



Cumbria Constabulary

Assurance Review of Contractor Vetting

November 2024

Final



# Executive Summary

## OVERALL ASSESSMENT



## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Vetting mitigates the risk of engaging with individuals with criminal backgrounds or integrity issues, ensuring trustworthiness and public safety.

## SCOPE

The review focused on the systems and processes for vetting new contractors and the arrangements in place for re-vetting and monitoring of existing contractors.

## KEY STRATEGIC FINDINGS



The Constabulary adheres to the College of Policing’s Authorised Professional Practice (APP) on Vetting, which was last updated in 2021. The next update is expected in 2025.



All vetting requests are sent centrally to one mailbox which allows for simple management of new contractors due for vetting.



Internal SLA targets on vetting are not being met regularly. It was, however, acknowledged during the audit that there has been a higher demand recently and the Vetting Team had been resourced to a more effective at the time of audit fieldwork, with a large backlog having been reduced.

## GOOD PRACTICE IDENTIFIED



The use of CoreVet system directs effective real-time vetting tracking.



The appeals process was confirmed to be unbiased, reviewed by a different manager to ensure fairness.

## ACTION POINTS

Urgent	Important	Routine	Operational
0	0	2	0

## Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Conversations with the Vetting Manager and Sponsors confirmed that there is currently no policy or process in place for prioritising a vetting case. A contractor may need to be fast-tracked or given priority due to business needs or health and safety requirements. It was also mentioned that in some cases contractors are finding alternative work due to the length of time the vetting has taken. Therefore, a procedure is needed to clarify the criteria that would warrant fast-tracking or prioritisation. Without this, there is a risk that all cases may be considered urgent, rendering the process ineffective.	A fast-track procedure be created and implemented within the Vetting Policy.	3	<p><i>S – Devise and implement a fast-track procedure for contractor vetting.</i></p> <p><i>M- Measure via PSD management meetings and performance meetings.</i></p> <p><i>A-achievable by working with sponsors to devise prioritisation triggers.</i></p> <p><i>R-relevant to improve timeliness of processing applications.</i></p> <p><i>T-Achievable within 6 months.</i></p>	30/04/25	DCI 1476 Hayley Wilkinson Head of PSD
2	Directed	Discussions with the Sponsors identified that there is limited warning about vetting expiry dates, which can lead to delays in the re-vetting process. The vetting system, CoreVet, does provide warnings when vetting is due to expire; however, due to resourcing and workload challenges, the Vetting team has struggled to flag these adequately. It was noted that the workload is returning to a manageable level, and by implementing an early warning system for the Sponsors, delays in the re-vetting process should be minimised.	Vetting Sponsors be given at least three months advance warning of vetting expiry so that they can reach out to the relevant contractors to confirm re-vetting.	3	<p><i>S-Implement a system to provide 3 months' notice to sponsors of vetting expiry.</i></p> <p><i>M-measurable by including this in vetting performance data.</i></p> <p><i>A-via timely flagging.</i></p> <p><i>R-relevant to improve timeliness of processing renewals.</i></p> <p><i>T-Achievable within 6 months.</i></p>	30/04/25	DCI 1476 Hayley Wilkinson Head of PSD

## Operational - Effectiveness Matter (OEM) Action Plan

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Ref	Risk Area	Finding	Suggested Action	Management Comments
No Operational Effectiveness Matters were identified.				

## Assignment Engagement Details

TIAA Auditors	Title	Contact Email	Telephone
James Back	Senior Auditor	James.Back@tiaa.co.uk	07814581890
Martin Ritchie	Director of Audit	Martin.Ritchie@tiaa.co.uk	07717746714

Constabulary Staff	Title
Hayley Wilkinson	Head of Professional Standards
Terry Bathgate	Vetting Manager
Mathew Rees	Vetting Manager

<b>Exit Meeting Date</b>	08/10/2024
<b>Attendees</b>	Terry Bathgate & Matthew Rees

<b>Director/Commander Comment</b>	<p>I have reviewed the audit report and am content that the report provides a fair assessment of the Contractor Vetting Process within the Constabulary. I am pleased to note that the audit report provides the highest level of assurance 'substantial' and that the report makes only two 'routine' recommendations for improvement. I have read and note the two recommendations and support the action that is to be taken. The overall vetting process within the constabulary is, quite rightly, a high priority for us. A revision of the College of Policing's Authorised Professional Practice (APP) is anticipated in 2025 and the Constabulary will ensure that any required changes are implemented in an (amended) policy.</p> <p><u>DCC Darren Martland 05/11/2024</u></p>
<b>Deputy Chief Constable's Comment</b>	Please see DCC comment above.
<b>Considered for Risk Escalation</b>	None

# Findings





## Directed Risk:


Failure to properly direct the service to ensure compliance with the requirements of the organisation.


Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	<b>Governance Framework</b> There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	1 & 2	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	-

## Other Findings

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The Constabulary refers to the following policies relating to vetting: the Vetting Policy, Vetting Code of Practice and APP on Vetting 2021. A review of these documents confirmed that each are in date with their review cycle. The Vetting Code of Practice and APP on Vetting are managed by the College of Policing and are therefore not controlled by the Constabulary.
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The Vetting Policy outlines that all police officers, staff, and non-police personnel collaborating with the police must undergo vetting as part of the recruitment process or before being granted unsupervised access to police property, information, or systems. The vetting process adheres to the Vetting Code of Practice and Approved Professional Practice (APP) guidelines, with levels determined by the sensitivity of access required. Enhanced vetting is applied to certain roles classified as 'designated posts', which are reviewed regularly by the Head of PSD. The Force Vetting Manager oversees the process and acts as the sponsor for Cumbria Constabulary's access to UK Security Vetting systems for higher-level clearances.
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The Approved Professional Practice (APP) on Vetting 2021 outlines four levels for NPPV (Non-Police Personnel Vetting) Levels and detail what is entailed in each level of check. Within the criteria it gives examples of which roles may be within that vetting level. An example is that NPPV Level 1 would include plumbers, electricians, and volunteers. This policy document is shared with all members of the Vetting Team, and they are expected to refer to this frequently.
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There is a standardised application form for each level of vetting which holds the relevant questions for that level. Vetting can only commence when this form is submitted and has mandatory fields that require completing before the form will allow staff to continue. However, if the form is not correctly filled in then the researchers will reach out to the candidate to clarify the missing data.

## Other Findings



The Constabulary utilises CoreVet which is used across the majority of police forces within the United Kingdom. The system allows the Vetting team to effectively track all vetting cases in real time which facilitates effective and accurate reporting to senior management.



Vetting requests are sent to one central inbox which is the vetting helpdesk email address. From there the Sponsors send out the ID requests and then once received the contactors will receive a vetting application form which will allow vetting to commence once complete.



Final sign off and decision-making is conducted by the Vetting Manager to ensure the correct level was allocated and that checks have been conducted correctly. This is alongside the APP on Vetting Policy which gives guidance on which roles require which level of vetting.



Financial viability checks are relevant for NPPV Level 2 Full and NPPV Level 3 due to the access the contractor will have to the site and potential material they will be able to see.



On completion of vetting, regardless of the outcome the Sponsor will be notified if the contractor has passed or failed vetting and this will be communicated via email. This email will confirm the level of the vetting and the duration for which it is valid. If the contractor has failed, then the reason for this failure will be provided and the appeal process detailed within the email.



There are no formal KPIs in place for the Vetting team such as number of contractors or candidates cleared in a month with emphasis rather focused on quality which is considered critical. However, the Vetting Managers did confirm that there is a five-week SLA in place for vetting time. This can be impacted on a case-by-case basis dependant on the application form data or search results.



The Vetting Procedure involves three members of the team which are responsible for different parts of the process. The researchers gather information to complete the candidates' vetting and will ask the candidate any additional questions that may need clarifying. There is an administration function which pulls all the information together for the Vetting Manager who then reviews the file before making a decision. If an appeal is requested, then a different Vetting Manager will review the case than the one who signed off the case to ensure independence and a fair appeal.



A sample of 32 vetting clearances was sampled to establish that the vetting clearance had been completed and communicated to the relevant contractor. All cases sampled had evidence of a vetting clearance email and each email confirmed the correct vetting level that was reflected on the system. It was identified that only 6 of the 32 were completed within the five-week internal SLA target. Discussions with the Vetting Manager confirmed that a majority of the delays were due to the contractors filling in forms late and the sponsors having to re-register them.



A sample of ten decision reports was selected for testing. The sample was reduced due to redaction and review measures taken internally with the Constabulary due to sensitive content. However, a review of these redacted decision reports confirmed that the cases sampled were subjected to evidence-based approvals and had sufficient detail to justify the vetting decision.







**Delivery Risk:**

**Failure to deliver the service in an effective manner which meets the requirements of the organisation.**

Ref	Expected Key Risk Mitigation	Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	<b>Performance Monitoring</b> There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
S	<b>Sustainability</b> The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	<b>Resilience</b> Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

**Other Findings**

-  The Constabulary is subject to the Police, Fire and Crime Commissioner’s external scrutiny panel every six months which selects a sample of vetting cases assessed by members of the Ethics Panel. The Constabulary evidenced the most recent communications between themselves and the Panel which requested a sample. Due to the sensitive nature and content of what is reviewed and communicated back to the Constabulary the results could not be shared during the audit.
-  There is a monthly meeting known as the People Intelligence which review vetting cases that are between a failure or clearance which involves a member of staff from Anti-Corruption, a Vetting Manager, Human Resources and the Head of Professional Standards. Each case is reviewed and all circumstances considered prior to authorising a clearance or fail. A copy of the Police Intelligence Referral Form used was provided as evidence; the minutes could not be included due to the sensitive nature of the content however evidence of the meeting invites for June and September confirmed that these meetings have taken place recently.
-  The Vetting Managers hold meetings with the Head of Professional Standards twice per week—on Mondays and Fridays—to report on overdue reviews, broken down by days over SLA and review types, such as Change of Role and ACU Referral. The Friday meeting is used by the Vetting Managers to assess performance, while the Monday meeting is focused on validating the previous week’s data. The data is directly drawn from CoreVet's MI function.
-  There is an appeals procedure in place within the APP on Vetting document and is clearly laid out within. It was confirmed on-site that if a vetting case is appealed then the appeal will be reviewed by another Vetting Manager or the Head of the Vetting Department to ensure no bias in the review. The Constabulary only had one appeal within the last 12 months and a review of this case confirmed that additional evidence was provided and reviewed by another Manager.



**Scope and Limitations of the Review**

1. The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

**Disclaimer**

2. The matters raised in this report are only those that came to the attention of the auditor during the course of the review and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

**Effectiveness of arrangements**

3. The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

<b>In place</b>	The control arrangements in place mitigate the risk from arising.
<b>Partially in place</b>	The control arrangements in place only partially mitigate the risk from arising.
<b>Not in place</b>	The control arrangements in place do not effectively mitigate the risk from arising.

**Assurance Assessment**

4. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed, and process objectives achieved.
<b>Reasonable Assurance</b>	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed, and process objectives achieved.
<b>Limited Assurance</b>	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed, and process objectives achieved.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

**Acknowledgement**

5. We would like to thank staff for their co-operation and assistance during the course of our work.

**Release of Report**

6. The table below sets out the history of this report.

Stage	Issued	Response Received
<b>Audit Planning Memorandum:</b>	5 <sup>th</sup> September 2024	23 <sup>rd</sup> September 2024
<b>Draft Report:</b>	21 <sup>st</sup> October 2024	6 <sup>th</sup> November 2024
<b>Final Report:</b>	14 <sup>th</sup> November 2024	