



Agenda Item 10

JOINT AUDIT COMMITTEE  
22 December 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 September 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.

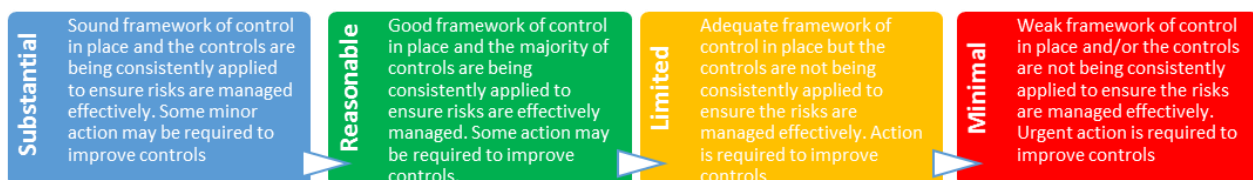
2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable’s objectives are achieved. The work of the Team should be directed to those areas and risk 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 the organisations 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 September 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	IT Help Desk	Reasonable
2	Management of Suspects	Limited
3	Victims Satisfaction Final Audit Report	Limited
4	Commonwealth Games – Procurement	Substantial

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:

- Mobile and Agile Working
- Terrorist Offender Management
- Violence Reduction Unit
- Detained Property
- Risk Management
- Covid – Organisational Learning

#### 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. 37 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 (x2)	7	2		3	2
5	Fraud and Cybercrime (x2)	3			1	2
6	Fixed Asset Register	4	4			
7	Vetting (x2)	6	3		3	

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
8	Data Driven Insight (x2)	5	2			3
9	Mental Health (x2)	8	5	3		
10	Crime Data Integrity	6	5	1		
11	Missing Persons (x2)	10	9		1	
12	National Uniform Managed Service	5	5			
13	Access & Usage of Intelligence Systems	6	6			
14	DA Serial Perpetrators (x2)	6	5		1	
15	Cyber Security	3			3	
16	Serious Violence in Under 25s	2	2			
17	Diversity & Inclusion (x2)	3	3			
18	Bank Reconciliation (x2)	4	4			
19	Appropriate Adults (x2)	8	6		1	1
20	PSD Case Management	3	3			
21	Supplier Relationship Mgt	3	3			
22	Safeguarding Boards (x2)	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	
29	Sex Offender Management	5	3			2
30	Environmental Policy	3	1			2
32	Complaints review process	5	2			3
34	Occupational Health (x3)	4	1	1*		2
35	Payroll	7	3			4
36	Customer Team	1	1			
37	IT Strategy	3			3**	
	<b>Total</b>	<b>163</b>	<b>111</b>	<b>6</b>	<b>21</b>	<b>25</b>

\*Risk has been superseded by new governance arrangements

\*\* Recommendations transferred to management to conclude

4.4 Table 2 identifies an 81% implementation rate (fully and partially) for those audits followed-up to date during 2021/22. 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 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	27
Low	59	55	51	16
<b>Total</b>	<b>130</b>	<b>128</b>	<b>88</b>	<b>45</b>

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	29	210
Total not yet due to be Followed-up/Follow-up in progress	0	0	9	29	38
Total Followed-up Concluded	71	73	28	0	172
<i>Of Which:-</i>					
Total Implemented	64	61	13	0	138
Total Redundant/risk accepted	7	4	0	0	11
Total Outstanding after follow-up	0	8	15	0	23

4.8 Of the 172 significant recommendations followed-up since 2018/19, 138 (80%) have been fully implemented. A further 11 (6%) are considered redundant or superseded. 14% 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. PERFORMANCE

5.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs as at November 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
<b>Output Indicators:</b>			
Audit Coverage	% of Audit Plan Delivered	90%	50%
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%
<b>Quality Indicators:</b>			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good".	95%	98%

## 6 PROPOSED CHANGES TO AUDIT PLAN

6.1 It is usual practice to refresh the audit plan part way through the year to reflect on changes to the risk environment of the organisation. A number of changes in the risk register were reported to JAC in September 2021 and these were discussed with Senior Management and proposals were presented to remove a couple of audits where the risk has reduced significantly, and one additional audit has been proposed where risk exposure has increased. The Chair of the Joint Audit Committee was consulted on these proposals outside of the usual reporting regime due to the time specific nature of the additional audit. The following changes to the plan are therefore reported for the Committee's endorsement.

- An audit was proposed on Britain's Exit from the EU to assess how the risks were being managed. As this Britain's Exit from the EU (CRR47) risk is now closed, the proposal is to cancel the audit.

- An audit was proposed of Crime Data Integrity as this has been a consistent theme from previous internal audits and HMICFRS inspections. The Information Management - Records Management & Crime Data Integrity (CRR20) risk has now been closed. The recent HMICFRS PEEL inspection reported the Force as good in recording crime, the proposal is therefore to cancel this audit as it would not add value beyond the recent work of HMICFRS.
- One new audit request has been received for an additional assurance piece in relation to the Commonwealth Games with a focus on resourcing and how the project is organising the use of mutual aid alongside WMP resources. This relates to the risk on Force risk register relating to CW Games 2022 Resourcing (CRR12).

## **7. UPDATE ON EXTERNAL QUALITY ASSESSMENT**

- 7.1 At its last meeting, the Committee received a report outlining proposals for the procurement of an external quality assessment against the Public Sector Internal Audit Standards. The report also set out the evaluation criteria to be used for assessing provider quotations. An external quality assessment is required every five years, with the last assessment being in October 2017. Quotations have been received and are in the process of being evaluated against the agreed criteria. Once a decision has been made, contact will be made with the chosen provider to agree a timeframe for the assessment to take place. This is likely to be late spring/early summer. Committee Members will be kept up to date on progress in future meetings.

## **8. RECOMMENDATIONS**

- 8.1 The Committee to note the material findings in the attached Internal Audit Activity Report and the performance of the Internal Audit Service.
- 8.2 The Committee to consider and endorse the proposed changes to the internal audit plan set out in 6.1

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

### 1 Management of Suspects

1.1 The purpose of this review was to provide management assurance there are adequate processes in place for managing suspects, both arrested and outstanding. The audit focussed on the prioritisation of cases, the progression of HMICFRS recommendations regarding the completion of risk assessments, the use of Release Pending Investigation (RPI)/bail, circulation of suspects on the Police National Computer (PNC) and managing wanted suspects, including the management and review of cases and updating PNC to remove, add, update suspect information. The audit was completed with the Force CID (FCID) and Public Protection Unit (PPU) departments. An overall opinion of Limited has been given to the area reviewed.

1.2 The key findings of the review are as follows:

- Following the initial Thrive assessment that Force Contact staff complete when crime is reported, further risk assessments should be completed at the primary investigation stage by the initial responding officers as per Force policy and the College of Policing Authorised Professional Practices. The HMICFRS Pre-charge and bail report identified that forces were not completing this second risk assessment. Testing during this audit identified that whilst in domestic abuse cases a Domestic Abuse Risk Assessment (DARA) is available, there is no formal assessment for FCID or child abuse cases. Consequently, audit testing, and a review of the results from monthly management audits completed internally by the department, identified that risk assessments are not being completed in all cases. There were also instances identified where risks and threats were referenced in the general enquiry logs as they were in the legacy system, rather than completion of specific tasks that have been set up in the Connect system, which is the Force's operating system. This indicates the need to provide training/guidance to officers around importance of completion and correct recording of risk assessments.
- Supervisor reviews should be completed for certain decisions and at least every 28 days throughout the investigations across both FCID and PPU. Since its implementation in April 2021, the Connect system prompts supervisors of the 28-day reviews through automated actions, however these actions had not been completed in all cases and again, where they were completed there were instances where the supervisors recorded their comments in the enquiry logs rather than the tasks and so Connect was showing the supervisor reviews as pending.
- The HMICFRS Pre-charge bail and RPI report found that forces were not recording justification for using RPI and bail conditions were not being reviewed prior to expiry and so cases were defaulting to RPI, thereby posing a risk to the victim if no bail conditions were applied. Some cases were identified across FCID and PPU where justification for the use of bail or RPI had not been recorded by officers within Connect and bail conditions had not been reviewed prior to expiry. There were also cases where the victim and suspect had not been informed of the outcomes of the review of bail conditions.

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

- To help ensure that risk assessments are completed for all investigations for compliance and consistency across teams and supervisory reviews are completed in line with policy requirements
  - PPU are to establish a task and finish group to review:
    - the quality of risk assessments and assess what further guidance is required,

- the available data from Connect and QLIK (data integration and analytics tool) in relation to the number of supervisor reviews being completed,
  - the available data in relation to communication with victims to assess what methods of communication are required to give to Investigating Officers to provide clarity on actions in relation to bail conditions.
- The PPU Monthly audits will continue to focus on risk assessments and supervisory reviews and communication with victims. Learning from the audits will be shared with the Organisational Learning Forum and the PPU CPD lead who will decide on the most appropriate methods of sharing the learning more widely across PPU. The task and finish group will report back through the PPU Service Improvement meeting (SIM). PPU have also committed to producing a newsletter/bulletin which will be circulated across the department.
  - This will also be monitored through FCID Performance Review Audits and reported into SIM. The Performance review Audits include risk assessment, contact plan, investigation plan, supervisor review, compliance etc. This audit reviews 100 allocated reports across all investigation hubs and feedback is provided monthly to DCIs.
  - To ensure supervisory reviews are completed in line with policy requirements and recorded correctly a request will be made to the Strategy and Direction Team to understand if there is the ability to build a Business Insights search which will show where supervisory reviews are overdue.
- A Bail and RPI dashboard is being created and once it is live, the data will be able to inform the daily FCID and PPU Thrive Review Meeting process and will be used to improve timeliness by holding departments to account. The data will also form part of the monthly performance meetings and SIM.

## **2 Victim Satisfaction**

2.1 The purpose of this review was to assess, review and provide assurances that adequate arrangements are in place to ensure that statutory responsibilities in complying with the Victims Code service levels are being achieved. The audit considered the training provided to police officers and staff to ensure they are aware of the rights of victims, governance arrangements, the links between recording crime, referrals to Victim Support and needs assessments, decisions around not to investigate including how these are communicated to victims, the use of victim personal statements and performance monitoring. An overall opinion of Limited has been given to the area reviewed.

2.2 The key findings of the review are as follows:

- A mandatory training package was released by the College of Policing in April 2021 on the revised Victims Code with it being defined which officers and police staff are required to complete the training package. Compliance rates are low due to the infancy of the training package being released with only 44.7% of police officers (including special constables), 26.2% of police staff and 47.1% of PCSO's completing the training package to date, increasing the risk that officers and staff who come into contact with victims do not have the full understanding of the revised Code and the rights of victims. Training completion levels have been reviewed by the Victims sub group and Victim Champions were tasked to engage with officers and staff in their department to complete the training, however no information is shared with departments and NPU's to raise awareness of completion rates.

- Officers and staff are not consistently and accurately recording the required information, as recommended by HMICFRS and required by the Victims Code, within Connect in respect of:
  - Protected characteristic to identify any vulnerabilities or needs of the victims.
  - Recording that victims have been given the required information as per the Victim Code Rights, including details of the Code, crime reference number and investigating officer details.
  - Evidencing that Force service standards that support the Citizens Charter are being achieved.
  - Completing needs assessments, including whether the victim is vulnerable, to determine if they are eligible to receive enhanced Rights under the Code.
  - Providing updates to victims when key decisions have been made including when a suspect has been arrested, released or charged and that the updates were provided within the required timescale.
  - Victims not being offered the opportunity to make a victim personal statement (VPS) and when they are taken they are not always being attached in Connect.

The enquiry log is also being used to record a range of information relating to the Victims Code, instead of recording the information within the Victim section in Connect. This impacts on the Force's ability to produce management information and evidence compliance unless the entire enquiry log is reviewed.

- Victim referrals to victim support services should be processed within two days of the crime being reported. To enable the referral to be processed the crime report needs to be quality assessed by the Crime Services Team (CST). Backlogs are currently being experienced by the CST in quality reviews which can impact on the referral as backlog reports are prioritised on seriousness of the crime and not on the date it was reported.
- Where it is decided that it is not proportionate to continue with an investigation supervisory reviews are not always being undertaken or are not accurately recorded in Connect prior to informing the victim of the decision. This is necessary to ensure that all investigative opportunities are explored and the decision is in line with the Investigation Policy.
- The Victims sub-group complete quarterly dip-sample reviews on crime reports via the use of a survey to assess compliance with the Victims Code. There are inconsistent approaches taken by officers when completing the sample reviews with level of detail reviewed in the Connect records varying, which could result in emerging issues not being promptly identified. The results of the surveys are reported as part of the sub-group meetings but no specific actions have been determined and recorded to improve performance. The MoJ are planning to release further guidance and review criteria to assist forces in assessing performance but no timescales have been provided as yet as to when this information will be released.
- Management information is not available from Connect and not yet available through Business Insights to allow performance and compliance in respect of the Victims Code to be assessed across the Force, with reliance currently placed on the dip sample reviews. If reporting can be developed it will allow increased reliability in assessing Code compliance and the quarterly dip sample reviews could be streamlined to allow the sub-group to focus on reasons for non-compliance to identify any remedial actions.
- Several recommendations have been made by HMICFRS in relation to victim contact following the completion of thematic inspections relating to crimes against older people, violence against women and girls and joint inspections into disability



hate crime and rape, with some inspections completed more recently than others. For the more recent inspections, owners are yet to be assigned and provide updates on the HMICFRS tracker maintained by Strategy and Direction. For the older recommendations regular updates are not being provided in respect of the progress being made alongside supporting evidence to confirm progress / implementation.

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

- Training needs to be locally managed via individual performance forums. FCID and PPU are currently developing further training and awareness and monitoring completion via their SIM meetings. The role for Learning and Development Team regarding completion of key training packages is to be determined.
- A question has been added to the Initial Investigation questions in Connect to confirm the leaflet / letter has or will be sent to the victim.
- A future version of Connect will address some issues, such as requiring investigators to confirm the victim has been informed before raising a task and mandating additional fields within Connect or setting up alerts / reminders to force completion by officers when decisions have been made not to investigate or to remind officers to attach victim's personal statements.
- A nudge has been added to Connect to ask the user to record additional detail when the response is 'no' to a victim personal statement being offered.
- FCID and PPU will dip sample some reports to identify areas for development in respect of supervisory reviews being completed. The Connect 'Joining the Dots' challenge programme being ran over the coming weeks will support this
- The Victims Code Forum delivery plan will be used to record and monitor activities against the dashboard. A HMICFRS representative now attends the Victims Code Forum and will ensure the HMICFRS tracker is updated.
- Ongoing conversations being held to capture information from Connect in relation to Victims Code compliance within Business Insights.

## 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)	Final	Reasonable

\*included in 2020/21 annual opinion

### 2021/22 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
Contact Service Levels		
National Fraud Initiative	Complete	High-quality matches complete
Detained Property	Draft	Awaiting management response
Strategic Policing and Crime Plan (Advisory)	In progress	Fieldwork concluded
Environmental Strategy (Advisory)	In progress	Advisory meetings commenced
Pensions (McCloud Ruling) (Advisory)		
Accounts Payable	Final	Limited
Special Constabulary	In progress	Fieldwork underway
Uplift Programme		
Force Risk Management Arrangements	Draft	Awaiting management response
Victims Satisfaction	Final	Limited
Financial systems: Cash Services	In progress	Fieldwork underway
Connect - Case Management aspects		
Connect - Benefits Realisation		
Commonwealth Games - Volunteer Strategy	In progress	Fieldwork concluded
Commonwealth Games - Procurement	Final	Substantial
Commonwealth games – Resourcing Strategy (New audit added)	In progress	Fieldwork underway
Crime Data Integrity	Cancelled	Removed mid-year following review of plan
Terrorist Offender Management	Draft	Awaiting management response
Domestic Abuse - case management	In progress	Fieldwork underway
Violence Reduction Unit	Draft	Awaiting management response
Integrated Offender Management		
Brexit	Cancelled	Removed mid-year following review of plan
Rape and Serious Sexual Offences (RASSO)	Final	Minimal
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)		
Covid - Organisational Learning	Draft	Awaiting management response

Audit	Status	Opinion / Comments
Management of Suspects	Final	Limited
Mobile and Agile Working	Draft	Awaiting management response
Victims Service Assessment Team (advisory)		
OPCC Casework		Preparation commenced

**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 – In progress
Estates Planning	1					1	Dec-21 – In progress
Controlworks	4					4	Jan-22
Accounts Payable	9					9	Mar-22
Rape and Serious Sexual Offences (RASSO)	10					10	Feb-22
Management of Suspects	4					4	May-22
Victims Satisfaction	7					7	May-22
IT Service Management (Service Desk)	5					5	May-22
Commonwealth Games - Procurement	0					0	N/A
<b>Totals</b>	<b>45</b>					<b>45</b>	

Outstanding recommendations previous years	Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
<b>2020/21</b>							
PPU - Safeguarding Boards	3	2			1		Mar-22
Training	7	2			5		Mar-22
Fraud and Cybercrime	3				3		Jan-22
Vetting	6	3			3		Jan-22
Cyber Security	3				3		Sept-21 – In progress
Domestic Abuse – serial perpetrators	6	5			1		Jan-22
Use of Intelligence	5	1			4		Dec-21 – In progress
Apprenticeship Levy	4				4		Dec-21 – In progress
Complaints Review Process	5	2			3		Feb-22
Environmental Policy	3	1			2		Jan-22
Sex Offender Management	5	3			2		Jan-22
Payroll	7	3			4		Feb-22
Marauding Terrorist Attacks	5					5	Dec-21 – in progress
Commissioning OPCC	6					6	Dec-21 – in progress
MyTime	5					5	Dec-21 - in progress

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
<b>2019/20</b>								
Mental Health		8	5	3*				N/A
Appropriate Adults		8	6			2		Mar-22
Missing Persons		10	9			1		Feb-22
Occupational Health		4	1		1	2		Feb-22
IT&D System-database access and administration		8	7			1		Feb-22
Data Driven Insight		5	2			3		Feb-22
<b>Totals</b>		<b>116</b>	<b>52</b>	<b>3</b>	<b>1</b>	<b>44</b>	<b>16</b>	<b>*details of high and medium rated recs not yet implemented are summarised in Appendix 4</b>

\*Medium rated risks accepted during the reporting period

The risk has been accepted on two part completed recommendations relating to the mental health Audit completed in June 2019.

Recommendation 1: 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.

Latest position as at November 2021 - The NCALT training package remains unpublished at this time. The MH Tactical Advisor training within WMP is ongoing and withdrawal from the Street Triage Scheme is due to take place in December as planned.

Recommendation 2: 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 challenged.

Latest position as at November 2021 - The Mental Health Tactical Advisor training is on course to complete at the end of November with the roles being implemented in December 2021. This will see more people within Contact being specifically trained in all matters they need to be trained in to effectively deal with calls for service relating to Mental Health matters. Once the MH Tactical Advisor are in place they will be used to cascade train the relevant knowledge areas to their colleagues within Contact in addition to being there on 24/7 basis to support them when dealing with these issues.

The Assistant Chief Constable is supportive of closing these actions based on progress made to date, noting that recommendation 1 is outside of the control of WMP.

## 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	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"> <li>- Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes administrated by the Local Authorities should be established;</li> <li>- 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.</li> </ul> <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>	<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</p>	<p>July 2020</p> <p><i>Volunteer Coordinator</i></p>	<p><u>Update provided Dec 2021</u></p> <p>The Volunteer Coordinator has contacted the Senior Developer (WMP) for an update on the Qlik app which was delayed due to issues with Connect. A proposal was due to go a Force Commissioning meeting in October/November, and the OPCC is awaiting an update from the Senior Developer on the outcome of this.</p> <p>The Volunteer Coordinator will continue pursue this with the Senior Developer.</p>
2	March 2020	Occupational Health	<p>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.</p>	<p>KPIs for Occupational Health are currently in development and progress against each KPI will be measured and reported via the Engagement Board as appropriate. We do not have a specific current SLA in relation to Occupational Health Services in operation. My suggestion in respect of this recommendation is that our service offering is contained within the Wellbeing and Occupational Health Portal and this is accessible to all. In addition to this, we will then work to develop KPIs (both internally facing and externally facing) and the externally facing KPIs will be shared/published. On the basis of the above I don't feel that there is a need for a specific SLA as the combination of the above should achieve the same aim.</p>	<p>July 2020</p> <p><i>Head of Occupational Health</i></p>	<p><u>Update provided Nov 2021</u></p> <p>Work continues on the portal co-ordinated by the Wellbeing Manager. The service and timescales will be included. We are due to present service delivery options at PBB in October. Once the service options have been agreed by the panel at PBB in October 2021 they will be included in full on the portal.</p>
3	March 2020	Occupational Health	<p>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</p>	<p>Agreed as per 1 &amp; 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</p>	<p>September 2020</p> <p><i>Head of Employee Relations and Wellbeing &amp; Head of Occupational</i></p>	<p><u>Update provided Nov 2021</u></p> <p>This will be signed off after the PBB panel has made its decisions. Current KPI's will remain in place until then: Triage Times Wait Times The current process for Management reporting will continue without any further development of CX at this time.</p>

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			CX Portal to support the monitoring of actual performance against the target KPIs established.	information and performance monitoring.	<i>Health</i>	
4	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.	<p>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.</p> <p>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.</p>	Dec 2019 <i>Senior Force Contact Manager</i>	<p><u>Update as at Nov 2021</u></p> <p>Weekly performance meetings continue to monitor this area and there remains room for improvement. DCI Lee is working with stakeholders to understand who has capacity to take responsibility for the RHI for young people that are generated by a P8 missing episode as this does not fit with the policy and process. New Policy is now launched but there remains a gap around who owns the P8 RHI for young people. The proportion of P2 v P8 demand continues to be monitored to ensure the correct response is given the risk reported, and that the Escalation process is utilised. Weekly monitoring shows that whilst there have been improvements this is not yet consistent, potentially due to increases in overall force demand and so a settled period may show a clearer picture. Similarly, P2 response times have fluctuated over the recent high demand period. This is also monitored and tracked at the weekly meeting.</p>
5	Jan 2021	Vetting	<p>To improve the performance monitoring regimes further:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Finalise the insight performance dashboards and make operational within the vetting team/PSD</li> <li><input type="checkbox"/> Determine the level of summary information from the dashboards to be reported to PSD management and Force Executive Team</li> </ul> <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.	Nov 2020 <i>Force Vetting Manager</i>	<p><u>Update provided October 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.</p>
6	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	Jan 2021 <i>Head of Economic Crime</i>	<p><u>Update provided Sept 2021</u></p> <p>Progress around delivery of this CPD package has been significantly impacted by a large number of abstractions from the ECU to Homicide to support critical murder</p>

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				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.	<i>Unit</i>	investigations. There have also been significant delays in recruiting the new Protect Coordinator to replace the previous incumbent who left to go to private industry. However, the new post holder has started with the unit in the last week and once sufficiently orientated in her new role, will commence delivery of this package as a priority for this quarter.
7	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 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  <i>Head of Economic Crime Unit</i>	<u>Update provided Sept 2021</u> The requirement for inclusion of fraud in the citizen satisfaction programme was raised at the meeting on 18 May as discussed. The project has yet to roll out the citizen contact process to all areas of FCID but this remains the ambition for delivery as soon as practicable.
8	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&amp;D)</i>	<u>Update provided Nov 2021</u> Work has been undertaken on matching addresses through the Connect implementation and embedding work. A variety of solutions including the use of the google API have been progressed.
9	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 Nov 2021</u> Audit for mal-practice is part of BAU for CCU and PSD. In addition, there is an Insight Search audit tool within Business Insights to monitor trends of usage. A more enhanced audit tool for WMP applications is being developed by IT&D.



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10	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 Nov 2021</u> See above
11	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 Nov 2021</u> A new proposal of a framework and terms of reference was presented to Director Nicola Price at the end of July for a new commissioning governance, however, it was requested that this was paused in order to be fully aligned to the inflight work with Ernest Young (EY). The EY deliverables now has a strand of work included specifically on an improved commissioning process and will be aligned with the new learning strategy.
12	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 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. - 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  <i>1 + 2 - Head of Ops Training 3 - Head of Commissioning</i>	FET gave approval in principle for all EY work and investment to be made. Work is ongoing to get project support and a mobilisation plan in place for the rest of this financial year. The commissioning workstream is plotted as one of the first deliverables for Q1 22/23.  Whilst a new/improved process is not yet in place, other improvements have been made including a new resource and cost impact assessment to support decision making.  Weekly work allocation for all new products and a bi weekly triage funding review meeting for all external training requests.
13	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	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	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

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			to be undertaken across all apprentices to reconcile and confirm the rates of levy payment are correct.	of apprentice costs per apprentice. This data will be shared with accountancy for financial reconciliation.		(training provider CSR). Follow-up in progress
14	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.  Follow-up in progress
15	March 2021	Environmental Strategy	A formal strategy identifying which areas of the fleet and how much of the fleet can be moved to Ultra Low Emission Vehicles should be developed and approved, with the requirements needed for the clean air zone mapped out. This should be developed alongside the new vehicle purchasing framework to ensure any future purchasing commitments within the strategy can be achieved.	There are two elements to this. A ULEV vehicle strategy has been drafted and forwarded to Asst. Director CAM for approval. There is also a linked plan in conjunction with Birmingham City Council, to agree the timeline for ensuring the WMP fleet complies with CAZ which is due to be introduced in June 2021.	Fleet Manager  April 2021	<u>Update as at Oct 2021</u> We have engaged EY consultants to provide WMP a long term strategy on how/when to transition to a ULEV Fleet and associated infrastructure. This document, when complete late 2021, can be forwarded to Audit for reference. There is a verbal agreement with BCC that WMP will have a CAZ compliant fleet ASAP, subject to vehicle replacement rates continuing at the current rate. We will operate under the agreed exemption until this time which is c2025.
16	March 2021	Payroll	To ensure appropriate segregation in duties for input and verification is evidenced Payroll Management should: - undertake appropriate checks to ensure that the necessary verification checks of input, Audit Reports and Payroll Reconciliation reports are fully completed and there is appropriate evidence to confirm completion of the checks; - investigate any missing verification checks with the relevant Payroll operative; and - ensure amendments to bank accounts orchestrated by the Head of Payroll are	Accepted	Head of Payroll  31/3/2021	<u>Update as at Nov 2021</u> Verification of Input – Every month the Service Delivery Managers review the Onboarding file to make sure all line entries have been endorsed with the initials and the date by which the member of the Payroll Department carried out their check.  In terms of Audit Reports they have not been produced since February 2021. Following Internal Audit request for evidence to support the implementation of this recommendation the production of Audit Reports and the checking thereof has recommenced from the 1st November

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			independently verified and records endorsed appropriately.			2021.  The BACS reconciliation process for bank accounts is now undertaken and any changes required made by a Service Delivery Manager and checked by another member of the Payroll Department.  Any missing verification checks will be addressed with the payroll operative but there is no evidence to support this.  The Assistant Director Shared Services confirmed a review of payroll is being completed and this will be picked up as part of this work.
17	March 2021	Payroll	To ensure service objectives are achieved and the Team is working at its optimal levels, tasks and service requests on the Action Managers dashboard and the My Service Portal should be reviewed periodically by the Head of Payroll with any delays in completing the tasks or responding to requests being managed and escalated to senior management appropriately. (This should include the task relating to scanning of audit reports into the Payroll Library which has slipped considerably)	Accepted	Head of Payroll  31/8/2021	<u>Update as at Nov 2021</u>  The Assistant Director Shared Services confirmed a review of payroll is being completed and this will be picked up as part of this work.
18	March 2021	Sex Offender Management	Central IOM should identify the SOM officers that have not yet completed the Risk Management 2000, MOSOVO course and ViSOR training and work with Learning and Development to develop a training plan with timescales agreed to deliver the training (pending the national PIP review), which also includes the delivery of the ARMS refresher course.  As part of the discussions and development of plans it should be established how the MOSOVO course can be developed to include the PPLP course.	L&D will be delivering the MOSOVO course during March via the new Blackboard online service system. Schedule sent with full details on who needs the training this includes ARMS assessment and ViSOR. ARMS refresher training will be the next course that will be delivered.  Since this audit Risk Matrix 2000 training will be superseded from the 01/03/21 and replaced by (OSP) Sexual reoffending predictor. This will be used for all new cases and any cases that are due for a renewed assessment. The predictive tool doesn't require training as it is really simple, it calculates the risk and removes professional judgement which mitigates the risk of human error. The development of plans to build the MOSOVO course into the PPLP course is subject to the outcome of the National PIP review.	MOSOVO Lead  April 2021	<u>Update as at Sept 2021</u> Blackboard trial delivery was undertaken, feedback around this delivery method was mixed.  All new members of staff are on the demand lists for the relevant courses they require. An email was sent to supervisors last week requesting that they keep on top of their course requests so L&D have accurate waiting lists.  The Central IOM Chief Inspector is also monitoring outstanding course data to review which officers are booked on courses.

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19	March 2021	Complaints Review Process	Establish a performance management and monitoring regime with clear targets and objectives for the service, aligned to the expectations of the statutory guidance. Any regime established would need to be cognisant of the complexities of individual cases, but allow management to gain assurance that the process is achieving expectations.	We are developing a new 'Complaints Hub' which will be published on the website and this will include performance information on the number and timeliness of reviews.	Complaints Review Manager Summer 2021	<u>Update as at Nov 2021</u> A performance dashboard has been established and agreed with the Head of Business Services. The aim is to monitor the indicators at least quarterly. The dates have been put in the diary throughout 2022. The data will be used for publicising performance on the PCC's website in the interests of transparency.
20	March 2021	Complaints Review Process	To meet the statutory guidance expectations on organisational learning: - A process should be established to monitor the recommendations made to the force to ensure they are implemented. - Clarity should be sought as to whether the complainant should be notified of the implementation of recommendations, and if so, establish a process to do this. - Regular reporting into Strategic Policing and Crime Board or suitable governance board on the recommendations made and their progress should be established. - On a regular basis review outcome of complaints and establish any wider themes than may benefit changes to policies or practice and report on these accordingly.	In agreement with this recommendation and we will consider the best way of implementing it. Regular reports will be submitted to CEX Report for SPCB.	Head of Business Services/ Complaints Review Manager	<u>Update as at Nov 2021</u> As part of the wider performance piece a document had been established to record all recommendations made. This document is in its infancy but the plan is to analyse this document to identify themes that may need wider reporting. These arrangements have yet to be established.  Following each review, any recommendations will be raised with the Force who provide a letter confirming implementation. However, once a review has been completed and sent back to WMP all responsibilities we have in relation to the complaint are relinquished. But we're of the view that complainants should be notified when recommendations are implemented. This may not be possible as the 'ask' rests with PSD. If PSD do decide to do an implementation letter, it will be kept on Centurion were information relating to reviews is now kept. The senior manager has agreed to have access to the platform. All documents can be accessed from there.  There are plans to present to Board in November 2021. This will be followed by quarterly Dip-Sampling sessions.  There's a quarterly meeting with the IOPC where we discuss any themes we've identified. Depending on their nature, these will be fed back to PSD via the IOPC.  We've designed the performance dashboard and it has been agreed by the senior manager. The next performance meeting has been set for January 2022. The dashboard will also include a series of themes identified in the review process. They will be raised with PSD in oversight meetings we're planning where reviews performance will be discussed.