



Police and Crime Commissioner for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies

Follow Up Review

2016/17

FINAL

June 2016

Follow Up Review

Executive Summary

INTRODUCTION

1. This follow up review by TIAA established the management action that has been taken in respect of the priority 1 and 2 recommendations arising from the internal audit reviews listed below. The review was carried out in May and June 2016.

Figure 1 – Reviews followed up

Review	Year	Date Presented to Audit Committee
Accounts Payable	2015/16	January / March 2016
Accounts Receivable	2015/16	January / March 2016
Purchase Ordering	2015/16	June 2016
Purchase Cards	2015/16	January 2016
Risk Management Embedding	2015/16	March 2016
RAIDE Log	2015/16	March 2016
Mobile Devices	2015/16	March 2016
Contracts Review	2015/16	January 2016
Police Stations	2015/16	March 2016

Risk Management	2014/15	March 2015
Special Constabulary	2014/15	Report issued 4th August 2014
Business Continuity	2014/15	Report issued 1st July 2014
Contract Management	2014/15	Report issued 2nd July 2014
HR Training	2014/15	Report issued 4th August 2014

KEY FINDINGS

- The follow up review considered whether the management action taken addresses the control issues that gave rise to the recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss. From the work carried out the following evaluations of the progress of the management actions taken to date have been identified.

Figure 2 - Summary of the action taken on Recommendations made

Evaluation	Number of Recommendations
Implemented	24
In Process of Being Implemented	17
Revised Target Date	
Considered but not Implemented	4
No Longer Applicable	2
Not Implemented	-

- Appropriate progress is being made by management in implementing recommendations raised.

SCOPE AND LIMITATIONS OF THE REVIEW

- 4. The review considers the progress made in implementing the recommendations made in the previous internal audit reports and to establish the extent to which management has taken the necessary actions to address the control issues that gave rise to the internal audit recommendations.
- 5. The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud
- 6. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

RELEASE OF REPORT

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

Figure 3 - Report History

Date report issued:	10 th June 2016
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Detailed Report

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FOLLOW UP

8. Management representations were obtained on the action taken to address the recommendations. Only limited testing has been carried out to confirm these management representations. The following matters were identified in considering the recommendations that have not been fully implemented:

9. **System: Accounts Payable**

From the review of the documentation and checks carried out the assessment is:			
Implemented	2	Considered but not Implemented	2
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 1	Priority: 2
<p>Profile rights for accounts payable staff on ERP to be revised, to restrict accounts payable staff from being able to amend bank details.</p>	
<p>Action taken:</p> <p>The Payroll Team within the Transactional Services Team are responsible for entering and making amendment to bank details.</p> <p>Profile rights are still to be reviewed, but as it is a templated solution which is used by other constabularies and it was accepted by Norfolk and Suffolk as a risk at the implementation of the system.</p>	
<p>Audit Observation: Implemented</p> <p>The payroll team are making amendments to bank details</p>	
Recommendation: 2	Priority: 2
<p>Access rights for the Accounts Payable Supervisors, the Head of Transactional Services and the Head of Finance for Norfolk and Suffolk to be reviewed to enable adequate segregation of duties in place within the system.</p>	
<p>Action taken:</p> <p>The recommendation was not accepted, as the system implemented is a templated solution and it is accepted that this is a risk. No change to this is proposed and the associated risk is carried as the levels are low.</p>	
<p>Audit Observation: Considered but not Implemented</p> <p>Management have accepted the risk.</p>	
Recommendation: 3	Priority: 2
<p>A standardised process to be established for entering and amending creditor bank details. The process to include the requirement for amendments to bank details to be confirmed with the supplier before they are processed on the system.</p>	

Action taken:

A standardised process has been developed and staff are aware and complying with the new process.

Audit Observation: Implemented

The standard process is being complied with.

Recommendation: 4

Priority: 3

Invoices over £50,000 to be placed on hold whilst awaiting to be signed off by the Head of Finance, or the policy and procedures be reviewed for accepted practice

Action taken:

Whilst payments over £50,000 are being authorised by the Head of Finance this might not be before the payment of the invoice has been made.

Audit Observation: Considered but not Implemented

Invoices over £50,000 are not placed on hold whilst they are awaiting to be signed off.

10.

System: Accounts Receivable

From the review of the documentation and checks carried out the assessment is:

Implemented		Considered but not Implemented	2
In Process of Being Implemented	1	No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 5

Priority: 2

Review of access rights on ERP to ensure adequate segregation of duties. The ability to raise and receipt invoices should be segregated.

Action taken:

Within the team the physical work is segregated in Suffolk and in Norfolk, but the team being small there is the need for staff to be able to undertake all aspects of the AR function for business continuity reasons. With it being a templated solution it is not possible to segregate raising and receipting of invoices, the risk of lack of segregation amongst the AR team has been accepted.

Audit Observation: Considered but not Implemented – Management Accept the Risk

Whilst the work has been segregated it is not possible to restrict access on the ERP system as it is a templated system. Management have accepted the risk, as this is a templated solution.

Recommendation: 6

Priority: 3

A representative sample of invoices to be checked, to ensure that the invoices have been raised in accordance with the debtor requisition form.

Action taken:

The debtor requisition form is in the process of being reviewed. Once this is reviewed, consideration as to whether sample checking of invoices raised will be undertaken will be considered.

Audit Observation: In process of Being Implemented

Sample checking of invoices has not yet commenced, as the debtor requisition form has not yet been reviewed.

Recommendation: 7

Priority: 3

A log to be produced of cash, cheques and postal orders in the safe awaiting to be banked, including when items are placed in and removed from the safe.

Action taken:

This would cause additional pressure for staff, a log is not produced but staff have been reminded that they are accountable for all that is placed in the safe.

Audit Observation: Considered but not Implemented – Management accept the Risk

A log is not going to be produced, management have accepted the risk that there is not an actual record of what is placed in the safe.

11.

System: Purchase Ordering

From the review of the documentation and checks carried out the assessment is:

Implemented	4	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 8

Priority: 2

Sample checking of requisitions up to £250 to be independently authorised, to avoid fraudulent or inappropriate goods being ordered.

Action taken:

Sample checking of requisitions up to £250 is undertaken and independently authorised.

Audit Observation: Implemented

Sample checking of requisitions up to £250 are subject to independently authorised.

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Recommendation: 9	Priority: 2
All staff to receive training on Iprocurement before they are given access to Iprocurement.	
Action taken: All staff receive training in advance of being given access to Iprocurement.	
Audit Observation: Implemented Staff receive training on Iprocurement before they are given access to Iprocurement. This is now mandatory training for all staff before they are given access to the Iprocurement system.	

Recommendation: 10	Priority: 2
All requests for access to Iprocurement to be approved by the Senior Supplies Officer.	
Action taken: All requests for access to the Iprocurement go to the Senior Supplies Officer to approve.	
Audit Observation: Implemented All requests for access to the Iprocurement system go through the Senior Supplies Officer.	

Recommendation: 11	Priority: 2
Staff to be reminded of the requirement that retrospective orders are not to be placed.	
Action taken: A reminder has been published in Force Orders. Reminders are to be sent to staff every six months.	
Audit Observation: Implemented A reminder has been published.	

12.

System: Purchase Cards

From the review of the documentation and checks carried out the assessment is:

Implemented	10	Considered but not Implemented	
In Process of Being Implemented	3	No Longer Applicable	1
Revised Target Date		Not Implemented	

Recommendation: 12

Priority: 1

Credit card expenditure for Norfolk from April 2015 to be charged to the ledger and going forward, credit card expenditure for Norfolk to be uploaded onto the ledger promptly.

Action taken:

The credit card expenditure for Norfolk for 2015/16 has been uploaded to the ledger, and is being uploaded onto the ledger monthly.

Audit Observation: Implemented

Credit card expenditure for 2015/16 has been uploaded to the ledger, this was completed by the end of the 2015/16 financial year.

Recommendation: 13

Priority: 2

Norfolk card holders to be provided with training on the appropriate use of the card and how the Lloyds online credit card system works prior to credit cards being issued. Additional support to be directed to Norfolk so that all staff receive the required level of training.

Action taken:

All Norfolk cardholders have been provided with guidance. Training has been provided to Norfolk cardholders and are aware that finance can provide the necessary support.

Audit Observation: Implemented

Card holders have been provided with the Procedure Manual on the appropriate process for administering of the purchase cards.

Recommendation: 14

Priority: 2

Review of designated authorising officers to establish that appropriate authorising officers have been assigned.

Action taken:

A review of authorising officers for all cards has been undertaken to ensure that there is an appropriate authorising officer for all cardholders.

Audit Observation: Implemented

There has been a full review of authorising officers for purchase cards

Recommendation: 15

Priority: 2

The 'default closing group approver profile' to be closed and an appropriate authorising officer for all card holders be designated.

Action taken:

The default closing group has been closed and all cards are assigned an appropriate authoriser.

Audit Observation: Implemented

It was confirmed that cards have been assigned to an appropriate officer to authorise.

Recommendation: 16	Priority: 2
<p>Training to be provided to the authorising officers that are not authorising expenditure, to ensure that they are in a position to fulfil their role as authorising officers</p>	
<p>Action taken:</p> <p>Training manuals have been issued to authorising officers, and training has also been provided to authorising officers.</p>	
<p>Audit Observation: Implemented</p> <p>Training has been provided to authorising officers.</p>	

Recommendation: 17	Priority: 2
<p>Monthly credit card expenditure to be reviewed by the Transactional Team Leaders (AP/AR), to establish that all expenditure has been submitted for approval and is reviewed by the approving officer</p>	
<p>Action taken:</p> <p>The Transaction Team Leader for Norfolk reviews purchase card expenditure to ensure that all expenditure has been submitted and approved by approving officer.</p>	
<p>Audit Observation: Implemented</p> <p>Monthly the Transactional team leader is reviewing credit card expenditure to ensure that all expenditure is submitted for approval and appropriately authorised.</p>	

Recommendation: 18	Priority: 2
<p>The officer that has more than one credit card should have their second credit card cancelled.</p>	
<p>Action taken:</p>	

The officer that held two cards has been investigated. The officer has more than one card, as they are currently on secondment to the Home Office. A separate card is used for the officer's home office related expenditure.

Audit Observation: No Longer Applicable

A reasonable reason has been provided for why an officer has more than one card.

Recommendation: 19

Priority: 2

Cardholders to be reminded of the need to follow the correct protocol when purchasing goods over £500, and that it is not appropriate to split transactions to avoid transactions exceeding £500. Any further instances should be raised with the individual cardholder.

Action taken:

Cardholders have been reminded that it is not appropriate to split card expenditure, and action is taken against staff that try to split expenditure

Audit Observation: Implemented

Cardholders have been reminded that it is not appropriate to split card expenditure, and as part of the monthly checks undertaken by the Transactional Team Leaders staff that attempted to split transactions to avoid the £500 individual limit would be identified.

Recommendation: 20

Priority: 3

A procedure to be developed for finance staff, to refer to on the appropriate process for administering the Lloyds credit card system

Action taken:

Finance staff have developed their own guidance to refer to, but this has not been formalised. The Head of Transactional Services advised that work is being done to ensure that formalised procedural notes are

developed.

Audit Observation: In the Process of Being Implemented

Whilst there is guidance for finance staff to refer to, this has not yet been formalised. There is a need for formalised guidance to be produced for business continuity.

Recommendation: 21

Priority: 3

The process to be followed for the cancellation of cards to be formally documented

Action taken:

Finance staff have developed their own guidance to refer to, but this has not been formalised. The Head of Transactional Services advised that work is being done to ensure that formalised procedural notes are developed.

Audit Observation: In the Process of Being Implemented

Whilst there is guidance for finance staff to refer to, this has not yet been formalised. There is a need for formalised guidance to be produced for business continuity.

Recommendation: 22

Priority: 3

The standard process to be followed for fraudulent transactions to be included in the guidance provided to cardholders

Action taken:

Finance staff have developed their own guidance to refer to, but this has not been formalised. The Head of Transactional Services advised that work is being done to ensure that formalised procedural notes are developed.

Audit Observation: In the Process of Being Implemented

Whilst there is guidance for finance staff to refer to, this has not yet been formalised. There is a need for formalised guidance to be produced for business continuity.

Recommendation: 23	Priority: 3
Guidance provided to cardholders to be updated to include the correct card limit.	
Action taken: The guidance provided to cardholders to be updated to include the correct card limit.	
Audit Observation: Implemented Cardholder guidance has been updated and includes the correct card limits.	

Recommendation: 24	Priority: 3
Cardholders to be reminded of the need to submit VAT receipts for all credit card expenditure items. Repeat offenders should be specifically requested to provide VAT receipts.	
Action taken: Staff have been reminded of the need to submit VAT receipts	
Audit Observation: Implemented A reminder has been sent to staff on the need to submit VAT receipts monthly.	

Recommendation: 25	Priority: 3
The Transactional Team Leaders (AP/AR) to undertake a monthly check, to ensure that VAT is reclaimed appropriately, VAT receipts for all expenditure are formally documented and guidance produced documenting the required process to be followed.	
Action taken: The Transactional Team Leaders undertakes a check to ensure that VAT is being reclaimed appropriately	

Audit Observation: Implemented

The Transactional Team Leaders are undertaking monthly checks and as part of this would identify where VAT receipts have not been submitted for VAT to be reclaimed.

13.

System: Risk Management Embedding

From the review of the documentation and checks carried out the assessment is:			
Implemented	2	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 26	Priority: 2
Department /command risk registers to be reviewed monthly by the departments/command team.	
Action taken: Department and command team risk registers are reviewed monthly.	
Audit Observation: Implemented Department/command risk registers are reviewed monthly by the department/command team	

Recommendation: 27	Priority: 2
Department/command risk registers to be submitted monthly to the Risk and Policy Manager for review	

Action taken:

Department and command team risk registers are reviewed monthly and sent to the Risk and Policy Manager for review.

Audit Observation: Implemented

Department and command team risk registers are reviewed monthly and sent to the Risk and Policy Manager for review.

14.

System: RAIDE Log

From the review of the documentation and checks carried out the assessment is:

Implemented	1	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 28

Priority: 2

The Norfolk and Suffolk RAIDE log to be reviewed and amended so that actual risks and controls are recorded on the RAIDE log.

Action taken:

Wording on the RAIDE log has been amended to ensure it defines terminology. The standard template includes definitions at the top of each page.

Audit Observation: Implemented

The RAIDE log template has been updated.

15.

System: Mobile Devices

From the review of the documentation and checks carried out the assessment is:			
Implemented	1	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 29	Priority: 3
Risk logs for future projects be kept up-to-date, recording the reasons and authorisation for closure of mitigated risks, and showing escalation to corporate risk logs where necessary.	
Action taken: CD&C and ICT Project Managers have been reminded that project documentation is living and therefore should be regularly reviewed and updated to reflect the current status of the project.	
Audit Observation: Implemented Risk logs are kept up to date	

16.

System: Contracts Review

From the review of the documentation and checks carried out the assessment is:

Implemented	1	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 30

Priority: 2

The Constabularies ensure that all outcomes, targets and KPI's are reported to stakeholders of contracts monitored within the Procurement Database

Action taken:

This issue has been actioned in relation to the FM Contract. Feedback on KPIs is now on Part 1 of the monthly agenda and discussion and reporting of KPIs is now a Part 2 agenda item with a smaller group. Evidence of discussion on KPI's was provided.

Audit Observation: Implemented

17.

System: Police Stations

From the review of the documentation and checks carried out the assessment is:

Implemented	2	Considered but not Implemented	
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In Process of Being Implemented	1	No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 31	Priority: 2
<p>Staff identification and 'salto' cards to be returned from staff on the day they leave the Constabulary. These are to be sent to the reception at Suffolk Police Headquarters for the 'salto' cards to be cleared and their identification destroyed.</p>	
<p>Action taken:</p> <p>HR are not going to amend the joiners, leavers and movers policy for the Constabularies an updated procedure will be developed and placed on the new intranet once installed.</p>	
<p>Audit Observation: In the Process of Being Implemented</p> <p>The procedure for joiners, leavers and movers is being developed.</p>	

Recommendation: 32	Priority: 2
<p>The arrangements for confidential waste needs to be reviewed. All confidential waste be placed in locked cupboards or secure containers, whilst awaiting collection from contractors responsible for shredding confidential waste.</p>	
<p>Action taken:</p> <p>Confidential shredding arrangements are in place at all stations. All stations have been provided with confidential shredding bins, and confidential waste awaiting to be collected is now stored securely.</p>	
<p>Audit Observation: Implemented</p> <p>Confidential waste arrangements have been reviewed.</p>	

Recommendation: 33	Priority: 3
<p>A memo to be sent to staff reminding them of the importance of keeping lockers closed at all times. Any lockers found open be reported to security and the individual advised to take appropriate security measures.</p>	
<p>Action taken:</p> <p>The monthly physical security premises audits are undertaken, and are reviewed and thus frequent breaches are identified and will be dealt with accordingly.</p>	
<p>Audit Observation: Implemented</p> <p>A memo has been sent to staff, and review of the monthly security premises audits are undertaken, and are reviewed.</p>	

18.

System: Risk Management

From the review of the documentation and checks carried out the assessment is:			
Implemented		Considered but not Implemented	
In Process of Being Implemented	1	No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation:34	Priority: 2
<p>Risk Management training should be available for both new staff, and as a reference / refresher for all current staff. As the Constabularies do have e-learning modules, a Risk Management e-learning module could be introduced. This could also be included as part of the induction process.</p>	
<p>Action taken:</p> <p>Risk management training is provided for all new starters as part of the induction process, but refresher risk management training is not currently mandatory. The Constabularies are considering the most suitable mode</p>	

for providing risk management training.

Audit Observation: In Process of Being Implemented

Ongoing/refresher risk management training is still being developed.

19.

System: Special Constabulary

From the review of the documentation and checks carried out the assessment is:

Implemented		Considered but not Implemented	
In Process of Being Implemented	1	No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 35

Priority: 2

All Special Officers should complete the required evening sessions for phase 2 of the induction training. This will enable them to qualify for independent patrol. As per the revised procedure for Special Constables (currently in draft) the aim is for phase 1 and 2 of the induction training to be completed within 18 months.

Action taken:

ERP will be used for monitoring specials that have not undertaken all of their training. Currently ERP is not able to fulfil this role at present, so this is monitored by the Specials Manager and the Administrative Officers working in the Specials Office Support team.

Audit Observation: In Process of Being Implemented

ERP is to be used for this, but it continues to be monitored by the Administrative Manager working in the Specials Office Team in the interim.

20.

System: Business Continuity

From the review of the documentation and checks carried out the assessment is:			
Implemented	1	Considered but not Implemented	
In Process of Being Implemented		No Longer Applicable	1
Revised Target Date		Not Implemented	

Recommendation: 36	Priority: 2
<p>It is noted that the exercising / testing of the Business Continuity Plans on an annual basis acts as a form of training in itself for those who are involved. However, depending on the need and level of training required, further guidance relating to the department's own Business Continuity Plans could be provided by the BC Leads to their staff / officers at team meetings etc.</p> <p>If more detailed training is required, the BC Manager needs to be made aware so that he can put a training programme in place.</p> <p>In time, it would be useful for the relevant staff to undertake the eLearning package that ACPO intend to produce as part of their National Business Continuity 5 Year Strategy.</p>	
<p>Action taken:</p> <p>Training is provided to all sergeants and inspectors on business continuity is provided by the Business Continuity Manager. Monitoring of business continuity training is undertaken by the L&D team.</p> <p>Business continuity training is not currently provided via e-learning, as this cost cannot currently be justified when adequate arrangements for training is in place.</p>	

Audit Observation: No Longer Applicable

Recommendation: 37

Priority: 1

The BCP for Suffolk CCR will need to be reviewed and updated following the test in July 2014. The outcomes of the test should be fed back to the SMT. If a risk is identified that the fall-back position is not independent enough, then this will need to be escalated accordingly.

Norfolk CCR will also need to be made aware of the timescales involved to get the Suffolk CCR fall-back operational, as this would have an impact on their resources should an incident affecting the Suffolk CCR occur.

Action taken:

The Suffolk CCR Business Continuity Plan was tested in December 2015. Suffolk CCR Business Continuity Plans are tested annually. The Business Continuity Manager reviews results of testing of business continuity plans and reports this accordingly.

Audit Observation: Implemented

21.

System: Contract Management

From the review of the documentation and checks carried out the assessment is:

Implemented		Considered but not Implemented
In Process of Being Implemented	1	No Longer Applicable

Revised Target Date

Not Implemented

Recommendation: 38

Priority: 1

Once the contract management guidelines are in place it is recommended that;

- a) The document is circulated to all relevant staff to ensure that they are aware of their responsibilities;
- b) The document is retained in a central point accessible by all relevant staff;
- c) The document is reviewed at least annually with the review date shown on the document;
- d) Contract management plans are developed for all contracts, including new contracts and those already in place, on a risk basis, as per guidelines.
- e) All relevant staff receive training on their responsibilities as described in this document.

Action taken:

From review of the 'Contract Management Guidelines' it was confirmed that key staff responsibilities are clearly defined in the document.

The 'Contract Management Guidelines' are not placed on the intranet. There has been a staffing shortage which has presented the guidelines from being updated on the intranet. A revamped joint intranet is currently being developed.

This has not yet been implemented, due to ongoing re-organisation, tranche 12 and job evaluation. From a commercial team all bar one member of staff is part or fully CIPS qualified. The commercial team work with the departments and certainly have dialogue regarding the high value / high risk contracts.

Audit Observation: In Process of Being Implemented

Contract Management Guidelines are still to be placed on the intranet. The Contract Management Guidelines will be placed on the intranet once it has been revamped and the joint intranet site is in place.

22.

System: HR Training

From the review of the documentation and checks carried out the assessment is:

Implemented		Considered but not Implemented	
In Process of Being Implemented	9	No Longer Applicable	
Revised Target Date		Not Implemented	

Recommendation: 39

Priority: 1

In line with action A5028 a consistent approach should be reached with regards to monitoring of attendance to ensure that no staff/officers 'slip through the net'.

Specifically for First Aid training, a member of Learning and Development staff needs to be made responsible for monitoring of non-attendance at Suffolk. Consideration could be given to whether period reports can be run to highlight any gaps.

Action taken:

Norfolk Constabulary are using a spreadsheet to monitor take-up rates of first-aid training, this is not used by Suffolk as going forward ERP will be used to monitor training.

The ERP system at the time of follow-up was not able to produce reports to monitor first aid training, and as ERP will be used, to avoid duplication a spreadsheet for monitoring first-aid training has not been developed.

Audit Observation: In Process of Being Implemented

ERP is to be used for this, but reporting from ERP is still being developed.

Recommendation: 40

Priority: 1

The Learning and Development policy, before it is finalised, should be reviewed to ascertain whether Staff, Officer and Line Manager/Supervisor responsibilities should be written into the policy to make it clear that they are responsible for keeping up with the training they are required to undertake and that their staff are completing training within expected timescales.

Action taken:

The Learning and Development Policy is still as interim rather than a final approved policy. The Learning and Development Team has undergone a restructure, and with the introduction of ERP this has resulted in delays in finalising the Learning and Development Policy.

Audit Observation: In Process of Being Implemented

Introduction of the ERP system has resulted in delays in approving the final policy.

Recommendation: 41

Priority: 2

The Learning and Development policy should be approved as soon as is practicable but prior to this consideration should also be given to any additions in line with action A5023.

When finalised, the policy must be communicated with all Norfolk and Suffolk staff and officers.

Action taken:

The Learning and Development Policy is still as interim rather than a final approved policy. The Learning and Development Team has undergone a restructure, and with the introduction of ERP this has resulted in delays in finalising the Learning and Development Policy.

Audit Observation: In Process of Being Implemented

Introduction of the ERP system has resulted in delays in approving the final policy.

Recommendation: 42	Priority: 2
<p>Action plans could be followed up with sponsors to document what action has been taken to improve the course.</p>	
<p>Action taken: This is something that is being addressed, the restructure of Learning and Development has delayed this.</p>	
<p>Audit Observation: In Process of Being Implemented The restructure of the Learning and Development has delayed this.</p>	

Recommendation: 43	Priority: 2
<p>In line with the approved procedures, L&D internal audits and trainer evaluations should be undertaken to continually monitor the adequacy of training being delivered.</p>	
<p>Action taken: Norfolk and Suffolk Constabulary Trainers have completed some, with the others being timetabled. Where quality assurance audits have not yet achieved will reassess after Learning and Department has been restructured.</p>	
<p>Audit Observation: In Process of Being Implemented The restructure of the Learning and Development has delayed this.</p>	

Recommendation: 44	Priority: 2
<p>Although each approach taken by administrative staff appears to work in its own right, for continuity purposes consideration should be given to designing a single template that all staff should use to monitor non-attendance.</p>	
<p>Action taken: A member of the QA team has been running non-attendance reports that are followed up by the admin team, however these reports currently unavailable due to system changes. Once ERP embedded will be possible for Norfolk & Suffolk to use the same process.</p>	

Audit Observation: In Process of Being Implemented

Problems with ERP have resulted in delays.

Recommendation: 45

Priority: 1

Suffolk should mirror Norfolk's example of ensuring that staff complete mandatory e-learning and ensure appropriate reminders are being issued to make sure that staff and officers undertake necessary training

Action taken:

E-learning is being used in both forces but NCALTs prioritisation is decided by Senior Officers depending on force priorities so roll outs/release dates of programmes often differ. Due to recent restructure e-learning completion is not being monitored by L&D as no reporting function or resource currently available.

'The number of e-learning packages now mandatory for new starters too many to complete in first week and stay sane, has to be prioritised. 'Dashboard' report was working well for priority/mandatory new e-learning, but currently unavailable due to ERP system implementation. Norfolk have resources to chase non completion-Suffolk do not. Has to be Line manager accountability and will be included in Policy updates.

Audit Observation: In Process of Being Implemented

Problems with ERP have resulted in delays.

Recommendation: 46

Priority: 1

A consistent approach across both forces needs to be reached as to how induction training should be recorded with the implementation of new ERP system in April 2015.

Action taken:

There is not a consistent approach for recording training, Norfolk are still using a spreadsheet for monitoring take up of training, but as ERP is going to be used for monitoring training there is little use in dedicating resources to developing a spreadsheet to use in the interim.

Audit Observation: In Process of Being Implemented

Problems with ERP have resulted in delays.

Recommendation: 47

Priority: 2

The system currently in place is inconsistent; the correct process needs to be communicated with all relevant staff in Suffolk and when the new system is in place, it needs to be ensured that this control carries on into that system.

Action taken:

The ERP system was implemented at the start of the financial year but there have been delays in the ERP implementing. ERP will be used to monitor take-up rates of training, but this is not currently possible.

Audit Observation: In Process of Being Implemented

Problems with ERP have resulted in delays.
