JOINT AUDIT COMMITTEE
29 September 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 June 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
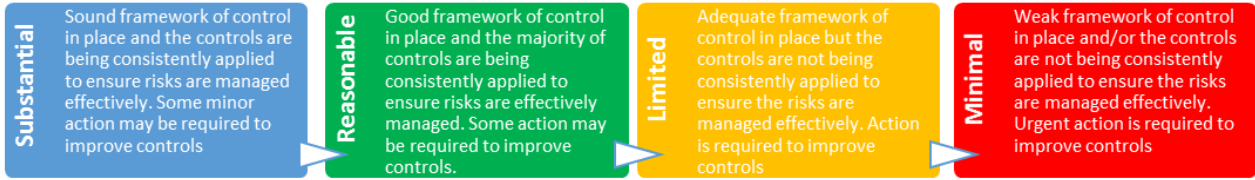- A performance update.

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 June 2022, along with details of the opinions given.

Table 1: Assurance Work Completed in the period June 2022 to date

| No.	Audit Review	Assurance Opinion
1	Covid – Organisational Learning	Reasonable
2	Airport Insider Threat	Limited
3	Contact Service Levels	Limited
4	Operations resilience Unit – Civil Contingencies	Reasonable
5	Local Policing - Impact Areas	Reasonable

3.3 Summaries of key findings from those reviews where an audit opinion of "Minimal" or "Limited" has been assigned are provided in *Appendix 1*. Also provided at *Appendix 2* is a summary of progress against planned activity, which details the status of each review to be completed during 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:

- Pensions
- IT Business Continuity and Disaster recovery

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:
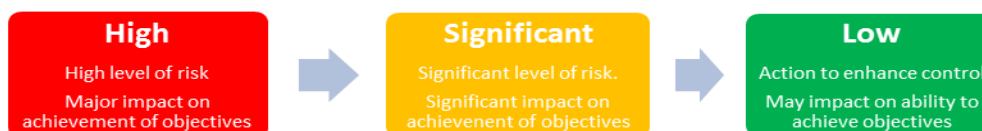
4.2 Internal Audit follow-up recommendations to ensure they have been implemented. All recommendations are followed up six months following the date the final audit report is issued to establish progress in implementing the recommendations. Any that remain outstanding following the six-month follow-up review continue to be followed-up every three months until confirmation is received of implementation.

4.3 The recommendations from the 22 audits that have been concluded to date during 2022/23, 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 (x2)	7	3			4
2	MyTime (x2)	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
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			

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
12	Vetting	4	4			
13	Management of Suspects	4	3		1	
14	Apprenticeship Levy	4	3			1
15	Victim Satisfaction	7	2		1	4
16	Terrorist Offender Management	3	3			
17	Vulnerability in calls	5				5
18	IT & D Service Management (Service Desk)	5	3			2
19	Use of Intelligence	5	5			
20	Complaints (Appeals) process	5	5			
21	Violence Reduction Partnership	3	2			1
22	Missing Persons	10	9		1	
	Total	112	74	2	8	28

Risk has been accepted by management

4.4   Table 2 identifies a 73% 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 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 2019/20 to 2022/23

	Number agreed			
Rating	2019/20	2020/21	2021/22	2022/23
High	6	0	5	0
Medium	67	37	62	15
Low	55	51	39	11
Total	**128**	**88**	**106**	**26**

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

Table 4 – Status of High/Medium Recommendations

	2019/20	2020/21	2021/22	2022/23	Total
Total Number	73	37	67	26	203
Total not yet due to be Followed-up/Follow-up in progress	0	0	40	26	66
Total Followed-up Concluded	73	37	27	0	137
Of Which:-					
Total Implemented	62	30	13	0	105
Total Redundant/risk accepted	7	0	1	0	8
Total Outstanding after follow-up	4	7	13	0	24

4.8   Of the 137 significant recommendations followed-up since 2019/20, 77% have been fully implemented. A further 6% are considered redundant or superseded. 24 (17%) 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.

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 submission of data taking place in October. 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 July to consider Information Management and GDPR matters and wider risks were escalated to the Board for consideration.

6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs as at August 2022 are set out in Table 5 along with the actuals for 2022/23.

Table 5 – KPI data 2022/23

KPI Description	Narrative	Annual Target	Actual 2022/23
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered	90%	24%
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.	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%	100%

6.2 The audit coverage is below the pro-rata target for this time of year which is anticipated as the earlier part of the year is heavily weighted to planning, preparation and commencing audits, with more reports being issued in the latter months. 50% of audit tasks are complete or in progress and we are closely monitoring the position and will continue to report progress to the Committee.

7. RECOMMENDATIONS

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

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

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

1   Contact Service levels

1.1   This review considered the arrangements in place to ensure that there is fairness and transparency in the contact service provided by the Force and that adequate arrangements are in place to measure the performance of the service provided. Specifically, this audit reviewed the performance management framework and the governance oversight to identify trends and any issues arising, alignment of local strategies with the National Contact Management Strategy and the National Policing Digital Strategy, the level of service provided through each contact channel to ensure consistency, progress on the work in relation to reviewing current channel shifting processes and adopting wider channels of contact with the Force.

1.2   An overall opinion of Limited was given as Force Contact are struggling to meet the service standards set out in the Citizens Charter. A project is currently underway to increase resource and improve performance, and the project team recognised at the time of reporting that this needed to be completed ahead of the Commonwealth Games in July 2022.

1.3   The key findings of the review are as follows:
- THRIVE risk assessments are completed for requests for service to assess the threat, risk and harm and thereby how to respond to a call. The Force Contact Service Improvement Team (SIT) undertake monthly dip sampling of THRIVE assessments which are selected randomly from all P1 to P3 records of contact. These are not analysed by the channel which the incident was reported and therefore it is difficult to determine whether the assessments are being completed in the same manner regardless of the reporting channel used.

- A review of the base data used for dip sampling identified that between 8% and 9% of THRIVE assessments for grades P2 to P6 service requests had not been completed and therefore a reported incident may not get the correct response from the Force. There was a lack of evidence of management investigating the reasons for the omission of THRIVE assessment.

- Force Contact Service Standards state that staff working on the live chat channel should have a concurrency rate of 2.5, however performance results show that this rate is an average of 1.5 and handling time for live chat is also significantly in excess of the expected service standard of 12 minutes, currently standing at 16 minutes. Extrapolating the data shows that the department have more efficient handling times of around 7 minutes when the public contact via a 101 call than through live chat. The department has struggled to improve on this and stated that this is in part due to the nature of live chat taking longer for the public to convey their message. It was also stated that another issue is that Controlworks does not allow concurrent entry of incidents by a single member of staff. However, from Internal Audit discussions with the Controlworks project team they clarified that it is possible to have concurrent entry and there is also an option for Controlworks to host live chat which could be explored at the point the current contracted service is due for review.

- Times to answer calls across all three channels of contact are in excess of the service standards set out by the Force. Calls through the emergency channel (999) should be answered within 10 seconds, however, during the period reviewed between December 2021 and February 2022 the average was 20 seconds. Data also shows that in April 2022, 17% of calls to 999 took 60 seconds or longer to answer which is an increase on previous months where the average was 9.5%. There is no evidence that this is related to demand as call volumes did not significantly increase in April.

Force Contact are currently looking into this. Long waiting times for calls to be answered could increase the harm a caller is subject to and therefore presents a significant risk to the public if a call is not answered promptly.

- Abandonment rates across all channels have also increased throughout the year, which the Force have attributed to the increase in demand for service. Force Contact have produced a Service Improvement Plan which has transitioned into a project to deliver and reallocate additional staffing. They have recently also introduced a vulnerability desk within Force Contact to manage and reduce demand through enabling specialist staff to take complex vulnerability related contacts so that relevant support can be provided at the first point of contact.

- There is currently no monitoring of the Force's social media accounts which would identify if a member of the public reports an incident or provides intelligence. This risk is known by the Force and a project is underway looking at digital solutions to this issue, however until this is resolved the risk is not fully managed. The Business case was only approved at the end of March 2022 and therefore the project is still in its infancy. Stage gate reviews are expected to be completed to assess progress on the project, but these are dependent on the completion of the Strategy & Direction and Business Transformation restructure so no dates have yet been set for the reviews.

1.4   The following management actions were agreed to address the findings:

- Dip sampling process will be amended to ensure that there are a set number of incidents reviewed from the various contact channels and grading, based on the percentage split of this demand.

- As well as DIP sampling the quality of THRIVE assessments that have been completed, a sample where no THRIVE assessment has been completed will be reviewed to ensure that the reason for non-completion is satisfactory and learn from any feedback and themes.

- A full review of Live Chat is an action within the Connect with People Board chaired by the ACC (Operations.) This will include a review around efficiency and effectiveness. This also includes exploration of other service providers of similar contact channels. Much work has been done to increase the concurrency of chats, but given the complexity of the contacts, this has not been possible to date.

- Monitoring of the KPI for concurrency of live chat calls and the results of live chat surveys is consistently monitored by the Contact Handling leadership team but will also be included in wider performance packs.

- The Connect with People Programme and gathering requirements for a new digital engagement platform has begun. The programme is ensuring that the national strategies for Corporate Communications and Contact Management are aligned and that as an organisation we offer channel choice but are clear with what they are and what they should be used for.

- The first step of the Force Contact Improvement plan is the implementation of the Force Contact Support Desk. This will see calls of a complex nature, such as Domestic Abuse, transferred at the earliest opportunity from Contact Handlers to the support desk, to free up capacity for contact handlers and improve the service to vulnerable victims. There are a range of measures that will track the impact of this, such as reductions in the time to answer 999 and 101 calls as well as reduced abandonment rates.

APPENDIX 2 – Summary of Plan Position

2021/22 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	Final	Limited
Connect - Case Management	Final	Reasonable
Covid - Organisational Learning	Final	Reasonable

*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. Testing complete.
ICT Business Continuity and Disaster Recovery	Draft	Awaiting Management Comments
Change Management (including configuration, release and patch management processes)		
Parole Board Disclosures	In progress	
Force Governance Arrangements		
Police and Crime Plan - Delivery Planning		
Environmental Strategy		
Pensions	Draft	Awaiting senior officer sign off
Budgetary Controls		
Procurement	In progress	
Training		
Recruitment and Onboarding		
Wellbeing		
Expenses		Postponed at management request. Now in planning phase
Fairness and Belonging	In progress	
Child Abuse - Learning from Inspection reports	In progress	
Airport Insider Threat	Final	Limited
Operations Resilience Unit - Civil Contingencies	Final	Reasonable
Uniform Service	In progress	
Body Worn Video		Planning phase
Custody Visiting Scheme - Advisory		
Commonwealth Games - Legacy Assurance		
Organisational Learning - Manchester Arena Bombing		
Local Policing Response to Serious Youth Violence Under 25s	In progress	
Rape and Serious Sexual Offences (RASSO)		Follow-up underway
Hidden Crimes (Modern Day Slavery-Human		

Audit		Opinion / Comments
Trafficking-Exploitation)		
ROCU Tasking		
Local Policing - Impact Areas	Final	Reasonable
Citizen's Experience		
Special Branch	In progress	Fieldwork complete
Stop and Search - Strip Searches	In progress	Fieldwork complete

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

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

2022/23 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Connect - Case Management aspects		5					5	Dec-22
Airport Insider Threat		5					5	Dec-22
Covid Organisational Learning		1					1	Jan-23
Contact Service Levels		6					6	Feb-23
Operations Resilience Unit – Civil Contingencies		5					5	Feb-23
Local Policing – Impact Areas		4					4	March-23
Totals		**26**	**0**	**0**	**0**	**0**	**26**	

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		Sept-22
Estates Planning	🟩	1	1					N/A
Controlworks	🟩	4	3		1			N/A
Accounts Payable	🟧	9	5			4		Aug-22 – In progress
Rape and Serious Sexual Offences (RASSO)		10					10	Aug-22 – In progress
Management of Suspects	🟩	4	3			1		Sept-22
Victims Satisfaction	🟧	7	2			5		Sept-22 – In progress
IT Service Management (Service Desk)	🟧	5	3			2		Oct-22
Commonwealth Games – Procurement	🟩	0						N/A
Terrorist Offender Management	🟩	3	3					N/A
Violence Reduction Unit	🟧	3	2			1		Dec-22
Risk Management (WMP)		8					8	Aug-22 – In progress
Cash Office		5					5	Aug-22 – In progress
Commonwealth Games - Volunteer Strategy	🟩	2	2					N/A
Commonwealth Games – Resourcing	🟩	0						N/A
Mobile and Agile Working		2					2	Sept-22 – In progress
Strategic Police and Crime Plan (Development)		2					2	Oct-22
Domestic Abuse – Case Management		11					11	Oct-22

2021/22 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
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**	**24**	**0**	**1**	**18**	**63**	

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 – In progress
Apprenticeship Levy		4	3			1		Sept-22 – In progress
Environmental Policy		3	1			2		Sept-22 – In progress
Payroll		7	3			4		Oct-22
MyTime		5	3			2		Dec-22
2019/20								
Missing Persons		10	9			1		Dec-22
Data Driven Insight		5	2			3		July-22 – In progress
Totals		**41**	**23**	**0**	**0**	**18**	**0**	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 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*	Update as at September 2022 The P2-P8 pilot has recently concluded. A full evaluation report has been prepared. The evaluation revealed a significantly improved approach to the identification of risk, the identification of valuable intelligence and improved opportunities for officers to conduct prevention interviews following the return of a missing person. The evaluation report has been shared with the Business Transformation Team. Following their initial assessment, the findings associated with the evaluation report now sits as a core branch of planned improvement activity that will be overseen and coordinated by a dedicated project manager. Moving the findings associated with the evaluation report from initial pilot status to a business as usual approach requires consideration and navigation around a number of interdependencies, hence the involvement of Business Change professionals and the adoption of project management methodology and principles of change management. The Business Transformation Team are now formalising the priorities and supporting workplan.
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

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
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*	<u>Update provided March 2022</u> 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*	<u>Update provided May 2022</u> 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.) 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	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*	<u>Update provided May 2022</u> 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

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
			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.			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
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 July 2022 The Head of Payroll confirmed that controls are not being consistently applied Internal Audit were able to review the Onboarding and Bank Account reconciliation files for the periods April to June 2022 and agree with this conclusion. This recommendation is considered still to be open
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 July 2022 We are still having sickness issues within the department. Scanning hasn't commenced yet. However, the Overtime APP is now LIVE with all departments except CTU. Going forward there will not be overtime cards to audit. The Action managers dashboard is still being reviewed periodically, but there is no evidence to support this.
10	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 as at June 2022 The VSA team will be established as part of the new

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			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*	Strategy, Delivery and Assurance department from June 2022 onwards.
11	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*	<u>Update as at June 2022</u> The Head of Strategy & Direction and Head of PPU (as previous lead for the VSA Team) were contacted but could not provide a response pending update of new department structures.
12	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.			
13	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
14	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*	<u>Update provided September 2022</u> In addition to the quarterly service delivery meetings between Crown, IT&D and Shared Services an additional forum has been introduced to facilitate the discussion of wider issues with the Mytime system, the way forward and potential routes for system improvement. In addition, resources have been identified within both Business Transformation and Shared Services who will be aligned to documenting all outstanding issues and designing a strategy to design and implement system improvements. We have agreed to release 2 DMT staff to work directly to support Force Contact team. This has been agreed on a trial basis for 3 months to see if this can obtain a better picture of the resource issues that Force Contact face.
15	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*	<u>Update provided September 2022</u> Further to the above, liaison with the operational steering and super users remains suspended pending decisions on further implementation. Once a strategy and associated timescale has been agreed liaison with super users etc will be re-established.
16	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*	<u>Update provided May 2022</u> 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

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			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			assess its validity as a KPI. 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
17	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.
18	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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19	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*	<u>Update provided May 2022</u> 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
20	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*	<u>Update provided June 2022</u> 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.
21	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*	<u>Update provided June 2022</u> 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		
22	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*	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.
23	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. - Compliance should be monitored and actioned	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. (PPU) The PPU will establish a task and	March 2022 *PPU – Head of Prepare FCID - Superintendent (Geographic) and Superintendent*	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. PPU have awareness days for all first and second line

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			through supervisor reviews.	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. | *(Prepare)* | 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. |
| 24 | March 2022 | Violence Reduction Partnership | WMVRU should work with key partners to agree and adopt outcomes for the intervention and prevention work across each of the workstreams that should be incorporated into the workplans and included in the progress updates to the WMVRU governance boards. | As workplans are developed for the coming financial year, this recommendation will be considered and outcomes incorporated where feasible. Given the cross-system nature of the objectives, these will not always suit numerical outcomes and the Head of Delivery will be pragmatic in considering these. This will also be informed by the evaluation workshops regarding outcomes for the Theory of Change that are due to happen in Q1. The overall progress towards the Home Office objectives will continue to be measured and reviewed annually, as is recommended in HO guidance, through the revision of the SNA. | *Head of Delivery* | Update provided September 2022
The local delivery plans for individuals within the VRU will be embedded into local violence reduction partnership delivery plans and these will contain a number of shared outputs and outcomes. The local partnership plans are currently in development. The individual VRP lead for each locality partnership will be presenting a quarterly update to their respective local violence reduction board and within this, they will include some level of information on levels of violence, impact of commissioned services, etc. |