

Agenda Item 10

**JOINT AUDIT COMMITTEE
29 September 2021**

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

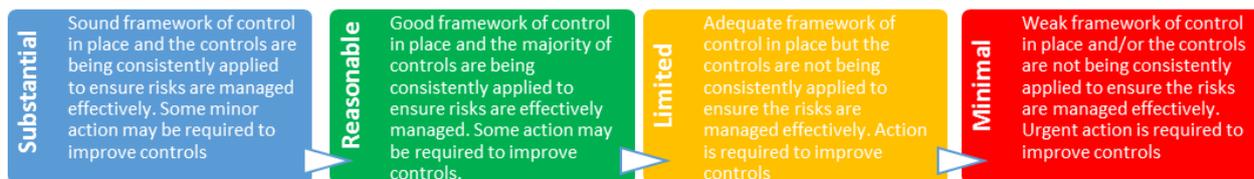
- 1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period June 2021 to date.

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 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 June 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 June 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	ControlWorks	Reasonable
2	Rape and Serious Sexual Offences (RASSO)	Minimal
3	Accounts Payable	Limited

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:

- Management of Suspects
- IT Help Desk

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. 26 have been concluded to date, which are summarised in Table 2 below.

Table 2 – Analysis of Follow-Up Audits undertaken during 2021/22

	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) (x2)	4	4			
4	Training	7	2		3	2

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
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			
14	DA Serial Perpetrators	6	4		2	
15	Cyber Security	3			3	
16	Serious Violence in Under 25s	2	2			
17	Diversity & Inclusion	3	2			1
18	Bank Reconciliation	4	3		1	
19	Appropriate Adults	8	6		1	1
20	PSD Case Management	3	3			
21	Supplier Relationship Mgt	3	3			
22	Safeguarding Boards	3	2		1	
21	Centre for Applied Automation	4	4			
22	VAT	4	4			
23	CTU Business Support	4	4			
24	Apprenticeship Levy	4				4
25	Connect System Integration & User Acceptance Testing	2	2			
26	Use of Intelligence	5	1		4	
	Total	135	95	2	23	15

4.4 Table 2 identifies an 87% 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 2021/22 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 2018/19 to 2021/22

Rating	Number agreed			
	2018/19	2019/20	2020/21	2021/22
High	1	6	0	2
Medium	70	67	37	19
Low	59	55	51	8
Total	130	128	88	29

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	21	202
Total not yet due to be Followed-up/Follow-up in progress	0	0	17	21	38
Total Followed-up Concluded	71	73	20	0	164
<i>Of Which:-</i>					
Total Implemented	64	54	9	0	127
Total Redundant/risk accepted	7	1	0	0	8
Total Outstanding after follow-up	0	18	11	0	29

4.8 Of the 164 significant recommendations followed-up since 2018/19, 127 (77%) have been fully implemented. A further 8 (5%) are considered redundant or superseded. 18% remain outstanding and full details of these along with the latest progress updates are detailed in **Appendix 4**. The latest updates confirm progress is being made for 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 requires assurance levels to be assessed, other planned work relates to those areas of activity that supports and underpins 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 have also completed the majority of our investigations of the high quality payroll and creditor matches and at the time of reporting duplicate creditor payments to the value of £193,712 have been identified and are in the process of being recovered. These overpayments relate to six invoices. 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 July to consider Information Management and GDPR matters.

6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs as at August 2021 are set out in Table 5 along with the actuals for 2021/22 to date.

Table 5 – KPI data 2021/22

KPI Description	Narrative	Annual Target	Actual 2021/22
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered	90%	20%
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%

6.2 The audit coverage is below the pro-rata target for this time of year which is anticipated as the earlier part of the year is heavily weighted to planning, preparation and commencing audits, with more reports being issued in the latter months. A couple of audits completed to date have taken longer than planned due to the complexities identified during the audit and the implementation of new force systems which is creating some challenges accessing information for testing. We're also applying a new approach of working on fewer audits at any point in time to minimise the elapsed time on reviews. Approximately 50% of audit tasks are in progress and we are closely monitoring the position and will continue to report progress to the Committee.

7. RECOMMENDATIONS

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

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

1 Rape and Serious Sexual Offences (RASSO)

- 1.1 The purpose of this audit was to assess, review and provide assurances that adequate arrangements are in place to effectively manage RASSO investigations. The audit focused on training for officers investigating sexual offences, governance and partnership working arrangements, management of investigations; including prioritisation, timeliness, workload management and communication with CPS, victim care and contact; including referrals to support services and specialist facilities, and performance monitoring.
- 1.2 An overall opinion of Minimal has been given to the area reviewed. The minimal assurance opinion is largely due to the significant risks relating to the lack of trained and experienced officers within the Adult Complex Investigation Teams and the high-volume workloads per officer. These factors combined potentially impact not only on the progression of investigations and the level of service delivered to victims which impacts on victim attrition, but also on the wellbeing of staff within the Adult Complex Investigation Team. The RASSO subject matter expert (SME) has initiated some proactive work to manage demand with a pilot Review and Demand Team being established, temporary resources being obtained and consultations progressing with the Teams to discuss ways in which demand and risk can be managed. Further options to manage resources have also recently been agreed by the Force Executive Team (FET), however implementation of these options was in its infancy at the time of reporting and the effectiveness of the agreed options and additional activities could therefore not be assessed.
- 1.3 The Covid-19 pandemic has had an impact on training commitments and further work is required to deliver the appropriate training in the short, medium and long term.
- 1.4 A number of the issues identified during this internal audit review are akin to those reported in the recently published Joint Inspection of Rape: Part One which was a joint inspection by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and Her Majesty's Crown Prosecution Service Inspectorate (HMCPIS). The joint inspection report was publicised after the fieldwork for this audit had ended and upon review of the inspection report the consistent key themes in both reports include insufficient trained and experienced investigators, lack of supervision, gaps in victims contact, scarce management information and a lack of joined up working between officers and Crown Prosecution Service particularly in respect of early investigative advice.
- 1.5 The key findings of the review are as follows:
 - Officers working in the Adult Complex Investigation Teams should complete specific training per the College of Policing role profile for RASSO investigators to enable effective investigation and engagement with victims. A review of training records identified the following:
 - Gaps in training were found relating to officers not yet being qualified detectives and achieving the Professionalising Investigation Programme (PIP) Level 2. This training is required to be qualified investigator in PPU.
 - A number of officers had not completed the Specialist Sexual Assault Investigators Development Programme (SSAIDP), Sexual Offences Investigators course, Specially Trained Officer (STO) training and also Video Recorded Interview (VRI) training. This training is required to be a qualified investigator for rape and sexual assault cases.
 - The SSAIDP and STO courses were merged several years ago (Pre-2016) which has resulted in officers not being able to receive STO training as a stand-alone

- course and to attend the SSAIDP officers must be working towards detective status.
- For less experienced and / or not fully qualified officers, there are no formal arrangements in place to provide extra support when managing investigations, thereby increasing the risk that lines of enquiry may not be pursued and the appropriate evidence may not be obtained. This could negatively impact on the level of service given to victims.
 - RASSO is a defined vulnerability theme which reports into the Vulnerability Improvement Board (VIB) and also into Crime Governance Board as part of Public Protection Unit (PPU). There is no RASSO sub-group of the VIB which would be beneficial to drive the improvements and activities included in the rape delivery plan across internal stakeholders, have strategic oversight on progress and also to address any emerging blockages or risks in the service delivered to victims.
 - A rape delivery plan is in place to record and update defined actions to improve service delivery. None of the actions within the plan have success criteria to help determine when an action is considered complete and not all RASSO improvement activity is being captured on the delivery plan to assist in monitoring progress, e.g. rape triage car pilot and Review and Demand Team pilot. Initial verbal feedback from the HMICFRS and HMCPSP joint inspection of rape has been captured on the plan and reference is also made to the Sexual Assault Abuse Board action plan, however, there are no updates as to what action has been taken by the Force.
 - When attending a report of rape or sexual assault Force Response officers are required to complete a RASSO book to capture the first account of the incident, verbatim from the victim, drawing a sketch where the incident occurred and any suspect information as well as officer information to then handover to the Specially Trained Officer when they attend. Force Response are not consistently completing the RASSO book or are not completing the book to the required standard, increasing the risk of missing opportunities to accurately capture the first account of the incident and help secure evidence. It was also found that Force Response officers have not received training on responding to RASSO incidents for a significant period of time.
 - Early Investigative Advice (EIA) from a Crown Prosecution Service (CPS) RASSO Specialist Prosecutor must be considered when investigating offences of rape, with investigators seeking an EIA appointment via the PPU Gatekeeper. This is particularly relevant in high profile or more complex cases to ensure the early development of a joint strategy for the prosecution and to obtain CPS expertise and advice. It is not standard practice for the Adult Complex Investigations Team to seek EIA from the CPS. The reasons for this were explored and feedback was that EIA process was bureaucratic due to the level of information required to be prepared and CPS not being able to manage the extra demand. EIA is only generally obtained when an operation is established or an investigation is deemed to be very complex. A Memorandum of Understanding (MOU) has recently been agreed with CPS which clarifies the criteria in which EIA should be obtained including escalation routes for any disputes between officers and CPS. Officers are to be informed imminently of the MOU and monitoring arrangements to assess compliance with the MOU are yet to be established.
 - There is no national guidance on the ratio of officers to investigations and following a Data Analytics Lab study in January 2020 it was recommended that the ratio of officers to investigations should be 1:6 for RASSO investigations, the current average stands at 1:17 for all types of investigations managed by the Adult Complex Investigation Teams. Managing live demand results in an increased volume of on-

going investigations, which particular impacts non-recent investigations, which are often paused. Also, the growing demand results in an increased number of supervisory reviews, which are required to be completed every 28 days, this deadline is not being met with reviews sometimes taking several months. As the Adult Complex Investigation Teams are also responsible for other types of investigation outside of RASSO, there are a growing number of un-allocated reports which have not yet been allocated to an investigator to commence a full investigation.

A high number of vacancies and abstractions across the Adult Complex Investigation Teams has contributed to the high workload levels which not only impacts outcomes, but also impacts the officers' welfare and stress, being able to progress investigations in a timely manner, all of which potentially impact the level of service to the victim and victim's attrition as the investigations take longer to be completed. PPU Senior Leadership Team and the Force Executive Team are aware of the high workloads per officer which is captured on the Departments risk register. A series of interim actions and pilots are currently underway to assist in managing demand and further resource options have recently been agreed by Force Executive Team to assist in managing resources including seeking additional internal resources from Local Policing and year 3 student officers being posted to the Adult Complex Investigation Teams. As these options have not yet been embedded the effectiveness of these actions cannot yet be assessed.

- To comply with Home Office Counting Rules when a call is received and rape is stated it is immediately recorded as a rape. To 'no-crime' a recorded rape crime there has to be additional verifiable evidence that no rape has occurred. Teams raised concern over the initial crime recording of rape and the process required to subsequently 'no-crime' these reports, some of which may be due to repeat demand callers who are not supportive and often have other vulnerabilities that need to be managed, which also impacts on achieving performance targets.
- Victim contact plans are not being consistently recorded in Connect with a lack of evidence also detailed in the investigation log, including when contact is maintained and how the victim was contacted, e.g. face to face or via telephone call. The completion of victim contact plans has also been identified as an issue from internal peer reviews. Although the findings of the peer reviews are fed back to the Teams to address the points identified going forward, no specific actions have been determined to improve the recording of contact plans across the board and issues were still identified in the logs reviewed during this audit. Additionally, investigation logs are not being updated to record how the victim was informed that no further action was being taken following their report. The policy states that such contact should be in person unless requested by the complainant or if reasonable attempts to meet the complainant in person / video call have been made, a telephone call or letter sent.
- Force key performance indicators (KPI's) are in place to reduce the length of rape investigations however no specific measures or baseline has been determined. A KPI is also in place to improve rape outcomes against the current target of 6%. There are however no KPI's set for other serious sexual offences investigated by the Teams. Whilst targets have been determined relating to CPS file submission rates, reduction in CPS action plans and victim attrition, it could not be confirmed when these targets were last reviewed. There are also no KPI's considering if the victim is supportive or not when assessing rape outcomes with no reporting available from Connect. Additionally, the Force do not seek any qualitative feedback from rape victims on the service they have received from the Force to continue to learn and improve on the service delivered to victims.

1.6 A series of management actions to address the weaknesses identified have been agreed:

- A skills gap analysis for critical skills across all PPU functions has been completed along with an assessment of the timescales in which training will be delivered. This will be monitored by the PPU Service Improvement Team. A full training plan (cross investigation portfolio) has been produced in conjunction with Learning and Development (L&D) and the RASSO subject matter expert will liaise with Service Improvement Team lead to ensure Adult Complex Investigation Teams staff are prioritised as training delegates on PPU and L&D training plans.
- Dedicated training sessions will be established for Adult Complex Investigations staff. A CPD and training lead has been appointed who will deliver critical training to Adult Complex Investigations staff initially but then move to supporting wider CPD across the Force. CPD events will be designed and scheduled for Force Response staff and be delivered by L&D.
- A RASSO sub group is to be established in line with the Vulnerability Board operational procedures, which will provide the governance for relevant internal improvement actions. A terms of reference will be drafted and approved by the Vulnerability Improvement Board. Force Response, Force Contact representatives and L&D colleagues are to be invited to the RASSO sub group.
- All improvement plans are to be reviewed and aligned where possible and success criteria will be produced for each improvement action and actions will be RAG rated.
- The Memorandum of Understanding (MOU) for Early Investigative Advice will be shared with all Adult Complex Investigations staff and the RASSO gatekeeper will monitor such requests. Compliance with the MOU will be monitored at the RASSO operational oversight meeting and the RASSO policy will be updated to include reference to the MOU.
- Timescales for any resource increase requests are tracked through Workforce Strategy Boards. Work will be undertaken with Strategy and Direction to build Qlik searches that will provide a performance dashboard to enable the adult complex management team to more easily understand demand, capacity and risk. RASSO workload demands will be escalated to PPU Senior Leadership Team, PPU Risk Register and to the Vulnerability Improvement Board where required. In addition, it will be identified when Force Executive Team resources will be actioned and this will be tracked through central RASSO improvement plan.
- The Wellbeing Manager is to be invited to operational RASSO meeting to discuss options available to support Investigators.
- Work previously completed on repeat RASSO callers will be reviewed and issues identified will be tabled at RASSO sub group and escalated to the Vulnerability in Contact Gold group.
- The Adult Complex Investigations Teams will be instructed to record victim contact plans and to complete Victim's needs assessments. Recording of contact plans will be monitored by the bi-monthly peer reviews and supervisors will be requested to dip sample 10 cases per month to ensure contact plans have been completed. The Victims and Witnesses subject matter expert is also conducting audits in relation to Victims' Code compliance which will be fed into the RASSO sub group. Recording of 'No Further Action' decisions is to be monitored by the bi-monthly peer reviews and

complex teams are to ensure victims are made aware of the Right to Review Scheme.

- Face-to-face training sessions with Independent Sexual Violence Advisors (ISVA's) will be organised for all complex investigators and all Detective Inspectors are to re-establish regular meetings with ISVAs representatives.
- Internal key performance indicators are to be reviewed and a specific performance session will be organised for all key internal stakeholders to review current measures and identify and further measures where necessary, ensuring that all measures are clear and SMART. Victim feedback approaches will be considered as part of the overarching RASSO improvement plan and part of the RASSO sub group agenda with RASSO internal performance measures being reviewed and monitored by the RASSO sub group.

2 Accounts Payable

- 2.1 The purpose of this audit was to provide assurance that controls and processes in place within the Accounts Payable function are adequate to prevent the loss or misappropriation of funds. Specifically, this audit reviewed the governance arrangements including roles, responsibilities and reporting lines, compliance with policies and procedures for paying for goods and services, the set up and amendments to supplier details and bank accounts, processes for the creation and updates of automated processes, access rights to the Accounts Payables module, performance monitoring and information management.
- 2.2 An overall opinion of Limited has been given to the area reviewed. Good processes were identified in the use of the Web Centre which automatically processes approximately 90% of the invoices received by the Purchase to Pay team and in the arrangements for setting up, amending and reviewing suppliers. However, weaknesses were identified within a number of areas of the account payables process including errors in the report used to check duplicate payments prior to each payment run, Key Performance Indicators not being regularly completed and monitored, and gaps in key controls for paying one-off suppliers.
- 2.3 The key findings of the review are as follows:
- There are a number of key performance indicators and scheduled tasks set up to ensure the effectiveness of the Accounts Payable process. The audit identified that these are not being regularly updated and completed. Decisions were taken by local managers not to complete some of the scheduled tasks when staff left the team in March 2021. There was no evidence of senior management approving this decision and there is now a risk that key controls are not being applied and management do not have an effective overview of performance.
 - The policy for Accounts Payable states the provision in terms of tolerances for the payment of invoices when they are in excess of approved purchase order amounts. Staff were not fully aware of this policy and testing found that the team do not regularly apply the agreed tolerances of 5%; rather only process invoices when they are within a few pence of the original purchase order. Applying the agreed tolerances may reduce the number of invoices on hold each week thereby saving staff time and effort as invoices would not need to be referred back to the original requester for further approval.
 - Testing of payments processed without a purchase order being raised identified a number of instances when payments not on the agreed exemption list had been

processed. This enables invoices to be paid without proper authorisation through approved purchase orders.

- To identify duplicate payments before they are processed the team review a bespoke duplicate payment report just prior to the payment run. Internal Audit identified an error in this report which meant that a large amount of payments are not being reviewed increasing the risk of duplicate payments being made to suppliers. The error occurs as in some instances the report substitutes the payment date with the word “No”. The Purchase to Pay team review only the transactions on the particular payment run day and therefore any lines with the word "no" in the payment date column are not selected for review. The reasons for this are currently not known. However there has been some compensating actions undertaken to check for duplicates via the biennial National Fraud Initiative exercise and high potential duplicate invoices have been checked up to October 2020.
- Since June 2020, where a one-off payment is to be made to a supplier, the team have utilised a process called “one-time payments.” Prior to the payment run, this process uploads payment details (which are approved by business area management) directly from a spreadsheet into the Account Payable module. These payments, are then processed in the same manner as other invoices on the payment run. There are no management reviews of these payments to ensure that they are accurate or that the spreadsheets uploaded into Fusion have not been amended to allow for fraudulent activity.
- A number of issues were identified in relation to user access profiles and access rights to Oracle Fusion:
 - A high level user profile called “BATCHADMIN” has access to a wide range of profiles such as supplier management which allows the user to change supplier bank details. Access to this profile is controlled via a single username and password rather than through single sign-on where access is controlled via a user’s profile. IT & Digital were not fully aware of which individuals within IT & Digital and Shared Services have knowledge of the credentials.
 - A small number of users outside the accounts payable function have access to accounts payable profiles in Oracle Fusion. These users have no responsibility in the accounts payable process, therefore access should be revoked.
 - There were also instances of lack of segregation of duties between raising and approving orders and invoices with a couple of users having the ability to create a purchase order, create supplier accounts (including bank details) and process invoices. There are compensating controls built into the system such as purchase orders requiring a second individual to approve an order and bank details cannot be amended without an independent check, but there remains a small risk that the lack of segregation of duties could allow for fraudulent activity.
 - Internal Audit also confirmed that there are regular reviews of user access which involved checking which users have access to P2P profiles in Fusion. However, despite these checks, the issues found above had not been identified.
- The BACS transmission file which sends payment data to the bank is extracted from Oracle Fusion into an amendable text file that is saved onto a user’s personal network drive before being placed into the secure banking drive for the BACSTEL process to take place. There is an opportunity for this file, which contains supplier information such as bank details, to be amended. IT& Digital management are aware of the issue and are seeking a resolution. To compensate against the issue an additional control was agreed during the previous audit of Accounts Payable whereby all BACS transmission files were to be reconciled to ensure that the file had

not been amended, however testing identified that this key control has not been completed since February 2021 due to staffing resources.

2.4 A series of management actions to address the weaknesses identified have been agreed:

- A review will be undertaken of the key performance indicators and scheduled tasks within the KPI portal and senior management will formally agree those that will be measured and monitored ensuring robust controls are operating.
- Staff within Purchase to Pay will be made aware of the policy in regards to tolerances and encouraged to apply the policy where appropriate. It will also be established whether the Accounts Payable module can be set up to automatically process payments with the limits of the tolerance policy.
- The exemption list for purchase orders will be reviewed and any not on the list will be referred back for purchase orders to be raised.
- Work is already underway to review the operation of the duplicate payments report.
- Management checks have been put into place to ensure that one-time payments are accurate and legitimate to reduce the risk of error and potential fraud.
- During the period reviewed the team were suffering serious staff shortages resulting in a lapse in the review of invoices on hold process. This has been addressed and the process has been resumed on a weekly basis.
- A review will be undertaken of user access and accounts in conjunction with IT&D.
- The reconciliation of the BACS file will be reinstated immediately and a change in file type will be reviewed in conjunction with IT&D.

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	Final	Reasonable
IT&D Service Management (Service Desk)	Draft	Awaiting management response

**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	Most high-quality matches complete
Detained Property	In progress	Fieldwork underway
Strategic Policing and Crime Plan (Advisory)	In progress	Fieldwork underway
Environmental Strategy (Advisory)		
Pensions (McCloud Ruling) (Advisory)	In progress	
Accounts Payable	Final	Limited
Special Constabulary		
Uplift Programme		
Force Risk Management Arrangements		
Victims Satisfaction	In progress	Fieldwork underway
Financial systems		
Connect - Case Management aspects		
Connect - Benefits Realisation		
Commonwealth Games	In progress	Fieldwork due to commence
Crime Data Integrity		
Terrorist Offender Management	In progress	Fieldwork due to commence
Domestic Abuse - case management		
Violence Reduction Unit	In progress	Fieldwork underway
Integrated Offender Management		
Brexit		
Rape and Serious Sexual Offences (RASSO)	Final	Minimal
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)		
Covid - Organisational Learning	In progress	Planning underway
Management of Suspects	Draft	Awaiting management response
Mobile and Agile Working	In progress	Fieldwork underway
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
Controlworks	4					4	Jan-22
Accounts Payable	9					9	Mar-22
Rape and Serious Sexual Offences (RASSO)	10					10	Feb-22
Totals	29					29	

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		Oct-21
PPU – Vulnerability	6	6					N/A
Missing Persons (2nd review)	-					-	Recommendations remain as reported in 19/20
Training	7	2			5		Aug-21 – In progress
Fraud and Cybercrime	3				3		Aug-21 – In progress
Vetting	6	3			3		Sept-21 – In progress
Cyber Security	3				3		Sept-21
Domestic Abuse – serial perpetrators	6	4			2		Sept-21 – In progress
Bank Reconciliation	4	3			1		Oct-21
Use of Intelligence	5	1			4		Dec-21
Serious Violence in Under 25s	2	2					N/A
Apprenticeship Levy	4				4		Dec-21
Complaints Review Process	5					5	Aug-21- In progress
Environmental Policy	3					3	Jul-21 – In progress
Connect SIT & User Acceptance Testing	2	2					N/A
CTU Covert Funds	0						N/A
Officer Uplift Programme	0						N/A
Sex Offender Management	5					5	Aug-21 – In progress
Commonwealth Games	0						N/A
Payroll	7					7	Sept-21 – In progress

2020/21 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Connect Data Migration and Interfaces		0						N/A
Customer Team (Shared Services)		1					1	Nov-21
Marauding Terrorist Attacks		5					5	Dec-21
Commissioning OPCC		6					6	Dec-21
MyTime		5					5	Dec-21
Totals		88	25			26	37	*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 – In progress
Appropriate Adults		8	6			2		Oct-21
Missing Persons		10	9			1		Sept-21 – In progress
IT Strategy		3				3		Oct-21
Occupational Health		4	1			3		Oct-21
IT&D System-database access and administration		8	5			3		Oct 21
Diversity and Inclusion		3	2			1		Oct-21
Data Driven Insight		5				5		Sept-21 – In progress
Totals		49	28			21		*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 2019	Mental Health	<p>To ensure officers and staff are suitably trained on mental health issues that may be relevant to their role:</p> <ul style="list-style-type: none"> - 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 <p>A mechanism should be established to monitor completion rates and, if necessary, an escalation route if compliance rates do not improve.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Progress update 28th June 2019 & 9th August 2019 Completion Sept 2019</p> <p><i>Superintendent with responsibility for mental health</i></p>	<p><u>Update provided June 2021</u> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Follow up in progress</p>
2	Sept 2019	Mental Health	<p>Additional guidance and training should be given to officers and Force Contact on health services powers under the Mental Health Act and care responsibilities to enable calls for service to be</p>	<p>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</p>	<p>4/06/2019</p> <p><i>Superintendent with</i></p>	<p><u>Update provided June 2021</u> As detailed above Mental Health Tac Ad's have now been approved by Force Executive Team for further roll out beyond the successful pilot. This will take place over the</p>

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
			challenged.	<p>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.</p> <p>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.</p>	<i>responsibility for mental health</i>	<p>next 9-12 months.</p> <p>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.</p> <p>Follow up in progress</p>
3	Dec 2019	IT Strategy	<p>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.</p>	<p>These recommended actions are part of standard practice and will automatically be completed as part of the process.</p>	<p>Dec 2019</p> <p><i>Assistant Director IT&D</i></p>	<p><u>Update provided at Strategic Information Management Board July 2021 – AD IT&D update</u></p> <p>The IT Strategy has been drafted but Force Executive Team has requested formal launch be postponed until after the new Police and Crime Plan has been produced to ensure the new strategy is aligned to the plan. In the interim an existing strategy is still operating.</p> <p>To be followed up further in Oct 21.</p>
4	Dec 2019	IT Strategy	<p>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.</p> <p>These actions should also be reviewed and updated periodically via the Technical Design Authority (TDA)/ IT&D SLT with any updates/amendments being approved appropriately.</p> <p>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</p>	<p>These recommendations are part of standard practice and would be automatically included as part of any strategy – there is nothing new here</p>	<p>Dec 2019 – ongoing</p> <p><i>Assistant Director IT&D</i></p>	<p><u>Update provided at Strategic Information Management Board July 2021 – AD IT&D update</u></p> <p>The IT Strategy has been drafted but Force Executive Team has requested formal launch be postponed until after the new Police and Crime Plan has been produced to ensure the new strategy is aligned to the plan. In the interim an existing strategy is still operating.</p> <p>To be followed up further in Oct 21.</p>

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			recommendations from the current strategy that are considered as no longer applicable should be documented.			
5	Dec 2019	IT Strategy	<p>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.</p> <p>Remedial actions should then be agreed where actions from the strategic plans have not been completed or desired outcomes/targets not achieved.</p>	This is standard practice and will be automatically completed	Dec 2019 <i>Assistant Director IT&D</i>	<p><u>Update provided at Strategic Information Management Board July 2021 – AD IT&D update</u></p> <p>The IT Strategy has been drafted but Force Executive Team has requested formal launch be postponed until after the new Police and Crime Plan has been produced to ensure the new strategy is aligned to the plan. In the interim an existing strategy is still operating.</p> <p>To be followed up further in Oct 21.</p>
6	Sept 2019	Appropriate Adults	<p>To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil their holding to account role:</p> <ul style="list-style-type: none"> - Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes administrated 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. <p>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</p>	We are working with the Force to ensure this is part of the Connect Project. Once we have the information we will publish this and it will therefore be available to all the local authorities	July 2020 <i>Volunteer Coordinator</i>	<p><u>Update provided July 2021</u></p> <p>Already drafted a dashboard to report on the Appropriate Adult (AA) scheme for adults and hope to get this published on the PCC website in the next few weeks once Design and Print have finished with it. Key stats will show response times from when the AA is called to when they arrive at custody, number of voluntary interviews AAs attended and number of vulnerable people supported by an AA.</p> <p>Established a brief picture of how AA provisions for children are across the West Midlands but still working with those individual areas to establish what data they have.</p> <p>We have applied for an App in Qlik to pull all AA data– this has gone to the monthly project board – We will chase the Senior developer for an outcome</p>
7	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 <i>Head of Employee Relations and Wellbeing</i>	<p><u>Update provided June 2021</u></p> <p>The inaugural meeting of the Wellbeing Council will take place on 15th July, this will determine governance and monitor progress of the wellbeing strategy.</p>
8	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	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	July 2020 <i>Head of Occupational Health</i>	<p><u>Update provided June 2021</u></p> <p>Work has been commissioned and is on-going with the Digital Team reconstructing the Wellbeing Portal and contents. This will include combined wellbeing and occupational health services. The updated portal will</p>

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			provided but also the expectations in terms of service delivery timescales. Once approved the agreement should be displayed on the Occupational Health's Portal.	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.		provide better access to information as a result of technical enhancements.
9	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 <i>Head of Employee Relations and Wellbeing & Head of Occupational Health</i>	<u>Update provided June 2021</u> This will be discussed as part of the inaugural meeting of the Wellbeing Council taking place on the 15 th July 2021
10	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.	Escalation procedures for P2 logs will be 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.	Dec 2019 <i>Senior Force Contact Manager</i>	<u>Update as at May 2021</u> Quicker attendance at P2 logs means that there are fewer 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 Missing Operations Group. 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 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. Follow up in progress

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11	July 2020	Diversity and Inclusion	<p>Progress on actions from the Diversity & Inclusion (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 the monitoring of D&I strategy.</p> <p>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.</p>	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	<p>May 2020</p> <p><i>AD Diversity & Inclusion</i></p>	<p><u>Update provided July 2021</u></p> <p>After a delay due to the demand upon IT&D with the introduction of Connect, we have now established a D&I SharePoint and we are working with HR Business Partners and Heads of Departments/D&I Leads to get the plans populated. The functionality of the site allows for wider use than just the housing of the local D&I Plans, with more functionality coming with the adoption of Office 365 later in the year. We will explore more ways that we can use this to support the refreshed Strategy when launched. A peer review of the D&I plans has been undertaken (attached) and will support our review of the D&I Strategy and D&I plans as we work on their refresh. Internal Audit comment: Evidence to support the completion of the D&I peer reviews was provided which was undertaken for departmental representatives to obtain constructive feedback on their D&I plans and enable the sharing of ideas and examples of good practice. The outcomes were presented to the D&I board in March 2021 where recommendations and next steps were agreed such as reviewing how SMART the plans are implementing a robust tracking mechanism to measure progress, wider engagement and communications to provide support and guidance and a formal external audit is anticipated later in the year. No further updates were evident from a review of the monthly D&I Board minutes between April and June 21. The SharePoint repository will provide a good platform to assist these steps.</p>
12	Jan 2021	Vetting	<p>To improve the performance monitoring regimes further:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Finalise the insight performance dashboards and make operational within the vetting team/PSD <input type="checkbox"/> Determine the level of summary information from the dashboards to be reported to PSD management and Force Executive Team <p>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.</p>	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.	<p>Nov 2020</p> <p><i>Force Vetting Manager</i></p>	<p><u>Update provided May 2021</u></p> <p>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.</p> <p>Follow up in progress</p>

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13	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 <i>Head of Economic Crime Unit</i>	<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. Follow up in progress
14	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 be 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 Office 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 <i>Head of Economic Crime Unit</i>	<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. Follow up in progress
15	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 work on matching addresses from Oasis using a Google API should be considered for unmatched addresses in all other source systems ingested into DDI.	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 <i>Senior Manager – Delivery Management (IT&D)</i>	<u>Update provided May 2021</u> This cannot be considered until after the Connect Hyper care period is closed. Follow up in progress
16	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 <i>Head of Intelligence</i>	<u>Update provided May 2021</u> 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. Follow up in progress

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17	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 (CCU) 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 <i>Counter Corruption, PSD</i>	<u>Update provided May 2021</u> See above - This will form part of the same scope discussions for input into the recommendations to Force Executive Team. Follow up in progress
18	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. Flints is now out of date and IS is more accurate – this needs to be understood by the workforce through this process.	July 2020 <i>Senior Project Manager</i>	<u>Update provided May 2021</u> 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 user acceptance testing (UAT) as it will be used by all UATers who will feed back for appropriate adjustments prior to go live. Follow up in progress
19	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 <i>Head of Commissioning</i>	<u>Update provided May 2021</u> 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 Follow up in progress
20	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	The creation of a Commissioning and evaluation governance board will oversee the required processes and procedures to ensure that training is appropriately	End Jan 2021 <i>1 + 2 - Head of</i>	<u>Update provided May 2021</u> Commissioning governance is in scope/progress and anticipated to be in place for July 2021.

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			<p>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.)</p> <p>- 2) The summary of feedback, actions taken and any key themes should feed 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.</p> <p>- 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.</p>	designed and evaluated to ensure it is meeting the required purpose.	<i>Ops Training 3 - Head of Commissioning</i>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Follow-up in progress</p>
21	Jan 2021	Domestic Abuse Serial Perpetrators	<p>As part of the One Day One Conversation (ODOC) review:</p> <ul style="list-style-type: none"> The core attendees should be reviewed and additional partners added considering the value added and contributions made by other partners. The frequency of ODOC meetings should be considered and whether there is local discretion to hold meetings more frequently. It should be assessed whether the tiered approach to aid management of domestic abuse serial perpetrators should be incorporated into the ODOC guidance providing clear definitions for each tier of management. 	The ODOC review working group met for the first time at the beginning of October 2020, and terms of reference are being drawn up to undertaken a review of ODOC policy, which will include DA policy and include recommendations made within this audit.	Owned by CIOM (CI Evans) and managed through working group. Overall governance sits with Reducing Re-offending Delivery Group	<p><u>June 2021 Update</u></p> <p>The new ODOC policy has been signed off by Integrated Offender Management (IOM) Steering group (Multi Agency) and sent to all Local Offender Management Units across WMP as the standardised case management meeting structure. This includes specifically for Domestic Abuse Offender Management the need to have Inspector rank as Chair, and meetings at least monthly, however we are aware that on B'ham they have fortnightly Domestic Abuse ODOC meetings due to demand. Minutes and appropriate paperwork for selection and deselection of offenders is included within the ODOC guidance and recommended to upload all onto offenders PMP within Connect. As part of the wider IOM work, we have reviewed the attendees at ODOC meetings and they will now see more engagement</p>

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			<ul style="list-style-type: none"> The reporting lines should be determined to ensure there is appropriate oversight of ODOC and that it is operating as intended. <p>Once the guidance has been reviewed it should be circulated to Domestic Abuse Offender Management Teams with particular emphasis on the following points to aid compliance:</p> <ul style="list-style-type: none"> The appropriate rank of officer is chairing ODOC meetings. The confidentiality statement being reiterated at each meeting. <p>Appropriate records are produced and circulated prior to meetings, with minutes and actions retained to comply with the Data Protection Act.</p>			<p>with National Probation Service (NPS) and local Neighbourhood Teams in particular. NPS and Community Rehabilitation Company are due to amalgamate late June 2021, and so many Neighbourhood Policing Units are waiting for this process to complete before formal uptake of the new ODOC process</p> <p>Follow up in progress</p>
22	Jan 2021	Bank Reconciliation	<p>To ensure access to the Cash Manager module in Oracle is appropriately restricted and segregation of duties applied, the potential for creating a custom role for the Head of Payroll should be explored. Should this not be possible, then the AD Finance should liaise with the AD – Shared Services to consider the redistributing of this task to another individual. Whilst the possibilities of removing the Receivables Specialist profile from the Financial Accounting & Tax Team or changing the teams' access rights to the AR module are explored, regular checks should be reintroduced as part of the monthly closedown process undertaken by an individual not associated with the bank reconciliation process. These will help ensure that the Financial Accounting & Tax Team have not input any receipts into Oracle. A timetable for the 6 monthly review of access to the Cash Manager and General Ledger modules should be adopted. Once extracted, the download and results of the associated checks should be retained.</p>	<p>1) The Systems Accountant will explore options for creating a custom Cash Manager role for the Head of Payroll so that they do not have any ability to reconcile transactions. This may involve requesting the help of the Oracle Evolve service.</p> <p>2) A control check sheet will be introduced which is certified to confirm that no receivables entries have been input into the Cash Management module. The check will be actioned by a Team Member without Cash Manager role access. The result of the check will be notified to the Head of Financial Accounting & Tax who will certify this in return.</p> <p>3) The Systems Accountant will explore options for creating a new Accounts Receivable role for Accountancy which removes the ability to input income transactions. This may involve requesting the help of the Oracle Evolve service.</p> <p>4) A timetable for the 6 monthly review of access to the Cash Manager and General Ledger modules will be created. The downloads will be retained. A control check sheet will be introduced to confirm that</p>	<p>Systems Accountant</p> <p>Response 1, 3 and 4 – February 2021</p> <p>Response 2 – November 2020</p>	<p><u>Update July 2021</u></p> <p>1) Accountancy have not gone ahead with the contract with Oracle Evolve, as our primary Oracle needs are reporting solutions and we are still evaluating what may be the best use of our resources. This decision will be taken sometime later this Financial Year. The Oracle Evolve has not therefore been available to us. I have looked to see if I can create a new role to facilitate this split, but cannot see how this distinction required could be created. I have therefore raised a service ticket with Oracle for them to advise. We are also looking to test Auditing at the Form Level in the test system which should report if certain users have accessed certain Forms in the Cash Management module. We are unsure yet of what the system overhead would be of switching on these forms.</p> <p>2) An income control check sheet was introduced from Oct-20 which is completed on a monthly basis by an Accountancy Assistant without Cash Manager access. This is to confirm that no receivables entries have been input into the Accounts Receivables module by someone with Cash Management module access. An email is sent to the Head of Financial Accounting & Tax every month to confirm this check has taken place.</p> <p>3) Awaiting outcome of creating a Custom Cash Manager role before seeing if we can create a non –seeded role. Experimented in the Test System but lose ability to be able to properly interrogate Receivables module appropriately.</p>

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				entries have been reviewed by the Head of Financial Accounting & Tax		The Cash Management function has now been removed from everyone apart from the System Accountant, the Accountancy Assistant responsible for Bank Reconciliation functions, and the Head of Payroll. 4) A review spreadsheet sheet has been set up with review of all individuals.
23	Jan 2021	Apprenticeship Levy	The apprenticeship scheme should contact main providers and request documentary evidence of the funding arrangements for each apprentice where differing rates of levy are being paid. Once received, the information should be shared with Accountancy to enable monthly reconciliation to be undertaken across all apprentices to reconcile and confirm the rates of levy payment are correct.	A process map is in development covering the process from signing of contract with training provider through to checking of first payments made through the apprenticeship service account. All providers are in the process of being contacted for a breakdown of apprentice costs per apprentice. This data will be shared with accountancy for financial reconciliation.	PEQF & Apprenticeship Manager 31/12/20	<u>Update as at Sept 2021</u> Draft process map completed, to be consulted on with finance lead. Deadline 31/10/21. Documentary evidence has been obtained from training provider where differing rates of levy are being paid (training provider CSR).
24	Jan 2021	Apprenticeship Levy	A robust system and supporting guidance must be introduced to ensure that levy payments are suspended for individuals absent from the scheme for over 4 weeks and ceased due for individuals leaving the scheme. Force systems should be utilised to identify such individuals through regular reporting. To make this identification easier, management should investigate whether the Force HR systems can be updated to include a marker identifying apprentices.	It has been confirmed by the Education Skills Funding Agency that any overpayment made to a training provider will be refunded back to the employers levy account. Refunds were received into WMP levy account from Staffordshire University on 22/09/20. Reconciliation is taking place against this refund. A process map is in development, which will enable the Apprenticeship Manager to track those apprentices who are off long term sick and those who withdraw/resign. Work is underway with workforce planning to share records on a monthly basis of those apprentices who are sick and those who resign. For PEQF students fortnightly case management meetings are taking place and the Apprenticeship Manager now attends those meetings. Information from these meetings is also shared with Staffordshire University and Accountancy.	PEQF & Apprenticeship Manager 31/12/20	<u>Update as at Sept 2021</u> Draft process map is available. Process will enable Apprenticeship Manager to track apprentices who are off long term sick and those who resign and enable timely management of levy funds. Work is underway with workforce planning to share records on a monthly basis to enable implementation of the process map. Deadline 31/10/21. Information on PEQF students is being shared with the Recruitment team to enable management of the levy account in the absence of the PEQF & Apprenticeship Manager.