



Internal Audit

FINAL

# Police and Crime Commissioner Cumbria and Cumbria Constabulary

Assurance Review of Vetting

**2023/24**

November 2023

# Executive Summary

## OVERALL ASSESSMENT



## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Everyone in policing must maintain the highest ethical and professional standards, and must act with the utmost integrity. This is crucial in ensuring that public trust and confidence in the service is maintained.

## SCOPE

The review considered the extent to which vetting procedures have been strengthened in line with recent guidance and whether national recommendations in this area have been adopted and implemented. The review also considered what controls are in place to ensure that business interest, secondary employment and any declarations of interests are considered when undertaking vetting.

## KEY STRATEGIC FINDINGS



The Force Vetting Policy and associated procedures are aligned to the Authorised Professional Practice (APP).



All recommendations contained within the effectiveness of vetting and counter-corruption arrangements by HMICFRS in December 2021 have been implemented.



Arrangements are in place to ensure that all new starters undergo vetting before they commence employment.



One member of staff who returned from maternity leave in February 2023 has not been re-vetted within the required renewal period.

## GOOD PRACTICE IDENTIFIED



Data in relation to vetting decisions has been investigated to identify any disproportionality in relation to the protected characteristics of applicants.

## ACTION POINTS

Urgent	Important	Routine	Operational
0	2	1	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	No strategic risks in relation to vetting have been identified by the Constabulary. Given the recent high-profile cases of officers convicted of serious offences, it is recommended that the risk management of this area remains a high focus with mitigating controls being regularly reviewed.	Risks in relation to the vetting arrangements be identified and appropriate controls recorded.	2	<p><i>Whilst this was not listed as a strategic risk on the risk register, vetting has been and is discussed regularly with the executive at Chief Officer Group and Strategic Management Board, to track progress. This has included several workstreams that have now been achieved, e.g., back record conversion of all vetting files onto CoreVet system, Historical Data Wash of officer and staff details through PND and HMICFRS inspection areas for improvement and recommendations.</i></p> <p><i>To raise this as a risk would now be retrospective when the workstreams are complete. However, we suggest vetting be added to the command risk register as an alternative and should we be unable to fulfil the demands of the upcoming APP and legislative changes, it can be escalated to the strategic risk register.</i></p>	01/12/2023	Head of PSD

PRIORITY GRADINGS

**1** **URGENT** Fundamental control issue on which action should be taken immediately.

**2** **IMPORTANT** Control issue on which action should be taken at the earliest opportunity.

**3** **ROUTINE** Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>Data provided showed that, at the time of the audit, there were three members of staff where the vetting renewal date had passed. Two of these were on career breaks (both returning in 2024) and are therefore not currently at work.</p> <p>In relation to the third, they were on maternity leave at the time that the re-vetting became due in January 2022. The Vetting Researcher confirmed that vetting renewal forms were sent out in November 2021, prior to the maternity leave commencing, however these were not returned. There has been no contact since they returned to work in February 2023 and they have therefore been working for the last six months with no up to date vetting in place. The Head of Professional Standards Department confirmed that the member of staff is a Detective Sergeant.</p>	It be ensured that all staff returning to work following career breaks, including maternity leave, have up to date vetting in place at the time of their return.	2	<p><i>There is a process for identifying overdue reviews in CoreVet. This will be made to include a process of vetting being informed when staff return from career breaks.</i></p> <p><i>NB. The vetting for this officer was immediately actioned and clearance granted on 02/10/23.</i></p>	01/12/2023	Head of PSD
2	Directed	<p>Testing was undertaken of a sample of 20 employees, encompassing police officers and support staff, with start dates from January 2023 to date. This showed that vetting had been carried out that was appropriate to their role and that the vetting had been passed prior to the member of staff commencing their employment.</p> <p>It was noted that in one case the decision record had not been uploaded into CoreVet, however, evidence was provided to demonstrate that the clearance certificate email had been sent.</p>	It be ensured that decision records are held in CoreVet as evidence of the vetting checks completed and decisions made.	3	<i>This was raised with the vetting manager by the auditor, who explained it was due to human error.</i>	07/09/2023	Head of PSD

PRIORITY GRADINGS

**1** **URGENT** Fundamental control issue on which action should be taken immediately.

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## Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No operational effectiveness matters were identified.				

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

## Assignment Engagement Details

TIAA Auditors	Title	Contact Email	Telephone
Andrew McCulloch	Director of Audit	Andrew.McCulloch@tiaa.co.uk	07980787926
David Robinson	Audit Manager	David.Robinson@tiaa.co.uk	07766553339

Constabulary Staff	Title
Hayley Wilkinson	Head of PSD
Peter Morley	Force Vetting Manager
Kathrine Reeves	Vetting Researcher

<b>Exit Meeting Date</b>	8 <sup>th</sup> September 2023
<b>Attendees</b>	Hayley Wilkinson, Head of PSD

<b>Director/Commander Comment</b>	<p>I welcome this report and its findings. In the last 12 months there has been a significant focus on vetting arrangements owing to national scandals that significantly affected public confidence. This has led to multiple workstreams mandated nationally, and some managed locally resulting from our last HMICFRS inspection. 43 AFI's (areas for improvement) and recommendations arising from the national thematic inspection on vetting were mandated by NPCC and the HMICFRS for completion by all forces by June 2023. Cumbria Police achieved that deadline and have sent the returns to the HMICFRS. They will be subject to audit in our PEEL inspection which is already underway.</p> <p>In November 2023, the new vetting APP is being launched and will affect the demands of the PSD vetting team. To ensure that the department has the capability and capacity to meet those demands, Chief Officers have approved a formal business change review of PSD (including vetting) for which the TOR are already drafted for approval. This will ensure the Constabulary remains positioned to fully comply with all elements of the vetting APP.</p> <p>T/Ch Supt Bird 2989</p>
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<p><b>Deputy Chief Constable's Comment</b></p>	<p>T/Ch Supt Bird has highlighted some of the vital developments in recent months aimed at bringing quality and consistency to vetting standards across police forces in England and Wales, and to restore public confidence. This remains a priority for Chief Officers and is the reason we have commissioned a full business change review of the department. This will ensure that the Force is well positioned to meet its obligations linked to vetting, whilst continuing to protect its colleagues and the public. My scrutiny of the PSD function will continue within the PSD, and HMIC governance boards.</p> <p>The HMICFRS actions in relation to vetting have been reviewed and have been fully completed.</p> <p>DCC Martland</p>
<p><b>Considered for Risk Escalation</b></p>	<p>Nothing to escalate</p>

## 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	-	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Not in place	1	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	2, & 3	-

### Other Findings



The Force Vetting Policy is currently at version 4 and was last updated in March 2023 to reflect that vetting reviews are completed in accordance with the Authorised Professional Practice (APP). This sets out the types of security vetting that are carried out, vetting reviews and renewals and the recording and review of diversity data in relation to vetting decisions.



Whilst the practices and rules regarding vetting are set out in the APP, the Constabulary has documented guidance in relation to the periodic vetting reviews. These were last reviewed and updated in April 2023.



A review into the effectiveness of vetting and counter-corruption arrangements at Cumbria Constabulary was undertaken by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in December 2021. A number of areas for improvement were noted including that: The force does not have a system to ensure it periodically renews vetting clearances in line with the Authorised Professional Practice (APP) on vetting; The Force does not have a consistent process for informing the FVU when personnel move into designated posts; The force is not fully compliant with the APP on vetting; and The force does not monitor vetting decisions for any disproportionality.



The latest areas for improvement (AFI) action plan / Recommendation Outstanding List was provided by the Head of the Police Standards Department (PSD). This document notes all recommendations and AFIs as being implemented in full.



The APP on Police Vetting 2021 requires that a review of all posts in the force must be conducted to ensure that they have been designated the appropriate vetting level. This must be reviewed periodically to ensure that the information is kept up to date. There are three levels of force vetting applicable to the police service. These are non-police Personnel Vetting (NPPV), Recruitment Vetting (RV) and Management Vetting (MV). Police staff and police officers must be vetted to the appropriate level for their job. The Constabulary have determined and documented which posts come under the categories of Management Vetting, Security Check vetting and Developed Vetting.



Authentication is used to confirm an individual's identity prior to vetting being completed. There are two separate processes for this to accommodate police appointments (RV & MV) and non-police (NPPV). For police appointments, the Recruitment Team completes authentication prior to sending the notification to the Vetting Team for vetting to commence. Authentication documents are stored on the iTrent account for the candidate. For non-police personnel, internal vetting sponsors complete authentication before requesting vetting. They do this by signing a form to confirm that this has been completed prior to submitting it via SharePoint to the Vetting Team who then commence the vetting process.

Consent from the applicant is required for any biometric vetting undertaken for police officers. The Recruitment team arrange a date for biometrics to be taken at a police station and candidates are informed that, by attending the biometric appointment, they are consenting to the fingerprints and sample taken being the subject of a speculative search of the Police database.



A suitable process is in place to ensure that all new starters are identified, and the required vetting completed prior to the member of staff commencing their employment. The Recruitment Team receives a notification on iTrent detailing who the successful candidate is following the recruitment process and automated emails are sent to the relevant departments. This includes the Vetting Team who create a profile on CoreVet and send out a vetting application form to the candidate. Vetting is then completed and iTrent updated with the result, which generates an automated email notification to the Recruitment Team.

In order to identify staff who have changed roles to one that requires a higher level of vetting, Vetting Managers are required to generate a report periodically to check that the level of vetting held matches the role. This practice is in the early stages of being implemented. Discussions with a Vetting Manager identified that he is finalising the arrangements with the Recruitment Team so that their establishment spreadsheet of posts has the correct required level of vetting recorded. Once this is completed, the establishment spreadsheet will be updated to show all staff and what level of vetting that they have and what is required for their post. The process will then involve a weekly report being generated from the establishment spreadsheet so that checks can be made to see that those in post have the correct level of vetting.



Vetting renewal periods are set for each clearance level, ranging from three years for NPPV to 10 years for RV. The process of identify when the periodic re-vetting is required is automated on CoreVet with the re-vetting date generating a notification on the dashboard that the renewal is due in 42 days. The vetting team send out a renewal application at this point so that there is sufficient time to complete it before the expiry date of the vetting already in place.



**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 Vetting APP requires that Forces monitor statistics in relation to vetting decisions and investigate where there is a disproportionality in relation to the protected characteristics of applicants. A report provided by the Head of PSD containing data for all applicants processed from 1<sup>st</sup> January to 2<sup>nd</sup> June 2023 (385 applicants) showed that there were 14 rejections (3.6%). The rejections rates of male and female applicants were similar at 4% and 3% respectively. Only six applicants identified as non-white and one of these was rejected. Although this is a large proportion of the rejections, the data set is too small to make appropriate comparisons. In relation to sexuality, one applicant who identified as gay/lesbian and two of those who preferred not to state their sexuality were rejected. One applicant identifying as disabled was rejected. Discussions with the PSD identified that vetting data is presented at the monthly PSD Governance Board for internal scrutiny. However, due to the small numbers of vetting data, there is only a sufficient data set to present and review this 6-monthly from a disproportionality perspective. Vetting data is also presented quarterly to the Constabulary's external Ethics and Integrity Panel to identify, understand and respond to any disproportionality.



The Head of the Police Standards Department (PSD) is designated as the Force Vetting Officer (FVO) and is supported by two Vetting Managers.

## Scope and Limitations of the Review

- 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

- 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

- 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

- 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

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

## Release of Report

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

Stage	Issued	Response Received
<b>Audit Planning Memorandum:</b>	7 <sup>th</sup> July 2023	14 <sup>th</sup> July 2023
<b>Draft Report:</b>	20 <sup>th</sup> September 2023	13 <sup>th</sup> November 2023
<b>Final Report:</b>	13 <sup>th</sup> November 2023	

# AUDIT PLANNING MEMORANDUM

## Appendix B

<b>Client:</b>	Police and Crime Commissioner Cumbria and Cumbria Constabulary		
<b>Review:</b>	Vetting		
<b>Type of Review:</b>	Assurance	<b>Audit Lead:</b>	David Robinson

<b>Outline scope (per Annual Plan):</b>	The review considered the extent to which vetting procedures have been strengthened in line with recent guidance and whether national recommendations in this area have been adopted and implemented. The review also considered what controls are in place to ensure that business interest, secondary employment and any declarations of interests are considered when undertaking vetting.		
<b>Detailed scope will consider:</b>	<p>Directed</p> <p>Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.</p> <p>Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register.</p> <p>Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.</p>	<p>Delivery</p> <p>Performance monitoring: 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.</p> <p>Sustainability: The impact on the organisation's sustainability agenda has been considered.</p> <p>Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.</p>	

<b>Planned Start Date:</b>	13/07/2023	<b>Exit Meeting Date:</b>	08/09/2023	<b>Exit Meeting to be held with:</b>	Head of the Police Standards Department and T/Chief Superintendent
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### SELF ASSESSMENT RESPONSE

<b>Matters over the previous 12 months relating to activity to be reviewed</b>	<b>Y/N (if Y then please provide brief details separately)</b>
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N