JOINT AUDIT COMMITTEE
24 June 2021

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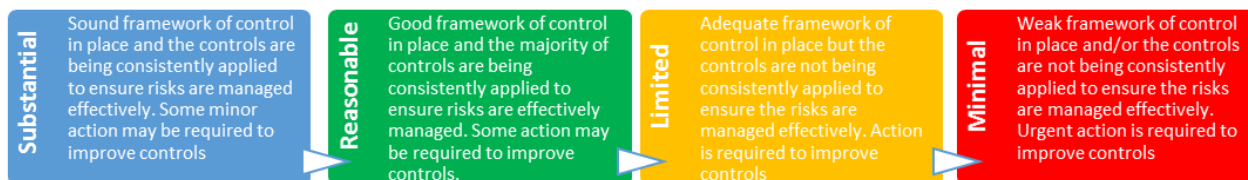
3.2 Table 1 provides details of audits finalised since the previous report to the Committee in March 2021, along with details of the opinions given.

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

No.	Audit Review	Assurance Opinion
1	Connect – Data Migration and Interfaces	Reasonable
2	Customer Team (Shared Services)	Substantial
3	Marauding Terrorist Attacks	Reasonable
4	Commissioning (OPCC)	Reasonable
5	MyTime	Reasonable
6	Victims Service Assessment Team (vulnerability themes)	Limited
7	Delivery Planning for Estates	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 2021/22. This will be considered when forming the annual audit opinion.

3.4 In addition to the audits finalised during the period, the following audit is nearing completion with a draft report issued and management comments awaited:

- ControlWorks

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:

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 2021/22. 13 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	Vulnerability	6	6			
2	Fleet Telematics	7	6	1*		
3	Management of Repeats (Victims and Offenders)	4	2		2	

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
4	Training	7	2		3	2
5	Fraud and Cybercrime	3			1	2
6	Fixed Asset Register	4	4			
7	Vetting	6	3		3	
8	Data Driven Insight	5				5
9	Mental Health	8	5		3	
10	Crime Data Integrity	6	5	1		
11	Missing Persons	10	9		1	
12	National Uniform Managed Service	5	5			
13	Access & Usage of Intelligence Systems	6	6			
	Total	77	53	2	13	9

one significant recommendations has been accepted during the period in respect of Fleet telematics (Details in Appendix 2)

4.4   Table 2 identifies an 86% 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 3,*** which also summarises the status of recommendations of those audits completed in 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 2018/19 to 2021/22

Rating	Number agreed			
	2018/19	2019/20	2020/21	2021/22
High	1	6	0	0
Medium	70	67	37	5
Low	59	55	51	1
Total	**130**	**128**	**88**	**6**

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

Table 4 – Status of High/Medium Recommendations

	2018/19	2019/20	2020/21	2021/22	Total
Total Number	71	73	37	5	186
Total not yet due to be Followed-up/Follow-up in progress	0	7	27	5	39
Total Followed-up Concluded	71	66	10	0	147
Of Which:-					
Total Implemented	64	44	5	0	113
Total Redundant*/risk accepted	7	1	0	0	8
Total Outstanding after follow-up	0	21	5	0	26

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

4.8   Of the 147 significant recommendations followed-up since 2018/19, 113 (77%) have been fully implemented. A further 8 (5%) are considered redundant or superseded. 26 (18%) remain outstanding and full details of these 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. 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. The following additional assurance work has been undertaken since the previous report to committee.

5.2 **National Fraud Initiative** - Investigations into the data matches as part of the 2020/21 National Fraud Initiative exercise are continuing. Data matches were released in phases by the Cabinet Office during January and February 2021 and immediate attention was given to the deceased pensioner matches to ensure a hold was placed on pension payments to prevent any risk of overpayment. The majority of the pension matches were already known. We are now progressing with the Payroll and Creditor matches and at the time of reporting some potential duplicate creditor payments have been identified which are currently being investigated. We will continue to report progress on the NFI match investigations to the Committee.

5.3 **Information Management** - Internal Audit continue to participate in the Force's Information Assurance Working Group and Strategic Information Management Board to consider the key information management demands of the Force. Both groups met during May to consider Information Management and GDPR matters and wider risks were escalated to the Board for consideration.

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 the actuals for 2020/21. It is currently too early to usefully measure actuals to date for 2021/22 as most audits commenced have a status of work in progress. Actuals will be measured and reported to future meetings of the Committee.

Table 5 – KPI data 2020/21

KPI Description	Narrative	Annual Target	Actual 2020/21
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered*	90%	94%
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.

CONTACT OFFICER	**BACKGROUND DOCUMENTS**
Name: Lynn Joyce	None
Title: Head of Internal Audit	

APPENDIX 1 - Summaries of Completed Audits with Limited or Minimal Opinion

1   Victims Service Assessment Team

1.1   A Victims Service Assessment (VSA) Team has recently been established by the Vulnerability Gold Group where it was identified that further internal assurance work was required for various areas of vulnerability following issues identified by HMICFRS inspections and Internal Audit, in particular on the Missing Persons Process and domestic abuse. The VSA team will assess whether key actions / recommendations have been implemented and embedded across the Force or if issues remain and further actions need to be determined.

1.2   This audit was to provide assurances that adequate arrangements are in place to effectively co-ordinate and manage the work of the VSA Team in assessing the various strands of vulnerability across the Force. This included focusing on governance arrangements, the mechanisms in place to determine the vulnerability areas to be reviewed and how these are prioritised to ensure robust processes are in place to maintain progress in the Force's response to vulnerability with a particular emphasis on domestic abuse and missing persons, learning from other assurance work and inspections and that assessments completed encompass all key stages of the process. Performance and organisational learning aspects were also considered.

1.3   An overall opinion of Limited has been given relating to the work of the VSA Team. The opinion reflects the infancy of this new Team and its on-going development. Currently not all vulnerability themes have been reviewed by the VSA Team and there is no agreed approach to assess the different vulnerability themes to assist in the prioritisation of such reviews. This needs to be considered in the context of risk for the vulnerability areas in conjunction with the capacity of the team and sample sizes for reviews. As the range of audits completed by the Team grows robust governance and reporting arrangements are essential to ensure that the Teams findings are contributing to assessing the effectiveness of actions taken by the Force and identifying where further actions are required.

1.4   The key findings of the review are as follows:
- The audits completed by the VSA Team have in the main been based on suggestions by the Superintendent as Silver Lead for the Team with some additional tasks also being received from Strategic Tasking Co-Ordination Group (STCG) and Vulnerability in Contact Gold. It is unclear which governance group or portfolio has responsibility to direct, monitor and scrutinise the work of the VSA Team and to approve suggested audits and the approach to audits that are to be completed.

- Several points were identified in relation to the VSA Teams methodology and assessment approach;
  o There is no approved review schedule or agreed approach in place to assess vulnerability themes to assist prioritising reviews.
  o Whilst several vulnerability themes have been reviewed to date, including domestic abuse and missing persons' process which are known higher risk themes for the Force, there remain several vulnerability themes that have not been reviewed resulting in an increased risk of vulnerability issues not being identified and the response to vulnerable people not being adequate. Also, the missing persons' process is the only area which is currently subject to regular review.
  o The complete life of a record from the point received until the point of closure is not being reviewed as part of the VSA audit process with the reviews focusing on a specific aspect of the process based on the objective of an audit. There may therefore be missed opportunities in managing vulnerability that are not being

identified or alternatively to provide assurance that an aspect of Force policy or process is being complied with.

- o Statistical sampling is applied when selecting records for review to enable the findings to be applied to the whole population, however for some areas reviewed there are a number of subjective variable factors and a statistical approach may not always be appropriate. The use of statistical sampling also can result in a large number of records being selected for review which can be time consuming when balancing the level of information to be reviewed per record and other audits the Team have to complete.

- The VSA Team are not consistently being updated with actions taken by the Force in addressing inspection recommendations to enable further reviews to assess if the actions are effective and embedded.

- No review arrangements or protocols between the VSA Team, Subject Matter Experts (SME) and key departments have been established to share findings from VSA audits to confirm factual accuracy and to assist SME's and key departments to prepare updates before reporting back to the relevant governance board or tasking forum.

- There is no clear and consistent process in place for reporting the audit findings back to the appropriate governance board or tasking forum. For the Missing Persons Process audits the findings are reported back to the SME who then provides a headline update at Vulnerability in Contact Gold and the Vulnerability Improvement Board. For the Domestic Abuse Outcome Code 16 audit no evidence could be located to confirm where the findings had been reported, if the recommendations made in the report were agreed and if they have been progressed.

APPENDIX 2 – Summary of Plan Position

2020/21 Audits Completed During 2021/22

Audit	Status	Opinion / Comments
Connect - Data Migration and Interfaces	Final*	Reasonable
Customer Team (Shared Services)	Final*	Substantial
CTU Marauding Terrorist Attacks (MTAs)	Final*	Reasonable
Commissioning	Final*	Reasonable
MyTime	Final*	Reasonable
Victims Service Assessment Team (Vulnerability Themes)	Final	Limited
Estates – Delivery Planning	Final	Reasonable
ControlWorks BAU review	Draft	Awaiting management comments
IT&D Service Management (Service Desk)	In progress	

*included in 2020/21 annual opinion

2021/22 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
Contact Service Levels		
National Fraud Initiative	In progress	
Detained Property		
Strategic Policing and Crime Plan (Advisory)	In progress	
Environmental Strategy (Advisory)		
Pensions (McCloud Ruling) (Advisory)		
Accounts Payable	In progress	
Special Constabulary		
Uplift Programme		
Force Risk Management Arrangements		
Victims Satisfaction		
Financial systems		
Connect - Case Management aspects		
Connect - Benefits Realisation		
Commonwealth Games		
Crime Data Integrity		
Terrorist Offender Management		
Domestic Abuse - case management		
Violence Reduction Unit	Planning stage	
Integrated Offender Management		
Brexit		
Rape and Serious Sexual Offences (RASSO)	In progress	
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)		
Covid - Organisational Learning		
Management of Suspects	In progress	
Mobile and Agile Working		
Victims Service Assessment Team (advisory)		
OPCC Casework		

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

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

2021/22 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Victims Service Assessment Team (vulnerability themes)		5					5	Dec-21
Estates Planning		1					1	Dec-21
Totals for 2020/21		**6**	**0**	**0**	**0**	**0**	**6**	

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	6					N/A
Missing Persons (2nd review)	🟩	-					-	Recommendations remain as reported in 19/20
Training	🟧	7	2			5		Aug-21
Fraud and Cybercrime	🟥	3				3		Aug-21
Vetting	🟧	6	3			3		Sept-21
Cyber Security		3					3	Mar-21 – In progress
Domestic Abuse – serial perpetrators		6					6	May-21 – in progress
Bank Reconciliation		4					4	May-21 – in progress
Use of Intelligence		5					5	Jun-21 – In progress
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						N/A
Officer Uplift Programme	🟩	0						N/A
Sex Offender Management		5					5	Aug-21
Commonwealth Games	🟩	0						N/A
Payroll		7					7	Sept-21
Connect Data Migration and Interfaces	🟩	0						N/A
Customer Team (Shared Services)		1					1	Nov-21
Marauding Terrorist Attacks		5					5	Dec-21

2020/21 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Commissioning OPCC		6					6	Dec-21
MyTime		5					5	Dec-21
Totals for 2020/21		**88**	**13**	**0**	**0**	**12**	**63**	***details of high and medium rated recs not yet implemented are summarised in Appendix 4**

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2019/20								
Mental Health		8	5			3		Sept-21
Appropriate Adults		8	2			6		Mar-21 – In progress
Centre for Applied Automation		4	3			1		Apr-21 – In progress
Missing Persons		10	9			1		Sept-21
IT Strategy		3				3		Jun-21
CTU Business Support		4	3			1		Jun-21
VAT		4	3			1		Jun-21
Management of Repeat Offenders		4	2			2		Aug-21
Occupational Health		4	1			3		Jun-21
IT&D System-database access and administration		8	1				7	In progress – part response received
Supplier Relationship Management		3	1			2		Apr-21 – In progress
Diversity and Inclusion		3	2			1		Jun-21
Data Driven Insight		5					5	Sept-21
PSD Case Management (Complaints and Investigations)		3	2			1		Jun-21
Totals		**71**	**33**			**25**	**13**	***details of high and medium rated recs not yet implemented are summarised in Appendix 4**

Risks accepted during the reporting period
The risk has been accepted on one part of a medium rated recommendation relating to Fleet Telematics:

Recommendation:
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.

Fleet Services are yet to have a satisfactory utilisation report from the supplier, therefore the Fleet Manager has accept the risk of non-implementation. Fleet Services have recently engaged with Warwick University to see if they can support the service with better use of data. The Director of Commercial Services agreed this approach but has requested the Fleet Manager has continued dialogue with the supplier to improve the reports generated.

APPENDIX 4 – 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 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. - 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.	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 identified training needs. Delivery of these inputs is typically by Mental Health Triage staff. It is recognised that there is a turnover of staff within roles and a need to refresh training however 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 however been identified during the current review of the Mental Health policy that improving the knowledge and understanding of all staff in public facing roles or roles that bring them into contact with 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 with partners is being drafted for Force Executive Team consideration. The mandated completion of the NCalt package Mental Health and The Police has been circulated to relevant Senior Leadership Teams for local governance / management and results reported back to the Mental Health steering group next Vulnerability Improvement Board.	Progress update 28th June 2019 & 9th August 2019 Completion Sept 2019 *Superintendent with responsibility for mental health*	Update provided June 2021 The NCALT Mental Health training package is still being revised and reviewed within the College of Policing and has not yet been released to forces. The Mental Health Tac Ad review has been approved by ACC Meir, presented to STCG and there is agreement for roll out of the programme across the Force over the next 9 months. All 3 Mental Health Trusts within the WMP area are now behind the transition of WMP away from being involved in the current format of street triage although they are yet to make a decision as to what their provision of a Mental Health ambulance looks like. As Mental Health Tac Ads roll out they will be trained and as such there will be a significant increase of highly trained officers to support those working across all relevant Force functions. This in turn will see an upturn in the collective understanding of how we police and interact with Mental Health issues, essentially through peer training. There will also be further bespoke training delivered within WMP for individuals in specific functions who have regular and significant contact with those who have Mental Health issues.
2	Sept 2019	Mental Health	Additional guidance and training should be given to officers and Force Contact on health services	As above the review of MH policy has resulted in a draft 'offer' to support Contact	4/06/2019	Update provided June 2021 As detailed above Mental Health Tac Ad's have now been

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
			powers under the Mental Health Act and care responsibilities to enable calls for service to be challenged.	staff in understanding legislation and responsibilities of partners. This has been shared in draft with Contact SLT and is being developed to ensure bespoke needs of the department are addressed. This will be further supported by proposed training programme subject to approval by FET. Due to other training needs, it will 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 supporting documentation.	*Superintendent with responsibility for mental health*	approved by Force Executive Team for further roll out beyond the successful pilot. This will take place over the next 9-12 months. Further guidance will also be given to Force Contact staff in how to better deal with incidents involving Mental Health issues. Not solely in relation in how to capture the right information to offer the right response from the right agency(ies), but also to ensure that we better understand our demand from Mental Health matters to inform the longer term strategy relating to how best to respond to Mental Health calls for service.
3	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*	Update provided at Strategic information Management Board March 2021 The IT Strategy is being drafted but paused awaiting for the National Strategy to be issued in June 2021 which will provide a baseline strategy. This postponement was agreed by the Strategic Information Management Board in March 2021 and supported by the Head of Internal Audit. The existing strategy remains in place until a new one is launched. To be followed up further end June 21. In the interim an existing strategy is still operating.
4	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	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*	Update provided at Strategic information Management Board March 2021 The IT Strategy is being drafted but paused awaiting for the National Strategy to be issued in June 2021 which will provide a baseline strategy. This postponement was agreed by the Strategic Information Management Board in March 2021 and supported by the Head of Internal Audit. The existing strategy remains in place until a new one is launched. To be followed up further end June 21. In the interim an existing strategy is still operating.

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
			should be documented.			
5	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 at Strategic information Management Board March 2021</u> The IT Strategy is being drafted but paused awaiting for the National Strategy to be issued in June 2021 which will provide a baseline strategy. This postponement was agreed by the Strategic Information Management Board in March 2021 and supported by the Head of Internal Audit. The existing strategy remains in place until a new one is launched. To be followed up further in June 21. In the interim an existing strategy is still operating.
6	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's 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*	<u>Update provided April 2021</u> The new operating guidance for IOM has now been published by Ministry of Justice which will support delivery of local focus of OM on Neighbourhood crime. The most high risk offenders will be managed by LOMU, with the lower risk offenders managed across a balance between LOMU and NHT. The new cohorts are broken down into three parts, and the specific area for NHT are the Flexible cohort, which allows for local decisions to be made to manage the high demand generators across neighbourhoods, and based on local priorities. CIOM have created clear guidelines as to how this will be managed, with close liaison between LOMU and NHT in selecting the right offenders (LTDB), and then managed along with key partners within the ODOC meeting, which has also been reviewed and updated. Best practice has been found such as offender to rehab (Bham)/ Op Unite (SW and DY) which has shaped the new guidance. All partner agencies, in particular local NPS and CRC are engaged with the new processes. These also include key pathways providers such as Cranstoun drugs and alcohol. CIOM are also working on an improved performance measurement framework which will assist in understanding effectiveness and comparisons across NPU – this will be in the form of a QLIK dashboard. All offenders will be tracked through CONNECT which includes the new terminology from national guidance. Next steps will see updated SOP for WMP and based on the national guidance, in addition to roll out of training in IOM tactics and principles, which will commence with LOMU and then roll out to NHT as required

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
7	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
8	Sept 2019	Appropriate Adults	A volunteer agreement / handbook should be developed detailing what 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 with current and new recruited AAs. Follow up in progress
9	Sept 2019	Appropriate Adults	It must be ensured that Appropriate Adults are either present or available when key conditions are discussed with individuals held in Custody. Furthermore, the Force must ensure that the custody record is updated appropriately with details of the engagement with the Appropriate Adult.	OPCC Response:- We will 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 what 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 will 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 which stage/s they were present for as an AA. This may help towards monitoring to see if an AA is present when 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 will be put in place. Follow up in progress
10	Sept 2019	Appropriate Adults	To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil	We are working with the Force to ensure this is part of the Connect Project. Once we have the information we will publish	July 2020 *Volunteer*	Update provided December 2020 Still on going with the Force. Force to ask those leading the Connect integration project about whether Connect

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			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 with Local Authorities and the Police and Crime Commissioner on a regular basis to allow demand and effectiveness of the scheme to be reviewed. 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	this and it will therefore be available to all the local authorities	*Coordinator*	could/can gather this data in future in a format that makes it reportable on and whether this data will 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 what data there is out there that would report/ monitor this. Follow up in progress
11	March 2020	Occupational Health	The Wellbeing Plan included within the Wellbeing Strategy should incorporate measures on which progress will be assessed and what 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 which aims to set out goals, outcomes and aims against each of the strategic priorities. This is then further broken down into an annual plan. It is agreed that measures and KPIs should be incorporated into this document, the outcome of which can be reported into the newly created Engagement Board.	July 2020 *Head of Employee Relations and Wellbeing*	Update as at March 2021 Due to the impact of Covid the wider 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 with her replacement being fully 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.
12	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	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

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				specific SLA as the combination of the above should achieve the same aim.		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.
13	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*	<u>Update as at March 2021</u> 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.
14	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 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.	Sept 2020 *Supplier Relationship Manager*	<u>Update as at January 2021</u> 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. 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. Follow up in progress
15	Sept 2020	Missing persons	Urgent action should be taken to review current working practices whereby missing children /	Escalation procedures for P2 logs will be	Dec 2019	<u>Update as at May 2021</u> Quicker attendance at P2 logs means that there are fewer

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		process	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.	recirculated as part of guidance for depts. The ongoing use of alternate depts. (NPU for example) should be part of the escalation route and made available to dispatchers. Regarding process and ownership needs to be developed between depts. It is envisaged that a role for NPU to support demand and escalation will be the outcome. Performance dip sampling for timeliness improvements and escalations will be brought to MOG for monthly review and report to Vulnerability Board where issues are highlighted. The return home of a Missing From Home before attendance and the necessary regrading to allow a Safe and Well debrief to take place features as part of this. The role of NPU in supporting these cases rather than closing for P8 demand will feature as part of the process review that will be brought to Missing Operations Group for consideration.	*Senior Force Contact Manager*	P8 logs as a result and therefore reduced opportunity to not complete prevention debriefs. Who completed these debriefs is clear in policy and has been reiterated through MOG. Current force policy is being reviewed and has been circulated for consultation. When the new policy is agreed this will be highlighted via message of the day and newsbeat to refresh staff knowledge. Audit data will show that progress is being made in this area however there is still more to do. DCI Lee who is now responsible for Locate holds weekly performance meeting with the Locate DI's. Return interviews are a performance measure for Locate and in Locate run an Improve Transform plan and weekly monitoring is now taking place about this. Internal Audit Comments This recommendation is considered partially implemented. A copy of the Locate weekly performance document was provided from March 2021 that tracks the intelligence submissions, mean missing time and prevention interviews completed. Themes and trends are being identified and captured, i.e. inappropriate use of Covid-19 policy to justify non-attendance or non-completion or no effort to engage with Local Authority and prevention interview actions have been determined to manage and improve going forward. The monthly performance document produced in January 2021 evidences that the P8 demand has reduced from approx. 35% in March 2020 to approx. 8% in Jan 2021, which supports comments over P8's reducing due to improved dispatch for P2's and the application of the escalation doctrine. The revised missing person policy has links to the College of Policing APP and the actions required in respect of return interviews with further supporting guidance on return and concluding an investigation arrangements. The additional guidance produced for call handling and initial risk assessment also refers to the return home risk assessment process where by three key points that Force Contact are to consider from the information they receive. Further guidance is also made for logs regraded as P8 and also the escalation process.

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						It is also recognised that additional work has commenced, i.e. intelligence log submissions to enhance the information held on missing people and quantity and quality reviews are being performed by the DCI in Locate on return home risk assessments. From reviewing the VSA Team missing audits for October and December 2020 it was confirmed that 94.3% and 100% of the applicable logs had a return home risk assessment completed, however it should be ensured that there is evidence in the log that the call handler or dispatcher has confirmed the three key points as per the return home risk assessment process and recorded the appropriate level of detail in the log.
16	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 ensure staff and line managers are aware of the requirement to identify and provide valid VAT receipts.	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 the items are vatable, or not vatable or partially vatable. We will then do a manual check on top of this to get the VAT position correct. We will also increase the guidance around this. We are working on a report that brings back the image for each claim, so we can physically see if the attachment is a valid receipt	Immediate *Assistant Director – Finance* Nov 2019 *Assistant Director – Shared Services*	Update provided 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 have built a VAT report that will track what VAT is claimable.
17	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 following events or training sessions held should also be adopted where possible. These should be aligned to and fed into	Clear outcome targets have been identified and included for the D & I strategy centrally. Outcomes will be monitored ongoing as part of the strategy delivery	May 2020 *AD Diversity & Inclusion*	Update provided March 2021 A new SharePoint process is being developed whereby ALL D&I Plans across the force are uploaded to the SharePoint platform, and updated on an iterative basis. This will come after the SharePoint platform is fully set up and established.

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			the monitoring of D&I strategy. Outcomes and performance measures should be reviewed and reported periodically through the D&I governance. Effective processes should also be adopted for managing any issues.			The next strategy being formulated and launched as an opportunity to review and refocus this area too.
18	Jan 2021	Vetting	To improve the performance monitoring regimes further: ☐ Finalise the insight performance dashboards and make operational within the vetting team/PSD ☐ Determine the level of summary information from the dashboards to be reported to PSD management and Force Executive Team Management may also wish to consider establishing individual performance targets to monitor whether staff are working optimally and contributing to the aim of reducing the number of vetting applications outstanding.	The provision of the Business Insight Dashboards is an agreed objective and is being progressed. Access to leaders across vetting and the SLT will be necessary In order that improvements are tracked and this is agreed to. The introduction of individual performance targets however is not. This is likely to drive perverse performance as considerable research indicates. The establishment of an over-arching ambition to satisfy HMICFRS recommendations is supported, but not individual target setting. This will be monitored through Service Improvement Meetings and Quarterly Performance Reviews.	Nov 2020 *Force Vetting Manager*	<u>Update provided May 2021</u> Completion of the Qlik dashboards is delayed due to other force priorities. However, the Aftercare dashboard is fully operational and providing excellent information. Management information is already available through Core-Vet and is utilised to identify timeliness and to monitor for disproportionality. The Qlik dashboard will support the above and reduce the human element, saving time. Vetting are now reviewing individual performance (as of 1/5/21) to assist to understand barriers and training needs.
19	Jan 2021	Fraud and Cybercrime	Joint work between ECU and PPU should be undertaken to establish protocols for the protect advice offered to victims of economic abuse (as a subset of domestic abuse).	Joint working with PPU is also part of the Fraud and Cybercrime Outcome Improvement Plan which will go some way to address this recommendation. The ECU also intends to ensure that some specific CPD in relation to economic abuse is delivered to both FCID and PPU to ensure that the investigators understand the impact of this type of abuse.	Jan 2021 *Head of Economic Crime Unit*	<u>Update provided May 2021</u> CPD has been delivered to a limited number of PPU teams. A further updated CPD package was completed in May 2021 for delivery to a wider PPU audience over the forthcoming quarter.
20	Jan 2021	Fraud and Cybercrime	The Head of ECU should request the City of London Police for feedback on the cybercrime victim survey, both in terms of how many are being completed and the main issues arising from those completed. Analysis of this information would help establish the response rate and any areas of improvement. Decisions can then me made as to whether localised surveys would be beneficial. Victim satisfaction surveys should also be considered for fraud crime and this should be discussed/agreed with City of London Police.	Liaison with National Coordinators Off ice is ongoing and the ECU has an analyst who can complete the necessary analysis once access to the victim satisfaction surveys is granted.	Dec 2020 *Head of Economic Crime Unit*	<u>Update provided May 2021</u> City of London Police do not survey victims of fraud and cyber with any frequency and data is not obtainable. Therefore local consideration will be given to surveying victims of fraud and cyber via the Citizen Satisfaction project; a FCID focus group for which is being held on 18 May where this requirement will be raised.
21	July 2020	Data Driven Insight	An appropriate exercise should be undertaken to match those addresses from the source systems that could not be matched using the Ordnance Survey AddressBase Premium (ABP). The force's current	This is an ongoing action being managed within the project. Work is scheduled on this fix in June subject to Covid-19 impact.	July 2020 *Senior Manager – Delivery*	<u>Update provided May 2021</u> This cannot be considered until after the Connect Hyper care period is closed.

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			work on matching addresses from Oasis using a Google API should be considered for unmatched addresses in all other source systems ingested into DDI.		*Management (IT&D)*	
22	July 2020	Data Driven Insight	Following adoption of the Flints vs Insight Search users tracker and assessment of what reasonable user access would look like, analysis of sudden spikes or reduction in usage across departments or job roles should also be undertaken regularly. This will allow monitoring of continual usage as well as help identify any potential misuse e.g., inappropriate searches being undertaken. An appropriate reporting mechanism should be determined for BAU to ensure that usage is monitored and investigated properly where any potential issues are identified.	Misuse of systems is BAU for CCU and PSD. Deliverable 4 addresses the audit capability which enables this. The governance group (above, deliverable 1) will monitor and review performance and identify any spikes etc. that may need referring to CCU/PSD. This is as per ongoing management of all force systems.	June 2020 *Head of Intelligence*	Update provided May 2021 The project is in discussions to include appropriate tracking for audit purposes to be included in the upcoming Force Executive Team review. It is to be recommended that the Audit issues are looked at as a combined set of deliverables to add weight to their importance. We are liaising with PSD to agree the full scope of work and a fit for purpose solution for business as usual
23	July 2020	Data Driven Insight	The DDI project team should assess whether there is audit capability to help monitor people's behaviour on Insight Search e.g., if they continuously search for people of a certain age or gender group. This will help enhance proactive monitoring and help identify misuse of the application at the earliest opportunity.	This is a requirement of the Counter Corruption Unit who have been liaising throughout with the project team. CCU remained satisfied with progress and capability within DDI which has been established internally by the project team in sharp contrast to capabilities being provided by corporate software providers of alternative significant IT projects. The significant innovation using Qlik dashboards is acknowledged.	June 2020 *Counter Corruption, PSD*	Update provided May 2021 See above - This will form part of the same scope discussions for input into the recommendations to Force Executive Team.
24	July 2020	Data Driven Insight	The issues from the 30 day challenge should be reviewed and addressed to help improve the increase of Insight Search users. Feedback from the 30 day challenge should be shared across the force to help increase the use of Insight Search and build confidence in the Insight Search application. Following proposed changes regarding additional training, communications across the force to help raise awareness of Insight Search and the different ways of communicating e.g., through messages on the Insight Search application itself should be progressed and completed prior to another 30 day challenge being commenced.	This is another deliverable within the project work. Workshops were arranged to share learning and surface and underlying rationale for poor search choices by users. However these were necessarily cancelled as a result of Covid-19. Virtual alternatives have been planned but lead trainer was also redeployed for Covid-19. A new replacement has now been identified and these will now be rescheduled. Comms plan will follow once informed by these workshops. There is a misconception that as Flints and Insight Search produce different answers Flints must be better as trust is already established. In fact Flints is now out of date and IS is more accurate – this needs	July 2020 *Senior Project Manager*	Update provided May 2021 The Project is re-writing the original user guide as part of this release and promoting it through Communications channels (Team talk, Change Network etc.) Insight Search messaging. In addition the user guide will be tested in UAT as it will be used by all UATers who will feed back for appropriate adjustments prior to go live.

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				to be understood by the workforce through this process.		
25	Sept 2020	Training	A robust framework to support the decisions made during the commissioning process should be in place to improve transparency and reduce challenge to the process.	A robust process will be created to ensure the new Commissioning and evaluation governance board will give clarity that training is appropriately designed and evaluated to ensure it is meeting the required purpose. To support this a Head of Commissioning role will be created to drive and own this process.	End Jan 2021 *Head of Commissioning*	Update provided May 2021 With a new commissioning manager not starting in post till mid-February, this is at scoping stage, with an anticipated new process and supporting governance structure expected to be in place for the beginning of Q2 21 (July). A number of workshops with internal teams have taken place and more are scheduled to review and refresh the business case. Request this to be revisited in Q2 for a further update and supporting evidence
26	Sept 2020	Training	To ensure training courses are meeting their intended need and the expectations of the attendees: - 1) Line managers and supervisors must regularly review the feedback from learners to identify any areas of concern (management may wish to investigate whether an automatic notification could be sent to supervisors upon receipt of poor feedback to prompt a review.) - 2) The summary of feedback, actions taken and any key themes should fed into Learning and Development SLT with survey results being a standing agenda item to ensure there is an appropriate forum to discuss and escalate any poor feedback and how it should be addressed. - 3) The level of evaluation should also be increased to ensure that the Department are identifying whether the training that is being delivered is providing value for money and addresses the original purpose of the training package.	The creation of a Commissioning and evaluation governance board will oversee the required processes and procedures to ensure that training is appropriately designed and evaluated to ensure it is meeting the required purpose.	End Jan 2021 *1 + 2 - Head of Ops Training 3 - Head of Commissioning*	Update provided May 2021 Commissioning governance is in scope/progress and anticipated to be in place for July 2021. These actions will all feed into action 1. 1/ Snap webhost does not allow in the system for line managers to be automatically updated with bad feedback. All trainers should review their own feedback (new format of accounts implemented allows for the fact that trainers can only see their own feedback) and all team leaders and section heads should monitor as part of quality assurance processes. Quality Assurance is part of the commissioning review and wider ODL service improvement meeting which is in place. 2/ Escalation of issues will feed into commissioning governance, however, the process of continuous improvement of courses/trainers will be part of service improvement monthly meeting which is established with all SLT and Line managers across ODL attending. 3/ The current combined level 1 and 2 evaluation strategy is to be reviewed in the context the scoping and development of a new learning strategy – working in conjunction with an external provider. This work is due to commence Q1 with a Learning Strategy complete in Q2. This will inform an aligned evaluation strategy which will support learning transfer measures, and business impact. The commissioning process will also be realigning the Business case to This Work Matters Strategy, clear baseline measures and a review process to show outputs and outcomes of the relevant learning interventions.