Agenda Item 09
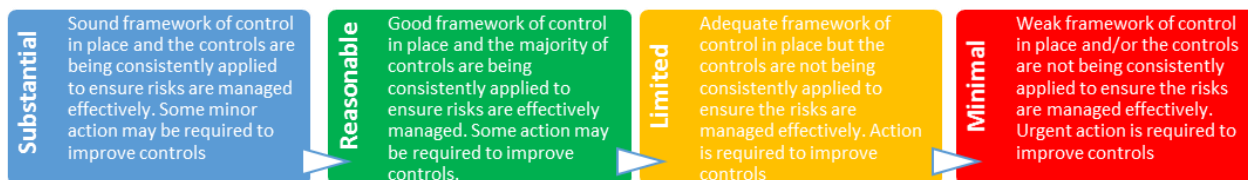
INTERNAL AUDIT ACTIVITY REPORT

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 January 2021 to date.

2. BACKGROUND

2.1 The Committee's Terms of Reference includes a requirement to receive progress reports on the activity of Internal Audit. This Activity Report attached also provides the following for members:
- Summaries of key findings;
- Recommendations analysis; and
- A performance update.

2.2 The role of Internal Audit 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.

2.3 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.

2.4 This report provides members of the Committee with a summary of the audit work undertaken, together with a summary of audit opinions, during the period January 2021 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 at the conclusion of each Internal Audit. The opinion 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:

| | Substantial | Sound framework of control in place and the controls are being consistently applied to ensure risks are managed effectively. Some minor action may be required to improve controls | Reasonable | Good framework of control in place and the majority of controls are being consistently applied to ensure risks are effectively managed. Some action may be required to improve controls. | Limited | Adequate framework of control in place but the controls are not being consistently applied to ensure the risks are managed effectively. Action is required to improve controls | Minimal | Weak framework of control in place and/or the controls are not being consistently applied to ensure the risks are managed effectively. Urgent action is required to improve controls |

3.2   Table 1 provides details of audits finalised since the previous report to the Committee in January 2021, along with details of the opinions given.

Table 1: Assurance Work Completed in the period January 2021 to date

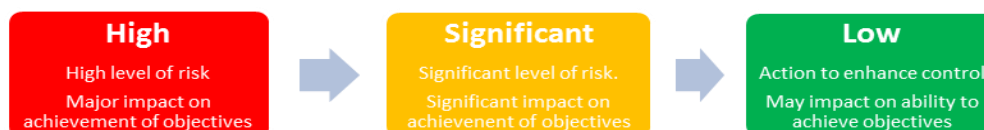| No.	Audit Review	Assurance Opinion
1	Complaints Review Process (OPCC)	Reasonable
2	Environmental Policy	Reasonable
3	Connect User Acceptance Testing	Reasonable
4	CTU Covert Funds	Substantial
5	Officer Uplift Programme	Substantial
6	Sex Offender Management	Reasonable
7	Commonwealth Games	Substantial
8	Payroll	Reasonable

3.3   There were no audits during the reporting period that received "Minimal" or "Limited" assurance. Also provided at *Appendix 1* is a summary of progress against planned activity, which details the status of each review to be completed during 2020/21. 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:

- Connect – Data Migration and Interfaces
- Commissioning (OPCC)
- Marauding Terrorist Attacks

4.   RECOMMENDATION ANALYSIS

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

High	Significant	Low
High level of risk. Major impact on achievement of objectives	Significant level of risk. Significant impact on achievement of objectives	Action to enhance control. May impact on ability to achieve objectives

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 2020/21. 44 have been concluded to date, which are summarised in Table 2 below.

Table 2 – Analysis of Follow-Up Audits undertaken during 2020/21

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Application of Thrive+ (x2)	8	8			
2	Access and Usage of Intel Systems	6		1	5	
3	Independent Custody Visitors	9	7	2*		
4	Public Protection	6	6			
5	Workforce Planning	3	1			2
6	Sex Offender Management	11	7	4**		
7	Mental Health (x2)	8	5			3
8	Bail Management (x2)	5	5			
9	PPU Child Conferencing (x2)	5	5			
10	Force Governance	4	3			1
11	Body Worn Video	11	11			
12	Fleet Telematics (x2)	7	6			1
13	IT Strategy	3				3
14	GDPR – PCC Readiness (x2)	9	8	1		
15	Management of Repeats (x2)	4			1	3
16	GDPR Readiness Review - Force (x2)	5	5			
17	Budgetary Controls (x2)	3	3			
18	Application of THRIVE+	8	6			2
19	Force Response (x3)	7	5	2		
20	Drones (x2)	7	7			
21	Centre for Applied Automations (x2)	4	3			1
22	Onboarding (x2)	4	4			
23	Duty Management System - pre implementation review	3	3			
24	Creditors	4	4			
25	Expenses	7	5			2
26	Credit cards	5	5			
27	CTU Business Support (x2)	4	3			1
28	Appropriate Adults (x2)	8	2		2	4
29	VAT (x2)	4	3		1	
30	Occupational Health (x2)	4	1		1	2
31	National Police Air service (NPAS)	4	1	3		
32	Uniform Allocation	5	2			3
33	Force Governance arrangements	4	4			
34	Asset Management – personal issued devices	6	6			
35	Disclosure (x2)	4	4			
36	Crime Data Integrity	6	3	1		2
37	Vulnerability	6	2		4	
38	Supplier Relationship Management	3	1		2	
39	Fixed Asset Register	4	2			2
40	Diversity and Inclusion	3	2			1
41	IR35	4	4			
42	Expenses	7	7			
43	PSD Case Management	3	2			1
44	Safeguarding Boards	3	2		1	
	Total	238	173	14	17	34

2 low level recommendations accepted during the period in relation to the Independent Custody Visiting Scheme.
**3 recommendations relating to Sex Offender Management superseded by new audit in 2020/21*

4.4 Table 2 identifies an 80% implementation rate (fully and partially) for those audits followed-up to date during 2020/21. 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 2,* which also summarises the status of recommendations of those audits completed in 2019/20 and 2020/21 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 2020/21

	Number agreed			
Rating	2017/18	2018/19	2019/20	2020/21
High	7	1	6	0
Medium	84	70	67	28
Low	52	59	55	43
Total	**143**	**130**	**128**	**71**

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

Table 4 – Status of High/Medium Recommendations

	2017/18	2018/19	2019/20	2020/21	Total
Total Number	91	71	73	28	263
Total not yet due to be Followed-up/Follow-up in progress	0	0	11	26	37
Total Followed-up Concluded	91	71	62	2	226
Of Which:-					
Total Implemented	81	60	40	0	181
Total Redundant*/risk accepted	10	6	1	0	17
Total Outstanding after follow-up	0	5	21	2	28

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

4.8 Of the 226 significant recommendations followed-up since 2017/18, 181 (80%) have been fully implemented. A further 17 (8%) are considered redundant or superseded. 12% remain outstanding and full details of these remain outstanding and the latest progress updates are detailed in *Appendix 3*. The latest update confirms progress is being made on the majority of these recommendations. There are however some for which management have not responded and reminders have been issued.

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 included the initial review of deceased pensioner matches as part of the 2020/21 National Fraud Initiative exercise. Data matches were released in phases by the Cabinet Office during January and February 2021 and immediate attention has been given to the deceased pensioner matches to ensure a hold was placed on pension payments to prevent any risk of overpayment. These matches are now being investigated in cooperation with the Pensions Team. Further matches have since been released in respect of payroll and creditor data which will be reviewed over the coming months. Any fraud or error identified from this exercise will be summarised in future reports to the Committee.

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.

Table 5 – KPI data 2020/21

KPI Description	Narrative	Annual Target	Actual 2020/21
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered*	90%	78%
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%	96%

*Based on revised plan

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.

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Name: Lynn Joyce
Title: Head of Internal Audit

BACKGROUND DOCUMENTS
None

APPENDIX 1 – Summary of Plan Position

2019/20 Audits Completed During 2020/21

Audit	Status	Opinion / Comments
Supplier Relationship Management	Final*	Reasonable
Diversity & Inclusion	Final*	Reasonable
IT&D System-database access and administration	Final*	Minimal
Data Driven Insight	Final*	Limited
PSD Case Management (Complaints - Investigations)	Final*	Reasonable
Fixed Asset Register	Final*	Reasonable
PPU - Safeguarding Boards	Final	Reasonable
PPU - Vulnerability	Final	Limited
Missing Persons (2nd review)	Final	Minimal
Training	Final	Limited
Vetting	Final	Limited
Cyber Security	Final	Reasonable

*included in 2019/20 annual opinion

2020/21 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
NFI	WIP	Data submitted in October – data matches released January/ February 2021. Review of pension matches underway
Uplift programme / PEQF	Final	Substantial
CTU Marauding Terrorist Attacks (MTAs)	Draft	Draft report issued. Awaiting management comments
Commonwealth Games	Final	Substantial
Serious Violence in under 25's (Project Guardian)	Final	Reasonable
Domestic Abuse – serial perpetrators	Final	Limited
Connect - User Acceptance Testing	Final	Reasonable
Connect - Data Migration and Interfaces	Draft	Draft report issued. Awaiting management comments
MyTime	WIP	Testing underway
Customer Team / Portal	WIP	Testing underway
ControlWorks BAU review	WIP	Testing underway
Sex Offender Management	Final	Reasonable
Detained Property	Complete	Advisory work complete
Complaints Appeals Process	Final	Reasonable
Commissioning	Draft	Draft report issued. Awaiting management comments
Fraud and Cybercrime	Final	Reasonable
Use of Intelligence	Final	Reasonable
Vulnerability in calls/THRIVE+	WIP	Testing underway

Audit	Status	Opinion / Comments
IT&D Service Management (Service Desk)		Planning stage
Bank Reconciliation	Final	Reasonable
Payroll	Final	Reasonable
Environmental Policy	Final	Reasonable
Estates	WIP	Testing underway
Apprenticeship Levy	Final	Reasonable
Covert Funds	Final	Substantial

Audits Postponed to 2021/22
Domestic Abuse – case management
Force Risk Management
Integrated Offender Management
Violence Reduction Unit
Terrorist Offender Management

APPENDIX 2 - Analysis of progress in implementing recommendations (by year)

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

2020/21 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
PPU - Safeguarding Boards	🟧	3	2			1		Jun-21
PPU - Vulnerability	🟧	6	2			4		Mar-21
Missing Persons (2nd review)		-				-		Recommendations remain as reported in 2019/20
Training		7					7	Feb-21
Fraud and Cybercrime		3					3	Apr-21
Vetting		6					6	Feb-21 – In progress
Cyber Security		3					3	Mar-21
Domestic Abuse – serial perpetrators		6					6	May-21
Bank Reconciliation		4					4	May-21
Use of Intelligence		5					5	Jun-21
Serious Violence in Under 25s		2					2	Jun-21
Apprenticeship Levy		4					4	Jun-21
Complaints Review Process		5					5	Aug-21
Environmental Policy		3					3	Jul-21
Connect User Acceptance Testing		2					2	Aug-21
CTU Covert Funds	🟩	0					0	N/A
Officer Uplift Programme	🟩	0					0	N/A
Sex Offender Management		5					5	Aug-21
Commonwealth Games	🟩	0					0	N/A
Payroll		7					7	Sept-21
Totals for 2020/21		**71**	**4**	**0**	**0**	**5**	**62**	

2019/20 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Mental Health	🟧	8	5			3		Jan-21 – In Progress
PPU Child Conferencing	🟩	5	5					N/A
Force Response	🟩	7	5	2				N/A
Debtors	🟩	6	5		1			Apr-21
Duty Management System - pre-implementation review	🟩	3	3					N/A

2019/20 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Appropriate Adults		8	2			6		Mar-21
Centre for Applied Automation		4	3			1		Apr-21
Missing Persons		10	4			6		Oct-20 – in progress as part of vulnerability in calls audit
IT Strategy		3				3		Apr-21
Asset Management – personal issued devices		6	6					N/A
CTU Business Support		4	3			1		Jun-21
VAT		4	3			1		Jun-21
Management of Repeat Offenders		4				4		Mar-21
Drones		7	7					N/A
National Police Air Service		4	1	1	2			N/A
Credit Cards		5	5					N/A
Occupational Health		4	1			3		Jun-21
Disclosure		4	4					N/A
Crime Data Integrity		6	3		1	2		Mar-21
IT&D System-database access and administration		8					8	Jan-21 – In progress
Supplier Relationship Management		3	1			2		Apr-21
Diversity and Inclusion		3	2			1		Jun-21
Data Driven Insight		5					5	Dec-20 – In progress
PSD Case Management (Complaints and Investigations)		3	2			1		Jun-21
Fixed Asset Register		4	2				2	Apr-21
Totals for 2019/20		128	72	3	4	35	15	

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2018/19								
Uniform allocation		5	2			3		Jan-21
Access and Usage of Intelligence Systems		6	4	1		1		Jun-21
Fleet Telematics		7	6			1		Mar-21 – In progress
Totals		18	12	1		5		*details of high and medium rated recs not yet implemented are summarised in Appendix 4

APPENDIX 3 – High/Medium Recommendations Outstanding after Follow-Up

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 2018	National Uniform Managed Service	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: - (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.	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.	31st October 2018 *Facilities Manager*	Update as at October 20 1) Reviewed at DHL monthly performance review 2) On-going liaison with Shared Services as issues are highlighted. Scales of Issue reviewed and MSP updated. 3) This is now standard practice to include Cx reference on orders. Dip sampling to commence once new Commercial Services team member recruited 4) With DHL to resolve their processes. Delay due to resources and Covid19
2	Sept 2018	National Uniform Managed Service	The Force 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 the Force's funds	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	31st December 2018 *Facilities Manager*	Update as at October 20 With DHL to update systems so more information can be provided. DHL target 5 days from receipt at their location – this is an SLA tracked at the monthly performance review.
3	Sept 2018	National Uniform Managed Service	To improve controls around Super-user access and usage of the Dynamic Ordering platform: - (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 individuals or those which supersede Scales of Issue. - (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.	(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 above process.	(1) 31st October 2018 (2) 31st October 2018 (3) 30th Nov 2018 *Facilities Manager*	Update as at October 20 (1) Dip sampling to be undertaken once new Commercial team member recruited (interviews booked w/c 5th Oct) – current lack of capacity (2) Some access for users added and revoked on request from Shared Services. No review completed, but to be undertaken once new Commercial Officer recruited as above (3) Completed
4	June 2019	Fleet Telematics	Following the DSB decision not to develop a Driver Behaviour Governance Panel in April 2019, alternative governance arrangements should be determined and adopted to:	The process map V011 outlines the steps to manage performance by supervisor and/or Appropriate Authority. The Chairperson of DSB, through a	April 2020 *Fleet Manager*	Update as at October 2020 The Police Federation have informed that new legislation is coming out next year regarding the management of Police RTC's and that a consistent approach should be taken in

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			- Provide an escalation process where Supervisors and/or Appropriate Authorities are not taking the required action when their officers are receiving multiple scores in excess of 1000 points; and - Provide an escalation process where officer driving performance is not improved following actions taken by the Supervisors/Appropriate Authorities. Arrangements for reporting on common themes of driver behaviour issues and the efficiency and effectiveness of utilising vehicles identified when the revised suite of reports are developed should also be agreed and adopted to strengthen the monitoring of driver behaviour and vehicle utilisation.	governance group, will assist in the guidance route necessary to improve driver behaviour. The responsibilities of the board/group should be set out by the chair. The process of escalation is within the policy. Reports to influence decision making are in the process of being updated/summarised.		dealing with drivers, trends etc. A Task and Finishing Group is being set up to manage the following :- • To develop a communication strategy that highlights evidence of bad driving, impact of this driving on cost / reputation, use of telematics, use of Drivermetrics, issues around personal insurance and the national changes in legislation round police driving • To develop a model as a foundation to the above legislation that will standardise and simplify the decision tree for front line managers and allow the Force to be in a ready position for next year's legislation The group will be chaired by the CMPG/RPU inspector and will provide a method of escalation and deal with poor driver Behaviour Through the COVID period the Supplier has been unable to progress the utilisation report. A recent meeting held with the Supplier identified that a developer is looking at the report to understand how to improve and simplify what is currently available or whether there is a need to start again. Follow-up in progress
5	March 2019	Access & Usage of intel Systems	To improve system administration controls: • There should be segregation in duties in regard to system administration, in particular if these duties are given to individuals outside of the IT and Digital Department. • The number of system administrators should be reviewed and reduced as far as possible to ensure this higher level access to the system is appropriately restricted and controlled. • Should changes to the assignment of system admin roles be agreed, there should be a documented risk assessment completed.	This will form part of the Information Management review of what dip sampling processes can be provided. The work is underway and Corvus groups have been checked so far.	April 2019 *Assistant Director Information Management*	Update provided March 2021 Assistant Director Information Management has access to user manager and has conducted some audits into this. There is an IAO meeting for IT&D power users scheduled for 22nd March and these will continue quarterly.
6	Sept 2019	Mental Health	To ensure officers and staff are suitably trained on mental health issues that may be relevant to their role: - Determine and communicate which police staff roles are required to complete the 'Mental Health and the Police' NCALT training package.	A one day training programme in relation to mental health and the police was delivered to operational officers / PCSOs by L&D supported by Triage and specialist staff in 2017. This has been further supported by bespoke inputs to teams across the force when there have been	Progress update 28th June 2019 & 9th August 2019 Completion Sept 2019	Update provided September 2020 Inaccuracies in the legislation contained within the MH NCalt package were highlighted by the Force's front line colleagues following circulation of the package for completion. The package was withdrawn immediately and returned to the CoP who have withdrawn the package nationally and it is in the process of being reviewed and developed. It is anticipated

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			- Officers and staff should be reminded to complete the 'Mental Health and the Police' NCALT package; and A mechanism should be established to monitor completion rates and, if necessary, an escalation route if compliance rates do not improve.	identified training needs. Delivery of these inputs is typically by MH Triage staff. It is recognised that there is a turnover of staff within roles and a need to refresh training how ever the risk suggested is mitigated to a point as the significant number of officers filling vacancies in front line / public facing roles are student officers who, as identified, receive training in MH prior to deployment. It has how ever been identified during the current review of the MH policy that improving the know ledge and understanding of all staff in public facing roles or roles that bring them into contact w ith partners managing Mental Health services is critical to providing a service focused on the dignity, safety and rights of the public in relation to mental health matters. As part of the current policy review a proposal for a communications strategy, training programme and engagement event w ith partners is being drafted for FET consideration. The mandated completion of the NCalt package Mental Health and The Police has been circulated to relevant SLTs for local governance / management and results reported back to the MH steering group next VIB.	*Superintendent with responsibility for mental health*	that this w ill be available for launch in January 2021. Once the package is launched from CoP the Force w ill distribute to staff for completion. The MH Tac Ad evaluation is currently w ith ACC for review and a decision on recommendations. The review of Triage w ill be forwarded today and these documents w ill be used to inform decisions as to how these processes move forward. Follow -up in progress
7	Sept 2019	Mental Health	Additional guidance and training should be given to officers and Force Contact on health services pow ers under the Mental Health Act and care responsibilities to enable calls for service to be challenged.	As above the review of MH policy has resulted in a draft 'offer' to support Contact staff in understanding legislation and responsibilities of partners. This has been shared in draft w ith Contact SLT and is being developed to ensure bespoke needs of the department are addressed. This w ill be further supported by proposed training programme subject to approval by FET. Due to other training needs, it w ill not be possible for force contact staff to undergo formal training this year and therefore the route being taken is more around guidance, support and improved access to	4/06/2019 *Superintendent with responsibility for mental health*	Update provided September 2020 This action remains under review and Force Contact have seen the benefit of the Tac Advisors in managing MH related calls for service. They have requested that more colleagues receive training how ever this is subject to the outcome of the evaluation. Follow -up in progress

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			supporting documentation.			
8	Dec 2019	IT Strategy	Following completion of the new Synergy strategy, the strategy and any supporting plans should be formally approved by the Force Executive Team. Thereafter, all documents should be reviewed and updated on at least an annual basis as part of Governance arrangements to help ensure that the strategy is kept up to date and relevant. Following approval of the Synergy strategy, it should be communicated to all relevant stakeholders. Decisions therefore should be made around what internal communication methods will be used and who the target audience will be. As a corporate strategy, all Force employees should be made aware of the purpose and expected outcomes of the strategy.	These recommended actions are part of standard practice and will automatically be completed as part of the process.	Dec 2019 *Assistant Director IT&D*	<u>Update provided October 2020</u> This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in April 21. In the interim an existing strategy is still operating.
9	Dec 2019	IT Strategy	The new IT strategy/vision should include clear milestones, performance targets and measures that will help assess whether the objectives have been met and outcomes achieved in future. An action plan would be beneficial to clearly set these out together with timescales for completion. These actions should also be reviewed and updated periodically via the TDA/ IT&D SLT with any updates/amendments being approved appropriately. Any outstanding recommendations and measurable outcomes from the existing Infrastructure strategy and Technical Blueprint should be reviewed with decisions made on whether to carry them forward into the new Synergy Strategy, and thereby incorporate them into any supporting plans. Decisions on any recommendations from the current strategy that are considered as no longer applicable should be documented.	These recommendations are part of standard practice and would be automatically included as part of any strategy – there is nothing new here	Dec 2019 – ongoing *Assistant Director IT&D*	<u>Update provided October 2020</u> This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in April 21. In the interim an existing strategy is still operating.
10	Dec 2019	IT Strategy	The Technical Design Authority (TDA)/ IT&D SLT should periodically assess the overall progress of implementing the new strategy and any supporting plans when completed. Remedial actions should then be agreed where actions from the strategic plans have not been completed or desired outcomes/targets not achieved.	This is standard practice and will be automatically completed	Dec 2019 *Assistant Director IT&D*	<u>Update provided October 2020</u> This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in April 21. In the interim an existing strategy is still operating.

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11	March 2020	Management of Repeats	The working arrangements for Neighbourhood Team managed offenders should be reviewed and the introduction of operating protocols considered detailing the minimum requirements to ensure: - actions arising from LOMU and Neighbourhood Team meetings are recorded consistently to enable there to be a clear record of agreed actions with the progress and results followed up and reviewed at future meetings; - there is clarity over who is responsible for determining the initial management plan for the offender with it being recorded in the IOM system, including level of contact; - plans are developed in an appropriate timescale; - opportunities for information sharing are assessed and identified to assist in determining any actions; - supervisory reviews of IOM records are undertaken; and - performance in offender management at Neighbourhood level can be assessed As part of the review consideration should also be made to sharing the working practices of Sandwell NPU across all the NPU's.	It is accepted that the way neighbourhoods review managed offenders needs to be reviewed. This will take place under the IOM review and new ways of working which is currently being developed. It will also form part of the work on the College of Policing seven neighbourhood guiding principles which is led by Chief Supt Bourner	April 2020 *ACC Payne*	Update provided Nov 2020 As part of the IOM Blueprint the management of low level offenders across Neighbourhood policing has improved, with such programme as UNITE in Sandwell and Offender to Rehab, on Bham, which have also been shared with other NPU through the Managing Offenders Sub group This sees a clear link between LOMU and NHT when offenders are referred into NHT, tactics re management are shared as best practice and plans are updated on CORVUS. Across other NPU, appropriate selection of offenders is also considered through LTDB – such as DA serial perps which are NOT selected by LOMU. All offenders managed across NHT are input onto the CORVUS IOM system. National IOM refresh is a new national strategy for IOM from NPCC which duplicates the principles of the Blueprint and which is currently being developed by Central IOM to ensure the Blueprint language and terminology is appropriate for the new strategy. This will focus on three cohorts – Fixed, Flex and Free, and Neighbourhood offenders will fit across the Flex and Free cohorts.
12	Dec 2019	CTU Business Support	The Business Services and Improvement Manager in conjunction with the IT & Security Manager should review the current permissions of individuals with access to CTU systems to determine if they are acceptable. For any found to be inappropriate corrective action should be taken as soon as possible	Current access and permission levels will be reviewed and the WMCTU OPSY will determine with the Business Services and Improvement Manager will determine who should have access to WMCTU systems and a process for ensuring that this is regularly reviewed. The Business Services and Improvement Manager will request with the systems owners in POD that a process is put in place for WMCTU to be involved in monthly audits regarding access systems.	October 2019 *Business Services and Improvement Manager*	Update provided March 2021 Work is underway to implement this recommendation. It is the intention that the Business Services Manager will assume monthly checks of those with access rights to CTU data through Taleo and Oracle on behalf of the Head of Business Services & Improvement. A discussion has already taken place with the Business Partnering Resourcing Manager about access rights in Taleo (this was part of work on system enhancements to the system before Christmas) and a request has been made to the Head of Workforce Planning and Reporting in relation to access to Oracle. Once the current access lists have been provided, they will be reviewed and those who should not have access will be removed. We will then implement a monthly process, in agreement with WMP system owners, for an audit of access rights to take place. This will be implemented from April 2021

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13	Sept 2019	Appropriate Adults	A volunteer agreement / handbook should be developed detailing w hat support Appropriate Adults can expect from the scheme and setting out their responsibilities. The agreement should also highlight that information obtained by the volunteers is treated confidentially.	These documents are being developed	October 2019 *Volunteer Coordinator*	Update provided December 2020 Handbook is in draft form but it is hoped to be finalised by the end of Feb 2021 so it can be shared w ith current and new recruited AAs.
14	Sept 2019	Appropriate Adults	It must be ensured that Appropriate Adults are either present or available w hen key conditions are discussed w ith individuals held in Custody. Furthermore, the Force must ensure that the custody record is updated appropriately w ith details of the engagement w ith the Appropriate Adult.	OPCC Response:- We w ill discuss with CJS and also include in future AA training to ensure consistency CJS Response:- Communications to all staff, detailing this finding and seeking 2 outcomes: • R&E explained to detainee in presence of AA on all occasions (I believe this is already happening) • Recording said explanation on the detention log (I believe this is w hat is getting missed due to user error)	August 2019 *Volunteer Coordinator (OPCC) / CI (CJS)*	Update provided December 2020 OPCC - With recruitment taking place at the end of Jan, training w ill either be in Feb/March 2021. Will use the opportunity to cover this. A new AA report form and accompanying spreadsheet to capture the AA visits has also been created. The form prompts AAs to note at w hich stage/s they w ere present for as an AA. This may help tow ards monitoring to see if an AA is present w hen key conditions are discussed. CJS - We are establishing if comms has been sent out, due to change in role. Some form of internal audit regime w ill be put in place.
15	Sept 2019	Appropriate Adults	To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil their holding to account role: - Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes administered by the Local Authorities should be established; - Performance information should be shared w ith Local Authorities and the Police and Crime Commissioner on a regular basis to allow demand and effectiveness of the scheme to be review ed. To aid this the Office of the PCC must ensure that management information to enable performance to be measured is readily available from Force systems	We are w orking w ith the Force to ensure this is part of the Connect Project. Once w e have the information w e w ill publish this and it w ill therefore be available to all the local authorities	July 2020 *Volunteer Coordinator*	Update provided December 2020 Still on going w ith the Force. Force to ask those leading the Connect integration project about w hether Connect could/can gather this data in future in a format that makes it reportable on and w hether this data w ill be available for Qlik to "pull from" at go live. Will ask for an update on this at our next CJS meeting. Currently in the process of contacting Local Authorities about Children's' AA provisions in custody and establishing w hat data there is out there that w ould report/ monitor this.
16	March 2020	Occupational Health	The Wellbeing Plan included w ithin the Wellbeing Strategy should incorporate measures on w hich progress w ill be assessed and w hat good looks like, and this should form the basis of formal reporting into the new governance boards once in place.	The Draft Wellbeing Strategy currently contains an outline Wellbeing Plan w hich aims to set out goals, outcomes and aims against each of the strategic priorities. This is then further broken dow n into an annual plan. It is agreed that measures and KPIs	July 2020 *Head of Employee Relations and Wellbeing*	Update as at March 2021 Due to the impact of Covid the w ider wellbeing Governance has not yet been established. Resources have had to be diverted to managing the ongoing force response and approach to Covid. In addition Head of ER and Wellbeing is on maternity leave w ith her replacement being fully

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				should be incorporated into this document, the outcome of which can be reported into the newly created Engagement Board.		committed to ER and Covid. In addition the Wellbeing Manager is on long term sick leave with her replacement having started in November 2020. It is anticipated that this work will begin in April when the Wellbeing Manager has returned, supported by the temporary Wellbeing Manager who has had an extended secondment in part to support this work. It is anticipated that this work can be implemented by the end of August 2021.
17	March 2020	Occupational Health	To support the information already publicised on the Occupational Health Portal, a Service Level Agreement/ Service Promise needs to be established allowing individuals to not only have an insight into what range of services can be provided but also the expectations in terms of service delivery timescales. Once approved the agreement should be displayed on the Occupational Health's Portal.	KPIs for Occupational Health are currently in development and progress against each KPI will be measured and reported via the Engagement Board as appropriate. We do not have a specific current SLA in relation to Occupational Health Services in operation. My suggestion in respect of this recommendation is that our service offering is contained within the Wellbeing and Occupational Health Portal and this is accessible to all. In addition to this, we will then work to develop KPIs (both internally facing and externally facing) and the externally facing KPIs will be shared/published. On the basis of the above I don't feel that there is a need for a specific SLA as the combination of the above should achieve the same aim.	July 2020 *Head of Occupational Health*	Update as at March 2021 A lot of work has been carried out on updating the Occupational Health and Wellbeing Portal and it now includes details of the range of services that can be provided. What is missing from the portal at the moment is the service delivery timescales expectations. The results of the Covid survey are awaited before timescales are published Work on KPI's has been completed using pre Covid demand data. We are awaiting the outcome of the Force Covid survey which will help inform additional predicted Covid related demand and provide realistic KPI's for 21/22. Therefore we will not publish in the portal until April 2021. This will also include the extended range of services to include specific support for Covid longer term issues. It should be noted that work supporting the Force approach to Covid continues to be a constant impact on resource within the Occupational Health and Wellbeing function and is not anticipated to end until the pandemic is under control.
18	March 2020	Occupational Health	To ensure service objectives are achieved a formal suite of KPIs that align with the Service Level Agreement (once developed) and wider Wellbeing Strategy (once approved) should be established allowing for performance targets to be set and measures to be reported upon. Management reporting should be developed in e-OPAS and the CX Portal to support the monitoring of actual performance against the target KPIs established.	Agreed as per 1 & 2 in relation to the first recommendation regarding the development of KPIs. With regarding to management reporting in e-OPAS and CX, further to the appointment of a Service Delivery Manager, this will be a key responsibility to support the provision of effective management information and performance monitoring.	September 2020 *Head of Employee Relations and Wellbeing & Head of Occupational Health*	Update as at March 2021 Suite of KPI's for launch in April 2021 (see point 2). This will report to wellbeing governance. Management Reporting has been developed in CX – We are in our second month of trialling this. Management Reporting in EOPAS is continuing to be developed and should be completed by April 2021.
19	March 2020	Crime Data Integrity	Reports showing results of the QA reviews and audits over a period of time e.g., 6 months or a year, should be produced, assessed and reported periodically to the Gold Group to help identify	Audits results are prepared for each of the five core departments and shared with the SLT. Force results are also produced for the DCC and Executive Team.	May 2020 *Force Crime Registrar*	Update as at December 2020 Audit findings which were presented to CDI Gold were linked to previous audit results, which show trend data. CDI Gold is no longer running. Audit results are presented at Vulnerability

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			progression with HOCR compliance, and assess the root causes and the subsequent remedial actions required. Trends and lessons learnt from this review should also be communicated to all officers across the teams and those involved in facilitating/conducting the audits.			Gold, although some new areas of CDI audit focus do not have trend data. CDI audit results are now submitted monthly to the Force Executive Team (FET) meeting. These are general results with trend data. CDI audit results are under consideration by the Head of Strategy and Direction for inclusion within the WMP Performance framework and linking the crime recording audit results to crime reduction milestones. In addition to physical audits, WMP is trying to use crime recording data in a much smarter way. Merseyside and Cheshire use crime recording ratios per incident log, which give an early indication if crime recording is on a stable path or has dropped significantly. This will, allow the VSA Audit team to better understand potential areas of crime recording risk. The Performance Manager has started this analysis and presented concept charts to Vulnerability Gold.
20	March 2020	Crime Data Integrity	In relation to HMICFRS recommendation regarding improving the collection of equality information from victims of crime good practices from other forces such as Kent police should be reviewed to assess if they can be adopted across WMP. If necessary, this should be discussed at the Gold Group meetings to agree the next steps.	This is an area that was not significantly progressed until recently, as there was some misunderstanding of implications arising from GDPR. These have now been clarified and consideration is being given to how we can expand our current data collection to incorporate other diversity strands.	November 2020 *Force Crime Registrar*	The Head of Information Management (IM) has clarified that the purpose of data collection will be in order to assess equity of service provision across different demographics. The Head of IM has confirmed this would meet the legal thresholds set in GDPR in terms of legitimate purposes for collection and retention of data. *Internal Audit comment:* We have been provided with evidence of where the Force has liaised with Kent Police and explored capabilities of the new Connect System that is due to go live in 2021. As this work continues, we will seek a further update in March 2021.
21	Sept 2020	PPU Vulnerability	Sub-groups leads / action owners should be held to account at Vulnerability Board meetings for any instances where no / regular updates have not been provided to ensure actions are being progressed. To assist in this process the Vulnerability Improvement Plan should be: • Reformatted to record target implementation dates, the date of the last update and if success criteria recorded. • A standing agenda item to enable the Chair and other Board members to be made aware of any issues in respect of the plan that need to be	1- VIP Must be standing agenda item on VB 2- Sub group leads/action owners to update actions on portal 14 days before the VB. 3- VB planning group to review actions/agenda 7 days before the VB 4- VB to focus on risks and pending actions	1st October 2020 *Head of PPU*	Update as at December 2020 The VIP is now a standing agenda item of the Board. Current sub groups have been reviewed with the additions of child protection, adult safeguarding and victims and witnesses. Missing has been reassigned to FCID. It was not possible to assign leads to all groups due the recent promotion process but all current leads have been issued with sub group guidance and a template for recording meetings which will be uploaded to the relevant section of the portal. New sub group leads will be in place by the next Board which is the 19th January 2021 and all sub group leads will be

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			discussed and any actions that require review and agreement for closure.	5- Where the lead /action owner has not updated their action on time, Chair to seek clarification at the meeting as to the reasons. 6- VIP to include dates of last update 7- VIP to include additional information requested from source inspectorate/auditor 8- Dates of sub groups to be set for the year 9- Sub groups to consider issues that need to be referred to NPUs for action		following the guidance from that point. The ACC is given an update of VIP actions and progress via the staff officer before every Board and is therefore able to hold leads/action owners to account at the Board. The sub group template includes a section of issues that need to be referred to NPUs for action. The standard Board agenda has been reviewed and now includes: Risks and issues requiring escalation; a review of the VIP; action progress; allocation of new actions; actions ready for sign off and information exchange to and from other Boards. Sub group leads are now meeting with HMICFRS to ascertain success criteria and any additional information required to meet the action. IT/Digital services will amend the portal to include the date of last update once the reprioritisation exercise has been completed in January 2021.
22	Sept 2020	PPU Vulnerability	Success criteria should be determined for all actions ensuring the criteria is; achievable, realistic, time bound, specific and measurable. Details should include what evidence will be produced to confirm success feeding into sub-group delivery plans / action trackers. Actions for closing should be initially submitted to the Vulnerability Board for approval prior to submission to HMICFRS, with sufficient evidence presented to confirm completion. This process should also include the feedback from the HMICFRS Team for any instances whereby additional information is required to ensure it is promptly completed.	Immediate deadline to be set for completion of success criteria 2 Clarity of barriers to this to be sought 3 Leads to be clear on what evidence they need to produce to have the action signed off. 4 Action owners to complete template of evidence for submission to the Board before it can be sent to origin Inspectorate/Auditor for sign off 5 Board to give clarity on sign off as to whose responsibility it is to take the issue to the originating Inspectorate/Auditor. 6 Once Inspectorate/Auditor signed off the action VIP action to be updated and archived, and Board to be notified.	1st October 2020 *Head of PPU*	Update as at December 2020 A deadline was set for completion of success criteria but this has not happened on all actions. At the Board development session on the 29.9.20 a discussion of success criteria took place and it was agreed that leads and action owners would liaise with HMICFRS to ascertain the evidence required. In child protection several audits, agreed with HMICFRS are underway with the aim of signing off a number of actions from 2014. A process to sign off HMICFRS actions has been agreed with the Board and the HMICFRS Liaison team, which now includes reference to the DCC.
23	July 2020	Supplier Relationship Management	Through the Contracts Renewal and Approval Board it must be ensured that departments who are not fully engaging in the framework are supported and held to account if they are not in compliance with the framework.	In a phased approach Client departments will receive training for the new SRM Portal (lean linking) coupled with the New framework by the Supplier relationship Manager. It will be the Client department's responsibility to utilise the Portal for all review meetings, Performance surveys, ensuring contractual obligations are met, suppliers are held to account and meeting	Sept 2020 *Supplier Relationship Manager*	Update as at January 2021 The first Strategic CRAB is 12.01.21 The first Client Department to be trained on how to present the Performance survey results from the lean linking portal is property this is arranged for January 21 with other category area's following thereafter. Property have actively been completing Performance Surveys for a few months. The next department is IT&D. All new Tenders are including SPM as they come on board once awarded the Automated SPM surveys will kick in.

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				minutes uploaded if necessary. The Supplier Relationship Manager will have the ability to monitor all supplier performance, including failing suppliers by Category area and individual Contract then act accordingly. Also the ability to monitor if Client departments are not using the portal, surveys are not being completed and if the Framework is not being followed. A highlight to report to Strategic Crab will identify Overall Supplier Performance, 360 Feedback and which Category area/Client departments are not following the new Framework. Actions can then be taken. This will be an ongoing action whereby I will update CRAB and any other necessary Forum with regards to Supplier performance.		The surveys include a standard set of questions including adherence to Contractual obligations, performance Covid & Brexit impact and the uploading of meeting minutes. Non-conformance will start to be reported to the next Strategic CRAB.
24	Sept 2020	Missing persons process	Urgent action should be taken to review current working practices whereby missing children / vulnerable adults are being re-graded from a P2 to a P8. Management should ensure there are robust arrangements / decision making protocols in place when re-grading missing children to ensure the risk for the missing child is effectively managed and WMP are meeting the required responsibilities in conducting safe and well checks, with the appropriate police resource identified to fulfil these checks. Management should determine when safe and well checks are expected to be completed and establish the rationale when they cannot be undertaken and where this should be recorded.	As above	Dec 2019 *Senior Force Contact Manager*	This recommendation was considered on-going during audit testing in July 2020 Follow-up in progress
25	Sept 2020	Missing persons process	The joint approach for Locate and NPU's to develop plans for missing people for each NPU should be raised at the Local Policing Governance Board, so NPU's are aware of their responsibilities for managing missing people in their area, with missing persons incorporated into Local Tactical Delivery Board with a suitable representative providing an update.	Links to P2/8 conversion. Demand locations and repeat person risks are available on Compact for each NPU to consider. This needs to be made common knowledge and supported by performance information from Organisational Performance Team. The role of NPU to engage in intervention and risk reduction has already been discussed by Subject Matter Expert with Sentinel lead who has agreed to support the work to engage NPUs to develop their	Nov 2019 *Locate Supt.*	This recommendation was considered on-going during audit testing in July 2020 Follow-up in progress

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				role support safeguarding and harm reduction. This included obtaining Mgt. information and seek agreement through Local Policing Governance Board to building this into Local Tactical Delivery Board processes for broader support around harm reduction. This will reduce demand on shared service role and support Local Authorities in achieving statutory obligations for return interviews within 72 hrs.		
26	Sept 2020	Missing persons process	Quality assurance / performance monitoring arrangements should be established via dip sample reviews and completed on a regular basis by stakeholders of the Missing Operations Group (MOG) with the results of reviews reported into the MOG to identify key themes where remedial action is to be taken. It should be determined if Force Intelligence have the capacity to complete quarterly dip sample reviews on missing person investigations and if so, the timescales determined as to when the reviews will be completed and reported into MOG. Results and actions of reviews should be reported into the Vulnerability Board to provide assurances that reviews are being undertaken and actions plans developed to address areas of weakness.	Audit request for quarterly log dip sampling have already been made to Vulnerability Improvement Board. Monthly Force Response, Force Contact and Locate reviews have been agreed to be bought Missing Operations Group to highlight any organisational learning and promote practice. Performance metrics are in discussion for MFH so that timeliness and harm reductions measures should be recognised not only in these depts. but also NPUs through Local Tactical Delivery Board. Org learning will be brought to Vulnerability Improvement Board via Missing Operations Group.	Nov 19 *Force CID Supt.*	Extract of findings from 2nd review in July 2020 This recommendation is considered on-going as quality assurance/ performance management arrangements have not been established pending the outcome of the 2nd Internal Audit review. Follow-up in progress
27	Dec 2019	VAT	Until an accurate method for identifying VAT on expenses is developed, the Force should cease VAT reclaims in regard to expenses. As an interim measure to correctly identify VAT on expenses: - The Force should develop reporting methods to distinguish mileage from other categories of expense on which VAT can be reclaimed. - There should be scoping work undertaken with a view to utilising Oracle Fusion to correctly allocate VAT on expenses. Once an appropriate solution is identified, marketing and promotional work should be undertaken to	We have excluded all VAT reclaims for expenses from the September 2019 VAT Return (circa £8k) and will continue to do so until we have implemented an interim, and then a permanent solution within the expenses module. As an interim measure we will introduce a new report which will highlight all expenses where VAT is recoverable and includes the necessary VAT receipts. This will form the basis of VAT reclaimed on expenses. We believe we are going to have to create some new categories – which state all of	Immediate *Assistant Director – Finance* Nov 2019 *Assistant Director – Shared Services*	Update as at March 2021 Accountancy - Spreadsheet system has been developed to identify recovery of VAT on mileage. The Proposed solution will be checked with the force's tax advisors, PSTax and potentially HMRC. Thereafter claims will be calculated in early 2021 and submitted to HMRC. For other expenses, reports will need to be developed in conjunction with Oracle to ensure that the correct categories of expenses can be extracted. While this is being progressed a manual exercise is being undertaken to reclaim back any VAT due from HMRC. Shared Services – From 1st April 2021 all expenses will need receipts and they will not be processed without them. We

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			ensure staff and line managers are aw are of the requirement to identify and provide valid VAT receipts.	the items are vatable, or not vatable or partially vatable. We w ill then do a manual check on top of this to get the VAT position correct. We w ill also increase the guidance around this. We are w orking on a report that brings back the image for each claim, so w e can physically see if the attachment is a valid receipt		have built a VAT report that w ill track w hat VAT is claimable.
28	July 2020	Diversity and Inclusion	Progress on actions from the D&I Strategy and departmental plans should be measured and monitored regularly. Measures to monitor outputs and outcomes of key D&I activities such as feedback from participants follow ing events or training sessions held should also be adopted w here possible. These should be aligned to and fed into the monitoring of D&I strategy. Outcomes and performance measures should be review ed and reported periodically through the D&I governance. Effective processes should also be adopted for managing any issues.	Clear outcome targets have been identified and included for the D & I strategy centrally. Outcomes w ill be monitored ongoing as part of the strategy delivery	AD Diversity & Inclusion	Update provided March 2021 A new SharePoint process is being developed w hereby ALL D&I Plans across the force are uploaded to the SharePoint platform, and updated on an iterative basis. This w ill come after the SharePoint platform is fully set up and established. The next strategy being formulated and launched as an opportunity to review and refocus this area too.