JOINT AUDIT COMMITTEE
30 June 2022

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period March 2022 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
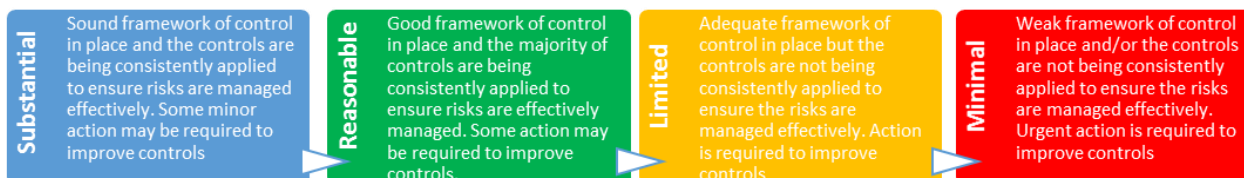- A performance update.

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 March 2022 to date. The audit report also summarises the key findings from those reviews where an audit opinion of "Minimal" or "Limited" Assurance has been assigned.

3. PROGRESS SUMMARY

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

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

3.2 Table 1 provides details of audits finalised since the previous report to the Committee in March 2022, along with details of the opinions given.

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

No.	Audit Review	Assurance Opinion
1	Strategic Police and Crime Plan (Development)	Reasonable
2	Domestic Abuse – Case Management	Minimal
3	Special Constabulary	Reasonable
4	Uplift	Reasonable
5	Integrated Offender Management	Reasonable
6	OPCC Casework	Reasonable
7	Connect Benefits Realisation	Limited
8	Connect Case Management	Reasonable
9	Detained Property	Minimal

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 2022/23. This will be considered when forming the annual audit opinion.

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

- Covid – Organisational Learning
- Airport Insider Threat
- Contact Service Levels

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 The recommendations from 14 audits have been concluded to date during 2022/23, which are summarised in Table 2.

Table 2 – Analysis of Follow-Up Audits undertaken during 2022/23

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Payroll	7	3			4
2	MyTime	5	3			2
3	Data Driven Insight	5	2		1	2
4	Appropriate Adults	8	6	2*		
5	Sex Offender Management	5	5			
6	Accounts Payable	9	5		1	3

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
7	Environmental Strategy	3	1			2
8	Training	7	2		3	2
9	Safeguarding Boards	3	3			
10	Fraud and Cybercrime	3	3			
11	Commonwealth Games Volunteer Strategy	2	2			
12	Vetting	4	4			
13	Management of Suspects	4	3		1	
14	Victim Satisfaction	7	2		1	4
	Total	72	44	2	7	19

Risk has been accepted by management

4.4 Table 2 identifies a 71% implementation rate (fully and partially) for those audits followed-up to date during 2022/23. 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

	Number agreed			
Rating	2018/19	**2019/20**	**2020/21**	**2021/22**
High	1	6	0	5
Medium	70	67	37	62
Low	59	55	51	39
Total	**130**	**128**	**88**	**106**

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	67	248
Total not yet due to be Followed-up/Follow-up in progress	0	0	0	44	44
Total Followed-up Concluded	71	73	37	23	204
Of Which:-					
Total Implemented	64	62	29	10	165
Total Redundant/risk accepted	7	7	0	1	15
Total Outstanding after follow-up	0	4	8	12	24

4.8 Of the 204 significant recommendations followed-up since 2018/19, 165 (81%) have been fully implemented. A further 15 (7%) are considered redundant or superseded. 12% 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 require assurance levels to be assessed, other work relates to those areas of activity that support and underpin the overall concept of internal control and proactive advice work. The following additional work has been undertaken or is underway since the previous report to committee.

5.2 **National Fraud Initiative** - The Cabinet Office are running the biennial National Fraud Initiative again this year. Planning for the data submission has commenced with testing due to be undertaken over the summer months ready for submission at various stages commencing October 2022. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations to identify potential fraud. Data match results will be issued approximately January 2023 for investigation.

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 April to consider Information Management and GDPR matters.

5.4 **Cannabis Disposal Meeting** – Cannabis disposal storage capacity is a risk on the Force risk register and a working group has been established to explore options to mitigate the risk. Internal audit attend the working group meetings to contribute to discussions.

6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs are set out in Table 5 along with the actuals for 2021/22. It is currently too early to usefully measure actuals to date for 2022/23 as most audits commenced have a status of work in progress. Actuals will be measured and reported to future meetings of the Committee.

Table 5 – KPI data 2021/22

KPI Description	Narrative	Annual Target	Actual 2021/22
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered	90%	94%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	95%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	100%	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%	98%

7. RECOMMENDATIONS

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

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

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

1   Domestic Abuse – Case Management

1.1   This purpose of the audit was to assess, review and provide assurances that adequate arrangements are in place to effectively manage domestic abuse investigations. The audit focused on training, governance and performance monitoring arrangements, staff welfare, management of investigations and victim care. An overall opinion of Minimal was given. The key findings of the review are as follows:

- The College of Policing Authorised Professional Practice (APP) for domestic abuse details that officers are to undertake specific training to enable effective investigation of domestic abuse. A review of training records identified the following:
  - Gaps in training were identified relating to officers not yet being qualified detectives and achieving the Professionalising Investigation Programme (PIP) level 1 or 2 or via the Detective Development Programme and also police staff investigators not completing the Police Staff Investigating Officer portfolios.
  - Several courses relating to domestic abuse and associated vulnerability themes had low levels of completion and it was unclear which courses require completion.

    Further training and awareness is also required in the use of Domestic Violence Protection Orders/Notices (DVPO/DVPN) and in relation to the role of Independent Domestic Violence Advisors (IDVA) as the review of a sample of investigations identified that 25% of investigations made no reference to a DVPO/DVPN being considered and 30% of the high risk investigations reviewed did not reference an IDVA being considered.

- From reviewing the HMICFRS recommendations, the Vulnerability Improvement Plan (VIP) and domestic abuse draft delivery plan the following points were identified:
  - Several recommendations relating to the HMICFRS 'Covid – Review of Policing of domestic abuse during the pandemic' report had not been given a priority rating on the VIP.
  - Success criteria has not yet been determined for the draft domestic abuse delivery plan.
  - Recommendations relating to Domestic Abuse 2020: Joint Inspection Evidence led domestic abuse prosecutions by HMICFRS & HMCPSI have not been recorded on the domestic abuse delivery plan.

- The College of Policing APP refers to management providing welfare support to specialist officers and other officers affected by policing domestic abuse. Adult Investigation Team (AIT) do not currently receive any periodic welfare support from Occupational Health despite the high levels of workload and risk being carried by Teams. This also includes new starters, students or officers that have recently transferred into the AIT. Supervisors can make referrals for individual officers to Occupational Health when required.

- When Force Response attend a domestic abuse incident a Domestic Abuse Risk Assessment (DARA) is required to be completed that determines the risk level for the victim, which should then be recorded in Connect and feed through to the AIT when a secondary investigation is required. Instances were identified where the risk level was not showing in Connect due to the DARA not being approved by the Supervisor in Force Response, impacting on the Review and Allocation Team / AIT's ability to easily identify high risk reports.

- AIT's are applying different approaches to secondary investigations following the pilot that commenced in September 2020 with the variation in investigation approaches potentially introducing disparity in service for victims:
  - The Central AIT continue to apply proportionate investigation approaches whereas the Western AIT consider this too risky and will continue to progress all lines of enquiry.
  - High risk investigations are not consistently prioritised with the Central Team progressing investigations in date order, unlike the Western Team who prioritise investigations based on risk.
  - The risk level, initially determined by Force Response, is not reviewed and re-assessed as part of THRIVE+ by the Teams when it is received and when an investigation is progressed.

- AIT's also have varying approaches when allocating investigations and managing workloads:
  - The Central AIT limit the number of investigations allocated to officers and Police Staff Investigating Officers, with the Sergeants retaining unallocated reports until there is capacity in the Team, whereas the Western Team allocate all investigations.
  - There is a lack of monitoring information to understand the number of investigations per officer, Police Staff Investigating Officer and per Team.
  - The poor completion of primary investigation and handovers from Force Response and responding to the domestic abuse demand in custody impacts on the AIT's availability to progress on-going investigations.
  - The demand on Sergeants is impacting the completion of supervisory reviews with 60% of the investigations reviewed not having the appropriate level of review.

- HMICFRS inspections have made recommendations to improve evidence led prosecutions, with it being identified that the Force are missing opportunities to pursue evidence led prosecutions. Feedback from AIT's identified that:
  - There is a perception that CPS are not supportive when the Force are pursuing evidence led prosecutions, despite evidence being obtained. This is influencing future investigations when considering evidence led prosecutions.
  - CPS are not engaging to resolve issues and to enable officers to seek advice and progress cases.
  - The Sergeants for one Team are now maintaining a record of CPS rejections as a benchmark for what CPS will accept with cases also being escalated to management for further review and discussion with CPS.

- The Police and Crime Plan details several success measures to hold the Force to account in its performance in response to domestic abuse, which have been fed into Force and portfolio key performance indicators (KPI's) including improving domestic abuse outcomes (positive outcome rate of 13%) and reducing the number of outstanding suspects for vulnerability (less than 600 outstanding suspects), with the measure for reducing repeat rates for domestic abuse being developed by the Force. Further targets are also in place to improve the whole Force response to domestic abuse but it could not be determined when these targets were last reviewed. Updates on performance is included as part of quarterly performance reviews but no detail is reported as to the possible causes for targets not being achieved and what action is being undertaken.

- The domestic abuse response times for P1-P3 graded incidents exceeds the Force median response times and is also an outlier when comparing the response times to other crime types. Work was undertaken to address P2 response times in early 2021 as part of a wider piece around missing persons, with improvement also seen in P2 domestic abuse responses but response times have now slipped.

- Following attendance at a domestic abuse incident, Force Response officers are required to make any referrals to support the victim and also undertake a safeguarding assessment to mitigate the risk to the victim, with the risk of a repeat incident at the victims home address being considered as part of the assessment if that is where the offence occurred. Instances were identified (30% of sample) where the investigation record did not detail any safeguarding assessments undertaken by Force Response and the victims home not being considered to manage the risk of a repeat incident.

- When an investigation is concluded an outcome code is recorded to categorise how the investigation was finalised. Outcome code 16 relates to evidential difficulties; suspect identified; victim does not support (or has withdrawn support from) police action. Although the outcome code refers to the victim not supporting or withdrawing support there is no dedicated field within Connect to record the reason, limiting management reporting opportunities to understand the reason and determine key themes or opportunities for improvement across the primary and secondary investigation stages.

1.2 A series of management actions to address the weaknesses identified have been agreed:
- Training requirements for each post will be clarified with all AIT and a training and skills needs analysis will be completed. Training records will also be collated and updated and induction packs given to all new staff within AIT. Training events will be scheduled in relation to DVPOs and DVPNs and the role of IDVAs with the Learning and Development Training Calendar shared with all AIT staff.
- Attendance at Training/Awareness sessions will be collated and reviewed at the DA Performance Meeting and forecasts of qualified detectives made on a quarterly basis.
- Success criteria will be added to HMICFRS recommendations with evidence portfolios created.
- Line managers will be reminded to speak to their staff about available resources to support wellbeing and induction packs amended to include details of staff welfare and support options. Contact will also be made with Occupational Health to ascertain when welfare screening can commence.
- Contact has been made with the Connect team about changing the system to allow the DARA risk level to be displayed pending Force Response supervision review and contact will be maintained to monitor the implementation of this change.
- The use of Thrive+ was raised at the PPU Organisational Learning Forum to ensure a consistent approach to risk assessment is applied across the PPU and the Domestic Abuse policy will be updated to include the amended review and allocation process.
- Allocation of workload methods is to be tabled at the DA performance meeting to achieve consistency and workloads will be reviewed monthly at this meeting. Strategy and Direction are to be approached to develop a QLIK App in relation to workloads and Supervisory reviews.
- Minutes of the scrutiny meetings with CPS will be recorded and a log of evidence led rejections maintained within the Prepare Hub. A presentation in relation to Evidence Led Prosecutions will be given to the DA performance Meeting and requests for successful cases will be made. A Learning Log will be produced to identify themes and issues.
- The Domestic Abuse performance indicators will be reviewed to align with the VAWG National Indicators once they are released. Performance gaps are to be recorded in quarterly performance review documents.
- The Superintendent leads for RASSO and Domestic Abuse will merge the respective operations groups in the interests of effectiveness and efficiency and any

joint themes such as response times will be tabled and all appropriate improvement actions taken.

- As part of the joint operations group the extent and quality of support offered to victims will be considered to identify any improvements required. The DARA tool will also be reviewed to assess the possibility of adding clarity in relation to safeguarding actions.
- Liaise with Strategy and Direction to explore QLIK developments in relation to collating victim's rationale for withdrawing support for investigations and consider the possibility of establishing a forum where IDVAs and third sector partners can review victim feedback.

2   Connect – Benefits Realisation

2.1   The purpose of this audit was to assess the governance arrangements for the monitoring of benefits for the Connect project and to establish whether benefits are recorded and progress is assessed to ensure they are being achieved. Specifically, this audit reviewed governance arrangements, the arrangements for assessing, recording and tracking benefits, the evidence available to support progress and the processes for reviewing and re-assessing benefits to ensure adequate performance. An overall opinion of Limited was given.

2.2   Reporting of benefits achieved through Connect implementation has not yet commenced despite the system going live in April 2021, which has resulted in the opinion given. It is however recognised that a lot of work is underway to address this and to establish a framework against which Connect benefits will be measured and reported. The recommendations made in the audit support the work underway to ensure appropriate governance and monitoring regimes are implemented.

2.3   Accenture undertook a review in early 2020 to re-baseline all benefits and the Force are now undergoing an internal exercise to confirm these benefits based on how the system is being used across departments and identifying any benefits which are at risk of not being achieved. Oversight of this process is being maintained by the temporary Connect Benefits and Change Assurance Board (CAMBEN). A more formal governance structure for oversight and reporting of Connect benefits both locally and Force wide is currently being developed.

2.4   The key findings from the review are as follows:

- The Force have identified a significant number of processes within the Connect system where users are not meeting the expected timings established for the process through the re-baselining exercise completed by Accenture. The team reviewing the benefits are identifying the cause of the issues and are currently developing plans for relevant departments to address these to ensure that the full benefit of Connect is realised. These plans need to be approved by the Connect Benefits and Change Assurance Board (CAMBEN) and local departments prior to formal adoption of the benefits realisation responsibilities in June 2022.

- The project team are currently not fully able to identify the formulae that Accenture used to calculate the financial benefit of the savings they identified from their re-baselining exercise. It is proposed that a standardised Force rate adopted by the Workforce Planning team will be used to calculate full time equivalent (FTE). However initial analysis shows that using this rate reduces the overall benefits and therefore there needs to be formal agreement through the governance structures for using this method.

- The Benefits Manager and the Connect project team have recently proposed that there will be a quarterly Connect Benefits Board chaired initially by ACC Security who will oversee the benefits and report on benefits to the wider Quarterly Benefits Review Board (QBR) and Strategy Board. A formal terms of reference to agree the purpose, responsibilities and reporting lines is not yet in place for the Connect Benefit Board which will empower the board to challenge and address instances where benefits are not being promptly achieved. The board will need to also monitor and obtain assurance that the additional non-financial/non-cashable benefits identified by Accenture are being progressed such as improved MOPI (Management of Police Information) compliance and more robust system security measures.

- To monitor the realisation of benefits assigned to local departments it is expected that there will be local Single Point of Contact (SPOC) who will monitor progress. Dashboards will also be developed through which the SPOCs can report progress to local leadership teams and the Connect governance boards. There is also a proposed process for SPOC's to escalate problems which are causing delays or issues to the realisation of Connect benefits into an improvement board and change practitioners who will work to identify a solution e.g., additional training for Connect users, a new way of working or a system patch/upgrade. Clarification around the roles and responsibilities of SPOC's, benefit owners and responsibilities for maintaining oversight will be essential for robust holding to account mechanisms around benefits. As these processes are in their infancy, Internal Audit could not give assurances around the robustness of these during the audit.

2.5 A series of management actions to address the weaknesses were identified and a number of actions have already progressed:

- The method for calculating benefits has been refined and agreed. Benefits dashboards for all teams will be completed with cashable and non-cashable savings, as well as pain points and steps to resolve. This will be reviewed at the Quarterly Benefits Boards, and Monthly Connect Steering Board. The ambition is to resolve pain points, increase productivity and remove issues affecting users.

- Terms of reference for the Quarterly Benefits Review Board (QBR) has been established.

- The process for BAU governance has been agreed by Programme Exec lead. A number of governance boards have now taken place.

3   **Detained Property (Management Responses)**

3.1 The findings of the detained property audit were reported to Joint Audit Committee in March 2022. The report concluded that whilst a lot of good practice was identified, the property system is not a true and accurate record of the property being retained by the Force. There has been a significant level of change in how detained property is managed with the transition from local to central property stores. The transition arrangements, coupled with the Covid-19 pandemic, has exacerbated some inherent issues. The responsibility to address these issues falls between Corporate Asset Management (CAM), People and Organisational Development (Shared Services) and key departments / NPU's.

3.2 Cultural issues were identified in respect of officer behaviour with policy and processes not being consistently complied with, and with property items seized not being appropriately separated, packaged and stored, including when an officer leaves the Force as property is not always being re-allocated to another officer.

3.3   A significant number of missing property items were reported which were not being investigated and a lack of quality assurance checks, increasing the risk for fraud and misappropriation. Significant delays in returning property to owners was also highlighted. No reporting arrangements were in place to oversee the effectiveness of the detained property function and also to hold Departments and NPU's to account over officers' management of property.

3.4   Members requested that management provide a formal response to the audit recommendations and that this be reported to this meeting of the Committee. A summary of management actions agreed is provided below:

- Compliance with procedures - Awareness sessions are to be developed on the current process for all NPU Officers and staff. These will link to the Organisational Development and Learning Team to include new starters and will include awareness on appropriate behaviours and conduct of officers and staff. Communications will be via the My Service Portal posted Force wide, updating on the project state and what's required to manage detained property effectively.

   The 'go-to' app for detained property will be reviewed and updated to give an accurate process that aligns with the published policy and associated guidance. On-going comms will be put in place to reinforce this via NewsBeat etc.

- Responding to property reminders - Accountability will be built in through chain of command if no response to reminders. Performance reporting structure to be put in place for each NPU. This can be linked to the local Health & Safety (H&S) meetings and further reporting to Performance Panel.

   The current property system has limitations in functionality around reminders. Management will continue to work with the Connect project to ensure more robust reminders are automatically produced by the Connect system to encourage officers to deal with detained property in a timely manner.

- Selecting correct property store/disposal method – This will be included in awareness sessions for all NPU Officers and staff. A central record of incorrect store listings will be put in place for each NPU to review on a monthly basis.

- Process for officers leaving – A review will be undertaken to establish why this is happening and mechanisms and accountability put in place, including sharing up to date process guidance. Issues identified locally will be managed and recorded monthly.

   The process created by the Detained Property Project team to ensure officers leaving the Force have reminders with sufficient notice to deal with any outstanding property will be re-established and automation of this process will be considered.

- Oversight arrangements - Accountability has been put in place by the Assistant Director – Shared Services and visits are planned to all NPU's to discuss H&S and Local Delivery Teams (LDT). This is to understand what the challenges are and to report back so that it can be fed up through to Commander level for better awareness and management. Performance tracking (basic spreadsheet) can be put in place to manage locally by LDT's until a better solution is agreed.

   KPI's will be confirmed and reports designed to measure the KPI's. Reports on KPIs will be presented at the Fleet monthly Senior Leadership Team (SLT) for review and action as appropriate. A report will be designed to show key metrics for NPU/Depts and circulated to Senior Leadership Teams.

- <u>Central Detained Property Store Working practices</u> - Weekly team updates have been established to reinforce appropriate updating of property records and safe register. Audits will identify any non-compliance. Scheduling disposal runs is not practical due to the variation in the number of items approved for disposal but it will be ensured that the team understand the process and book disposals when appropriate volume reached.

  Workload and limited resource make setting targets for sending letters and re-baying of items impractical. Volumes will be kept under review and monitored in weekly team meetings. Priority will be given to these tasks as and when resource is available.

- <u>Missing Items</u> - A process to review the list of outstanding items is being designed with categories around (a) how old/age of detained property (b) links to critical case management history. A plan is in place to review this list by Assistant Director – Shared Services and Local Delivery Centre Service Delivery Manager to remove any items that are not high risk and out of retention date. The list will then be circulated to Chief Superintendent level for each of the NPU holding stores to assess outstanding property and review the list to clear out non-critical detained property. For any property that remains on the outstanding list as missing, the NPU Commanders (working alongside the Shared Services local delivery and Corporate Asset Management) will need to investigate the gaps for critical property.

  The process and policy for missing property needs to be reviewed by CAM in line with the Nexus end to end process for registering missing items. Any items of value or cash set missing, within central warehouse, and where investigation doesn't locate the item are to be escalated to CAM SLT and Appropriate Authority to asses if escalation is required to Professional Standards Department. KPI's will give the total number of missing items and the change month on month and this will be reported monthly to Fleet SLT meetings.

- <u>Quality Assurance Checks</u> – Corporate Asset Management and Shared Services will work to ensure awareness, process and policy around the necessary regular audits that need to be carried out to ensure resilience in this area. Quality Assurance checks will be re-established, prioritising cash and valuables. These will be quarterly initially due to resource availability. Audits results will be reported to SLT quarterly with actions highlighted.

APPENDIX 2 – Summary of Plan Position

2020/21 Audits Completed During 2022/23

Audit	Status	Opinion / Comments
Detained Property	Final*	Minimal
Strategic Policing and Crime Plan	Final*	Reasonable
Special Constabulary	Final*	Reasonable
Uplift Programme	Final*	Reasonable
Connect - Benefits Realisation	Final*	Limited
Domestic Abuse - Case Management	Final*	Minimal
Integrated Offender Management	Final*	Reasonable
OPCC Casework	Final*	Reasonable
Contact Service Levels	Draft	Awaiting management response
Connect - Case Management	Final	Reasonable
Covid - Organisational Learning	Draft	Awaiting management response

included in 2021/22 annual opinion

2022/23 Internal Audit Plan – Status / Assurance Summary

Audit		Opinion / Comments
Nat Fraud Initiative (AC)		Data submission due October - Preparations underway.
ICT Business Continuity and Disaster Recovery	In progress	
Change Management (including configuration, release and patch management processes)		
Parole Board Disclosures		
Force Governance Arrangements		
Police and Crime Plan - Delivery Planning process		
Environmental Strategy		
Pensions	In progress	
Budgetary Controls		
Procurement		
Training		
Recruitment and Onboarding		
Wellbeing		
Expenses		Postponed until August 2022
Fairness and Belonging		
Child Abuse - Learning from Inspection reports		
Airport Insider Threat	Draft	Awaiting management comments
Operations Resilience Unit - Civil Contingencies	In progress	
Uniform Service		
Body Worn Video		
Custody Visiting Scheme - Advisory		
Commonwealth Games - Legacy Assurance		
Organisational Learning - Manchester Arena Bombing		
Local Policing Response to Serious Youth Violence Under 25s		
Rape and Serious Sexual Offences (RASSO)		
Hidden Crimes (Modern Day Slavery-Human		

Audit		Opinion / Comments
Trafficking-Exploitation)		
ROCU Tasking		
Local Policing - Impact Areas	In progress	
Citizen's Experience		
Special Branch	In progress	
Stop and Search - Strip Searches		Postponed until July 2022

Audit		Opinion / Comments
Trafficking-Exploitation)		
ROCU Tasking		
Local Policing - Impact Areas		

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 in calls)		5				5		Apr-22 – In progress
Estates Planning	🟩	1	1					N/A
Controlworks	🟩	4	3		1			N/A
Accounts Payable	🟧	9	5			4		Aug-22
Rape and Serious Sexual Offences (RASSO)		10					10	Aug-22
Management of Suspects	🟩	4	3			1		Sept-22
Victims Satisfaction	🟧	7	2			5		Sept-22
IT Service Management (Service Desk)		5					5	May-22 – In progress
Commonwealth Games – Procurement	🟩	0					0	N/A
Terrorist Offender Management		3					3	Jun-22 – In progress
Violence Reduction Unit		3					3	Aug-22
Risk Management (WMP)		8					8	Aug-22
Cash Office		5					5	Aug-22
Commonwealth Games - Volunteer Strategy	🟩	2	2					N/A
Commonwealth Games – Resourcing	🟩	0					0	N/A
Mobile and Agile Working		2					2	Sept-22
Strategic Police and Crime Plan (Development)		2					2	Oct-22
Domestic Abuse – Case Management		11					11	Oct-22
Special Constabulary		4					4	Oct-22
Uplift		4					4	Nov-22
Integrated Offender Management		5					5	Nov-22
OPCC Casework		2					2	Nov-22
Connect Benefits Realisation		3					3	Nov-22
Detained Property		7					7	Dec-22
Totals		**106**	**16**		**1**	**15**	**74**	

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2020/21								
Training		7	2			5		Sept-22
Use of Intelligence		5	2			3		June 22 – In progress
Apprenticeship Levy		4	3			1		Sept-22
Complaints Review Process		5	4			1		May-22 – In progress
Environmental Policy		3	1			2		Sept-22
Payroll		7	3			4		June-22 – In progress
MyTime		5	3			2		July-22
2019/20								
Appropriate Adults		8	6	*2				N/A
Missing Persons		10	9			1		June-22 – In progress
Data Driven Insight		5	2			3		July-22
Totals		**59**	**35**	**2**	**0**	**22**	**0**	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

<u>*Risk accepted during the reporting period</u>
One significant risk accepted by Management during the quarter relating to the Appropriate Adults audit.

<u>Recommendation</u>: To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil their holding to account role:
- Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes 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.

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

<u>Latest position as at May 2022</u> - The Force's Organisational Performance Team are to conduct a feasibility assessment to see how they will proceed with the work. There are no timeframes for when this will happen or when performance information will be available to share, therefore the risk has been accepted by the Head of Business Support.

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 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 *Senior Force Contact Manager*	<u>Update as at March 2022</u> Five layers of improvement activity are currently being progressed to improve service responsiveness to reports of missing children and vulnerable adults; o ACC has commissioned the preparation and delivery of a briefing pack in respect of the Missing Adult Framework. NPU are circulating the briefing pack to local partners and commencing discussions with Local Safeguarding Adult Boards to establish how and to what degree the updated guidance will be implemented in each local area o Monthly Multi-Agency Missing Persons Meeting- all local authorities from across the force area attend and contribute to a monthly meeting chaired by the DCI lead for WMP Locate to review reports of missing children, agency response, recovery procedures, prevention opportunities and provision of welfare and well-being o External Scrutiny Group – pilot project in Coventry encourages the adoption of a peer review process of police led prevention interviews and local authority led Return Home Interviews to critically assess timeliness, quality and rigour and share feedback and learning to improve service responsiveness. o P2-P8 WMP pilot - a six week pilot is being undertaken within WMP to establish whether the identification and police response to vulnerability and risk associated with missing children and vulnerable adults can be further improved. The pilot requires that all reports of missing persons who have recently returned following periods of absence remain subject of the standard 'three questions' by Force Contact staff to inform a prevention interview. However, the pilot now incorporates, as part of additional measures, further contact by police investigative staff and a further layer of contact, engagement and questioning to identify potential harm and vulnerability. It also incorporates systematic checks of force systems such as PNC, CONNECT and intelligence to help support additional risk assessment. Where harm or vulnerability is suspected or identified a police resource is required to physically attend, undertake an assessment and complete a prevention interview with that child or vulnerable person. An evaluation of this pilot will be completed at its conclusion in two weeks' time. The pilot has already identified important improvements that are necessary in completing and recording

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
						responses associated with the standard 'three questions' that are used by Force Contact staff to inform prevention interviews and the value of the 'ten question approach' to better identifying vulnerability and risk
2	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 *Senior Manager – Delivery Management (IT&D)*	Update provided March 2021 The schedule of work is still to be decided, but it is on the plan to take place post an upgrade which we hope to complete by April 22
3	July 2020	Data Driven Insight	Following adoption of the Flints vs Insight Search users tracker and assessment of what reasonable user access would look like, analysis of sudden spikes or reduction in usage across departments or job roles should also be undertaken regularly. This will allow monitoring of continual usage as well as help identify any potential misuse e.g., inappropriate searches being undertaken.

An appropriate reporting mechanism should be determined for BAU to ensure that usage is monitored and investigated properly where any potential issues are identified. | Misuse of systems is BAU for CCU and PSD. Deliverable 4 addresses the audit capability which enables this. The governance group (above, deliverable 1) will monitor and review performance and identify any spikes etc. that may need referring to CCU/PSD. This is as per ongoing management of all force systems. | June 2020 *Head of Intelligence* | Update provided March 2022 The Enhanced Audit tool is reliant on the Connect and Insight tool being built which will utilise data held within DDI. The Data Programme Board have agreed to pick up ownership of the work proposed and to be handed over to the DDI project for delivery. Formal approval for the transfer of the Enhanced Audit Tool from the PSD project to the DDI project for delivery in line with their prioritisation schedule will be sought from OCB on 30th March 2022. Work will be carried out to take CIU, MicroCrimes and First data into DDI. Once this is done, FLINTS |
| 4 | 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 *Counter Corruption, PSD* | Update provided March 2022 See above |
| 5 | Sept 2020 | Training | A robust framework to support the decisions made during the commissioning process should be in place to improve transparency and reduce challenge to the process. | A robust process will be created to ensure the new Commissioning and evaluation governance board will give clarity that training is appropriately designed and evaluated to ensure it is meeting the required purpose. To support this a Head of Commissioning role will be created to drive and own this process. | End Jan 2021 *Head of Commissioning* | Update provided May 2022 A full review has been supported with Ernest Young and recommendations have been signed off.

This is now forming part of a mobilisation plan. (slides provided that show the process flow, how the triage system will work and the criteria of bronze, silver and gold which will be used for delegated decision making, and escalation as appropriate.) |

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
						Outstanding actions are the completion of the mobilisation plan, comms plan, inaugural meeting (expected to be July – post the new learning tracker launch). To support the EY recommendations a new learning tracker for customers to request new learning has been built, this is currently in test with some workflows and comms plan outstanding with estimated launch of June 2022. For the end user they will need to provide some more initial information, however for L and D commissioning team this will track all decisions, time scales, validation of need, alignment to this work matters strategy, solutions with cost and resource impact and escalation into commissioning governance process
6	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 *1 + 2 - Head of Ops Training* *3 - Head of Commissioning*	Update provided May 2022 New learning strategy is in place and quality learning forms part of this (copy provided) As part of Redefining our Learning work a recommendation has been submitted to repurpose a role to create a quality manager to offer more scrutiny over trainer quality, curriculum quality and oversight of licence requirements. The Evaluation team will report directly into this role. As part of the redefining our learning project funding has been approved to support additional 1 FTE into the evaluation/research role to allow for more in depth evaluations. The EY work and the workstream on more blended solutions is also exploring our approach to evaluation – pilot courses are in progress. The new learning request tracker (referred to in point 1) has a section on evaluation that allows for better tracking of measurements and data at the point of learning need and tracking of learning outputs, outcomes and impact which is what we will be working towards with the additional 1 FTE.
7	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.	April 2021 *Fleet Manager*	Update Provided May 2022 Assistant Director – Corporate Asset Management is in the process of writing a wraparound strategy which will align the ULEV and Estates Strategies and take on board the findings of the EY consultancy report. There is not currently a have timeframe for its adoption but it will be drafted over the next couple of months

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8	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 independently verified and records endorsed appropriately.	Accepted	31/3/2021 *Head of Payroll*	Update as at March 2022 Response received from the Head of Payroll 3.3.22 Verification of input - The Onboarding file for Starters is now having who in Payroll has checked it – This commenced in November 2021. Audit reports - There has been an issue with running this report from the software, MHR the software suppliers have now corrected the issue. This is due to start from March 2022. Amendments to bank accounts - This is now happening (commenced approx. November 2021). However, has been checked by another member of the Team and not always another Service Delivery Manager.
9	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	31/8/2021 *Head of Payroll*	Update as at March 2022 As the audit reports have not been run there are no current to scan however, due to circumstances within the department we are behind with scanning which includes overtime sheets. Part of this issue comes from TOIL not being added into My Time but even if they were up to date Payroll still wouldn't have this up to date
10	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*	Update Provided February 2022 The management of recommendations for learning have been raised with the Force: 1. Publicly at the Strategic Police and Crime Board of Nov 21 (head of PSD and Chief Constable present) 2. Meeting with the heads of PSD and Simon Foster on Nov 26th 2021 3. Performance meeting with PSD on Jan 31st 2022, (heads of team 1 PSD present). The issue is very firmly on the OPCC agenda. The learning feedback loop between the complainant and WMP remains incomplete. Quarterly meetings are held with PSD which includes feedback on a series of learning/oversight points. This data will be added in phase 3 of the Complaints Hub development.
11	June 2021	VSA Team (Vulnerability in calls)	The future governance arrangements for the VSA Team should be determined to ensure there is appropriate oversight of the audits to be completed	June 2021: Since the introduction of the Strategy and Direction Department in 2020, the Force has been continually reviewing the	October 2021 *Chief Supt*	Update provided January 2022 None of the recommendations have been progressed, but we are in the process of responding to them now as part of

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
			by the Team including the review and approval of the planned / proposed audits.	department and exploring the most effective and efficient way to deliver strategic requirements. The force has now made the decision to utilise the support of external experts, Accenture, over the coming months to help move this work forward. The establishment of the VSA Team as a permanent business assurance function along with the implementation of the recommendations from this audit will be realised as part of this wider department review.	*leading VSA Team*	the Strategy & Direction /Business Transformation Team review and expect to be able to demonstrate more progress against the recommendations in the next 3-6 months.
12	Jun 2021	VSA Team (Vulnerability in calls)	A VSA Team review schedule should be determined and agreed by the appropriate governance board to ensure that there is a structured approach in place to review all vulnerability areas. To support the development of a review schedule the following should be considered; • Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements • Sample size approach • Whether the whole life of the records should be reviewed to gain an initial benchmark on compliance and help identify any targeted deep dive reviews into themes / processes. • Determining triggers or risk tolerance levels for each vulnerability theme or if a vulnerability theme has positive results for several consecutive periods that it will be re-assessed with a view to reducing the frequency of review.	As above	October 2021 *Chief Supt leading VSA Team*	As above
13	June 2021	VSA Team (Vulnerability in calls)	Mechanisms should be established to ensure the VSA Team are aware of Force actions to address inspectorate recommendations, including completion timescales, to feed into the scheduling of future audits and to incorporate into the audit criteria. This will allow the VSA Team to assess the impact and provide assurances to the relevant SME and governance board over the effectiveness and level of embeddness. Where it has been confirmed that an action has been embedded, on-going monitoring arrangements should be determined with the appropriate governance board to ensure there is a cultural change, to also feed		October 2021 *Chief Supt leading VSA Team*	As above

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			into the VSA Team review schedule.			
14	June 2021	VSA Team (Vulnerability in calls)	Clear and consistent reporting lines should be established for reporting the findings of VSA Team reviews to enable the appropriate governance board to have an awareness and understanding of the issues being reported to then determine if any further actions are required and assist in obtaining updates from SME's on actions undertaken to assist in holding to account arrangements.		October 2021 *Chief Supt leading VSA Team*	As above
15	June 2021	MyTime	For transition of MyTime into BAU, robust processes should be adopted for transferring outstanding issues and actions from the project into BAU to ensure a smooth and complete transfer. Clear governance arrangements within Shared Services and POD that include ownership, responsibility and reporting of progress against ambitions, deliverables and benefits of MyTime should be agreed and adopted.	Agreed	30 June 2021 *Assistant Director Shared Services*	Update provided March 2022 The decision was taken to migrate into BAU with the current version of MyTime with further developments planned at that time. A new Assistant Director has also joined since the audit and as part of her remit she has reviewed MyTime and its application across the organisation. Monthly meetings occur between Crown, IT&D and Shared Services to review all outstanding issues and carry out a service review. The current position from Crown is that many of the issues will be resolved by future versions, however, we are unable to substantiate this as we do not have access to future test versions. At this point no decision has made on timescales and viability of implementing further upgrades.
16	June 2021	MyTime	For the transfer of MyTime into BAU, decisions on the future of the Operational Steering Group, MyTime Super Users and the MyTime Support Centre portal should be considered. Where alternative mechanisms are agreed and adopted they should ensure there are clear and adequate processes for updating MyTime users on developments and resolution of issues. This should incorporate regular engagement with the cohort of super users to ensure that they are kept up to date on developments and issues and have the necessary knowledge and skills to be able to support their teams and departments.	Agreed	30 July 2021 *Head of Duty Management*	Update provided March 2022 Due to the above, liaison with the operational steering and super users was suspended pending decisions on further implementation
17	Sept 2021	Accounts Payable	Senior management should review the KPIs and scheduled tasks within the KPI portal and formally agree those that will be measured and monitored to ensure that Shared Services are focusing on the key performance areas and those tasks which form part of ensuring robust controls are operating. The methods for calculating the KPIs relating to	Agreed	30 November 2021 *Head of Purchase to Pay*	Update provided May 2022 We have reviewed the list of KPI's held on the Portal and agreed those to be maintained. The KPI data for Confirmation Orders has been reviewed and we will be introducing an additional KPI around the rolling 12-month period. This will be further reviewed to assess its validity as a KPI.

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		KPI,	confirmation orders and the set-up of suppliers should be given particular attention with consideration given to the following:
			
			  - adopting a 12 month rolling basis for measuring the KPI around the use of confirmation orders; and
			
			  - assessing the 4 day target time for setting up new suppliers with view to split this KPI measure the time taken by Shared Services before and after relevant information is requested from the proposed supplier.
			
			Senior management should monitor the completion and results of KPIs and scheduled tasks to ensure they are being completed timely and also help identify and action any performance issues
						Setting up of new suppliers – rather than splitting the KPI, we will be changing this to a more realistic target of 7 days.
						
						Review of the listed KPI's and their completion and any resulting issues are discussed as part of the weekly P2P management meetings.
						
						Now that the list has been reviewed and agreed the Portal will be updated accordingly, a monthly meeting will be diarised where the specific details, trends etc. will be reviewed.
						
						The Head of P2P is speaking to Digital about updating the Portal as some needed changing, taking off or adding

18	Sept 2021	Accounts Payable	A review of the duplicate payments report should be undertaken to understand why the word "No" is replacing some of the payment dates which are used to filter and identify the current days payments for review. If this cannot be resolved then alternative procedures should be put into place, such as identifying any instances where the word "No" has been added to the spreadsheet since the last check and reviewing these potential duplicates. Management should also review the period November 2020 to March 2021 to identify any invoices where the issue with the spreadsheet has resulted in potential unchecked duplicate payments	Agreed, work to review the operation of the duplicate payments report is already underway	30 November 2021 *Head of Purchase to Pay*	Update provided May 2022 The excel duplicate payment file continued to be problematic with investigation into its underlying macros. The processes within this file have ceased to operate correctly. We have explored an alternative approach with reports direct from Fusion, this however has proved not to be a viable approach, we have therefore returned to the spread sheet file with the macros currently being worked on. This work is ongoing, we are hopeful of successful reintroduction of the process by the end of April.
19	Sept 2021	Accounts Payable	The credentials for the BATCHADMIN account should be amended and only individuals with a requirement to know the details be allowed to access the account and there should be reviews of the credentials when individuals move roles. If numerous staff continue to require access to this account then individual accounts should be set up for each user for BATCHADMIN so that passwords are not shared. Furthermore, audit logging should be reviewed to establish whether it can be utilised without adversely affecting system performance.	Agreed, this will need to be actioned in conjunction with IT&D	31 October 2021 *Head of Purchase to Pay*	Update provided May 2022 This matter is currently outstanding and will need to be raised with IT&D in order for a resolution to be reached. Revised target date 30.06.2022

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20	Sept 2021	Accounts Payable	The scheduled task in regards to reconciliation of the BACS transmission file must be reinstated immediately. Following this, in conjunction with IT & Digital, steps should be taken to secure the BACS transmission file when being extracted from Oracle Fusion. This should include the file produced being read-only and being automatically transferred to the relevant network drive for upload to the bank.	Agreed	31 December 2021

Head of Purchase to Pay | Update provided May 2022
This remains outstanding due to issues with the reconciliation file, changes to this need to be reviewed, once satisfactory this process can be resumed. Staff changes mean that the checks can be undertaken by Service Lead.
Revised target date 30.06.2022 |
| 21 | Dec 2021 | Victim Satisfaction | To ensure officers and staff have appropriate understanding of the requirements of the Victims Code and the rights of victims:
- The NCALT Victims Code training completion information should be circulated to departments and NPU's on a periodic basis to make the SLT's aware of the low completion rates and prompt further promotion of the training package.
- Further promotional activities should also be considered by the Victims sub group with completion rates monitored on an on-going basis as part of future meetings and determine escalation routes if training is not undertaken and compliance rates do not improve. | 1.The revised Victims Code was launched in force with direction that the NCALT training was mandatory. This was reinforced at the Victims code forum however like most training within force the take up was low.
2. Training needs to be locally managed via individual performance forums
3. FCID and PPU currently developing further training and awareness and monitor completion via their SIM meetings
4. Role for POD/L & D regarding completion of key training packages | May 22

Victims and Witnesses SME | Update provided June 2022
1. NCALT training & completion rates are subject to regular review and audit. This will have to be a continuous process due to the revolving nature of recruitment, redeployment etc.
2. Training completion and requirement to address any shortfall in completion are raised to local people development boards/forums to be addressed by the senior lead.
3. FCID Prepare & PPU Service Improvement Team continue to track and address this in their SIM. PPU have identified a CI equivalent staff SLT member who is going to take over as Victim Experience Lead.
4. POD/L&D lead on the role out of NCALT and produce data on completion for auditing and management information. POD/L&D update that due to staffing shortfall they are currently unable to audit and send to SLT's details of non-completion. |
| 22 | Dec 2021 | Victim Satisfaction | The Victims and Witnesses SME should liaise with the Connect Team to explore options and agree an approach for officers completing the Victim section in Connect including:
• Mandating the recording of victim protected characteristic information
• A preferred approach to record how Victims Code information delivered to victims should be recorded including when a crime reference number has been issued, OIC information given to the victim and the method they have been informed.
• The correct process for attaching the witness statement (MG11's) due to the inconsistent approach currently applied. Determine if fields can be added in Connect to record the dates in which key decisions are made and the date when the victim is informed to accurately record and assess compliance. If not, it should be established if there | • Mandating the recording of victim protected characteristic information is not currently possible by configuration and the NEC position has been that changes to make these fields mandatory would need to be a national agreement across all CONNECT forces.
• It is understood that the force policy is that a Victim of Crime leaflet should be given when face to face, or an email / letter sent when that isn't possible. The letters are a template in CONNECT and can be emailed direct or printed and posted. We are adding a question to the Initial Investigation questions to confirm the leaflet /letter has or will be sent. (Target for completion: 3 weeks). Notification of the OIC details remains a responsibility of | end 2022

Inspector-CONNECT Team | Update provided June 2022
The mandating of collecting protected characteristics in CONNECT is ongoing work which subject to a paper to ACC Crime and a NPCC Working Group. This will take some time to recommend and implement changes. There are some initial interim recommendations in the paper, likely managed via the F&B board. The only actionable bit is 'We are adding a question to the Initial Investigation questions to confirm the leaflet / letter has or will be sent' – This is completed and in live use. |

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			any other means to force officers to record this information consistently. • Mandating additional fields within Connect or setting up alerts / reminders to force completion by officers, e.g. for needs assessments, victim contact when decisions have been made not to investigate or to remind officers to attach VPS's. • If additional fields can be built into Connect to record additional detail when the response is 'no' to a victim personal statement being offered and made by the victim to assist in understanding the reasons why a VPS is not being offered / made to determine if any further actions are required to improve VPS' being offered and made by victims. Once explored approval should be obtained from the Vulnerability Improvement Board and / or the Connect Programme Board to progress the changes with officers informed of the revised recording requirements. Compliance should be monitored via the quarterly dip sample audits with the results fed back to Departments to assist in holding departments to account.	the OIC / Supervisor who should use the contact log to do so (which includes various update reasons to choose from). Automating that would require an IT&D development and would be dependent on email/mobile details being captured for the Victim. • There is no technical change which would improve consistency with the correct process for attaching the witness statement Officers should utilise the IT&D App to create the statement, that automatically uploads it to CONNECT so is in that way, consistent • The Victim Code 'significant events' (OIC allocated, arrest, charge etc) are already captured in the system. It is possible within CONNECT to raise a task for OIC to confirm they have notified Victim of these events but it has been switched off at the behest of FCID/PPU due to concerns over the number of tasks this generates		
23	Dec 2021	Victim Satisfaction	Officers should ensure supervisory reviews are completed prior to informing the victim that their case is not to be investigated further, with all reviews and supporting rationale recorded in Connect. This is necessary to ensure there is appropriate oversight on the investigating officer's decision and rationale prior to informing the victim. The departments should also consider including supervisory reviews on decisions not to investigate as part of dip sample reviews to assess compliance.	1. It would be very challenging to supervise all records however FCID and PPU will dip sampling some reports to identify areas for development. 2. The Connect 'Joining the Dots' challenge programme being ran over the coming weeks will also support this area. 3. The forum has commenced a deep dive into some of the reports from the last audits for a better context and this approach will continue	*FCID/PPU and Force VC SME Lead*	Update provided June 2022 1. FCID's IIT Team 4 are a group of officers and staff who review and allocate all crime. The volume of crime is such that supervisors on that team could not review to endorse every report but they do oversee the serious, complex reports and an audit dip sample is undertaken to ensure consistency and appropriate decisions are taken. This process is replicated by PPU in the Review and Allocation Team. 2. Connect 'Joining the dots' rolled out and is completed, completion rates by FCID are better than PPU so there is work ongoing to improve this. 3. The audit and deep dive will continue and learning to address any identified areas for improvement and also promote best practice will be taken forward.
24	Dec 2021	Management of Suspects	To ensure risks to victims are minimised: - Officers should be reminded to ensure that the victim is informed of whether the suspect is on bail or released pending investigation (RPI) as well as subsequent decisions regarding bail extensions, - A record of the contact with the victim regarding bail or RPI must be recorded in the victim contact plan within Connect to evidence the contact. -	PPU recognises that compliance in this area needs to improve. The quality of supervisory reviews form part of the established auditing work within PPU and also features within the Citizen Satisfaction work stream. The ambition is that customer feedback will be available to PPU in the future as we work through the ethical and risk considerations.	March 2022 *PPU – Head of Prepare FCID - Superintendent (Geographic) and*	Update provided June 2022 The FCID and PPU task and finish group have identified an area of the victim contact field on Connect categorised as 'bail related update'. This function will therefore be easily auditable and compliance can be monitored via SIM. The existing update field and the requirement to use it will be communicated via a procedural guidance 'How to' guide. This will also be presented via Teamtalk and on Videobox.

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
			Compliance should be monitored and actioned through supervisor reviews.	(PPU) The PPU will establish a task and finish group with key operational and performance leads under the leadership of T/DCI Reynolds to review all available data in relation to communication with victims and Supervisor reviews. The PPU Monthly audits will continue which have a focus on supervisor 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 SIM (FCID) The recommendation has been highlighted to line managers from IIT, through to secondary investigations supervisors. This will be monitored through Performance Review Audits and reported in SIM. The audit includes 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. Compliance will be monitored through auditing work and through the Citizen Satisfaction work stream.	*Superintendent (Prepare)*	PPU have awareness days for all first and second line supervisors on 9th and 10th June where this will be presented. FCID will distribute this guidance directly to Investigation managers and supervisors, and it will feature in CPD sessions for both groups between June and November 2022. Dip sample results are being recorded per geographic area and have been distributed monthly to FCID SLT and management, and have been reviewed at SIM. The most recent data has been circulated on 13th May 2022. Victim contact also forms part of the Domestics Abuse, Adult Complex and Child audit processes.