



Agenda Item 05

**JOINT AUDIT COMMITTEE
27th September 2019**

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

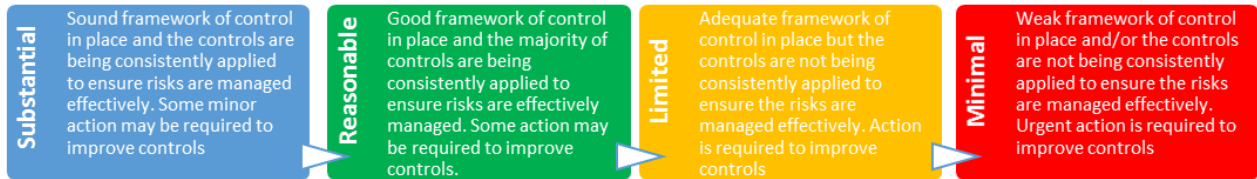
- 1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period July 2019 to date.

2. BACKGROUND

- 2.1 The Committee's Terms of Reference include a requirement to receive progress reports on the activity of Internal Audit. This report is submitted in accordance with this requirement.
- 2.2 This Activity Report attached also provides the following for members:
- Summaries of key findings;
 - Recommendations analysis; and
 - A performance update.
- 2.3 The role of the Internal Audit Team is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable's objectives are achieved. The work of the Team should be directed to those areas and risk which will most impact upon the Police and Crime Commissioner and Chief Constable's ability to achieve these objectives.
- 2.4 Upon completion of an audit, an assurance opinion is given on the soundness of the controls in place. The results of the entire audit programme of work culminate in an annual audit opinion given by the Head of Internal Audit based on the effectiveness of the framework of risk management, control and governance designed to support the achievement of organisation objectives.
- 2.5 This Activity report provides members of the Joint Audit Committee with a summary of the Internal Audit work undertaken, together with a summary of audit opinions, during the period July 2019 to date. The audit report also summarises the key findings from those reviews where an audit opinion of "Minimal" or "Limited" Assurance has been assigned.

3. PROGRESS SUMMARY

3.1 An audit opinion is provided as part of each Internal Audit report. It is derived from the work undertaken during the audit and is intended to provide assurance about the internal controls in place in that system or particular activity. The audit opinions currently used are:



3.2 Table 1 details those audits that have been finalised since the previous report to the Committee in June 2019, along with details of the opinions given.

Table 1: Assurance Work Completed in the period March 2019 to date

No.	Audit Review	Assurance Opinion
1	Mental Health	Limited
2	Force Response	Reasonable
3	Debtors	Reasonable
4	Duty Management System - pre-implementation review	Reasonable
5	Appropriate Adults	Limited
6	PPU Child Conferencing	Reasonable
7	Centre for Applied Automation	Reasonable

3.3 Summaries of key findings from those reviews where an audit opinion of “Minimal” or “Limited” has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 2018/19. This will be considered when forming the annual audit opinion.

3.4 In addition to the audits finalised during the period, the following audits are nearing completion with draft reports issued and management comments awaited:

- Asset Management – personal issue devices
- Missing Persons
- IT Strategy
- CTU Business Support

4. RECOMMENDATION ANALYSIS

4.1 Recommendations are made based on the level of risk posed by the weakness identified. The current ratings used for ranking recommendations are:



4.2 Internal Audit follow-up recommendations to ensure they have been implemented. All recommendations are followed up six months following the date the final audit report is issued to establish progress in implementing the recommendations. Any that remain outstanding following the six month follow-up review continue to be followed-up every three months until confirmation is received of implementation.

4.3 A number of follow-up reviews have commenced during 2019/20. 26 audits have been followed up to date, which are summarised in Table 2 below.

Table 2 – Analysis of Follow-Up Audits undertaken during 2019/20

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Force risk management arrangements	4	3			1
2	Information Sharing Agreements (x2)	4	4			
3	Intelligence Management and Tasking	2	2			
4	BWV Benefits Realisation (x2)	4	3		1	
5	Body Worn Video (x2)	11	10		1	
6	DSU & Co-operating Offenders Unit	1	1			
7	WMP2020 Project Reviews	7	7			
8	Bank Reconciliation	4	1		2	1
9	Contract Management (3 rd)	9	5		3	1
10	Payroll	8	8			
11	Use of consultants	2		2		
12	Application of THRIVE+	8	4			4
13	Public Protection Unit	6	4		2	
14	Pensions	6	5		1	
15	Workforce Planning, Diversity and inclusion	3	1			2
16	Victims Code Compliance	8	8			
17	Custody Visitors Scheme	9	3			6
18	NUMS	5	1		3	1
19	Civil contingencies (x2)	3	3			
20	GDPR Readiness review - Force	5	3			2
21	Health & Safety	5	5			
22	Digital Experience for Citizens (2 nd)	2	1		1	
23	Budgetary control	3	2			1
24	Treasury Management	2	2			
25	Disclosure	4	4			
26	Force Governance Arrangements	4	3			1
	Total	129	93	2	14	20

4.4 Table 2 identifies an 83% implementation rate (fully and partially) for those audits followed-up to date during 2019/20. The recommendations still outstanding will continue to be monitored in line with agreed processes.

4.5 A number of follow-up reviews are in progress, pending management feedback and supporting evidence confirming implementation of medium and high rated recommendations. These are detailed in **Appendix 3**, which also summarises the status of recommendations of those audits completed in 2019/20 and any outstanding from previous years. Some recommendations are not yet due for follow-up, and an indication of the proposed follow-up dates is provided.

4.6 A summary of the recommendations agreed with management analysed over the last few years is provided in Table 3.

Table 3 – Breakdown of Recommendations 2017/18 to 2019/20

Rating	Number agreed		
	2017/18	2018/19	2019/20
High	7	1	0
Medium	84	70	20
Low	52	59	21
Total	143	130	41

4.7 The current position of the high and medium rated recommendations is provided below.

Table 4 – Status of High/Medium Recommendations

	2016/17	2017/18	2018/19	2019/20	Total
Total Number	58	91	71	20	240
Total not yet due to be Followed-up/Follow-up in progress	0	3	44	20	67
Total Followed-up Concluded	58	88	27	0	173
<i>Of Which:-</i>					
Total Implemented	43	70	15	0	128
Total Redundant*/risk accepted	13	9	0	0	22
Total Outstanding after follow-up	2	9	12	0	23

**Redundant are recommendations that are no longer relevant or recommendations have been superseded by a later audit*

4.8 Of the 173 significant recommendations followed-up to date, 128 (74%) have been implemented. Full details of the 23 recommendations that remain outstanding and the latest progress updates are detailed in **Appendix 4**. The latest update confirms progress is being made on the majority of these recommendations.

5. OTHER AREAS OF ACTIVITY

5.1 In addition to planned Internal Audit work that require assurance levels to be assessed, other planned work relates to those areas of activity that support and underpin the overall concept of internal control and proactive advice work. During the period covered by this report, the other areas of activity undertaken are as follows:

- **National Fraud Initiative (NFI)** – In January and March 2019 Internal Audit received data relating to creditors, payroll and pensions from the Cabinet Office for the 2018/19 NFI exercise. Investigations are continuing into the recommended matches, with priority given to the strongest matches. Immediate action was taken in January to stop any continuing payments relating to deceased pensioners pending confirmation of death and to date £16,098 of overpayments has been identified which Pensions Services are pursuing. High rated creditor matches have also been investigated and to date £3,549 in duplicates has been identified through the NFI exercise that the force is currently in the process of recovering.
- **Liaison meetings with WMP2020 Programme Management Office** – as a result of common themes internal audit has identified in new projects and system implementation, a liaison meeting was held with the Programme Management Office to feedback those themes for consideration into future projects. These themes include user access, training and management reporting. This was a very useful meeting where learning was shared and discussions were held around ongoing learning from internal audits. As a result, further regular liaison meetings have been established.

6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs are set out in Table 5 along with actual to date for 2019/20. The audit coverage is slightly below the pro-rata target for this time of year. This is anticipated as the earlier part of the year is heavily weighted to planning, preparation and commencing audits, with more reports being issued in the latter months.

Table 5 – KPI data 2019/20

KPI Description	Narrative	Annual Target	Actual 2019/20
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered.	90%	31%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	100%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	95%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
Quality Indicators:			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good".	95%	99%

7. RECOMMENDATIONS

- 7.1 The Committee to note the material findings in the attached Internal Audit Activity Report and the performance of the Internal Audit Service.

<p>CONTACT OFFICER Name: Lynn Joyce Title: Head of Internal Audit</p>
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<p>BACKGROUND DOCUMENTS None</p>
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APPENDIX 1 - Summaries of Completed Audits with Limited or Minimal Opinion

1 Mental Health

This audit aimed to provide assurances that legislative changes and supporting guidance are being adhered to and adequate arrangements are in place to effectively provide mental health support. The review included training for officers and staff on mental health, governance and partnership arrangements, processes for identifying, supporting and managing people with mental health disorders, and performance monitoring and review processes.

The key findings of the review are as follows:

- The completion rates for the College of Policing mandatory NCALT training package 'Mental Health and the Police' is poor, with only around 25% of required police officers completing the course. The police staff roles that are required to complete the training have not been defined, but when completion rates for Custody, Witness Care and Contact Handling staff were reviewed, completion rates were low, at around 8%.
- The SME's are currently not attending the Mental Health Delivery Board which is the forum where external inspections of partners is discussed. This gap may impact on WMP's ability to contribute to and action recommendations arising from external partnership inspections, including how the recommendations are incorporated into the WMP governance structure to ensure they are progressed and monitored.
- Currently when Force Contact receive calls from the public there is no initial classification to capture if the call is mental health related in Oasis. This results in an inconsistent approach in how mental health calls are classified and impacts on identifying mental health related calls for service.
- A review of a sample of mental health related logs questioned whether police attendance was necessary, especially in relation to calls being received from health services where they have powers and responsibilities under the Mental Health Act. Internal Audit were informed that mental health teams are requesting WMP undertake safe and well checks for individuals when it is near the end of their working hours, with one of the logs reviewed supporting this. No information is currently being collected by the Force to analyse and share this issue with partners for transparency purposes and to increase partner accountability.
- When Liaison and Diversion (L&D) engage with detainees in custody, L&D staff should have access to the custody system to update records with outcomes. From reviewing a sample of custody records it was evident that L&D were not consistently updating the records so it was unclear what action is being taken and if there are any issues that custody staff need to be aware of to revise the detainees risk assessment and effectively manage the risk of the detainee whilst in custody.
- Delays occur in Crisis Teams attending Custody to complete a mental health assessment and also in locating a bed in a place of safety. These delays can impact on the duration of the persons detention under PACE. To capture such delays and escalation protocols applied, a control record has been introduced, to be completed by PACE Inspectors. As the use of the control record is in its infancy there is currently no oversight through the force governance structure to confirm that escalation protocols are being applied consistently when issues occur and also to share, address and resolve working practices with partners.
- The annual data return to the Home Office on the use of Section 135/6 of the Mental Health Act and a police station being used as a place of safety was reviewed. It was identified that there were a small number of instances where a police station had been used as an interim measure to hold the person whilst awaiting conveyance to

a health based place of safety. With the police station being used in this manner, there is an increased risk that legislative requirements are not being met and the risk, care and control issues for the vulnerable person are not being managed and arrangements adequately recorded.

In response to the issues above management have agreed a series of actions, which includes the following:

- As part of the current policy review a proposal for a communications strategy, training programme and engagement event with partners is being drafted for Force Executive Team (FET) consideration.
- The mandated completion of the NCalt package 'Mental Health and The Police' has been circulated to relevant SLTs for local governance/management with results reported back to the Mental Health Steering Group's.
- Requests have been sent to relevant partners for invitations to key meetings.
- A meeting has also been arranged with Intelligence to review all current HMICFRS recommendations and ensure actions for WMP are owned and implemented.
- The Head of Force Contact has been appointed Demand Silver and has developed a plan which includes an action in relation to working with partners to ensure they do not increase the demand on WMP through inappropriate calls for service. Ongoing review work will be put in place to monitor partner's adherence to this 'offer'.
- L&D teams now have access to ICIS and can update custody records. They have been provided with the appropriate training and reminded of their responsibility and duty to update ICIS in a timely manner.
- New Governance arrangements are now in place through the Mental Health Steering Group has commenced to provide a platform for escalation issues.
- A Mental Health Matrix is now embedded within custody for all PACE Inspectors to record a chronological time line of all interventions to ensure compliance with the new Mental Health legislation.
- A review of WMP Mental Health Policy is underway and clarity will be written into policy documents to provide officers with guidance on 'place of safety'. The aim is for this to be accessible on the 'Go to Guides' app on mobile devices. This will be supplemented by a formal launch of the policy and communications strategy subject to Force Executive Team approval.

2 Appropriate Adults

This audit sought to provide assurances that an effective Appropriate Adult scheme for vulnerable adults is being managed by the Office of the Police and Crime Commissioner (OPCC) and that there are sufficient protocols and management information available to allow the PCC to hold the Force and Local Authorities to account for the provision of Appropriate Adults to both vulnerable adults and children. The review included recruitment of Appropriate Adults, training and support, safeguarding arrangements, expenses, management information and information sharing regimes, performance measures and oversight of scheme arrangements.

The key findings of the review are as follows:

- To ensure that vulnerable adults can have confidence in the Appropriate Adult supporting them, the Appropriate Adult should be free of any impairments to their independence. The majority of the Appropriate Adults currently engaged by the scheme also volunteer as an Independent Custody Visitor on behalf of the PCC and therefore their independence may be compromised.

- The level of demand for the scheme has not been established and a rota is not in place. Rather, officers contact Appropriate Adults from a list to identify an available volunteer. This approach has led to the Force heavily relying on specific volunteers, with two volunteers attending over half of all engagements. This approach risks deterring other volunteers from fully engaging with the scheme due to lack of opportunities.
- The age and gender mix of Appropriate Adults does not accurately reflect the individuals that the scheme is supporting and due to current vetting arrangements individuals with an offending background are barred from the scheme. The voluntary national standards recommend against full police vetting and suggest a disclosure and barring check instead to ensure people whose life experience (previous offenders) may assist them to be effective in this role are not excluded without proper consideration.
- There is a lack of a volunteer agreement and guidance setting out what is expected of Appropriate Adults and what they can expect in terms of support from the OPCC along with any rules or procedures the OPCC expect volunteers to adhere to.
- There was a lack of evidence held in the Force Custody system to support the actions of Appropriate Adults when arriving at sites. In particular, the re-reading of rights and entitlements in the presence of the Appropriate Adult, which is required by PACE, was not always being documented and therefore it cannot be assured that this, and other requirements, are being fulfilled.
- The PCC has agreed to a Home Office voluntary agreement which sets out the role of the PCC in holding to account the provisions for supporting vulnerable adults and juveniles held in custody or attending voluntary interviews. Despite supporting the requirements of this voluntary agreement, there is a lack of a defined performance framework to enable the PCC to demonstrate the effectiveness of the schemes.
- Obtaining management information from Force systems in regard to Appropriate Adults and the individuals supported proved difficult as the current custody system does not record data in a retrievable format to allow performance to be analysed.
- Personal information in regards to individuals held in custody is being transferred to the OPCC via the post or insecure email accounts by volunteers which may breach GDPR. This could be resolved by using custody reference as an identifier on each report submitted by Appropriate Adults, rather than full names.
- The Home Office voluntary agreement advocates a collaborative approach with Local Authorities when monitoring the scheme and supports the sharing of information with Local Authorities to inform joint reviews and enable improvement plans to be developed. As a performance framework hasn't been established no information has been shared to date and an Information Sharing Agreement is not in place. Developing an Information Sharing Agreement alongside a performance framework would help ensure that all parties understand why they are sharing information, with whom and what types of information is to be shared.

In response to the issues above management have agreed a series of actions, which includes the following:

- Recruitment is planned which will increase the overall numbers, and enable the Appropriate Adult and Independent Custody Visitor schemes to be separated to a better degree. There are a number of long standing and valued volunteers who are in the pattern of working on both schemes. These will be allowed to continue, but they will be asked to conduct the two activities at different sites. Increasing the diversity of the scheme will be a consideration in forthcoming recruitment.
- A volunteer agreement/handbook is currently being developed.

- Requirements around Appropriate Adults being present when key conditions are being discussed with individuals held in Custody and updating custody records are to be discussed with the Criminal Justice Service and included in future training for Appropriate Adults to promote consistency.
- To comply with GDPR, the forms completed by Appropriate Adults summarising details of engagements are being amended to require custody reference and not names of individuals, which will also be included in future training.
- The OPCC is working with WMP to ensure management information requirements are considered as part of the Connect Project. Once the performance information is established, requirements will be published and made available to all the local authorities. Once this information has been established, it will be determined if an Information Sharing Agreements is required.

APPENDIX 2 – Summary of Plan Position

2018/19 Audits Completed During 2019/20

Audit	Status	Opinion / Comments
Creditors*	Final	Reasonable
Fleet Telematics*	Final	Limited
WMP2020 Benefits Realisation*	Final	Reasonable
Shared Services System Access*	Final	Reasonable
Bail Management*	Final	Reasonable
Debtors	Final	Reasonable
Mental Health	Final	Limited
Force Response	Final	Reasonable
Asset Management / Mobility	Draft	Limited
PPU – Child Protection Conferencing	Final	Reasonable

*included in 2018/19 annual report

2019/20 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
CTU - Business Support	Draft	
PPU - Safeguarding Boards		
PPU - Vulnerability		
Controlworks (Command and Control System) Pre implementation review	WIP	
IT&D System-database access and administration	WIP	
Nat Fraud Initiative - investigation of matches	WIP	
ICT Strategy	Draft	
Drones		Postponed until Oct/Nov 2019
National Police Air Service	WIP	
Training		
Occupational Health	WIP	
Diversity & Inclusion		
Duty Management System - pre implementation review	Final	Reasonable
PSD Case Management (Complaints - Investigations)	WIP	
Supplier and Contract Management		
Grant Funding and Commissioning Outcomes (Advisory)		
WMP2020 Post Implementation Review		
Vetting		
Financial Systems - Pool Allocation <ul style="list-style-type: none"> - VAT - Credit Cards - Fixed Asset Register 		

Audit	Status	Opinion / Comments
GDPR		
Disclosure	WIP	
Data Driven Insight		
Connect - Pre implementation review		
Centre for Applied Automation	Final	Reasonable
Missing Persons Process	Draft	
Commonwealth Games (Advisory)		
Complaints Process (Advisory)		
Crime Data Integrity	WIP	
Management of Repeats (Victims and Offenders)	WIP	
Appropriate Adult Scheme	Final	Limited

APPENDIX 3 - Analysis of progress in implementing recommendations (by year)

Good progress (>75% implemented)
Reasonable progress (>25 and <75% implemented)
Limited progress (<25% implemented)

2019/20 recommendations	Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Mental Health	8					8	Dec-19
Force Response	7					7	Dec-19
Debtors	6					6	Dec-19
Duty Management System - pre-implementation review	3					3	Jan-20
Appropriate Adults	8					8	Mar-20
PPU – Child Protection Conferencing	5					5	Mar-20
Centre for Applied Automation	4					4	Mar-20
Totals for 2019/20	41					41	

Outstanding recommendations previous years	Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2018/19							
Public Protection Unit	6	4			2		In progress
Uniform allocation	5	1			4		Oct-19
Pensions Administration	6	5			1		In progress
Digital Experience for Citizens	2				1	1	Dec-19
GDPR Readiness Review (PCC)	9					9	In progress
GDPR Readiness Review (Force)	5	3			2		Full follow-up audit scheduled 2019/20
Independent Custody Visiting Scheme	9	3			6		Oct-19
Application and Usage of THRIVE+	8	4			4		In progress
Budgetary Control	3	2			1		In progress
Expense Payments	7					7	In progress
Onboarding	4					4	In progress



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Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Access and Usage of Intelligence Systems		6					6	In progress
Force Governance Arrangements		4	3			1		Dec-19
SOM		11					11	Interim update to be provided to JAC Sept 19
WMP2020 Benefits Realisation		5					5	Nov-19
Creditors		4					4	In progress
Shared Services System Access and Administration		5					5	Nov-19
Fleet Telematics		7					7	Dec-19
Bail Management		5					5	Dec-19
2017/18								
Force Risk Management Arrangements		4	3			1		Oct 19
Overtime		6	4	1		1		In progress
Contract Management		9	5			4		In progress
Section 22a Collaboration Agreements		4	3			1		In progress
Body Worn Video		11	10			1		Oct-19
IR35		4					4	In progress
Cadets Scheme		4	3			1		In progress
Bank Reconciliation		4	1			3		In progress
Workforce Planning, Diversity & Inclusion		3	1			2		Oct-19
2016/17								
Detained Property		8	4			4		In progress
Procurement		5	3			2		In progress
Totals		173	62	1	0	42	68	*23 of the 42 recs not yet implemented are significant and are summarised in Appendix 4

APPENDIX 4 – High/Medium Recommendations Outstanding after Follow-Up

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Planned Implementation Date	Latest position based on responses provided by management
1	30 March 2017	Procurement	Increased monitoring of spend with individual suppliers needs to be undertaken to ensure that both standing orders and legislative requirements such as those required for European Tendering are being complied with and to identify if contracts arrangements need to be introduced or pre-existing arrangements amended. The omission of contracts for Viglen Ltd and CLSH Management should be investigated and contracts established, if not already in place.	Meaningful MI from the order system will be able to be produced when Oracle Fusion is launched however in the interim period value and supplier information for non-cat orders will be extracted from the system and analysed on a quarterly basis to identify if contract arrangements need to be amended/implemented. Where this is identified the detail will be fed into Contracts and Procurement to complete the required amendments or implement new contracts. This will ensure that standing orders and legislative requirements are met.	End Feb 17	<p>Update as at March 2019: Procurement now have reporting capabilities from Shared Services to capture non-contracted spend, so this is something we will begin to utilise and will help us to capture non-compliant areas.</p> <p><i>Internal Audit Comment</i> As this report has not yet been embedded into practice, Internal Audit will request a further update in 3 months.</p> <p>Further follow-up underway – awaiting response from management</p>
2	29 March 2018	Contract Management	Part of the contract management process should include a review to measure the achievement of benefits and savings, where relevant. A process for formally recording and reviewing benefits arising from contracts should be established.	This work stream will be implemented as part of the contract and supplier management framework.	Q3 2018	<p>Update as at June 2019</p> <p>Further work is still required as to how to bring the Savings register, SPM benefits/efficiencies and social value all together.</p> <p>Further follow-up underway – awaiting response from management</p>
3	29 March 2018	Contract Management	Formal monitoring of spend against individual contracts should be introduced to aid contract managers when reviewing contracts and to inform future procurement exercises.	For contracts that are not let on a fixed price basis, reviewing the actual spend compared with the anticipated is of benefit and will ensure that the appropriate routes to market are utilised for renewals (as well as securing best value during the course of the contract). As such, working with the Finance Department, Procurement Advisors have been tasked with conducting an annual review (as a minimum) of the actual spend against each of their contracts.	Completed.	<p>Update as at June 2019</p> <p>All Contracts and Procurement staff have been given the responsibility of reviewing the 'actual' spend against all of the contracts they are responsible for compared with the anticipated on an annual basis as a minimum. The information (i.e. actual compared with indicative) is recorded on the force Contracts Database, so fluctuations can be easily monitored.</p> <p>Despite establishing this revised approach, however, reporting limitations from the new Oracle ERP solution is making this challenging. As such, it is suggested that progress against this recommendation continues to be</p>

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Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Planned Implementation Date	Latest position based on responses provided by management
						monitored until such time that the Oracle solution is able to provide accessible, accurate data in this regard. Further follow-up underway – awaiting response from management
4	March 2018	Body Worn Video	To improve performance arrangements around BWV: - Evidence.com system reports should be reviewed and, if any are deemed appropriate, an agreement made as to which reports would be beneficial to assess usage of BWV. - Additionally, a mechanism for seeking feedback from Investigators on the quality of footage, and any concerns over the misuse or lack of use of BWV for cases they have investigated should also be agreed with the Investigations teams. - Analysis of performance reports and feedback from Investigators should be used to inform additional training and awareness.	This will be addressed as Business as Usual (BAU) within the BWV Governance Group.	February 2019	Update as at July 2019 Chief Superintendent John Denley confirmed that this remains work in progress, monitored through the BWV Governance Board Further follow-up due Oct 19
5	15 September 2016	Detained Property	The Force must ensure that officers manage their property effectively by responding promptly to all property reminders, including booked out reminders	Additional Detained Property guidance and FAQs detailing officers/staff responsibilities will be developed and uploaded to dedicated pages on the Force intranet as a reference point for all officers and staff. A training item referencing the above site will be included in Team Talk and Local Command Teams will be engaged with.	Sept 2016	The new policy and processes have not yet been agreed, the timescale for the project is to have the new processes in place by early next year, at least in a pilot phase and for the redesigned processes to be BAU during the course of 2018-19. Update as at Sept 18 Reminder to be sent out to remind officers of this. Further follow-up underway – awaiting response from management
6	November 17	Overtime	To improve overtime processing arrangements within Force Contact: - validation checks should be introduced to ensure that overtime	Agreed we will work with FC to put this in place	31 st Jan 2018	Update as at Nov 18 Due to the amount of data that Force Contact hold regarding when the employee is logged on and when they are not this can be achieved from the data they hold. All staff authorising

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Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Planned Implementation Date	Latest position based on responses provided by management
			<p>processing is accurate and that all lines have been included on the master spreadsheet uploaded to payroll.</p> <ul style="list-style-type: none"> - an approved signatory list should be implemented and a check undertaken of authorising signatures to ensure they are valid; and - a control record be introduced to ensure all teams overtime cards have been received and processed. 			<p>overtime in Force Contact have been briefed. The RMPT are aware of what signatures are authorised to sign for overtime - as they are only processing for Force Contact. A control has been put in place to ensure that all overtime cards have been processed.</p> <p><i>Internal Audit Comment</i> An approved signatory list has not been implemented, however, Force Contact has advised that the overtime sheets have to be signed off ideally by the individual's relevant supervisor, but in some instances it will be authorised by another supervisor within Contact. They also state that nothing will be processed without the appropriate authority.</p> <p>The Assistant Director POD has confirmed he is comfortable with this arrangement. The fact that it goes to RMPT means it gets a second check before arriving within Shared Services.</p> <p>Assurance has been given from the Force Contact's Resourcing and Performance Manager that the original overtime cards are sent in for each area of Force Contact the details of which are then inputted. A member of Force Contact ensures that all the data is correct on the spreadsheet prior to it being forwarded onto Payroll. The Assistant Director POD has confirmed that this check is in place however it cannot be evidenced.</p> <p>Internal Audit consider this recommendation as partially implemented.</p> <p>Further follow up in progress – awaiting management response</p>
7	28 th June 2018	Cadets	<p>There should be a formal process for review and approval of Cadet Scheme policies and all policies should be assessed for equalities impact.</p> <p>All policies should also have a set review date to ensure that they remain fit for purpose.</p>	<p>Cadet scheme policies going forward will go through the Policy team and ultimately be approved by the Citizens in Policing Board. They will be reviewed annually.</p>	Ongoing	<p>Update as at February 2019 All Policies will be reviewed in the first instance by the CiP team. They will then be circulated to employee relations for signoff by the Cadets subgroup.</p> <p>Additionally we will consult the VPC to ensure our policies remain in line with best practice.</p>

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						All policies and appropriate documentation will be added to the Cadet subgroup action log and risk register as standing items. Further follow up in progress – awaiting management response
8	28 th June 2018	Bank reconciliation	The completion of bank reconciliations must be undertaken promptly and on a regular basis. In order to assist in timely reconciliations, management should explore how the auto-matching functionality within Fusion could be amended to assist the reconciliation process further and maximise efficiencies.	The completion of bank and other reconciliations will form part of a wider review of Accountancy processes and the monitoring of completion and sign off of reconciliations. This will form part of the Departmental delivery plan and will be introduced by the end of June 2018. The use of the new system will begin from April 2018 as I need to ensure we have assurance that the Fusion system is producing the reconciliation as expected.	30 th April 2019	Update as at May 2019 The implementation of the Cash Manager Module has proved more complicated than we anticipated principally due to 2 factors: a) Dealing with incomplete legacy data b) Having to change the methodology used for reconciling items through the Cash Manager module from the original method which was open to errors. We are now in a position where the balances have been reconciled to 31/03/19 using Oracle Fusion. The reconciliations for payables related transactions use auto matching, and we have procedures in place to batch reconcile other items. We will be examining going forward how to improve the auto reconciliation procedure in this and other areas. We believe that the process of reconciling transactions on a monthly basis should be relatively straightforward. Further follow up in progress – awaiting management response
9	28 th June 2018	Bank reconciliation	It should be ensured that there is evidence of management review to verify the accuracy and completeness of the bank reconciliation process, along with evidence of Senior Management overview of the reconciliation.	The Bank rec will be reviewed and signed off by the Principal Accountant.	Immediate	Update as at May 2019 The Senior Accountant has been working closely with the Reconciliations Officer during the year with regard to the bank reconciliation function. The Senior Accountant has been reporting back to the Principal Accountant on a bi-weekly basis as to progress on the reconciliations. Although there has been no formal sign off during the year, the Principal Accountant has reviewed and signed off the bank reconciliation for the 31/03/19.

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						Reconciliation will be produced, reviewed and signed off on a regular monthly basis from May 2019. Further follow up in progress – awaiting management response
10	27 th September 2018	Public Protection	<p>The domestic abuse training package delivered to Force Contact should also be delivered to Force Response to promote and embed what should be included in domestic abuse related logs, including:</p> <ul style="list-style-type: none"> • Their responsibilities in regard to confirming child presence and to ensure the child is contacted and recorded. • The information required from officers as part of updates including the duty sergeant attending or supervising and officer rationale for closing logs. 	<p>I will explore options around this. DA Inspectors have provided local inputs. We are also looking to engage the services of Safelives to deliver the College of Policing DA training. Money has been assigned for this. Force Response will be the first cohort for this training.</p> <p>Officers are also provided with further input from PPU supervision during the roll out of Op Encompass, explaining what is required of them around child information.</p>	September 2018	<p>Update as at June 2019 The Force remained committed to rolling out the SafeLives DA Matters to all Response staff. The additional trainers required have been identified and their training planned in.</p> <p>The contract with SaveLives has now been signed and PPU are arranging the training of our additional trainers. It is intended to begin training in the autumn.</p> <p>The issue of conflict with CONNECT training slots is still under review.</p> <p>There is a potential training conflict with some of the new IT developments (CONNECT), which Response need to complete which is under review.</p> <p>Further follow up in progress – awaiting management response</p>
11	28 th June 2018	Workforce Demographics Diversity & Inclusion	<p>To improve governance arrangements:</p> <ul style="list-style-type: none"> - Terms of Reference should be completed and finalised for all Board and Working groups set up for workforce planning and workforce demographics. - Records of meetings should document actions agreed and confirmation that they have been completed and followed up at subsequent meetings. 	Recommended action is accepted and is in the process of being implemented.	September 2018	<p>Update as at June 2019 In progress still. We are working with the Exec, specifically the DCC, to ensure the TOR and board functionality is appropriate and delivers what the organisation needs.</p> <p>Further follow-up due Oct 19</p>
12	28 th June 2018	Workforce Demographics	When the Talent Management Framework has been developed and	Agree this recommendation. This is part of the vision of how WMP will benefit from	August 2019	<p>Update as at June 2019 In progress still.</p>

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		Diversity & Inclusion	skills and capabilities for posts are mapped against those of the people in those posts, skills gap analysis should be completed to assess gaps between available and required resources. Plans and actions should be agreed to help address these gaps and help deliver the future workforce. This should be monitored and reported appropriately.	implementing a talent mgmt. framework. This project is in its early stages hence the target date in 2019.		The pause to this work is likely to continue for some time longer while we work to deliver the roll out of WMP conversations Further follow-up due Oct 19
13	Dec 18	Digital Experience for Citizens	Staff should be reminded to update eNotes with the relevant information from the Thrive assessment to ensure any potential victims are identified and there is a transparent record to support decisions.	Force Contact are currently refreshing the training and awareness of THRIVE and how it is used. This will include a necessity test of completion built into the training delivery to standardise when the assessments should be applied and in particular to non-vulnerability crime such as that recorded via Online Reporting. Online reporting is designed and only available for specific crime types, which fall into the volume category, whilst there will be a requirement to conduct a THRIVE assessment in some instances this is not required for each case. The training is designed by ensure staff understand THRIVE and how to use it, crimes reported online by the nature will not involve threat to life related issues as the online reporting tool directs such cases to be reported via 999 or 101 and the questions within the tool continual assess this process to understand if persons are at risk of harm, in danger, crime in progress, where the answers to these questions are such then at that stage the person is again directed to 999. This will remain under review as WMP develops processes for more crimes and incidents and will continually feature in the build of these.	December 2018	Update as at August 2019 Communication and reviews around the use of online reporting and the assessment by staff in managing this continues and THRIVE assessments and log creations are apparent. This follows messaging relating to this requirement when appropriate. The working group to redesign THRIVE is continuing to make progress, but not yet finalised. Further development papers and communication material has been designed and shared with exec lead ACC Johnson. The Head of Force Contact is satisfied that in terms of this recommendation for communication to staff and the dip sampling of THRIVE assessment for OIR is complete, although will remain a constant due to changing staff and human error. Further follow-up due Dec 19
14	Dec 18	Application of THRIVE+	The arrangements in place to lead, manage, monitor, evaluate and report	A new THRIVE working group has been	End of Dec 2018	Update as at June 19 Policy is written and has been consulted on in accordance

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			on THRIVE+ across the Force should be reviewed to ensure there is appropriate oversight of its application and usage across the force and not just within Force Contact.	created and is chaired by Chief Supt Richard Fisher. The primary actions of this group are to write the policy with regards to how WMP uses THRIVE and assign a clear governance structure to this which will be presented to FET to agree.		with Force Policy, receiving support. Due to wider demands and the roll out of Control Works and Connect this work has taken longer than expected. The THRIVE working group is set up and making progress. A new infographic is being created for THRIVE which amends the approach, which will need to be agreed by FET. This is expected by end of July 2019. Further follow up in progress – awaiting management response
15	Dec 18	Application of THRIVE+	Executive Team should review the approach to THRIVE+ to determine whether its use is considered a mandatory requirement. If so, this should be underpinned by a force wide policy setting out the expectations around the expected use of THRIVE+, including how it should be embedded in all policy decisions.	Audits are in place within Force Contact and PPU to understand and assess the consistent use of THRIVE however this is not embedded across all functions within WMP. Following the design of the policy and agreement on this, combined with requests that have been sent to other forces to understand their approach in designing WMP final position. Once this is in place that a robust audit structure will be developed to ensure THRIVE is consistently adopted and used within the correct approach as defined by the policy.	End of March 2019	<u>Update as at June 19</u> The new policy and process means that THRIVE is built into the NDM and is a thought out process and structure rather than a separate assessment in its own right. This will be presented to FET by End of July 2019 Further follow up in progress – awaiting management response
16	Dec 18	Application of THRIVE+	To ensure THRIVE+ is appropriately embedded a review of training provided to staff should be undertake to promote its continued and effective use. This should include: - Seeking assurances from L&D that new recruits induction package includes THRIVE+ and if not take action to include; - Reviewing the training package being developed by the THRIVE+ Working Group to establish if it is appropriate to roll out across the Force. - Continued refresher training	L and D are part of the THRIVE working group and an action has been set to review and refresh all training material for THRIVE in accordance with the new policy design. It is not appropriate to design the training until policy and purpose of the use of THRIVE is clearly defined.	End Feb 2019	<u>Update as at June 19</u> Learning and Development sit as part of the working group and THRIVE continues to be trained in its current guise to all new recruits. Once the new policy and guidelines are agreed L and D will prepare amended learning material and embed into training. The aim of the new policy is to simplify THRIVE and its understanding so that it features as an everyday occurrence rather than a separate standalone process. Further follow up in progress – awaiting management response

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			approaches should be considered to reinforce and further embed THRIVE+.			
17	Dec 18	Application of THRIVE+	The performance monitoring arrangements to assess the usage of THRIVE+ should be developed and communicated so there is a consistent approach across the force to review the application of THRIVE+, identify any issues and share best practices.	Once Policy and Governance is signed off with regards to how WMP uses THRIVE, then the THRIVE working group will design the performance measures associated to this in conjunction with Strategic Intel	End of March 2019	<u>Update as at June 19</u> Policy and governance for THRIVE are still being agreed. A draft policy has been written however until this has been signed off and THRIVE becomes embedded across the force we are unable to determine performance measures. Further follow up in progress – awaiting management response
18	Sept 18	Pensions	To ensure no changes to pensioner records are made incorrectly or fraudulently: - Pensions Department should utilise the daily audit reports provided by Payroll to carry out independent verification checks on amendments to records back to original source documentation to confirm accuracy and legitimacy of changes. - All records should be endorsed appropriately to verify the check. The Department should also ensure that amendments to personal data are actioned promptly.	The pension team currently have a process in place that all amendments to the payroll are independently checked by another member of the pension team. We currently do not check the audit report back to the original source. However going forward we will incorporate this check into our processes	01/10/2018	<u>Update as at June 19</u> The Assistant Director Shared Services, confirmed on 18/6/19 that this recommendation has recently been implemented and process is being completed. Internal Audit is awaiting evidence of checks to confirm implementation before closing recommendation. Further follow-up in progress – awaiting management responses
19	Dec 18	Independent Custody Visiting Scheme	The office must improve its management of vetting to ensure that ICVs visiting Force sites are appropriately vetted. This should include having mechanisms in place to clearly produce management information identify when vetting is due to expire so proactive action can be taken to obtain up to date clearances. ICVs without in date vetting should not be used until vetting is renewed.	Steps are in place to ensure that up to date vetting is in place. This should be completed imminently, depending on the ability of PSD vetting to respond quickly.	December 2018	<u>Update as at July 19</u> The vetting spreadsheet is showing a more up to date record now of our ICVs vetting status. We intend to amend the current/ create new spreadsheet that will have the ability to show when ICV vetting's are due. We also now started to receive e-mails from Force vetting as well which has helped confirm who are due. Intend to update vetting spreadsheet by Sept 2019 before next round of recruitment. Further follow up due Oct 19

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20	Sept 18	National Uniform Managed Service	<p>Management checks should be introduced to give assurances that processes regarding 'scale of issue' are working effectively and the Supplier invoices are accurate. These checks should include:</p> <ul style="list-style-type: none"> - (1) Ensuring invoices agree to listing of orders and credits, - (2) ensuring that orders have not exceeded scales of issue, - (3) where a Superuser has placed an order that there is appropriate supporting documentation, - (4) that returns have been credited etc. 	<p>Set up a regime of dip sampling to ensure the 4 areas identified are within the scale of issue limits, documentation is in place for orders and invoice and credits are up to date and accurate.</p>	31st October 2018	<p><u>Update as at July 19</u> The invoicing is part of the monthly performance review. DHL's finance lead attends this meeting to support this. (2) The team has identified a number of issues with incorrect orders being raised by super users. Work is underway with Shared Services (SS) to reinforce the basics – check scale of issue, previous orders and Cx details – before ordering. I am working with Ros Cole is SS to complete this and refine the processes that will include dip sampling. (3) See comment (2) above. Super user to ensure the Cx reference number is added to the DOP order comments and the order number added to the Cx query. Dip sample as per (2) above. (4) A report is produced by DHL – sample attached that is reviewed in the performance meeting with DHL. - Further work required to identify why returns have been raised and no product received by DHL – officers not following processes potentially.</p> <p>Further follow up due Oct 19</p>
21	Sept 18	National Uniform Managed Service	<p>WMP need to ensure that returns are being promptly credited to the account and challenge DHL when there are delays or missing credits. This should include reviewing returns which are listed as 'requested' to ensure they are promptly credited to individual scales of issue and WMP funds</p>	<p>Work already underway with Finance to identify realistic annual budget and reporting KPIs for the Uniform Board. There is a standing agenda item on the Uniform Board for financial review. Meet with Supt Dolby to discuss BAU budget as per action from last Uniform Board Project still working on project closure document which will identify any savings realised for NUMS</p>	31st December 2018	<p><u>Update as at July 19</u> Detail reports requested from Finance. Work in progress with Finance to review the spend and allocation to various budgets (central, CTU, ROCU, Reserves, Firearms Uplift) to ensure accuracy. Progress is shared with the Uniform Board.</p> <p>Further follow up due Oct 19</p>
22	Sept 18	National Uniform Managed Service	<p>To improve controls around Super-user access and usage of the Dynamic Ordering platform:</p> <ul style="list-style-type: none"> - (1) Facilities Management should undertake regular sampling of orders placed by Super-users to ensure there is adequate documentation to support orders either placed on behalf of other 	<p>(1) To form part of the dip sampling process as per Risk 1 & 3 (2) Carry out quarterly audit of super users to ensure access remains appropriate (3) Confirm with DHL that the process to 'close' user accounts when they leave also locks the account for future super user orders. Work with DHL to resolve any gaps in the</p>	<p>(1) 31st October 2018 (2) 31st October 2018 (3) 30th November 2018</p>	<p><u>Update as at July 19</u> (1) Work is on-going with Shared Services (2) DHL will provide data on super users. Quarterly reports to be scheduled. (3) This work is on-going with DHL and affects all on-boarded NUMS forces. DHL developing process to archive users who have left the organisation. This will remove them and the details from the DOP, but retain the information for audit</p>



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			<p>individuals or those which supersede Scales of Issue.</p> <ul style="list-style-type: none"> - (2) There should be regular reviews of users with this level of access to ensure it remains appropriate. - (3) The NUMs team and DHL need to identify a method of removing leavers or closing their accounts on the Dynamic Ordering Platform. 	above process.		<p>purpose.</p> <p>Further follow up due Oct 19</p>
23	Dec 18	GDPR Readiness - Force	<p>As part of the requirements for 'Right to erasure', where an individual's request to delete or erase their information from force systems has been approved, processes should be established to ensure that where information has also been shared with 3rd parties, all parties must be informed to delete or erase the information in a timely manner.</p>	<p>Agreed in principle. However this may not be as simple as it sounds. 3rd parties may have legitimate reason to keep information we've shared. For example a person who we arrested but subsequently turned out to be a victim of a malicious allegation has the right to ask us to delete that record. However if as a result we passed their details to the LA as child protection issues were uncovered during the event then it may be right that the LA keep their information.</p> <p>We need to investigate this further as there will be some improvements to be made.</p>	End of Dec for assessment and plan	<p><u>Update as at July 2019</u></p> <p>On investigation - this is currently difficult as the systems are not nominal centric but case/incident centric. The demonstration of Connect that the RM team have seen would imply that there is ability to achieve this in the new system. Due Summer 2020.</p> <p>Further follow up due Oct 19 (full audit planned for 2019/20)</p>