

INTERNAL AUDIT / INSPECTION RECOMMENDATIONS – CONSOLIDATED ACTION PLAN

APPENDIX A

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<b>Business Continuity (1.12/13)</b>						
3.9	Management should design and document an Authority wide process for recording, monitoring and reporting to senior management on the regular completion of BC tests by all departments across the Authority.	Head of Contingency Planning	Jun 13  Revised: Mar 14	Update Mar 14 –  A Business Continuity (BC) Gold Group meeting took place on 20th Feb 2014. At this meeting the new force BC structure was discussed and approved by ACC Hopkins (Chair). The new structure includes the appointment of BC Silver Commanders who, supported by the Force Resilience Team, will have the responsibility of driving and monitoring Business Continuity planning and exercising in the areas of: <ul style="list-style-type: none"> <li>• Crime Directorate – Det. Ch. Supt Andy Hebb</li> <li>• Corporate Functions – Ch. Supt. Simon Megicks</li> <li>• JPS – Supt. Simon Hawkins</li> <li>• Contact Management – Det. Supt. Chris Mead</li> <li>• Territorial Policing – Supt. Mike Brown</li> </ul> These areas include the Force BC plan. An action was taken at this meeting for a BC exercise calendar to be produced for the next 12 months by the Force Resilience Team to be signed off by ACC Hopkins.  This action is now complete.	Medium	Green (implemented)

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<b>Procurement (10.11/12)</b>						
1.2 Procurement	<p><b>Recommendation Restated</b></p> <p>The differing financial thresholds in respect of procurement in relation to all three Authority's need to be aligned as soon as practical.</p> <p>The alignment process should also consider the requirements for obtaining exemptions, across all Forces, the agreement to the variation/extension of a contract and any relevant financial limits that may apply. There will also be a need to amend organisational Financial Regulations and Procurement manuals as required.</p>	Head of Procurement	31/7/13  Revised: April 14	<p>Update Mar 14 - As a two force collaboration, Beds and Cambs agreed new procurement signatory thresholds with these being:</p> <p>0-5k - 1 quote obtained 5-30k - 3 quotes obtained Above 30k - Directed to Procurement Department.</p> <p>Having now returned to a three force collaboration, Herts have indicated that they are likely to move to the same thresholds for the new financial year, so for the first time we will be aligned. Procurement have also put forward a paper to Robert Vickers, to review the thresholds to a new level across all three counties. This paper has been submitted and is currently under review. The likely outcome will be that any new change will take place at the end of June 2014.</p> <p>In summary, this recommendation will go to green at the end of the month, with a further review taking place between now and July.</p>	Medium	Red
4 Procurement	<p><b>Recommendation Restated</b></p> <p>A centralised standardised procurement procedures manual should be developed as soon as practical. Until such time as the new Manual is available it is essential that staff are</p>	Head of Procurement	31/7/13  Revised: April 14	<p>Update Mar 14 – Although the procurement thresholds will be aligned, it is understood that at this time, the financial regulations will not. However, Procurement will be streamlining their procedure</p>	High	Red

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	reminded of the need to make sure they comply with all 'local' procedures and requirements and that they use any new 'standard' forms issued.			documents and these will be presented to the Procurement Board on 31/3/14.  It is therefore anticipated that the recommendation will be achieved by the end of this month but with the effective go live date coinciding with the above point, in June.		
<b>Information Governance (4.12/13)</b>						
3.3	<p><b>Recommendation restated</b> Management should complete the proposed design and implementation of the Information Assurance Culture change Strategy and associated plans to include training requirements which ensure that :</p> <ul style="list-style-type: none"> <li>• All staff receive the minimum government-recommended Information Security training</li> <p style="text-align: center;">and</p> <li>• Managers with key Information Governance responsibilities successfully undertake appropriate Information Security training.</li> </ul>	Anti-Corruption DCI	30/9/13	<p>Update Mar 14 - Inspector Doran has developed a training package which incorporates IT security. This was approved by the tri-force Strategic Training Council meeting on 04.03 and Learning and Development will facilitate delivery.</p> <p>It is believed that the Information Management functions within each force will be considered for collaboration. It is also believed that the position of Information Assurance within PSD will also be reviewed within the context of a collaborated IT function across all 3 forces.</p>	Medium	Amber

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<b>Collaboration – PSD (16.12/13)</b>						
6	Undertake a review of the SLA for the Security Vetting procedure prior to gaining formal approval of the policy/procedure to ensure that the requirements are synchronised within each document.	Collaboration Officer	1/10/13	Update Mar 14 - The Integrity and Standards Committee has been discontinued and an Assurance Review is taking place to identify the appropriate structure. Vetting Unit compliance has been added to each Force Risk register.	Medium	Amber
8	Schedule in the review of the PSD Policy and complete the review process in a timely manner.	Anti-Corruption DCI	1/10/13	Update Mar 14 - The Integrity and Standards Committee has been discontinued and an Assurance Review is taking place to identify the appropriate structure. The Information Assurance Unit has been placed on each Force threat and risk register.  Policies and Procedures will be part of the implementation plan and come under public complaints as of 1st May 2014. The Assurance Review is taking place which should identify the governance structure for PSD.	Medium	Amber
9	There is a need to determine where responsibility sits for the Whistleblowing (Public Interest disclosure) Policy and depending on the outcome a decision made whether this should be a central PSD or HR responsibility.	Collaboration Officer	1/10/13	HRAG determined that PSD should lead on a tri force Whistleblowing Policy. This decision is to be further discussed and reviewed with DCC Wood.	Medium	Amber

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<b>Health and Safety</b>						
1.2b	The Force should review the training records held for staff members with key H&S responsibilities in the Force to ensure they are up to date with the actual training undertaken.	Head of Learning and Development	Jan 14	Update Mar 14 - All internal and external classroom based training is updated by L&D. NCALT completed packages are updated when an individual completes a package. Reviews are conducted only when specific individuals are identified who should have completed specific training or accreditation.	Medium	Green (Implemented)
1.3	The Force should carry out a risk mapping exercise to identify all areas where risk assessments are required to be undertaken and as part of this ensure that all are held, are up to date and available to staff on the H&S microsite. Any additional assessments required should be completed in priority order of significance.	Health and Safety Advisor	Oct 13	Update Mar 14 - Risk mapping for 2014 has been commenced and an update provided to the force Health and Safety group. This is now an ongoing process. Assessments are identified either by the Safety Advisor or any other person and are then dealt with through this process. There are no significant issues outstanding at this time. All issues raised through the force microsite are either resolved or are in progress.  This action is now adopted as business as usual.	Medium	Green (Implemented)
1.5	For Headquarters Health and Safety Improvement Group meetings action plans generated from the meetings should display a timeframe in which actions should be completed by and this should be communicated to staff and actions followed up to confirm they have been implemented in line with the timeframe.	Health and Wellbeing Manager	July 13	Three meetings have been introduced across the force, at Force level, Territorial Policing level and HQ and Collaboration. Any actions from these meetings are tasked to named individuals for action and update to following meetings.	Low	Green (Implemented)

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1.6	A detailed report should be produced that highlights the number of staff that have completed any H&S training (mandatory and additional training) compared to the total number of staff that are required to be trained. This should be reported to the Force H&S Improvement Group for discussion and escalation if required.	Head of Learning and Development	Jan 14	A report on completions was provided to the Force Health and Safety group meeting.	Medium	Green (Implemented)
<b>Absence Management</b>						
1.1	With the new procedure being in effect for a short period of time, refresher guidance should be supplied to Line managers including; Highlighting the importance to the LM for reporting absences straight away on Origin, for example, it will allow HR to help them arrange shift covers and confirm that each shift is adequately staffed; Defining the key dates to be recorded in origin; and The Difference between Calendar Days/ Working Days, which one is used and why; Highlighting the importance for completing and recording each stage of the absence management process. Records of informal meetings held between Line Managers and the absentees should be documented and retained centrally within the origin system.	Head of Operational HR	Sept 13	Individual HRMs have conducted briefings across their areas of business via an agreed powerpoint presentation which will be produced by one person for consistency but delivery by individual HRMs.  It has been confirmed that working days will be used for short term triggers (8 days over 2 occasions). For all other triggers it is calendar days.  A CamNet article was produced to remind staff of the new process.  Attendance management is on OP HR meeting's agenda as a regular item.  Coaching continues on a 1:2:1 basis for each case as and when required.	Low	Green (Implemented)

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1.2	We would recommend that HR Advisors run a report of all closed Medium and Long term absences with the aim to issue a reminder to the relevant line managers to chase the absentee for the required Fit Note. Failure to produce a fit note should lead to further disciplinary action.	Head of Operational HR	Sept 13	This report is run centrally by HR officers. Any disciplinary action will be subject to case by case (as will be dependent on individual circumstances).	Med	Green (Implemented)
<b>Victims and Witness Care</b>						
1	The Force should produce an information leaflet covering the rights and responsibilities of Victims and Witnesses in line with the Code of Practice. This should be made available to all Victims and Witnesses or an alternative and more cost effective approach would be to add links to the Code of Practice within their existing documents.	Head of CJ	Jan 14	This is a National issue which needs addressing locally to ensure compliance with Code of Practice for Victims. Issue has been taken to the CCJB Victims and Witnesses Sub-Group with a proposal for a multiagency leaflet being produced to ensure compliance. Witness Care Officers will add a line to the documents sent to Victims referring them to the Code of Practice on line.	Low	Green (Implemented)
2	The Force should ensure all information captured on the MG11 and MG2 forms is correctly entered onto the Witness Management System and where a Victim/ Witness is eligible for enhanced entitlements, the Marker should be added to the electronic record.	Head of CJ	Dec 13	This requires a change in the national forms. Local MG forms are being redesigned to ensure compliance with identification of vulnerable victims. Identification of persistent victims to be recorded on crimefile and incident file.  An ACPO training package has been disseminated to staff and a 60 second briefing issued.	High	Green (Implemented)

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3a	The Force should ensure that all contact with Victims and Witnesses is recorded on either Crime File or the Witness Management System and that all timescales are set out in line with the Code of Practise are adhered to.	Head of CJ	Jan 14	The Witness Management System is set to notifications in one day for all cases to ensure no Victims are inadvertently missed. The Crime Business Area identify (via Crimefile or Incident file) persistent victims and give guidance to OIC on appropriate measures to take.  A presentation to Territorial Policing SMT has also been delivered.	Med	Green (Implemented)
3b	The dip sampling should be documented and the level of error rates identified should be monitored and a tolerance agreed.  If the error rate is found to be in excess of the tolerance this should be escalated and further action should be taken.	Head of CJ	Jan 14	Team Leaders keep a log of dip sampling including issues identified and action taken. Identified issues and themes are reported at the bi-weekly team meeting, while those issues affecting the wider criminal justice partners are taken to the Victims and Witnesses sub-group.	Med	Green (Implemented)
4	The Victim/Witness Care Team should introduce a dis-satisfaction log to enable analysis and identification of trends and training opportunities	Head of CJ	Dec 13	A log has been established on the shared drive for Witness Care officers to record any dis-satisfaction issues raised by Victims and Witnesses which will be monitored by the Team Leaders. Team Leaders bring any themes/issues identified to the bi-weekly team meeting on a monthly basis.	Med	Green (Implemented)

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### Data Security Arrangements for Tablet Computers

3.1	<p>Management should ensure that documented policy and procedures on the data security of the new tablet devices are produced and made available to all staff using such devices. The documentation could include:</p> <ul style="list-style-type: none"> <li>• The reason for the policy and procedures.</li> <li>• The threats to data security of the mobile devices, and the countermeasures in place.</li> <li>• Procedures for issuing new devices and for retrieving devices when staff leave or devices are lost, stolen or damaged</li> <li>• The data security obligations of the users, in the form of an acceptable use policy, which all recipients of the devices are required to sign or otherwise confirm they have read and understood.</li> </ul>	Head of ICT	Feb 14  Revised May/June	These documents are being produced as part of a Slates pilot and evaluation. They will cover all of the bullet points mentioned but also appropriate changes to existing system operations. Evaluation remains on going. All documentation to be complete and produced ready for full rollout May/June 2014.	Low	Amber
3.2A	Management should ensure that the automatic locking and hibernation processes are configured and enabled on all tablet devices as soon as possible when they are deployed across the Force in an operational capacity.	Head of ICT	Feb 14	Group policies have been applied to ensure recommended actions occur. These will be continually monitored.	Med	Green (Implemented)
3.2B	Management should ensure that ICT's internally developed task sequence to remotely wipe the tablets is tested and enabled for all devices before they are rolled out to all appropriate staff in an operational context.	Head of ICT	Feb 14	Work is on-going. A process is in place and the device can be killed. Technically there is fine tuning to be completed. This will be continually reviewed.	Med	Green (Implemented)

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3.3	<p>Management should ensure that a standard training programme and presentation regarding the use of the tablets is designed and implemented before the devices are rolled out to all operational users across the Force, focused particularly on the maintaining the security of the equipment.</p>	Business Change Lead	Feb 14	<p>A standard training plan has been developed and is presented to new users at the point of receipt of their devices. The plan is currently being reviewed and developed further to incorporate any lessons learned from the last roll out of devices, prior to the next roll out. The training presentation covers elements of security and in addition devices are not issued to users until they have signed a set of Terms and Conditions developed by ICT which focuses on appropriate use and security of the device.</p>	Low	Green (Implemented)
3.4	<p>Management should ensure that documented procedures for lost or stolen devices are designed, approved and issued or made available to all staff using such devices. These could include:</p> <ul style="list-style-type: none"> <li>• Reporting the loss or theft of the device for IT security and asset management purposes.</li> <li>• Updating the IT Configuration Management database (Asset Register).</li> <li>• Implementing technical control procedures to protect systems and data from unauthorised access e.g. cutting off communications to the network and remote wiping of the device's hard drives.</li> <li>• Insurance claim reporting.</li> <li>• Device replacement procedures.</li> </ul>	Head of ICT	Feb 14	<p>A Lost or Stolen policy has been produced incorporating all the bullet points mentioned.</p>	Low	Green (Implemented)