

# POLICE AND CRIME COMMISSIONER FOR CAMBRIDGESHIRE AND CAMBRIDGESHIRE CONSTABULARY

## Internal Audit Progress Report

27 July 2023

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# 1 Introduction

The internal audit plan for 2022/32 was approved by the Joint Audit Committee at the April 2022 and the plan for 2023/24 was approved at the April 2023 meeting. This report provides an update on progress against the plans and summarises the results of our work to date.

The Executive Summary and Key Findings of the assignments below in **bold** are attached to this progress report.



**Final Reports for 2022/23** - Since the last report, we have finalised two Cambridgeshire only and two BCH reports as follows:

- Payments and Creditors (reasonable assurance);
- Victims Code of Practice (reasonable assurance);
- BCH PEQF (reasonable assurance); and,
- BCH HR Transactions (reasonable assurance).



**Draft Reports for 2022/23** – We have issued one draft report for BCH, Governance and Business Planning.



**In Progress for 2022/23** - There is one audit at the quality assurance stage and a draft report is imminent for collaborated areas, on Hertfordshire led (ICT).

**In Progress for 2023/24** – We have commenced the first audit for this year covering Equality and Diversity.

## 2 Reports 2022/23

### 2.1 Progress against the internal audit plan 2022/23 Cambridgeshire only

Assignment	Status / Opinion issued	Actions agreed			Target timing as per plan
		Low	Medium	High	
Complaints (OPCC)	Final Reasonable Assurance	4	4	0	Q2
Fraud Risk Assessment	Final Advisory	4	0	0	Q1
GDPR (Constabulary)	Final Advisory	3	12	3	Q2
Governance (OPCC & Constabulary)	Final Substantial Assurance	0	0	0	Q2
<b>Payments and Creditors</b>	<b>Final Reasonable Assurance</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>Q3</b>
General Ledger	Final Substantial Assurance	2	0	0	Q3
Follow up	Final Good Progress	0	0	0	Q4
<b>Victims Code of Practice</b>	<b>Final Reasonable Assurance</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>Q3</b>

## 2.2 Progress against the internal audit plan 2022/23 Bedfordshire, Cambridgeshire and Hertfordshire Collaborative

Assignment and Organisation Lead		Status / Opinion issued	Actions agreed			Target start date (As per Audit Plan)
			Low	Medium	High	
ERSOU (budgeting/financial controls)	Bedfordshire	Final Substantial Assurance	2	0	0	Q2
Cameras, Tickets and Collisions	Bedfordshire	Final Substantial Assurance	1	0	0	Q3
BCH Procurement follow up	Cambridgeshire	Final Poor Progress	3	0	3	Q1
Corporate Review – BCH Governance*	Cambridgeshire	Draft Issued 6 July 2023				Q3
Health and Safety	Cambridgeshire	Final Substantial Assurance	3	0	0	Q2
ICT	Hertfordshire	Quality Assurance – draft report imminent				Q3
<b>Police Education Qualifications Framework (including uplift)</b>	<b>Hertfordshire</b>	<b>Final Reasonable Assurance</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>Q4</b>
<b>Transactional HR Systems</b>	<b>Cambridgeshire</b>	<b>Final Reasonable Assurance</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>Q1</b>

## 3. Reports 2023/24

### 3.1 Progress against the internal audit plan 2023/24 Hertfordshire only

Assignment	Status / Opinion issued	Actions agreed			Target start date per IAS (Target JAC)
		Low	Medium	High	
Equality and Diversity	In Progress				Q1
Value for Money	Planned September 2023				Q2
Estates Management	Planned August 2023				Q1
Risk Management	Planned August 2023				Q2
Cash, Bank and Treasury*	Planned July 2023				Q3
Capital Accounting	Planned November 2023				Q4
Follow Up	Planned March 2024				Q4

\* see appendix A

### 3.2 Progress against the internal audit plan 2023/24 Bedfordshire, Cambridgeshire and Hertfordshire Collaborative

Assignment and Organisational Lead		Status / Opinion issued	Actions agreed			Target start date (As per Audit Plan)
			Low	Medium	High	
Chiltern Transport Consortium	Bedfordshire	Planned August 2023				Q1
Firearms Licensing	Hertfordshire	Planned August 2023				Q2
Corporate Review – BCH Governance	Cambridgeshire	Planned September 2023				Q2
Vetting*	Cambridgeshire	Planned October 2023				Q1
Occupational Health	Cambridgeshire	Planned November 2023				Q2
7 Force Procurement	Cambridgeshire	Planned January 2024				Q4
ICT	Hertfordshire	Planned February 2024				Q4

\* see appendix A

## Appendix A – Other matters

### Changes to the 2023/24 audit plan

The following requests have been made for change to the timing in the annual plan.

Note	Auditable area	Reason for change
1	Vetting Cash, Bank and Treasury	Management have requested a date in October 2023 for Vetting due to current pressures on PSD staff. We have agreed to bring forward the Cash, Bank and Treasury audit to replace the audit.

### Annual Opinions 2023/24

The Joint Audit Committee should note that the assurances given in our audit assignments are included within our Annual Assurance report and any negative assurance opinions will need to be noted in the annual reports and may result in a qualified opinion. We have previously presented our annual opinions for 2022/23. We have not issued any final reports to date for the 2023/24 internal audit plan.

### Added value work

We have issued the following client briefing since the last Joint Audit Committee and these are on the agenda for information:

- Emergency Services News Briefing (May 2023)
- Emergency Services Risk Register Analysis

## Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

## Appendix B – Executive summaries and action plans from finalised reports

# EXECUTIVE SUMMARY – PAYMENTS AND CREDITORS

## Why we completed this audit

An audit of Payments and Creditors was undertaken as part of the approved internal audit plan for 2022/23. We performed this review to allow management to take assurance that expenditure is committed, approved and accounted for in line with the organisation's financial regulations and that creditors are paid in a timely manner.

The Constabulary Finance team utilise eFinancials. An audit trail is made available from the raising of a purchase order through to the receipting of the order and subsequent payment of the invoice. The Constabulary also has controls in place to detect any potential duplicate invoices; the system will warn staff when it recognises a potential duplicate document by outlining the previously identified data, for example the invoice number. Several learning modules are made available to staff to ensure that they have the required knowledge to perform their duties.

The Senior Management Team includes the Head of Finance, the Principal Financial Accountant, the Principal Management Accountant and Finance Supervisor. BACS payment runs are completed on a weekly basis for accounts payable transactions with the Finance Supervisor usually preparing the BACS and another member of the Senior Management Team processing it.

## Conclusion

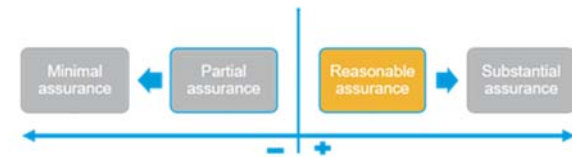
During the audit, we identified controls that were well designed and complied with including the processing of invoices, the notification of potential duplicate payments, payment runs, and the reconciliation of the general ledger to the purchase ledger. We also concluded the Constabulary's suite of procedure documents to be fit for purpose because of the detailed guidance they provided staff with, to complete tasks relating to the creditor function.

However, we identified some control design issues during our fieldwork. We noted inconsistencies in the independent verifications that were being undertaken for both new suppliers and supplier amendments therefore increasing the Constabulary's exposure to potentially fraudulent activity. In total, our review has led to the agreement of two medium and two low priority management actions.

### Internal audit opinion:

Taking account of the issues identified, the Constabulary and OPCC can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area



## Key findings

We identified the following weaknesses, leading to the agreement of two medium priority management actions:



### New Suppliers

We selected a sample of 10 new suppliers that had been setup by the Constabulary between April 2022 and November 2022. In nine cases, we could either not evidence that the supplier had been independently verified, the supplier provided a screenshot of their bank details, or that an email had been sent to verify them instead. Where emails are sent, staff use the email address provided on the supplier form completed by the supplier which could expose the Constabulary to potential fraud.

Throughout our testing, we also noted that on the internal new supplier form, the proposed supplier name is not required to be provided. As such, we were unable to confirm that the internal new supplier form was associated with the specific supplier in our sample.

If bank details are not checked and verified via a phone call to the supplier, there is an increased risk of supplier fraud. Moreover, if internal new supplier forms do not outline the supplier name, there is a risk that users cannot be assured that the form is associated with that supplier. **(Medium)**



### Supplier Amendments

We selected a sample of 10 amendments made to supplier details (bank details, phone number, and email address) from a system generated report between April and November 2022. In one case, the amendment was made to fix an input error where bank details were input into eFinancials incorrectly. In another case, we were advised that despite the amendment appearing on an amendment listing, the supplier was setup as new.

For two of the eight cases where we could complete amendment testing, we could not locate evidence to show the supplier requesting the amendment. In four of the eight cases, suppliers did not provide letterheaded paper as supporting evidence to justify the amendment; instead, evidence was either provided via email or the supplier was an individual person and so they could not provide letterheaded paper.

In seven of the eight cases, changes were not independently verified, we were either unable to locate evidence to show what checks had been completed, the amendment was made to an individual person, or we discovered that telephone number and email changes are not independently verified. It is worth noting that in one of these cases, the supplier was reactivated and therefore provided bank details did not require to be re-verified.

In two of the eight cases, we could not test whether details were uploaded accurately as no supporting evidence from the supplier was retained to justify the amendment. In another case, the email address change did not reconcile to eFinancials. We were advised by the Head of Finance that other Forces are also subjected to attempted fraud and that controls surrounding the overall process need to be amended to mitigate against the risk of financial loss.

There is an overarching risk that the control environment surrounding supplier amendments is not currently robust enough to protect the Constabulary from being subjected to fraudulent activity. **(Medium)**

**We noted the following controls to be adequately designed and operating effectively:**



**Procedure Notes**

We reviewed the Constabulary's procedure documents relating to its creditors function and noted that their content was fit for purpose. Detailed guidance is provided for staff when performing their duties and where applicable, images were used to supplement supporting commentary. eFinancials learning modules are made available for staff.

The Constabulary Financial Instructions also provide relevant guidance including the roles and responsibilities of staff to ensure that a robust control environment is in place for the payables cycle.



**Invoices Paid (PO's)**

We selected a sample of 20 invoices paid by the Constabulary since April 2022 (14 of which were processed via POPs and six via E-Procurement).

For eight of the 14 invoices that were processed via POPs, a purchase request was raised. In the remaining six cases, the purchases were associated with a grant agreement where no requests are required. All purchase requests were approved by an individual with an appropriate financial limit.

In all 14 POPs cases, a purchase order was raised after the purchase request was approved, a GRN was recorded on eFinancials, an invoice was retained, and the individual who originated the PO was separate to the person who receipted the goods. In seven cases, documents could be reconciled. In the remaining seven cases, we noted some differences; however, valid reasoning was provided (for example, the requisition for a larger order for which the invoice received only included part of the order.)

For the six purchases that were processed via E-Procurement, we noted that a purchase request was raised by an appropriate person and that there was a segregation of duties. Moreover, approval was provided by an individual with the appropriate financial limit, a purchase order was automatically generated, and a goods receipt note was in place. We also noted that an invoice was retained on file. Accounting documents reconciled in two cases. In the remaining four cases, there was valid reasoning such as only half of the relevant contract being delivered and so only half of the total requisition being receipted thus far.



**Invoices Paid (Non-PO's)**

For a sample of 10 non-POs paid between April and October 2022, we noted that in eight cases, the suppliers were on an exemption list which outlines the suppliers which do not require purchase orders. In another case, the supplier was not on the exemption list; however, the invoice needed paying urgently and this was authorised by the Head of Finance. In the remaining case, the payment had a purchase order on file.



### **Duplicate Payments**

Through means of walkthrough testing, we attempted to process an invoice that had already been paid by the Constabulary and confirmed that DB Capture raised a document validation error outlining that this document already exists in eFinancials. Therefore, confirming that the system has inbuilt controls in place to alert staff to help avoid the duplicate payment of invoices.



### **Payment Runs**

We selected a sample of five payment runs processed by the Constabulary between June and November 2022. We noted that in all cases, the payment run was prepared by either the Finance Supervisor or Finance Officer and subsequently processed by a separate member of the Finance team prior to the BACS being released. We further confirmed that the value debited from the bank reconciled to the BACS report.



### **Reconciliations**

We were advised by the Principal Financial Accountant that the purchase ledger and general ledger are not separate modules; therefore, they should always reconcile. For year-end reporting purposes, the balance of the purchase ledger is compared to the general ledger. As at March 2022, the purchase ledger recorded a balance of £933,352.18. Through review of the general ledger balance for the codes that make up the purchase ledger, we confirmed that they also were recorded at £933,352.18.

**We have also agreed two low priority management actions, which are detailed in Section 2 below.**

## 2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

New Suppliers		
<b>Control</b>	<p>An internal new supplier form is completed by a member of the Constabulary and the supplier completes their own new supplier form providing details such as banking information. Information is input onto the Finance Processing Management (FPM) system.</p> <p>The Finance team review information and separate approval is provided on FPM by the Finance Supervisor's Team which then sets up the supplier with supporting documentation attached. Checks are also conducted to make sure that the supplier does not already exist on the system.</p> <p>At present, there are inconsistencies in the independent verification of new suppliers.</p>	<p><b>Assessment:</b></p> <p><b>Design</b>                    ×</p> <p><b>Compliance</b>            N/A</p>
<b>Findings / Implications</b>	<p>For a sample of 10 new suppliers that had been setup by the Constabulary between April and November 2022, we noted that in nine cases, an internal new supplier form was completed by the Constabulary. In the remaining case, the supplier was an interpreter (they are not required to have an internal supplier form completed).</p> <p>For all 10 suppliers, we noted that an external supplier form had been completed by the supplier (an Interpreter Form by the interpreter) which outlined their bank details and that the supplier information had been accurately uploaded into the FPM with a segregation of duties present.</p> <p>For one of the new suppliers, we were able to confirm that the supplier had been independently verified via phone call. In the remaining nine cases, we could either not evidence that the supplier had been independently verified, the supplier provided a screenshot of their bank details, or that an email had been sent to verify them instead. Where emails are sent, staff use the email address provided on the supplier form completed by the supplier which could expose the Constabulary to potential fraud. In one of these cases, a member of staff did try to phone the supplier; however, the supplier was unwilling to confirm bank details over the phone and an email was sent instead.</p> <p>Throughout our testing, we also noted that on the internal new supplier form, the proposed supplier name is not required to be provided. As such, we were unable to confirm that the internal new supplier form was associated with the specific supplier in our sample.</p> <p>If bank details are not checked and verified via phone call, there is an increased risk of supplier fraud. Moreover, if internal new supplier forms do not outline the supplier name, there is a risk that users cannot be assured that the form is associated with that supplier.</p>	

**New Suppliers**

<b>Management Action 3</b>	<p>The Constabulary will consider verifying all new suppliers (namely bank details) via a telephone call using an independently sourced number, with details of the telephone call documented.</p> <p>Alternatively, another appropriate verification methodology will be used, for example, online banking.</p> <p>Procedure notes will be updated to reflect this.</p> <p>The Constabulary will also amend its internal new supplier form to include the requirement for the supplier's name to be input.</p>	<b>Responsible Owner:</b> Joanna Conlon, Head of Finance and Elaine Fox, Principle Financial Accountant	<b>Date:</b> June 2023	<b>Priority:</b> Medium
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**Supplier Amendments**

<b>Control</b>	<p>Amendments are entered onto the system with supporting evidence attached, for example, an email. Finance reviews the amendments and process them. Only changes to bank details require a segregation of duties prior to changes being made.</p> <p>At present, there are inconsistencies in the independent verification that is being provided to verify supplier amendments.</p>	<p><b>Assessment:</b></p> <p><b>Design</b> ×</p> <p><b>Compliance</b> N/A</p>
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**Findings / Implications**

We selected a sample of 10 amendments made to supplier details (bank details, phone number, and email address) from a system generated report between April and November 2022. In one case, the amendment was made to fix an input error; bank details were input into eFinancials incorrectly. In another case, we were advised that despite the amendment appearing on an amendment listing, the supplier was setup as new.

In eight cases where we could complete amendment testing, we noted that in six cases, evidence was retained to justify the amendment, for example via an invoice, a change of bank details form, or a new supplier form (due to the supplier being reactivated). In the remaining two cases, we could not locate evidence to show the supplier requesting the amendment.

In two of the six cases where evidence to justify the amendment was retained, amendment requests were received on letterheaded paper. In the remaining four cases, they were not; instead, evidence was either provided via email or the supplier was an individual person and so they could not provide letterheaded paper.

In only one case we could confirm that amendments were noted as independently verified on the FPM. In the remaining seven cases, changes were not independently verified; we were either unable to locate evidence to show what checks had been completed, the amendment was made to an individual person, or we discovered that telephone number and email changes are not independently verified. It is worth noting that in one of these cases, the supplier was reactivated and therefore provided bank details which were not re-verified.

## Supplier Amendments

For three of the eight amendments, segregation of duties within the process was present. In five cases, no segregation of duties was present. However, these were either changes to details other than banking information or supplier reactivations.

For five of the eight amendments, the amendment was accurately reflected in the system. In two cases, we could not test this as no supporting evidence from the supplier was retained to justify the amendment. In another case, the email address change did not reconcile to eFinancials.

For the case that initially appeared as an amendment but was instead setup as new, letterheaded paper was provided, the supplier was independently verified via phone call, and a segregation of duties was present. Moreover, the bank details were uploaded accurately into the system.

There is an overarching risk that the control environment surrounding supplier amendments is not currently robust enough to protect the Constabulary from being subjected to fraudulent activity.

<b>Management Action 4</b>	When processing supplier amendments, the Constabulary will ensure that:	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
	<ul style="list-style-type: none"> <li>• It consistently attaches evidence of supplier amendment requests to eFinancials</li> <li>• Amendments are accurately reflected in eFinancials</li> </ul> <p>In line with best practice the Constabulary will also consider the following:</p> <ul style="list-style-type: none"> <li>• Where applicable, asking suppliers to provide proof of their amended details on letterheaded paper</li> <li>• Independently verifying changes via phone call using details already retained on the system. Alternatively, Barclays Banking Access could be used for verification when amendments to bank details are requested.</li> </ul> <p>Procedure notes will be updated to reflect any changes implemented.</p>	<p><b>Joanna Conlon, Head of Finance and Elaine Fox, Principle Financial Accountant</b></p>	<p><b>June 2023</b></p>	<p>Medium</p>

# EXECUTIVE SUMMARY – VICTIMS CODE OF PRACTICE

## Why we completed this audit

We have undertaken a Victims’ Code of Practice (VCoP) review as part of the 2022/23 approved Internal Audit Plan. The purpose of this review was to allow the Force to take assurance over the design and operating effectiveness of VCoP governance arrangements and compliance preparedness.

VCoP was introduced in 2015 and refreshed in 2020. VCoP and the Witness Charter 2013 set out the minimum level of service victims and witnesses can expect to receive from agencies within the Criminal Justice system and provide a framework for the Force to respond to victims who report crimes. The government has published the draft Victims Bill which, if passed and enacted, could see VCoP be placed on a statutory footing, making adherence to the victims’ rights prescribed therein compulsory for the Force. The 12 victims’ rights are outlined below and are broken down into 45 specific explanatory rights.

<b>1. To be able to understand and to be understood.</b>	<b>2. To have the details of the crime recorded without unjustified delay.</b>	<b>3. To be provided with information when reporting the crime.</b>	<b>4. To be referred to services that support victims and have services and support tailored to your needs.</b>	<b>5. To be provided with information about compensation.</b>	<b>6. To be provided with information about the investigation and prosecution.</b>
<b>7. To make a Victim Personal Statement.</b>	<b>8. To be given information about the trial, trial process and your role as a witness.</b>	<b>9. To be given information about the outcome of the case and any appeals.</b>	<b>10. To be paid expenses and have property returned.</b>	<b>11. To be given information about the offender following a conviction.</b>	<b>12. To make a complaint about your rights not being met.</b>

Learnings from monthly VCoP crime audits and Police Effectiveness, Efficiency and Legitimacy (PEEL) inspections are translated into areas for improvement (AIF) actions. Day-to-day VCoP compliance and improvement works are implemented by responsible areas, e.g., the Victims and Witness Hub and the Investigation Management Unit (IMU), led by the Head of Crime and the VCoP Tactical Lead. VCoP performance is scrutinised via the Victims Delivery Group operationally and escalated as need to the Crime Standards Delivery Group, the Business Assurance Meeting, the Force Executive Board, and the Strategic Force Performance Board.

At the time of the audit, the Victims Bill was going through the legislative process. Therefore, VCoP was not yet made statutory requirements. The Force were also working with national counterparts and government analytic working groups to identify and standardise VCoP compliance monitoring metrics, which would see VCoP compliance built into Athena, a crime recording system.

## Conclusion

Generally, we found the control framework was adequately designed and complied with. We did find some weaknesses in relation to the fact that the Force had not completed a VCoP training needs analysis. In addition, we were advised the Force did not currently have means to centrally monitor VCoP training completion due to the various decentralised training platforms in use. Additionally, we noted areas for improvement relating to publishing the Victims and Witness Strategy for staff and officers' perusal, approving the VCoP Governance document annually, and reporting VCoP training compliance.

Nonetheless, we identified Project Sherlock aimed at providing practical guidance to enable and improve VCoP compliance. We identified internal and public VCoP guidance, including signposting to such information in email correspondences with victims and witnesses. We also identified the Force had been participating in the national effort in developing a standardised set of VCoP metrics to meet future compliance requirements. Furthermore, we identified the Force had been performing monthly internal audits to monitor VCoP compliance, in addressing recommendations from the PEEL inspection.

### Internal audit opinion:

Taking account of the issues identified, the OPCC and Constabulary can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area(s).



## Key findings

We identified the following weaknesses resulting in the agreement of two medium priority management actions:



### Training

The VCoP Tactical Lead advised the Force had not completed training needs analysis to identify the various VCoP training required by staff groups or specific officers and staff members. We were informed training completion records and monitoring were devolved across systems and platforms depending on how the training was delivered and completed, hindering central reporting on VCoP training compliance. For example, Athena training completion was recorded on i-Learn, College of Policing training was recorded on College Learn, and local bespoke training completion was recorded on the Demand Hub with attendance certificates issued. Together, we were unable to perform sample testing to confirm officers and staff members had completed the required VCoP training, nor could we comment on the overall training completion across the workforce population.

If a VCoP training needs analysis is not performed and centralised monitoring and reporting of VCoP training completion is not enabled, there is a risk VCoP requirements are not widely understood, potentially leading to VCoP non-compliance. **(Medium x2)**

We noted the following controls to be adequately designed and operating effectively:



### Investigation Standards: Consolidated Improvement Strategy 2023/25 (Project Sherlock)

Review of the Investigation Standards: Consolidated Improvement Strategy 2023/25, confirmed it consisted of four pillars, including Victim Care and Focus. The said pillar acknowledged “the aim of investigative progression is to achieve justice for the victim and in doing so also protect the wider public thereafter.” Further review of the Victim Care and Focus section of Project Sherlock noted initiatives had been identified to enable and improve VCoP compliance, including the establishment of the Victims Delivery Group, the delivery of Victim Focus and VCoP training, the development of VCoP monitoring dashboard, and the **continuation** of the Victim and Witness Hub. Walkthrough of the Force’s SharePoint confirm Project Sherlock information, including practical guides to facilitate victims’ rights, had been published for officers and staff members’ perusal.



### Procedural Guidance on Microsoft Teams

We obtained a VCoP poster, a VCoP slide deck, three individual guides regarding victims’ rights and referrals, and a Supervisor’s Investigation e-Book. Review of the collection of procedural guidance confirmed they explained the meaning and application of victims’ rights, detailed specific approaches for complying with Right Three and Right Four, outlined the steps when making referrals, and consolidated investigation procedures with due regards to VCoP. Further review confirmed the collection of procedural guidance had made reference to the latest VCoP, refreshed in 2020. Walkthrough of the dedicated Microsoft Teams Channel confirmed the procedural guidance had been made available to officers and staff members.



### Public Guidance

Review of the Force’s public domain confirmed a Support for Victims and Witnesses of Crime webpage had been set up to provide VCoP information covering the entire investigation process. Review of a collection of example email communications between the IMU and victims confirmed hyperlinks to the said dedicated VCoP webpage and the Independent and Confidential Advice for Victims of Crime webpage had been included. Further review of both webpages noted extensive information on victims’ rights and contacts for additional support, including the Victim and Witness Hub, otherwise known as Victim Services.



### VCoP Monitoring Dashboard

The VCoP Tactical Lead advised a national analytic working group, with the Force’s membership, had been set up to identify the necessary VCoP compliance metrics to meet the statutory requirements of the draft Victims’ Bill. The analytic working group also branched off to form sub-groups for the different crime recording systems used by forces to agree modifications to system builds, enabling VCoP compliance to be evidenced. Until the draft Victims’ Bill was passed and enacted, a national set of VCoP compliance metrics could not be determined.

Against this backdrop, review of the Crime and Custody Performance Dashboard identified the monthly compliance metrics for four victims’ rights had been compiled for ongoing monitoring. The VCoP Tactical Lead added compliance data for the remaining victims’ rights resided with decentralised responsible areas and owners and were in the process of being consolidated. The VCoP Tactical Lead emphasised the current dashboard reflected the Force’s priority, for example, increasing victim and witness satisfaction to reduce the need to report on Right Twelve relating to complaints. Acknowledging the work completed to date, the ongoing national dialogue on VCoP compliance figures, and the Force’s priority, no management action was agreed.



### **VCoP Crime Audits**

Review of the Business Coordination Board (BCB) PEEL and Areas for Improvement (AFI) Update paper for August and November 2022 noted the Force undertook monthly crime audits between July and September 2022 using a sample size of 150 crimes. We identified performance in good victim care had improved from 88 to 90 per cent, and initial victims needs assessment (IVNA) had improved from 70 to 74 per cent in the said juncture. Further review of the paper noted improvement actions had been identified but the Force acknowledged VCoP improvement was a continuous process, and therefore no specific implementation timescales had been defined. Since the Force performed monthly crime audits to assess improvement in VCoP compliance, no management action was agreed in this regard.



### **Police Effectiveness, Efficiency and Legitimacy (PEEL) Inspection**

Review of the BCB PEEL and AFI Update paper for August and November 2022 noted PEEL recommendations had been reported on. Walkthrough of a live action tracker on Microsoft Teams identified three victims-related actions to address the PEEL recommendations and confirmed in all three instances the action had been recorded as complete with supporting evidence retained.



### **Governance**

We reviewed the last three meetings of the Victims Delivery Group, Crime Standards Delivery Group, Business Assurance Meeting, Strategic Force Performance Board and the Force Executive Board. We confirmed actions were taking place and monitored to improve compliance with VCoP, performance in regard to victim satisfaction was also monitored and reported and issues were escalated through the governance structure.

**We also identified weaknesses leading to four low priority management actions being agreed, these are detailed in section two of this report.**

## 2. DETAILED FINDINGS AND ACTIONS

3. Training		Assessment:		
<b>Control</b>	<p>VCoP training is provided to all relevant officers and staff members with direct engagement with victims, including Force Control Room staff members. VCoP training spans multiple modules and programmes and is delivered by the BCH Organisational Learning Team to all staff using Athena, a e-learning platform. Bespoke training is available to specific staff groups.</p> <p>No VCoP training needs analyses are completed. No centralised VCoP training completion records and monitoring are available.</p>	<b>Design</b>	×	
		<b>Compliance</b>	N/A	
<b>Findings / Implications</b>	<p>Review of a collection of VCoP training slide decks confirmed they general and targeted training materials had been developed for officers, staff members, and the Victim and Witness Hub regarding the victims' rights and requirements stipulated by VCoP and the processes through to ensure VCoP compliance. Further review confirmed the collection of VCoP training materials was reflective of the latest VCoP requirements, refreshed in 2020.</p> <p>The VCoP Tactical Lead advised the Force had not completed a training needs analysis to identify the various VCoP training required by staff groups or specific officers and staff members.</p> <p>We were informed training completion records and monitoring were devolved across systems and platforms depending on how the training was delivered and completed, hindering central reporting on VCoP training compliance. For example, Athena training completion was recorded on i-Learn, College of Policing training was recorded on College Learn, and local bespoke training completion was recorded on the Demand Hub with attendance certificates issued.</p> <p>Together, we were unable to perform sample testing to confirm officers and staff members had completed the required VCoP training, nor could we comment on the overall training completion across the workforce population. The Force had acknowledged the issues highlighted above and had plans to reach resolutions via the Victims Delivery Group.</p> <p>If VCoP training needs analyses are not performed regularly and centralised monitoring and reporting of VCoP training completion is not enabled, there is a risk VCoP requirements are not widely understood, potentially leading to VCoP non-compliance.</p>			
<b>Management Action 3</b>	The Force will ensure a VCoP training needs analysis is completed regularly to identify the various training required by specific officers and staff members.	<b>Responsible Owner</b>	<b>Date:</b>	<b>Priority:</b>
		Ben Martin	31/03/2024	Medium
<b>Management Action 4</b>	The Force will explore means by which centralised recording and monitoring of VCoP training completion is enabled.	John Massey	Completed	Medium

# EXECUTIVE SUMMARY – POLICING EDUCATION QUALIFICATIONS FRAMEWORK (PEQF)

## Why we completed this audit

We have undertaken a review of the Policing Education Qualifications Framework (PEQF) as part of the agreed 2022/23 BCH (Bedfordshire, Cambridgeshire and Hertfordshire) collaboration Internal Audit Plan. The purpose of the review was to assess whether there are adequate contract management arrangements in place for the PEQF which also supports the Uplift programme. Hertfordshire are the lead Force for this review.

The PEQF is a professional training framework for new police recruits based on a curriculum of operational training and theoretical education. There are two entry types for the PEQF, the Police Constable Degree Apprenticeship (PCDA) and the Degree Holder Entry Programme (DHEP).

In July 2019, the government announced plans to recruit an additional 20,000 police officers in England and Wales by the end of March 2023. The Home Office established the Police Uplift Programme to help Forces to achieve this. Each Force within BCH has its own uplift target to meet (as displayed in the table below) and the PEQF is in place to support this.

Force name/Region	Original Headcount as of 31 March 2019	Year 1 Allocation	Year 2 Allocation	Year 3 Allocation	Total Uplift allocation	Target Achieved
Bedfordshire	1,197	54	53	72	179	✓
Cambridgeshire	1,476	62	62	82	206	✓
Hertfordshire	2,049	91	91	122	304	✓

BCH has a contract in place with Anglia Ruskin University (ARU) to provide the PEQF, ARU are also the provider to the other four forces in the eastern region and the Metropolitan Police. There are operational elements of the training which are delivered by the Forces, with the costs for these services charged back to ARU. Our review has considered the validation of payments as well as the governance and contract management arrangements.

## Conclusion

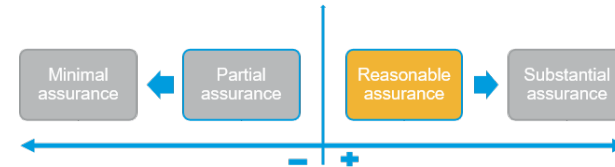
Overall, we found that the control framework for the governance and contract management arrangements related to the PEQF contract were well-designed and applied. This was supported by the governance structure, which includes an Operational, Tactical and Strategic Board, who meet regularly to discuss and action key areas such as uplift performance, course content and the terms of the contract. We found that there was sufficient evidence in place to validate the payments made to ARU for PEQF services, including payments due back by ARU due to elements of the PEQF which are delivered by the Forces.

However, at the time of audit (April 2023) the view of both parties was that the original KPIs agreed as part of the contract were not fit for purpose and were in the process of being updated.

#### Internal audit opinion:

Taking account of the issues identified, the OPCCs and Forces can take **reasonable assurance** that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area(s).



## Key findings

We identified the following weakness, resulting in the agreement of two medium priority management actions:



### Key Performance Indicators

In the October 2022 Commercial & Performance (C&P) meeting minutes, it was outlined that the KPIs were under review, as there were certain KPIs which were not designed appropriately and therefore would likely always fail. We noted that this was consistent with the reporting to the Tactical Board and Strategic Board, where the discussions around KPIs between December 2022 and February 2023 primarily related to the need to update the format of the KPIs rather than performance itself.

We were advised by the PEQF Project Manager that that the Forces view of ARU performance was highly positive. At the time of review (April 2023), revisions to the KPIs were still in progress. We were advised that this was due to resource pressures in the 7Force Commercial Team, with the original Contract Manager leaving the organisation in December 2022. If suitable contract KPIs are not in place, monitored and actioned accordingly, then there is an increased risk that the Forces may not extract full value from the contract and performance cannot be accurately measured. **(Medium)**



### Governance Structure

At the time of this audit the governance structure was under review. Following the first issue of this report, we were informed of further changes which included the Tactical Board being dissolved leaving a gap in the structure around management of the PEQF contract and ARU performance. As a result there is a risk that poor performance will not be addressed. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:



### Uplift

Through review of meeting minutes, we confirmed that performance with regards to Uplift was monitored at the Operational, Tactical and Strategic Boards as required by their Terms of Reference. Uplift formed part of the agenda of the Operational Board meetings in December 2022, January

and February 2023. It was highlighted in February 2023, that Cambridgeshire and Bedfordshire were on track, with Hertfordshire also on track but in a less favourable position. Performance was also noted to be on track at the February 2023 Tactical Board, in the three Tactical Board meetings we reviewed there was also an update for each Force on actions taken with regards to attraction, recruitment and attrition, which demonstrated oversight of these areas.

We also confirmed that there was an update on uplift at the October 2022 and January 2023 Strategic Board meetings, with performance noted to be on track in January 2023. Through review of the GOV UK website, we confirmed that all three BCH forces had met the uplift requirements as of the end of March 2023, based on the public data published online.



### **Attraction & Retention Working Group (AWRG)**

BCH have an AWRG responsible for co-ordinating, developing and reviewing attraction plans and initiatives to support recruitment to BCH police officer intakes and police staff roles. We reviewed the AWRG RAID Log and confirmed that it demonstrated compliance with the Groups Terms of Reference. For example, an action assigned in February 2023 was in progress relating to how BCH understands the demographics of potential candidates linked to potential targeted attraction activities for specific entry routes.



### **PEQF Roles and Responsibilities**

The roles and responsibilities of key groups with regards to the PEQF contract are defined within the Terms of Reference documents for each meeting.

We also confirmed from a review of the contract that high-level roles and responsibilities were outlined in the contract between customer and supplier. This included the role and responsibilities of the Contract Manager and the responsibilities of ARU to attend performance meetings. We also confirmed that ARU had recorded key individuals and their job titles for the delivery of the contract, together with ARU staff more generally through the contract.

We also confirmed that 7Force Commercial had produced a list of all personnel as part of the project management stage of PEQF covering each Force and ARU with their role titles and contact details.



### **Risks, Actions, Issues and Decisions (RAID) Log**

In our review of the meeting minutes for the Operational Board, Tactical Board and Strategic Board between December 2022 and February 2023, we confirmed that the minutes for each outlined that the RAID log had been reviewed and updated accordingly in each meeting, which includes a log of issues and risks.

Through review of the three closed issues on the February 2023 RAID log, we confirmed that there was a clear explanation documented to justify the closure of the issue. We also reviewed the April 2023 RAID log and noted that there was one open issue around trainers' access to BCH Wi-Fi which had clear and timely updates and review dates noted.



### **Curriculum**

The Operational Board is responsible for reviewing course quality and overseeing curriculum developments whereas the Strategic Board is responsible for approving any major contractual changes. We confirmed through our review of the December 2022, January and February 2023 Operational Board meeting minutes that the discussion clearly demonstrated oversight of curriculum development, programme overview was a standing agenda item in each meeting.

We confirmed through our review of the December 2022, January and February 2023 Strategic Board meeting minutes, that key updates around the development to the curriculum had fed through. For example, there were discussions in February 2023 around the new Detectives pathway, which was proposed to be introduced in November 2023, which was discussed in the December 2022 Operational Board.

There had been no major changes to the curriculum finalised at the time of audit (April 2023), which we confirmed by reference to the list of contract variations.



### Payments

As of October 2022, the Cambridgeshire finance team has managed the validation of PEQF payments on behalf of BCH. We tested three months' of PEQF invoicing between November and February 2023 for DHEP payments, DHEP sub-contracting income and PCDA sub-contracting income. Through review of the underlying workings spreadsheet and the contract pricing model, we confirmed that all invoices raised by ARU to BCH for DHEP agreed to the BCH calculations, which accounts for the number of students and the agreed price per student. We also confirmed that the sub-contracting income invoiced to ARU by BCH agreed to the BCH calculations and pricing model for both DHEP and PCDA.

ARU drawdown income from the levy for PCDA costs. We reviewed the PCDA levy reconciliation and noted that it demonstrated that the BCH finance team had workings in place to show that it had monitored the drawdown by ARU from the levy for each student.

**We also identified weaknesses for which we have agreed two low priority management actions, detailed in the 'Detailed Findings and Actions' section of this report.**

## 2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

1. Structure		Assessment:	
<b>Control</b>	BCH have an Uplift / PEQF Strategic Board, Tactical Board and Operational Board. The Strategic Board is responsible for the Tactical and Operational Boards.	<b>Design</b>	✓
	All Boards are governed by a Terms of Reference. The Strategic Board defines the strategic direction of the contract and provides oversight and strategic direction to the Uplift programme. It meets on a quarterly basis.	<b>Compliance</b>	×
	The Tactical Board is responsible for overseeing the implementation of the strategic direction and the operational performance of the contract and the Uplift programme. It meets on a monthly basis, with ARU attending bi-monthly.		
	The Operational Board is to oversee logistics and academic quality of the contract. It meets on a monthly basis.		
	At 7Force level, there is also a joint Commercial & Performance Meeting which oversees delivery and operational management of the contract. It meets on a monthly basis and reviews monthly KPI reports and issues relating to the terms of the contract, including variations.		
<b>Findings / Implications</b>	We reviewed the Strategic, Tactical and Operational Uplift / PEQF Board Terms of Reference and confirmed that they defined each Board's duties, membership and meeting frequency and quorum requirements. We also reviewed the Commercial & Performance meeting Terms of Reference and confirmed it defined the meetings duties, membership and meeting frequency. However, meeting quorum and a next review date had not been included.		
	Through discussions with management, we were advised that for the 2023/24 financial year, improvements to the structure had been identified. There would be less focus on uplift and course content at the Operational Board, the Operational Board will sit at the same level as the Commercial and Performance meeting, oversight of Uplift will be devolved into each Force and will not form part of BCH Governance structure, there would also be a new Academic Board for matters relating to course content.		
	In addition to these changes we were informed that the Tactical board was being dissolved leaving a gap in the structure around management of the PEQF contract and ARU performance. As a result there is a risk that poor performance will not be addressed.		
	The Commercial and Performance meeting will be updated to meet quarterly, with KPI reporting remaining monthly but discussed by exception outside of the quarterly meetings.		

1. Structure		Assessment:		
	We noted that the changes to the governance structure were not formally in place and therefore should be updated to reduce the risk of the PEQF contract not being managed effectively.			
<b>Management Action 1</b>	Terms of Reference will be updated to reflect the changes to the PEQF contract management structure and the review of the governance arrangements will ensure responsibilities for the effective management of the contract, performance and minor contract variations are assigned within the structure.	<b>Responsible Owner:</b> Rachel Wilkinson	<b>Date:</b> 31 <sup>st</sup> July 2023	<b>Priority:</b> Medium
2. Key Performance Indicators (KPIs)		Assessment:		
<b>Control</b>	<p>Performance Monitoring Reports are presented and reviewed monthly at the Commercial &amp; Performance meetings. There are also reviewed at Tactical and Strategic Board meetings. A total of 29 KPIs are in the contract and relate to the following areas:</p> <ul style="list-style-type: none"> <li>• Customer Service;</li> <li>• Course Design &amp; Delivery; and,</li> <li>• Performance Management.</li> </ul> <p>Each KPI is presented in a table alongside timescales, measures, grading (critical, medium and low), responsibility and monitoring method.</p>	<b>Design</b>	✓	
		<b>Compliance</b>	×	
<b>Findings / Implications</b>	<p>We reviewed the October 2022 Commercial &amp; Performance (C&amp;P) meeting minutes as well as the KPI reports for January and February 2023, where minutes were not produced for the meetings.</p> <p>We noted that in October 2022, it was outlined that the KPIs were under review, as there were certain KPIs with issues that meant that were not designed appropriately and would likely always fail. We noted that this was consistent with the reporting to the Tactical Board and Strategic Board, where the discussions around KPIs between December 2022 and February 2023 primarily related to the need to update the format of the KPIs rather than performance itself.</p> <p>Through review of the performance scorecard on a page for February 2023, 26 of 29 KPIs were above target, noting the following exceptions:</p> <ul style="list-style-type: none"> <li>• Student satisfaction;</li> <li>• Joining instructions; and</li> <li>• Advance access to content.</li> </ul>			

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We were advised by the PEQF Project Manager that it was agreed with ARU that these exceptions were due to issues with KPIs and that the Forces view of ARU performance was highly positive. For example, the student satisfaction KPI has a target of 95 per cent but due to small cohort sizes, one exception could cause the whole KPI to fail.

At the time of review (April 2023), revisions to the KPIs were still in progress. We were advised that this was due to resource pressures in the 7F commercial team, with the original Contract Manager leaving the organisation in December 2022. We were provided with extracts of the draft set of revised KPIs and confirmed that they included student outcomes and OFSTED inspection related measures.

If suitable contract KPIs are not in place, monitored and actioned accordingly, then there is an increased risk that the Forces may not extract full value from the contract

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<b>Management Action 2</b>	Revisions to the PEQF contract KPIs will be finalised, following this, the KPIs will be monitored and actioned accordingly.	<b>Responsible Owner:</b> Kate Firman	<b>Date:</b> 31 <sup>st</sup> July 2023	<b>Priority:</b> Medium
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# EXECUTIVE SUMMARY – HR TRANSACTIONS (CAMBRIDGESHIRE – LEAD FORCE)

## Why we completed this audit

We have undertaken a review of HR Transactions as part of the agreed 2022/23 Internal Audit Plan. The purpose of the review was to allow each organisation within BCH (Bedfordshire, Cambridgeshire and Hertfordshire) to take assurance over the design of and compliance with the systems and controls in place and the activities undertaken by the recruitment team. This was not a wide ranging review of recruitment and retention activities.

The BCH Recruitment Team have two systems in place to manage HR transactions. The first is Oleeo, which is the e-recruitment system used for the advert and application stages of the process. A recent upgrade has been applied to Oleeo which will allow the end to end recruitment process to be captured in the system, including references and vetting checks.

There is also a separate case management system called iQuery which is currently used to respond to internal queries.

We used Oleeo to select samples of candidates for testing as part of this review, we have tested the recruitment process from authority to recruit, creation of the job specification, advertisement, interview through to offer, pre-employment checks and signing of employment contracts.

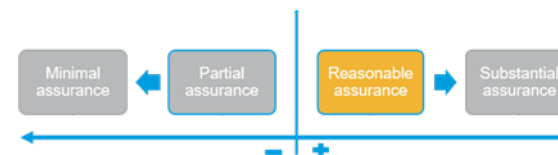
## Conclusion

From our sample of 20 officer and staff recruitments and five officer transfers from other forces, we found that controls were adequately designed and complied with. This included each of the key recruitment stages from advertisement, receipt of application, interview, pre-employment checks including vetting through to final offer of employment. We also found that transactions occurred within the correct sequence and within a reasonable timescale.

However, we found two cases where compliance could not be demonstrated. In the case of references there was an instance where they were not requested without explanation and for interview records, in one instance the record was not found and for a second the record showed a 'fail' and a later second interview record demonstrating a 'pass' was not found. We also found that the recruitment policies and guidance notes were not dated as to when they were last reviewed, with these exceptions resulting in two medium and one low priority management actions.

### Internal audit opinion:

Taking account of the issues identified, the OPCCs and Forces can take **reasonable assurance** that that controls upon which the organisations rely upon to manage this risk are suitably designed, consistently applied or effective.



## Key findings

We identified the following weakness, resulting in the agreement of two medium priority management actions:



### Selection and Interview Process

For four staff, we confirmed these were interviewed using a standard format and scoring system. In three cases, there was also evidence of the scoring of the other candidates, in one of these cases we were informed that the individual was contracted via an agency. We also confirmed that for the five transfers and the PCSO outcomes of the interviews were recorded.

We confirmed that for 13 officers, the process followed was consistent with a standard set of questions and scoring mechanism with guidance issued to interviewers on the process they were to follow. However, in one case, the interview record was not found and for another the record showed the candidate failed due to the low score achieved. For the failed candidate, we were informed this was for Bedfordshire, the candidate later applied to Hertfordshire and HR were informed that the candidate passed but we do not have a copy of the notes on file supporting the decision making process. If a copy of the interview notes and scoring is not retained (especially where the candidate has been rejected by one of the Forces), there is a risk that inappropriate personnel may be recruited. **(Medium)**



### Pre-employment Checks

From our total sample of 15 officer recruits for whom there was satisfactory evidence of references, fitness checks, drug checks and biometric checks being completed in 14 cases. In the remaining case, for one officer recruited, there was no references requested and there was no explanation on file why that was so.

If HR do not request references and retain them on file there is a risk that an inappropriate person may be recruited. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:



### Policies and Procedures

BCH have a Police Officer Recruitment and Selection Policy and Procedure as well as a Staff Recruitment and Selection Policy and Procedure, separate documents are required due to some differences in the process between officer and staff recruitment. We confirmed that both documents had been published on the HR intranet pages and clearly set out the process to follow from initial advertising the vacancy through the selection process and considerations of the equality act.

We confirmed that there was a detailed guide in place for the HR Recruitment Team, which included approval to appoint through to set up on iTrent. We also confirmed that clear guidance was in place for officer recruitment processes into the Eastern Region Special Operations Unit (ERSOU) and the use of agency staff for short contracts.

We reviewed the website for each Force and confirmed that there was guidance to applicants covering the recruitment process, this explained each stage from initial application to appointment.



### **Role Profiles**

We reviewed a sample of 20 officer and staff recruitments and five officer transfers from another force and confirmed in each case there were role profiles in place. This included 15 student officers and one Police Community Support Officer (PCSO) for whom standard profiles were online. For the four police staff posts, a specific profile was on file for which there was evidence of line manager approval together with the original advertisement for the posts.

We also reviewed the recruitment pages on the website for each force and confirmed that for current vacancies a role profile was in place for officer and staff posts and for specific roles for transferring officers.



### **Vetting**

From our sample of 20 staff and officer new starters and five further officer transfers, we confirmed that each had completed vetting successfully as part of pre-employment checks through review of a confirmation email from the vetting team. In one case, the starter was successful after appeal following an original failure.



### **Pre-employment Checks – Transfers and Staff**

For the five transferees in our sample, we confirmed that for each there was a reference from their original force, evidence of fitness checks and a training / skills record. For the four staff and one PCSO in our sample, there was evidence that satisfactory references were obtained, and occupational health checks were in place as required.

We have agreed a management action in relation to pre-employment checks for officer recruitment, please refer to section two for more detail.



### **Offer of Employment**

We confirmed that for our total sample of 25 staff, a conditional offer was made subject to pre-employment checks, once successfully completed this was followed by a final offer and contract. For the four staff recruits, this included a completed approval to appoint form, where this form was required.

**We also identified exceptions for which we have agreed one low priority management action, detailed below in the “Detailed Findings and Actions” section of this report.**

## DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

2. Selection and Interview Process		Assessment:	
<b>Control</b>	<p>Officer and staff candidates complete an application form and those selected for interview follow a standardised process where a candidate interview scoring sheet is completed, this captures a one to five scoring system based on emotional awareness, collaboration, innovative and open-mindedness and ownership.</p> <p>Copies of the application, interview notes (scoring sheet) and identification are retained on file.</p> <p>For PCSOs and transfers outcomes of professional discussions are recorded but with less detail than for external candidates.</p>	<b>Design</b>	✓
		<b>Compliance</b>	×
<b>Findings / Implications</b>	<p>We selected a sample of 25 recruits which included:</p> <ul style="list-style-type: none"> <li>• 15 officers;</li> <li>• One PCSO;</li> <li>• Four staff; and</li> <li>• Five transfers.</li> </ul> <p>We confirmed for all of our sample that the initial application form completed by the candidate was held on file. For all of our sample of 25, we confirmed that photo identification was retained on file, this included passports and driving licenses.</p> <p>For the four staff, we confirmed these were also interviewed using a standard format and scoring system, in three cases, there was also evidence of the scoring of the other candidates, in one of these cases we were informed that the individual was contracted via an agency (The procedure with the agency explains that in these circumstances the individual is an employee of the agency although under the supervision of the force.)</p> <p>. We also confirmed that for the five transfers and the PCSO, outcomes of the interviews were recorded.</p> <p>We confirmed that for 13 officers, the process followed was consistent with a standard set of questions and scoring mechanism with guidance issued to interviewers on the process they were to follow. However, in one case, the interview record was not found and for another the record, it showed the candidate failed due to the low score achieved.</p>		

**2. Selection and Interview Process** **Assessment:**

For the failed candidate, we were informed this was for Bedfordshire, the candidate later applied to Hertfordshire and HR were informed that the candidate passed (as they had performed better and interview and scored higher) but there was no notes on file supporting this decision. If a copy of the interview notes and scoring is not retained, there is a risk that inappropriate person may be recruited.

<b>Management Action 2</b>	Interview records are now all stored on OLEEO and therefore this is complete.	<b>Responsible Owner:</b> Caroline Butler	<b>Date:</b> 31 July 2023	<b>Priority:</b> Medium
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**3. Pre-employment Checks** **Assessment:**

<b>Control</b>	References, fitness, drugs and biometric checks are required for student officer recruits following a conditional offer.	<b>Design</b>	✓
		<b>Compliance</b>	×

**Findings / Implications** From our total sample of 25 recruits, there were 15 officer recruits for whom there was evidence of references, fitness checks, drug checks and biometric checks being completed in 14 cases. In the remaining case, for one officer recruited, there was no references requested and there was no explanation on file why that was so.

If HR do not request references and retain them on file there is a risk that an inappropriate person may be recruited.

<b>Management Action 3</b>	All pre-employment checks are conducted through OLEEO and any missing data is flagged.	<b>Responsible Owner:</b> Caroline Butler	<b>Date:</b> 31 July 2023	<b>Priority:</b> Medium
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