



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

Audit Progress Report – Suffolk

2019/20

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 July 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 2019/20 ANNUAL PLAN

2. Our progress against the Annual Plan for 2019/20 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
ERP Disaster Recovery	N/A	16/05/2019	16/07/2019	16/07/2019	0	4	1	0
Control Room (Suffolk only report)	Reasonable	29/03/2019	24/06/2019	26/06/2019	0	2	0	2
Proceeds of Crime	Reasonable	27/06/2018	27/06/2019	27/06/2019	0	3	1	0
Recovered Property	Reasonable	07/06/2019	21/06/2019	24/06/2019	0	2	2	1
Workplace Health	Reasonable	10/06/2019	25/06/2019	26/06/2019	0	2	3	1
Contracts	Reasonable	13/6/2019	05/07/2019	16/07/2019	0	2	1	0
Temporary Contracts	Reasonable	20/06/2019	05/07/2019	16/07/2019	0	3	0	0

Maintenance	Reasonable	07/06/2019	11/06/2019	12/06/2019	0	3	3	0
Single Tender Actions	Reasonable	27/06/2019	05/07/2019	16/07/2019	0	1	2	0

*No further recommendations have been raised, with previous recommendations raised in 2018/19 being carried forward. 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 2019/20

6. There has been the following changes made to the annual plan since the last meeting, for approval:
- Dog Handling; added to the firearms audit as this now sits with the firearms section, although will be reported separately. Days for risk management reduced to accommodate dog handling.
 - Use of vehicles / telematics; reduced original budget from 12 days to 10 days, with majority of the audit moved to 2020/21, retaining time to undertake an overview of telematics reporting. Further indepth review of how vehicles are being used through telematics information to be undertaken later as the system beds in.
 - Complaints; review of OPCC Norfolk complaints, at the request of the OPCC CFO.
 - Transport thefts; review at the request of the ACOs for risks and controls surrounding the thefts.
 - Information Management and Security; review of OPCC Norfolk, at the request of the OPCC CFO.
 - Shared Service Transaction Centre; audit moved to 2020/21 due to the timing for implementation of the new arrangements.

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 and ACOs: Regular progress meetings are held with the Chief Finance Officers and ACOs.
 - 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. We have made no urgent recommendations (i.e. fundamental control issues) since the previous Progress Report.
10. No recommendations have been raised which have not been approved by management since the previous Progress 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.

Progress against the Annual Plans for 2019/20

System	Audit Ref	Planned Quarter	Planned Days	Changes to days	Current Status	Audit Committee Reporting	Assurance	Comments
2018/19 Plan								
ERP Disaster Recovery	NSC1913	3-4	12		Position Statement	July 2019	N/A	
Control Room Suffolk only	NSC1925	3	14		Final Report	July 2019	Reasonable	
Proceeds of Crime	NSC1927	1	10		Final Report	July 2019	Reasonable	
Recovered Property	NSC1928	4	10		Final Report issued	July 2019	Reasonable	
2029/20 Plan								
2020 Strategic Change Programme (Norfolk)	NSC2001	1	9		In progress			
2025 Strategic Change Programme (Suffolk)	NSC2002	1	9		In progress			
Workplace Health	NSC2005	1	12		Final Report	July 2019	Reasonable	
Temporary Contracts	NSC2006	1	10		Final Report	July 2019	Reasonable	
Estates Maintenance	NSC2007	1	12		Final Report	July 2019	Reasonable	
Contracts	NSC2008	1	12		Final Report	July 2019	Reasonable	
Single Tender Actions	NSC2012	1	6		Final Report	July 2019	Reasonable	
Firearms	NSC2009	1	12		Draft report			Incorporated dog handling, with separate reports
Dog Handling (with Firearms)	NSC2029		0	+2	Draft report			Issued for different assurance levels

System	Audit Ref	Planned Quarter	Planned Days	Changes to days	Current Status	Audit Committee Reporting	Assurance	Comments
Stores and Uniform	NSC2010	1	14		Draft Report			
Network Security	NSC2003	1	12		To be scheduled			
Software Licencing	NSC2004	1	12		To be scheduled			
Emergency Planning	NSC2011	2	14		In progress			
Data Protection – GDPR	NSC2016	2	12		In progress			
Mobile Device Management	NSC2017	2	12		To be scheduled			
Budgetary Control	NSC2018	2	12		Scheduled			
Website Content	NSC2019	2	12		To be scheduled			
Complaints	NSC2022	2	0	+8	To be scheduled			
Limited Duties	NSC2014	2	12		Scheduled			
Transport Theft	NSC2030	2	0	+2	In progress			Agreed by ACOs/CFOs
Telematics / Use of Vehicles	NSC2026	2	12	-10	To be scheduled			Days reduced
Transformation – Business Cases	NSC2015	3	12					
Strategic Control and Governance	NSC2013	3	12					
Key Financials	NSC2021	3	30					
External Training Budget	NSC2025	3	12					
Information Management / Security – Norfolk OPCC	NSC2031	3	0	+8				
Corporate Policies	NSC2014	4	6					
Risk Management	NSC2020	4	12	-2				Days to dog handling
Overtime	NSC2023	4	12					
Allowances and Expenses	NSC2027	4	14					

System	Audit Ref	Planned Quarter	Planned Days	Changes to days	Current Status	Audit Committee Reporting	Assurance	Comments
Collaborations (incl. Seven Force)	NSC2028	4	20					
Shared Service Transaction Centre	NSC2022	3	8	-8				
Follow up of previous recommendations		1-4	12		Ongoing			
Management		1-4	20		Ongoing			
Total Days Planned			376					

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: ERP Disaster Recovery (NSC1913)

Report: July 2019

<p>SCOPE</p> <p>The objective of the review was to look at the adequacy, effectiveness and efficiency of the systems and controls in place to manage Disaster Recovery (DR) for the ERP infrastructure (to include but not be limited to: Applications, Authentication, Databases, DMS and BI reporting servers) are operating securely and effectively. The audit covered: Adequacy of DR Provision, Backup and Recovery Capabilities, DR Testing, Alignment with the Business Continuity Plan, Third Party Management and Continuous Improvement.</p> <p>MATERIALITY</p> <p>Robust Business Continuity and supporting Disaster Recovery planning is critical to securing the ability to recover the ERP and its relevant external components in a timely manner following an incident.</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • There are database backup processes in place across the infrastructure. • Internal and 3rd party responsibilities concerning the ongoing management of the ERP hardware and software environments need to be monitored regularly. • There are no formally documented Business Continuity and Disaster Recovery plans covering the ERP environments. • There is a need to design and implement an appropriate and proportional Business Continuity and Disaster Recovery test plan to demonstrate the ability to recover the relevant environments in a timely manner. 								
<p>OVERALL ASSURANCE ASSESSMENT</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>No overall assurance assessment is provided as this was an appraisal, rather than an assurance review.</p> </div>	<p>ACTION POINTS</p> <table border="1" style="margin-top: 10px;"> <thead> <tr> <th style="background-color: #2c4e64; color: white;">Urgent</th> <th style="background-color: #2c4e64; color: white;">Important</th> <th style="background-color: #2c4e64; color: white;">Routine</th> <th style="background-color: #2c4e64; color: white;">Operational</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	4	1	0
Urgent	Important	Routine	Operational						
0	4	1	0						

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

Rec.	Risk Area	Finding	Suggested Actions / Improvements	Priority
1	Directed	The audit noted that there are no formally documented ERP Business Continuity and Disaster Recovery Plans in place covering ERP and its related external systems.	ERP Management to work with the ICT department and Cap Gemini to design and implement an appropriate Business Continuity and Disaster Recovery Plan to support the timely recovery of the ERP environment and its related systems and ensure that these are communicated to all relevant staff and partners.	2
2	Compliance	It was noted that Cap Gemini acknowledge the need to ensure that both the Production (Prod) and Pre-Production (Pre-Prod) environments are kept aligned in terms of updates, patches and so on, although this is not currently the case as they do not believe that the Pre-Prod environment has been formally handed over to them. Evidence provided by the ICT department has confirmed that a formal handover has been undertaken.	Management to ensure that Cap Gemini are keeping the Prod and Pre-Prod environments under their management aligned in terms of any updates and patches at all times and for this to be formally confirmed by them by suitable means – a standing agenda item in service review meetings is suggested.	2

Rec.	Risk Area	Finding	Suggested Actions / Improvements	Priority
3	Operational	<p>Responsibility for the management of the ERP infrastructure and the environment that the infrastructure hosts is segregated as follows: The forces are responsible for the Production (Prod) and Pre-Production (pre-Prod) hardware, database hosting and relevant Virtual Machine environments.</p> <p>The Prod environment is located at the Norfolk Constabulary Operations and Communications Centre. The Pre-Prod environment is located at the Dereham station and acts as the Disaster Recovery site.</p> <p>Cap Gemini are responsible for the ERP application level at both sites.</p> <p>It was noted that the RACI list that sets out Responsibilities, Accountabilities and those roles to be Consulted and Informed, does not explicitly state Cap Gemini's responsibilities regarding their role in supporting a Disaster Recovery scenario where the applications are concerned. A recommendation to agree the relevant responsibilities is being raised.</p>	<p>ERP Management to work with relevant external and internal parties to agree formal responsibilities concerning Cap Gemini's role in supporting a Disaster Recovery scenario.</p>	2
4	Operational	<p>The audit noted that there is a technical refresh under way to replace all ERP-related hardware infrastructure. This work is also being seen as an opportunity to redesign the database environments so that they are all hosted together. At present, the databases are hosted across multiple Virtual hosts that are also hosting other Virtual Machine environments that are not related to ERP and its associated external systems. Where maintenance of ERP-related environments has been required, this has typically required the relevant hosts to be powered down, thus also rendering the other, non-ERP, environments installed on that host temporarily inaccessible. This situation increases the risk that other priority services cannot be undertaken adequately. A recommendation to support the completion of the redesign of the database hosting arrangements is being raised to support this work.</p>	<p>Management to ensure that the Technical Refresh project incorporates a review of the way that the ERP databases are hosted such that they are consolidated into dedicated Host environments that are separated from non-ERP environments as far as possible.</p>	2

Audit Report: Control Room (Suffolk only) (NSC1925)

Report: May 2019

SCOPE

The review considered the arrangements within the Suffolk Contact and Control Room (CCR). The audit considered:

- Internal arrangements for monitoring performance against the CCR KPIs;
- Adequacy of information for the initial assessing of calls received by the CCR team;

Adequacy of management information to monitor performance of the CCR.

MATERIALITY

The CCR can receive approximately 800 to 900 calls per day with approximately 300 calls received into the emergency 999 line.

Key Findings

There is a standard process in place to assess calls received by the Contact and Control Room (CCR) to ensure that these are dealt with accordingly. Along with this there is a comprehensive process in place for training staff and new recruits to CCR.

- A new telephone system was introduced for managing calls to the CCR, providing additional functions. With the new system it is possible to prioritise 101 calls and assign calls to an appropriate queue following a risk assessment made by the switchboard operator to determine the level of threat, risk and harm. Calls waiting in the highest priority queues interflow after a set period of time in a further urgent queue which is highlighted to Supervisors.
- The Joint Performance Analysis Department and the technical CCR have worked together introducing separate interflows for the top three priority 101 queues which now separates the data for accuracy in performance reporting.
- The Duty Management System is not capable of rostering staff for the CCR. Manual spreadsheets are used to record CCR duties. The Duty Management System is the responsibility of the Resourcing Management Unit (RMU). The CCR have raised their concerns with RMU in relation to DMS.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	2	0	2

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>With the new telephone system it is possible to prioritise calls and assign calls to an appropriate queue.</p> <p>When assigning calls to a new queue it was found that the clock for that call restarts when it is placed into a new queue, it is not appropriate for the clock to restart as the length of the call should commence when the call first enters the CCR.</p> <p>Review of CCR performance reports found that the total number of calls recorded is not accurate.</p>	<p>Mitel to be requested to produce accurate data which reflects; the actual total length of calls received by the CCR, and to not restart the clock for calls when a call is assigned/reassigned to a new queue, and the total number of calls received by the CCR.</p>	2	<p><i>Resolved as part of the Mitel data project group – separate interflows were introduced for high priority 101 calls with effect from 1st April in line with new financial year reporting requirements.</i></p>	<p>Completed 1st April 2019</p>	<p>Contact and Control Room Manager</p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	<p>DMS is not capable of rostering staff for the CCR. Manual spreadsheets are used to record CCR duties.</p> <p>With DMS not being used for rostering of CCR staff, this is causing additional staffing pressure for the Resource Management Unit (RMU) as manual spreadsheets of staffing have to be produced.</p>	DMS be investigated to establish if this can be used by the CCR for rostering of staff.	2	<p><i>Historically the CCR in Suffolk have preferred to run their duties using a spreadsheet as it has appeared easier for their supervisors to work in this way. A significant amount of work is required in order for the RMU to transition from this approach to the duties management system, given the need to back-record etc. Given the ongoing work associated with the DMS upgrade and the shift changes already in train, the RMU will not be in a position to undertake this for some time. With agreement from the CCR, this will be added to the work programme for the next financial year.</i></p>	31/12/2020	DMS

Audit Report: Proceeds of Crime (NSC1927)

Report: June 2019

SCOPE

The review appraised the effectiveness of controls for managing the Proceeds of Crime for both Norfolk and Suffolk Constabularies, in particular the arrangements for securing and monitoring of the proceeds of crime which is held by the Forces and arrangements in place with the Eastern Regional Special Operations Unit (ERSOU).

MATERIALITY

Norfolk have received £137k and Suffolk received £109k through the incentivisation scheme during the 2017/18 financial year.

KEY FINDINGS

Norfolk and Suffolk Constabularies are members of ERSOU, which was set up to deliver an increased response to tackling the threat of organised crime across the Eastern Region, to provide specialist covert policing capability to law enforcement. The Regional Economic Crime Unit (RECU) consists of the Financial Investigation Team and the Money Laundering Investigation Team (MLIT). The FIT within the RECU is the department within ERSOU which is responsible for undertaking recovery work under the Proceeds of Crime Act. A service level agreement is in place with ERSOU, although this is not currently subject to annual review.

- There is a current Seizure, Retention and Disposal of Monies policy.
- The Constabularies have not assigned a contract manager to monitor the performance of ERSOU, to ensure that service delivery is in accordance with the service level agreement.
- Seized funds are not being banked promptly, within 28 days of receipt as stated in the Seizure, Retention and Disposal of Monies Policy.
- ERSOU has provided a number of training workshops during 2017/18 on proceeds of crime. However, a standard, mandatory proceeds of crime training programme is not in place.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	3	1	8

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 SLA states that the agreement will be reviewed annually to ensure that the agreement remains fit for purpose. The SLA has not been reviewed since January 2015.</p> <p>The SLA states that performance of the service area is via internal ERSOU performance measures, both qualitative and quantitative, the SLA does not state what these measures are and it is unclear what information is provided.</p> <p>The SLA states that ERSOU will provide a stated number of staff for each service, the number of staff actually provided is not reported or monitored.</p> <p>Without clarity over performance information the contract cannot be effectively monitored to achieve value for money.</p>	<p>Norfolk and Suffolk Constabularies to appoint a designated contract manager to monitor ERSOU in accordance with the SLA, with monitoring to include (but not restricted to): the provision of services; performance monitoring against agreed measures; number of staff provided for each service and an annual review of the SLA.</p>	2	<p>Designated Contract Manager – Head of Joint Protective Services Command.</p> <p>The SLA is currently under review. Single points of contact for the review are the Development and Change Support Manager for Joint Protective Services, and Detective Inspector for ERSOU.</p>	01/04/2020	Head of Joint Protective Services Command

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	The Seizure, Retention and Disposal of Monies Policy does not provide guidance on the appropriate process to be adopted in the case of a sudden death when there is a significant quantity of cash, where the circumstances dictate the cash needs to be seized to prevent its loss or theft.	The Seizure, Retention and Disposal of Monies policy be updated to reflect the process to be followed when police attend a sudden death, there is a significant quantity of cash and the circumstances dictate the cash needs to be seized to prevent its loss or theft.	2	<p>The following will be added to Norfolk and Suffolk Constabularies' joint Seizure, Retention and Disposal of Monies policy:</p> <p>Seizure of money at scene of sudden death Where money is found at the scene of a sudden death, if there is someone present who is evidently legally and practically able to act in the situation, then the money can be left in their care. If an officer has any reason to take a deceased person's money into police possession it cannot be released until somebody shows they are entitled to it. This will usually be a Letter of Administration or Grant of Probate from a Probate Office. The money taken should be entered on Transearch as found property and linked to the Sudden Death occurrence.</p>	31/12/2019	Head of Joint Protective Services Command
4	Compliance	Seized funds should be banked within 28 days of receipt. Audit testing found that eight of the 20 cases tested had not been banked within 28 days. For one of the samples, it had taken 18 months for the funds to be banked.	Arrangements be introduced to ensure seized funds are banked within 28 days of receipt.	2	<p>The Seizure, Retention and Disposal of Seized Cash Policy is fit for purpose. An internal communication will be circulated to remind individuals of the importance of banking seized funds within 28 days of receipt.</p>	30/09/2019	Head of Joint Protective Services Command

Audit Report: Recovered Property (NSC1929)

Report: June 2019

SCOPE

The review appraised the effectiveness of controls for managing the recovery of property process for both Norfolk and Suffolk Constabularies, in particular the arrangements for securing and storing of property. The audit focused on the following key areas:

- Policies and procedure;
- Training and guidance provided to staff;
- Systems and processes for recording of property; and
- Accuracy of records maintained.

MATERIALITY

Recovered property is held at two main sites, Landmark House in Suffolk and Europa Way in Norfolk, tier one stations have facilities for recovered property storage, with tier two stations having facilities for temporary storage until items can be moved to either tier one sites or the two main sites.

- Suffolk have 87,193 items of volume property recorded on EPS at the time of reporting. Norfolk have 108,483 items of volume property.

KEY FINDINGS

- Seized and recovered property is held securely in the property stores, with restricted access in force.
- Property is currently managed on the Electronic Property System (EPS), which is a standalone web based application. Plans are in place to move the management of recovered property across to Athena, the crime recording system.
- There is a process in place for the disposal of recovered property following the closure of cases.
- Prompt decision making is required by officers on action to be taken regarding property held in the stores.
- Seized property training provided as part of the officers' initial induction training, which is delivered by the Learning and Development team, requires a refresh, to incorporate the requirements of the revised Standard Operating Procedures (SOPs).
- Annual audits have not been undertaken at the property stores.
- The labelling of seized property bags requires revision, property labels are not to be placed inside the bags and instead attached to the bag, to avoid potential contamination of evidence.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	2	2	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)
2	Compliance	Suffolk officers are placing property labels inside the property bag instead of attaching them to the outside of the bag. This could result in contamination of evidence.	Notification be issued to officers and training officers that property labels are to be attached to the outside of property bags and not placed inside the bags.	2	<i>Working with our Forensic Operations manager a joint Force Announcement will be issued to all Operational Officers and Staff around the appropriate methods of securing EPS paperwork to property items and the risk to the forensic integrity of items if paperwork is attached contrary to the advice. The PSE Policy will also be updated to ensure guidance reflects this advice. In addition CSI will report any incidents of poor practice to Senior CSI Officers and matters will be investigated with Police managers as case outcomes may be jeopardised.</i>	01/07/2019	PM&VRC

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Compliance	<p>The property staff are required to check EPS to identify property that could potentially be disposed of, and are having to send out regular reminders to OICs to establish whether a decision has been made for property awaiting decision.</p> <p>The OICs should be proactive and inform the property staff promptly of the decisions in relation to property held upon closing of a case.</p>	<p>The OICs to provide updates to the property stores staff, for decisions to be made on property, in conjunction with the closing of cases on Athena.</p>	2	<p><i>When a case on Athena is closed, Athena automatically raises a 'Dispose Of Any Property/Exhibits Associated With A Case' task for the OIC when a case is closed but there are still some non-disposed exhibits listed on the CASE/EXHIBITS tab. The OIC should perform the task and complete the task on Athena. There are Property Worktrays on Athena which OIC's can use to notify/task local property teams of disposal instructions. At present the EPS does not link in with Athena however a Property Module for Athena is on the roadmap for development.</i></p> <p><i>The PSE Policy will also remind Officers of their responsibilities in relation to promptly disposing of property which is no longer required once an investigation has completed.</i></p>	<p>Ongoing, with date for review 30/09/2019</p>	<p>PM&VRC/Athen a Property Project Group</p>

Audit Report: Workplace Health (NSC2005)

Report: June 2019

SCOPE

The review focused on the effectiveness of any initiatives on reducing absence and promoting good health across Norfolk and Suffolk Offices of the Police and Crime Commissioners and Constabularies.

MATERIALITY

The wellbeing team provides support to both police officers and police staff. There are 15 wellbeing courses currently being run, that include areas of stress management and mindfulness.

KEY FINDINGS

Wellbeing focuses on people’s emotional health and happiness, ideally it is a proactive service to help officers and staff remain effective in work. The occupational health, safety and wellbeing teams have been brought together into one department and a strategy has been developed to help support the wellbeing team. The review highlighted areas where further development could enhance the control framework:

- The workplace team maintains hard copy personnel files that have not been fully assessed for GDPR compliance and requires considerable manual intervention to manage.
- Only one officer, the Workplace Health, Safety & Wellbeing Manager & TRiM Manager is trained to deliver and provides TRiM training.
- The Personal Development Review (PDR) process does not require Line Managers to discuss with their staff the wellbeing services that are available.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	2	3	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	<p>The Constabularies do not have a designated occupational health and wellbeing system.</p> <p>Manual records are maintained of staff and officers that attend wellbeing courses. Without a designated system it makes record keeping cumbersome and time consuming.</p> <p>All members of the team spend a proportion of their time on data input.</p> <p>A designated occupational health and wellbeing system would enable team members to focus on delivering the service rather than data input.</p>	A review be undertaken on the value of procuring a wellbeing and occupational health system.	2	<i>The options for an OH system is currently being reviewed in order to provide efficiencies in the administration and clinical processes, as well as GDPR compliance.</i>	31/12/2019	Head of Workplace Health, Safety and Wellbeing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>A review has not been undertaken on the hard copy personnel files to ensure that these files are GDPR compliant.</p> <p>Where individuals are referred to occupational health, a GDPR review is undertaken on the personnel files, although the files are not marked to provide a record of this review.</p> <p>The hard copy personnel files are stored in filing cabinets. Management have identified that the filing cabinets are not fire resistant. Consideration was given to replacing the cabinets and quotes were obtained. Management decided that a preferred investment of the money would be on procuring an electronic software package, to retain records electronically, become GDPR compliant and manage the service more effectively.</p>	<p>Following consideration of whether to continue with a manual system, action be taken to ensure files are GDPR compliant, including marking files subject to GDPR review.</p>	2	<p><i>Dependent on the outcome of the above point, this will be considered should the paper based files remain.</i></p>	31/12/2019	<p>Head of Workplace Health, Safety and Wellbeing</p>

Audit Report: Temporary Contracts (NSC2006)

Report: June 2019

SCOPE

The purpose of the review was to assess the adequacy and effectiveness of the internal controls in place at the Norfolk and Suffolk Constabularies and OPCCs for awarding and managing of temporary contracts. The audit focused on temporary contracts, and covered the following key areas:

- Policies and procedures;
- Roles and responsibilities;
- Systems and processes for appointing of staff into temporary contracts;

Systems and processes for extending of temporary contracts.

MATERIALITY

Norfolk entered into 128 fixed term contracts during the 2018/19 financial year. Suffolk entered into 53 fixed term contracts during the 2018/19 financial year.

KEY FINDINGS

- Reports are not produced for management on staff on fixed term contract. Producing of reports should aid line managers in ensuring approval is obtained for extension of employees' contracts on fixed term contracts.
- Testing identified instances where there wasn't approval to support the extension of fixed term contract for staff on fixed term contracts.
- Testing identified instances where there wasn't approval to support employees being made a permanent employee who were initially employed on a fixed term contract.
- Testing found an employee that commenced employment prior to the necessary employment checks being undertaken (occupational health and vetting)
- The end of contract field to be made mandatory on ERP for all staff that are on a fixed term contract length.
- Checks are not undertaken to monitor total employment length under fixed term contracts for staff that have their fixed term contracts extended.

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 a designated field on ERP for recording the expected end of fixed term contract date, by HR. This is not a mandatory field or restricted as to who can update it, as such a temporary contract may extend further than agreed.	The end of contract date field be made mandatory on ERP for staff on fixed term contracts, and In addition, the ability to amend the contract length period to be restricted to authorised personnel.	2	<p>Agreed.</p> <p>Access to alter ERP records will be reviewed on a regular basis to ensure that the list is fit for purpose.</p> <p>Changes to the ERP system will be explored, but may not be feasible due to cost implications. The Service Centre Manager will monitor the end of contract fields on ERP and ensure that end dates are included.</p>	31/08/2019	HR Service Centre Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>Reports are not produced for monitoring staff on fixed term contracts. This could result in:</p> <ul style="list-style-type: none"> • Contracts exceeding their agreed fixed period without approval or business need. • End of contract arrangements not being made to manage the work flow. <p>Contracts exceeding a four year period, where they would automatically become a permanent employee, which may not be the intention for the post/post holder, at a detriment to the Constabularies.</p>	<p>Reports be produced monthly for line managers to review staff on fixed term contracts, to monitor the length of the contract, potential extensions required to be approved or to terminate the contract.</p>	2	<p>Agreed.</p> <p>Reports are available and will be run and distributed on a monthly basis to HR Business Partners as they are currently involved in managing the establishment within their individual portfolios. HR Business Partners will then work with commands/departments to ensure that action is taken to resolve issues that arise from this. The report will be implemented from August 2019</p>	31/08/2019	<p>Management Information Team/HR Business Partners</p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Compliance	<p>Testing found:</p> <ul style="list-style-type: none"> Instances where there was insufficient evidence to support extension of fixed term contracts. Instances where ERP had not been updated to reflect that an employee has been made a permanent employee. An employee who had not received appropriate occupational health clearance and had not been vetted to the enhanced level required for the additional role moved to prior to commencing employment. <p>Instances where approval had not been received to support a fixed term role/employee being made a permanent employee.</p>	Approval be obtained from the Resource Planning and Demand Group to extend any temporary contracts and to make temporary roles permanent, and ERP be updated when an employee moves from being a fixed term employee to a permanent employee.	2	<p>Agreed.</p> <p><i>This should continue to be managed by the normal channels (Establishment Change forms, Requests to fill a vacancy forms and enAct). An overall report will be presented at the Resourcing, Planning and Demand Meeting, to include reasons for the extension.</i></p>	30/09/2019	HR Business Partners

Audit Report: Maintenance (NSC2007)

Report: June 2019

SCOPE

The audit focussed on the maintenance programmes in place across both Suffolk and Norfolk Constabularies estates.

MATERIALITY

The Challenge Panel 2018/19 Submission refers to planned maintenance budgets of £246,000 for Norfolk and £336,500 for Suffolk, and reactive maintenance budgets of £220,000 for Norfolk and £190,000 for Suffolk.

KEY FINDINGS

There is an Estates Management Plan in place and a suite of policies, although these require review and update.

Condition surveys were undertaken in 2015/16 as part of a five year process.

Statutory compliance reports are presented to the Health and Safety Committee, although it would be comprehensive to include information from PFI providers and landlords.

Testing of maintenance records found that some information is incomplete, which should be resolved with planned additional administration support.

An Outcomes Based Budgeting (OBB) process uses Challenge Panels to scrutinise budgets, and monthly meetings are held with Finance to monitor expenditure.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	3	3	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)
4	Compliance	A statutory health and safety log is maintained in Excel, listing premises in tabs for each check undertaken (gas, electrical, asbestos etc.). A review of this found many 'red' entries, indicating overdue services. The Head of Estates stated this was due to difficulty coping with the volume of data input work in the department, which will be alleviated in the near future with the appointment of a part-time administration support officer.	The statutory health and safety log spreadsheet be kept up to date, so that management can monitor any red entries to ensure services have taken place.	2	<p><i>A review of the Estates Department is being undertaken to strengthen the staff time within the department spent on resourcing this area of work.</i></p> <p><i>This is subject to the introduction of two part time Facilities Assistant posts from current staff budget resources and part vacant FTE's. Hence due to HR processes and appointment – likely to be up and running around the start of November 2019.</i></p>	01/11/2019	Head of Estates

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	An Estates statutory compliance report is produced and assessed by the Health and Safety Team within the Constabulary, to ensure these services are carried out to expectations and as per contractual arrangements. The report is presented to the Health and Safety Committee on a quarterly basis. It was identified however that PFI contracts are not included in the report. This presents a risk that senior management may be unaware of any potential maintenance issues at the Wymondham Operational Commence Centre and Police Investigation Sites across the two counties.	PFI contracts be incorporated into the quarterly Estates statutory compliance reports. This will help provide the Health and Safety Committee with a complete picture of statutory requirements and assure them that responsibilities are being met.	2	<i>The Estates Dept PFI Unit have requested that both Interserve and Tascor provide evidence of their statutory compliance. A new PFI statutory testing summary sheet will be provided for the next H&S Committee.</i>	05/08/2019 (For the H&S Committee)	PFI Contracts Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Compliance	Landlords are sent a Statutory Building Checklist to complete annually to request background evidence of the undertaking of statutory maintenance to keep premises, staff and visitors safe. Evidence is requested for each high risk area including fire risk assessments, legionella, lift services etc. These are not currently reported to the H&S Committee on the Estates Statutory Compliance Report however.	The completion of Landlords' Statutory Building Checklists be incorporated into the quarterly Estates Statutory Compliance Reports. This will help assure the Health and Safety Committee that all landlords are responding and that any issues arising are dealt with.	2	<i>The Estates Dept - Estates Unit will update the landlords evidence of statutory compliance into a new PFI statutory testing summary sheet will be provided for the next H&S Committee.</i>	05/08/2019 (For the H&S Committee)	Estates officer – Statutory Maintenance

Audit Report: Contracts (NSC2008)

Report: July 2019

SCOPE

The review appraised the arrangements for the letting, management and monitoring of contracts entered into by Norfolk and Suffolk Constabularies. The scope of the review did not include consideration of the funding arrangements or the specification of the contracts.

MATERIALITY

There are 538 entries on the contract register, many with three entries representing Suffolk, Norfolk and collaborative lines.

KEY FINDINGS

With effect from 1st April 2019 the Contract Standing Orders (CSOs) of the '7 Forces' collaboration are used. Prior to this local CSOs were in operation.

A suite of standard documentation is in place to support CSO compliance. A local Procurement Policy is awaiting approval.

Sample testing of 10 contracts awarded found that CSOs had been complied with, with one exception which could leave Norfolk Constabulary open to challenge.

Sample testing found that contracts had been set up with key performance indicators and measurement mechanisms in place.

Contracts are being monitored, although concerns were raised regarding aspects of one contract which requires an internal review.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
0	2	1	0

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

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation	Responsible Officer
3	Compliance	A review of contract documentation and enquiries with responsible officers in departments found that contract measurement metrics, including Key Performance Indicators (KPIs), are set out in contracts, and mechanisms put in place to monitor against those metrics and to ensure payments are made correctly. However concerns were raised in respect of the monitoring of contract 2018-005 by the Sexual Assault Referral Centre (SARC) Manager, Suffolk relating to audit procedures, the General Data Protection Regulation (GDPR), resuscitation, the provider staff's orientation to the SARC and administrative issues.	A review of the monitoring processes over contract 2018-005 be undertaken to ensure that the service is being delivered effectively and efficiently, and to ensure that payments are made in line with the agreed contract to deliver value-for-money.	2	<i>A review is being undertaken with the stakeholders of this contract to ensure that contract management commensurate with the value, risk and criticality is in place.</i>	31/07/2019	Head of CP

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation	Responsible Officer
2	Compliance	Testing found that the CSOs have been followed in the majority of tenders, being advertised and managed in accordance with the rules, with the only exception related to contract 2018-015. Bids received for this tender were much higher than expected due to the inclusion in the bids of some work which had already been undertaken under an urgent Single Tender Action (STA). The Procurement Department had advised and agreed retendering the contract, however the Estates Department entered into additional talks with some of the bidders directly. While the award of the contract had approval from the PCC for Norfolk, there was nothing in the original tender to state that bidders would be shortlisted with further discussion to follow. Paragraph 3.4 of the CSOs require that: "Criteria for the award of contracts shall be recorded in advance of the invitation to tender and strictly observed by officers evaluating the bids. The criteria cannot be altered once the tender is advertised. The criteria may include cost and qualitative elements and shall take into account whole life costs." Non-compliance with this could lead the Constabulary vulnerable to challenge.	Measures be introduced to ensure the criteria for the award of contracts are strictly observed by all officers evaluating the bids.	2	<p><i>Provided Procurement is not excluded from the process then the requirement of paragraph 3.4 is strictly observed.</i></p> <p><i>It has been indicated that the Category Manager responsible for Estates will be included in Estates Board Meetings.</i></p> <p><i>The Category Manager responsible for Estates attends SMTs and will re-emphasise the requirement to comply with CSOs.</i></p>	30 July 2019	ACOs and Head of CP

Audit Report: Single Tender Actions (NSC2012)

Report: June 2019

SCOPE

The review focussed on the STAs that occurred in the previous 12 months, to ascertain the volume, process, sign off and reasoning, across the Offices of the Police and Crime Commissioner for Norfolk and Suffolk and the Constabularies.

MATERIALITY

Over the current and previous years the level of STAs are shown below.

Financial Year	Number of STAs	Total Value of STAs
2019/20 (April-May)	11	£347k
2018/19*	71	£1.35m
2017/18	75	£1.26m
2016/17	67	£983k

KEY FINDINGS

With effect from 1st April 2019 the Contract Standing Orders (CSOs) of the 7 Forces collaboration are used. Prior to this local CSOs were in operation.

CSOs state that Single Tender Actions (STAs) should only be used in very exceptional circumstances and staff have been reminded to follow CSOs.

An STA register is maintained, although gaps were identified in the completion of this which could result in the total value of STAs being under-reported.

Sample testing of STAs found that all were supported by forms setting out the reason and demonstrating compliance with the CSOs, although the form design could be improved further.

Sample testing found that all STAs were authorised at the appropriate levels in line with CSOs.

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	Eight lines in the 2018/19 STA register were blank, except for a file reference number. Three of these were included in the audit test sample. The Category Managers were able to provide the information missing from the register for the audit, but missing information from the register could lead to the total value of STAs being under-reported to management.	A periodic check be undertaken to ensure that all STA details are fully recorded in the STA register.	2	<i>Period checks are undertaken and reminders will be issued to individuals to complete the register.</i>	31/07/2019	Head of CP