



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

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### **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 17<sup>th</sup> March 2020. 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 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
Data Protection - GDPR	Limited	06/08/2019	06/11/2019	29/11/2019	1	2	5	2
Mobile Device Mgt - Telematics	Reasonable	16/12/2019	23/12/2019	06/01/2020	0	2	1	0
Limited Duties	Limited	18/11/2019	07/01/2020	07/01/2020	1	2	1	1
Transport Stock	N/A	23/10/2019	23/10/2019	23/10/2019	0	3	0	0
Corporate Policies	Reasonable	05/03/2020	09/03/2020	18/03/2020	0	1	0	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 2019/20**

6. There has been the following changes made to the annual plan since the last meeting:
- Strategic control and corporate governance – moved to 2021 plan, to be undertaken in Q1.
  - Transformation, including business cases - moved to 2021 plan, to be undertaken in Q1.

**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. We have made the following urgent recommendations (i.e. fundamental control issues) since the previous Progress Report.
- Data Protection - Data quality risks and mitigations be reviewed by senior management to ensure that sufficient actions are being taken to reduce the risks to an acceptable level. *Management response: Senior management will review data quality risks and mitigations to ensure that sufficient actions are being taken to reduce the risks to an acceptable level. Appropriate action plans will be agreed, progress against which will be reviewed by the IMSG every two months*
  - Limited Duties - The policy and processes for managing limited duties be reviewed, to ensure that officers and staff on limited duties are formally monitored and assessed, at appropriate intervals, for continuation on limited duties and whether the current role assigned is appropriate on a more permanent basis. *Management response: A review of Limited Duties processes will take place in the New Year. In the meantime an interim process has been initiated to mitigate the risk identified, ensuring that HR Business Partners and HR Advisors have appropriate oversight of all cases, and that these are being progressed appropriately. This is being led by the Interim Senior HR Manager and should be concluded in January.*
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
<b>2029/20 Plan</b>								
2020 Strategic Change Programme (Norfolk)	NSC2001	1	9		Final Report	October 2019	Substantial	Norfolk only
2025 Strategic Change Programme (Suffolk)	NSC2002	1	9		Final Report	November 2019	Substantial	Suffolk only
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		Final Report	November 2019	Reasonable	
Budgetary Control	NSC2018	2	12		Final Report	November 2019	Substantial	
Dog Handling	NSC2029	1	0	+10	Final report	November 2019	Limited	
Stores and Uniform	NSC2010	1	14		Final Report	November 2019	Reasonable	
Emergency Preparedness	NSC2011	1	14		Final Report	November 2019	Reasonable	
Data Protection – GDPR	NSC2016	2	12		Final Report	March 2020	Limited	
Mobile Device Management	NSC2017	2	12		Final Report	March 2020	Reasonable	

System	Audit Ref	Planned Quarter	Planned Days	Changes to Days	Current Status	Audit Committee Reporting	Assurance	Comments
Complaints (OPCC Norfolk)	NSC2022	2	-	+8	Final report	N/A	N/A	Norfolk only
Limited Duties	NSC2014	2	12		Final Report	March 2020	Limited	
Transport Stores Security	NSC2030	2	0	+2	Final Report	March 2020	N/A	
Allowances and Expenses	NSC2027	4	14		Draft Report		Limited	
Key Financials	NSC2021	3	30		Draft Report		Reasonable	
External Training Budget	NSC2025	3	12		Draft Report		Reasonable	
Information Management / Security – Norfolk OPCC	NSC2031	3	0	+8	In Progress			
Corporate Policies	NSC2014	4	6		Final Report	March 2020	Reasonable	
Risk Management	NSC2020	4	12		Draft Report		Reasonable	
Overtime	NSC2023	4	14		Draft Report		Reasonable	
ED&I	NSC2032	4	0	+12	In Progress			
Transformation – Business Cases	NSC2015	3	12					Being delivered in June, added to new year plan
Strategic Control and Governance	NSC2013	3	12					Being delivered in June, added to new year plan
Telematics / Use of Vehicles	NSC2026	2	12	-10	Cancelled			Added to new year plan to review student drivers
Website Content	NSC2019	2	12	-12	Cancelled			
Network Security	NSC2003	1	12	-12	Cancelled			
Software Licencing	NSC2004	1	12	-12	Cancelled			
Collaborations (incl. Seven Force)	NSC2028	4	20	-20	Cancelled			
Shared Service Transaction Centre	NSC2022	3	8	-8	Cancelled			Project completion 2020
Follow up of previous recommendations		1-4	12		Ongoing			

System	Audit Ref	Planned Quarter	Planned Days	Changes to Days	Current Status	Audit Committee Reporting	Assurance	Comments
<b>Management</b>		<b>1-4</b>	<b>20</b>		<b>Ongoing</b>			
<b>Total Days Planned</b>			<b>376</b>	<b>-36</b>				
<b>Annual Plan Days</b>			<b>330</b>	<b>330</b>				
<b>Contingency b/fwd</b>			<b>46</b>					
<b>Contingency (c/fwd)</b>			<b>(36)</b>					<b>10 days not to be invoiced</b>

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 (NSC2030)

### Report: October 2019

#### SCOPE

This review assessed compliance with the GDPR, focussing on the following areas: governance, data classification and asset management, data security, Data Protection Impact Assessments, data subject rights, breach management, consent, and data retention. The audit covered the Norfolk and Suffolk OPCCs and Constabularies.

#### MATERIALITY

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.

#### KEY FINDINGS

Crime data quality risks, one of which is scored 16/16 (red) on the risk register even after mitigations, mean some retention decisions cannot be taken. Data Quality and Management of Police Information (MoPI) audits in 2017 and 2018 were given limited assurance due to data quality issues.

The original Data Protection Reform project plan has moved to business as usual, with two areas outstanding. Progress is reported to the Information Management Steering Group.

There is a comprehensive process in place to review the Information Asset Register. Around 100 of 800 assets had been fully updated at the time of the audit, so details such as legal basis for processing are not yet fully recorded.

Recent reports show Suffolk Constabulary as 85% compliant and Norfolk Constabulary as 90% compliant with the Subject Access Request (SAR) statutory deadline.

No issues arose in respect of the Office of the Police and Crime Commissioners (OPCCs).



**OVERALL ASSURANCE ASSESSMENT**



**ACTION POINTS**

Urgent	Important	Routine	Operational
1	2	5	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)
7	Compliance	Significant issues have been identified with crime related data quality including system and user errors within Athena, and the inability to effectively cleanse data from legacy systems. Data quality has been raised in previous internal audit reports, with 'Data Quality Arrangements for Athena' in November 2017 and 'Management of Police Information (MoPI)' in July 2018 both being given limited assurance. Poor data quality means that retention decisions cannot be taken, which could impact GDPR compliance. Data quality risks were scored 'amber' on the organisational risk register, but in July 2019 the Records Manager updated the scores to 9/16 (red) for legacy system data quality and 16/16 (red) for Athena data quality. These scores are the same before and after mitigations.	Data quality risks and mitigations be reviewed by senior management to ensure that sufficient actions are being taken to reduce the risks to an acceptable level.	1	<i>The recommendation is agreed. Senior management will review data quality risks and mitigations to ensure that sufficient actions are being taken to reduce the risks to an acceptable level. Appropriate action plans will be agreed, progress against which will be reviewed by the IMSG every two months.</i>	31/03/20	Records Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Compliance	There is an annual process to review and update the Information Asset Register (IAR), working with Information Asset Owners (IAOs). A new Excel-based form has been designed by the Data Protection Officer (DPO) which collects comprehensive information about the information assets, security and data quality controls and lawful basis for processing and retention period, with a link to the schedule, disclosure, contracts, and risk assessment. Completed spreadsheets are returned to the DPO who reviews and signs them off, updating the IAR. At the time of the audit 104 of the 800 assets on the register had been fully updated on the IAR.	A full review of the information assets be completed, including a purge of any assets which may be on the register but no longer in existence.	2	<i>Recommendation agreed. A full review will be completed by 31/12/2020 and the IAR cleansed of information assets that no longer exist.</i>	31/12/20	Compliance Officer (DPO)

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Compliance	Subject Access Requests (SARs) are logged on the CycFreedom case management system. Reports show that the volume of SARs has increased by 78% on the year prior to the GDPR, with 750 SARs closed over the last year, with no charges being applied. A time study undertaken in 2018 found that the average time needed to collate, redact and respond to a SAR is 5 hours 45 minutes. While temporary staff have been employed to assist with handling requests and additional staff are being trained, the Information Management Team is dependent on departments such as the Technical Support Unit (TSU) for video redaction, and these departments often have to prioritise other work when dealing with serious crimes. The GDPR requires that SARs are responded to within one month, and the Information Compliance Unit Performance report 1st April 2019 to 31st May 2019 shows Suffolk Constabulary as 85% compliant and Norfolk Constabulary as 90% compliant with this.	A review be undertaken to determine whether compliance with the GDPR SAR statutory deadline can be improved, possibly feeding into the resource requirements for 2020/21.	2	<i>The recommendation is agreed. A review will be undertaken to determine whether compliance can be improved. A report will be provided to the ACOs with recommendations for an improvement plan.</i>	31/03/20	Information Compliance Manager

**Audit Report: Mobile Device Management (NSC2017)**

**Report: December 2019**

**SCOPE**

The audit has looked at the use of the telematics systems, including the deployment of the black box units that are installed within the vehicle fleet, across Norfolk and Suffolk Constabularies.

**MATERIALITY**

Robust management of the telematics systems and data is key to ensuring that the vehicle fleet is managed as efficiently as possible.

**KEY FINDINGS**

The audit has looked at the management of the key telematics systems in use - Tranman and Airmax. Tranman is a locally hosted application that manages the maintenance of every vehicle in the fleet. Airmax uses live telematics data sent from units installed in the vehicle fleet, (with certain exceptions for operational reasons) to track vehicle location and activity. Airmax was procured at very short notice to satisfy new insurance requirements.

- We noted the presence of a formal "Management and use of vehicle telematics" policy that was formally approved in 2018.
- Airmax has weaker password controls than is considered current best practice in this area.
- A more robust process to monitor Starters, Movers and Leavers is required, to ensure that access to the telematics systems and data is adequately controlled.

**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 Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Compliance	Tranman is used by a small number of staff and word of mouth drives user set up, account amendment and removal. Airmax also does not currently incorporate a formal process to manage joiners, movers and leavers. Hence, there is inconsistency in terms of being notified of user account changes that may be required in a timely manner. This is particularly the case for leavers, where an account may not be closed following their departure until sometime afterwards. However, It was noted that there is an ad hoc review of user accounts reconciled to the intranet telephone listing as a reference point, although this is known to be an unreliable information source as it may also not always be up to date.	Management to work with Human Resources to develop a process whereby Joiners, leavers and movers are notified on a regular basis so that user access can be managed and modified in the systems as required in a timely manner.	2	<i>Agree with finding. The Constabularies have procured Chronicle for Driver Management. This is currently going through user testing and has an anticipated go-live date of February 2020. The Chronicle system has an interface with ERP that will ensure joiners, leavers and mover information is up-to-date and accurate.</i>	31/03/20	Head of Transport Services and Uniform Supplies

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	Airmax has weaker password controls in that there is no password change cycle, although passwords can be changed manually should the user choose to do so. However, it is noted that password must contain a similar mix as that set up for AD as discussed above.	Management to work with relevant external partners to ensure that Airmax password controls are enhanced to comply with the Forces' password policy as a minimum standard.	2	<i>Agree with finding. The Information Security Manager has confirmed the standards required to comply with our policy. This enhanced password control has been discussed with Airmax Remote who are working with the Constabularies to ensure compliance.</i>	31/03/20	Head of Transport Services and Uniform Supplies

**Audit Report: Limited Duties (NSC2024)**

**Report: January 2020**

**SCOPE**

The audit considered the adequacy of controls in place in relation to limited duties across Norfolk and Suffolk Constabularies.

**MATERIALITY**

There are approximately 500 officers on limited duties across both Constabularies.

**KEY FINDINGS**

- The limited duties policy is not being fully complied with.
- There are inconsistencies between forces processes and the review of individuals on limited duties to assess appropriateness of their new role are not being undertaken.
- A standard process is not in place for recording police staff that are on limited duties.
- The limited duties forms require review, to establish if it would be more appropriate for the form to be part of the electronic suite of forms.
- Review meetings for individuals on limited duties are not being undertaken at the designated intervals.

**OVERALL ASSURANCE ASSESSMENT**



**ACTION POINTS**

Urgent	Important	Routine	Operational
1	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	<p>Whilst there is a current limited duties policy in place, there are areas where the policy is not being complied with:</p> <ul style="list-style-type: none"> <li>• A limited duties officer record form is not completed.</li> <li>• The limited duties meetings do not take place and thus there is no formal record of what has been discussed and the outcome for the officer.</li> </ul> <p>Review meetings are not taking place at the designated time periods of 12 month intervals. The review should provide formal decisions as to whether it is appropriate for the officer to remain on adjusted duties.</p>	<p>The policy and processes for managing limited duties be reviewed, to ensure that officers and staff on limited duties are formally monitored and assessed, at appropriate intervals, for continuation on limited duties and whether the current role assigned is appropriate on a more permanent basis.</p>	1	<p><i>A review of Limited Duties processes will take place in the new year. In the meantime an interim process has been initiated to mitigate the risk identified, ensuring that HR Business Partners and HR Advisors have appropriate oversight of all cases, and that these are being progressed appropriately. This is being led by the Interim Senior HR Manager and should be concluded in January.</i></p>	28/02/2020	<p><i>Interim Senior HR Manager and Policy, Reward and Employee Relations Manager</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>The limited duties policy refers to a monthly limited duties meeting. The meetings have not taken place to date. Recuperative duties meetings are not being held at designated intervals.</p> <p>It is not clear why meetings have not taken place and whether they are required in the format established within the policy.</p>	<p>The limited duties review meetings be reviewed, to ascertain whether they should be standalone meetings, have appropriate membership for decision making, setting meeting dates, recording meetings and monitoring outcome actions.</p> <p>The proposed membership for the limited duties meeting is;</p> <ul style="list-style-type: none"> <li>• Department Head</li> <li>• HR Advisor</li> <li>• Workplace Health representative</li> </ul>	2	<p><i>This will be subject to the review of Limited Duties processes will take place in the new year. In the meantime an interim process has been initiated to mitigate the risk identified, ensuring that HR Business Partners and HR Advisors have appropriate oversight of all cases, and that these are being progressed appropriately. This is being led by the Interim Senior HR Manager and should be concluded in January.</i></p>	28/02/2020	<p><i>Interim Senior HR Manager and Policy, Reward and Employee Relations Manager</i></p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	There needs to be clarity as to how police staff on limited duties are to be dealt with, as there are some departments that are completing the 'Limited Duties Notification Form' and some which are not. There needs to be clarity as to how staff on limited duties are notified and recorded, as it is not clear if there is an expectation to record police staff on limited duties on the limited duties spreadsheet. Early identification is needed for police staff that are on limited duties, as police staff on limited duties receive a shorter period of sickness pay than police officers.	A process be agreed for communication with and recording of police staff that are on limited duties.	2	<i>This will be subject to the review of Limited Duties processes which will take place in the new year. In the meantime an interim process has been initiated to mitigate the risk identified, ensuring that HR Business Partners and HR Advisors have appropriate oversight of all cases, and that these are being progressed appropriately. This is being led by the Interim Senior HR Manager and should be concluded in January.</i>	28/02/2020	<i>Interim Senior HR Manager and Policy, Reward and Employee Relations Manager</i>

**Audit Report: Transport Stores Security (NSC2030)**

**Report: March 2020**

<p><b>SCOPE</b></p> <p>The aim of the review was to consider the controls operating over the Joint Transport Services workshop stock at the Norfolk Constabulary Head Quarters, following the theft of parts.</p> <p><b>MATERIALITY</b></p> <p>The value of the items advertised for sale exceeds £2,000.</p>	<p><b>KEY FINDINGS</b></p> <ul style="list-style-type: none"> <li>• There were control weaknesses identified within the transport stores in relation to surplus low value vehicle items.</li> <li>• Improvements have been made to the control environment, with the introduction of recording surplus low value items received on new vehicles.</li> </ul> <p>Further improvements could be made around the security of the transport stores, which would help to minimise any future security issues.</p>								
<p><b>OVERALL ASSURANCE ASSESSMENT</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>No overall assurance assessment is provided as this was an advisory, rather than an assurance review.</p> </div>	<p><b>ACTION POINTS</b></p> <table border="1" style="margin-top: 20px;"> <thead> <tr> <th style="background-color: #2c5e8c; color: white;">Urgent</th> <th style="background-color: #2c5e8c; color: white;">Important</th> <th style="background-color: #2c5e8c; color: white;">Routine</th> <th style="background-color: #2c5e8c; color: white;">Operational</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	3	0	0
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 Joint Transport Strategy in place that refers to how both Norfolk and Suffolk Constabularies procure police vehicles and replacement criteria. It is noted that there is no policy in place for subsidiary items of equipment that come with vehicles, that are not ordered, required or paid for as separate items. There are accepted practices associated with these items, but this requires formalising within a policy, to clearly state the Constabularies requirements for such items.	A policy be devised for the subsidiary items of equipment that come with vehicles, that are not ordered, required or paid for as separate items, to ensure they are utilised and/or disposed of appropriately.	2	<i>The Transport Strategy will be updated once the new Vehicle Frameworks have been tendered and awarded. A new section will be included that covers subsidiary vehicle items.</i>  <i>An interim policy has been in place that has been shared with TIAA.</i>	30/06/19  <i>Noting interim policy in place</i>	<i>Head of Transport, Uniform and Supplies</i>
2	Directed	Security could be improved around the stores during office hours by keeping the door locked, requiring either use of the door code access or lock and key.	Access to the transport stores be restricted.	2	<i>A notification has been sent to staff instructing the stores are now locked at all times the Vehicle Parts Officer is not within the stores. The Workshop Team Leader.</i>  <i>The preferred option is lock and key rather than door code access.</i>	COMPLETE	<i>Head of Transport, Uniform and Supplies</i>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	Whilst the stores are locked out of hours, access can be gained out of hours using the door access code, which is often required for officers working on shift.	Out of hours access to the transport stores be monitored using access reports, with spot checks undertaken to identify any unusual access.	2	<i>A monthly request is to be made to the forces internal PFI team requesting Building 3 entry personal information. This information will be scrutinised or any unusual activity. It should be noted the stores will be locked at these times</i>	COMPLETE (on-going)	Head of Transport, Uniform and Supplies

**Audit Report: Corporate Policies (NSC2014)**

**Report: March 2020**

**SCOPE**

The objective of the audit was to review the systems and controls in place for management of Corporate and HR Managed Policies across Norfolk and Suffolk Constabularies.

**MATERIALITY**

The constabularies have a total of 218 policies, of which 168 of the policies are within date. There are 15 policies that are currently under review and 35 policies are past their review date.

**KEY FINDINGS**

- Progress has been made to reduce the number of policies that have passed their review date. Accountability for devising and updating policies has been clearly defined and online consultation for the production and reviewing of policies has commenced.
- An escalation process is required to be developed, to address policy holders that are not engaging with the Centralised Policy Unit, so that appropriate action can be taken to ensure that policies stay within date.
- HR policies are administered separately to the other Constabulary policies. The HR team are making progress to reduce the number of policies that are past their review date, with a formalised action plan stating target completion dates for HR policies, this enables the Centralised Policy Unit to ensure that the appropriate progress is made.

**OVERALL ASSURANCE ASSESSMENT**



**ACTION POINTS**

Urgent	Important	Routine	Operational
0	1	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	Compliance	Policy holders responsible for reviewing their policies are not held to account for any delays or non-compliance.	Further enhancements should be made to the Organisational Board reporting, to show policies past their review date to allow for more targeted actions and accountability following discussions.	2	<p><i>A dashboard is submitted to Organisational Board, quarterly after JNCC meetings, to provide an overall update which includes policies that are out of date and the risk assessment attached to these policies.</i></p> <p><i>The CPU will develop a further breakdown of the aforementioned dashboard to show the detail of out of date policies to accompany the discussion so that targeted actions can be made to policy owners.</i></p>	June 2020	Head of PMO