



Agenda Item 9

**JOINT AUDIT COMMITTEE
29 June 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 March 2023 to date.

2. BACKGROUND

2.1 The Committee’s Terms of Reference includes a requirement to receive progress reports on the activity of Internal Audit. This activity report also provides the following for members:

- Summaries of key findings;
- Recommendations analysis; and
- A performance update.

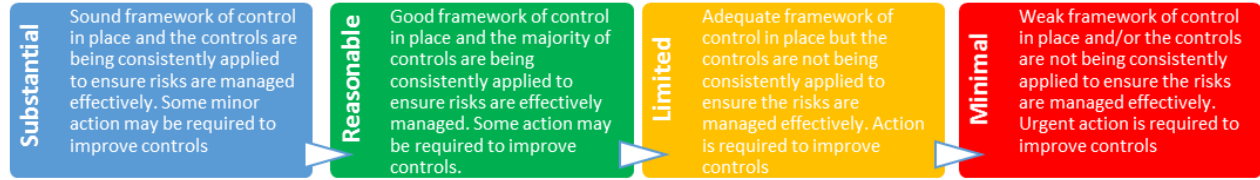
2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable’s objectives are achieved. The work of the Team should be directed to those areas and risk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

2.3 Upon completion of an audit an assurance opinion is given on the soundness of the controls in place. The results of the entire audit programme of work culminate in an annual audit opinion given by the Head of Internal Audit based on the effectiveness of the framework of risk management, control and governance designed to support the achievement of the organisations objectives.

2.4 This report provides members of the Committee with a summary of the audit work undertaken, together with a summary of audit opinions, during the period March 2023 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 the audits finalised since the previous report to the Committee in March 2023, along with details of the opinions given.

Table 1: Assurance Work Completed in the period March 2023 to date

No.	Audit Review	Assurance Opinion
1	Uniform Services	Limited
2	Body Worn Video	Reasonable
3	Budgetary Controls	Substantial

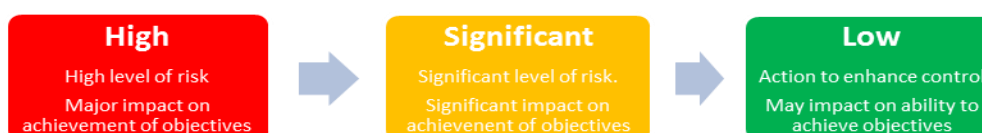
3.3 Summaries of key findings from those reviews where an audit opinion of “Minimal” or “Limited” has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 2023/24. This will be considered when forming the annual audit opinion.

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

- Expenses
- Organisational Learning – Manchester Arena Bombing
- IT&D Change Management (including configuration, release and patch management processes)
- ROCU Tasking

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 after 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 they fully implemented.

4.3 The recommendations from the 11 audits that have been concluded to date during 2023/24, are summarised in Table 2.

Table 2 – Analysis of Follow-Up Audits undertaken during 2023/24

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	oPCC Casework (x2)	2	2			
2	Victim Satisfaction (x3)	7	4		2	1
3	Domestic Abuse (x2)	11	9			2
4	Integrated Offender management (x3)	4	2		2	
5	Airport Insider Threat (x2)	5	2		1	2
6	Stop and Search – Focus on Strip Searches	7	4		3	
7	Special Constabulary 1st Follow Up	4	1			3
8	Operations Resilience Unit - Civil Contingencies	5	4		1	
9	Accounts Payable	9	6		1	2

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
10	Procurement	4	4			
11	Risk Management	8	3		5	
	Total	66	41	0	15	10

- 4.4 Table 2 identifies an 85% implementation rate (fully and partially) for those audits followed-up to date during 2023/24. 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. No recommendations have been made to date during 2023/24.

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	49
Low	55	51	39	33
Total	128	88	106	84

- 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	69	51	230
Total not yet due to be Followed-up/Follow-up in progress	0	0	6	30	36
Total Followed-up Concluded	73	37	63	21	194
<i>Of Which:</i>					
Total Implemented	65	33	32	11	141
Total Redundant/risk accepted	7	0	3	2	12
Total Outstanding after follow-up	1	4	28	8	41

- 4.8 Of the 194 significant recommendations followed-up since 2019/20, 141 (73%) have been fully implemented. A further 6% are considered redundant or risk accepted. 41 (21%) 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 during 2022/23 and investigations of the data matches are continuing to identify any potential fraud or error. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations. A total of 76 deceased pensioner matches were identified and investigation are now complete. This identified 30 pensioners had been overpaid at a value of over £155k. There are two main reasons for these overpayments; Pensions Team not being notified of the death and the mortality screening exercise not being completed timely to identify further deaths and prevent or reduce overpayments. The overpayments identified are being resolved with the Pensions Team and the Service Lead is ensuring regular monitoring going forward. Investigations into deferred pensions, pension abatements and pensions to injury benefits are continuing and will be reported upon conclusion.

From the creditor matches investigated to date, one duplicate payment of £31,477 has been confirmed and this was due to an input error within the Purchase to Pay team. A credit note has been raised to correct the error. Members will receive regular updates on the results of these investigations.

There are no payroll matches to report as all have been investigated and closed with no issue.

5.3 **Information Management** - Internal Audit continue to participate in the Force’s Information Assurance Working Group and Strategic Information Management Board to consider the key information management demands of the Force. Both groups met during April and May 2023 to consider Information Management and GDPR matters and wider risks were escalated to the Board for consideration.

5.4 **Community Initiative to Reduce Violence (CIRV) programme** – Home Office CIRV funding has been provided to help identify those most likely to be involved in violence to help support deterrence and develop positive routes away from violence. CIRV will operate within Coventry and Wolverhampton, with each receiving a £1 million investment. As part of this, the Navigators from the Force will be required to purchase low value essentials such as meals, emergency accommodation or travel to support those registered on the programme. Internal Audit advice was requested to adopt the best method for purchases and advise on managing possible risks. The Acting Heads of Internal Audit are currently liaising with the programme leads and Force Shared Services to explore options. This work is currently ongoing.

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 for 2022/23. It is currently too early to measure 2023/24 performance as we are working on completing the last few audits from 2022/23 and the audits for 2023/24 are in progress.

Table 5 – KPI data 2022/23

KPI Description	Narrative	Annual Target	Actual 2022/23
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered	90%	83%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	100%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	100%	100%

Audit Recommendations	Recommendations accepted v made.	100%	100%
Quality Indicators:			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good"	95%	100%

6.2 Progress against the plan target for 2022/23 is slightly lower than the same period in previous years due to a period of absence of the Head of Internal Audit, who is now also acting into the role of Chief Finance Officer, and subsequently the Principal Auditors taking on additional responsibilities that would have been undertaken by the Head of Audit, as well as supporting a new member of staff. Another member of staff is due to leave early August 2023, which is anticipated to impact completion of the 2023/24 audit plan. The team is working hard with the Force to complete the outstanding 2022/23 audits and some of the Q1 audits are in progress, but are cognisant of the on-going operating model changes which are embedding. Such changes are also likely to impact on the audit areas for 2023/24 and therefore we propose to refresh the plan in consultation with Force Executive Team and JAC Members in Summer 2023 to incorporate changes in the Force risk profile.

7. RECOMMENDATIONS

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

CONTACT OFFICER

Name: Gemma Brookes & Parmila Dadra
Title: Acting Heads of Internal Audit

BACKGROUND DOCUMENTS

None

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

1 Uniform Services

- 1.1 This audit reviewed the procedures and operating protocols for managing uniform supplies under the National Uniform Managed Service (NUMS) contract to ensure efficiency and effectiveness. The audit focused on the governance arrangements, the processes for ordering, receipting, distribution, return and disposal of uniform, performance monitoring and IT controls within the Dynamic Ordering Platform (DOP) uniform ordering system. A Limited assurance opinion was given because whilst good practices were identified, there were a number of issues and weaknesses in key controls.
- 1.2 The audit identified a number of good practices in relation to the training provided to the staff who process uniform requests and manage staff queries regarding the uniform ordering system, and there is a good range of guidance material for officers and staff across the Force. A role-based scale of issue has been adopted which enables staff and officers to order uniform agreed for their specific job roles and testing identified that officers and staff were assigned the correct scale of issue in line with their job roles. Additionally, an overnight transfer of WMP HR changes is uploaded to the Uniform system to ensure that movement in job roles or department are updated so that only allowable items can be ordered by staff and officers. There is a standard process for replacing missing items when reported into the central Uniform Services team upon appropriate authorisation.
- 1.3 Key findings of the review are as follows:
- Some specialist equipment is only allocated to officers after completing specific training such as Firearms, Public Order, motorcycle and pedal cyclists. Whilst the Uniform Services Team are provided with Firearms training results, there was no process in place whereby the Uniform Services Team obtain training results from the Training Department for other types of training. As a result, some instances were identified where individuals had ordered and received items of uniform and equipment they were not entitled to, as they either hadn't completed or passed the relevant training course.
 - There were a significant number of items on back order, some of which dated back to 2020, and whilst regular meetings were held with the supplier, the issue hadn't been escalated or resolved.
 - Uniform is delivered to designated Local Delivery Sites across the Force estate in sealed and marked packages to the collection point specified by the officer ordering the uniform. However, the deliveries are not received and accepted by WMP officers or staff at the delivery sites, and the collection points are open to all who have access to the building. The areas are not covered by CCTV, and collecting officers are not required to record or sign receipt of their uniform. With no handover of deliveries and lack of physical controls, there is an increased risk of uniform and equipment being taken mistakenly by other officers or misappropriated.

Officers report missing items to the Uniform Services Team for replacement, and analysis of missing items showed just over £19k being reported between October 2021 and September 2022. This is the value of all missing items as records do not always specify whether the items have been missing from deliveries or later after use. However, further analysis of records showed that at least £5k of the £19k relates to items missing from the delivery collection points. Items missing after delivery ranged from single items to a full kit valuing around £900. Whilst these numbers and values are considered to be low, it does undermine the principles of

the Force in terms of ethics and integrity and this hasn't been routinely reported into the Uniform and Equipment Board.

- The Uniform, Equipment and Appearance policy contains a lack of clarity in terms of whether all uniform items are expected to be returned upon leaving the Force. No records are provided to line managers of items expected to be returned to them during the offboarding process. As a result, assurance cannot be given that all relevant uniform and equipment is being returned.
- A couple of IT issues were identified in the uniform system:
 - That the system allowed some individuals to order uniform in excess of their scale of issue, which also specifies the total number of each type of item individuals are able to order in the year. This issue was reported to the supplier for investigation.
 - Inconsistencies in the updating of the HR data into the uniform system for leavers resulted in some individuals who left the Force still having access to the system. All leavers are removed from the Force network and thereby this would prevent a leaver accessing the system, but there is a risk that Super-Users of the system are able to place orders on behalf of other individuals, including those who have left WMP. This is being investigated by IT & Digital to determine the root cause, however no checks are undertaken on leavers or super-user activity, therefore any inappropriate activity would not be detected.
- Although the NUMS contract is a fully managed contract, for which the Force pays a charge to the MET Police Force, issues in the main are managed by WMP's Uniform Services Team directly with the supplier. Ongoing issues hadn't been reported through the MET Police Force lead, which has now started to take place. The Force supplier management software LeanLinking is the performance portal used to measure and monitor supplier performance. However, this has not been activated for the NUMS contract, thus preventing the detailed review and scrutiny of performance of the contractor by the Strategic Contract Review and Assurance Board (SCRAB).
- Quality assurance checks have not been undertaken, e.g., to check individuals scales of issue, invoice and returns verification, super-user access and activity and checks on leavers status and activity, thereby increasing the risk of inaccuracies and fraud in these areas.
- There was no oversight of financial spend against budget, although the Uniform and Equipment Board Terms of Reference specify that the board will oversee and control associated expenditure.

1.4 Management actions agreed to address the key findings are:

- The Uniform service was reviewed as part of the Force Priority Based Budgeting (PBB) process and the outcomes will assist with managing the issues identified. Furthermore, the contract with the current supplier is due to expire in March 2024 and procurement processes had commenced at the end of the audit.
- Issues identified in relation to back orders is being escalated to supplier Director/Vice President and will continue at the regular engagement meetings with the supplier.
- Escalation routes through the Uniform and Equipment Board will also continue regarding storage of uniform upon delivery and missing items.
- The Uniform Service team had already started liaising with IT&D to identify and provide solutions in relation to being able to order uniform and equipment above their thresholds and user access permissions.
- Improved contract management processes, including LeanLinking, will be adopted for any new arrangements commencing in March 2024.

APPENDIX 2 – Summary of Plan Position

2022/23 Audits completed during 2023/24

Audit		Opinion / Comments
Body Worn Video	Final*	Reasonable
Uniform Service	Final*	Limited
Budgetary Controls	Final*	Substantial
Organisational Learning - Manchester Arena Bombing	Draft	Awaiting management comments
Expenses	Draft	Awaiting management Comments
Change Management (including configuration, release and patch management processes)	Draft	Awaiting management comments
ROCU Tasking	Draft	
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)	In progress	
Force Governance Arrangements	In progress	
Training	In progress	
Recruitment and Onboarding	In progress	
Wellbeing	In progress	

*included in 2022/23 annual opinion

2023/24 Internal Audit Plan – Status / Assurance Summary

Audit		Opinion / Comments
Nat Fraud Initiative (AC)	In progress	Creditor and Pensioner matches have been identified and are being investigated.
Debtors	In progress	
Firearms Licensing	In progress	
Citizens in Policing (Volunteers/ Cadets/Appropriate Adults /Custody Visitors) Safeguarding	In progress	
Vetting		
Overtime		
Payroll		
Crime recording, validation and allocation		
PPU Complex Adult Abuse		
Mental Health in Custody		
Citizen's Experience/satisfaction (C/Fwd from 2022/23)		
Environmental Strategy (C/Fwd from 2022/23)		
Child Protection/ abuse		
Supervision of FCID investigations		
Missing Persons Process		
PND		
Performance Management - Officers and Staff		
Occupational Health		
Health & Safety		
Intelligence - Threat to Life Scenarios		

Audit		Opinion / Comments
Prevent & Pathfinder Nominals - CTU		
Financial Savings Governance		
Treasury Management		
Freedom of Information Requests		
Force Contact		
Firearms Culture & Behaviour		
Projects & Benefits		
IT Audit (Pool allocation)		Liaising with AD – IT&D for suggestions of audit areas

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

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

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		July 23
Covid Organisational Learning		1	1					N/A
Contact Service Levels		6	3	1	1	1		June -23 – in progress
Operations Resilience Unit – Civil Contingencies		5	4			1		July 23
Local Policing – Impact Areas		4					4	March 23 – in Progress
Pensions Services		7	1			6		July 23
IT&D Business Continuity and Disaster Recovery		2					2	Apr 23 – in Progress
Procurement		4	4					N/A
Fairness & Belonging		3					3	July 23
Child Abuse		10					10	Aug 23
Local Policing Serious Violence in U25s		3					3	Sept 23
Parole Board Disclosures		7					7	Sept 23
Uniform		10					10	Dec 23
Body Worn Video		3					3	Nov 23
Special Branch		2					2	June 23
Stop and Search – Strip Searches		7	4			3		Sept 23
Totals		84	24	1	1	14	44	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

Outstanding recommendations from previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2021/22								
Victims Service Assessment Team (vulnerability in calls)		5	1			4		Jan 23 – in progress
Accounts Payable		9	6			3		Sept-23
Rape and Serious Sexual Offences (RASSO)		10	1			9		Sept 23
Victims Satisfaction		7	4			3		July 23
IT Service Management (Service Desk)		5	4			1		June-23 – in progress
Risk Management (WMP)		8	3			5		Sept-23

Outstanding recommendations from previous years		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Mobile and Agile Working		2					2	Sept-22 – in progress
Domestic Abuse – Case Management		11	9			2		July 23
Special Constabulary		4	1			3		July 23
Uplift		4	3			1		May 23 – in progress
Integrated Offender Management		5	3			2		Aug 23
Connect Benefits Realisation		3					3	Nov-22 – in progress
Detained Property		7	1			6		July 23
2020/21								
Training		7	3			4		Feb-23 - reviewing as part of Training audit
Payroll		7	4			3		Mar 23 – in progress
2019/20								
Data Driven Insight		5	4			1		June 23 – in progress
Totals		101	47	0	0	47	5	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	July 2020	Data Driven Insight	An appropriate exercise should be undertaken to match those addresses from the source systems that could not be matched using the Ordnance Survey AddressBase Premium (ABP). The force's current work on matching addresses from Oasis using a Google API should be considered for unmatched addresses in all other source systems ingested into DDI.	This is an ongoing action being managed within the project. Work is scheduled on this fix in June subject to Covid-19 impact.	July 2020 Senior Manager – Delivery Management (IT&D)	<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 currently in progress.
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&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&D have been working in partnership with EY on developing a benefits & 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 currently in progress.</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"> - undertake appropriate checks to ensure that the necessary verification checks of input, Audit Reports and Payroll Reconciliation reports are fully completed and there is appropriate evidence to confirm completion of the checks; - investigate any missing verification checks with the relevant Payroll operative; and - ensure amendments to bank accounts orchestrated by the Head of Payroll are 	Accepted	<p>31/3/2021</p> <p><i>Head of Payroll</i></p>	<p><u>Update as at December 2022</u></p> <p>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"> • Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements • Sample size approach • Whether the whole life of the records should be reviewed to gain an initial benchmark on compliance and help identify any targeted deep dive reviews into themes / processes. • Determining triggers or risk tolerance levels for each vulnerability theme or if a vulnerability theme has positive results for several consecutive periods that it will be re-assessed with a view to reducing the frequency of review. 	As above	October 2021 <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"> 1. Recommendations from reports, HMICFRS etc are implemented; 2. Will provide regular reviews and audits of areas of risk to the force (including vulnerability); 3. Will provide dynamic assurance capabilities. 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, ongoing monitoring arrangements should be		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>

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			determined with the appropriate governance board 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 June 2023</u> This report has been reviewed and amended by the Team Leader who is proficient in these types of reports. Whilst this has resulted in improvements, there are still matters that need to reviewed. And as such this remains ongoing. Arrangements have been made to carry out further work with the Team Leader to review outstanding issues, which is being progressed as a matter of urgency.
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 June 2023</u> In progress, we understand that this is currently being worked on by IT&D Cloud Services Team Manager and have asked for an update and that Internal Audit be copied in.
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	Agreed	31 December 2021 <i>Head of Purchase to Pay</i>	<u>Update provided June 2023</u> IT&D have been working on this and they have explored some possibilities of the BACS transmission file going direct to the bank from Oracle Fusion. However, whichever solution approach is used it still requires some manual download to the file.

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			transferred to the relevant network drive for upload to the bank.			<p>Another possible alternative may have been found and we have formally asked IT&D to task their architecture team to do some review work to see if this alternative way is feasible.</p> <p>This alternative includes the use of Bankline rather than Autopay.</p> <p>If this new way is adopted this will mean a complete change to our current processes and we will need to assess any impacts from this.</p>
12	Dec 2021	Victim Satisfaction	<p>To ensure officers and staff have appropriate understanding of the requirements of the Victims Code and the rights of victims:</p> <ul style="list-style-type: none"> - 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. 	<ol style="list-style-type: none"> 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 	<p>May 22</p> <p><i>Victims and Witnesses SME</i></p>	<p><u>Update provided March 2023</u></p> <p>The update remains as previously reported. The reason this action should remain Amber is that we acknowledge that WMP and all Forces will re-launch the learning package, likely to be NCALT once the Victim's Charter and reformed statutory changes go live. Current BAU ensures the mandated training is completed and NPU/Departmental workforce leads are provided with data from POD/L&D on where officers/staff have failed to complete this training.</p>
13	Dec 2021	Victim Satisfaction	<p>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:</p> <ul style="list-style-type: none"> • Mandating the recording of victim protected characteristic information • A preferred approach to record how Victims Code information delivered to victims should be recorded including when a crime reference number has been issued, OIC information given to the victim and the method they have been informed. • The correct process for attaching the witness statement (MG11's) due to the inconsistent approach currently applied. Determine if fields can be added in Connect to record the dates in which key decisions are made and the date when the victim is informed to accurately record and assess compliance. If not, it should be established if there any other means to force officers to record this 	<ul style="list-style-type: none"> • Mandating the recording of victim protected characteristic information is not currently possible by configuration and the NEC position has been that changes to make these fields mandatory would need to be a national agreement across all CONNECT forces. • It is understood that the force policy is that a Victim of Crime leaflet should be given when face to face, or an email / letter sent when that isn't possible. The letters are a template in CONNECT and can be emailed direct or printed and posted. We are adding a question to the Initial Investigation questions to confirm the leaflet /letter has or will be sent. (Target for completion: 3 weeks). Notification of the OIC details remains a responsibility of the OIC / Supervisor who should use the 	<p>end 2022</p> <p><i>Inspector-CONNECT Team</i></p>	<p><u>Update provided March 2023</u></p> <p>The CONNECT upgrade project is currently paused, so anticipated changes to Victim Code compliance support remain outstanding at present. The NPCC have now published draft advice on the collection of protected characteristics information. The consultation process is underway which includes scoping changes required to various policing systems (including CONNECT). However, implementation of any changes is still likely to be sometime away.</p>

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			<p>information consistently.</p> <ul style="list-style-type: none"> • Mandating additional fields within Connect or setting up alerts / reminders to force completion by officers, e.g. for needs assessments, victim contact when decisions have been made not to investigate or to remind officers to attach VPS's. • If additional fields can be built into Connect to record additional detail when the response is 'no' to a victim personal statement being offered and made by the victim to assist in understanding the reasons why a VPS is not being offered / made to determine if any further actions are required to improve VPS' being offered and made by victims. <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>contact log to do so (which includes various update reasons to choose from). Automating that would require an IT&D development and would be dependent on email/mobile details being captured for the Victim.</p> <ul style="list-style-type: none"> • There is no technical change which would improve consistency with the correct process for attaching the witness statement Officers should utilise the IT&D App to create the statement, that automatically uploads it to CONNECT so is in that way, consistent <p>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</p>		
14	June 2022	Integrated Offender Management	<p>To continue to develop the performance arrangements for LOMU's:</p> <ul style="list-style-type: none"> • 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. • Consideration whether IDIOM data can be included and reported, with NPU SLT's provided with information / guidance on the purpose of IDIOM. • 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. <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</p>	Chief Inspector IOM	<p><u>Update as at May 2023</u></p> <p>The Forces delivery plan has changed the Central IOM structure. Central IOM has now been disbanded and the Central IOM governance now consists of Insp Alex Tarr and Joanne Godley (Performance research/analyst. Following the commencement of the new delivery plan the central IOM governance (as part of SDA) are and will produce the following for LPA's</p> <ul style="list-style-type: none"> • Quarterly strategic IOM performance document • Monthly LPA performance documents, which will provide a current position and comparison against other LPA's • In March 2024 a force yearly IOM performance document. <p>The RFSDi has still not gone live due to the challenges being created by the Ethics Panel. However, the Data Analytics Lab has released an RFG dashboard</p>

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				<p>report of pre/during and post adoption within IOM. 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>		
15	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"> Central IOM should determine the preferred approach to informing nominals of the IOM process which should be reflected in the IOM policy. Update the ODOC guidance to reflect the fixed and flex OGR scoring and vice-chair arrangements if the Inspector cannot attend the meetings. 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. As part of LOMU supervisory reviews (Sergeant and Inspector level) should ensure that: <ul style="list-style-type: none"> Referrals forms are completed with copies being attached in Connect following approval to record the decision at ODOC. 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. <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>Central IOM will be further reviewing the ODOC document. ODOC's are being examined through the quality assurance visits. 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>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</p>	<p><i>Chief Inspector IOM</i></p> <p><i>31 December 2022.</i></p>	<p><u>Update as at May 2023 2023</u> IOM policy review is underway and any changes to the policy will be sent out for consultation as per normal procedures. The RFSDi dashboard is still stalled due to the findings of the Ethics Panel, therefore an RFG dashboard has been created and this is currently visible for all LOMU's to view and use. Feedback for the dashboard is being retrieved W/C 15/05/23 to shape and influence future developments of the dashboard.</p> <p>Insp Tarr working closely with Geeta Chand (Probation) to create an end to end process around IOM. This will be piloted in 2 areas: Dudley and Sandwell and will provide a standardised approach from selection at MACC meetings to finally deregistering the nominal from IOM. Included will be a document/letter handed to the nominal for them to sign to say that they understand what they can expect from the IOM programme and what support is available. This document will then be attached to their PMP. The end process will include a questionnaire to identify both good practice and development opportunities. This will be an opportunity to get feedback from the nominal that has been managed, where appropriate but can not make this mandatory request of the nominal.</p> <p>Insp Tarr along with Probation is looking to make the ODOC/MACC meetings run similarly to the MAPPA programme. This is a work in progress and will start with a review of the MACC meetings against criteria set out in the guidance.</p>

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				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.		
16	March 22	Risk Management	<p>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:</p> <ul style="list-style-type: none"> - Formal governance arrangements for risk management should be re-established with agreement on which Boards and key meetings the risk lead should attend. - Once agreed, the governance arrangements should be documented within the risk management framework. <p>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.</p>	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 June 2023</u> Awaiting Policy to be signed off following the consultation process. The Risk Team have now had two Tactical Board meetings with relevant papers shared with attendees, process is fully implemented and working, once policy has been signed off propose that this action is complete.
17	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 June 2023</u> Force level Risk Appetite statement drafted and circulated for comment and sign off. Meeting with DCC on the 09 th June to establish whether risk appetite statement will be required for Portfolios. Training for SPOCS and Business Leads established and created, awaiting intro meetings with SPOCS and Policy implementation before training is rolled out which includes risk appetite statements section.
18	March 22	Risk Management	<p>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:</p> <ul style="list-style-type: none"> - 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. <p>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</p>	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 June 2023</u> Risk Policy and associated documents await final FET approval following organisation wide consultation as per our policy process. Risk Register has been live and items registered via a centralised form. Risk is a key agenda item on Governance Boards that meet monthly, Risk Team prepare slide decks providing an overview on risk.

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			this report should be addressed in the revised policy and guidance.			
19	March 22	Risk Management	A formal plan to roll out risk training across the Force should be developed. This should clearly identify those staff/officer 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 June 2023</u> Training material developed, Risk Owners/ Business Leads and SPOCS to be prioritised for training once introductory meetings with SPOCS have been completed. A shorter version of the training slides have been developed for cascading which will be sent to SLT's for delivery providing a consistent message.
20	Sept 2022	Airport Insider Threat	To improve governance around Operation Syrah and PND wash project: <ul style="list-style-type: none"> 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. <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"> 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. Any other relevant updates following Insider Threat Working Group meetings to include delays or challenges being experienced and actions undertaken as a result. 	01/06/22 APU Manager – Insp Gallier	<u>Update as at April 2023</u> Op Syrah is still paused (Since August 22). It is intended to gain authorisation from ACC O'Hara on 28th April to restart the project. All the actions requested from the first gold group meeting were completed some time ago
21	Sept 2022	Airport Insider Threat	To effectively manage intelligence threats to the airport the APU Manager should: <ul style="list-style-type: none"> 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. Record dates as to when activities have been undertaken, e.g. contact with other departments, including chasing and escalation of information. Obtain and record updates from action 	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.	01/06/22 APU Manager – Insp Gallier	<u>Update as at April 2023</u> Unable to implement further until Op Syrah restarts.

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			<p>owners to seek confirmation that the risk is being managed, including when intelligence documents have been produced, results / 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>	<p>PND actions register will be an agenda item at Insider Threat working group meetings. Actions will be formally closed upon agreement with the group.</p>		
22	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"> 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. 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. <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 April 2023</u></p> <p>There has been no movement in respect of the SLA. This has been chased with Ops SLT. It's still in draft form awaiting approval then for dissemination to departmental leads.</p>
23	June 2022	Detained Property	<p>Briefing sessions and promotional activities e.g. Team Talk, message of the day, dilemma of the month and Newsbeat articles, should be undertaken to re-train and raise awareness amongst officers of their responsibilities when managing property in the short, medium and long term including:</p> <ul style="list-style-type: none"> Ensuring items are appropriately packaged and stored with property reports attached to items and the correct property store selected on the property 	<p>Management Response - Shared Services:</p> <p>Compliance with procedures Develop awareness sessions on the current process and/or Nexus process for all NPU Officers and staff. 'Go To' Guides required to be held locally and via the My Services Portal. All awareness sessions link to the OD&L Team to include new starters. To include awareness on appropriate behaviours and conduct of officers and staff req.</p>	<p>30/9/22</p> <p>The Connect property module 'go live' date is scheduled for April 2023. The WMS currently has no date attached and sitting within an ICT project.</p>	<p><u>Update March 2023:</u></p> <p>The Director of POD and the Director of Commercial Services are aware of the challenges that both Departments are facing The CAM project team and Shared Services staff are under immense pressure at the present time to keep to the schedule of NPU's to be transferred over to Nexus whilst also trying to find 12000 missing items. Monthly updates on missing and transfer project plan are given at each of the Performance panels. The other work within the audit around training audits etc will need to be part of the wider plan further into the year and we will</p>

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			<p>system.</p> <ul style="list-style-type: none"> • Promptly respond to property reminders. • Accurately recording the disposal method for items that can be disposed. • As part of exit processes, officers and supervisors ensure property is reallocated when an officer leaves the Force. Opportunities to refresh officers understanding should be explored as a longer-term measure as part of the implementation of the Connect property module. Facilities Management should also determine if there are escalation routes that can be utilised for any instances where an officer does not comply with policy. 	<p>Communications via Portal posted Force wide updating on the project state and what's required to manage DP effectively Responding to property reminders Build in accountability through chain of command if no response. Performance reporting structure to be put in place for each NPU. This can be linked to the local H&S meetings and further reporting to Performance Panel. Selecting correct property store/disposal method Awareness sessions on the current process and/or Nexus process for all NPU Officers and staff. Put central record of incorrect store listings in place for each NPU to review on an ongoing monthly basis. Process for officers leaving Review why this is happening. Put mechanisms and accountability in place including sharing up to date process guidance. Manage and record issues locally on a monthly basis.</p> <p>Management response - CAM:</p> <p>Review and update the 'go-to' app for detained property to give an accurate process that aligns with the published policy and associated guidance. On-going comms to reinforce this via Newsbeat etc.</p> <p>The current property system has limitations in functionality around reminders. Continue to work with the Connect project to ensure more robust reminders are automatically produced by the Connect system to encourage officers to deal with DP in a timely manner. New warehouse management system (WMS) to support Connect and current property system as there is no plan to back record convert the current DP items to Connect (c390k items). Re-establish the process created by the DP Project team to ensure officers leaving the force have reminders with sufficient notice to deal with any outstanding property. Consider automation of this process.</p>	<p><i>Once WMS supplier is identified and there is an agreed go live date we can update 'Go to' app and provide comms.</i></p> <p><i>Corporate Asset Management, Commanders & Chain of command for agreement DP Project Team, AD Shared Services, AD Corporate Asset Management, Commanders & Chain of command for agreement Facilities Manager</i></p>	<p>continue to work together (CAM and SS) to support each other.</p> <p>Connect property will not go live until July 2023. GO-TO App to be updated once new processes are defined to prevent re-working the data in the app.</p> <p>New warehouse management system still being progressed with IT&D with further work around business requirements to be completed. The process of communicating with 'leavers' proved effective when run by the DP Project team. The process required at least 1FTE fulltime to manage the process. Leaving officers currently get an email notifying them that they are required to manage their DP, but it is not always actioned or followed up by Supervision.</p>

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24	June 2022	Detained Property	<p>Oversight arrangements for detained property need to strengthened by:</p> <ul style="list-style-type: none"> • Circulating and reporting upon the monthly property statistics report to CAM and Shared Services SLT alongside updates on the development / results of KPI's to identify any areas or emerging issues that require further action and / or escalation to Commercial Services SLT. • Producing a monthly report to share with Departments and NPU's to raise awareness of areas of detained property that require local actions, i.e. officers not responding to property reminders and investigating missing items 	<p>Accountability has been put in place by new AD - SS and visits are planned to all NPU's to discuss H&S and Local Delivery Teams. This is to understand what the challenges are and to report back so that it can be fed up through to Commander level for better awareness and management. Performance tracking (basic spreadsheet) can be put in place to manage locally by LDT's until better solution is agreed.</p> <p>Confirm KPI's and design reports to measure the KPI's. - Report on KPIs at the Fleet monthly SLT for review and action as appropriate - Design report to show key metrics for NPU/Depts and publish as Qlik report in MSP - CAM central store data taken from Shared Services report and reported monthly. - Once Connect module/WMS is in place more granular data can be produced.</p>	<p>31/7/22</p> <p>31/3/22 for overarching data. From actual 'Go live' date of Connect etc. more to follow.</p> <p>FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders. Facilities Manager</p>	<p><u>Update March 2023:</u></p> <p>The Director of POD and the Director of Commercial Services are aware of the challenges that both Departments are facing The CAM project team and Shared Services staff are under immense pressure at the present time to keep to the schedule of NPU's to be transferred over to Nexus whilst also trying to find 12000 missing items. Monthly updates on missing and transfer project plan are given at each of the Performance panels. The other work within the audit around training audits etc will need to be part of the wider plan further into the year and we will continue to work together (CAM and SS) to support each other.</p> <p>Monthly report generated from Dataviewer. Report presented and discussed at Fleet SLT. Connect reporting not yet developed. Forecasted Connect go live of July 2023.</p>
25	June 2022	Detained Property	<p>To improve the working practices within the Central Detained Property store management should:</p> <ul style="list-style-type: none"> • Remind staff to update the property system when cash is banked and ensure the correct safe is selected and recorded in the appropriate safe register. • Schedule future disposal runs for items for auction and drugs to ensure staff are aware of when items have to be prepared for disposal. • Give consideration to setting a target number of letters to be issued per week / month to help manage the backlog and reduce the average days to return an item of property to an owner. • Develop a plan to manage the re-baying of items received from Stechford to ensure the property items are moved appropriately and the property system updated to accurately reflect the location of 	<p>Use weekly team updates (supervisor lead) to reinforce appropriate updating of property records and safe register. Audits will identify any non-compliance.</p> <p>Scheduling disposal runs is not practical due to the variation in the number of items approved for disposal. Ensure team understand the process and book disposal runs when appropriate volume is available for disposal.</p> <p>Workload and limited resource make setting targets for sending letters and re-baying of Stechford items impractical. Volumes to be kept in view and monitored in the weekly team meeting. Priority given to these tasks as and when resource is available. Booking in of items received daily from holding stores and from Bournville are more critical tasks. Disposals/returns are reported as a KPI.</p>	<p>Already in place</p> <p>Facilities Manager</p>	<p><u>Update March 23</u></p> <p>EDPM weekly team meeting in place Use of contracted supplier to remove waste. Some items (drugs, guns, data carrying devices) being addressed with contracts and wider stakeholders to develop robust disposal solution. Weekly EDPM meeting will keep this in view. Weekly DP project team meetings to monitor progress. Weekly team rotas developed and maintained in CDP.</p>

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			<p>the property items.</p> <p>Management should establish a process to monitor progress against the above to ensure the actions are having an impact and to determine if any further actions are required.</p>			
26	June 2022	Detained Property	<p>The arrangements to review and investigate missing property items must re-commence immediately, including;</p> <ul style="list-style-type: none"> • Prioritising the current missing property items for review and investigation. • Contacting officers to commence investigations into missing items. (Management may wish to explore with IT&D if the use of robotics can assist in investigating missing items, e.g. contacting officers, escalating to supervision etc.) • Officers or the OIC escalating any missing property items to supervision / management for review and action. For any items where no further action is taken following escalation these should be reported to the Senior Leadership Team. All updates should be recorded on the property system. • The Central Detained Property Store to agree with the Economic Crime Unit, Forensic Services and the Cannabis Disposal Team who is responsible to update the property system. Once agreed these arrangements should be included within the Detained Property Policy. CAM and Shared Services SLT should monitor the progress to confirm that the above actions are progressing and the number of missing items is reducing and if not determine what additional actions are required. 	<p>Better awareness and accountability is required to manage this effectively. Listed missing items need to be reported in a similar manner for Force wide through to Performance Panel or similar structure. Colleagues in ECU and Forensic Services need to be included in the awareness sessions. Align the process for these services against the requirements. Cannabis challenges regarding storage and disposal are currently being reviewed by the Cannabis group led by Neil Chamberlain. Solutions are currently being discussed around better storage and disposal of wet and dry cannabis.</p> <p>The investigation of missing items is resource intense and limited resource is currently available. This will limit the number of items that can be investigated and priority will need to be given to cash, drugs and more valuable items. The central property team set more items missing proactively if they do not arrive at the central store from the holding stores. Additionally, as each NPU property store is processed by the project team to bring the items to the central store more items are set missing as they cannot be located within the NPU store and haven't been set missing due to lack of audit activity within LDT since 2016. OIC's are notified automatically when the item is set missing, but only once. This is a limitation of the current DP system. Connect property module currently doesn't have a 'missing'</p>	<p>31/07/22</p> <p><i>FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders.</i></p>	<p><u>Update March 2023:</u> ACC Andy Hill has been assigned to support the missing items from a FET and crime perspective. This has given direction around where to focus efforts first around categorisation of missing property items. A categorisation list is being prepared currently. Finding missing property – SS have engaged with 3 restricted officers to support with finding any property via the property system and identification of the crime reference. It is not easy to extract the crime number and the lab is supporting with this specific piece of work. The CAM project team and Shared Services staff are under immense pressure at the present time to keep to the schedule of NPU's to be transferred over to Nexus whilst also trying to find 12000 missing items. Monthly updates on missing and transfer project plan are given at each of the performance panels monthly by the Assistant Director Shared Services, Assistant Director Corporate Asset Management, ACC Hill and the Director of Commercial Services.</p> <p>New missing items are progressed/challenged as indicated. Historic missing items are currently being looked at by a working group chaired ACC Hill working with AD Sharon Dyer (SS), Andrew Mitcham and Ian Kent. Reporting in to DCC. No missing process being signed off with Connect – work is ongoing.</p> <p>Appropriate access granted to FIRST at FSI to allow property updates. Dip sampling being undertaken to monitor compliance. Issue to be further raised to FSI/ECU management.</p> <p>Update policy to state 'set missing 24hrs after item was due at Central Store' rather than 24rs of booking in. This allows for items to be transported to Central Store.</p>

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				<p>process and this has been raised with the connect project manager.</p> <p>Items of value or cash set missing, within central warehouse, and investigation doesn't locate the item to be escalated to CAM SLT and Appropriate Authority to asses if escalation to PSD is required. KPI's will give the total number of missing items and change month on month and will be reported on at Fleet monthly SLT meetings.</p> <p>Work is underway with Forensic Services to agree appropriate processes to ensure DP items are updated on the property system accurately and in a timely manner. This will then form the framework for other departments such as ECU and CDT.</p> <p>CAM will be responsible for all central stock/DP within the warehouse. CAM cannot be responsible for 'missing' items dating back to 2016. This sits with both SS and DP project.</p> <p>Re. missing property items (10000 outstanding items @ 07.06.22). A process to review the list of outstanding is being designed with categories around (a) how old/age of DP (b) links to critical case management history. A plan is in place to review this list by AD Shared Services and Local Delivery Centre SDM to remove any items that are not high risk and out of retention date. The list will then be circulated to Chief Superintendent level for each of the NPU holding stores to assess outstanding property and review the list to clear out non-critical DP. For any property that remains on the outstanding list as missing, the NPU Commanders (working alongside the SS local delivery and CAM) will need to investigate the gaps for critical property. The process and policy for missing property needs to be reviewed by CAM in line with the Nexus end to end process for registering missing items.</p>		

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27	June 2022	Detained Property	<p>A quality assurance check regime should be re-introduced on a proportionate basis with;</p> <ul style="list-style-type: none"> • Management considering the risk for the area when determining the frequency of the check, priority should be given for cash and high value items including reviewing banking and safe records to ensure they are all accounted for. • Appropriate supporting records maintained to evidence the checks completed and further actions undertaken when issues have been identified. The results of the quality assurance checks reported to management. 	<p>Sub divide each safe into smaller bays and re-establish quality assurance checks prioritising cash and valuables – quarterly initially due to resource availability. Underway. May 2022 Introduction of WMS will increase capability to complete rolling audits within the main warehouse. Not currently achievable with current resources. Audits to be report to SLT quarterly with actions highlighted. Review any items that may need to be brought to the attention of the CAM AA. Audits rely on the SS Band D transferring from SS to CDP. Ongoing with CAM SLT/SS.</p> <p>The Band D role has been signed off late today (07/06/22). Working with CAM and SS to ensure awareness, process and policy around the necessary regular audits that need to be carried out to ensure resilience in this area.</p>	<i>Ongoing</i> <i>Facilities Manager</i>	<p><u>Update March 2023:</u> Safes have been updated with more bays. As resource comes on-line, more audit checks can be completed.</p> <p>WMS work ongoing with IT&D to identify suitable system.</p> <p>Once resource available this will be actioned. Missing cash/drugs are escalated to CAM Standards Manager.</p> <p>Band D supporting supervisors until full establishment achieved. Following training of supervisors, audits to commence in April '23</p>
28	June 2022	Special Constabulary	<p>To ensure Special Constables training is up to date and inconsistencies in records are resolved: - Complete the reconciliation exercise to identify and correct the erroneous records held between OD&L and within the Duty Sheet system, focussing initially on core training records;</p> <ul style="list-style-type: none"> - Establish clear responsibilities for updating the duty sheet system after training has been undertaken; - Introduce regular reconciliations to ensure the Organisation Development and Learning record and the Duty Sheet System record complement each other; - Continue to work with the Force to prioritise further training in core skills for Special Constables whose training has expired; and <p>SLT should monitor progress against the training plan and the number of Special Constables where</p>	<p>Special leadership team fully accept this recommendation and will work with OD&L team to review records of training and expiration dates, create accurate and auditable process to ensure Duty Sheet records reflect the same as the force systems. Leaders will work with OD&L to explore the regularity and availability of core training to reduce the number of officers who are close/have expired on core training skills.</p>	<i>01/07/22</i> <i>Chief Inspector Tambling/ CiP Manager / Special Chief Inspector</i>	<p><u>Update March 2023:</u> As a Special Constabulary we now believe records are correct on both WMP systems and Duty sheet. These have been being updated monthly by L&D, CiP or L&D SC rep. The system we are using to record the dates for both is now – either Natalie Butler or Neil Clarke use the course enrolment and non-attendance records which are sent out as part of Op Maximise to ensure duty sheet reflects. There is also a Special Constable based within the planning team as part of their full-time post and is helping us to consider better ways we could do this. Moving into the new WMP Conversations year we are looking to make PST and FASP tickets a target a) to put WMP conversations into normal business with recognisable targets b) focusses supervisions mind on the milestones.</p> <p>Between ourselves and OL&D an issue has been identified with FASP dates which we believe is around the extensions given during COVID not being recorded fully but this is being worked through Training availability has increased since the CWG with approx. 2 PST and 4 FASP (Stand-alone course) being made available most months since</p>

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			training is due to or has expired			<p>early August. The SC leadership team have taken the decision to remove any grace/extension periods the force allows. This will mean officers are removed from front line policing duties if out of ticket for PST/FASP. The hope is this will motivate people to be more proactive about booking and enrolling on course instead of knowing they have some wiggle room.</p> <p>An issue is being worked through in relation to FASP expiry dates and so no evidence was provided at this time for review. Responsibilities for updating the Duty sheet have now been established. The ambition is to undertake quarterly reconciliations to ensure the Organisation Development and Learning record and the Duty Sheet System record complement each other. At the moment with the impending changes to the new operating model being established the probability of being able to achieve this ambition is yet to be determined. Whilst SCO Byrne confirmed that training availability has increased no evidence of this has been provided to date. Scrutinising the data relating to expired training is monitored to a degree. Work is ongoing with the Governance and HR Business Partners to review the policy and the use of WMP. Conversations for PST and FASP tickets is also being explored.</p>
29	June 2022	Special Constabulary	<p>Through relaunch of the SLA and policies that are currently under review, management should reiterate any requirements for standardising working practices in place across NPU's / Departments for:</p> <ul style="list-style-type: none"> Recording Special Constables intention to perform duties. Complying with the required notice period to allow for a more planned approach to be adopted and ensuring opportunities for Special Constables to be utilised more effectively. Requiring Special Constables to record reasons for non-compliance with the duty hours in the Duty Sheet system. Consider standardising the system to be used to record the utilisation, i.e. the Duty Sheet System or other Force system. 	SC leadership fully accept this recommendation. The leadership and governance team have already started work on updating policies, standards and SLA to drive a consistent message and approach for all.	01/11/22 Chief officer/Deputy Chief Officer/CiP Manager	<p><u>Update March 2023:</u> Duty sheet is in the whole much more accurate on the data. We have been working on ways to monitor compliance which have shown positive progression although this is still a work in progress.</p>

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			<ul style="list-style-type: none"> Establishing reporting requirements for areas of deployment and utilisation. 			
30	March 2023	RASSO	<p>Urgent actions should be taken to train officers within the Teams to the required levels. To do this:</p> <ul style="list-style-type: none"> Timescales for the training gap analysis to be completed must be determined to enable the RASSO SME and wider PPU SLT to understand the training requirements and prioritise the delivery of training for the Adult Complex Investigations Team. This should include an assessment of the timescales in which training will be delivered and courses completed / qualifications achieved in the longer term, i.e. via the Detective Academy. Training resources must be commissioned from L&D as a priority to match the training needs and officers should be enrolled on courses. Opportunities to deliver any training in the short and medium term should be determined and delivered, for example delivery of the STO course as a stand-alone course and other methods of delivering training, e.g. internal training delivered by PPU and CPD events held to upskill officers. 	<ol style="list-style-type: none"> DCI SIT lead has completed a skills gap analysis for critical skills across all PPU functions. An assessment of the timescales in which training will be delivered has been completed. The intention is that 90% of relevant staff will have completed STO and VRI Training by the 31.12.21. This will be monitored by the PPU SIT team A dedicated CPD and training lead has been appointed internally in PPU who will deliver critical training to Complex staff initially but then move to supporting wider CPD across the force. RASSO SME to liaise with SIT lead to ensure ACIT staff are prioritised as training delegates on PPU and L and D training plan Full training plan (cross investigation portfolio) has been produced in conjunction with L and D Establish dedicated training sessions for all complex staff 	<p>31/12/21</p> <p><i>Superintendent Caddick</i></p>	<p><u>Update December 2022:</u></p> <p>1. Skills Matrix was completed during PWC Audit in Jan 22, however, this is now obsolete as many staff have transitioned to other roles. This will be refreshed through Pillar 4 of Soteria with a completion date of Dec 22. Sexual Offences Liaison Officer (SOLO)/ VRI training has been slightly uplifted, but L&D struggle with capacity. Raised on PPU Risk register and being picked up through Pillar 4 Op Soteria. A copy of the skills matrix has been provided – the key training areas are outlined, together with core skills and knowledge for the role with self 'confidence' ratings. This was not refreshed during the Summer as planned, due to the high turnover in staff and the central prepare hub exploring amendments. Op Soteria is also assessing the suitability of training packages and new products. WMP are involved in national discussions around this. L&D's function is to deliver courses set by their portfolio. At present, this consists of DDP, SSAIDP and SCAIDP and a standalone interview programme. They do not deliver CPD and any additional training has to be subject to a business case via the commissioning team. 41/96 PC/DC's are accredited detectives or working towards their accreditation, this equates to 43 % of the establishment. To address this Detective deficit, Pillar 4 of Operation Soteria focuses on enhancing specialist skills and expertise through learning and development. Courses will follow early 2023. Staff CPD days introduced November 22.</p> <p>2. DS Barbara Martin still supporting local and national training. Prepare DCI will be appointed Pillar 4 Lead.</p> <p>3. Complete and reflected on L&D training plan. ACC Bell intervened in respect of low SOLO numbers. DS Martin delivered a 2-day input to RASSO staff. CI Andy Moseley identifying SPOC's within Response to increase SOLO skills outside of the investigation team. 5 inputs planned early 2023. L&D convened two interview courses in Summer 22.</p> <p>4. Op Soteria Pillar 4 now co-ordinating this activity. This is captured on a project plan.</p> <p>5. As of 06/11/22, ACIT transitioned to a new shift pattern. This has non-duty / training days built in every 3 weeks and will significantly improve opportunities for staff development. This will be monitored every Friday during the daily Complex TRM to ensure staff are not routinely abstracted from protected learning time. DS Martin is</p>

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						establishing a medium/long term CPD plan for complex staff and also a 6-month induction programme for new starters.
31	March 2023	RASSO	<p>The rape delivery plan should be reviewed to:</p> <ul style="list-style-type: none"> Clearly determine success criteria for each area of the plan with all areas RAG rated considering the risk / priority of actions etc. Ensure all activities are recorded to track progress and provide a full update. When an inspection is completed and initial feedback given actions should be determined and progressed as soon as possible with regular updates provided to ensure progress is being made with data also being produced and presented to evidence progress. <p>Include the actions from the Sexual Assault Abuse Board and CPS Joint National Action Plan to have one complete record of all actions the Force are to progress detailing the actions undertaken, timescales and to record updates which can then be feed into the updates to Force governance boards and also the SAAS Board and meetings with CPS.</p>	<ol style="list-style-type: none"> All improvement plans to be reviewed and aligned where possible. Success criteria to be produced for each improvement action All Improvement actions to be RAG rated 	<p>30/09/21</p> <p><i>Superintendent Caddick</i></p>	<p><u>Update December 2022:</u> With the implementation of Op Soteria Deep Dive Findings, there is a desire to merge various performance plans into a single over-arching delivery plan. This work should be completed Dec 22 and will be shared with PCC Rasso Lead. Revised governance structure with new Op Soteria SRO delivery group will look at cross cutting themes and connectivity with other learning/review outcomes. This has been completed (November 22) with one overall spreadsheet capturing competing audits / recommendations / reviews. At the time of writing this, the HMICFRS Inspector reviews have been considered against the Soteria recommendations. Other reviews / plans to be updated December 22.</p>
32	March 2023	RASSO	<p>Training should be delivered to Force Response officers to remind them of the expectations when responding to RASSO incidents and the importance of accurately completing the RASSO book</p>	<ol style="list-style-type: none"> Force Response, Force Contact representatives and learning and development colleagues to be invited to the RASSO sub group RASSO lead to discuss this action with Force Response lead CPD events to be designed and scheduled for force response staff delivered by L and D 	<p>31/12/21</p> <p><i>Superintendent Caddick</i> <i>Superintendent Gordon</i></p>	<p><u>Update December 2022:</u> 1. Through PWC programme, PPU SME's carried out briefings to all Response and Contact Staff. 2. Through PWC programme, PPU developed 'Go To' mobility App, to help guide frontline staff in managing RASSO. Soteria academics commented that this was innovative and of national significance. 3. Response SLT have approved training a cohort of 100 staff as SOLO's. This training was postponed to enable staffing of CWG and Pelkin. Proposed to take place final ¼ of 22/23 performance year and being managed via DA RASSO Sub Group and Pillar 4 Op Soteria.. CI Andy Moseley on Response has been engaged and is identifying officers to take part in 5 x 2 day sessions to upskill the number of SOLO officers on Response. We are aspiring to train up to 30 frontline staff. Op Soteria Phase 2 Launch in January / February 2023, with a comms strategy to be developed that will provide further help and guidance for Contact/Response Officers in improving primary</p>

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						investigations/victim support. The comms strategy, including a campaign focusing on the myths and misconceptions of rape in support of Pillar 4, will commence in Jan 23 around the time of a planned 'rebrand' of Adult Complex PPU. We have sought the support of Emma Lister (Organisational learning manager) to help engage and track requests with Corporate Comms, L & D, response and contact.
33	March 2023	RASSO	Supervisors should ensure they consider and record EIA as part of the initial investigative strategy where the criteria is met. Usage and compliance with the MOU should be monitored to assess whether advice is being obtained and reporting mechanisms should be established with CPS to report on performance. The draft RASSO policy should also be updated to refer to the MOU.	<ol style="list-style-type: none"> 1. Memorandum of Understanding to be shared with all complex staff 2. RASSO gatekeeper to monitor EIA requests 3. Compliance with MOU to be an agenda item for the monthly RASSO operational oversight meeting 4. Draft RASSO policy to include reference to the MOU 	01/09/21 <i>Superintendent Caddick</i>	<p><u>Update December 2022:</u> This has been superseded by Op Soteria. (as the work of Op Soteria has focused on victims, outcomes and decisions and a national push to CPS to change the MOU, with CPS now simplifying the process). 1. WMP have piloted a revised and streamlined EA submission process since March 22. ACIT have taken x 2 cases per week to an EA clinic held with CPS at Perry Barr. This has significantly improved EA submissions from 2021 position. EA was rarely used pre-October 2021. Since the renewed drive in March 22, there has been 62 EIA appointments with CPS as of 25/11/22. 2. It is acknowledged that further improvements are required and EA submissions should start to increase as elements of Op Soteria model are adopted by WMP. DCI's are having discussions with DI's on a daily basis regarding EA. The cultural shift and changing the whole story approach to investigations (pillar 1 of Op Soteria) is going to take time with Teams at the start of the journey in changing the culture. On 28/11 a new TOR will be adopted whereby CPS will provide 1 EA reviewing lawyer per week day, increasing the SLA from 2 to 5 a week. The aspirational position is to eventually get to 10 a week, however various barriers, including I.T is currently preventing this. Additionally, there are capability and capacity issues within Adult Complex to achieve this number at the moment. EA has moved to virtual rather than face to face. The EA agreement for all other offence types remain the same and are unchanged.</p> <p>3.This is being governed via Pillar 1 of Op Soteria. ACIT DCI is Pillar lead and developing a further streamlined approach to move from weekly clinics to a daily virtual forum. In December 2021 there was a stricter remit for submissions – they had to be DA rapes and have a shorter time frame from reporting. Now, this has been widened from 28/11 to extend any rape, with a wider time parameter of 12 months from the time of report. (From March 22 we did extend to 3 months)</p>

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						EA has not been amended within the RASSO policy – this is being reviewed by DI Jones & Jane Connolly in May 2023. At the time of writing, this is still a pilot, rather than a permanently agreed process. It is likely to keep evolving moving forwards.
34	March 2023	RASSO	<p>Monitoring arrangements must be improved by:</p> <ul style="list-style-type: none"> Determining the timescales for implementing the agreed options recently agreed by FET to increase resources and if any further actions are required and ensuring progression of these actions through a monitoring regime Commissioning a report from Connect or Business Insights to understand and monitor the workloads per officer, volumes of work per crime type including unallocated reports and number of supervisory reviews outstanding. This should be regularly monitored by the RASSO Subject Matter Expert and reported through to the relevant Governance Board. Reviewing effectiveness and impact of all the actions undertaken to date and the agreed options to establish if workloads have reduced, there is an improvement in the completion of supervisory reviews and the level of service delivered to victims. For any longer-term measures that may take time to be introduced, interim arrangements must be established 	<ol style="list-style-type: none"> Timescales for any resource increase requests are tracked through Workforce Strategy Boards (WFSBs) Work with Strategy and Direction to build Qlik searches that will provide a performance dashboard to enable the adult complex management team to more easily understand demand, capacity and risk. RASSO workload demands to be escalated to PPU SLT, PPU Risk Register and to the Vulnerability Improvement Board where required Identify when FET resources will be actioned and track through central RASSO improvement Plan Wellbeing Manager to be invited to operational RASSO meeting to discuss options available to support Investigators. 	30/09/21 <i>Superintendent Caddick</i>	<p><u>Update December 2022:</u></p> <ol style="list-style-type: none"> No resource increase has been applied to ACIT. ACIT currently carrying 15-20 vacancies, with a plan to fill these with DC's. A resource plan is being discussed with Force Exec as part of Pillar 1 activity of Op Soteria – a review of staffing and remits will be undertaken early Jan 23 as recommended by PWC, Soteria & Business Transformation. DHEP in early November 22. There remains operational strain with relatively inexperienced staff being revolved through the department on 6 or 12 month secondments, leading to examples of inadequate service delivery. Jan 23 will see creation of non-recent teams and a real term investment of 1xDI, 3xDS and 21xDC. This will significantly assist in managing demand and should improve service delivery to all RASSO victims. The DS' & DI's have been recruited, with an ongoing process for PC/DC's. Applicants are likely to have a mixture of experience /non-experience and will involve applicants from within the current Complex build – meaning further vacancies could arise. A plan is in place to fill the outstanding vacancies with DC DHEP students. Through Op Soteria and Business Transformation review it is acknowledged that ACIT staff carry high workloads. However, no safe workload levels have been recommended. Identified through Op Soteria Pillar 4 and being tracked through PPU Vulnerability and Improvement Board. Business Case submitted for OP Soteria funded OH support specifically dedicated to ACIT. Being tracked through Op Soteria Delivery plan. Through PWC, OH support pathways were shared with all ACIT staff. This needs refresh given the new staff now in ACIT roles. To be managed by Pillar 4 Op Soteria lead.
35	March 2023	RASSO	The Adult Complex Investigation Team should be instructed to record the victim contact plan and any subsequent contact with the victim within the relevant section of Connect, including the method in which the contact was made. Supervisors	<ol style="list-style-type: none"> RASSO lead to instruct the complex teams to record victim contact plans RASSO lead to instruct teams to complete Victim's needs assessments. 	01/10/21 <i>Superintendent Caddick</i>	<p><u>Update December 2022:</u></p> <ol style="list-style-type: none"> Routine messaging in respect of victim contact plans is in place. Routine messaging in respect of victim needs assessments is in place. Messaging has been delivered to

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			should also assess officer compliance as part of the supervisory reviews.	<p>3. Recording of contact plans to be monitored by the bi-monthly peer reviews</p> <p>4. Supervisors to dip sample 10 cases per month to ensure contact plans have been completed</p> <p>5. Victims and Witnesses SME is conducting audits in relation to Victims' code compliance which will be fed into the RASSO Sub group.</p>		<p>staff via verbal briefings briefings and forms part of audits by the PPU prepare team. The importance of victim contact is also outlined in the new RASSO policy and go-to guides. There are monthly audits which look at victims code compliance (Susan Porter).</p> <p>3) Peer to Peer audit regime has not been possible due to involvement in other review projects (PWC, Soteria, BTT). This has been re-developed and adherence managed via PPU Prepare Team. It is active, with monthly audits undertaken by Prepare in company with a cross section of PPU Sgt's and DI's.</p> <p>4) Pillar 3 of Operation Soteria is exploring a victim contract 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.</p>
36	March 2023	RASSO	<p>The KPIs and targets in place should be reviewed for the Adult Complex Investigation Team with the following being considered:</p> <ul style="list-style-type: none"> Developing KPIs for wider RASSO offences in addition to rape offences Establish If KPIs can be further developed for investigations which are initially supported / not supported by the complainant Determine if a measure / target can be defined for KPIs to provide clear aim / target to teams (SMART) <p>Explore opportunities to obtain victim feedback from working with ISVAs / third party sector to help the Force learn and improve from their interaction with victims.</p>	<p>1. RASSO Lead and PPU SIT to review the internal KPIs</p> <p>2. Organise a specific performance session for all key internal stakeholders to review current measures and identify further ones where necessary, ensuring that all KPIs are clear and SMART</p> <p>3. Victim feedback approaches to be part of the overarching RASSO improvement plan and part of the RASSO sub group agenda.</p> <p>4. RASSO internal performance measures to be reviewed and monitored by the RASSO sub group.</p>	<p>30/09/21</p> <p><i>Superintendent Caddick</i></p>	<p><u>Update December 2022:</u></p> <p>1) Agreed through QPR and adoption of 22/23 performance measures.</p> <p>2) Monthly Complex Performance meeting has been created and this feeds into PPU Service Improvement Meeting and QPR.</p> <p>3) In development via Pillar 3 Op Soteria and Voice of Victim Forum.</p> <p>4) Complete and ongoing, performance shared at various partnership forums including the DA RASSO Sub Group.</p>
37	Dec 2022	Stop and Search	<p>To provide refresher training to officers across the force on strip searches and support ongoing development the Stop and Search Silver Lead should:</p> <ul style="list-style-type: none"> Liaise with Learning and Development to determine if strip searching can be included within annual personal safety training (PST) on how strip searches should be conducted when outside of the custody environment or other forums / methods in which training can be provided. 	<p>Contact with L&D as per recommendation to establish capacity to deliver strip search training within PST. Identified training to be monitored through the Silver structure, meeting held every 6 weeks.</p> <p>CJS will engage L&D to explore what changes can be made to the current PST curriculum, as well as ensuring completion of already existing training by CJS staff.</p>	<p><i>Supt Paul Minor, Stop and Search Silver Lead</i></p>	<p><u>Update May 2023:</u></p> <p>Contact has been made with (L and D) PST, at present strip searching is not taught and does not sit in the PST manual. Discussion was had about whether this could feature but in order to do so a training reference would need to be identified. L and D are currently establishing which syllabus this would sit in prior to establishing whether it could be included in training.</p> <p>CIs have met with custody leads from L and D and ensured that current updated training and learning delivered to existing staff is also included in the training of all new</p>

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			Via the silver meetings encourage local SPOC's to raise awareness of the requirement to complete unconscious bias and vulnerability training to assist in officers being aware of and managing any bias, but also to be trauma aware when strip searching individuals. Training completion rates should be monitored for key departments and NPU's to determine if any further actions need to be determined.			custody staff. L and D member of staff now attends our external scrutiny panel to continue take back learning. All staff have been asked to complete unconscious bias NCALT and performance data managed through monthly performance meeting chaired by Supt Bailey. Ch Supt Joyce has personally briefed every team – Sgts and DEOs on strip search legislation, data and disproportionality which has received positive feedback from staff.
38	Dec 2022	Stop and Search	<p>Undertaking and recording safeguarding referrals needs to be improve to ensure that safeguarding referrals are undertaken for juveniles with accurate records maintained. To do this:</p> <ul style="list-style-type: none"> Supporting guidance should include reference to considering safeguarding referrals required for the juveniles and to record any referrals undertaken on the ControlWorks log. Supervisors should also be reminded via local SPOC's that they are to support officers in making safeguarding referrals. Awareness should be raised with Custody Officers that referrals should be made in accordance with the multi-agency arrangements for safeguarding, as per the Detention and Custody policy. Where no referrals have been made the rationale as to why should be recorded. <p>Via CJS service improvement meetings, monitor safeguarding actions undertaken following strip searches of juveniles, including the quality of information recorded, to ensure actions are undertaken to manage identified risks and vulnerabilities, with actions determined where issues are identified.</p>	<p>Officers when conducting any juvenile strip search to always consider the submission of a referral to Multi Agency Safeguarding Hub (MASH).</p> <p>This will form part of broader work that is being done to improve care of juveniles in custody. A pilot in Perry Barr sees greater collaboration with Children's Services, and it seen as a future template for the other custody blocks.</p>	<p>01/01/23 Supt Minor</p> <p>30/06/23 Deputy Head of CJ</p>	<p><u>Update May 2023:</u> Additional guidance has been circulated to the Chief Inspector cohort to advise that location of the search should be recorded and a MASH referral should be among the CI considerations when they are authorising a juvenile strip search. Guidance has been recirculated to all CIs following the organisational structural change that occurred on the 03/04/2023.</p> <p>Work ongoing and CI Nunn is the lead. He chairs a monthly meeting to broaden the work which is place at Perry Barr now we have 6 custody blocks open. This is still ongoing. I have asked CI Nunn to forward an update.</p>
39	Dec 2022	Pensions	<p>To enhance the controls regarding managing transfers into and out of the Force, the Head of Pensions should ensure the following:</p> <ul style="list-style-type: none"> The improvements to processes surrounding the production and receiving of Membership Certificates recently developed must be actively progressed and monitored with regular updates on progress reported into the Head of Pensions to allow for escalation where no responses are received. 	<p>Transfers are split into 4 areas</p> <ol style="list-style-type: none"> 1: Transfer in from other Forces (pol to pol in) 2: Transfer in from other Pension Schemes 3: Transfer out to another force (pol to pol out) 4: Transfer to another Pension Scheme. <p>In respect of pol to pol in, a substantial piece</p>	<p>Ongoing</p> <p>Pol to Pol in - Service Delivery Manager (AT) Transfer in from other Pension Schemes – Service Delivery Manager (KT) Pol to Pol out –</p>	<p><u>Update April 2023:</u> Pol to Pol in: All requests have been made to previous forces/pension provider with responses being received and pension records updated. A working schedule has been created. However, progress to update member records has been hindered following an upgrade to the Altair (pension) system. A new Altair Management Toolkit (AMT) has been required this is an issue with the software provider and is ongoing. The Implementation officer requested and received a new laptop however there were problems with the laptop supplied that had the AMT installed on it not</p>

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			<p>- The input of transfer calculations from previous pension funds should be independently checked by another member of the Pensions Team on input to reduce the potential for error or fraud.</p>	<p>of work has been performed and identified missing membership certificates for all known transferee officers since 2015. Membership Certificates for 2015 onwards have been requested from previous forces (payroll pension providers).</p> <p>A schedule has been created and will be updated (adding new transferees as appropriate), with all details including date of transfer, date membership certificate requested/received and date Altair (the pension system) has been updated.</p> <p>Reminders will be issued at least monthly, if no response is received the request will be referred to the Head of Pensions (HoP) for direct contact with the receiving Force/pension provider's Head of Service.</p> <p>In respect of Transfer in from other pension schemes. The process has been reviewed, a schedule of all outstanding work has been created and all work is being brought up to date. Transfer Out to other Forces (pol to pol out) – A schedule has been created identifying all pol to pol out from 2015. Membership certificates will be issued as required. HoP met with the Service Delivery Manager (KT) a plan has been created and the SDM (KT) will update HoP on a monthly basis. Transfer Out to other Pension Schemes: Although we currently have none outstanding, process notes will be formulated Service Checks: As part of the final authorisation for pol to pol in the input of service will be checked as part of the process. Transfers in, Altair is already checked as part of the process.</p>	<p><i>Service Delivery Managers (AT/KT)</i> <i>Transfers out to other Pension Schemes – Service Delivery Manager (KT)</i></p>	<p>working with the Implementation Officers smart card. The Implementation Officer is currently waiting for a new laptop to become available so that the process of installing the AMT can be tested again. In the interim period a work around to update member records when time allows has been devised.</p> <p>Transfers-in have increased enormously due to the huge increase in recruitment. This process is now being aided by some of the work being distributed amongst the newer members of the team.</p> <p>Pol to Pol Outs; a working summary sheet has been established identifying outstanding work on a date/force basis.</p> <p>Transfers-out; numbers are not huge and no real issues. However, the Home Office has recently put a freeze on Cash Equivalent Transfer Values (CETVs) due to upcoming changes in the Government Actuary's Department (GAD) Factors. In terms of the input of transfer calculations being independently checked the Service Delivery Manager (KT) indicated that checking has not been undertaken on transfers in from private pensions.</p> <p>In terms of pol to pol transfers little progress has been made however there is an issue with the AMT (see details above) which is delaying the records being updated.</p>
40	Dec 2022	Pensions	<p>Management should strengthen processes for reviewing NFI Mortality Screening results. This should include:</p> <p>- Timely review of the data matching report upon release to allow immediate stop to be placed on the pension to prevent any further overpayment;</p>	<p>Meeting scheduled with SDM (KT), Head of Pensions and Assistant Director Shared Services to discuss write offs and changing to "Leaver Status" on payroll. This will dramatically reduce the results that need checking on the NFI results. Once done, Mortality screening will be scheduled for every quarter. Additional staff training to be</p>	<p>30/09/22 <i>Service Delivery Manager</i></p>	<p><u>Update April 2023:</u> A number of write-offs have now been agreed with the Assistant Director, relating to historical cases. These are now being processed through payroll. Head of Pensions has scheduled quarterly dates for Mortality processes. Training of staff for Mortality Screening yet to be completed.</p>

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			<ul style="list-style-type: none"> - Contacting the NFI team to establish reasons why duplicate entries are appearing in the NFI report, and acting on any guidance given to prevent this. - Following the guidance provided by NFI to establish whether an individual is deceased, and to provide consistency in the level of detail recorded on the data matching records/NFI website. - Liaising with the AD Shared Services and Director of Commercial Services to progress write-off of the debt, ensuring Financial Regulations are complied with. - Establishing resilience within the team to ensure mortality screening data submissions and investigations can continue if the Service Delivery Manager were absent. 	<p>undertaken to provide resilience within the pension team. It is believed that constant submission of the same data may result in duplicate NFI results. This will be tested against the next submission and if duplicates remain, guidance will be sought from NFI.</p> <p>Service Delivery Manager (KT) will arrange and complete NFI training.</p>		
41	Dec 2022	Pensions	<p>Management must undertake proactive monitoring going forward to ensure any slippage in completion of tasks is identified at the earliest opportunity for risks to be fully assessed and appropriate mitigations put in place. This should include:</p> <ul style="list-style-type: none"> - Establishing a process for monitoring compliance with the service expectations within the Our Service For You agreement - Re-introducing monitoring of the Workforce Allocation sheet to ensure documentation/correspondence is acted upon promptly - Identify any backlogs within the team and determine a prioritised action plan for addressing and minimising any growth in the backlog. - The targets and expectations of service detailed within the "Our Services For You" agreement should be reviewed and approved by the Assistant Director Shared Service annually to ensure that the agreed timescales remain appropriate for the Pensions Team. 	<ol style="list-style-type: none"> 1: The Our service to You will be reviewed and SLAs amended as required based on current requirements and then reviewed at least annually. To facilitate the Manager Dashboard (following training and staff clearing down any resolved cases) to monitor compliance with the Our Service to You document with any variances investigated. 2: Intention to review the work allocation sheet to make it more efficient and to allow better reporting to be available. 3: to be linked in with 2 4: see 1 	<p>November 22</p> <p>1: All 2: Service Delivery Manager (KT)] 3: Service Delivery Manager (KT) 4: All HoP, SDMs, ADSS</p>	<p><u>Update April 2023:</u> Due to conflicting work this piece of work has commenced and is currently under review but has not yet been completed. The Service Delivery Manager has recently picked this piece of work up (following changes within the team from 4 April 2023). A work reporting schedule from April 2023 onwards has been created which will allow the Service Delivery Manager to monitor work and assist with creating new SLAs with sign off from the Head of Pensions. This went live last week. A copy of this work reporting schedule has been seen by Internal Audit. Review of work allocation sheets, has yet to be addressed due to conflicting workloads. The work allocation sheet has not yet been fully reviewed but some adjustments have been made. Utilising the work reporting schedule April 2023 onwards the findings will be shared with the Assistant Director for final sign off of any amendments to the SLAs</p>