# THE CHIEF CONSTABLE OF NORTH YORKSHIRE

**Policies and Procedures**

**FINAL**

**Internal audit report 14.19/20**

**9 June 2020**

**RSM**

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| **Debrief held** | 31 March 2020 | **Internal audit team** | Daniel Harris, Head of Internal Audit |
| **Draft report issued** | 3 April 2020 | | Angela Ward, Senior Manager |
| **Revised draft reports issued** | 5 May 2020 26 May 2020 | | Philip Church, Client Manager |
| **Responses received** | 9 June 2020 | | Hollie Adams, Internal Auditor |
| **Final report issued** | 9 June 2020 | **Client sponsor** | Managing Director |
| | | | Service Review Manager |
| | | | Operational Development Manager, Business Insight |
| | | **Distribution** | Managing Director |
| | | | Service Review Manager |
| | | | Operational Development Manager, Business Insight |

# 1 EXECUTIVE SUMMARY

## 1.1 Background

An audit was undertaken as part of the approved internal audit plan 2019 / 2020 to review the governance of policies and procedures at North Yorkshire Police, with the intention of ensuring the Force has an appropriate framework in place to ensure policies and procedures reflect current practice and legislative requirements, and are subject to regular review and approval.

The Force currently operates 260 policies, procedures and guidance (PPG) documents, which should be reviewed on an annual or triennial basis. At the time of the audit, there were 55 documents recorded as out of date (equating to 21%); which comprised of three policies, 48 procedures and four guidance documents.

There is an overview document available on The Source which defines the process for creating and reviewing PPG documents. PPGs are categorised as the following:

**Policy**:  'a rule to regulate organisational action and decision-making. It ensures consistency and fairness in how these decisions are taken within the framework of the Force's strategic objectives and in the context of the Police and Crime Plan.'

**Procedure:** 'gives the steps to be taken to put a policy into effect. A procedure is a detailed statement on *how* policy is to be implemented. A breach of procedure could result in a disciplinary or performance action.'

**Guidance:** 'is information about the best way to do something which people are *strongly encouraged* but ultimately not obliged to follow. A guidance document is a description of good practice and sensible steps, and there is an expectation that you follow it unless there is a very good reason not to do so.'

The Operational Development Team Manager manages the inspection arm of the Business Insight team, in which the responsibility for overseeing policies and procedures will lie from the 1 April 2020. Policy administration previously comprised of the Policy, Procedure and Inspection Administration Officer (Business Insight) (0.5 FTE) and the Policy, Procedure and Inspection Administration Officer (R&A) (0.5 FTE). The Policy, Procedure and Inspection Administration Officer (Business Insight) was responsible for managing 169 of the 260 PPG documents, and the Policy, Procedure and Inspection Administration Officer (R&A) was responsible for the remaining 91. However, the later post has been vacant for over 12 months

The Policy, Procedure and Inspection Administration Officer (Business Insight) left the Force on 27 March 2020 after taking voluntary redundancy meaning the role for the maintenance of policies and procedures is now open. Due to Transform 2020 changes, the central policy administration will sit within the new Business Insight Team.

As part of the intent-based leadership approach adopted by the Force, the responsibility for the maintenance of PPGs lies with the responsible persons in each department, typically the Heads of Function. Approval is sought from the Heads of Function for all new PPGs and substantial amendments following review. The Policy, Procedure and Inspection Administration Officer issues all new PPGs and any substantial amendments for consultation to key stakeholders. It is mandatory to include the Legal Department and Information Management Department within the consultation.

## 1.2  Conclusion

Due to the Covid-19 pandemic, our review was conducted remotely with limited access to Force systems. The results of the review have been comprised from evidence provided by key contacts; however, we were unable to verify these against Force systems.

As a result of the review, we have agreed **four medium** and **three low** priority management actions.

Our review has identified discrepancies in the recording of key documents to evidence approvals, substantial changes and key stakeholder consultation for new PPGs and substantial changes to PPGs resulting from scheduled reviews. We further identified that scheduled reviews are not undertaken in a timely manner resulting in key PPGs remaining outdated.

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**Internal audit opinion:**

Taking account of the issues identified, The Chief Constable of North Yorkshire can take **partial assurance** that the controls to manage this area are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified area.



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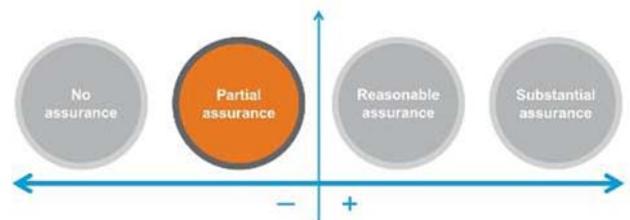
## 1.3  Key findings

The key findings from this review are as follows:

- There is no audit trail to support changes made to PPGs or a record of whether these changes were significant. Testing was therefore limited as to whether additional consultation was required following review of the PPG. **(Medium)**

- The responsibility for changes and approving PPGs lies with the responsible person. There is no audit trail to support approvals of new PPGs or significant amendments to PPGs. We were unable to identify instances in which a significant amendment was made to the PPG following review. **(Medium)**

- There are inconsistencies in the administrative detail within the control tables of policies and procedures, and dates do not reflect the PPG monitoring sheet maintained by the Policy, Procedure and Inspection Administration Officer. Three separate versions of each policy and procedure are currently developed following reviews to allow for publication on The Source intranet platform, the NYP website and a version which includes the control table; which leads to a high level of administrational tasks. **(Medium)**

- There is no audit trail to determine significant changes to policies and procedures, our testing was therefore limited to determine whether updates to policies and procedures were significant enough to require additional consultation. Of the 12 policies and procedures reviewed, we obtained evidence of consultation in only two cases. **(Medium)**

## 1.4  Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

| Area | Control design not effective* | | Non Compliance with controls* | | Agreed actions | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | Low | Medium | High |
| Policies and procedures | 0 | (9) | 7 ** | (9) | 3 | 4 | 0 |
| **Total** | | | | | **3** | **4** | **0** |

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

\*\* More than one management action has been raised against one control.

# 2   DETAILED FINDINGS

| Categorisation of internal audit findings | |
|---|---|
| **Priority** | **Definition** |
| Low | There is scope for enhancing control or improving efficiency and quality. |
| Medium | Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media. |
| High | Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines. |

Please find our detailed observations below:

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| 1 | The Force has guidance in place to govern the creation and reviewing of policies, procedures and guidance documents. The document is available to all staff through the Force intranet platform, The Source. | Yes | No | Through inspection of the PPG overview document, we confirmed that the guidance had been recently updated in February 2020 and was available to all staff via The Source intranet platform. The following areas were covered within the guidance: <br>• definition of PPG documents at the Force; <br>• the process for the creation and reviewing of PPGs; <br>• links to templates to create PPG documents; and <br>• nominated points of contact for queries on PPGs. <br><br>The content of the Force's overview document was compared with similar guidance documents from other forces. It was noted that the other force documents were generally further detailed, and examples of the additional information provided included: | Low | The Policies, Procedures and Guidance overview document will be updated to include any updates to process or strategy which occur through the implementation of the management actions raised within this report. <br><br>The document will be updated with current key contacts within the Business Insight Team and will be made available to all staff via The Source. <br><br>**Implementation date:** <br><br>31 October 2020 |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| | | | | • checklists for use when reviewing or making amendments to a PPG document; | | **Responsible owner:**<br><br>Operational Development Team Manager, Business Insight |
| | | | | • checklists for use when developing a PPG; and | | |
| | | | | • required levels of approval for the creation of new PPGs or significantly updating existing PPGs. | | |
| | | | | The level of required approvals depended on the PPG sensitivity category; however, it is understood that NYP do not have an existing corresponding structure of categorised PPGs and subsequent approval route. A management action regarding the categorisation of PPGs and approval routes has been agreed later within this report. | | |
| | | | | Nominated points of contact | | |
| | | | | There are three nominated points of contact identified in the NYP PPG overview document: | | |
| | | | | • the Policy, Procedure and Inspection Administration Officer; | | |
| | | | | • the Risk and Assurance Team; and | | |
| | | | | • the Force Legal Officer. | | |
| | | | | The Policy, Procedure and Inspection Administrator Officer left the Force at the end of March 2020 and the Force do not currently have a replacement for the role. The Operational Development Team Manager, Business Insight, is unsure when this post will be filled. | | |
| | | | | Furthermore, due to changes arising through the Transform 2020 initiative, it is understood that there will be further changes to the structure of the department. Policies and procedures will sit within the new Business Insight Team. | | |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| | | | | The PPG overview document will require review to ensure that the nominated points of contact are accurate as per the change in structure to ensure that queries regarding PPGs are followed up in a timely manner. | | |

Furthermore, once the management actions raised within the report have been implemented, the PPG overview document may not reflect new processes. A management action has been raised to address this.

| Risk exposure | Root cause |
|---|---|
| Guidance available on The Source does not reflect current practises. | Changes in staffing within the Business Insight Team. |

| Ref | Control | Adequate control design | Controls complied with | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| 2 | Policies and procedures are developed by the policy author and require approval from the Department Head of Function.

Any policies or procedures updated with substantial changes require additional approval. | Yes | No | **New PPGs**

Through discussions with the Policy, Procedure and Inspection Administration Officer, it was confirmed that the approval of PPGs is coordinated within the individual departments. Approval for new PPGs is required from the Department's Head of Function as the responsible person.

The Policy, Procedure and Inspection Administration Officer uploads the new PPG to The Source and the Force website once approval by the Head of Function is confirmed from the policy author. A sample of two policies, two procedures and two guidance documents; of all which were created from January 2019 onwards, identified that that there was email approval on file for only two of the six documents from the responsible person. Through discussions with staff it was acknowledge that approvals would have been sought through formal discussions but this had not been retained / documented centrally.

Approvals are often embedded within email trails and can be difficult to locate retrospectively. However, where approval is not retained on file, there is a risk that the PPG has not been | Medium | The Force will implement a facility whereby changes made by the accountable person are recorded to ensure an appropriate audit trail of approvals is retained.

**Implementation date:**

31 October 2020

**Responsible owners:**

Operational Development Team Manager, Business Insight |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| | | | | reviewed and approved appropriately by the responsible person and does not reflect current practise. | | |

Substantial changes to PPGs

The Policy, Procedure and Inspection Administration Officer confirmed that any PPGs with substantial amendments require approval from the Department's Head of Function as the responsible person to confirm the appropriateness of changes.

Discussions during the audit identified that the process surrounding amendments and updates to PPGs is a potential area for improvement. For instance, there is no record in the PPG monitoring sheet (maintained by the Policy, Procedure and Inspection Administration Officer) to determine the level of changes implemented in the review of PPGs. As we have no record as to whether PPGs have been substantially updated to determine the level of approval required, our testing capabilities were limited.

As a result, we focused our testing on ensuring that there was an email trail to confirm the required updates to the PPGs in line with the scheduled review timetable. From a sample of four policies, four procedures and four guidance documents, it was noted that there was an email trail on file to support four updates of the 12 PPGs included within the sample test. However, we have been unable to confirm that the PPGs were appropriately approved where substantial changes have been made due to a lack of records or audit trail.

The development of SharePoint

The Service Review Manager (this post was disestablished on 31 March 2020) highlighted concerns surrounding the amendments and subsequent audit trail for PPGs. The defined responsible person within each department is responsible for ensuring that PPGs are updated and amended in line with the agreed review date and approve any subsequent substantial changes. However,

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|-----|---------|----------------------------------|----------------------------------|----------------------------|----------|------------------------|

there is a concern that the current processes do not ensure that the responsible person within departments take complete ownership for the updates within PPGs.

For instance, the responsibility for making small changes such as spell checks or grammar changes can often reside with the central policy administration. However, even small amendments to PPGs can create a shift in responsibility for PPG updates. There is a further concern that where the Policy, Procedure and Inspection Administration Officer is not in post, these changes may not be completed in line with scheduled reviews.

In consultation with the IT Department, the Service Review Manager has developed a SharePoint facility where departments will be provided with the facilities to update PPGs and therefore take complete ownership. The SharePoint site allows for a complete audit trail as previous versions of PPGs are stored within the system. The responsible person can delegate tasks within the SharePoint facility to other colleagues who may be more appropriate to complete the amendments to ensure these are completed in a timely manner and reflect current practise. Amendments and new PPGs are approved within the SharePoint system, with a complete audit trail available. However, the SharePoint facility is still in test format.

| Risk exposure | Root cause |
|---------------|------------|
| Policies and procedures do not reflect the current control framework resulting in staff following outdated practices that could result in reputational damage to the organisation. | Lack of evidence of approval from the appropriate person retained on file. |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| 3 | The policy author communicates the need and reason for the new policy to the Policy, Procedure and Inspection Administration Officer. The Policy, Procedure and Inspection Administration Officer challenges the policy author on the need for the policy and ensures the policy author has considered whether the PPG duplicates national guidance. | Yes | No | The Force currently have 260 PPGs to govern Force operations. We confirmed through discussions with the Policy, Procedure and Inspection Administration Officer that there are opportunities to condense PPGs; for instance, there are 13 HR Department PPGs which cover instances of 'leave' across the Force.<br><br>The PPG overview document communicates the responsible person's requirement to consider other force PPGs and any national guidance documents prior to the development of the PPG.<br><br>A sample test including two policies, two procedures and two guidance documents was provided to the Policy, Procedure and Inspection Administration Officer with the aim of locating evidence to support the need of the PPG. Email trails were identified to support three of the six PPGs. Testing has identified discrepancies in the recording of information surrounding the creation and updating of PPGs.<br><br>If the Force do not challenge the need for PPGs during the PPG creation process, there is a risk that the Force operates too many PPGs and key information may be embedded within several documents. There is a further risk that PPGs may overlap in information and contradict one another.<br><br>The Operational Development Team Manager, Business Insight, highlighted that the Force would benefit from a review of all PPGs to assess their requirement and relevance on a Force-wide level. However, due to staffing restrictions, the team are not currently in a position to be able to conduct a full review of the Force PPGs.<br><br>The development of SharePoint<br><br>The Service Review Manager informed us that the SharePoint facility will automatically distribute emails to the responsible person (and delegated person, where applicable) to remind them of their requirement to review the PPG. The SharePoint facility | Medium<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>Medium | The Force will ensure a new framework of review for the development of policies, procedures and guidance documents with the intention of ensuring the responsibility of reviewing policies, procedures and guidance documents lies with the accountable person.<br><br>As part of this process, policy owners will be required to assess the number of PPGs in their department and the cycle of review to ensure only relevant PPGs are in operation.<br><br>**Implementation date:**<br><br>31 December 2020<br><br>**Responsible owner:**<br><br>Business Insight Lead<br><br>The Force will develop a facility to capture the decision made by the accountable person in relation to the consultation for updates to and development of policies, procedures and guidance documents within the established framework.<br><br>**Implementation date:**<br><br>31 October 2020 |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| | | | | automatically distributes emails at the following intervals where PPGs have not been updated: | | **Responsible owners:** |
| | | | | | | Operational Development Team Manager, Business Insight |
| | | | | • 90 days prior to the required review date; | | |
| | | | | • 60 days prior to the required review date; | | |
| | | | | • 30 days prior to the required review date; and | | |
| | | | | • the deadline review date. | | |
| | | | | Review of the example email notifications identified that the responsible persons are asked to consider whether the PPG in question is still relevant. It is intended that reflection on the relevance of PPGs would encourage the reader to consider whether the policy or procedure is needed within the Force to lower the level of administration. | | |
| | | | | However, there is currently discussion as to whether the SharePoint facility would be the most appropriate platform to implement a self-service review framework. There is dispute as to whether automated emails are required or whether responsible persons should rather take ownership of ensuring scheduled reviews are undertaken. A management action has been raised to consider developing a new framework for reviewing PPGs with the intention of giving total responsibility to each responsible person. | | |

| Risk exposure | Root cause |
|---|---|
| Contradiction or duplication in policy and procedures. | The Force operate too many policies and procedures, which increases level of bureaucracy. |

| Ref | Control | Adequate control design | Controls complied with | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| 4 | Policies and procedures (both new and substantially | Yes | No | Discussions with the Policy, Procedure and Inspection Administration Officer identified that draft PPGs are issued for consultation to appropriate stakeholders. It is mandatory that both | Medium | The Force will agree what needs to be captured within the document administration section on the policies, procedures and guidance documents and |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|---|---|---|---|---|---|---|
| | amended) are issued for consultation by key stakeholders.

It is mandatory to consult the Legal and Information Management Departments. | | | the Legal Department and the Information Management Department are consulted on each new draft PPG.

New PPGs

For a sample test of six new PPGs; including two policies, two procedures and two guidance documents, we were unable to obtain any evidence to support these documents being distributed to the appropriate stakeholders for consultation. Where the PPG has not been distributed for appropriate consultation, there is a risk that the PPG has not been appropriately reviewed by key stakeholders and may not be reflective of best practise or Force procedure.

Existing PPGs

From a sample of four policies, four procedures and four guidance documents, we obtained two email trails to evidence that the document had been distributed for consultation. In the remaining 10 cases, we were not provided with evidence to support the distribution of consultation.

As the Policy, Procedure and Inspection Administration Officer had left the Force prior to us receiving the requested documents, we were unable to follow up on these queries.

Discussions with the Service Review Manager highlighted that PPGs should be issued for consultation by the responsible persons; however, many new policies and procedures or substantially amended policies and procedures have been issued for consultation historically by the Policy, Procedure and Inspection Administration Officer.

A management action has been agreed to ensure the decision surrounding the issuing of new and reviewed policies and procedures is record and responsibility lies with the responsible person. | | will embed these into one single version on The Source.

**Implementation date:**

31 October 2020

**Responsible owner:**

Operational Development Team Manager, Business Insight |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | | Priority | Action for Management |
|---|---|---|---|---|---|---|---|
| | | | | **Risk exposure** | **Root cause** | | |
| | | | | Key stakeholders have not reviewed significant changes to policies and procedures. | Significant changes are not recorded in policies and procedures to ensure key stakeholders are consulted. | | |
| 5 | Policies, procedures and guidance documents are uploaded to SharePoint in a timely manner. Where appropriate, the current versions of policies and procedures are published on the Force website for public viewing. Guidance documents are not uploaded to the website. | Yes | No | We reviewed six new PPGs; which included two policies, two procedures and two guidance documents. Assessment of the SharePoint records confirmed that five of the six PPGs were uploaded in a timely manner. In the remaining case, the guidance document was uploaded in January 2020, despite being dated from November 2019. It is understood the lack of timeliness of upload is due to the Christmas holidays. The Source Discussions with the Service Review Manager identified that the Force took the decision that EHRAs and governance control tables would not be published onto The Source intranet site nor the NYP website. For this reason, central policy administration are required to complete three separate versions of policies and procedures; one version for publication on the NYP website, one for The Source and a third version to include the governance control table and Equality and Human Rights Assessment (EHRA) section. The creation of three versions of each document causes an unnecessary level of bureaucracy in updating policies and procedures. To reduce the level of required bureaucracy, the SharePoint facility will allow for sections of PPGs to be hidden when uploading to The Source intranet site. It is intended that by hiding sections of the PPG, the level of administration involved in creating three versions will reduced. | | Low | The Force will review which policies and procedures are currently published on the North Yorkshire Police website and remove those that do need to be published. **Implementation date:** 31 December 2020 **Responsible owner:** Business Insight Lead |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|-----|---------|----------------------------------|----------------------------------|---------------------------|----------|------------------------|
| | | | | NYP website | | |

NYP website

Where relevant, policies and procedures should be uploaded on the NYP website provided they are appropriate for public viewing and are not of a sensitive nature. Guidance documents are not uploaded to the Force website. Of the two new policies and two new procedures reviewed during the audit, it was identified that none of the policies or procedures had been uploaded to the NYP website.

A review of eight existing policies and procedures (four policies and four procedures) identified that four documents were published on the website. In a further two cases, the policy page was available; however, there was no link to the actual document on the page. It was noted that all four available policies or procedures were not in date as per the current versions reviewed during the audit. It was further noted that each document had the outdated Commissioner logo on the policy or procedure. In the remaining two cases, there was no evidence of the policy or procedure on the website.

Despite the Force operating new policy, procedure and guidance templates, which are included within the overview document available on The Source intranet platform. Of the 24 PPGs reviewed during the audit, there were 22 instances identified in which the PPG used the outdated Commissioner logo; which included all six PPGs created within the previous 12 months. The remaining two documents were procedures and the 'Safer Neighbourhood' template was used and there was no Commissioner logo documented.

Discussions at the debrief meeting initiated discussions as to whether policies and procedures are required for publication on the website. A management action has been raised to address this.

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | | Priority | Action for Management |
|-----|---------|-----|-----|-----|-----|-----|-----|
| | | | | **Risk exposure** | **Root cause** | | |
| | | | | The Force are communicating out of date practises to the public. | Policies and procedures are out of date on the North Yorkshire Police website. | | |
| 6 | The responsible person reviews the policy, procedure or guidance in line with the scheduled review date and communicates the outcome to the Policy, Procedure and Inspection Administration Officer. The document is administratively checked by the Policy, Procedure and Inspection Administration Officer. | Yes | No | We reviewed four policies, four procedures and four guidance documents to ensure appropriate review was undertaken in line with the documents previous review date. Due to a lack of audit trail and records, we were unable to determine whether the changes were significant and therefore required additional consultation or approval. Our testing was therefore limited. We obtained email trail evidence to support review of five of the 12 PPGs included within the sample test. The Service Review Manager indicated a lack of evidence surrounding the amendments to PPGs prior to the start of the audit and this has been exemplified within our testing. The Policy, Procedure and Inspection Administration Officer should administratively review the PPG to ensure all required document administration elements have been completed and check whether there are any errors included in the text of the PPG. However, the responsibility for the updates within the PPGs must remain with the responsible person and there is a concern that this is not currently the case. A management action has been raised under management action four to consider implementing a new framework for the reviewing of PPGs, which should include a full recording facility. | | - | Please see management action three. |
| 7 | The Policy, Procedure and Inspection Administration | Yes | No | Central Policy Administration have been responsible for issuing reminder emails to the responsible persons to highlight the scheduled review date. The emails are typically issued three months in advance of this date. | | Low | We will consider how to appropriately monitor reviews for policies, procedures and guidance; the decision of which will be incorporated into the Policies, |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|-----|---------|----------------------------------|--------------------------------|---------------------------|----------|------------------------|
| | Officer issues reminder emails to the responsible person three months prior to the scheduled review due date. | | | Of the 10 out of date policies, procedures and guidance documents, we obtained evidence to support the reminders issued for five of the 10 out of date documents. In two of the five cases, the Policy, Procedure and Inspection Administration Officer had issued the reminder at least three months in advance. In the remaining cases, the reminder was within one or two months of the scheduled review date.<br><br>The PPG monitoring sheet indicates there are currently 55 PPG documents out of date. Discussions with the Policy, Procedure and Inspection Administration Officer indicated that it can be difficult to ensure PPGs are updated in line with the scheduled review date due to other responsibilities and priorities of the responsible persons.<br><br>However, it was noted through discussions with the Service Review Manager that the responsibility for ensuring PPGs are updated in line with the scheduled review dates lies with the responsible persons as part of the self-service approach adopted by the Force.<br><br>Each department operates a Service Delivery Plan, in which organisational oversight is the first objective; this would include review of all policies and procedures. The Heads of Function will meet with the Assistant Chief Constable (ACC) or Managing Director of each department on a quarterly basis to discuss the objectives set out on the Service Delivery Plan. It is expected that the quarterly meetings will ensure departments take ownership for governance tasks and therefore reduce the level of out of date PPGs. | | Procedures and Guidance overview document available on The Source.<br><br>**Implementation date:**<br><br>31 October 2020<br><br>**Responsible owners:**<br><br>Operational Development Team Manager, Business Insight |

| Ref | Control | Adequate control design (yes/no) | Controls complied with (yes/no) | Findings and implications | Priority | Action for Management |
|-----|---------|----------------------------------|----------------------------------|----------------------------|----------|------------------------|

| Risk exposure | Root cause |
|---------------|------------|
| Key policies, procedures and guidance do not reflect current practises. | Policies, procedures and guidance documents are out of date and not reviewed in a timely manner. |

# APPENDIX A: SCOPE

**The scope below is a copy of the original document issued.**

## Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following area:

| Objectives of the area under review |
|---|
| The Force has an appropriate framework in place to ensure policies / procedures reflect current practice and legislative requirements. |

When planning the audit, the following areas for consideration and limitations were agreed:

**Areas for consideration:**

Our audit will consider the following areas:

- A governance framework is in place that provides direction to all staff members involved in the development and reviewing of Force policies and procedures. The document is up to date, concurrent with identified practises and available to relevant staff
- All policies and procedures new or substantially amended are appropriately approved e.g. category 1: politically or strategically sensitive policies or procedures are approved by the Senior Command Team.

**Development of new policy / procedure**

- The Business Insight has been informed in a timely manner of the need and reason for the new policy or procedure.
- The draft document has undergone initial consultation with appropriate stakeholders.
- The Diversity Impact Assessment (DIA) has been created and reviewed.
- The policy or procedure has been uploaded to Sharepoint in a timely manner.

**Review of Existing Policy / Procedure**

- We will consider the review of scheduled and unscheduled policies and procedures in place and in particular:

    **Scheduled / unscheduled**

    ➢ The policy owner / department has been informed of the review date, and this has been escalated where required.
    ➢ The Diversity Impact Assessment (DIA) has been reviewed or created where necessary.
    ➢ Consultation has been undertaken in a timely manner and stakeholder feedback sought.
    ➢ The policy owner / department has reviewed policy / procedure and communicated the outcome to the Business Insight e.g. policy / procedure no longer required.
    ➢ The policy / procedure has been QA'd by the Business Insight.

> ➢ The policy / procedure has been appropriately approved.

- Overdue policies / procedures are monitored and reported where necessary.


**Limitations to the scope of the audit assignment:**

- We will not review policies and procedures to confirm they reflect new / revised legalisation.

- We will not review the content of any policy or procedure.

- We will not review the quality of the Diversity Impact Assessments (DIA) that have taken place.

- We will not confirm amendments required as part of the consultation period have been incorporated.

- Our work will not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

# APPENDIX B: FURTHER INFORMATION

**Persons interviewed during the audit:**

- Operational Development Team Manager, Business Insight
- Service Review Manager
- Policy, Procedure and Inspection Administration Officer

**Documentation reviewed during the audit:**

- Policies, procedures and guidance documents
- PPG monitoring sheet
- Overview document for PPG creation and review

# FOR FURTHER INFORMATION CONTACT

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