not all members of the control room have access to the log, as such this limits the ability for additional call numbers to be closed down.	All members of the control room to have access to the log so that additional call numbers are closed down promptly to prevent an exception from being generated on DMS.	2	<i>The Interface between STORM and DMS needs to be reviewed. A project is to be commissioned to address the issue of the interface between STORM and DMS not working. Progress against this project will be reported to the ERP and Shared Service Programme Board.</i>	30/09/19	Head of Resourcing and the ERP System Reporting and Data Integrity Manager
7	Directed	Whilst DMS has the capability to be used for recording all staff duties, custody are using a spreadsheet as well as DMS for rostering and recording of staff duties. Custody advised that due to staffing resources custody shifts are predominantly recorded on a spreadsheet, as well as DMS, as staff in RMU find it easier to amend the spreadsheet rather than DMS. There is an increased risk of errors and duplication of work, as the spreadsheet as well as the DMS requires updating.	The spreadsheet used by custody be discontinued, and all shifts be recorded on DMS.	2	<i>New shift patterns are being drawn up for custody, these are to be presented to the Joint Chief Officers Team. Upon approval by the Joint Chief Officers Team the new shift patterns will be entered onto DMS and the spreadsheets discontinued.</i>	01/04/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Directed	<p>There are no proactive checks undertaken by the RMU or the Professional Standards Department (PSD) to identify staff that are potentially recording incorrect working hours.</p> <p>Where SALTO locks are fitted it is possible to run reports which record the swipe times of staff and officers, these times could be reconciled with DMS times and where there are differences these could be investigated.</p> <p>If reports were to be run at designated intervals it would be an aid to identify staff and police officers that potentially fraudulently change their hours. Reactive checks are undertaken to identify staff that are believed to have fraudulently considered to have changed their hours.</p>	<p>Reports be run from SALTO and DMS at designated intervals, to identify police staff and officers that change their times with potential fraud implications, to ensure that these amendments are appropriate.</p>	2	<p><i>This will be presented to the Joint Chief Officers Team to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Chief Officers Team.</i></p>	31/03/19	<p><i>Head of Resourcing and the ERP System Reporting and Data Integrity Manager</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Directed	DMS does not interface with EBS, the Constabularies' payroll system. DMS is currently only used to generate TOIL payments, but as DMS does not interface with EBS a spreadsheet is produced from DMS which is then sent to payroll for uploading.	DMS and EBS to be investigated to establish if an interface can be devised and implemented.	2	<i>DMS is due to be upgraded, this will be addressed with the upgrade.</i>	30/09/19	<i>ERP System Reporting and Data Integrity Manager</i>
12	Compliance	Previously RMU have had a designated team assigned to clear exceptions, which reduced the overall number of exceptions, but did not address the underlying reasons for them being created. This team has now been disbanded and the number of exceptions has increased again. The underlying issues for why exceptions are being generated has not been addressed, as such exceptions are continually being generated and increasing.	A review be undertaken of underlying reasons why exceptions are being generated and an action plan be devised to address them.	2	<i>A project will be undertaken to review why exceptions are being generated so that the cause for the exceptions can be investigated and addressed. The reporting functionality of DMS needs to be explored so that it is possible to produce reports from DMS so that the project can be commissioned.</i>	30/09/19	<i>Head of Resourcing & the ERP System Reporting and Data Integrity Manager</i>

Audit Report: Allowances (NSC1912)

Report: November 2018

SCOPE

The review focused on the validity of allowances claimed, including on-call, overnight, mutual aid and meal allowances, as well as compliance with policy and clarification of claiming allowances across Norfolk and Suffolk Constabularies.

MATERIALITY

From the data provided by the Head of Transactional Services the cost in 2017/18 of allowances, expenses, overtime and travel was £10m in Norfolk and £7.8m in Suffolk.

KEY FINDINGS

The overall opinion is derived from the nature of the urgent and important recommendations raised and the risks within the system, identified through this review and relevant recommendations raised within a recent overtime and expenses audit that impact on allowances.

- Policies and procedures are out of date, inconsistent between Constabularies and require review and consolidation.
- The dog unit does not have current up to date records of police dogs held and the application of allowances is inconsistent across dog handlers.
- There is no current honorarium policy held and inconsistencies in payment methodologies can be adopted.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
1	2	0	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Compliance	<p>Testing concluded the following; Rates of pay for each dog handled were calculated correctly. Authorised enact forms were in place to support all changes made in 2017/18.</p> <p>There was one dog handler paid not on the records held by the Inspector, Specialist Operations - Dog Unit and four officers paid for more dogs than recorded within the department. Queries were raised with the Inspector, and it was confirmed that the information on payroll was correct.</p> <p>Two dog handlers only claimed the allowance, whilst other dog handlers claimed reimbursement for items such as dog grooming, and valet vehicles, remaining dog handlers claimed additional expenses.</p> <p>It is not clear what expenses dog handlers are entitled to claim in addition to their dog handler's allowance, and what expenses are expected to be covered as part of the allowance.</p>	<p>The policy and processes for dog handler allowances and associated expenses to be clarified, adopted within the policy, communicated to relevant staff/officers and accurate records maintained.</p>	1	<p><i>This will be referred to the Superintendent Specialist Operations, who will form a policy and process.</i></p>	31/03/19	Supt Specialist Ops

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Through a review of standard forms available on the intranet it was clear that not all were readily available. However, it was also considered that there is more clarity needed around which allowances require a specific form. Once the policy has been reviewed and agreed appropriate forms are needed to support the requirements of the policy. At the time of the review there was a form available on the intranet to claim boot allowance, however eye tests and bonus payments were not present. Exceptions were noted in the use of forms and claiming through expenses instead.	A standard approach be adopted regarding the use of forms for claiming allowances. This is to be incorporated within guidance for staff and available on the intranet.	2	<i>The content of the Payroll and HR Intranet pages are under review as part of the SSTC project. Forms will be loaded onto the intranet for staff to use and the teams will direct them to use the appropriate form. Future developments of forms on line will follow.</i>	31/03/19	Head of Transactional Services
2	Compliance	The Enact system is being used for processing honorarium payments, this is not in line with the process stated in the Good Work Recognition policy, which is currently subject to review and update. Of the testing completed all honorariums had been claimed using the Enact system. The Enact system does not require authorisation by a line manager.	The process and methodology be reviewed for making honorarium payments, to enable transparency and compliance with Constabularies' policy.	2	<i>A Joint Good Work Recognition Policy is being developed. The policy will standardise the process for honorariums.</i>	31/03/19	Policy , Reward and Employee Relations Manager

Audit Report: Vetting (NSC1917)

Report: November 2018

SCOPE

The review focussed on the systems and processes for vetting new and existing staff, officers and contractors.

MATERIALITY

Performance information shows that a total of 3,315 vetting applications were completed in 2017.

KEY FINDINGS

- There are national policies and local procedures in place, although the local Vetting Policy has been withdrawn awaiting further national guidance.
- The WPC CoreVet system is used to record vetting information. Strengthening the application password controls would improve security.
- Work is taking place to address a vetting backlog. There is also a large archiving backlog which requires review and risk assessment.
- New starter vetting and vetting renewals are carried out in line with the policy, with minor matters arising.
- Contractors are vetted in line with the policy, with no matters arising.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	4	2	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The vetting policy titled 'Vetting – Interim Guidance (v5)' was published in April 2016 and has a review date of April 2018. The Vetting Manager explained that the policy was withdrawn due to the publication of the new Code of Practice and Authorised Professional Practice (APP), and the Vetting Team follows national rules. Vetting units across the country are raising questions and further guidance is awaited from the national lead. Later in the year the Constabularies will decide whether to rewrite a local policy or whether to have a collaborative policy shared across seven forces.	The Vetting Policy be reviewed, approved, and communicated.	2	<i>The existing policy has been withdrawn as non-compliant. Now working to a seven force policy in line with APP, with local guidance. Once the national guidance is produced in September 2018, the seven force approach will be agreed and local guidance produced on this basis.</i>	31/03/2019	Senior Complaints, Appeals and Policy Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	In order to access the CoreVet application, the user first needs to pass network authentication in order to access a browser. The user needs to know the URL to find CoreVet and a CoreVet username, which is different to the network username. The user must then enter an application password which is set by the administrator and is required to be changed the first time it is used. There is not a requirement for passwords to be set length or complexity however, or for users to change passwords. The Information Security Officer provided copies of the IT Security Policy and advised to ensure that any passwords created are of a minimum of nine characters, comprised of upper and lower case letters, numbers and special characters.	A service request be put to WPC, the CoreVet system supplier, to identify whether password controls could be introduced to improve authentication control in line with the IT Security Policy. In the meantime, staff be advised to set strong passwords and to change these on a periodic basis.	2	WPC have advised that they can amend the settings. They will give the forces administrator access to enable specified officers to update.	31/10/2018	Senior Complaints, Appeals and Policy Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	The HR department provides the Vetting team with notification of leavers, and these are then marked as 'no longer employed' on Corevet. This triggers a six year clock in order to meet the required retention period, after which the record is deleted. Audit testing confirmed this had been done for all recent leavers in the sample. Until recently however this process did not operate resulting in a backlog of records requiring archiving, which is expected to amount to thousands of records when contractors are taken into account. These each require manual review and so clearing these is a resource-intensive exercise. The Senior Complaints, Appeals & Policy Manager has been tasked with reviewing PSD's compliance with MOPI, of which this is part.	An assessment be made of the risk of the archiving backlog, taking into account the Management of Police Information (MOPI) requirements and the new General Data Protection Regulations (GDPR). Once assessed the risk be entered onto the PSD risk log in order that it can be managed, and an action plan devised to reduce the backlog.	2	<i>This has been entered onto the risk log. Work will be undertaken to address the risk. This timing of implementation is dependent on additional resources, which is dependent on budget and resource, as such an interim date is provided until a known implementation date can be identified.</i>	31/03/2019	Senior Complaints, Appeals and Policy Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Operational	Performance statistics are produced by the Vetting Manager for the Detective Superintendent, Head of the PSD. These show a backlog in processing vetting applications. For the last 12 months these show a peak backlog of 307 in June 2017, which reduced down to 21 by November 2017 but subsequently increased to 109 in February 2018. The Vetting Manager provided an update on 4th May that there were 145 new applications outstanding and 203 records that require renewal vetting. The Vetting Team has a vacancy which is currently being advertised, and when this post is filled it should help to address the backlog.	The vetting renewals backlog be cleared in order that renewal vetting is done in a timely manner.	2	<p><i>Due to resource pressures, new force applicants and increase in the level of checks to be undertaken on each applicant, the backlog has gained pace.</i></p> <p><i>The team are running with one post down and no applicants applied to the first advert, this has gone out to advert again. The post will need to be resourced before this can be progressed. There are three temporary roles that finish on 31st March 2019, however this is unlikely to be met by then. If resource issues can be resolved it would still put back implementation by at least six months after the original deadlines.</i></p> <p><i>Other ways to process these are being investigated. A business case around web forms has been prepared which would help the process.</i></p>	31/12/2019	Senior Complaints, Appeals and Policy Manager

Audit Report: Police Stations (NSC1922)

Report: November 2018

SCOPE

Police stations operate the same policy and management requirements as centrally located resources. Ensuring compliance with those policy and requirements can be challenging due to their geographical spread.

The purpose of the audit was to assess the controls operating within the governing policies and management requirements at Police Stations.

MATERIALITY

There are 18 police stations across the Suffolk Constabulary, only three of these stations are open to the public (Bury St Edmunds, Lowestoft and Museum Street in Ipswich).

KEY FINDINGS

- There are staff with access to the Armoury that do not have in date fire arms training.
- Petty cash and procurement cards are being used to purchase fuel. All police vehicles are provided with fuel cards, which are to be used for payment of fuel.
- The monthly security check audit process is currently under review, as there are a number of stations that do not have business support officers in post to complete the monthly audit check.
- The joint physical and personal security policy has been updated and is going through the review process.
- There is no regular review of Salto access rights, to ensure appropriate access of police staff and officers.
- A reminder is to be issued to staff of the importance of keeping lockers locked.
- An approved transport policy covering the use of vehicles and refuelling is being progressed, with a draft policy devised.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	3	6	3

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
7	Compliance	<p>Access to the Bury St Edmunds armoury is restricted via a Salto locked controlled door. Only authorised officers that hold current firearms training should have access to the armoury.</p> <p>Audit testing of officers that have Salto access to access the armoury found that there are six officers that have access to the armoury that do not hold in date firearms training.</p>	<p>A review of officers that have access to the Bury St Edmunds armoury be undertaken to ensure that only officers that have current in date fire arms training and require access are able to access the armoury.</p>	2	<p><i>Firearms Officers use the Chronical application to access the armoury and the contents contained in it. e- Personnel files need to be updated to reflect the officers' current training status.</i></p> <p><i>ERP does not have an accurate record of officers that have undertaken firearms training. Work is underway to address the inaccuracies of records within ERP.</i></p> <p><i>Only officers that have undertaken firearms training are granted access to the armoury, it is the training records on ERP being incorrect.</i></p>	30/11/2018	<i>The Joint L&D and The Joint Information Security Dept.</i>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Compliance	<p>From review of the most recent reimbursement request for Lowestoft station, it was found that whilst there are receipts to support all items that had been claimed through petty cash, fuel costs for the police vehicles have been reclaimed through petty cash.</p> <p>Claiming fuel costs through petty cash reduces control and accountability for fuel usage, to ensure fuel is only for appropriate business use, not excessive and is correctly accounted for.</p>	<p>Staff be reminded that it is not appropriate for the petty cash float to be used for reimbursement of fuel costs and that police vehicles and pool cars be refuelled using fuel cards. If a fuel card is to be rejected, police officers and staff to be reminded that expenses is to be used for reimbursement of fuel costs.</p>	2	<i>A reminder will be issued.</i>	30/11/2018	<i>Head of Transactional Services</i>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Compliance	<p>From review of procurement card expenditure since the start of 2018, it was found that there had been instances where the procurement cards had not been used appropriately.</p> <p>There was one Bury St Edmunds station cardholder where the procurement cards had been used to purchase fuel on more than one occasion, and there was one cardholder at Halesworth station who have used the procurement cards to purchase fuel.</p> <p>Procurement cards should not be used to purchase fuel, all police vehicles have fuel cards, and these should be used to purchase fuel for police vehicles, to ensure that fuel costs are appropriately accounted for.</p>	Procurement card holders be reminded of the appropriate purchases that are to be made on procurement cards, and that these are not to be used for purchasing of fuel.	2	<i>A reminder will be issued.</i>	30/11/2018	<i>Head of Transactional Services</i>

Audit Report: Lone Working (NSC1929)

Report: October 2018

SCOPE

This audit focussed on the identification and training of lone workers and the measures that have been put in place across the organisation to mitigate the risks associated with lone working.

MATERIALITY

A significant proportion of the Constabularies' employees spend some of their time working alone. There are 253 risk assessment covering all departments within the Constabularies. In 2017/18, there were 1168 health and safety incident reports between the two Constabularies.

KEY FINDINGS

- A new version of the Lone Working Policy has been drafted, which includes more guidance on identifying lone workers and reducing the risks of lone working.
- Lone worker training is not consistently delivered across the organisations.
- The Constabularies processes for identifying lone workers is not robust, including the need for a complete central record.
- Data on incidents involving lone working is not collected centrally so it is difficult to identify key risk areas.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	3	5	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	<p>Identification of lone working situations is the responsibility of management within each department. Lone workers are most commonly identified through risk assessments and staff flagging it up themselves to their manager or the Health and Safety team.</p> <p>There is no central record maintained of staff/roles that are likely to involve lone working. This is identified on some risk assessments but not consistently and this information is not collated.</p>	A central record of all lone working roles be maintained.	2	<p><i>HR Records, e.g. job description profiles spreadsheet could be used to capture roles where lone working is likely or will occur.</i></p> <p><i>Matter to be raised at Joint Health and Safety Committee, and upward referral to People Board</i></p>	<p>30/10/2018</p> <p>01/07/2019</p>	Health & Safety Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	Risk assessments are reviewed by the Health and Safety team when they are completed. The reviewer for each risk assessment is recorded on the register. These reviews by the Health and Safety team are generally 'light touch' and therefore the risk assessments may not accurately reflect all the risks or controls in place. With regard to lone working, this may mean that lone working has not been identified by all departments where it is a risk, or that insufficient control measures have been put in place to reduce the risk.	A more thorough check of risk assessments be conducted, at least on a sample basis, to ensure that all risks, including those relating to lone workers have been identified and appropriate controls measures have been put in place.	2	<p><i>The Joint Constabulary Health and Safety Arrangement makes the requirement to ensure that risk assessments are in place upon the relevant Heads of Department.</i></p> <p><i>Line Managers/Commanders are also expected to ensure that risk assessments are in place and this includes identifying and ensuring that persons who are lone workers have specific control measures in place where a hazard and risk to them exists for lone working.</i></p> <p><i>The Health and Safety Team undertake periodic reviews of risk assessments and this is recorded via our monitoring spreadsheet. The purpose of the Health and Safety Team outside of being legally required is to provide support and guidance to the Constabularies on complying with health and safety legislation.</i></p> <p><i>Health and Safety Manager has previously issued Health and Safety Advisors with an objective to 'audit' risk assessments more thoroughly and a template form to support this process has been designed.</i></p>	01/11/2018	Health and Safety Manager / Advisors

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Compliance	The only compulsory training that is provided on lone working is the Joint Health and Safety Basic Awareness Induction, which is very limited in regard to lone working. There are two e-learning packages on lone working, one for employees and one for managers, which are accessible to all staff. These have been available since 1st April 2018 but are not compulsory for any staff or officers and as of 29th June 2018 nobody has completed either of these training packages.	Lone working e-learning training packages be made compulsory for all identified lone workers.	2	<i>The Lone Working eLearning package is generic.</i> <i>In the new Lone Working Health and Safety Arrangement reference to this package and the expectation that it will be completed by any staff identified as lone workers will be included</i>	30/01/2019	<i>Health and Safety Manager with adoption at the Joint Health and Safety Committee</i>

Audit Report: Capital Programme (NSC19)

Report: October 2018

SCOPE

The review considered the arrangements for accounting for the capital programme. The scope of the review does not include consideration of the funding arrangements or the specification of the projects.

MATERIALITY

At the time of the audit the 2018/19 Suffolk Capital Plan was £3.9m, Norfolk £5.7m and a Joint £3.5m.

KEY FINDINGS

Capital Programme Monitoring is covered in section 3 of the Financial Regulations. Roles and responsibilities are defined within Job Descriptions.

The Capital Plan is approved on an annual basis as part of the Medium Term Financial Plan at the Police and Crime Panel.

Business cases are submitted for approval for individual capital bids, the documentation requires updating and consistent use across the Force.

Capital budgets are monitored monthly with budget holders input however these do not record the amount approved in the original business case for comparison.

There is a documented reporting structure for Capital monitoring and minutes record where issues are raised.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	1	2	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	Three estates capital projects per force and two joint projects were reviewed to ensure that a business case had been produced and agrees to the budget in the capital plan, the business case template was used, the date the business case was reviewed, evidence easily located to support scrutiny, the date the business case was approved and who approved. Testing identified that the Business case template isn't used and therefore there is no consistency in the information being provided for approval.	Business case template documentation be used consistently across both forces for all capital bids, to ensure consistency of information presented and decisions made and recorded.	2	<i>The PMO are currently reviewing the Business Case template for re-design. This review will ensure the use of a consistent template that captures all relevant information in order to prioritise projects and evaluate how they are contributing to strategic priorities, thus enabling a check on benefits realisation, post implementation review etc. As key stakeholders Finance, HR and ICT will be consulted on along with PM and other internal department resources.</i>	30/04/2019	Head of Programme Management Office