



**Agenda Item 05**

**JOINT AUDIT COMMITTEE  
30 March 2023**

**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 December 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.

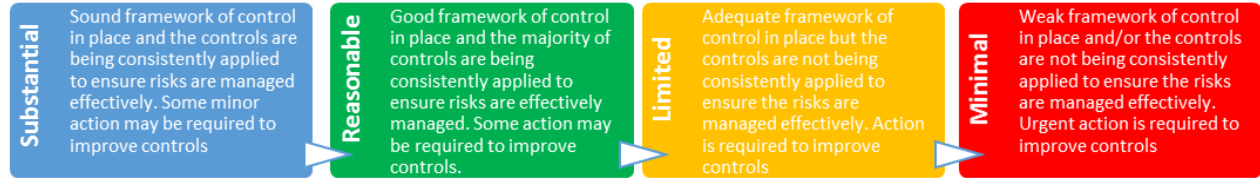
2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable’s objectives are achieved. The work of the Team should be directed to those areas and risk 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 December 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:



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

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

No.	Audit Review	Assurance Opinion
1	Special Branch	Reasonable
2	Fairness and Belonging	Reasonable
3	Child Abuse	Minimal
4	Local Policing – Serious Violence in Under 25’s	Reasonable
5	Parole Board and Probation Disclosures	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.

3.5 A further detailed follow up review has also been completed on Rape and Serious Sexual Offences (RASSO) following the initial review being reported to the Committee in September 2021. The update on progress has been incorporated into **Appendix 1**.

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:

- Uniform
- Expenses
- Organisational Learning – Manchester Arena Bombing

#### 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 33 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 (x4)	7	4			3
2	MyTime (x2)	5	5			
3	Data Driven Insight	5	4		1	
4	Appropriate Adults	8	6	2		
5	Sex Offender Management	5	5			
6	Accounts Payable (x2)	9	6		3	
7	Environmental Strategy	3	2			1
8	Training (x2)	7	3		4	

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
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	4			
14	Apprenticeship Levy	4	4			
15	Victim Satisfaction (x2)	7	2		1	4
16	Terrorist Offender Management	3	3			
17	Vulnerability in calls (x2)	5	1			4
18	IT & D Service Management (Service Desk)	5	4			1
19	Use of Intelligence	5	5			
20	Complaints (Appeals) process	5	5			
21	Violence Reduction Partnership	3	3			
22	Missing Persons	10	10			
23	Cash Services	5	3		2	
24	Domestic Abuse	11	5			6
25	Risk Management	8	2			6
26	Airport Insider Threat	5	2		1	2
27	Rape and Serious Sexual Assault Offence (RASSO)	10	1		5	4
28	oPCC Casework	2			2	
29	Integrated Offender management (x2)	4	2		2	
30	Covid Organisational Learning	1	1			
31	Uplift Programme	4	3		1	
32	Connect Case Management Aspects	5	5			
33	Contact service levels	6	3	2	1	
	<b>Total</b>	<b>173</b>	<b>115</b>	<b>4</b>	<b>23</b>	<b>31</b>

4.4 Table 2 identifies an 80% 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**

Rating	Number agreed			
	2019/20	2020/21	2021/22	2022/23
High	6	0	5	2
Medium	67	37	62	39
Low	55	51	39	30
Total	<b>128</b>	<b>88</b>	<b>106</b>	<b>71</b>

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	41	218
Total not yet due to be Followed-up/Follow-up in progress	0	0	13	33	46
Total Followed-up Concluded	73	37	54	8	172
<i>Of Which:</i>					
Total Implemented	65	33	28	3	129
Total Redundant/risk accepted	7	0	1	2	10
Total Outstanding after follow-up	1	4	25	3	33

4.8 Of the 172 significant recommendations followed-up since 2019/20, 75% have been fully implemented. A further 6% are considered redundant or risk accepted. 33 (19%) 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 (NFI)** - The Cabinet Office have run the biennial NFI exercise again this year. The data submission has been completed and data matches have started to be released and investigations have commenced to identify any potential fraud. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations. A total of 83 deceased pensioner matches have been identified, some of which were already known, and immediate attention is being given to investigate these in cooperation with the Pensions Team. Members will receive regular updates on the results of these investigations.

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 January 2023 to consider Information Management and GDPR matters and wider risks were escalated to the Board for consideration.

## 6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs are set out in Table 5 along with actuals as at February 2023.

**Table 5 – KPI data 2022/23**

KPI Description	Narrative	Annual Target	Actual 2022/23
<b>Output Indicators:</b>			
Audit Coverage	% of Audit Plan Delivered	90%	67%
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%
<b>Quality Indicators:</b>			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good"	95%	100%

6.2 Progress against the plan target is slightly lower than the same period in previous years due to a recent extended period of absence of one member of the audit team. The team is working hard with the Force to complete audits in progress but are cognisant of the on-going operating model changes.

**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.

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<p><b>BACKGROUND DOCUMENTS</b> None</p>
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## APPENDIX 1 - Summaries of Completed Audits with Limited or Minimal Opinion

### 1 Child Abuse

- 1.1 This audit reviewed the arrangements in place to effectively investigate child abuse following the recommendations made from the Joint Targeted Area Inspection (JTAI) for Solihull and the National Child Safeguarding Practice review. The audit focused on the training required to be completed by officers and staff when responding to child abuse incidents, governance arrangements, staff welfare, initial risk assessment processes and primary response, secondary investigation, information sharing and partnership working, victim care and performance monitoring. A minimal assurance opinion was given.
- 1.2 Significant risks were identified within Force Contact in respect of the quality of THRIVE+ assessments and lack of compliance with escalation processes. Also contributing to the opinion is the questionable practice reported of some Dispatch Supervisors downgrading logs to manage response times and performance, which is believed to be attributed to increase demand and staffing levels within Force Contact. The lack of trainers and experienced officers within the Child Abuse Investigation Teams (CAIT's) and high workloads per officer are impacting not only on the early identification of the threat and risk of a child being at risk of harm, but also the progression of investigations, the level of service delivered to victims as well as the wellbeing of staff across the Teams.
- 1.3 Although a minimal opinion has been given, the audit also recognised that positive work has been undertaken to improve child abuse investigations. The direction of travel is positive but the Force has more to do to protect children from harm.
- 1.4 The key findings of the review are as follows:
- In December 2021 the Force launched Vulnerability and Risk training to staff across the Force who have any form of public contact, to improve the response to vulnerable people and develop an 'investigative mindset' and how to be 'professionally curious'. The completion rates for the training was low within the key departments involved in responding to child related calls for service and undertaking investigations, i.e. Force Contact (58.8%), Force Response (36.3%) and PPU (34.7%). Also, it was found that two NPU's were outliers with completion rates being 34.6% and 52.6% compared with the other NPU's with completion rates above 61%.
  - Officers working in the CAIT's should complete specific training as per the College of Policing (CoP) role profile when investigating child abuse. The CoP guidance also states that forces should work towards a system whereby specialist investigators are recruited solely from experienced investigators or are required to qualify on successful application to the role. It was identified that:
    - Only 33.8% of officers within the CAIT's and Complex CAIT's have completed the Specialist Child Abuse Investigator Development Programme (SCAIDP). Those not trained included some Detective Inspectors and Detective Sergeants which could impact on the quality of supervision throughout an investigation, when supervising those officers who are also not yet accredited.
    - There was also a lack of accredited detectives which PPU are aware of with planning underway as part of wider Force detective planning activities to understand when additional trainee detectives are to land in the CAIT's.
  - A Child Protection Delivery Group is in place that reports into the Vulnerability Improvement Board. A child protection delivery plan has been produced, merging all inspection recommendations and local recommendations from the national child safeguarding practice review, and this is monitored by the Delivery Group.
    - The membership of the Delivery Group is primarily Child Abuse officers from PPU and the HMICFRS Force Liaison Lead. Membership did not include wider

- stakeholder departments, which would be beneficial as some of the key themes relate to force contact/force response etc.
- The Group has primarily focused on the outstanding HMICFRS Child Protection inspection recommendations from 2014, therefore not all of the objectives of the terms of reference are being achieved.
  - A separate local plan had been created specifically for the HMICFRS outstanding recommendations, duplicating some of the content in the main child protection delivery plan.
  - In relation to the child protection delivery plan progress updates had been recorded against the JTAI inspection but no dates were recorded to confirm regular updates and actions were not RAG rated to assess progress. Some actions have been closed due to audit processes being established but the Delivery Group are not reviewing the outcomes of audits to obtain on-going assurance that the action is effective and no updates were recorded on how the national child safeguarding review actions are being progressed.
- When a child related call for service is received within Force Contact THRIVE+ should be applied to determine the priority for the call, as per the Force grading framework, to enable resources to be dispatched. For any instances where P2 graded logs cannot be resourced within an hour an escalation process is in place, which should be applied at 40 minutes to enable supervision and management to be made aware of the log to determine if other resources can be deployed. Further THRIVE+ assessments should be undertaken at this stage to review and assess on-going risk. Testing on a sample of logs identified that THRIVE+ assessments lacked detail (71.3%) or were not completed at all (14.2%), the priority grading was not always deemed to be appropriate (28.6%) and the P2 escalation process was not being consistently complied with.
  - HMICFRS Child Protection inspection in 2014 made a recommendation to ensure that there are procedures in place to escalate concerns about an incident involving children at risk, and if Police have been delayed in attending the incident or alleged crime to ensure that the incident is not downgraded without proper justification and the appropriate checks have been made on the welfare of the child. From reviewing a sample of downgraded logs, it was identified that:
    - One log was deemed to have been downgraded to pause the response time so not to adversely impact on Force Contact performance, with the log being upgraded the following day. Although only one instance was identified of this happening, internal audit was informed that this is a common approach taken by some Dispatch Supervisors. This has significant risk to the victim as decisions are not being made based on THRIVE+.
    - Other instances of logs being downgraded were identified where there was no clear justification to support the downgrade.
    - There was a lack of welfare checks on the child for 40% of the logs reviewed, including contact with the person reporting the crime. Welfare checks are necessary to receive updates on the welfare of the child prior to downgrading the log and to support further THRIVE+ assessments.
  - The child abuse policy provides guidance to officers on what actions to undertake when attending child abuse reports, which includes system checks and observations to make. The guidance also includes having discussions with the child to identify any offences or risk of harm and to capture the lived experience of the child initially and throughout the investigation to ensure the investigation remains child focused. It was evident through testing that lived experiences of the child are not being consistently considered by officers.
  - ControlWorks has a specific field to record the relevant crime or non-crime report to cross reference the initial log to the crime report. From reviewing a sample of

ControlWorks logs where the crime reference number field had not been recorded it was identified that the crime / non-crime reference number is often recorded in another area in ControlWorks. One instance was identified where officers had inappropriately closed a log and not generated a non-crime report, therefore the child and suspect details had not been recorded in Connect and linked to any other previous incidents (or future reports) to identify any risk to the child.

- It is not standard practice for the CAIT's to seek early investigative advice (EIA) from the Crown Prosecution Service (CPS). Feedback from the Teams was accessing CPS out of hours can be difficult and the process for EIA is bureaucratic due to the level of information required by CPS, increasing the risk that the required evidence is not obtained at the earliest opportunity to support prosecution.
- There is no national or local guidance as to the workloads of officers to child abuse investigations. Workloads varied widely across the CAIT's from five to 27 per officer. It should however be noted that as a result of some recent officer transfers into the CAIT's, some on-going cases that are at the pre-charge stage have transferred across with the officer, therefore not all relate to child abuse investigations. Feedback from the CAIT's was that the impact of managing live demand, the lack of stability in the Team and strength and experience of officers impacts on the progression of investigations.
- In accordance with the Victims Code a contact plan should be established and the victim updated accordingly. Contact plans are not being consistently recorded. Contact with children is frequently via the allocated social worker and the contact plan does not always reflect this. When contact is made it is more often recorded in the investigation log and not the victim contact section in Connect, it is therefore difficult to determine if the contact plan, when established, is being achieved and the Victims Code complied with.
- There is a lack of robust performance monitoring across the child abuse process with only peer reviews undertaken within PPU focusing on the quality of investigation and no quality assurance reviews undertaken on the initial call handling and response.

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

- Vulnerability and risk training will be further reviewed for completion rates across all departments. Force Contact are also exploring this training to understand current compliance which will be monitored by the Governance Manager and a governance board is being created that will oversee training within Force Contact.
- To support officers identifying children at risk of significant harm and be professionally curious considering the child's appearance, words used, activities and behaviour, relationship dynamics and environment (AWARE) training, is being rolled out across the Force and the 'click through' rates for the AWARE application has seen a significant increase since September 2022. A further launch of the AWARE principles is to be undertaken with Corporate Communications to raise the profile of this guidance and the Child Abuse Application, and training is to be produced in video format for on-going training.
- Vulnerability and Risk training will formulate a renewed training package for Force Contact staff that will address the failings related to the escalation process and THRIVE+ not being followed.
- PPU Prepare Team are to issue an online questionnaire which will inform centrally on how many officers / staff are trained and to what qualification. This data will be used, together with information held by Organisational Learning & Development and CoP, to centrally monitor progression of trainee detectives and SCAIDP.



- Consideration is being given to increased attendance for specific topics at the Child Protection Delivery Group (CPDG).
- A singular child protective delivery plan is to be produced.
- The CPDG agenda has been updated to ensure future assurance plans are considered and agreed, including ownership prior to closure. Clarity is also being sought from Strategy, Delivery and Assurance as to their responsibilities for tracking and allocating findings from reviews, audits and inspections.
- The Service Improvement Team (SIT) in Force Contact will commence dip sampling of THRIVE+ assessments from January 2023.
- A Force Contact Departmental Learning Action Plan is being created to capture both THRIVE+ dip sampling, escalation process not being adhered to and renewed training and communication package to staff. Governance of the plans delivery will be via the Service Improvement Team and Service Improvement Meetings chaired by Departmental Lead. Regular updates will be provided to the CPDG.
- The recording of Voice of the Child within CONNECT will be through the use of a specific question set to be introduced by the CONNECT Team.
- Force Contact Senior Leadership Team are to explore ways to change ControlWorks configuration to enable the Log Quality Team review all child abuse crimes.
- CAIT's are to be reminded of the option to seek early investigative advice where it is considered beneficial via Child Abuse Detective Inspectors meeting.
- A threshold for review will be determined through Child Abuse SLT as a trigger for review of caseload and welfare of the investigator. The Prepare Team are to report on those investigators exceeding this threshold for local management review.
- The CAIT's reminded of the need to record victim contact plans within CONNECT.
- The mechanism for feedback of findings from existing audits in PPU will be reviewed including feedback into the PPU People and Progression Board.

## **2. Rape and Serious Sexual Offences (RASSO) Follow Up – Update on Progress**

- 2.1 In September 2021 the findings from the RASSO Internal Audit were reported to the Committee due to the minimal assurance opinion given. Members agreed that a follow up review would be undertaken 12 months later to determine progress and this review has now been completed.
- 2.2 The Force was selected as a pilot force for Project Bluestone (Operation Soteria), which has looked to improve the investigation and victim engagement in rape and sexual assault offences which focuses on four pillars for improvement around; suspect focused investigations (Pillar 1), resources prioritised to disrupt and challenge repeat offenders (Pillar 2), embedding a systematic procedural justice approach to victim engagement (Pillar 3) and embedding officer learning and development and well-being (Pillar 4). Following 12-week assessment, 62 recommendations were made. Work is progressing to implement the recommendations from Op Soteria, with some similar themes being identified to what was reported in the initial internal audit report.
- 2.3 A summary of the key findings of the 2021 internal audit, along with the latest update position, is provided in the following table which confirms most actions are still being progressed:

Summary of findings from 2021 report	Latest update position confirmed by Internal Audit
<ul style="list-style-type: none"> <li>• Gaps in training were identified relating to officers not yet being qualified detectives and achieving the Professionalising Investigation Programme Level 2 and a number of officers had not completed the Specialist Sexual Assault Investigators Development Programme, Sexual Offences Investigators Course, Specially Trained Officer training and Video Recorded Interview training.</li> <li>• For less experienced officers and / or not fully qualified officers, there are no formal arrangements in place to provide extra support when managing investigations.</li> </ul>	<ul style="list-style-type: none"> <li>• Through Op Soteria the skills matrix is to be refreshed and is also assessing the suitability of training packages and new products.</li> <li>• Sexual Offences Liaison Officer (SOLO), previously called Specially Trained Officer and video recorded interview training has been slightly uplifted.</li> <li>• 43% of officers are accredited detectives or working towards their accreditation. To address the detective deficit, Op Soteria focuses on enhancing specialist skills and expertise through learning and development. Courses will follow in 2023 and staff CPD days were introduced in November 2022.</li> <li>• From November 2022 Adult Complex Investigation Teams (ACIT) transitioned to a new shift pattern. This has non-duty days built in every 3 weeks and will significantly improve opportunities for staff development.</li> </ul>
<ul style="list-style-type: none"> <li>• There was no RASSO sub-group of the Vulnerability Improvement Board to drive the improvements and activities included in the rape delivery plan. The actions in the rape delivery plan did not have success criteria to help determine when an action is considered complete, with not all improvement activity being captured.</li> </ul>	<ul style="list-style-type: none"> <li>• A RASSO sub-group has been established and after being in operation for 12 months has now merged to form a Domestic Abuse / RASSO sub group.</li> <li>• With the implementation of Op Soteria findings a single over-arching delivery plan is being developed and a revised governance structure introduced with a new Op Soteria SRO delivery group which will look at cross cutting themes and connectivity with other learning / review outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• When attending a report of rape or sexual assault Force Response officers are required to complete a RASSO book to capture the first account of the incident, to then handover to the Specially Trained Officer when they attend. Force Response officers were not consistently completing the RASSO book or are not completing the book to the required standard, to capture the first account of the incident. Force Response officers had not received training on responding to RASSO incidents for a significant period of time.</li> </ul>	<ul style="list-style-type: none"> <li>• PPU have delivered briefings to Force Contact and Response staff and developed a 'Go To' mobility app to help guide frontline staff in managing RASSO.</li> <li>• Force Response SLT have approved training a cohort of 100 staff as SOLO's.</li> <li>• Op Soteria phase 2 launch in January / February 2023, will provide further help and guidance for Force Contact and Force Response officers in improving primary investigations / victim support.</li> <li>• PPU have sought the support of the Organisational Learning Manager to help engage and track requests with Corporate Comms, L&amp;D, Force Response and Force Contact.</li> </ul>
<ul style="list-style-type: none"> <li>• It was not standard practice for the Adult Complex Investigations Team (ACIT's) to seek early investigative advice from the CPS.</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of seeking early investigative advice from CPS and monitoring the memorandum of understanding with CPS has been superseded by Op Soteria. The Force has piloted a revised and streamlined early advice (EA) submission process since March 2022 with ACIT's taking two cases per week to an EA clinic with CPS. EA was rarely used pre-October 2021. Since the renewed drive in March 2022 there has been 62 EA appointments with CPS as at November 2022.</li> <li>• It is acknowledged that further improvements are required and EA submissions should start to increase as elements of Op Soteria model are adopted by the Force. Detective Chief Inspectors are having discussions with Detective Inspectors on a daily basis regarding EA. From November 2022 a new Terms of Reference has been adopted whereby CPS will provide one EA reviewing lawyer per week day, increasing the cases to five a week and the aspiration is to get to 10 per week.</li> <li>• Monitoring of EA is being governed by Pillar 1 of Op</li> </ul>

Summary of findings from 2021 report	Latest update position confirmed by Internal Audit
	<p>Soteria and the DCI Pillar lead is developing a further streamlined approach to move from weekly clinics to a daily virtual forum. The remit for submissions has also been widened.</p>
<ul style="list-style-type: none"> <li>• There was a high ratio of officers to investigations, with supervisory reviews that are to be undertaken every 28 days, not being achieved.</li> <li>• With the ACIT's are also responsible for other types of investigation outside of RASSO, there was a number of un-allocated reports that had not been allocated to an investigator to commence a full investigation.</li> </ul>	<ul style="list-style-type: none"> <li>• No resource increase has been applied to ACIT's, with a plan to fill these with Detective Constables. A resource plan is being discussed with Force Executive Team (FET) as part of the activity of Op Soteria with a review of staffing and remits to be undertaken in January 2023.</li> <li>• From January 2023 a non-recent team, which will focus on investigating historic cases, has been established which will significantly improve service delivery to all RASSO victims.</li> <li>• Through Op Soteria and the Business Transformation review it is acknowledged that staff carry high workloads, however no safe workload levels have been recommended. Work is being on establishing a baseline across PPU, also considering demand and vacancies to understand the areas of highest risk to develop a plan to manage resources with data being collated.</li> <li>• Force Executive Team resource actions are being tracked through Op Soteria delivery plan.</li> <li>• Occupational Health support pathways were shared with all staff. This needs to be refreshed given new staff in ACIT roles.</li> </ul>
<ul style="list-style-type: none"> <li>• Teams raised concerns over the initial crime recording of rape and the process required to subsequently 'no-crime' these reports, some of which may be due to repeat demand callers who are not supportive and often have other vulnerabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• PPU continue to engage with Local Policing Area's (LPA's) on an individual basis to support diversion and support pathways. A policy has been finalised and signed off by national Force Crime Registrar.</li> <li>• Pillar 2 of Op Soteria which focuses on suspect management is seeking to improve the number of civil intervention applications to manage repeat risk which cannot be achieved through the Criminal Justice route. Further work is ongoing to explore intervention options and pathways for repeat callers, i.e. housing, alcohol, drugs, education, employment, training, finance and mental health.</li> <li>• PPU are seeking to recruit a civil order officer to help drive pro-active applications for sexual risk orders. This will help manage risk and repeat offending. Alongside this, offender managers are exploring risk management, intelligence building, civil orders, foreign national offenders, internal tasking, other agencies to disrupt or other actions e.g. drug testing, bail conditions.</li> </ul>
<ul style="list-style-type: none"> <li>• Victim contact plans were not being consistently recorded in Connect. Additionally, investigation logs were not being updated to record how the victim was informed that no further action was being taken following their report.</li> </ul>	<ul style="list-style-type: none"> <li>• Routine messaging in respect of victim contact plans and victim needs assessments is in place. Messaging has been delivered to staff via verbal briefings and forms part of the audits by the PPU Prepare Team. The importance of victim contact is also outlined in the new RASSO policy and Go-To guides.</li> <li>• Pillar 3 of Op Soteria is exploring victim contact agreement and the formation of a Voice of the Victim task and finish group to assess compliance on Victims Code and the method / quality of contact.</li> <li>• There has been improved relations with Independent Sexual Violence Advisors (ISVA) via ISVA Framework, Voice of Victim Forum, Rape Scrutiny Panel and ad-hoc meetings between Detective Inspectors and ISVA managers to support on-going learning for victim contact. ISVA's are also invited to attend induction sessions for</li> </ul>

Summary of findings from 2021 report	Latest update position confirmed by Internal Audit
	<p>new officers into Adult Complex.</p> <ul style="list-style-type: none"> <li>• The 'no further action' (NFA) process is being reviewed (Pillar 3 of Op Soteria) with a task and finish group to further develop the NFA letter and methods of NFA. PPU are exploring, where possible, face to face NFA news, in conjunction with an ISVA, followed by a nationally adopted NFA letter.</li> <li>• NFA decisions and use of outcome code 16 (evidential difficulties: suspect identified; victim does not support further action) is monitored via Adult Complex performance meetings.</li> <li>• An NFA template has been developed and rolled out to staff to ensure that all victims are informed of Victims Right to Review Scheme with compliance being monitored.</li> </ul>
<ul style="list-style-type: none"> <li>• Force key performance indicators (KPI's) were in place to reduce the length of rape investigations however no specific measures or baseline has been determined and a KPI in place to improve rape outcomes. There were no KPI's set for other serious sexual offences. Targets had also been determined relating to CPS file submission rates, reduction in CPS action plans and victim attrition, it could not be confirmed when these targets were last reviewed. There are also no KPI's considering if the victim is supportive or not when assessing rape outcomes with no reporting available from Connect.</li> <li>• Additionally, the Force do not seek any qualitative feedback from rape victims on the service they have received from the Force to continue to learn and improve on the service delivered to victims.</li> </ul>	<ul style="list-style-type: none"> <li>• Internal KPI's have been agreed through quarterly performance reviews (QPR).</li> <li>• A monthly Complex performance meeting has been created and this feeds into PPU Service Improvement Meeting and QPR.</li> <li>• Victim feedback approaches is in development via Pillar 3 Op Soteria and Voice of Victim Forum.</li> <li>• RASSO internal performance measures are reviewed and performance shared at various partnership forums including the Domestic Abuse RASSO Sub Group.</li> </ul>

## 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	Status	Opinion / Comments
Nat Fraud Initiative (AC)	Complete	Planned work in 2023/24 complete – data submitted and deceased pensioners investigated
ICT Business Continuity and Disaster Recovery	Final	Reasonable
Change Management (including configuration, release and patch management processes)	In progress	
Parole Board Disclosures	Final	Reasonable
Force Governance Arrangements	In progress	
Police and Crime Plan - Delivery Planning	N/A	Removed mid-year following plan review
Environmental Strategy	N/A	Removed mid-year following plan review
Pensions	Final	Limited
Budgetary Controls	In progress	
Procurement	Final	Reasonable
Training	In progress	
Recruitment and Onboarding	In progress	
Wellbeing		
Expenses	Draft	Awaiting Management Comments
Fairness and Belonging	Final	Reasonable
Child Abuse - Learning from Inspection reports	Final	Minimal
Airport Insider Threat	Final	Limited
Operations Resilience Unit - Civil Contingencies	Final	Reasonable
Uniform Service	Draft	Awaiting management comments
Body Worn Video	In progress	Fieldwork complete – awaiting closure meeting
Custody Visiting Scheme - Advisory		Awaiting appointment of new custody visiting officer to commence
Commonwealth Games - Legacy Assurance	N/A	Removed mid-year following plan review
Organisational Learning - Manchester Arena Bombing	Draft	Awaiting management comments

Audit		Opinion / Comments
Local Policing Response to Serious Youth Violence Under 25s	Final	Reasonable
Rape and Serious Sexual Offences (RASSO)	Final	Follow up review complete – opinion remains as Minimal
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)	In progress	
ROCU Tasking	In progress	
Local Policing - Impact Areas	Final	Reasonable
Citizen's Experience	N/A	Removed mid-year following plan review
Special Branch	Final	Reasonable
Stop and Search - Strip Searches	Final	Limited

**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					N/A
Airport Insider Threat		5	2			3		March 23
Covid Organisational Learning		1	1					N/A
Contact Service Levels		6	3	1*	1	1		June -23
Operations Resilience Unit – Civil Contingencies		5					5	Feb-23 – in progress
Local Policing – Impact Areas		4					4	March-23
Pensions Services		7					7	March-23 – in progress
Stop and Search – focus on strip search		7					7	May-23
IT&D Business Continuity and Disaster Recovery		2					2	Apr-23
Procurement		4					4	May-23
Special Branch		2					2	June 23
Fairness & Belonging		3					3	July 23
Child Abuse		10					10	July 23
Local Policing Serious Violence in U25s		3					3	Sept 23
Parole Board Disclosures		7					7	Sept 23
<b>Totals</b>		<b>71</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>54</b>	

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	1			4		Feb-23 - In progress
Estates Planning		1	1					N/A
Controlworks		4	3		1			N/A
Accounts Payable		9	6			3		May-23
Rape and Serious Sexual Offences (RASSO)		10	1			9		June 23
Management of Suspects		4	4					N/A
Victims Satisfaction		7	2			5		Jan-23 – in progress
IT Service Management (Service Desk)		5	4			1		June 23
Commonwealth Games – Procurement		0						N/A
Terrorist Offender Management		3	3					N/A

2021/22 recommendations		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Violence Reduction Unit		3	3					N/A
Risk Management (WMP)		8	3			5		June-23
Cash Office		5	5					N/A
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	Nov-22 – In progress
Domestic Abuse – Case Management		11	5			6		Feb-23 – In progress
Special Constabulary		4					4	Oct-22 – In progress
Uplift		4	3			1		May 23
Integrated Offender Management		5	3			2		May 23
OPCC Casework		2				2		Apr 23
Connect Benefits Realisation		3					3	Nov-22 – In progress
Detained Property		7					7	Dec-22 – in progress
<b>Totals</b>		<b>106</b>	<b>49</b>	<b>0</b>	<b>1</b>	<b>38</b>	<b>18</b>	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
<b>2020/21</b>								
Training		7	3			4		Feb-23 - reviewing as part of Training audit
Payroll		7	4			3		March 23 – In progress
<b>2019/20</b>								
Data Driven Insight		5	4			1		May 23
<b>Totals</b>		<b>19</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

**\*One Risk accepted during the reporting period**

One significant risk was accepted by Management during the quarter relating to Contact Service Levels.

**Recommendation:** The Senior Force Contact Manager, in cooperation with the Controlworks project team, should undertake a review of the process used for recording incidents into Controlworks and Force Contacts ability to utilise live chat to determine whether Controlworks can be adapted to increase the concurrency of live chats within the department and also reduce handling times. Efficiency of live chat should continue to be re-assessed to determine the impact of actions taken and inform future actions/decisions.

**Latest position as at March 2023** - This is now embedded in the Force Contact Optimisation Plan (FCOP). The concurrency of live chats is related to how the IT platform operates; we cannot make any significant progress until the platform moves from the 'Chat' platform to the 'Messenger' platform. Additionally, any chats requiring a crime number mean that the double-keying removes the capability in time to offer concurrent chats because CONNECT can only accept one input at a time.



## 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	July 2020	Data Driven Insight	An appropriate exercise should be undertaken to match those addresses from the source systems that could not be matched using the Ordnance Survey AddressBase Premium (ABP). The force's current work on matching addresses from Oasis using a Google API should be considered for unmatched addresses in all other source systems ingested into DDI.	This is an ongoing action being managed within the project. Work is scheduled on this fix in June subject to Covid-19 impact.	July 2020  <i>Senior Manager – Delivery Management (IT&amp;D)</i>	<u>Update provided February 2023</u> The primary focus has remained on improving the match and merge accuracy of nominals (people) - Some technical pilot work started in November on a new location matching approach following a similar approach to one tried at the Office of National Statistics. - After several months of waiting, a named Business Analyst resource from SDA has now been secured to begin work on what an improved set of location matching rules look like. It is difficult to offer up any timelines around development and implementation dates until that analysis is completed by the BA.
2	Sept 2020	Training	A robust framework to support the decisions made during the commissioning process should be in place to improve transparency and reduce challenge to the process.	A robust process will be created to ensure the new Commissioning and evaluation governance board will give clarity that training is appropriately designed and evaluated to ensure it is meeting the required purpose. To support this a Head of Commissioning role will be created to drive and own this process.	End Jan 2021  <i>Head of Commissioning</i>	<u>Update provided November 2022</u> The comms plan for this is now complete and due to sickness, we unfortunately had to cancel the first meeting in November. So, the first official meeting will now be mid-December. Once this has been completed we will be able to share some meaningful data with the FET to highlight officer abstraction time and shine more focus on the external training budget spend.  This is being reviewed as part of the Training audit commencing in March 23.
3	Sept 2020	Training	To ensure training courses are meeting their intended need and the expectations of the attendees: 1) Line managers and supervisors must regularly review the feedback from learners to identify any areas of concern (management may wish to investigate whether an automatic notification could be sent to supervisors upon receipt of poor feedback to prompt a review.) 2) The summary of feedback, actions taken and any key themes should feed into Learning and Development SLT with survey results being a standing agenda item to ensure there is an appropriate forum to discuss and escalate any poor feedback and how it should be addressed. 3) The level of evaluation should also be increased to ensure that the Department are identifying whether the training that is being delivered is providing value for money and addresses the original purpose of the training package.	The creation of a Commissioning and evaluation governance board will oversee the required processes and procedures to ensure that training is appropriately designed and evaluated to ensure it is meeting the required purpose.	End Jan 2021  <i>1 + 2 - Head of Ops Training 3 - Head of Commissioning</i>	<u>Update provided November 2022</u> The process of converting all evaluation products onto the updated version of Snap is ongoing and expected to be completed by the end of this financial year. This will allow all trainers and their supervisor to view data in relation to their own delivery via their own access to the evaluation system. Consistency of the utilisation of this data is variable and therefore from October 2022 evaluation has been a standing agenda items at the L&D SIM meeting which is a locally managed meeting with SLT and all curriculum leads present. At these meetings the level of evaluation activity and engagement of the different curriculum areas is highlighted and monitored to ensure improved accountability and consistency. In addition, the Product Development Team is piloting the use of the new Learning Tracker and WMP Conversation to monitor how they have analysed and implemented the feedback gained from evaluations and any impact from these amendments.  The planning of evaluation for new learning products will be

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
						<p>enhanced with the implementation of the Learning Tracker and new Commissioning Governance process as it will form an essential consideration at the scoping and design stage of the learning process. This will assist the better collection of benchmarking data and more robust consideration of how the learning and its impact can be measured. The Commissioning Governance process will also allow for more robust tracking and escalation of evaluation outcomes. The number of Research Officers who undertake evaluation work has been increased to 3 which will not only increase evaluation capacity but also allow L&amp;D to move forward into analysing behavioural and organisational impact as a result of the learning solutions implemented by WMP. The evaluation function will move across to be part of the Quality portfolio managed by the newly created Quality, Evaluation and Licencing Manager post which will allow all elements of quality and evaluation to be managed holistically and given the required focus.</p> <p>As part of our continuous development of evaluation methodology L&amp;D have been working in partnership with EY on developing a benefits &amp; evaluation calculator. The evaluation of two courses is currently being piloted using the benefits and evaluation calculator with a plan to extend the use of this methodology to further course. The pilot courses are Risk assessors which is an online learning intervention and the Tutors course which is a blended learning solution. The benefits and evaluation calculator provides a template that captures both tangible and intangible benefits provided by the learning solution.</p> <p><i>This is being reviewed as part of the Training audit commencing in March 23.</i></p>
4	March 2021	Payroll	<p>To ensure appropriate segregation in duties for input and verification is evidenced Payroll Management should:</p> <ul style="list-style-type: none"> <li>- 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;</li> <li>- investigate any missing verification checks with the relevant Payroll operative; and</li> <li>- ensure amendments to bank accounts orchestrated by the Head of Payroll are</li> </ul>	Accepted	31/3/2021  <i>Head of Payroll</i>	<p><u>Update as at December 2022</u> Segregation of duties is in place between HOD Payroll, Service Delivery Manager's and the wider team. Audit checks are in place both internally and from HMRC requirements. The Head of Payroll is leaving the Payroll Team at the end of November. Assistant Director Shared Services will address and put formal payroll processes in place in line with support from our payroll system provider, Midland HR.</p>

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			independently verified and records endorsed appropriately.			
5	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  <i>Head of Payroll</i>	<u>Update as at December 2022</u> The Payroll Team do not currently use the CX portal to its full advantage. The overtime app is in place for all departments now and is working effectively. This has given the team back time to focus on proper auditing of the overtime transactions. I am working on the Payroll KPI's and performance indicators at present with the Performance Partner. These will be set up to manage the overall effectiveness and performance of the team.
6	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; <ul style="list-style-type: none"> <li>• Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements</li> <li>• Sample size approach</li> <li>• 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.</li> <li>• 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.</li> </ul>	As above	October 2021  <i>Chief Supt leading VSA Team</i>	<u>Update as at November 2022</u> SDA started at the beginning of September and the Senior Risk and Assurance Manager has just started in post. The ambition is that the VSA becomes an assurance team for the force that will ensure: <ol style="list-style-type: none"> <li>1. Recommendations from reports, HMICFRS etc are implemented;</li> <li>2. Will provide regular reviews and audits of areas of risk to the force (including vulnerability);</li> <li>3. Will provide dynamic assurance capabilities.</li> </ol> Templates will be designed to provide consistency in the products that are produced by the team.  <i>Follow up in progress – awaiting management comments.</i>
7	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		October 2021  <i>Chief Supt leading VSA Team</i>	<u>Update as at November 2022</u> The VSA fall under the Risk and Assurance Team and the VSA Insp will work alongside the 2 Assurance Leads and the organisational learning manager who will be overseeing Risk, HMICFRS recommendations and org learning. Recommendations of any VSA audits / reviews will be fed in through the relevant governance boards to ensure that progress against recommendations are tracked.  <i>Follow up in progress – awaiting management comments</i>

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
			to ensure there is a cultural change, to also feed into the VSA Team review schedule.			
8	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  <i>Chief Supt leading VSA Team</i>	<u>Update as at November 2022</u> As detailed on the above, progress on audits and audit results will be shared through governance boards by performance partners. The recommendations will be logged on the org learning register and the progress against these tracked.  <i>Follow up in progress – awaiting management comments.</i>
9	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  <i>Head of Purchase to Pay</i>	<u>Update provided February 2023</u> We are continuing to work with this and are no further with identifying where the word 'No' is replacing some of the payment dates etc. We will escalate this, as a matter of urgency. When on the occasion it does not work at all, manual checks are undertaken, usually with 2 people. If an invoice appears anyway anomalous, it will be checked on Fusion to ensure it has not been paid previously.
10	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  <i>Head of Purchase to Pay</i>	<u>Update provided February 2023</u> This will be escalated with IT.
11	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  <i>Head of Purchase to Pay</i>	<u>Update provided February 2023</u> The reconciliations are still being completed as part of BAU. We have discussed the possibility of the text file becoming read only and uploaded direct to the bank with Oracle. We are awaiting a response as to the feasibility of either of these elements, we will request an update.

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
12	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  <i>Victims and Witnesses SME</i>	<u>Update provided October 2022</u> This mandated training is now embedded with internal audits returned to NPU/Department heads to highlight completion and then to address any not undertaking the training, or who require a refresh.  In view of the soon to launch Victim's Charter (Spring 2023) we have not refreshed the NCALT or adapted it currently but have plans to do so. When the new charter launches the Op Sentinel brand will be used for the Communications strategy and POD will lead on the roll out of training, which is likely to be NCALT based. The grading therefore remains Amber as it is acknowledged some officers trained earlier in the roll out of Victims code did the 1st iteration of the training rather than the 3rd which new joiners have.  A network of Victims Champions has been set up and the lead links into the National and Regional Groups to feedback to the group best practice and also to ensure the leads for their area of business and associated Code clearly communicate out to their teams any changes or areas to improve.  Training compliance for attendance and completion is fed in to a strategic levels every 4 weeks at our Tasking & Assurance Meeting with the next months courses and failed courses for the previous month sent to departmental heads. The Force Performance Panel chaired by the DCC audits this regularly as reported in by the head of POD.  <i>Follow up in progress – awaiting management comments</i>
13	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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>	end 2022  <i>Inspector-CONNECT Team</i>	<u>Update provided October 2022</u> The mandating of collecting protected characteristics in CONNECT continues to be developed and is yet to be installed. There are now mandated fields to ensure officers record offering the Victim a referral to the Victim Support service and also that the VPS has been offered.  Further developments and additions to Connect will be done in due course as determined by the Connect Programme Board and to align with the Connect Go App which will allow officers to complete all entries and actions live at the time they are with the victim.  In the interim we have made additional entries on the rear

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
			<p>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 any other means to force officers to record this information consistently.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p>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.</p>	<p>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 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&amp;D development and would be dependent on email/mobile details being captured for the Victim.</p> <ul style="list-style-type: none"> <li>• There is no technical change which would improve consistency with the correct process for attaching the witness statement Officers should utilise the IT&amp;D App to create the statement, that automatically uploads it to CONNECT so is in that way, consistent</li> <li>• 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</li> </ul>		<p>of the MG11 form to cover these elements, including victim protected characteristic information.</p> <p><i>Follow up in progress – awaiting management comments</i></p>
14	Dec 2021	Victim Satisfaction	<p>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.</p> <p>The departments should also consider including supervisory reviews on decisions not to investigate as part of dip sample reviews to assess compliance.</p>	<ol style="list-style-type: none"> <li>1. It would be very challenging to supervise all records however FCID and PPU will dip sampling some reports to identify areas for development.</li> <li>2. The Connect 'Joining the Dots' challenge programme being ran over the coming weeks will also support this area.</li> <li>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</li> </ol>	<i>FCID/PPU and Force VC SME Lead</i>	<p><u>Update as at October 2022</u></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p><i>Follow up in progress – awaiting management comments</i></p>

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15	June 2022	Integrated Offender Management	<p>To continue to develop the performance arrangements for LOMU's:</p> <ul style="list-style-type: none"> <li>A consistent reporting tool should be introduced across the LOMU's, i.e. Qlik, including re-offending rates and changes in the RFSDi scoring (following roll-out), which can be linked to intermediate outcomes.</li> <li>Consideration whether IDIOM data can be included and reported, with NPU SLT's provided with information / guidance on the purpose of IDIOM.</li> <li>The Reducing Re-offending Group should determine a reduction in re-offending target (following a baseline being determined) with it communicated to the LOMU's and reported as part of QPR's.</li> </ul> <p>Central IOM should establish reporting mechanisms (e.g. via Qlik) to review protected characteristic information and determine the appropriate governance forum to review such information which should provide oversight and awareness and reflect on any disproportionality.</p>	<p>CIOM are working closely with The Data Analytics Lab to improve/further develop the Qlik dashboard, exploring what further areas can be included as further performance measures. In addition, the RFSDi is currently being tested across 2 LOMU's and this testing will soon be coming to an end. A decision will then be made by CIOM along with the LOMU's around how the RFSDi will be used by the rest of the LOMU's moving forward and where the decisions will be recorded around its use. CIOM are also monitoring and working with Data Analytics Lab around an updated/new Domestic abuse dashboard to aid LOMU's to select nominals under the Free cohort.</p> <p>IDIOM is the national tool for IOM performance. This tool is still going through a refresh however the tool itself is able to be used by LOMU's/Commanders to gauge the impact of intervention/management around cohorts. This is represented as a cost of crime across the cohorts and provides a report of pre/during and post adoption within IOM.</p> <p>Training across relevant areas and staff in the use of IDIOM is to be arranged</p> <p>The protected characteristics of an individual are built into the Connect system therefore, as part of the performance framework we will be able to identify if there is a disproportionate approach towards management.</p>	<p>Chief Inspector IOM</p>	<p><u>Update as at January 2023</u></p> <p>IDIOM is a separate system (nationwide system) so the information will not feed into a Qlik dashboard as this has to come from Connect. The only way to get costings into the dashboard will be by using the system within Connect, however, this isn't being used currently and there is no plan for this to be used.</p> <p>For NPU SLT's to receive reports from IDIOM this will be down to their requests to their local LOMU / Offender Management Assistant. I would suggest the only one that may ask for this would be Sandwell due to an SLT members IOM experience. We are still in the process of seeking the refresher training as this is being led by the national performance analyst. However, we do have a CIOM analyst starting Monday (16<sup>th</sup> January) and I have arranged a meeting with her and the national analyst to enable us to produce some statistical / performance data moving forward.</p> <p>RFSDi is not rolled out as yet as the Ethics panel didn't fully agree with what we proposed. There is a further panel in February 2023. In the meantime, we continue to use the current dashboard as a stand in to enable us to have some crime severity scoring.</p>
16	June 2022	Integrated Offender Management	<p>To promote consistent processes across LOMU's in the selection, management and de-selection of nominals:</p> <ul style="list-style-type: none"> <li>Central IOM should determine the preferred approach to informing nominals of the IOM process which should be reflected in the IOM policy.</li> <li>Update the ODOC guidance to reflect the fixed and flex OGR scoring and vice-chair arrangements if the Inspector cannot attend the</li> </ul>	<p>Central IOM will be further reviewing the ODOC document. ODOC's are being examined through the quality assurance visits.</p> <p>Central IOM will be exploring what the process is for informing nominals that they are part of the IOM programme.</p> <p>Decisions from ODOC should be documented within the PMP with the documentation being attached</p>	<p>Chief Inspector IOM</p> <p>31 December 2022.</p>	<p><u>Update as at January 2023</u></p> <p>The IOM policy is still to be finalised and is awaiting the RFSDi work.</p> <p>The ODOC guidance is in place.</p>

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			<p>meetings.</p> <ul style="list-style-type: none"> <li>Include the definition of risk levels and the recommended frequency of contact per cohort / risk level within the revised IOM policy. This should clearly reference the three-month review period for a nominal to enable them to be considered for de-selection.</li> <li>As part of LOMU supervisory reviews (Sergeant and Inspector level) should ensure that: <ul style="list-style-type: none"> <li>Referrals forms are completed with copies being attached in Connect following approval to record the decision at ODOC.</li> <li>Connect is updated to record the nominal has been informed they are going to be managed, when contacted prior to release from prison and de-selected.</li> </ul> </li> </ul> <p>Identify any opportunities for de-selection to prevent offenders being managed for a significant period of time considering the de-selection criteria in place and the principles of the IOM strategy and Force blueprint.</p>	<p>There has been a discrepancy around chairing at some ODOC's. This will be discussed in IOM Inspectors Meeting and will be closely reviewed through the quality assurance visits. In addition, the requirements will also be revisited with Probation leads to ensure that they are aware of what has been agreed.</p> <p>Deselection is built into the IOM policy we should be reviewing nominals and decide whether the nominal needs management. The decision to deselect should be clearly outlined within the supervisors' review, which should be completed every 3 months, or if there is a change in circumstances/risk. Supervisors review is a focus of IOM peer review</p> <p>In terms of the risk levels, these are clearly identified through the RFSDi scoring dashboard that has been created by the Data Analytics Lab. This is still being tested by 2 LOMUs (DY and BW). However, the scoring parameters to distinguish the various levels of risk are factored into the dashboard. This dashboard will be used to assist in decision making around selection/deselection opposed to being the sole tool for management.</p>		
17	June 22	Domestic Abuse	<p>Oversight and management arrangements for workloads must be improved by:</p> <ul style="list-style-type: none"> <li>Determining a consistent approach across the Teams in how investigations are allocated to enable workloads across the Teams to be comparable and accurately assessed and to ensure the risk to victims is managed and considered.</li> <li>Commissioning a Qlik report to understand and monitor the workloads per officer, including reports held in the virtual inbox, un-allocated reports, actions in Connect and the number of supervisory reviews outstanding,</li> </ul>	<p>WMP acknowledges that PPU workloads have been high, particularly in the AITs and this was highlighted as a risk on the PPU Risk Register. Over the last two months DA Demand has stabilised, evidenced through performance information being presented at the monthly PPU SIM. As a result, this particular risk was closed at the SLT on the 8.3.22. Work is also taking place with other forces to consider peer reviewing our investigative approach which we can report on later this year.</p>	<p>DA SME June 2022</p>	<p><u>Update as at November 2022</u> Workloads are reviewed at every performance meeting; supervisors drill down open investigations to check what is in the list; Supervisors use a checklist to review and dip sample cases.</p> <p>The PDU and AIT teams have been redesigned to ensure a fairer allocation of work.</p> <p>Reducing open investigations is the priority and this appears to be working well. A QLIK report has been commissioned but is not yet ready for testing. Supervisor reviews are collated manually by the Prepare Hub and shared at the DA performance meetings. Any issues of concern are discussed at the DA/RASSO meeting</p>



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			<p>which should be regularly monitored by the Domestic Abuse SME and reported through to the relevant Governance Board.</p> <ul style="list-style-type: none"> <li>• Determining and monitoring actions to be undertaken in the short, medium and long term to support and manage officer workloads and their well-being, including: <ul style="list-style-type: none"> <li>○ Working with Force Response to improve the quality of primary investigation and handovers.</li> <li>○ Consider ways in which the duty demand for non-duty staff can be captured to assess the frequency and impact on progressing on-going investigations, e.g. maintaining a log for a period of time.</li> <li>○ Assessing the outcomes of the pilot for the use of Actions in Connect a determine a way forward that should be implemented consistently across the Teams.</li> <li>○ Reducing any delays / backlogs in supervisory reviews</li> </ul> </li> </ul>	<p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>1. Allocation of workload methods to be tabled at the next DA performance meeting on the 6.4.22 to achieve consistency</li> <li>2. Strategy and Direction to be approached to develop a QLIK App in relation to workloads and Supervisory reviews</li> <li>3. Workloads to be reviewed monthly at the DA performance Meetings</li> <li>4. DA Superintendent to meet with Force Response Superintendent to review any issues of concern and formulate improvement plans where required</li> </ol>		<p>It was also confirmed that AIT will not be adopting the actions tab in CONNECT.</p> <p><i>Follow up in progress – awaiting management comments</i></p>
18	June 22	Domestic Abuse	<p>The Domestic Abuse Operations Group should monitor the response times for Domestic Abuse incidents, including as part of dip sample / peer reviews to establish and challenge the reasons for delays in resourcing. The Group should also seek to establish whether the decision-making process between Force Contact and Force Response for P2 is still embedded when managing these calls for service to reduce the response times as much as possible.</p>	<p>WMP accept this recommendation</p> <p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>1. The Superintendent leads for RASSO and Domestic Abuse will merge the respective operations groups in the interests of effectiveness and efficiency</li> <li>2. Once the single group has been established any joint themes such as response times will be tabled and all appropriate improvement actions taken.</li> </ol>	<p><i>DA SME</i> <i>July 2022</i></p>	<p><u>Update as at November 2022</u></p> <p>The groups have now been merged and a task has been set for the VSA team to conduct an audit of primary investigation. Once this has been finalised the findings will be shared at this group and recommendations will be set.</p> <p><i>Follow up in progress – awaiting management comments</i></p>
19	June 22	Domestic Abuse	<p>Force Response supervision should ensure that the safeguarding assessments are appropriately completed and recorded in Connect, including the actions undertaken and referrals made.</p>	<p>WMP accept this recommendation.</p> <p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>1. As part of the joint operations group as cited in action 9 we will review the extent and quality of support offered to victims and identify any improvements required</li> </ol>	<p><i>DA SME</i> <i>July 2022</i></p>	<p><u>Update as at November 2022</u></p> <p>It isn't possible to amend the DARA tool as it is a nationally agreed assessment tool.</p> <p>The VSA team have been commissioned to conduct an audit of primary investigation which will cover safeguarding assessments. Once this has been released it will be shared for discussion at the DA/RASSO Group for consideration and recommendation setting.</p>

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				2. We will review the DARA tool to assess the possibility of adding clarity in relation to safeguarding actions.		<i>Follow up in progress – awaiting management comments</i>
20	March 22	Risk Management	To improve arrangements for identifying risks and provide opportunity to promote discussion and embed risk management into key decision making, the following should be progressed: <ul style="list-style-type: none"> <li>- Formal governance arrangements for risk management should be re-established with agreement on which Boards and key meetings the risk lead should attend.</li> <li>- Once agreed, the governance arrangements should be documented within the risk management framework.</li> </ul> The terms of reference of key governance groups should be updated if necessary to establish the role and purpose of risk management at those meetings.	The ongoing capability review bringing together the Strategy and Direction and Business Transformation departments is considering adaptations to existing governance processes (including those to provide oversight for risk). Once this is complete, the agreed arrangements will be incorporated into the new risk management framework.	31 December 2022  Senior Assurance and Risk Manager	<u>Update as at March 2023</u> Governance structure and process is documented within the risk strategy, the changes requested by the DCC do not impact on the governance proposed. Relevant ToR's have been created and are utilised for the meetings taking place. A dry run of the risk tactical board was performed 28/2/23 with relevant attendees, a presentation pack and decisions made regarding the risks presented (new, escalation/de-escalation). Once policy is formally issued, propose that this action is complete.
21	March 22	Risk Management	Prior to being resubmitted for approval, the draft risk appetite statement should be updated to include guidance on how risks that fall outside of the appetite will be escalated. As the risk appetite process will be new to the organisation, any guidance and training provided across the Force should incorporate how to utilise the statement and increase awareness and understanding of risk appetite	Accepted. Strategy & Direction plan to update the risk appetite statement and include the necessary guidance on how to apply the statement for risks falling outside the appetite and /or tolerance levels set. Once the statement has been finalised and approved, we will develop a plan to increase awareness across the Force to ensure understanding of risk appetite.	30 November 2022  Senior Assurance and Risk Manager	<u>Update as at March 2023</u> A draft risk appetite statement for the force has been created. A presentation was delivered at the January FLC highlighting the risk delivery plan and the requirement for risk appetite statements. Formal meetings have been held with the relevant senior leaders regarding portfolio risk appetite statements, however due to the op model changes this has temporarily been paused whilst the re-structure takes place
22	March 22	Risk Management	To improve risk management arrangements at an operational level and work towards embedding a robust risk management approach which can be relied upon to inform the Corporate Risk Register: <ul style="list-style-type: none"> <li>- The risk management guidance should be updated as a priority and relaunched and communicated to relevant officers, referencing the new scoring mechanism and risk appetite process.</li> </ul> The guidance should be supported by updated templates to guide risk owners through the identification, recording and reporting process. The issues/areas for improvement identified throughout this report should be addressed in the revised policy and guidance.	Work has begun to update the risk management policy and procedure documents. The update will also include incorporating the changes Strategy & Direction have made to the process over the past few months. New templates will also be developed to support the new framework.	30 June 2022  Senior Assurance and Risk Manager	<u>Update as at March 2023</u> A presentation was delivered at the January FLC highlighting the risk delivery plan, the process (inc. escalation) and the requirement for risk appetite statements. The risk strategy is being reviewed following consultation with the DCC and is due for submission back to the DCC by 15th March. The centralised risk register is live and all departmental risk registers have been received, reviewed and inputted into the central risk register. Configuration of the risk register is as per November update.

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23	March 22	Risk Management	A formal plan to roll out risk training across the Force should be developed. This should clearly identify those staff/offer ranks that should be prioritised for training and the methodology by which the training will be provided, e.g. at Force Leadership Conference, through attending Senior Leadership Teams, providing risk awareness sessions/seminars, face to face training and workshops etc. Consideration should be given to liaising with Learning and Development to support the roll out of training.	A formal plan will be developed alongside the awareness sessions planned for the risk appetite process. Consideration will be given towards liaising with POD to assist with the infrastructure for this.	30 November 2022  Senior Assurance and Risk Manager	<u>Update as at March 2023</u> Awaiting formal issue of documentation and the completion of the centralised risk register updates to facilitate progression. A presentation was delivered at the January FLC highlighting the risk delivery plan, the process (inc. escalation) and the requirement for risk appetite statements.
24	Sept 2022	Airport Insider Threat	To improve governance around Operation Syrah and PND wash project: <ul style="list-style-type: none"> <li>The APU should provide more comprehensive reporting on the PND wash results into governance boards to improve oversight and performance review arrangements of Operation Syrah. This should include the number results per period, those deemed as no threat, disclosures made, new results requiring action, on-going investigations and any closed results detailing the outcomes, including any relevant updates following Insider Threat Working Group meetings.</li> </ul> <p>The reports should also include any delays or issues being experienced and what actions have been undertaken to determine if any further support is required.</p>	A report will be provided by APU into the bi-monthly BHX Insider Threat Working Group and the Airport Security Executive Group (SEG) meeting containing the following information: <ul style="list-style-type: none"> <li>The number results per period</li> <li>Those deemed as no threat, disclosures made, new results requiring action, on-going investigations and any closed results detailing the outcomes.</li> <li>Any other relevant updates following Insider Threat Working Group meetings to include delays or challenges being experienced and actions undertaken as a result.</li> </ul>	01/06/22  APU Manager – Insp Gallier	<u>Update as at December 2022</u> Unfortunately, since beginning of August due to an administrative issue Op Syrah has been on pause. As a result, there has been no data to formally report into the governance groups.  A formal evaluation report of Op Syrah has been produced for the PND NPCC lead to assess prior to recommencement.
25	Sept 2022	Airport Insider Threat	To effectively manage intelligence threats to the airport the APU Manager should: <ul style="list-style-type: none"> <li>Determine a process which clearly records formal review dates for actions identified on the PND actions record, including agreeing dates with partners and actions owners being held to account on progress.</li> <li>Record dates as to when activities have been undertaken, e.g. contact with other departments, including chasing and escalation of information.</li> <li>Obtain and record updates from action owners to seek confirmation that the risk is being managed, including when intelligence documents have been produced, results /</li> </ul>	PND Actions register will include review date column. This will act as an FR for localised APU actions. Dates and actions agreed with Partners following an insider threat case review will be documented within more formalised minutes and also recorded on the PND Actions register for review on subsequent meetings.  PND Actions register will now also include dates and detail of activities that have taken place, including escalations.  PND actions register will now include outcomes / closure details.  PND actions register will be an agenda item at Insider Threat working group meetings. Actions will be formally closed upon	01/06/22  APU Manager – Insp Gallier	<u>Update as at December 2022</u> A copy of the PND actions register was provided where it was confirmed that formal review dates for actions are recorded.  It was noted that under the results column the detail of activities is being recorded but the dates these activities have taken place is not being consistently recorded. APU Supervisor has been informed of the requirement to record this information.  With Op Syrah currently being paused due to the formal evaluation by the PND NPCC lead it was queried how the open threats identified on the PND actions register are being managed. The Airport Policing Manager confirmed that the on-going threats are ones which carry local actions for the APU. These are still being progressed by the owner (Neighbourhood Team).

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			<p>outcomes and any further actions or if the record is considered closed.</p> <p>Utilise the PND Wash Actions record as part of the Insider Threat Working Group meetings to ensure that all on-going investigations are reviewed, discussed and when agreed that the risk has been mitigated it is formally closed.</p>	agreement with the group.		<p>It was also confirmed that Operations SLT, Birmingham Airport Limited and the Insider Threat Working Group are aware of the pause and the APU have had a number of meetings to discuss overcoming the issues and escalation via SLT to ACC O'Hara.</p> <p>The APU currently await some comms from the NPCC lead on PND (Chief Constable Amanda Blakeman) which will add clarity on how we progress.</p>
26	Sept 2022	Airport Insider Threat	<p>To ensure there are robust governance arrangements to oversee the threat to the airport relating to intelligence received, the APU Manager should:</p> <ul style="list-style-type: none"> <li>Introduce an SLA with key departments in the Force and the APU to agree and clarify the process for requesting further work following the receipt of intelligence, including timescales for completion and escalation routes.</li> <li>Engage with partner agencies to receive progress updates and results upon a result being closed at Insider Threat Working Group with the Terms of Reference updated accordingly.</li> </ul> <p>Schedule Insider Threat Working Group meetings on a regular basis, e.g. quarterly, to ensure new intelligence threats are discussed and managed via the Group within a reasonable time frame as well as reviewing progress with on-going investigations.</p>	<p>Key departmental leads will be engaged with in relation to an overarching SLA being established.</p> <p>Upon agreement from departmental leads the SLA will be put in place.</p> <p>Partner agencies will be contacted monthly for an interim update on any outstanding actions. This will be documented on the PND Actions register.</p> <p>Insider Threat Working Group meetings will be scheduled bi monthly and in advance.</p>	<p>01/07/22</p> <p>APU Manager – Insp Gallier</p>	<p><u>Update as at December 2022</u></p> <p>The SLA has been drafted and is pending Operations SLT approval and sign in by Departments.</p> <p>Insider Threat meetings have been set as bi-monthly. October and Decembers meetings have not taken place due to the project being on hold, with the last meeting taking place in August 2022.</p>

**Note – RASSO has not been included in the above table as an update has been included within Appendix 1.**