

AUDIT COMMITTEE

**Tuesday 23 October 2018 at 2.00 p.m.
Wroxham Room, Jubilee House, Falconers Chase,
Wymondham, Norfolk NR18 0WW**

A G E N D A

Note for Members of the Public: If you have any specific requirements to enable you to attend the meeting, please contact the OPCCN (details overleaf) prior to the meeting.

Part 1 – Public Agenda

1. Welcome and Apologies
2. Declarations of Personal and/or Prejudicial Interests
3. To approve the minutes of the meeting held on 24 August 2018
4. Internal Audit – Reports from Head of Internal Audit (TIAA)
 - 2018/19 Plan Update
 - 2018/19 Follow Up Review
5. Forward Work Plan – Report from Chief Finance Officer

Part 2 – Private Agenda

6. Strategic Risk Register Update – Report from Chief Executive and Chief Constable
7. Date of Next Meeting

Tuesday 15 January 2019 at 2pm in the Filby Room.

Enquiries to:

OPCCN

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如果您希望把这份资料翻译为国语，请致电 01953 424455 或发电子邮件至：

opccn@norfolk.pnn.police.uk 联系诺福克警察和犯罪事务专员办公室。

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Se desejar obter uma cópia deste documento em português, por favor contacte o Gabinete do Comissário da Polícia e Crimes através do 01953 424455 ou pelo e-mail:

opccn@norfolk.pnn.police.uk

Jei šio dokumento kopiją norėtumėte gauti lietuvių kalba, prašome susisiekti su Policijos ir nusikalstamumo komisarų tarnyba Norfolk grafystėje (Office of the Police and Crime Commissioner for Norfolk) telefonu 01953 424455 arba elektroninio pašto adresu opccn@norfolk.pnn.police.uk

Jeśli chcieliby Państwo otrzymać kopię niniejszego dokumentu w języku polskim, prosimy skontaktować się z władzami policji hrabstwa Norfolk (Office of the Police and Crime Commissioner for Norfolk) pod numerem 01953 424455 lub pisać na: opccn@norfolk.pnn.police.uk



**MINUTES OF THE AUDIT COMMITTEE MEETING
HELD ON MONDAY 24 AUGUST 2018 AT 10.00 AM
JUBILEE HOUSE,
FALCONERS CHASE, WYMONDHAM**

Members in attendance:

Mr R Bennett (Chairman)
Mrs J Hills
Ms A Bennett
Mr A Matthews

Also in attendance:

Mr J Hummersone	Chief Finance Officer (CFO)
Mr I Fearn	Head of Financial Accounting, Norfolk and Suffolk Constabularies
Mr C Hewitt	Manager, Ernst & Young LLP (EY)

Part 1 - Public Agenda

1. Welcome and Apologies

The Chairman welcomed members to the meeting and apologies were noted from Mr P Hargrave and Mr M Hodgson (EY).

2. Declarations of Personal and/or Prejudicial Interests

No interests relevant to the agenda were noted.

3. To confirm the minutes of the meeting held on 30 July 2018

The minutes were approved as a correct record. The CFO reported that the further clarification on 'impact' scores (risk register) remained outstanding.

4. Statements of Accounts 2017/18

- 4.1 The CFO reported that after a delay (as discussed at the meeting on the 30th July 2018) the audit had now been substantially completed by EY and the Audit Results Report received.

- 4.2 The statutory deadline for signing off the accounts (31 July 2018) had been missed but EY was expected to sign off the opinion on 28 August 2018. It was understood that Public Sector Audit Appointments would be notified of the delay but that the organisation would not be named.
- 4.3 **The Committee also received and approved** the final version of the Annual Governance Statement 2017/18 which would be published alongside the accounts.
- 4.4 Mr Hewitt (EY) introduced the Audit Results Report and confirmed that, subject to final EY manager sign-off, an unqualified opinion would be given on the accounts. In addition a positive conclusion on Value for Money would be recorded.
- 4.5 The Committee sought clarity on the technical issues which had delayed the opinion, particularly the valuation of Property, Plant and Equipment. It was noted that annual valuations of Operational Command Centre (OCC) at Wymondham and the Police Investigation Centres would help to prevent the issue arising in the future.
- 4.6 A post audit review meeting to ensure that similar delays did not arise for the 2018/19 audit would be scheduled for early October with a report back to the Committee.
- 4.7 Both the CFO and the Chair of the Committee expressed their appreciation for the excellent work of the Finance Team in preparing the statements of accounts to such a high quality.
- 4.8 The Statements of Accounts would be published on the websites as soon as possible after sign-off by EY.
- 4.9 The Committee, having noted the EY report,
 - **recommended** the draft accounts for signature by the PCC and Chief Constable,
 - **agreed** the Letters of Representation for signature by the CFO and Chairman.

5. **Date of Next Meeting**

23 October 2018 at 2 pm in the Wroxham Room

The meeting closed at 11:30.

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Mr R Bennett
CHAIRMAN



Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies
Internal Audit Progress Report

2018/19



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

Audit Progress Report – Norfolk

2018/19

INTRODUCTION

1. This summary report provides an update on the progress of our work at the Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies as at 17th October 2018. The report is based on internal audit work carried out by TIAA and management representations that have been received during the period since our last progress report.

PROGRESS AGAINST THE 2018/19 ANNUAL PLAN

2. Our progress against the Annual Plan for 2018/19 is set out in Appendix A. The results of these reviews are summarised at Appendix B.

AUDITS COMPLETED SINCE THE LAST REPORT TO COMMITTEE

5. The table below sets out details of audits finalised since the previous meeting of the Audit Committee.

Review	Evaluation	Draft issued	Key Dates			Number of Recommendations		
			Responses Received	Final issued	1	2	3	OE
MoPI (NSC1818)	Limited	27/04/2018	20/07/2018	23/07/2018	1	4	0	0
Fixed Assets (NSC1911)	Substantial	09/08/2018	17/08/2018	21/08/2018	0	0	0	0
Duty Management System	Limited	10/08/2018	01/10/2018	17/10/2018	0	9	2	0
Lone Working (NSC1929)	Reasonable	09/08/2018	17/10/2018	17/10/2018	0	3	5	0

Copies of the finalised reports are available to Audit Committee Members on request. The details for Norfolk only reports will only be included in the Norfolk progress report.

CHANGES TO THE ANNUAL PLAN 2018/19

6. There has been the following changes made to the annual plan since the last meeting:
 - Cybersecurity – Maturity Assessment – the audit has been moved to 2019/20, due to an internal assessment being currently in progress, the internal audit assessment will be undertaken once this is complete and provide assurance over the assessment and actions taken.
 - Records Management – replaced with ERP Disaster Recovery

FRAUDS/IRREGULARITIES

7. We regularly liaise with PSD regarding any work streams that may be relevant for internal audit.

LIAISON

8. Liaison is undertaken with the following:
 - Liaison with the Chief Finance Officers: Regular progress meetings are held with the Chief Finance Officers.
 - Liaison with PSD: Regular meetings are held with PSD during the year.
 - Liaison with Risk Management: Increased liaison has commenced, to directly link internal audit with risk management.
 - Liaison with External Audit: We have liaised with EY during the year and kept them informed of our work and will make available to them all final audit reports.

PROGRESS ACTIONING PRIORITY 1 (URGENT and NOT APPROVED RECOMMENDATIONS)

9. It is noted that there are a number of limited assurance reports issued, where elements of the system have warranted a limited assurance due either to non-compliance with statutory requirements or internal requirements, however it is also noted that progress is being made by management at the time of the audit to address the control weaknesses and this progress is taken into account in the overall annual opinion.
10. We have made the following urgent recommendations (i.e. fundamental control issues) since the previous Progress Report:
 - A project plan, including allocation of resources/IT resources be completed, to enhance GENIE and enable the five electronic systems excluded from the GENIE search to be incorporated into this search. The project plan to have clear target dates and officers assigned to each action so that progress can be monitored accordingly.

11. We have made no recommendations which have not been approved by management since the previous Progress Report.

RESPONSIBILITY/DISCLAIMER

12. 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. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. 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.

Progress against the Annual Plan for 2018/19

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
2017/18 Plan							
IM MOPI Project (NSC1818)	2	10	10	Final Report	October 2018	Limited	
2018/19 Plan							
GDPR (NSC1907)	1	18	18	Draft report issued	January 2019		
Fixed Assets (NSC1911)	1	10	10	Final report issued	October 2018		
Allowances (NSC1912)	1	14	14	Draft report issued	January 2019		
Duty Management System (1916)	1	14	14	Final report issued	October 2018		
Vetting (NSC1917)	1	10	10	Draft report issued	January 2019		
Stations, including building access and vehicle security (NSC1922)	1	14	14	Final Report issued	July 2018		
Proceeds of Crime (NSC1927)	1	10	10	Draft report issued	January 2019		
Lone Working (NSC1929)	1	10	10	Final report issued	October 2018		
Strategic Control, Corporate Governance and Whistleblowing (NSC1901)	2	10	10	Fieldwork complete	January 2019		
Capital Programme (NSC1910)	2	10	10	Draft report	January 2019		

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Establishment, Capacity, Recruitment and Retention (NSC1915)	2	15	13	Draft report	January 2019		
Enact Replacement Project (NSC1906)	2	12		In progress			
Website Content / CAD Grazing (NSC1908)	2	12		In progress			
Estates Strategy and Policies (NSC1921)	2	6		Draft report	January 2019		
Ethical Standards (Relationships Conduct) (NSC1930)	1-2	10	9	Draft report issued	January 2019		
Risk Management – Embedding/Development (NSC1903)	1-3	10	2	In progress			Working with management to monitor embedding, review in Q3
Commissioners Grants (NSC1904)	2	18		Scheduled			
ERP Disaster Recovery (NSC1913)	3	12		In progress			
Transport Strategy (NSC1918)	2	6		Scheduled			
Transport Procurement (NSC1919)	2	9		Scheduled			
MoPI Project Implementation (NSC1914)	3	4		Scheduled			
Purchase Cards (NNSC1923) Norfolk only	3	6		In progress			
Control Room (NSC1924) Norfolk only	3	14		In progress			
Control Room (NSC1925) Suffolk only	3	14		In progress			
Transformation & Strategic Planning, with Business Cases (NSC1902)	4	12		To be scheduled			Increased days to include business cases
Key Financial Systems (NSC1909)	4	30		Scheduled			

System	Planned Quarter	Planned Days	Actual Days to date	Current Status	Audit Committee Reporting	Assurance	Comments
Telematics and Fuel Usage (NSC1920)	4	12		Scheduled			
Recovered Property (NSC1928)	3	10		Scheduled			
Custody Administration	1		--	Cancelled			HMIC inspection undertaken
Cyber Security – Maturity Assessment (NSC1905)	2			Cancelled			Moved to 2019/20
Records Management (NSC1913)	3			Cancelled			Replaced with ERP Disaster Recovery
Follow up of previous recommendations	1-4	12	3	Ongoing			
Management	1-4	20	4	Ongoing			
Total Days Planned		384					
Annual Plan Days		330					
Contingency b/fwd		58					
Contingency (c/fwd)		(24)					Possible Local Counter Fraud days

KEY:

	=	To be commenced
	=	Site work commenced
	=	Draft report issued
	=	Final report issued

Summaries of Finalised Audit Reports issued since the last report

Audit Report: MoPI (NSC1818)

Report: July 2018

SCOPE

The review assessed the adequacy and effectiveness of the internal controls in place at the Constabularies for ensuring that police information is managed in accordance with key principle retention and disposal of police information under the Statutory Code of Practice for the Management of Police Information (MoPI).

MATERIALITY

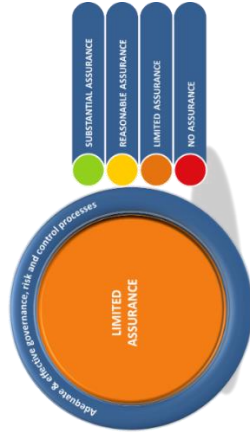
All forces are required to be MoPI compliant and take the relevant steps to achieve this.

KEY FINDINGS

The overall assurance opinion is derived from the Constabularies' non-compliance with the statutory requirements of MoPI.

- Police information is currently stored on 35 systems, GENIE can be used to search 30 of these systems and the remaining systems are currently searched independently/manually. There is a risk that the information contained on the excluded five systems may potentially alter the decisions taken.
- A formal project plan has been developed to enable the search engine GENIE to be used to search across all computer systems, this however requires IT resources to be allocated to progress the project, along with resources for data quality checking.
- Regular meetings of the project board require improved attendance, to provide focus on progress towards implementation.
- Data from de-commissioned systems needs to be accessible to be searched via GENIE and stored in a form that is compliant with Code of Practice for MoPI.

OVERALL ASSURANCE ASSESSMENT



ACTION POINTS

Urgent	Important	Routine	Operational
1	4	0	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>Police information is currently stored on 35 computer systems. The 35 computer systems that are currently used by the Constabularies are held on a series of separate, unlinked systems.</p> <p>There is a search engine called GENIE in place, which provides the capacity to find information in 30 of the 35 systems that have been used by the Constabularies for recording of police data. The remaining five electronic systems cannot be searched through GENIE and require separate searches to be made.</p> <p>A project plan has been developed within Information Management, however requires resource allocation and completion to take forward.</p> <p>There is a risk that the other five systems are not fully searched and incorrect information is given out and or incorrect decisions are taken. In addition, hardcopy data is also held and in some cases may need to be checked (refer to recommendation 4).</p>	<p>A project plan, including allocation of resources/IT resources be completed, to enhance GENIE and enable the five electronic systems excluded from the GENIE search to be incorporated into this search. The project plan to have clear target dates and officers assigned to each action so that progress can be monitored accordingly.</p>	1	<p>It is planned to include these systems in the next phase.</p> <p>We are currently looking at implementing the Genie Data Quality tools over the information that we currently have in Genie and develop these so that the MoPI grouping and dates can be generated by the system. This has been identified as a greater advantage than having the other systems within Genie at this time due to the inability to target reviews and deletions other than by a manual process of it being triggered by an external input e.g. person writing in for deletion. The Clearcore work will take many months to fully implement this will be totally resource dependent.</p>	01/04/2020	Records Manager

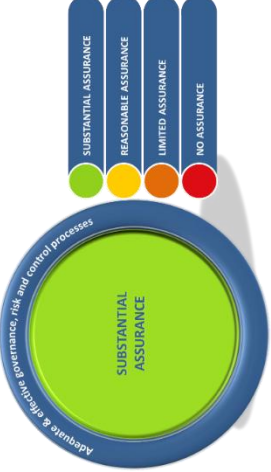
Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Compliance	<p>There are no specific checks undertaken at the point of data entry, to ensure that data is entered correctly on to the force computer systems.</p> <p>Due to the nature and vast points of data entry across the organisations, there is significant potential for incorrect data being entered onto the system.</p> <p>There are several points to consider: Training provided to staff for data entry</p> <p>The level of system checking, where differences in spelling names may not flag up the person, so would only look for the correct spelling.</p> <p>Data quality checking in terms of looking for duplicate people, vehicles etc.</p>	<p>Review the level of resources applied to data quality checking, level of errors identified and assess resources required to balance data quality/time and training for data input staff.</p>	2	<p>This is an organisational issue, in relation to legacy data this is an issue that will continue to be in place until the Genie / Clearcore is fully implemented, as above the DQ issues within these systems will take significant time and resources to complete as we are redirecting the MoPI Analysts to complete this work and continue with their current workload but redirecting priorities.</p> <p>DQ for Athena / Current systems, we have DQ standards and requirements in systems the Athena DQ Officers are significantly under resourced to fully reduce the backlog on the system.</p>	01/04/2020	Records Manager
3	Compliance	<p>The Project Board meets monthly, from review of the GENIE Project Board meeting minutes it was found that there have been a number of meetings where the ICT representatives have not attended the Project Board meetings.</p>	<p>All members of the Project Board to attend regularly the monthly Project Board meetings to ensure appropriate progress is made.</p>	2	<p>Noted Records Manager to raise with Chair of the board.</p>	01/05/2018	Chair of the board

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Compliance	<p>Whilst the majority of police information is held electronically, hard copy data is also held, either because it is yet to be transferred to electronic format, or because hard copy data is required as a permanent record/not economically viable to transfer.</p> <p>Hard copy data can be accessed manually. To make searching of data easier it would be beneficial to continue to move relevant records to transearch.</p>	Continue to move the backlog of relevant records onto transearch.	2	<i>This is a continuous process within the RM team.</i>	01/04/2020	Records Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	There are costs associated with maintaining computer systems. It is understandable that IT would be looking to realise savings from decommissioning old systems, prior to which there is a need for IT to establish that data from the decommissioned systems will be accessible and can be searched through GENIE, as well as being stored on a system compliant with MoPI.	Formal plans to be developed on the decommissioning of old electronic systems to ensure compliant with MoPI and the accessibility of data through GENIE.	2	<p>Legacy systems do not possess the ability to delete data. Legacy data will be migrated off old technology and put it into a SQL database.</p> <p>Both NSPIS systems are now virtually decommissioned. All data has been extracted and ICT, into an SQL database and providing a user interface for Joint Justice Command to search it. This SQL database will be connected to GENIE.</p> <p>ICT are working with Northgate Public Services to decommission Suffolk's Crime and Intelligence system. This work is nearing a point where ICT can migrate the application on to an up to date technical platform.</p> <p>There is no intention to decommission Norfolk's legacy CIS system as this was developed in-house and incurs no licensing costs. On top of this as Norfolk did not back record convert any of this legacy data on to Athena (unlike Suffolk) the data on this system is still live.</p> <p>This will allow Records Management to search and where appropriate delete legacy data in accordance with the MoPI guidance.</p>	31/12/2018	SIRO

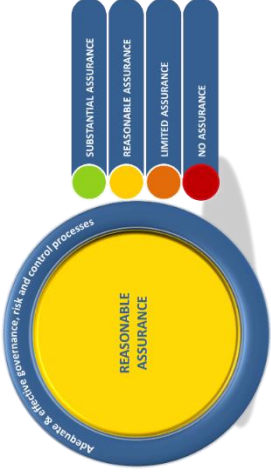
Audit Report: Fixed Assets (NSC1911)

Report: August 2018

<p>SCOPE</p> <p>The scope of the review focused on maintenance of the asset register, acquisitions, disposals and valuations.</p> <p>MATERIALITY</p> <p>Within the draft financial statements for 2017/18 which are published on the PCC websites Norfolk assets are stated as valued at £74.3million, and Suffolk has a value of £52.2 million.</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • Procedures and Accounting Policies are in place for the treatment of Fixed Assets. • Roles and responsibilities are clearly defined in relevant job descriptions. • Testing of samples of acquisitions and disposals proved satisfactory. • Property is revalued on a five year rolling basis, review of last revaluation confirmed this had been reflected in the Fixed Asset register. 								
<p>OVERALL ASSURANCE ASSESSMENT</p> 	<p>ACTION POINTS</p> <table border="1"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Routine</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	0	0	0
Urgent	Important	Routine	Operational						
0	0	0	0						

Audit Report: Lone Working (NSC1929)

Report: October 2018

<p>SCOPE</p> <p>This audit focussed on the identification and training of lone workers and the measures that have been put in place across the organisation to mitigate the risks associated with lone working.</p> <p>MATERIALITY</p> <p>A significant proportion of the Constabularies' employees spend some of their time working alone. There are 253 risk assessment covering all departments within the Constabularies. In 2017/18, there were 1168 health and safety incident reports between the two Constabularies.</p>	<p>KEY FINDINGS</p> <ul style="list-style-type: none"> • A new version of the Lone Working Policy has been drafted, which includes more guidance on identifying lone workers and reducing the risks of lone working. • Lone worker training is not consistently delivered across the organisations. • The Constabularies processes for identifying lone workers is not robust, including the need for a complete central record. • Data on incidents involving lone working is not collected centrally so it is difficult to identify key risk areas. 								
<p>OVERALL ASSURANCE ASSESSMENT</p> 	<p>ACTION POINTS</p> <table border="1"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Routine</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>5</td> <td>0</td> </tr> </tbody> </table>	Urgent	Important	Routine	Operational	0	3	5	0
Urgent	Important	Routine	Operational						
0	3	5	0						

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	<p>Identification of lone working situations is the responsibility of management within each department. Lone workers are most commonly identified through risk assessments and staff flagging it up themselves to their manager or the Health and Safety team.</p> <p>There is no central record maintained of staff/roles that are likely to involve lone working. This is identified on some risk assessments but not consistently and this information is not collated.</p>	<p>A central record of all lone working roles be maintained.</p>	2	<p>HR Records, e.g. job description profiles spreadsheet could be used to capture roles where lone working is likely or will occur.</p> <p>Matter to be raised at Joint Health and Safety Committee, and upward referral to People Board</p>	<p>30/10/18</p> <p>01/07/19</p>	<p>Health & Safety Manager</p>

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	Risk assessments are reviewed by the Health and Safety team when they are completed. The reviewer for each risk assessment is recorded on the register. These reviews by the Health and Safety team are generally 'light touch' and therefore the risk assessments may not accurately reflect all the risks or controls in place. With regard to lone working, this may mean that lone working has not been identified by all departments where it is a risk, or that insufficient control measures have been put in place to reduce the risk.	A more thorough check of risk assessments be conducted, at least on a sample basis, to ensure that all risks, including those relating to lone workers have been identified and appropriate controls measures have been put in place.	2	<p>The Joint Constabulary Health and Safety Arrangement makes the requirement to ensure that risk assessments are in place upon the relevant Heads of Department.</p> <p>Line Managers/Commanders are also expected to ensure that risk assessments are in place and this includes identifying and ensuring that persons who are lone workers have specific control measures in place where a hazard and risk to them exists for lone working.</p> <p>The Health and Safety Team undertake periodic reviews of risk assessments and this is recorded via our monitoring spreadsheet. The purpose of the Health and Safety Team outside of being legally required is to provide support and guidance to the Constabularies on complying with health and safety legislation.</p> <p>Health and Safety Manager has previously issued Health and Safety Advisors with an objective to 'audit' risk assessments more thoroughly and a template form to support this process has been designed.</p>	01/11/18	Health and Safety Manager / Advisors

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Compliance	The only compulsory training that is provided on lone working is the Joint Health and Safety Basic Awareness Induction, which is very limited in regard to lone working. There are two e-learning packages on lone working, one for employees and one for managers, which are accessible to all staff. These have been available since 1st April 2018 but are not compulsory for any staff or officers and as of 29th June 2018 nobody has completed either of these training packages.	Lone working e-learning training packages be made compulsory for all identified lone workers.	2	<i>The Lone Working eLearning package is generic. In the new Lone Working Health and Safety Arrangement reference to this package and the expectation that it will be completed by any staff identified as lone workers will be included</i>	30/01/19	<i>Health and Safety Manager with adoption at the Joint Health and Safety Committee</i>

Audit Report: Duty Management System (NSC1916)

Report: October 2018

SCOPE

The review appraised the effectiveness of controls for management of the Duty Management System across Norfolk and Suffolk Constabularies.

MATERIALITY

There are approximately 30,000 exceptions outstanding on DMS at the time of the audit fieldwork.

KEY FINDINGS

The overall opinion is derived from the number of important recommendations raised surrounding the operation of the system. The full functionality of DMS is not being utilised and there are a high number of continuing exceptions preventing DMS from being used for overtime.

- DMS is not being used for overtime. An alternative solution has been developed for recording and authorising of police officers overtime and a SMART form is currently being developed.
- Police staff overtime continues to be recorded on hard copy forms that are manually entered on to spreadsheets to be uploaded on the payroll. Whilst a business case was drawn up for a police staff SMART form for overtime, development of this has not commenced as it was considered too complicated.
- Proactive checks are not undertaken on DMS to identify individuals that are recording data incorrectly and/or fraudulently.
- DMS is not being used by all areas, such as in Custody, where a spreadsheet is maintained rather than DMS.
- There are some senior police officers that are not using DMS for clocking in and clocking off.

OVERALL ASSURANCE ASSESSMENT

ACTION POINTS

Urgent	Important	Routine	Operational
0	9	2	0

Recommendations – Urgent (Priority 1), Important (Priority 2) and Not Approved

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	<p>Staff manually enter their own time on DMS, and are able to amend time that has been entered up to seven days previously.</p> <p>The ability to amend own time that has been entered on to DMS was agreed at system implementation.</p> <p>Proactive checks are not undertaken to identify individuals that are potentially fraudulently changing their times entered on DMS.</p>	<p>PSD to undertake proactive checks to potentially identify staff that are fraudulently changing their time on Duty Management System (DMS).</p>	2	<p><i>This will be presented to the Joint Integrity Board to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Integrity Board.</i></p>	31/03/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	<p>There are some Inspectors that are not clocking in and out on DMS, as they are recorded on DMS as having assumed clocking in and out rights. Assumed clocking means that they are recorded on DMS as working what they are rostered to work. Assumed clocking for inspectors was agreed at system implementation, as they were considered responsible enough to manage their own time.</p> <p>There is a risk with assumed clocking, as there is a risk that the appropriate rostered hours on DMS are not worked and it is not possible to monitor the number of hours that inspectors are actually working and thus may be working an exceptionally high number of hours.</p> <p>RMU encourage all staff and police officers to clock in and clock out on DMS so that there is an accurate record of hours that are worked</p>	<p>All police officers and police staff to be required to use DMS for clocking in and clocking out.</p>	2	<p><i>This will be presented to the Joint Chief Officers Team to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Chief Officers Team.</i></p>	31/03/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	<p>Police staff clock out on DMS when they go to lunch and clock back in when they return.</p> <p>All staff that work full-time are expected to take at least a half an hour lunch break.</p> <p>Lunch is expected to be taken between 12pm and 2pm, where lunch is taken out of this period it generates an exception.</p> <p>For part-time staff that work full days, DMS does not require them to take a half an hour lunch and thus these can be paid for lunch/or accrue additional flexi leave.</p>	<p>A review of exception rules on DMS be undertaken, including rules for part time staff working full days and taking a lunch break.</p>	2	<p>DMS has the capability to ensure that staff that work part time take the required lunch break, it is the profile that individuals have been set up on DMS rather than DMS which does not require part time workers to take a lunch break.</p> <p>Line Managers to be reminded that the clearing of exceptions for their team is their responsibility and where exceptions are being generated due to role profiles being incorrect on DMS that these are to be raised to RMU to address.</p>	31/03/19	Head of Resourcing and the ERP System Reporting and Data Integrity Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	<p>The System for Tasking and Operational Resource Management (STORM) is used by officers to record and manage police incidents that are reported to the police and for deployment of officers, and is also used by police officers for clocking in and clocking off on DMS.</p> <p>Operational police officers predominately use STORM for booking in and booking off DMS as there are some officers that do not have access to a computer. Whilst it is useful being able to book in and off through STORM if a police officer is given a different call number during this shift, and the control room doesn't close down the original call then this will generate an exception and the officer will have overtime recorded on DMS that hasn't been worked.</p>	<p>A standard process log be developed by the control rooms, to ensure that officers that have had their call number changed during a shift have their previous call number closed down to prevent unworked overtime being generated.</p>	2	<p>The Interface between STORM and DMS needs to be reviewed. A project is to be commissioned to address the issue of the interface between STORM and DMS not working. Progress against this project will be reported to the ERP and Shared Service Programme Board.</p>	30/09/19	Head of Resourcing and the ERP System Reporting and Data Integrity Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Directed	Not all members of the control room have access to the log, as such this limits the ability for additional call numbers to be closed down.	All members of the control room to have access to the log so that additional call numbers are closed down promptly to prevent an exception from being generated on DMS.	2	The Interface between STORM and DMS needs to be reviewed. A project is to be commissioned to address the issue of the interface between STORM and DMS not working. Progress against this project will be reported to the ERP and Shared Service Programme Board.	30/09/19	Head of Resourcing and the ERP System Reporting and Data Integrity Manager
7	Directed	Whilst DMS has the capability to be used for recording all staff duties, custody are using a spreadsheet as well as DMS for rostering and recording of staff duties. Custody advised that due to staffing resources custody shifts are predominantly recorded on a spreadsheet, as well as DMS, as staff in RMU find it easier to amend the spreadsheet rather than DMS. There is an increased risk of errors and duplication of work, as the spreadsheet as well as the DMS requires updating.	The spreadsheet used by custody be discontinued, and all shifts be recorded on DMS.	2	New shift patterns are being drawn up for custody, these are to be presented to JCOT. Upon approval by JCOT the new shift patterns will be entered onto DMS and the spreadsheets discontinued.	01/04/19	Head of Resourcing

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
8	Directed	<p>There are no proactive checks undertaken by the RMU or the Professional Standards Department (PSD) to identify staff that are potentially recording incorrect working hours.</p> <p>Where SALTO locks are fitted it is possible to run reports which record the swipe times of staff and officers, these times could be reconciled with DMS times and where there are differences these could be investigated.</p> <p>If reports were to be run at designated intervals it would be an aid to identify staff and police officers that potentially fraudulently change their hours. Reactive checks are undertaken to identify staff that are believed to have fraudulently considered to have changed their hours.</p>	<p>Reports be run from SALTO and DMS at designated intervals, to identify police staff and officers that change their times with potential fraud implications, to ensure that these amendments are appropriate.</p>	2	<p><i>This will be presented to the Joint Chief Officers Team to consider.</i></p> <p><i>This will be raised as an agenda item for the Joint Chief Officers Team.</i></p>	31/03/19	Head of Resourcing and the ERP System Reporting and Data Integrity Manager

Report Ref	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Directed	DMS does not interface with EBS, the Constabularies' payroll system. DMS is currently only used to generate TOIL payments, but as DMS does not interface with EBS a spreadsheet is produced from DMS which is then sent to payroll for uploading.	DMS and EBS to be investigated to establish if an interface can be devised and implemented.	2	DMS is due to be upgraded, this will be addressed with the upgrade.	30/09/19	ERP System Reporting and Data Integrity Manager
12	Compliance	Previously RMU have had a designated team assigned to clear exceptions, which reduced the overall number of exceptions, but did not address the underlying reasons for them being created. This team has now been disbanded and the number of exceptions has increased again. The underlying issues for why exceptions are being generated has not been addressed, as such exceptions are continually being generated and increasing.	A review be undertaken of underlying reasons why exceptions are being generated and an action plan be devised to address them.	2	A project will be undertaken to review why exceptions are being generated so that the cause for the exceptions can be investigated and addressed. The reporting functionality of DMS needs to be explored so that it is possible to produce reports from DMS so that the project can be commissioned.	30/09/19	Head of Resourcing & the ERP System Reporting and Data Integrity Manager



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Executive Summary

INTRODUCTION

1. The follow up of internal audit recommendations undertaken by TIAA is undertaken throughout the year and reported to the Audit Committee during the year at each meeting.
2. The summary tables show the number of raised and brought forward priority 1 (P1 - Urgent) and priority 2 (P2 - Important) recommendations implemented since being reported to the July 2018 Audit Committee meeting and those outstanding past their implementation dates. A breakdown of this summary is attached as Figure

Figure 1 - Summary of the action taken on Recommendations made

Evaluation	P1 - Urgent Recommendations	P2 - Important Recommendations	Total	July 2018 Position for comparison
	Number	Number	Total	Total
Implemented Since Last Meeting	0	16	16	13
Outstanding (incl. deadlines extended*)	3	31	34	14

Audit Ref	Audit Area	Date Presented to Audit Committee	Assurance Level	Previously reported as complete to Audit Committee		Completed since last Audit Committee		O'standing with Extended Period Agreed		'standing - Previously reported as outstanding		New since last Audit Committee		Total O'standing		Not Yet Due for implementation	
				P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2
2016/17 Internal Audit Reviews																	
NSC1703	Transport	Sep-16	Reasonable		1				3								
NSC1704	Corporate Communications	Sep-16	Reasonable				3										
NSC1707	Duty Management	Dec-16	Limited		6			4									
NSC1714	Overtime, Expenses	Mar-17	Reasonable		3			1									
NSC1716	Pensions	Mar-17	Reasonable					1									
NSC1723	ICT ERP	Jun-17	Reasonable				1										
2017/18 Internal Audit Reviews																	
NSC1802	ICT Mobile Device Mgt	Sep-17	Reasonable		3												
NSC1804	HR – Learning and Development		Limited					1	7								8
NSC1810	Temporary Recruitment	Feb-18	Reasonable		2				1								1

Audit Ref	Audit Area	Date Presented to Audit Committee	Assurance Level	Previously reported as complete to Audit Committee		Completed since last Audit Committee		O'standing with Extended Period Agreed		'standing - Previously reported as outstanding		New since last Audit Committee		Total O'standing	Not Yet Due for implementation		
				P1	P2	P1	P2	P1	P2	P1	P2	P1	P2		P1	P2	
NSC1811	Procurement	Sep-17	Reasonable		2		1		1								
NSC1812	Business Interests	May-18	Reasonable			1		2						2			1
NSC1814	Risk Management – Mitigating Controls	May-18	Reasonable			1		1						1			1
NSC1816	ICT Governance	May-18	Reasonable			1											
NSC1817	Data Quality – Athena	Nov-17	Limited					3						3			
NSC1819	HR Absence Mgt	Mar-18	Limited		2			1	1					2			
NSC1822	Safeguarding and Investigations	Jul-18	Substantial						1					1			
NSC1823	Overtime Expenses and Additional Payments	May-18	Limited			1		1						1			
NSC1825	Corporate – Policies	May-18	Limited			2		1						1			1
NSC1827	Commissioners Grants	Jul-18	Reasonable										1	1			1
NSC1828	Key Financial Controls	March-18	Substantial			2											
NSC1829	Payroll, including ERP Reporting	Mar-18	Limited		1			1	2					3			
2018/19 Internal Audit Reviews																	
NSC1922	Stations, including building access and vehicle security	Jul-18	Reasonable			3								0			1

Audit Ref	Audit Area	Date Presented to Audit Committee	Assurance Level	Previously reported as complete to Audit Committee		Completed since last Audit Committee		O'standing with Extended Period Agreed		'standing - Previously reported as outstanding		New since last Audit Committee		Total O'standing		Not Yet Due for implementation	
				P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2
TOTALS				0	20	0	16	3	30	0	0	0	0	1	34	0	5

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KEY FINDINGS

3. There are three urgent recommendation outstanding and past the agreed deadlines:
 - 3.1 NSC1804 Learning and Development for succession planning to be linked to the workforce plan to ensure that there are appropriately qualified and trained officers. Feedback has been collated and is being reviewed by the Director of HR. This feedback will influence how this is rolled out across the Constabularies – including police staff.
 - 3.2 NSC1819 Absence Management For a review of data entered on ERP, Enact and the Duty Management System (DMS) to be completed to ensure that it is following the correct processes to ensure it continues to align. This is continually reviewed – data is reconciled on a monthly basis by the Management Information team. Work is ongoing to replace the enAct system by the end of the financial year.
 - 3.3 NSC1829 Payroll For system controls on Enact to be investigated, to ensure Enact forms can only be approved by the relevant authorised signatory and prevent employees from approving their own Enact forms. Apex is currently being implemented and the contact with Encircle (Enact) will be terminated in due course.

4. Of the 2016/17 recommendations outstanding the recommendation to highlight is the revised expenses policy, due to the resources required to implement the recommendation and the impact of the differing policies between the forces.
5. The majority of recommendations have been given revised implementation deadlines, based on discussions with management regarding when they believe action will be taken by. It is noted that in some instances interim measures are in place until a more suitable solution (and recommendation implementation) can be achieved.
6. Over the last couple of months 16 outstanding priority two recommendations have been implemented. There is a rise in outstanding recommendations, in part due to 11 new recommendations since the last meeting, also due to the level of resource required to implement recommendations that is currently stretched.

THE BREAKDOWN OF THE ACTIONS ON RECOMMENDATIONS KEY:

- The direction of travel for implementing recommendations is shown from right to left.
- The audit will remain on the table until all P1 and P2 recommendations relating to that audit are complete and reported as such to Audit Committee, including those previously reported. Once an audit is reported as complete (highlighted in grey), the audit will be removed from the table.
- Outstanding with extended period agreed – outstanding past original deadline and an extension has been agreed with management.
- Outstanding and previously reported as such to Audit Committee – outstanding past agreed deadline and no extension has been agreed.
- New since the last Audit Committee meeting – deadline has recently passed and the recommendation is outstanding.
- Total outstanding – includes; extended period agreed, previously reported as outstanding and new outstanding.
- Not yet due for implementation – the agreed implementation deadline has not been reached.

SCOPE AND LIMITATIONS OF THE REVIEW

7. 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. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss.

8. 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.
9. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff, accounting records and transactions and to ensure the authenticity of these documents.

RELEASE OF REPORT

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

Date draft report issued:	N/A
Date management responses recd:	N/A
Date final report issued:	17 th October 2018



Detailed Report

FOLLOW UP

11. Management representations were obtained on the action taken to address the recommendations. Only limited testing has been carried out to confirm these management representations.
12. The following matters were identified as outstanding past their original/revised deadline:

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1703 Transport Services	The Joint Transport Policy be subject to document control and approval process and current operating procedures should be updated and maintained.	2	The Joint Transport Policy Force Policy Officer, Corporate Development and Change to be consulted regarding document control and approval process. It should be noted this is a Transport Services only Policy as it was determined the Policy was more aligned to a standard operating procedure. The standard operating procedures are in the process of being updated to reflect T13 restructure and process changes.	Head of Transport	31/10/16	30/9/18	27/6/18	The Transport policy/SOPs have all be revised and the first draft sent for formal policy review. A revised date was set by internal audit to assess progress. Due to staff sickness a date to meet to discuss outstanding recommendations has been set as 25/10/2018.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1703 Transport Services	The weekly vehicle check form be standardised across both counties.	2	Within Norfolk weekly check sheets fall under the remit of the Driver of Police Vehicles Force Policy Document, with the Policy owner being Specialist Operations. Within Suffolk the remit is with the County Policing Command. Norfolk and Suffolk Constabularies are aligning their equipment levels and types. This will then allow the use of one form across both Counties. This is already in progress and will be managed through the Transport Strategic Group.	Head of Transport	31/12/16	30/7/18	27/6/18	The joint equipment inventory and weekly vehicle check form (that contains the equipment levels) has been updated and is being presented to the Health and Safety Committee for sign off on 19th July 2018, following which it will be immediately rolled out across both Constabularies. Due to staff sickness a date to meet to verify outstanding recommendations has been set as 25/10/2018.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1703 Transport Services	The system for recording and monitoring the completion of the weekly vehicle checks be standardised and a system for central oversight of the results of the checks be implemented.	2	There is scope for the central reporting hub to be Transport services. This will be progressed through the Transport Strategic Group.	Head of Transport	31/12/16	31/7/18	27/6/18	The process has been standardised and the weekly check form is going to the Health and Safety Committee on 19th July, following which the process to monitor the standardised approach will be immediately implemented. Due to staff sickness a date to meet to verify outstanding recommendations has been set as 25/10/2018.
NSC1707 Duty Management System	A full audit trail for all aspects of DMS to be made functional.	2	It has been raised with Crown the requirement to have an audit on the notes section on DMS, as have other Police Forces. This is with their Research and Development team to be looked at in the relation to future releases.	Chief Finance Officer (Norfolk)	30/6/17	31/3/19	17/9/18	This is still being considered by Crown for a future release of the DMS system. When Audit functionality is implemented this often affects the performance of systems and this will need to be tested and reviewed before any audit functionality within DMS is used. A revised due date has been requested.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1707 Duty Management System	The exception rules inbuilt within DMS to be investigated to see if these are correct.	2	The RMU are currently working on exceptions and discussing with Crown the feasibility of changing the exception rules.	Chief Finance Officer (Norfolk)	31/3/17	31/3/19	17/9/18	A review of all the exceptions being generated by DMS is underway to agree what is required to update DMS or change working practices to eliminate, where possible exceptions. This work is being completed by the ERP Programme Delivery Manager and the RMU-System/Support and Management Information manager. A process for approving changes to the set-up of DMS has been agreed. A revised due date has been requested.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1707 Duty Management System	DMS to be used for recording overtime, and investigated to establish if approval of overtime can be recorded on DMS.	2	The RMU is working to reduce exceptions before embarking on the issues with overtime. Delivering overtime will require a project to be set up to deliver training and understanding to all line managers and the confidence that claims will be accurately recorded.	Chief Finance Officer (Norfolk)	31/11/18	31/3/19	17/9/18	A smart form is being developed for recording of police officer overtime. DMS cannot be used for overtime until the number of exceptions are reduced. A revised due date has been requested for the recommendation. Alternative processes are in place to manage overtime, using DMS would minimise the use of alternative temporary solutions.



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Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1707 Duty Management System	Monthly reconciliations to be undertaken between DMS and payroll to establish if the value of overtime on DMS agrees with the value of overtime paid by payroll.	2	Not all areas of the business provide information of Overtime to the RMU, and therefore this is challenging to deliver. This would be a Finance task.	Head of Transactional Services	30/6/17	31/3/19	17/9/18	A review of all the exceptions being generated by DMS is underway to agree what is required to update DMS or change working practices to eliminate, where possible exceptions. This work is being completed by the ERP Programme Delivery Manager and the RMU-System/Support and Management Information manager. A process for approving changes to the set-up of DMS has been agreed.
NSC1714 Overtime, Expenses and Additional Payments	Joint expenses policies for Norfolk and Suffolk Constabularies for police officers and police staff to be developed. The updated expenses policies to be placed on the intranet.	2	New Conditions of Service for Police Staff are to be introduced from April 2017 (this was expected to be implemented in October 2016 but was delayed nationally). As a result we will take this opportunity to revise once the new Conditions have been agreed and implemented.	Head of Transactional Services	30/6/17	31/3/19	19/9/18	Whilst it is acknowledged and accepted that this needs to be done, resources and time have limited what action can be taken. A revised due date has been requested for the recommendation.



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Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1716 Pensions Administration	The payroll system to be investigated to establish if a report can be run to calculate pensionable pay for staff.	2	The pension contributions are set at system level and the appropriate contribution is deducted from the employee in accordance with their pensionable pay each month. I accept that we cannot check this at a global level, however I am confident that the deductions made are correct at an employee level and the necessity for a pensionable pay figure is not considered as a significant issue. However when reporting for ERP is reviewed then this will be considered as part of the requirements.	N/A	1/3/17	31/3/19	7/3/18	Checks, balances and reconciliations that are completed in respect of pensionable pay, including some very challenging returns to Local Government Pension Scheme and Police Officer pension administrators at year end. The Audit Committee accepted these mitigations. In addition, the Constabulary is pursuing a new reporting tool that will address the issues but this will not be implemented until the end of the 2018/19 financial year. A revised due date has been requested.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1804 HR – Learning and Development	Succession planning be linked to the workforce plan to ensure that there are appropriately qualified and trained officers.	2	A framework for succession planning has been established, and a pilot held involving senior leaders within the Constabularies (Chief Inspector and above). This included career conversations, chief officer meetings in order to draw up short, medium and long term succession plans. The feedback from the pilot will be used to refine and develop the framework in conjunction with workforce planning for the rest of the organisation.	Director of HR	30/9/18	31/3/19	4/10/18	Feedback has been collated and is being reviewed by the Director of HR. This feedback will influence how this is rolled out across the constabularies – including police staff.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1804 HR – Learning and Development	A standard process be developed for the approval of training. This should include the Learning and Development department to approve all requests for training, and be notified when courses are arranged by areas such as Specialist Operations and Firearms.	2	Learning and Development are progressing work to understand the flow of requirements around external training. Through understanding the flow, Learning and Development will be able to determine expenditure against planned and proposed bids. Following this exercise, Learning and Development will present the DCCs with all training bids for scrutiny with recommendations from Learning and Development and justification from the department heads.	Temporary Chief Inspector - Operational Training Manager	30/9/18	30/6/19	4/10/18	This process has been agreed with the DCCs and is being rolled out for planning preparations for 2019/20 year. A revised due date has been requested.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1804 HR – Learning and Development	ERP be investigated to see if adequate quality control measures can be set up to prevent police staff being assigned courses and skills that only police officers can achieve.	2	Learning and Development are working with Cap Gemini and have identified a number of change requests to the ERP Board to improve the work flow, and therefore improve the quality of data input into the system.	Temporary Chief Inspector - Operational Training Manager	30/9/18	31/3/19	4/10/18	A technical fix is still being progressed by Cap Gemini.
NSC1804 HR – Learning and Development	Training and user guides be provided to the Learning and Development Administrators so that skills data is accurately and correctly recorded on ERP.	2	This will be drafted and completed as part of the work listed.	Temporary Chief Inspector - Operational Training Manager	30/9/18	31/3/19	4/10/18	This is still in progress.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1804 HR – Learning and Development	Training expiry dates be assigned for all courses, to enable reminders to be sent at designated intervals and/or ERP updated with a new expiry date.	2	Automated ERP reminders are problematic owing quantity. Force Announcements have advised individuals that it is their responsibility to understand their own skill profile.	Temporary Chief Inspector - Operational Training Manager	30/6/18	31/3/19	4/10/18	A semi-automated method that records expiry dates has been developed. In conjunction with the semi-automated method and training leaders this enables better tracking of competencies. A longer term solution surrounding a self-help function will be available via the Learning Management System.
NSC1804 HR – Learning and Development	Standard titles be assigned for all courses and these to be uploaded on to ERP so that Learning and Development staff select the appropriate course for staff.	2	The ERP Project has identified naming discrepancies within skills. The project is setting naming conventions when new course details.	Temporary Chief Inspector - Operational Training Manager	30/9/18	31/3/19	4/10/18	This work is still in progress. The Task and Finish group is the governance mechanism for this work. An action plan has been produced to address this, progress against this is monitored by the Task and Finish Group.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1804 HR – Learning and Development	A full review of the skills data recorded on ERP to be undertaken, requesting skills data held and trainers from individual departments, to ensure that ERP has an accurate record and can be used to identify skill requirements and gaps across the forces.	1	The ERP skills review is well underway. The findings are being fed into the ERP Board for future changes to the ERP system, which will require change requests. The ERP Board has agreed the procurement of new management information software for the ERP system, which will also provide assistance in this area.	Temporary Chief Inspector - Operational Training Manager	27/6/18	31/3/19	4/10/18	A review is underway. Progress against this review is being monitored by the Task and Finish Group.
NSC1804 HR – Learning and Development	ERP be used for recording all scheduling of training courses and expected attendees by the Learning and Development Administrators, and be updated when officers have completed courses. Discontinuing the use of spreadsheets.	2	Protective Services were required to hold the "Mercury Report" which is a national requirement. Significant sections of this have to be undertaken manually. ERP could be better utilised to complete this. Work contained within the other management responses will enable this to be progressed.	Temporary Chief Inspector - Operational Training Manager	30/9/18	31/3/19	4/10/18	Mapping of those elements of the Mercury report that are not stored within ERP has been undertaken, and these areas have been highlighted to stakeholders. Stakeholders have been informed of the benefits of an automated approach to this submission which will also enable more informed workforce planning.

Follow Up Review

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1810 Procurement – Temporary Recruitment	The Constabularies to assess potential conflicts of interest for agency staff and where appropriate convey this to the agencies, requesting a conflict of interests form be completed where required, in line with employed staff, possibly as part of the service agreed with Reed.	2	This will be discussed at the next HR Leadership Team Meeting on 20 February 2018, with a view to requesting Reed to complete this for the Constabularies, and establishing arrangements for other suppliers.	Head of HR	31/5/18	31/12/18	4/10/18	A draft form has been created, and will be sent to Reed to include as part of their process, by 31st July 2018 for them to complete. This will be discussed with the PSD department, in relation to be incorporated into the vetting Checks which are already undertaken.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1811 Procurement – Compliance with CSO within departments	Orders on Tranman to be authorised electronically, and authority limits on Tranman to be set so that they are in line with the Constabularies joint contract standing orders.	2	A review of the present and potential automation of Tranman will be carried out with a view to cost effectively maximising the ability of the system where appropriate. Transport service will adopt the organisations purchasing activity limits.	Head of Finance and Head of Transport Services	31/3/18	31/3/19	27/6/18	Tranman was updated by Civica back in December 2017. The authorisation was added at invoice stage on Tranman, which is incorrect and has now been removed. Civica provided a quotation, as they want to charge for the approval process in the right place. Unfortunately at a cost of £10k. A meeting was held again with Civica to and negotiate a better deal but this was not possible. A request for change form is to be submitted to the Organisational Board for approval of the funding.

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NSC1812 Business Interests	The business interest policy to be expanded to include what constitutes a business interest, when and how this should be declared and those allowable; police funded courses, to ensure that individuals only undertake courses in the interest of the Constabularies and not for personal gain; requirement for managers to consider approval for staff undertaking police funded courses to be considered on an individual basis.	2	The policy is out to consultation, waiting to be ratified and on to JNCC. The completion date is to reach this point in the approval process, as the subsequent stages are outside of the department's control.	Senior Complaints, Appeals & Policy Manager	30/9/18	31/12/18	11/10/18	The Business Interest Policy is still under review by PSD. There is an issue around categorising Politically Restricted Posts. Recent discussions were that the posts to be included were to be agreed by HR, PSD and UNISON at the next Integrity Board on 29th November. The Business Interest Policy published on the intranet is the Business Interest Policy that is dated June 2016.

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NSC1812 Business Interests	Employment contracts be reviewed for staff that attend police funded courses to be required to reimburse the Constabularies if they leave within set time periods of attending the course. As well as setting restrictions on working within a set geographical area for a given period.	2	The policy has been revised to reflect setting restrictions on geographical area for working and on course reimbursement. Consideration is being given to including reimbursements within employment contracts and what would be enforceable. An implementation date of 30th September 2018 is provided for the consideration period, to ascertain whether this is feasible to fully implement.	Senior Complaints, Appeals & Policy Manager	30/9/18	31/3/19	9/10/18	This is still work in progress. A review of contracts has not been undertaken due to resourcing issues.



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NSC1814 Risk Management – Mitigating Controls	Controls on the strategic risk register be made specific, applying the 'so what' approach, to enable them to address the risk identified.	2	Linked to Action Plan Finding 4 (above). A pilot of the revised template for the Joint Strategic Risk register will incorporate this recommendation.	Risk & Compliance Manager	8/6/18	28/2/19	13/9/18	An overarching report and revised template for the Strategic Risk Register was presented to Chief Officers on the 18/06/18. It was agreed that a six month trial would take place to assess the benefits. The template has been amended to incorporate additional controls for the Joint Strategic Risk register and will be reported upon in February 2019. This trail is underway and due to report back to Chief Officers in February 2019. Revised due date has been requested.

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NSC1817 IM - Data Quality	A review of the two dashboards be undertaken and a decision made as to whether both dashboard reports continue to be run, and in their current format.	2	The Dashboards were designed by Essex Police and agreed for use by all Athena Forces. Any changes require other Athena Force DQ Leads, the Information Management User Group (IMG) and to be ratified by the Athena Business Design Authority. Work is taking place by the (regional) Athena Data Quality Sub Group.	Information Compliance Manager	1/4/18	31/12/18	20/9/18	The Athena DQ Group no longer runs, as the chair does not have the capacity to run or engage with this. This has been raised to the SIRO and we await the outcome. To this end this action is not able to be completed, as this work is directed by this group.



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NSC1817 IM - Data Quality	Regular reports be provided to departments on potential data errors so that departments can target specific areas.	2	The level of errors is still high due to a number of errors within the early stages of Athena. As time has passed, changes have been made to reduce the errors. The Data Quality team are not yet in a position to look further into the variance of issues outside the match & merge queues but the vision is to do so based on the improved reporting mechanisms from the AMO.	Information Compliance Manager / Records Manager	1/4/18	31/12/18	20/9/18	The Data Quality and Audit Officer post is still vacant and this work is directed to this post. The DQ team work on a list that is created within Athena and prioritises this in accordance with their processes, due to the large amount of errors this work will be continuous with the staff allocated. The Head of Information Management is meeting with the Athena Project Team to discuss the force business case proposals on how this can be resourced in future.



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Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Revised Date	Last Update	Latest Response
NSC1817 IM - Data Quality	A resolution be sought on the outstanding and growing duplicate Athena records across each of the categories.	2	The 500 limited is a technical limitation set by the AMO. A current change notice is being proposed to remove cases which have been reviewed but that cannot be merged, from the match & merge list. There is a cost element to this change which has to be agreed and prioritised by the BDA and AMO. A number of issues remain unresolved within Athena which has a direct impact of the level of duplicates in the system.	Head of Information Management / D/Supt Joint Justice Command - Athena Lead	1/4/18	31/12/18	20/9/18	The Data Quality and Audit Officer post is still vacant and this work is directed to this post. The DQ team work on a list that is created within Athena and prioritises this in accordance with their processes, due to the large amount of errors this work will be continuous with the staff allocated

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NSC1819 HR – Absence Management	A review of data entered on ERP, Enact and the Duty Management System (DMS) be completed to ensure that it is following the correct processes to ensure it continues to align.	1	The list of anomalies has been reviewed by the Management Information Team. Many of the differences are related to the way in which the different systems count sickness, rather than user errors. This may be difficult to address, but there has been progress made to ensure that the relevant processes are followed thus reducing genuine errors causing inconsistency. This will be an ongoing review, with a review date of June 2018 to review progress.	HR Service Centre Manager	30/6/18	31/5/19	4/10/18	This is continually reviewed – data is reconciled on a monthly basis by the Management Information team. Work is ongoing to replace the enAct system by the end of the financial year.

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NSC1819 HR – Absence Management	A briefing note be prepared to staff on the appropriate means for recording of sickness, including accounting for free/rest days. The briefing note to be circulated to all Line Managers.	2	The Management Information Team have reviewed this action and this does not inflate our reported sickness figures. This is because we report on number of working hours lost, which does not include rest and free days. This does affect operational police officers, as they could be called in if they are fit, and therefore guidance will be updated and circulated via HRAs.	Operational HR Manager	31/5/18	31/5/19	4/10/18	Given that the way in which we report sickness will alter following the replacement of enact, this will be picked up as part of the communication for the new system.
NSC1822 Safeguarding and Investigations	Appropriate support arrangements to be established by the Constabulary for victims who allege police victims of crime created through inappropriate relationships.	2	Victim Support have been commissioned to provide support to victims in both Norfolk and Suffolk. Meetings have taken place with Victim Support to identify and tailor the service with Case Managers to tailor specialist training in this field.	Detective Inspector - Norfolk & Suffolk Anti Corruption Unit Professional Standards Department	30/9/18	31/12/18	9/7/18	Vetting checks have now been completed on the selected individuals from Victim Support who will be undertaking the support role. The first round of training for the support role is booked for the 30/10/18.

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NSC1823 Overtime, Expenses and Additional Payments	Sample testing on 10% of claims to include the validity of the claim and whether they are submitted within the guidelines.	2	The claims selected for testing are checked that they comply with the policy and rejected if they do not. With regards to the validity it had been agreed that through publication of the appropriate policy along with an understanding of potential disciplinary proceedings for non-compliance that the Constabulary would manage the remaining risk.	Head of Transactional Services	30/9/18	31/3/19	19/9/18	Reporting solution is not yet in place, risk remains on risk register. Date of implementation not yet known. Revised implementation date of 31st March 2019

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NSC1825 Corporate – Policies	Review and update of HR protocols be undertaken, and amalgamated into a policy where possible.	2	Linked to Action Plan finding 2. As all of the protocols belong to the HR Department, this will form part of the JCOT decision paper to be tabled in July 2018.	Director of HR	16/7/18	31/3/19	13/9/18	Update from Programme Management Office - It has been agreed with HR that these protocols will be loaded onto their Health & Safety intranet site for employees to view. A link back to any more formal policy documentation will be available on the same intranet page. These HR health and safety protocols will no longer be reported on as part of the policy updates. An action plan has been developed by HR to review all policies, protocols are to be incorporated into an appropriate policy where appropriate. Revised due date of 31st March requested.

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NSC1827 Commissioners Grants – Suffolk	Victim Support be asked to review the data in the performance reports to ensure the integrity and accuracy of performance data.	2	This will be raised with Victim Support.	Policy Officer	30/9/18		16/7/18	Email sent to PCC office on the 20th September for an update.
NSC1829 Payroll, including ERP Reporting	System controls on Enact to be investigated, to ensure Enact forms can only be approved by the relevant authorised signatory and prevent employees from approving their own Enact forms.	1	Enact has only one more year under contract, and the intention is not to renew this product. Instead a review is underway into products that are either already part of the Oracle ERP suite, or integrate into that platform. However, conversations are underway with the Enact provider Encircle and early indications are that they can make this change at minimal cost. However, if significant investment was required this will not be undertaken as any investment will be into the replacement system.	Head of Transactional Services	30/6/18	31/3/19	19/9/18	Apex is currently being implemented and the contact with Encircle (Enact) will be terminated in due course.



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NSC1829 Payroll, including ERP Reporting	The reporting functionality on ERP to be explored so that all necessary reports can be provided to enable line managers to have all necessary information, including a report of new starters, leavers and changes within the monthly payroll.	2	Heads of Department have regular meetings with their management teams, and with HR and Finance Business Partners to understand their staffing position. However, a business case is in draft in connection to a new reporting solution and funding has been provided within the MTFP. The reporting solution will have much wider benefits than the more narrow issue outlined here.	Head of Transactional Services	30/6/18	31/3/19	19/9/18	This is reliant upon the new reporting tool, which has not yet been deployed.

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NSC1829 Payroll, including ERP Reporting	Resources to be allocated to addressing the issue for the 70 employees that have not been included on the FPS report, to rectify that for these employees their ability to claim state pension is not affected.	2	This is a complex issue and work has been ongoing within Capgemini to arrive at a solution. Also discussions have been taking place with HMRC on the issue. The latest position is that an Earlier Year Update (EYU) process will be run to correct the position and provide HMRC with the correct information about the individuals concerned.	Head of Transactional Services	30/6/18	31/3/19	19/9/18	The payroll team has now been restructured and a special projects role created to resolve the outstanding issues within ERP. This is one of the issues which will be resolved shortly



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Audit Committee Forward Work Plan

15 January 2019

Welcome and Apologies	
Declarations of Interest	
Minutes of meeting 23 October 2018	
Audit Committee Terms of Reference	Report from CFO
Internal Audit 2018/19 Plan update 2019/20 Internal Audit Plan (draft)	Reports from Head of Internal Audit
External Audit 2017/18 Accounts Annual Audit Letter 2018/19 Audit Plan	Reports from Director, E&Y
Treasury Management 2018/19 Half Year Update 2019/20 Strategy	Report from CFO
Strategic Risk Register Update	Report from Chief Exec and CC
Forward Work Plan	Report from CFO

16 April 2019

Welcome and Apologies	
Declarations of Interest	
Minutes of meeting 15 January 2019	
Internal Audit 2018/19 Progress Report and Follow Up Review 2018/19 Annual Report 2019/20 Internal Audit Plan (Final)	Reports from Head of Internal Audit
Annual Governance Statement 2018/19	Report from CFO
External Audit Plan 2018/19	Report from Director, E&Y
Strategic Risk Register update	Report from Chief Exec and CC
Forward Work Plan	Report from CFO

June 2019 Private (informal meeting) – date tbc

Draft Statements of Accounts 2018/19	Reports from CFO
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July 2019 – date tbc

Welcome and Apologies	
Declarations of Interest	
Minutes of meeting 16 April 2019	
Internal Audit 2019/20 Progress Report (including outstanding reports from 2018/19)	Report from Head of Internal Audit
Final Accounts 2018/19 Approval including External Auditor's Audit Results Report	Reports from CFO and E&Y
Forward Work Plan	Report from CFO

October 2019 – date tbc

Welcome and Apologies	
Declarations of Interest	
Minutes of meeting July 2019	
Internal Audit 2019/20 Plan update and follow-up Report	Report from Head of Internal Audit
Strategic Risk Register update	Report from Chief Exec and CC
Forward Work Plan	Report from CFO

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