



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 8th March 2019. 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
GDPR	N/A	15/06/2018	18/12/2018	19/12/2018	0	2	2	3
Conflicts of Interest and Whistleblowing	Reasonable	10/01/2019	08/03/2019	08/03/2019	0	4	0	3
Establishment, Capacity, Recruitment & Retention	Reasonable	07/11/2018	27/02/2019	06/03/2019	0	4	5	7
Enact Replacement Project	Reasonable	12/11/2018	23/11/2018	23/11/2018	0	2	1	1
Estates Strategy and Policies	Reasonable	31/10/2018	13/11/2018	13/11/2018	0	1	1	0

Ethical Standards (Relationships Conduct)	Reasonable	21/11/2018	08/03/2019	08/03/2019	0	3	0	0
Commissioners Grants	Substantial	20/12/2018	06/03/2019	06/03/2019	0	0	3	2
Transport Procurement	Reasonable	20/12/2018	04/01/2019	04/01/2019	0	1	1	0

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:
- MOPI – a detailed follow up was proposed in year, a report on progress will instead be received by management and a follow up with position statement undertaken in 2019/20
 - Transformation with Business Cases – CDC are going through restructure, which will continue throughout quarter four and into 2019/20. The audit will be moved to 2019/20 to review on completion of the restructure.

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 no urgent recommendations (i.e. fundamental control issues) since the previous Progress Report.
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
2018/19 Plan							
Strategic Control, Corporate Governance – Conflicts of Interest and Whistleblowing (NSC1901)	1	10	10	Final Report	March 2019	Reasonable	
GDPR (NSC1907)	1	18	18	Final Report	March 2019	N/A	
Fixed Assets (NSC1911)	1	10	10	Final Report	November 2018	Substantial	
Allowances (NSC1912)	1	14	14	Final Report	November 2018	Limited	
Duty Management System (1916)	1	14	14	Final Report	November 2018	Limited	
Vetting (NSC1917)	1	10	10	Final Report	November 2018	Reasonable	
Stations, including building access and vehicle security (NSC1922)	1	14	14	Final Report	November 2018	Reasonable	
Proceeds of Crime (NSC1927)	1	10	10	Draft Report		Reasonable	
Lone Working (NSC1929)	1	10	10	Final Report	November 2018	Reasonable	
Capital Programme (NSC1910)	2	10	10	Final Report	November 2018	Reasonable	
Establishment, Capacity, Recruitment and Retention (NSC1915)	2	15	15	Final Report	March 2019	Reasonable	
Enact Replacement Project (NSC1906)	2	--	12	Final Report	March 2019	Reasonable	
Website Content / CAD Grazing (NSC1908)	2	12	12	In progress			
Estates Strategy and Policies (NSC1921)	2	6	6	Final report issued	March 2019	Reasonable	

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Ethical Standards (Relationships Conduct) (NSC1930)	1-2	10	10	Final Report	March 2019	Reasonable	
Risk Management – Embedding/Development (NSC1903)	1-3	10	10	In progress			Working with management to monitor embedding, review in Q3
Commissioners Grants (NSC1904)	2	18	18	Final Report	March 2019	Reasonable	Suffolk only
ERP Disaster Recovery (NSC1913)	3	12	12	In progress			
Transport Strategy (NSC1918)	2	6	6	Draft Report		Reasonable	
Transport Procurement (NSC1919)	2	9	9	Final Report	March 2019	Reasonable	
Purchase Cards (NNSC1923) Norfolk only	3	6	6	Final Report	N/A	Reasonable	
Control Room (NSC1924) Norfolk only	3	14	14	Draft Report		Reasonable	
Control Room (NSC1925) Suffolk only	3	14	14	Draft Report		Reasonable	
Key Financial Systems (NSC1909)	4	30	30	Draft Report		Reasonable	
Telematics and Fuel Usage (NSC1920)	4	12	16	In progress			
Recovered Property (NSC1928)	3	10	10	In progress			
Transformation and Strategic Planning/Change, with Business Cases (NSC1902)	2	12		Cancelled			In 2019/20 Annual Plan
MoPI Project Implementation (NSC1914)	3	4		Cancelled			Separate review not required
Custody Administration	1	14	--	Cancelled			HMIC inspection undertaken
Cyber Security – Maturity Assessment (NSC1905)	2	10		Cancelled			In 2019/20 Annual Plan
Records Management (NSC1913)	3	12		Cancelled			Replaced with ERP Disaster Recovery
Follow up of previous recommendations	1-4	12	12	Ongoing			
Management	1-4	20	20	Ongoing			

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Total Days Planned		388	352				
Annual Plan Days		330	330				
Contingency b/fwd		58	58				
Contingency (c/fwd)		(0)	(36)				

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: GDPR (NSC1907)

Report: December 2018

<p>SCOPE</p> <p>The focus of the review was to support to assist the Constabularies to embed and comply with GDPR by means of undertaking a gap analysis review of the existing Data Protection Act measures. The Law Enforcement Directive (LED) is not covered by the scope of the review, although is referenced in the report.</p> <p>MATERIALITY</p> <p>The potential risk profile associated with non-compliance with the new GDPR legislation and subsequent data breach is a 20m Euro fine or 4% of turnover and reputational damage.</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • A Data Protection Officer has been assigned and a Data Protection Reform project is in progress, reporting to the Information Management Steering Group (IMSG). The project scope includes an update of policies and processes. • Although initial work started in 2017, the formal project scoping document was produced in April 2018 and the project plan in May 2018. Evidence was seen demonstrating significant progress against the plan. • A Data Protection Reform Communications Plan is in place and being followed, with GDPR being widely communicated across the Constabularies. • There is an established Subject Access Request process in place, although the impact of increased requests due to GDPR is a risk that needs managing. • An Information Asset Register (IAR) is maintained and fields have been added for GDPR, although work is needed to reconcile it to the IT asset register and to ensure completeness. 								
<p>OVERALL ASSURANCE ASSESSMENT</p> <p>This is a gap analysis review, therefore no opinion has been given.</p>	<p>ACTION POINTS</p> <table border="1" data-bbox="1133 1171 2013 1331"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Routine</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	2	2	3
Urgent	Important	Routine	Operational						
0	2	2	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)
1	Operational	New Police standards information and Information Commissioners' Office (ICO) guidance is awaited before new policies are finalised and taking account of the 'seven forces' joint working arrangements. It was confirmed that an initial review of policies is underway as part of the project with folders maintained of those reviewed and those awaiting review.	Policies be reviewed, approved and updated to fully incorporate GDPR when it is practical to do so, in line with the action plan in place.	2	<p><i>The Implementation Team have reviewed and updated 158 of the policies which were approved and sent back to the Policy Unit.</i></p> <p><i>There are 14 policies awaiting a final check before they are returned to the Policy Unit and nine pending being sent to the relevant department to make changes before they are returned.</i></p> <p><i>There are six policies pending review by the Implementation Team.</i></p> <p><i>A process has been established with the Policy Unit to include the team in consultation processes for any new policies to ensure that DPA/GDPR issues are addressed.</i></p>	31/01/19	Compliance Officer

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Operational	There is an established process in place for handling Subject Access Requests (SARs), and performance statistics show that 95% of requests have been responded to in the 40 days required by the Data Protection Act 1998. At the time of the audit visit ahead of the GDPR 'go-live' date of 25th May 2018, the new GDPR target of responding in one month was not yet worked to. The volume of requests in the short, medium and long term after GDPR is not yet known, but it is anticipated there will be an increase due to the removal of the application fee and publicity in the media advising people how to request access to their information.	A paper be presented to management setting out the anticipated impact of the increased numbers of SARs and how this will be managed to ensure compliance with the new one month response timescale required by GDPR.	2	<i>Since the DPA became law SAR requests have increased by 100% and performance against statutory deadlines have reduced to 77% for Suffolk and 83% for Norfolk. A paper is being drafted and discussion held with the DCCs to manage demand.</i>	31/01/19	Information Compliance Manager

Audit Report: Conflicts of Interest & Whistleblowing (NSC1901)

Report: March 2019

SCOPE

The review assessed the adequacy and effectiveness of the internal controls in place at the Norfolk and Suffolk Constabularies in relation to conflicts of interest and whistleblowing.

MATERIALITY

There have been approximately 100 concerns raised using the confidential reporting line.

Key Findings

There is a process in place for staff to raise concerns, and to ensure that all concerns raised are reviewed and investigated accordingly.

There are areas that would benefit with improvements, these being around:

- Improving processes for managers to formally declare any potential conflicts of interest when assisting with a promotion exercise.
- The recruiting manager to be required to submit to HR, in advance of the interview commencing, the standard questions to be asked to the applicants.
- Line Managers to receive copies of conditions that have been imposed on individuals to manage the risk of an inappropriate association.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	4	0	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)
1	Directed	<p>Where associations outside of work (personal associations) are considered to be unacceptable, then the association should cease immediately where possible, but if this is not practical, such as the association being through marriage/civil partnership or a family/close relationship, then proportionate measures are required to manage the risk of an unacceptable association.</p> <p>A formal record is maintained of any restrictions imposed, it is expected that a copy of this is forwarded to the individual's Head of Department or Commander, who will be responsible for ensuring a copy is placed on the individual's personal file.</p> <p>The audit identified that line managers were not being sent copies of conditions imposed, in order for them to manage the association. The Disclosable Association Policy may not be followed in practice.</p>	Working practices and the process stated in the Disclosable Association Policy be standardised.	2	<i>ACU staff have been reminded of the requirement to send a copy of the record to the Line Manager and for the log to be updated to this effect.</i>	05/02/19	DI ACU

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	<p>There is no requirement for recruiting managers to formally declare any potential conflicts of interest, such as a close friendship with the applicant, although the Police Officer Recruitment Policy does state that "interviews involving internal applicants (serving or retired police officers), there must be an independent interviewer, i.e. someone who is not familiar with the applicant, on the panel to ensure fairness and objectivity".</p> <p>To ensure that there is integrity and transparency in the recruitment process and the appropriate personnel is appointed there is a need for potential conflicts of interest to be formally declared, and where possible independent staff and officers are selected for the selection panel.</p>	<p>A form be developed for each member of the selection / promotion panel, requiring them to formally declare whether there are any potential conflicts of interest in relation to the recruitment process.</p>	2	<p><i>Action will be taken to add this detail to the shortlisting form and interview paperwork which is currently carried out by line managers.</i></p> <p><i>Before this is introduced, work will be undertaken to ensure that there is process to follow when a conflict is identified as well as ensuring that there is an available understanding of what is regarded as a conflict of interest for managers.</i></p>	30/06/19	Head of HR
3	Compliance	<p>HR do not currently maintain a register that records any reported potential conflicts of interest, to provide transparency in the recruitment and promotion process.</p>	<p>HR to develop and maintain a conflicts of interest register in relation to recruitment and promotion exercises.</p>	2	<p><i>The forms outlined above will be held within HR, so that they can be referred to in case of any investigation into a recruitment process.</i></p>	30/06/2019	Head of HR

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Compliance	There is no designated police staff bonus and honorarium policy for police staff to refer to when undertaking additional duties and receiving financial recognition for this.	A police bonus and honorarium policy be developed or incorporated into an existing staff policy, and made available to staff to refer to.	2	<i>Work has commenced on the development of an Honorarium and Bonus policy. This will be subject to the normal consultation process.</i>	30/09/2019	<i>Policy, Reward and Employee Relations Manager</i>

Audit Report: Establishment (NSC1901)

Report: March 2019

SCOPE

The review considered decision making regarding the establishment, capacity, and changes to recruitment criteria and the arrangements for advertising, shortlisting, interviewing and appointing staff/officers. The review also considered the retention of officers/staff, the impact of changes to recruitment processes, internal movement, freeze on posts and severance.

MATERIALITY

The Norfolk establishment was set at 1525 for the year, with the current strength against this being 1532.1 FTE as at 31st August 2018. There has been 64 new joiners up to this year to date. The police staff strength as at 31st August 2018 was 1067.4 FTE against an establishment of 1095.7.

The Suffolk establishment was set at 1106 officers for the year, with the strength at 31st August 2018 being 1077.3. A total of 41 new recruits appointed in the financial year to 31st August 2018. The police staff strength as at 31st August 2018 was 761.3 against an establishment of 883.53.

KEY FINDINGS

A succession planning pilot has been completed for around 30 senior officers across the Constabularies, following this progress is being made to roll out the succession planning across the remainder of officers and staff the Constabularies

There is a workforce plan in place across the Constabularies, it was noted that the plan does not include agency staff, or accurately include the skills of officers and staff.

- Contract lengths are not recorded on ERP, to provide a basis for effective monitoring when the reach termination. The setting up of IT profiles is completed on the first day of employment, rather than prior to employment starting, as such new starters often have to wait several days after starting to gain access to the IT systems.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	4	5	7

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	Directed	<p>Amendments to contract lengths are recorded on EBS. The ability to make amendments to contract lengths is available to all HR super users.</p> <p>There are no checks undertaken to ensure that appropriate contract lengths are recorded on ERP.</p> <p>If contracts are to be terminated, unless a leaver form is created on ENACT individuals will continue to be paid.</p> <p>If contract lengths automatically terminate at the end of the contract, extensions not actioned prior to the termination would result in additional work to set up the contract again.</p>	<p>Reports of amendments to contracts length be produced monthly, to verify whether leaving / extended and permission groups checked for appropriateness to amend.</p>	2	<p><i>The provision of reports will be scoped by the Management Information Team, and if possible, will be reviewed monthly by HR Business Partners/HR Advisors.</i></p>	30/06/19	<p><i>Head of Resourcing/Head of HR</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	<p>With IT profiles not being set up until the day the new starter starts, if there is a problem with their IT profile this will prevent the new starter from being able to access necessary IT systems until their profile is operational.</p> <p>Setting up IT profiles well in advance of commencement date would prevent any unnecessary delays, allowing new starters to obtain their password and log on details on the day that they start.</p>	<p>The setting up of IT profiles at least a week in advance of the new starter commencing employment be investigated, so that the profile can be checked to ensure that it works. IT to provide the new starter with their password on the day that they start.</p>	2	<p>This is an issue that the business has highlighted since the launch of the ERP solution. The ERP System Team/ICT have advised that the Sailpoint Solution, which will be implemented as part of the Desktop Modernisation Project will address this issue. An update will be provided in due course.</p>	30/09/19	ERP Systems Team/ICT
6	Compliance	<p>Whilst there is a workforce plan, it does not include agency staff. The Constabularies have a number of agency workers, thus it may appear that a team are either understaffed or at a manageable level, which is distorting the true workforce needs.</p>	<p>The workforce plan be amended so that agency staff are included, to accurately reflect vacant posts and staffing levels.</p>	2	<p><i>The document will include details related to Agency Staff from the start of the new financial year.</i></p>	31/05/19	Senior Recruitment and Workforce Planning Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Compliance	A sample of 10 Suffolk police officers and 10 Norfolk police officers that were or had been acting up or had been awarded temporary promotion were randomly selected for testing. Audit testing found that there were six police officers in Norfolk that were acting up that did not have sufficient evidence of approval for acting up.	Approval and rationale for why officers and staff are acting up be recorded for all officers/staff.	2	<i>The new Acting and Temporary Promotions Policy will be published in the Spring of 2019. This will standardise the process and this detail will therefore be captured.</i> <i>Staff are covered within other HR policies and process.</i>	30/06/19	Head of Resourcing

Audit Report: Enact Replacement Project (NSC1906)

Report: November 2018

<p>SCOPE</p> <p>A review of arrangements in place over the Management and Governance of the Enact replacement project was requested to help provide assurance over the forces' procedures, controls and records relating to this project, specifically: Project Documentation, Governance, Change Management and Acceptance processes.</p> <p>MATERIALITY</p> <p>The development of a replacement for the Enact system in time to replace it when support for it ends is critical for the seamless provision of business critical administration services.</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • The project to replace Enact is being regularly scrutinised by the Shared Services Transactional Project Board. • The project has been developing new forms using the cloud-based Apex development tool, although a local installation of the tool is required. • Testing of the new system has been recognised as a requirement, although test scripts have not yet been developed to document this.
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OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	2	1	1

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 project is very small and is being run by the ERP support team. The ERP System and Development Manager is the lead, supported by the ERP System Support Technician, who is working on the changes to replace Enact using the Apex tool. It was noted that the project team are currently only able to use a cloud-based Apex environment to develop the Enact replacement as a local installation has not yet been implemented. A recommendation to help ensure that the local installation of the Apex development tool is being raised.	Management to ensure that a local installation of the Apex development tool is completed as soon as possible so that the relevant forms and other tools that are to replace the Enact system can be developed and implemented in a timely manner.	2	<i>Apex has been installed onto our test database to allow development to begin. Some minor configuration is being finalised this week. Whilst this development is underway, Apex will be installed into our change controlled environment and production environment databases. This will not affect the forms development as these can be extracted from the test database and uploaded into each of the new environments without the need to recreate the whole form.</i>	23/11/18	ERP Systems and Development Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	Test scripts for documenting the testing of the new system have yet to be developed. However, it is noted that the Project timeline document suggests that this has been factored into the work required to complete the project. A recommendation to ensure that all testing is formally documented into test scripts, with results reported to relevant senior management and the SSTC project board has been raised.	ERP Management to ensure that all testing of the new forms and related processes are formally documented into testing scripts with results reported to relevant senior management as this will help demonstrate that appropriate testing has taken place and will also help inform the project acceptance process.	2	<i>Test scripts will be created as part of the form build in anticipation of user acceptance testing.</i>	17/12/18	ERP Systems and Development Manager

Audit Report: Estates Strategy (NSC1921)

Report: November 2019

SCOPE

The audit appraised the strategy for managing the estates for current and future requirements, with supporting policies.

The audit considered if the estates strategy is in line with corporate strategies and direction for current and future need.

MATERIALITY

Total budgeted expenditure for Norfolk estate for the 2018/19 financial year is £2.9 million

Total budgeted expenditure for Suffolk estate for the 2018/19 financial year is £1.7 million.

KEY FINDINGS

Norfolk and Suffolk have current estate strategies. Implementation plans are in place to support with the delivery of Norfolk and Suffolk estate strategies.

- A Joint Environmental Strategy is in place. The strategy formally documents the Constabularies approach to environmental management.
- The Carbon Management Working Group has been tasked with monitoring performance of the Constabularies against the delivery of the Joint Environmental Strategy, in particular monitoring the progress of the Constabularies in reducing each Constabularies' carbon footprint. The Carbon Management Working Group has not met regularly during the current financial year.
- The Carbon Management Working Group has an action plan in place to support the delivery of the Constabularies Joint Environmental Strategy. A target completion date needs to be assigned for actions to enable effective escalation where progress is not made.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	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>The Carbon Management Working Group has been tasked to monitor the performance of the Constabularies against the delivery of the Joint Environmental Strategy.</p> <p>The Carbon Management Working Group has not met regularly during the current financial year.</p>	<p>The Carbon Management Working Group to meet at the designated intervals as per the Carbon Management Working Group terms of reference.</p>	2	<p><i>The Carbon Management Working Group meetings will be planned.</i></p>	29/11/18	Head of Estates

Audit Report: Ethical Standards (Relationships Conduct) (NSC1930)

Report: March 2019

SCOPE

The audit assessed the adequacy and effectiveness of the internal controls in place at the Constabularies for identifying and addressing of relationship conduct. The audit focused on the following areas;

- Policies and procedures;
- Roles and responsibilities;
- Training and awareness; and
- Systems and processes

MATERIALITY

Personal relationships at work can cause significant disruption in the workplace, particularly if the relationship breaks up or particular employees are perceived as receiving favourable (or unfavourable) treatment as a result of such a relationship.

KEY FINDINGS

The Constabularies do not have a policy or process in place for managing personal relationships at work. This could lead to any potential conflict of interest being challenging to resolve. Management need to consider the implications of personal relationships within teams in relation to other team members.

The reasonable assurance opinion is provided due to the low overall impact on the Constabularies, with implementation of the recommendations addressing the risks.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	3	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)
1	Directed	There is no policy in place or guidance on personal relationships and how to manage them. Without a policy, there is no formal requirement to disclose a relationship at work. In addition, appropriate action may not be taken to manage a personal relationship at work.	Guidance be developed on personal relationships at work. The guidance should incorporate managing staff within close relationships at work where potential conflicts may arise.	2	<i>The NPCC issued draft guidance for informal feedback in July 2018. Further national consultation then took place before a joint NPCC and College of Policing guidance document was published w/c 18/02/19 and is available on the COP website. Local discussions are now taking place to implement and raise awareness.</i>	01/07/19	Head of ACU
2	Directed	There is no standard form to be completed for disclosing a relationship at work, which could impact on the performance of the individual.	A standard form be developed for police staff and police officers to disclose a personal relationship at work, which is submitted to PSD for review and identification of any conditions to be imposed to manage any identified risk.	2	<i>The NPCC issued draft guidance for informal feedback in July 2018. Further national consultation then took place before a joint NPCC and College of Policing guidance document was published w/c 18/02/19 and is available on the COP website. Local discussions are now taking place to implement and raise awareness.</i>	01/07/19	Head of ACU

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	A standard approach is not adopted for recording any relationships at work that have been disclosed voluntarily to line managers. There are some line managers that maintain records of work relationships that have been disclosed to them.	A register be developed for recording all staff personal relationships at work, which is maintained by the Professional Standards Department (PSD) and updated accordingly.	2	<i>The NPCC issued draft guidance for informal feedback in July 2018. Further national consultation then took place before a joint NPCC and College of Policing guidance document was published w/c 18/02/19 and is available on the COP website. Local discussions are now taking place to implement and raise awareness prior to publication.</i>	01/07/19	Head of ACU

Audit Report: Commissioner Grants (NSC1904)

Report: March 2019

SCOPE

The review considered the arrangements for the assessing, awarding and compliance monitoring process for the grants awarded by the Police and Crime Commissioner for Suffolk.

MATERIALITY

A total of £1.7 million in funds is available.

KEY FINDINGS

Payment to providers (commissioned services) are being made in accordance with grant awards and monitoring reports are being received in accordance with grant conditions.

There are areas identified where further enhancements to delivery could be made, around:

- The provision of end of grant performance reports from outgoing service providers.
- Developing a business case proforma for applying for funding that could be placed on the internet.
- Developing a standard monitoring report template to use.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	0	3	2

Audit Report: Transport Procurement (NSC1919)

Report: January 2019

SCOPE

The review focused on policy and compliance for purchasing vehicles for current and future requirements, for Norfolk and Suffolk Constabularies.

MATERIALITY

Norfolk and Suffolk Constabularies have combined vehicle fleet of approximately 1,150 vehicles (excluding bicycles).

KEY FINDINGS

A comprehensive procurement programme is in place for the Constabularies transport requirements, which complies with the transport strategy. In addition, a programme is in place to fit telematics into selected police vehicles. Telematics should bring a number of benefits, including; reduced fuel usage, reduced maintenance costs and assistance with procuring of vehicles for the future. Two areas were identified for improvement:

- A set process to be developed for addressing inappropriate driver behaviour that is identified through the use of telematics.
- Reconciliation between the asset register and Tranman to be undertaken, to ensure that accurate and correct records are maintained.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	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	Telematics will enable the Constabularies to identify drivers that are not driving Constabulary vehicles correctly and efficiently. Where it is identified that there are drivers that are not driving Constabulary vehicles correctly a set process needs to be developed so that there is clarity as to how that is to be dealt with.	A standard be agreed for identifying through telematics when drivers are not using vehicles correctly and efficiently and how this is addressed.	2	<i>A Transport Standards Group is scheduled to meet on 15th January 2019. Terms of reference have been provided to TIAA. This Group will agree the process and report directly into the Motor Risk Management Programme Board as the oversight group.</i>	31/03/19	<i>Head of Transport Services, Uniform and Equipment</i>