

Agenda Item 09

JOINT AUDIT COMMITTEE
14 December 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 September 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.

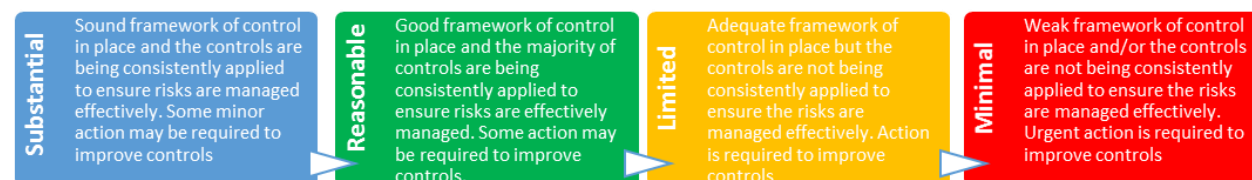
- 2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable's objectives are achieved. The work of the Team should be directed to those areas and 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 September 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 September 2023, along with details of the opinions given.

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

No.	Audit Review	Assurance Opinion
1	Force Governance Arrangements	Reasonable
2	Recruitment Audit	Limited
3	Serious and Organised Crime - Tasking and Escalation into ROCU	Reasonable
4	Wellbeing	Limited
5	Debtors	Reasonable
6	Training	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:

- Hidden Crimes
- Health and Safety
- Citizens in Policing Safeguarding Audit (Independent Custody Visitors, Appropriate Adults and Youth Commissioners) - OPCC
- Citizens in Policing Safeguarding Audit (Cadets) - Force

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 28 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 (x4)	7	4		2	1
3	Domestic Abuse (x2)	11	11			
4	Integrated Offender management (x4)	4	2		2	
5	Airport Insider Threat (x3)	5	2		3	0
6	Stop and Search – Focus on Strip Searches (x2)	7	4		3	

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
7	Special Constabulary (x2)	4	2		2	
8	Operations Resilience Unit - Civil Contingencies (x2)	5	5			
9	Accounts Payable (x5)	9	6		1	2
10	Procurement	4	4			
11	Risk Management	8	5		3	
12	Force Contact Service Levels	6	4	2		
13	Strategic Police and Crime Plan	2	2			
14	Pensions (x2)	7	1			6
15	IT&D Service Desk (x4)	5	5			
16	Agile Working (x2)	2	1	1		
17	Impact Areas	4	2			2
18	IT Business Continuity and Disaster Recovery	2	2			
19	Pensions (x2)	7	1			6
20	Domestic Abuse - Management of Investigations (x3)	11	11			
21	Vulnerability in Calls (x4)	5	4			1
22	Uplift Programme (x2)	4	4			
23	Connect Benefits Realisation	3				3
24	Special Branch	2	1			1
25	Fairness and Belonging	3	3			
26	Data Driven Insight (x5)	5	5			
27	Detained Property (x2)	7	1			6
28	RASSO (x2)	10	5		5	
	Total	151	99	3	21	28

- 4.4 Table 2 identifies an 79% 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 2023/24

Rating	Number agreed				
	2019/20	2020/21	2021/22	2022/23	2023/24
High	6	0	5	2	0
Medium	67	37	62	49	18
Low	55	51	39	33	17
Total	128	88	106	84	35

- 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	2023/24	Total
Total Number	73	37	67	51	18	246
Total not yet due to be Followed-up/Follow-up in progress	0	0	0	25	18	43
Total Followed-up Concluded	73	37	67	26	0	203
<i>Of Which:</i>						
Total Implemented	66	35	40	14	0	155
Total Redundant/risk accepted	7	0	1	2	0	10
Total Outstanding after follow-up	0	2	26	10	0	38

- 4.8 Of the 203 significant recommendations followed-up since 2019/20, 155 (76%) have been fully implemented. A further 5% are considered redundant or risk accepted. 38 (19%) remain outstanding and full details of these along with the latest progress updates are detailed in **Appendix 4**. The latest updates confirm progress is being made for the majority of these recommendations.

5. PERFORMANCE

- 5.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs for 2023/24 are set out in Table 5 along with actuals as at November 2023.

Table 5 – KPI data 2023/24

KPI Description	Narrative	Annual Target	Actual 2023/24
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered*	90%	39%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	81%
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%

*Based on revised plan

6 PROPOSED CHANGES TO AUDIT PLAN

- 6.1 It is usual practice to refresh the audit plan part way through the year to reflect on changes to the risk environment of the organisation. This review was also necessary to identify audits that could be removed from the plan or postponed to next year as a result of resourcing issues within the Internal Audit team due to the Head of Internal Audit acting into the role of Chief Finance Officer until August, and the departure of a Principal Auditor in July.
- 6.2 Proposed changes to remove or postpone six audits to address part of the shortfall were presented and discussed with Senior Management. The Chair of the Joint Audit Committee was consulted on these proposals outside of the usual reporting schedule. The following changes to the plan are therefore reported for the Committee's information.

- Crime recording, validation and allocation - The audit planned to focus on the arrangements in place to record crimes and Crime Service Team arrangements to validate crime reports prior to them being allocated. This was linked to Risk CRR40 Demand Management which has now closed on the Force risk register and therefore proposed to remove from the audit plan.
- Force Contact - Audit planned to focus on the improvement plan in place to improve Force Contact response times and review the arrangements in place for Force Contact (including Support Desk). This was also linked to Risk CRR40 Demand Management, as well as a thematic risk in the PCCs risk register which has also closed and therefore proposed to remove from the audit plan.
- Supervision of FCID investigations - To review the adequacy of supervision throughout Force CID investigations in line with the new operating model and changes in working practices from April 2023. This was linked to Risk CRR30 Investigative and Criminal Justice Process and Outcome which has now closed and therefore proposed to remove from the audit plan.
- Child abuse - Propose to postpone to 24/25 and undertake a follow-up of 22/23 audit recommendations which are still ongoing – requesting evidence to support progress.
- Occupational Health - Propose to postpone to 24/25 due to an internal review being underway. This will allow time for any new arrangements to embed. A Wellbeing audit was undertaken earlier in the year.
- Financial Savings Governance - Propose to postpone to 24/25. Budget monitoring report to SPCB in September 23 shows underspend this year and a budgetary control audit completed early this year received Substantial Assurance.

6.3 The audit plan will continue to remain flexible to respond to the needs of the Force and the Office of the Police and Crime Commissioner as the risk environment changes, and as result of the decision from HMICFRS to move the Force into the ‘Engage’ process.

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.

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

1. Recruitment

1.1 The purpose of this audit was to provide management with assurance that the procedures and operating protocols for managing recruitment comply with legislation, regulations and Force policy and procedures. This audit included a review of governance arrangements, recruitment processes, the application, assessment, shortlisting and selection processes, the use of and access to the Oracle Taleo Enterprise Cloud (OTAC) system and management and monitoring arrangements. A Limited Assurance opinion was issued due to a number of issues and weaknesses identified in key controls.

1.2 The key findings of the review are as follows:

- Supporting evidence, such as role profiles, briefing call notes, interview schedule details etc. were not retained within the OTAC system by the Recruitment Team /Hiring Managers for a number of individuals recruited. This is necessary to confirm that the correct steps in the recruitment process have been undertaken.
 - Training on aspects such as shortlisting and interviewing applicants is not undertaken routinely for Hiring Managers, instead training is available upon request. The availability of such training is not widely advertised and consequently the assessors within the sample of recruitment exercises reviewed, had not undertaken the training.
 - A Recruitment Selection and Onboarding process document has been created setting out the correct steps for the Recruitment and Onboarding teams to follow as well as outlining target completion times for individual tasks. It was identified that:
 - Some aspects of the process operating in practice were not covered within the process document, including established target completion times, and some parts of the process didn't have targets.
 - There is no monitoring or reporting against existing targets to senior management.
 - No quality assurance checks are undertaken to ensure all steps in the recruitment process have been followed correctly, evidenced appropriately and that there is consistency in shortlisting and assessor decisions. It was however, recognised that a template for audit checks had been drafted but not yet introduced.
 - No feedback is sought from candidates who withdraw from the recruitment process, which can act as a useful tool in assessing the effectiveness and efficiency of the process and help identify areas for continuous improvement. Following the implementation of Oracle Recruiting Cloud, which is due to be implemented imminently to replace OTAC, a new performance measure is to be introduced around applicant satisfaction which may help address this.
 - OTAC system user access and permissions are not reviewed on a regular basis to ensure that user access rights are up to date and appropriate. Consequently, a small number of individuals who have left the Force still have access to the OTAC system. Force users can only access OTAC through an active WMP network log in and as leavers are removed from the Active Directory, this mitigates the risk of unauthorised external access.
- 1.3 Management actions agreed to address the key findings were:
- Documentation requirements will be built into the new recruitment system and guidance issued to recruiting managers.

- Ability to deliver assessor training will be balanced against capacity in the team linked to volume recruitment and promotion processes
- Inappropriate access will be identified and reviewed. The move to Oracle Recruiting Cloud will require new access rights to be granted. These will be role based which will remove the problem into the future.
- A process to measure and monitor compliance against SLAs will be adopted that include arrangements for capturing, monitoring and reporting outcomes to senior management.
- The Recruitment, Selection and Onboarding process document will be reviewed and updated accordingly. Once updated the revised document will be communicated and published for all Recruitment/Onboarding staff to access.

2. Wellbeing

2.1 This audit sought to provide assurances that the Force have appropriate arrangements in place to support staff wellbeing and to assess the robustness and appropriateness of these measures. The audit reviewed the governance arrangements, including board oversight responsibilities and reporting lines, performance management and monitoring arrangements, wellbeing initiatives and the support offered to staff at various stages in their career and also trauma support to specific roles across the Force. Limited Assurance was issued largely due to a lack of governance arrangements in place to maintain oversight of the delivery of the Wellbeing strategy.

2.2 The key findings of the review are as follows:

- To support the delivery of the wellbeing agenda across the Force a five-year Wellbeing Strategy was launched in 2019/20 with a further annual strategy produced for 2023/24 reflecting the vision, ambition and service delivery for the wellbeing agenda. Three key priority objectives have been determined relating to colleague welfare, wellbeing and health and resilience (priority one), focus on trauma support (priority two) and wellbeing being at the heart of everything we do (priority three). No assurance could be provided that the Wellbeing Strategy had been approved by the Force Executive Team and therefore subject to appropriate scrutiny and input from key stakeholders.
- Wellbeing and supporting delivery plans have been established to help deliver the Wellbeing Strategy for 2023/24. Information was not being consistently recorded in respect of progress updates, target completion dates, RAG ratings on progress, and there were instances of a lack of success criteria / targets established to confirm that the wellbeing priorities have been achieved, e.g. reference is made to increasing the number of mental health first aiders and Trauma Risk Management (TRiM) practitioners but this has not been quantified to help monitor progress or confirm when the priority had been achieved.
- To identify whether a specialist role requires additional wellbeing support individuals have the option to partake in an annual psychological screening. Based on the results, further support may be provided in the form of signposting to appropriate services via a structured interview or a referral to a psychologist, with set timeframes for these referrals to be completed. For individuals who received a structured interview or psychological assessment no report could be provided from the Occupational Health system (eOpas) to confirm that action taken to address potential wellbeing issues with individuals were completed in a timely manner.
- In regards to performance for wellbeing:

- No key performance indicators have been established to measure performance against the three wellbeing priorities outlined in the Wellbeing Strategy.
- Gap analysis is a method of assessing the performance of the current wellbeing offer to determine whether it meets wellbeing priorities. No gap analysis had been undertaken between the key wellbeing priorities, and the support currently offered to identify any shortcomings where additional actions are required.
- Following the completion of new wellbeing initiatives, feedback was not collated or information analysed to assess the value of the initiative, whether the intended objectives have been achieved, and to identify good practice, learning or areas where extra support is required in future.

2.3 Management actions agreed to address the key findings were:

- Wellbeing is now being reported at force performance panels, with joint departmental KPI's with Health and Safety and HR. Updates into Senior Leadership Team regarding wellbeing is now being reported. Regular weekly Diversity and Inclusion Senior Leadership Team meetings now discuss actions against the strategy.
- There is a wellbeing action tracker being produced, against performance measures, training and new projects for 23/24 and the wider wellbeing strategy will be approved by Force Executive Team.
- Policies relating to wellbeing are now up to date.
- KPI's will be discussed at the Diversity and Inclusion SLT around high risk roles and stress (Force contact and investigations) the wellbeing the offer (as is) and training/engagement (gap analysis to be taken on existing training packages, portal views and stress risk assessment). Interventions will form part of the action tracker and reported in delivery plans/new initiatives and fed into performance meetings and Force Executive Team.
- Wellbeing engagement forum attendance will be more closely monitored with feedback recorded from leads across the Force.

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	Final	Reasonable
Expenses	Final	Limited
IT Change Management (including configuration, release and patch management processes)	Final	Reasonable
ROCU Tasking	Final	Reasonable
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)	Draft	Awaiting management comments
Force Governance Arrangements	Final	Reasonable
Training	Final	Substantial
Recruitment	Final	Limited
Wellbeing	Final	Limited

*included in 2022/23 annual opinion

2023/24 Internal Audit Plan

Audit		Opinion / Comments
Nat Fraud Initiative (AC)	In progress	Creditor and Pensioner matches have been identified and are being investigated.
Debtors	Final	Reasonable
Firearms Licensing	Planning in progress	
Citizens in Policing Safeguarding (Appropriate Adults /Custody Visitors/Youth Commissioners)	Draft	Awaiting management comments
Citizens in Policing Safeguarding (Cadets)	Draft	Awaiting management comments
Vetting	In progress	
Overtime	In progress	
Payroll	In progress	
PPU Complex Adult Abuse		
Environmental Strategy		
Missing Persons Process		
PND		
Performance Management - Officers and Staff		
Health & Safety	Draft	Awaiting management comments
Intelligence - Threat to Life Scenarios		
Prevent & Pathfinder Nominals - CTU		
Treasury Management	In progress	
Freedom of Information Requests	In progress	
Mental Health in Custody		
Citizen's Experience/satisfaction		

Audit		Opinion / Comments
Firearms Culture & Behaviour		
Projects & Benefits		
IT Audit – Software Licensing	In progress	
IT Audit – Airwave device Management	In progress	

Audits proposed for cancellation or postponement in mid-year plan review

Audit
Crime recording, validation and allocation
Child Protection/ abuse
Supervision of FCID investigations
Financial Savings Governance
Force Contact
Occupational Health

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

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

2023/24 recommendations	Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
IT Change Management	2					2	Dec 23
Expenses	6					6	Jan 24
Organisational Learning – Manchester Arena Bombing	2					2	Jan 24
Force Governance Arrangements	2					2	Mar-24
Recruitment Audit	7					7	Apr-24
ROCU Tasking	4					4	Apr-24
Wellbeing	4					4	May-24
Debtors	6					6	May-24
Training	2					2	May-24
Totals	35					35	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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		Dec 23
Covid Organisational Learning	1	1					N/A
Contact Service Levels	6	4	1	1			N/A
Operations Resilience Unit – Civil Contingencies	5	5					N/A
Local Policing – Impact Areas	4	2			2		Feb 24
Pensions Services	7	1			6		Dec 23
IT&D Business Continuity and Disaster Recovery	2	2					N/A
Procurement	4	4					N/A
Fairness & Belonging	3	3					N/A
Child Abuse	10					10	Response received. Evidence being reviewed to confirm implementation
Local Policing Serious Violence in U25s	3					3	Sept 23 – In progress
Parole Board Disclosures	7					7	Sept 23 – In progress
Uniform	10					10	Dec 23

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
Body Worn Video		3					3	Nov 23 – In progress
Special Branch		2	1			1		Jan-24
Stop and Search – Strip Searches		7	4			3		Mar-24
Totals		84	34	1	1	15	33	*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	4			1		Dec 23
Accounts Payable		9	6			3		Jan 24
Rape and Serious Sexual Offences (RASSO)		10	5			5		Response received. Evidence being reviewed to confirm implementation
Victims Satisfaction		7	4			3		Feb-24
Risk Management (WMP)		8	5			3		Mar-24
Special Constabulary		4	2			2		Mar-24
Integrated Offender Management		5	3			2		Dec-23
Connect Benefits Realisation		3				3		Dec 23
Detained Property		7	1			6		Mar-24
2020/21								
Payroll		7	4			3		(Reviewing as part of ongoing Audit)
Totals		65	34			31		*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	March 2021	Payroll	To ensure appropriate segregation in duties for input and verification is evidenced Payroll Management should: - undertake appropriate checks to ensure that the necessary verification checks of input, Audit Reports and Payroll Reconciliation reports are fully completed and there is appropriate evidence to confirm completion of the checks; - investigate any missing verification checks with the relevant Payroll operative; and - ensure amendments to bank accounts orchestrated by the Head of Payroll are independently verified and records endorsed appropriately.	Accepted	31/3/2021 <i>Head of Payroll</i>	<u>Update as at December 2022</u> Segregation of duties is in place between HOD Payroll, Service Delivery Manager's and the wider team. Audit checks are in place both internally and from HMRC requirements. The Head of Payroll is leaving the Payroll Team at the end of November. Assistant Director Shared Services will address and put formal payroll processes in place in line with support from our payroll system provider, Midland HR. <i>Payroll audit is underway that will assess progress with these recommendations</i>
2	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. Work is underway 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. <i>Payroll audit is underway that will assess progress with these recommendations</i>
3	Jun 2021	VSA Team (Vulnerability in calls)	A VSA Team review schedule should be determined and agreed by the appropriate governance board to ensure that there is a structured approach in place to review all vulnerability areas. To support the development of a review, schedule the following should be considered; • Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements • Sample size approach • Whether the whole life of the records should be reviewed to gain an initial benchmark on compliance and help identify any targeted deep	June 2021: Since the introduction of the Strategy and Direction Department in 2020, the Force has been continually reviewing the department and exploring the most effective and efficient way to deliver strategic requirements. The force has now made the decision to utilise the support of external experts, Accenture, over the coming months to help move this work forward. The establishment of the VSA Team as a permanent business assurance function along with the implementation of the recommendations from this audit will be realised as part of this wider department review.	October 2021 <i>Chief Supt leading VSA Team</i>	<u>Update as at September 2023</u> Team members have now attended an ISO 9001 course to teach them about elements such as frequency of reviews, sample sizes and tolerance levels. The new department manager has implemented a number of meetings where the VSA report ongoing work and discuss them with performance partners who identify from their respective governance boards where triggers have occurred that require further or new audit work to be completed. The team are also developing a more formal commissioning process so that other parties can request audit work, which can then be fed in and assessed by SDA meetings to enable acceptance/prioritisation. The VSA team have now been established long enough to have started completing end to end reviews, benchmarking

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>dive reviews into themes / processes.</p> <ul style="list-style-type: none"> • 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. 			<p>performance with a view to discussing with stakeholders as to where the focus needs to be, to ensure improvement. The more consistent nature of the audit completion is now also enabling the force to identify tolerance levels in each area. The VSA team also now attend the Risk Tactical Board and identify various risks and issues to appear on the risk register. The VSA team are also engaged in the HMIC PEEL framework and were included in a series of internal self-assessment exercises which have taken place across the force. The integration work across risk, assurance and organisational learning with the VSA is progressing well. An options paper has been drafted to determine the remit of the VSA and resourcing requirements. The full delivery of this recommendation is limited by the resources of the VSA which is significantly under resourced and therefore unable to deliver the proposed recommendation as is. They do however focus on audits according to risk prioritisation and deliver this function to the maximum that their current staff compliment allows. A full revision of the VSA reporting template has been undertaken which allows for effective auditing and highlighting of key recommendations and how these relate to 'vulnerable areas'</p>
4	Sept 2021	Accounts Payable	<p>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.</p> <p>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</p>	Agreed, work to review the operation of the duplicate payments report is already underway	30 November 2021 <i>Head of Purchase to Pay</i>	<p><u>Update provided September 2023</u> Work is currently underway to explore the possibility of using Fusion to identify possible duplicate payments. Should this be successful the process will replace the use of the current duplicate payment report.</p> <p>This was recently discussed with internal Audit; further discussions will take place.</p>
5	Sept 2021	Accounts Payable	<p>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</p>	Agreed, this will need to be actioned in conjunction with IT&D	31 October 2021 <i>Head of Purchase to Pay</i>	<p><u>Update provided September 2023</u> This issue is still with IT&D we will continue to chase and will copy Internal Audit into any correspondence.</p> <p>Last time this was chased was in early September '23.</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
			are not shared. Furthermore, audit logging should be reviewed to establish whether it can be utilised without adversely affecting system performance.			
6	Sept 2021	Accounts Payable	The scheduled task in regards to reconciliation of the BACS transmission file must be reinstated immediately. Following this, in conjunction with IT & Digital, steps should be taken to secure the BACS transmission file when being extracted from Oracle Fusion. This should include the file produced being read-only and being automatically transferred to the relevant network drive for upload to the bank.	Agreed	31 December 2021 <i>Head of Purchase to Pay</i>	<u>Update provided September 2023</u> IT & D have scheduled with their Architecture Team to supply resources to start looking into this from Mid- November 2023. This will be a month's process to technically review the current infrastructure, system and processes in place and have a solution design created for what we need to do to automate the files alongside working with Natwest to assess other alternative systems that we could possibly use (Bankline etc.). Once the review and solution designs are completed, it will go through formal governance approval via. IM and our Technical Design Authority Board which will then be passed onto our Delivery Board to progress with implementing a solution.
7	Dec 2021	Victim Satisfaction	To ensure officers and staff have appropriate understanding of the requirements of the Victims Code and the rights of victims: - The NCALT Victims Code training completion information should be circulated to departments and NPU's on a periodic basis to make the SLT's aware of the low completion rates and prompt further promotion of the training package. - Further promotional activities should also be considered by the Victims sub group with completion rates monitored on an on-going basis as part of future meetings and determine escalation routes if training is not undertaken and compliance rates do not improve.	1.The revised Victims Code was launched in force with direction that the NCALT training was mandatory. This was reinforced at the Victims code forum however like most training within force the take up was low. 2. Training needs to be locally managed via individual performance forums 3. FCID and PPU currently developing further training and awareness and monitor completion via their SIM meetings 4. Role for POD/L & D regarding completion of key training packages	May 22 <i>Victims and Witnesses SME</i>	<u>Update provided November 2023</u> The Victims Thematic Board has requested the NCALT package is mandated due to low levels of completion. Also, a renewed request for management data to be shared with heads of departments has been supported with monthly dissemination of data. A QLIK dashboard is being created to provide a self-serve ability for managers to understand team compliance. L&D and PPU are working on additional training packages to provide enhanced learning in this field.
8	Dec 2021	Victim Satisfaction	The Victims and Witnesses SME should liaise with the Connect Team to explore options and agree an approach for officers completing the Victim section in Connect including: • Mandating the recording of victim protected characteristic information • A preferred approach to record how Victims Code information delivered to victims should be recorded including when a crime reference number has been issued, OIC information given to the victim and the method they have been informed. • The correct process for attaching the witness	<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 	end 2022 <i>Inspector-CONNECT Team</i>	<u>Update provided November 2023</u> Implementation of the Protected Characteristics data standard into national IT systems is being overseen by PDS and NPCC. This is a pre-requisite of any changes being made in CONNECT. However, due to the uncertainty of WMP's future CONNECT upgrade pathway it is unclear as to whether or when the force will be able to move towards full compliance with this data standard.

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			<p>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 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>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 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>		
9	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</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><i>Chief Inspector IOM</i></p>	<p><u>Update as at September 2023</u></p> <p>There is a consistent reporting tool for IOM produced. This is in the form of a monthly performance document for each of the individual LPA's in the form of a slide deck. This incorporates data from Business Insights (PMP's), IDIOM-reoffending rates and costs as well as Probation monthly data.</p> <p>In addition to the above, a quarterly performance document is also produced and shared with LPA's which provides a benchmark of force performance against each LPA, taken from the same systems as the monthly performance document.</p> <p>All documents are shared with IOM Inspectors on a monthly basis as well as LPA Crime Managers. Quarterly documents are shared with the above as well as SDA and ACC Bell. IOM Governance also produces the performance data for</p>

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			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>IDIOM is the national tool for IOM performance. This tool is still going through a refresh however the tool itself is able to be used by LOMU's/Commanders to gauge the impact of intervention/management around cohorts. This is represented as a cost of crime across the cohorts and provides a report of pre/during and post adoption within IOM.</p> <p>Training across relevant areas and staff in the use of IDIOM is to be arranged</p> <p>The protected characteristics of an individual are built into the Connect system therefore, as part of the performance framework we will be able to identify if there is a disproportionate approach towards management.</p>		<p>IOM across each of the LPA's for their QPR's.</p> <p>The Reducing Reoffending Group has still not been reconvened. This was chaired by OPCC however, appears to have been suspended. Enquiries being made with OPCC regarding the commencement of this meeting again. Performance data produced includes demographics and protected characteristics data from Connect/PMP's.</p> <p>A RFG (Recency, Frequency, Gravity) is now live, created by DAL to support IOM in selection and deselection of offenders for management. Further developments of this tool will be explored and IOM Governance will work closely with the DAL to understand what can be done to improve the system over time, e.g. linking the RFG score to an individual PMP.</p>
10	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 	<p>Central IOM will be further reviewing the ODOC document. ODOC's are being examined through the quality assurance visits.</p> <p>Central IOM will be exploring what the process is for informing nominals that they are part of the IOM programme.</p> <p>Decisions from ODOC should be documented within the PMP with the documentation being attached</p> <p>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.</p>	<p><i>Chief Inspector IOM</i></p> <p><i>31 December 2022.</i></p>	<p><u>Update as at September 2023</u></p> <p>IOM policy is complete and a draft version of the policy has been shared with ACC Bell. However, prior to wider consultation a full Equality assessment for the policy needs to be completed. This EA is underway and once completed the policy will be sent out for wider consultation, prior to sign off by FET</p> <p>The ODOC meeting has now changed to the MACC (Multi-Agency Case Conference)- IOM Governance are marketing this change across the LOMU's. The MACC guidance is being reviewed in partnership between IOM Governance and Probation. Local arrangements are currently for either an Inspector or a Senior Probation Officer to chair the meetings. However, this is causing some issues across the geography due to the extra demands placed upon LOMU Inspectors post the Organisational changes in April 2023. Therefore, a consideration for chairing to be disseminated to LOMU sergeants under some circumstances is being considered.</p> <p>End to end process is currently being piloted within Sandwell and Dudley and the early findings are positive. Evaluation/review will be undertaken in September 2023 and expectation is that the agreed end to end process that provides consistency will be live across the whole WMP area by the end of 2023. This process ensures that a 'Welcome' letter and nominal self-assessment is completed and uploaded to the nominals PMP. At point of deselection a</p>

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			<p>from prison and de-selected.</p> <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>Supervisors review is a focus of IOM peer review</p> <p>In terms of the risk levels, these are clearly identified through the RFSDi scoring dashboard that has been created by the Data Analytics Lab. This is still being tested by 2 LOMUs (DY and BW). However, the scoring parameters to distinguish the various levels of risk are factored into the dashboard. This dashboard will be used to assist in decision making around selection/deselection opposed to being the sole tool for management.</p>		<p>questionnaire and revisit of the nominals self-assessment is completed to identify good practice/areas for development and attached to the nominals PMP. This provides a clear consistency across the management and ensures that the nominal is aware of the process.</p>
11	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>	<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.</p>	<p>31 December 2022</p> <p>Senior Assurance and Risk Manager</p>	<p><u>Update as at November 2023</u></p> <p>Policy and risk appetite statement have been signed off via meeting with DCC, formally requesting the staff officer to get a signature. Policy includes governance processes and roles and responsibilities have been defined in the procedural guidance.</p> <p>Tactical Board has now been running since March 2023, and governance process working in line with policy process.</p> <p>Risk and Organisation Learning Board is in place, TOR has been updated and formally signed off by Head of SDA.</p>
12	March 22	Risk Management	<p>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</p>	<p>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.</p>	<p>30 November 2022</p> <p>Senior Assurance and Risk Manager</p>	<p><u>Update as at November 2023</u></p> <p>Risk Appetite statements have been approved by the DCC in September meeting. Formally sending policy for Risk Management to staff officer for formal sign off.</p> <p>Training for SLT members, Heads of Departments and Risk SPOCS and other staff have been managed in October and November, covering why we manage risk and managing risk, this includes risk appetite statements. Staff have already booked onto the training with 2 sessions now closed as they are full.</p> <p>Update to FET for risk appetite statements is also taking place. A meeting with the JAC chair also been booked.</p>

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13	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 this report should be addressed in the revised policy and guidance.</p>	<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.</p>	<p>30 June 2022</p> <p>Senior Assurance and Risk Manager</p>	<p><u>Update as at November 2023</u></p> <p>Following a consultation process the risk management policy and associated documents have been approved by the DCC through meetings, sending documents to staff officer for final sign off. Risk Register has been live and items registered via a centralised form (this is now via SP allowing self-service updates). Risk is a key agenda item on Governance Boards that meet monthly, Risk Team prepare slide decks providing an overview on risk, this covers off corporate risk escalations/de-escalations and closure. Risk management process is being followed in line with how policy reads.</p>
14	Sept 2022	Airport Insider Threat	<p>To improve governance around Operation Syrah and PND wash project:</p> <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>	<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:</p> <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. 	<p>01/06/22</p> <p>APU Manager</p>	<p><u>Update as at August 2023</u></p> <p>Project paused pending independent evaluation and authority to recommence</p>
15	Sept 2022	Airport Insider Threat	<p>To effectively manage intelligence threats to the airport the APU Manager should:</p> <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 	<p>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.</p> <p>PND Actions register will now also include dates and detail of activities that have taken</p>	<p>01/06/22</p> <p>APU Manager</p>	<p><u>Update as at August 2023</u></p> <p>Project paused pending independent evaluation and authority to recommence</p>

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			<p>escalation of information.</p> <ul style="list-style-type: none"> Obtain and record updates from action 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>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>place, including escalations.</p> <p>PND actions register will now include outcomes / closure details.</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>		
16	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</p>	<p>Update as at August 2023</p> <p>Project paused pending independent evaluation and authority to recommence</p>
17	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 system. 	<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. Communications via Portal posted Force</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</p>	<p>Update as at November 2023</p> <p>The next upgrade of Connect included the Property module which has been paused at the moment.</p> <p>The Warehouse and Production Evidential Detained Property Manager is working with the Communications Manager within Corporate Communications to put together a series of articles to be published via Newsbeat or message of the day on correct procedures to follow. Once this is up and running the plan is to publish articles on a regular basis every 2-3 weeks The GO-TO App has not been updated due to the pausing of</p>

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			<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>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>an ICT project. 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>connect in addition to lack of resources</p> <p>The Connect Steering Board has re-commenced and this will keep the Facilities Manager updated as to whether plans are going ahead or not.</p> <p>Authorisation has now been received from CRAB to work with Microsoft to develop a stock management service which in the first instance will be utilised for helping with Uniform before moving on to Detained Property.</p> <p>Corporate Asset Management are going through a restructure presently and are in the consultation period at the moment. The Local Delivery Teams and Area Facilities Managers are looking to see if they can support the Detained Property Team.</p> <p>The Connect Steering Board has been restarted. This enables the Facilities Manager to be kept updated on items that WMP are going ahead with</p>
18	June 2022	Detained Property	Oversight arrangements for detained property need to strengthened by:	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.	31/7/22	<p><u>Update as at November 2023</u></p> <p>The Facilities Manager sends the report to SLT members and this is then discussed at SLT meetings. Updates on the</p>

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			<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>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>31/3/22 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>development / results of KPI's are not included.</p> <p>Centralisation of all the Property stores has not been completed as yet. The Facilities Manager is of the opinion that by Christmas they will be in a better position.</p> <p>A monthly report has not been produced and circulated to LPA's as the current property system is not able to breakdown the data that would be required. This would require manual intervention which the Facilities Manager indicated would be a huge commitment which is not practicable at the moment.</p>
19	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 the property items. <p>Management should establish a process to monitor progress against the above to ensure the</p>	<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>Update as at November 2023</p> <p>The Facilities Manager confirmed that staff had been reminded during their weekly meetings of the need to update the property system when cash is banked selecting the correct safe and recording the transaction in the correct safe register. This was a verbal update and so therefore no evidence could be viewed to collaborate this.</p> <p>Setting schedules for disposal is difficult. We now have a Memorandum of Understanding with Sussex Police and we sent them a quantity of items which they sold for us.</p> <p>Working on a disposal route for Auction items now.</p> <p>A process for Drugs incineration is with Legal Services for review. There is currently a large backlog of drugs to be disposed of.</p> <p>Setting a target number of letters to be issued per week / month has not been achievable due to resources as you first need to ensure you have the property before Shared Services can book the appointments and there are only a certain amount of items you can hand back in one day due to</p>

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			actions are having an impact and to determine if any further actions are required.			<p>the time required.</p> <p>Other LPA's items have now been added to Stechford for rebaying. Space is an issue as is resources. Coming to the end of centralising all the LPA's so the volume should reduce it is hoped that by Christmas nothing more will be added to the items to be rebayed.</p> <p>No process has been established to monitor progress against the above but are discussed at weekly Team meetings with the Project Manager</p>
20	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</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 November 2023:</u> Two restricted Officers are working their way through the missing item list as it stood in May 2023.</p> <p>Completed checks have been made on all of those still showing against LPAs, and they are working their way through those against CDP.</p> <p>The officers are interrogating force systems to establish links to crime type. Where more information is required contact is being made with the OICs. Action is being taken if it is found that a DP record can be updated and closed. A spreadsheet is being maintained to record the findings, to aid in senior management decision making.</p>

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				<p>module currently doesn't have a 'missing' 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. 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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21	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. 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>	<p>Ongoing</p> <p>Facilities Manager</p>	<p><u>Update as at November 2023</u></p> <p>Currently we are not at full staff entitlement and as a result we do not have enough resources to allow for quality assurance checks to be undertaken. Our priority is maintaining business as usual functions.</p> <p>Missing cash/ drugs / high value items are escalated to Corporate Asset Management's Standards Manager</p>
22	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 training is due to or has expired</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>	<p>01/07/22</p> <p>Chief Inspector Tambling/ CiP Manager / Special Chief Inspector</p>	<p><u>Update as at December 2023</u></p> <p>Training compliance and monitoring is now managed by the Citizens in Policing Coordinator aligned to Specials Chief Inspector.</p> <p>PST / FASP inconsistent dates are now all remedied and officers are aware if they have further training needs. The Citizens in Policing Coordinator is proactive in managing who has upcoming training that is lapsing and making sure this is recorded effectively and has strong links with the training supervisor in the training team to ensure records are maintained.</p> <p>WMP Conversations have not been rolled out to Specials yet due to the force being unable to support the process due to operational needs but this is in progress now regular officers and staff WMP Conversations are complete. Training will remain part of WMP conversation GOALS for all Specials</p> <p><u>Internal Audit Comment:</u></p> <p>In conjunction with L&D, Citizens in Policing conducted an exercise to correct all dates in Duty sheet. Details of the training dates within L&D were requested by Internal Audit and compared to dates provided by the Citizens in Policing Co-ordinator within Duty Sheet. Despite the work undertaken to date, differences were identified in the dates showing for</p>

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						FASP training. This has been discussed with the CIP Co-ordinator who is to request a meeting with Organisation Development and Learning to establish the reasons for these discrepancies.
23	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. Establishing reporting requirements for areas of deployment and utilisation. 	<p>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.</p>	<p>01/11/22</p> <p>Chief officer/Deputy Chief Officer/ CIP Manager</p>	<p><u>Update as at December 2023</u></p> <p>This is still in progress. The SLA has been reviewed and is currently with the Legal team for review. The CIP team are reviewing a selection of LPAs where posting strategies differ to identify good ways of working. From this the constabulary will be able to develop and share standardised ways of working where possible.</p> <p>A new specials policy has been written, currently with legal, alongside the SLA the expectations for advanced booking of duties is set out.</p> <p>For an officer to be placed LOA we have implemented a new process making SCIs more accountable for longer term absences, this includes agreeing contact plans, securing uniform and equipment, agreeing proposed RTW date and ensuring required process to return are completed i.e. IHC on return</p> <p>A note will be added to Duty Sheet to acknowledge when an officer is LOA/Non-OP and the supervisor who has agreed and further note will be added to highlight the return and who completed the RTW where required (where appropriate the reasoning for Non-Op will be recorded i.e. out of date with PST, but due to Duty Sheet being externally host no sensitive information will be recorded in this way)</p>
24	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 	<p>1. 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</p> <p>2. 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.</p>	<p>31/12/21</p> <p>Supt Caddick</p>	<p><u>Update 30/11/23</u></p> <p>An updated position has been provided to Internal Audit and evidence to support implementation is currently being assessed/obtained with a view to closing this recommendation.</p>

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			<p>officers should be enrolled on courses.</p> <ul style="list-style-type: none"> • 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"> 3. RASSO SME to liaise with SIT lead to ensure ACIT staff are prioritised as training delegates on PPU and L and D training plan 4. Full training plan (cross investigation portfolio) has been produced in conjunction with L and D 5. Establish dedicated training sessions for all complex staff 		
25	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"> 1. Force Response, Force Contact representatives and learning and development colleagues to be invited to the RASSO sub group 2. RASSO lead to discuss this action with Force Response lead 3. CPD events to be designed and scheduled for force response staff delivered by L and D 	<p>31/12/21</p> <p>Supt Caddick Supt Gordon</p>	<p><u>Update 30/11/23</u> An updated position has been provided to Internal Audit and evidence to support implementation is currently being assessed/obtained with a view to closing this recommendation.</p>
26	March 2023	RASSO	<p>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.</p>	<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 	<p>01/09/21</p> <p>Supt Caddick</p>	<p><u>Update 30/11/23</u> An updated position has been provided to Internal Audit and evidence to support implementation is currently being assessed/obtained with a view to closing this recommendation.</p>
27	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 	<ol style="list-style-type: none"> 1. Timescales for any resource increase requests are tracked through Workforce Strategy Boards (WFSBs) 2. 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. 3. RASSO workload demands to be escalated to PPU SLT, PPU Risk Register and to the Vulnerability Improvement Board where required 4. Identify when FET resources will be actioned and track through 	<p>30/09/21</p> <p>Supt Caddick</p>	<p><u>Update 30/11/23</u> An updated position has been provided to Internal Audit and evidence to support implementation is currently being assessed/obtained with a view to closing this recommendation.</p>

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			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	central RASSO improvement Plan 5. Wellbeing Manager to be invited to operational RASSO meeting to discuss options available to support Investigators.		
28	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 should also assess officer compliance as part of the supervisory reviews.	<ol style="list-style-type: none"> 1. RASSO lead to instruct the complex teams to record victim contact plans 2. RASSO lead to instruct teams to complete Victim's needs assessments. 3. Recording of contact plans to be monitored by the bi-monthly peer reviews 4. Supervisors to dip sample 10 cases per month to ensure contact plans have been completed 5. Victims and Witnesses SME is conducting audits in relation to Victims' code compliance which will be fed into the RASSO Sub group. 	01/10/21 <i>Supt Caddick</i>	<u>Update 30/11/23</u> An updated position has been provided to Internal Audit and evidence to support implementation is currently being assessed/obtained with a view to closing this recommendation.
29	Dec 2022	Stop and Search	To provide refresher training to officers across the force on strip searches and support ongoing development the Stop and Search Silver Lead should: • 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. 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.	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. 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.	01/01/23 <i>Responsibility transferred to S&S Executive Board</i>	<u>Update as at November 2023</u> Following the transfer of S&S portfolio lead this action now forms part of the S&S delivery plan for WMP, and managed through the S&S executive group, where the OPCC's office is represented. APP for PST is unadaptable as per previous update. This particular aspect of S&S will form part of other considerations for training in a wider package initially aimed at all officers conducting PST as part of a pre-course online learning platform (which can be adapted). Commissioned work re the product and then a more bespoke face to face learning is also being considered in line with other mandatory learning through APP. Given the tandem action where OPCC representation is engaged consideration for this action to be discharged to the S&S executive board within WMP.

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30	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 as at November 2023</u></p> <p>CJS continue to monitor the application of strip search as a tactical option with the monthly performance meeting providing governance. Training has been provided to staff and the approval process now sits at CI/Insp. Work on-going to develop referral pathway and increase opportunities across the estate.</p>
31	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. 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>Transfers are split into 4 areas</p> <ol style="list-style-type: none"> Transfer in from other Forces (pol to pol in) Transfer in from other Pension Schemes Transfer out to another force (pol to pol out) Transfer to another Pension Scheme. <p>In respect of pol to pol in, a substantial piece 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</p>	<p>Ongoing</p> <p>Pol to Pol in - Service Delivery Manager (AT)</p> <p>Transfer in from other Pension Schemes – Service Delivery Manager (KT)</p> <p>Pol to Pol out – Service Delivery Managers (AT/KT)</p> <p>Transfers out to other Pension</p>	<p><u>Update August 2023:</u></p> <p>Pol to Pol in – Altair is continuing to be updated, work in this area has increased due to AMT not working. Reminders have been issued to all outstanding cases. Some updates remain outstanding due to other time critical work needing to be performed (Annual Benefit Statements and external audit reports)</p> <p>Transfers in – The team member responsible for this area left WMP. This has impacted on the number of cases being processed (we are actively trying to recruit).</p> <p>Pol to Pol outs – work continues on these</p> <p>Transfer out inc CETVs – following the suspension of performing these calculations due to waiting for new factors work recommenced wef 24 July (following receipt and upload of the factors, we still await the delivery of some factors) The team are prioritising CETVs (after any retirements)</p> <p>Training is continuing, regrettably the initial dates were missed due to the 4 staff having illness at the same time, dates to be rescheduled when work on the pension challenge spreadsheets has been finalised.</p>

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				<p>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>	<i>Schemes – Service Delivery Manager (KT)</i>	
32	Dec 2022	Pensions	<p>Management should strengthen processes for reviewing NFI Mortality Screening results. This should include:</p> <ul style="list-style-type: none"> - Timely review of the data matching report upon release to allow immediate stop to be placed on the pension to prevent any further overpayment; - 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. 	<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 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>	<i>30/09/22 Service Delivery Manager</i>	<p><u>Update August 2023:</u> NFI Mortality Screening work has, unfortunately slipped for the following reasons.</p> <ol style="list-style-type: none"> 1) Staff shortages: the team member, who had taken recent responsibility for the monthly LGPS uploads to the West Midlands Pension Fund, suddenly left the organisation. This piece of technical work can take up to 4 days per month to extract the data required and complete. There is no -one yet within the team who has the technical expertise to undertake the work. Therefore, the responsibility has fallen back to the SDM. Numerous attempts to recruit technically competent people into the role have been unsuccessful. 2) The "McCloud" Pension Challenge, is fast approaching which means that from October 2023, every retiree must be given the option as to whether they take their benefits between 2015 to 2022, from their legacy schemes, or from the 2015 scheme. This requires 2 lots of benefit calculations, recalculations for underpaid/overpaid employee contributions

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			<ul style="list-style-type: none"> - 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>and the calculation of interest due. Unfortunately, our software providers informed us that in the short term they are unable to provide us with the necessary software to complete this task. This was due to the lateness of the revised Regulations being laid before Parliament. As a result, the SDM has spent considerable time and effort with the HoP developing an Excel system which the BAU team can use which will semi-automate much of the process.</p> <p>3) Over recent weeks, additional time restraints have been caused as the SDM and Head of Pensions, were required to carry out a number of Pension Presentations at Police Stations across the County. The "McCloud" Pension Challenge, being a national issue, has required that in the short term, additional resources be directed towards Pol to Pol Out certificates, to enable other forces to complete their statutory obligations.</p>
33	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. 	<p>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.</p> <p>2: Intention to review the work allocation sheet to make it more efficient and to allow better reporting to be available.</p> <p>3: to be linked in with 2</p> <p>4: see 1</p>	<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 August 2023</u></p> <p>Work continues in this area; the spreadsheet has been created and continues to be a WIP. The SLAs have not yet been reviewed as the impact of waiting for the AMT to be resolved, the suspension of Transfers/CETVs and the triennial Auto re- enrolment being performed has delayed the SDM being able to review a 'true' assessment of the processes and timescales.</p>
34	Sept 2022	Impact Areas	<p>The Impact Area Senior Management Team should adopt the following to help strengthen the performance management framework through outcome monitoring:</p>	<p>I shall meet with S&D to discuss options for such work to be commissioned/progressed.</p>	<p>Ch Supt Phil Dolby</p> <p>1 Dec 2022</p>	<p><u>Update as at November 2023</u></p> <p>Significant foundational work has been undertaken to solidify our approach to performance management, including the integration of Performance Management Plans (PMPs). The incorporation of PMPs is pivotal in establishing a structured</p>

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			<p>- Review and agree ways of linking performance to specific work undertaken across Impact Areas to assess the outcomes of approaches and tactics adopted. The use of information from PMPs could be considered for this analysis.</p> <p>- Outcomes from specific operations and initiatives adopted within Impact Areas should be reporting into local and strategic governance and also used to share as best practice for other teams to adopt the most effective approaches.</p>			<p>governance framework and setting clear objectives that drive improvements in our operational areas.</p> <p>Our teams are actively developing comprehensive plans, leveraging insights from PMPs to enhance the connection between performance measures and operational activities. This initiative, rooted in the data-driven analysis provided by PMPs, is crucial for our long-term strategy to improve outcomes within various operational sectors.</p> <p>To ensure continued progress and strategic alignment, we have organised a series of regular review sessions. These meetings, enriched with data and insights from PMPs and overseen by senior leadership, are designed to provide ongoing assessment and facilitate the timely advancement of our performance management efforts. This approach ensures that our performance management is both responsive and strategically aligned with our overarching goals.</p>
35	Sept 2022	Impact Areas	<p>The Impact Area leads should consider and agree methods of networking and possible joint working amongst supervisors, officers and student officers to share ideas and best practice particularly for common issues being faced by Impact Area teams.</p>	<p>There is definite merit in the cross pollination of ideas, tactics and experiences. This takes place during the IA Leads Meeting and was the point of the recent inaugural Impact Area Conference. Taking this further is the next step, such as a Tactical Menu of Options for the policing of Impact Areas, with contributions from across appropriate force depts</p>	<p><i>Insp Alec Wallace</i> 1 Dec 2022</p>	<p><u>Update as at November 2023</u> A Tactical Menu of Options for policing in Impact Areas has been successfully developed, reflecting collaborative efforts across various force departments. This menu encompasses a wide array of strategies tailored to diverse operational scenarios.</p> <p>This Tactical Menu of Options has been shared with Commanders and SPOC for each Local Policing Area. Distributing this resource is crucial for equipping our teams with a comprehensive range of strategies to effectively address challenges within their respective Impact Areas.</p> <p>Insights and feedback from the Impact Area Leads Meeting and the inaugural Impact Area Conference have shaped this Tactical Menu, incorporating shared experiences and best practices.</p> <p>With the Tactical Menu now in the hands of Commanders and SPOCs, the next phase is its implementation across LPAs. As part of our delivery plan, we will closely monitor the application of the Tactical Menu in different Impact Areas. This evaluation will help us assess the effectiveness of various strategies and make necessary adjustments.</p> <p>We will continue to foster collaboration and idea exchange among teams, including regular reviews and updates to the Tactical Menu based on operational feedback and evolving</p>

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						challenges.
36	June 2022	Connect Benefit Realisation	<p>The benefits realisation targets for Connect should be determined and approved. To do this:</p> <ul style="list-style-type: none"> - The action plan currently being developed to address the 'pain points' should be completed as soon as possible and formally reviewed and approved by the CAMBEN governance board and local benefit owners to address the significant number of processes within Connect which are currently not meeting the anticipated timings identified through the Accenture benefits re-baselining exercise. - The method for calculating the financial savings achieved through the benefits of Connect should be agreed and adopted to allow for monitoring of financial benefits. 	Method for calculating has been refined and agreed. Benefits dashboards for all teams will be completed with cashable and non-cashable savings, as well as pain points and steps to resolve. This will be reviewed at the Qtrly Benefits Boards, and Monthly Connect Steering Board, ambition will be to resolve pain points and increase productivity and remove issues affecting users	<p><i>Head of Benefits Board and dept benefits SPOC's</i></p> <p>June 2022</p>	<p><u>Update as at September 2023</u></p> <p>This work is still in progress. Due to the changes in operating model and realignment of resources and depts. this work will be reviewed once phase 2 of the operating model is in place.</p>
37	June 2022	Connect Benefit Realisation	The proposed quarterly Connect Benefits Board and terms of reference should be formally agreed with the board being able to challenge and address where benefits are not being promptly achieved.	TOR has been agreed	<p><i>Head of Benefits Board</i></p> <p>June 2022</p>	<p><u>Update as at September 2023</u></p> <p>Due to the reasons above, the need for this will be reviewed once the benefits have been identified.</p>
38	June 2022	Connect Benefit Realisation	<p>Once established, the Connect Benefits Board should ensure that a clear framework is established for reviewing and monitoring all non-financial/non-cashable Connect benefits identified. This should include clear arrangements for:</p> <ul style="list-style-type: none"> - Reporting to the various governance and oversight boards; - Roles and responsibilities of key stakeholders, including benefit owners, departmental SPOC's etc; and - Responsibilities for producing, monitoring and reporting on management information included in dashboards being created etc. 	Process for BAU governance has been agreed by Programme Exec lead. A number of governance boards have now taken place	<p><i>Head of Benefits Board and dept benefits SPOC's. Connect Steering Board lead.</i></p> <p>June 2022</p>	<p><u>Update as at September 2023</u></p> <p>There is a process in place for more broadly managing and realising benefits. Once the Connect benefits have been reviewed and agreed, they will be managed through the same process as wider benefits.</p>