

Agenda Item 07

JOINT AUDIT COMMITTEE  
28 March 2024

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

- 1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period December 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 December 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 December 2023, along with details of the opinions given.

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

No.	Audit Review	Assurance Opinion
1	Hidden Crimes	Reasonable
2	Health and Safety	Reasonable
3	Citizens in Policing Safeguarding (Independent Custody Visitors, Appropriate Adults and Youth Commissioners)	Limited
4	Citizens in Policing Safeguarding (Cadets)	Reasonable
5	Freedom of Information	Reasonable
6	Vetting	Reasonable
7	Treasury Management	Reasonable
8	Payroll & Overtime	Limited

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.

#### 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 continue to be followed-up every three months until fully implemented.

4.3 The recommendations from the 33 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 (x5)	7	7			
3	Domestic Abuse (x2)	11	11			
4	Integrated Offender management (x4)	4	3		1	
5	Airport Insider Threat (x3)	5	2		3	
6	Stop and Search – Focus on Strip Searches (x2)	7	4		3	
7	Special Constabulary (x2)	4	2		2	
8	Operations Resilience Unit - Civil Contingencies (x2)	5	5			
9	Accounts Payable (x6)	9	7			2
10	Procurement	4	4			
11	Risk Management (x4)	8	8			
12	Force Contact Service Levels	6	4	2		

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
13	Strategic Police and Crime Plan	2	2			
14	Pensions (x3)	7	1		4	2
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 (x5)	5	4	1		
22	Uplift Programme (x2)	4	4			
23	Connect Benefits Realisation	3				3
24	Special Branch (x2)	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	8		2	
29	Parole Board	7	7			
30	Training	2	2			
31	Local Policing response to Serious Violence in U25s	3	3			
32	Uniform Allocation	10	2	1	1	6
33	Body Worn Video	3	3			
	<b>Total</b>	<b>176</b>	<b>127</b>	<b>5</b>	<b>16</b>	<b>28</b>

4.4 Table 2 identifies an 81% 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.

**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	41
Low	55	51	39	33	31
Total	<b>128</b>	<b>88</b>	<b>106</b>	<b>84</b>	<b>72</b>

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

**Table 4 – Status of High/Medium Recommendations**

	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Total Number	73	37	67	51	41	269
Total not yet due to be Followed-up/Follow-up in progress	0	0	0	8	41	49
Total Followed-up Concluded	73	37	67	43	0	220
<i>Of Which:</i>						
Total Implemented	66	35	48	27	0	176
Total Redundant/risk accepted	7	2	3	5	0	17
Total Outstanding after follow-up	0	0	16	11	0	27

4.8 Of the 220 significant recommendations followed-up since 2019/20, 176 (80%) have been fully implemented. A further 8% are considered redundant or risk accepted. 27 (12%) remain outstanding and full details of these along with the latest progress updates are detailed in **Appendix 4**. The latest updates confirm progress is being made for the majority of these recommendations.

## 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 February 2024.

**Table 5 – KPI data 2023/24**

KPI Description	Narrative	Annual Target	Actual 2023/24
<b>Output Indicators:</b>			
Audit Coverage	% of Audit Plan Delivered*	90%	62%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	87%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	100%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
<b>Quality Indicators:</b>			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good"	95%	100%

\*Based on revised plan

5.2 As previously reported to this Committee, the internal audit team has experienced resourcing issues during 2023/24 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. The Principal Auditor post is yet to be filled. In the interim we have undertaken a commissioning process to enter into a co-sourced arrangement with an external provider and we are in the final stages of the commissioning process. Consequently, not all of the audits planned for 2023/24 have been completed, but the opportunity was taken to discuss these during the recent cycle of audit planning meetings to determine if they remained relevant and if appropriate, incorporate these into the 2024/25 plan.

## 6. New Global Internal Audit Standards

6.1 During January 2024 the International Internal Audit Standards Board released new Global Internal Audit Standards which become effective from 9th January 2025. The format and content of the new standards differs from the current International Professional Practice Framework. The UK Public Sector Internal Audit Standards

Advisory Board (IASAB) has begun its review of the new global standards to determine the implications for the Public Sector Internal Audit Standards (PSIAS). Any subsequent changes to the UK's PSIAS, and their implementation, will be subject to consultation and appropriate transitional arrangements.

- 6.2 We continue to monitor the development and revision of the PSIAS and keep the Committee up to date with progress and any likely implications once further detail is published.

## 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.

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

### **1 Citizens in Policing Safeguarding Audit (Independent Custody Visitors, Appropriate Adults and Youth Commissioners)**

- 1.1 The purpose of this audit was to provide assurance that safeguarding procedures and operating protocols in place to protect volunteers of the OPCC are effective and comply with national guidelines and internal policy and procedures. This included a review of governance arrangements; training and support provided to volunteers, safer recruitment processes; completion of risk assessments to ensure volunteers can undertake their duties safely, complaints procedure and safeguarding referral processes.
- 1.2 Volunteers support a number of areas across the OPCC, but this review focussed on the volunteer Youth Commissioners, Independent Custody Visitors and Appropriate Adults. However, any learning arising from could be considered across the wider volunteer pool.
- 1.3 The key findings of the review were as follows:
- Designated Safeguarding Leads are defined within the OPCC Safeguarding Policy. There is however confusion as to who the Designated Safeguarding Lead is for some volunteer workers due to uncertainty around their classification, i.e. whether they are considered internal (i.e. those with collar numbers) or external to the organisation. This could create a risk if a safeguarding concern were to occur. It could also impact on the proactive engagement between the Designated Safeguarding Lead and staff managing the volunteers when sharing relevant information from national investigations or changes in protocol/process.
  - Currently there is no guidance or handbook produced outlining key information for Youth Commissioners. Whilst handbooks exist for ICV's and AA's, they are outdated and do not detail information regarding safeguarding responsibilities. The Safeguarding Policy applies to volunteers across the Office, however ICV's, AA's and Youth Commissioners are not provided with a copy of the Policy, nor are they signposted to where a copy could be located. Volunteers are therefore unaware of the policy requirements and details of the Designated Safeguarding Lead should they need to report any safeguarding incidents.
  - There is currently no formal documented induction for Youth Commissioners, ICV's or AA's and whilst there is an informal induction, the content does not cover safeguarding. Also, given the informal nature of the induction processes, records are not maintained to confirm who has attended or received the induction. As a result, the OPCC cannot ensure that all volunteers receive the necessary information they need at the start of their volunteering period to undertake their role safely.
  - ICV's and AA's are vetted to Non-Police Personnel Vetting (NPPV) level 2 and 3 status and Youth Commissioners to NPPV level 1, but none are subject to a Disclosure and Barring Service (DBS) check. DBS checks do not form part of NPPV vetting and therefore should be undertaken during onboarding for relevant posts.
  - Some weaknesses identified in the management of Youth Commissioners could leave these volunteers, and the members of staff working with them, vulnerable and a review of working practices is required to enhance controls. These include practices such as risk assessments for events/venues attended by Youth Commissioners, appropriate communication platforms and channels, policy for travelling with young people and records management, including parental consent, emergency contact details etc.

#### 1.4 Management actions agreed include:

- A safeguarding lead will be appointed for volunteers, and the policy will be updated accordingly. This means the safeguarding structure will be expanded to include two Senior Management Team leads, supported by three Safeguarding Leads (one each for staff, volunteers and external).
- The ICV/AA handbook will be updated to include safeguarding information. Safeguarding information will also be developed for Youth Commissioners and will be suitable for sharing with parents/carers.
- Induction processes will be documented for each category of volunteer, and include appropriate content related to safeguarding. Records of volunteer induction and training will be maintained.
- All youth commissioners will receive Safeguarding training. Also, ALL staff will be safeguarding trained and this will be updated at regular intervals. All leaders will have enhanced safeguarding training, targeted as their role as safeguarding lead.
- The Safer Custody Officer will maintain the vetting log which will be checked by Senior Business Support Officer periodically. DBS checking will be explored for relevant posts.
- A new risk assessment template will be developed that is suitable for events and youth commissioners. This will include safeguarding aspects.
- There will be minimum of two adults with young people at any time. For Youth Commissioners, two vetted members of staff will be present even if there's only one Youth Commissioner. For external events a ratio of 1:8 and for meetings 1:10 will be maintained.
- Communication channels are being explored and Youth Commissioners will be given guidance on what they should and shouldn't post on social media.
- Emergency contact details have been established for all Youth Commissioners.

## 2 Payroll & Overtime

2.1 The purpose of this audit was to review the adequacy of processes and systems and provide assurance that there is a robust payroll service that enables timely and accurate payments to employees of WMP and the OPCC. This included a review of the adequacy and effectiveness of the governance and performance monitoring arrangements, processing arrangements, including controls around verifying and processing starters, leavers and movers, and authorisation of variations, internal controls and management reporting within the Overtime App and system access controls.

2.2 The key findings of the review were as follows:

### Payroll

- A number of verification processes were not evidenced or had not been completed that increases the risk of fraud or error occurring. This included leavers verification reports and reports presenting variances in gross and net pay compared to the previous month, which are necessary to ensure no erroneous payments are processed.
- When an overpayment is made to employees, Payroll maintain an overpayment log and a review of this log identified a number of overpayments with status of 'repayment yet to be arranged.' These relate to debts dating back as far as July 2020. The log should be reviewed by the Payroll Manager regularly to ensure appropriate action is being taken to recover monies.

- Currently the Payroll Team Leader is the System Administrator for the payroll system, but also has two further user id's, therefore giving three different levels of access. This could compromise segregation of duty, particularly as system administrator access grants higher privileges and allows access to be changed. In addition, no one is able to provide cover for the Team Leader in times of absence creating a resilience issue, particularly in respect of the system administration role.
- The payroll team have established a number of KPI's for measuring performance which focus on responding to and resolving queries and the number of errors identified within the payroll, however a target for performance has not been established. As a result management are unable to adequately assess whether performance is reasonable or not, or identify areas which require improvement.
- An Action Managers Dashboard is used within Shared Services which allows senior management oversight of key tasks to ensure they have been completed by their due date. This dashboard displays only two tasks for payroll, one of which is no longer relevant. The remaining task relates to reviewing the daily audit report, but despite this report not working, the task is being updated in the dashboard to confirm completion. As a result, the dashboard contains incorrect information.

### Overtime

- Overtime claims are submitted through the Overtime App which has limited inbuilt controls and as a result it is necessary for Payroll to conduct extensive checks on overtime prior to the payroll run, which takes a significant amount of time. Whilst the payroll team are mitigating most inaccuracies in the claims submitted from the checks they undertake, occasional errors were identified through sample testing. The volume of work involved in verifying overtime submissions is extensive and this could be reduced significantly, and errors could be further reduced, if the Overtime App was developed further to include key controls such as hierarchical approval, or prevent duplicates being submitted etc.
- From the Overtime App extracts examined for the period August to October 2023, it is clear that a number of officers/ staff have worked a high quantity of overtime hours in addition to performing their usual contracted hours. Whilst some monitoring of overtime is available to Finance staff within the Qlik dashboards, there is no reporting at a corporate level of high earner/highest overtime workers that could potentially raise wellbeing concerns.

### 2.3 Management actions agreed include:

- The Daily audit report run and check has been reinstated. Issues with the report have been raised and are under review with the system provider. However, we will need to wait until we move to the cloud service to establish whether it is feasible with current IT&D infrastructure.
- The team will check Gross to Net checks each month going forward.
- KPIs will be established around key processes and performance will be reported in the QPR meeting.
- Management will work with the digital team in Shared Services to create a report which will allow monitoring of the progress of service requests.
- A management control checklist is now in place which is completed by the Service Delivery Managers and reviewed by the Head of Payroll.
- A Gold board has been set up to address the overpayments and write offs. Overpayments will be monitored strictly and closely and these will be reviewed monthly by the Head of Payroll and the Assistant Director. Service Delivery Managers will be responsible for the team to action the recovery.
- A centralised and generic process, procedure and guidance manual will be created.

- Training needs for the team are being reviewed and a training plan will be put in place.
- Access rights will be reviewed immediately and periodically thereafter. This will include removing additional access for the Systems Administrator.
- Further opportunities to develop the overtime app will be explored with IT&D.
- The accountancy team currently provides a breakdown of overtime information to Heads of Departments and the need for supplementary information will be explored. This will include the possibility of producing overtime reports from payroll data.

## 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)	Final	Reasonable
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)	Complete	High quality matches have been investigated and anomalies identified are with Accounts Payable and Pensions teams for recovery.
Debtors	Final	Reasonable
Firearms Licensing	N/A	Staffordshire Police Force completed under Section 22A arrangement.
Citizens in Policing Safeguarding (Appropriate Adults /Custody Visitors/Youth Commissioners)	Final	Limited
Citizens in Policing Safeguarding (Cadets)	Final	Reasonable
Vetting	Final	Reasonable
Overtime	Final	Limited
Payroll	Final	
PPU Complex Adult Abuse		
Environmental Strategy	In progress	Preparation commenced
Missing Persons Process	In progress	
PND	Complete	Reviewed as part of Vetting audit (PND wash)
Performance Management - Officers and Staff	In progress	Request to postpone/cancel – with FET lead for consideration
Health & Safety	Final	Reasonable
Intelligence - Threat to Life Scenarios	In progress	
Prevent & Pathfinder Nominals - CTU		
Treasury Management	Final	Reasonable
Freedom of Information Requests	Final	Reasonable

Audit		Opinion / Comments
Mental Health in Custody		
Citizen's Experience/satisfaction		
Firearms Culture & Behaviour		
Projects & Benefits		
IT Audit – Software Licensing	In progress	
IT Audit – Airwave device Management	In progress	Fieldwork complete

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

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

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 – In progress
Expenses	6					6	Jan 24 – In progress
Organisational Learning – Manchester Arena Bombing	2					2	Jan 24 – In progress
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					N/A
Hidden Crimes	2					2	Jun-24
OPCC Citizens in Policing (Appropriate Adults, Custody Visitors and Youth Commissioners)	7			1		6	Jul-24
Citizens in Policing (Cadets) Safeguarding	3					3	Aug-24
Vetting	2					2	Aug-24
Freedom of Information	5	1				4	Aug-24
Health and Safety	6					6	Aug-24
Treasury Management	2					2	Sept-24
Payroll & Overtime	10	1				9	Sept-24
<b>Totals</b>	<b>72</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>67</b>	*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
<b>2022/23</b>							
Local Policing – Impact Areas	4	2			2		Feb-24 – In progress
Pensions Services	7	1			6		May-24
Child Abuse	10	5				5	Awaiting evidence
Uniform	10	2		1	4	3	Apr-24
Special Branch	2	1			1		May-24

Outstanding recommendations from previous years		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Stop and Search – Strip Searches		7	4			3		Mar-24
<b>2021/22</b>								
Accounts Payable		9	7			2		May-24
Rape and Serious Sexual Offences (RASSO)		10	8			2		May-24
Special Constabulary		4	2			2		Mar-24 – In progress
Integrated Offender Management		5	4			1		May-24
Connect Benefits Realisation		3				3		Dec 23 - In Progress
Detained Property		7	1			6		Mar-24 – In progress
<b>Totals</b>		<b>78</b>	<b>37</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>8</b>	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 2021	Accounts Payable	The credentials for the BATCHADMIN account should be amended and only individuals with a requirement to know the details be allowed to access the account and there should be reviews of the credentials when individuals move roles. If numerous staff continue to require access to this account then individual accounts should be set up for each user for BATCHADMIN so that passwords are not shared. Furthermore, audit logging should be reviewed to establish whether it can be utilised without adversely affecting system performance.	Agreed, this will need to be actioned in conjunction with IT&D	31 October 2021  <i>Head of Purchase to Pay</i>	<u>Update provided February 2024</u> IT&D updated us in November '23 that this was a complicated change and was currently going through Cloud Architecture Build (CAB).  I have since requested an update on progress.
2	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 as at February 2024</u> The Technical Architects began looking into this in November '23 as scheduled. In December '23 an update was provided by IT&D with progress. They are currently liaising with Natwest Bank technical services to see how this can be accomplished with our current product or whether alternative products/solutions are available.  In January, Natwest have provided a possible solution with a meeting set up on the 24th with IT&D to discuss their proposal further.  Further update received from the Technical Delivery Manager IT & Digital - The meeting with NatWest did go ahead to explore different solutions to automate the BAC's payment file. IT & D are currently working with Natwest around the technical detail on the back of the options presented.
3	June 2022	Integrated Offender Management	To promote consistent processes across LOMU's in the selection, management and de-selection of nominals: <ul style="list-style-type: none"> <li>Central IOM should determine the preferred approach to informing nominals of the IOM process which should be reflected in the IOM policy.</li> <li>Update the ODOC guidance to reflect the fixed and flex OGR scoring and vice-chair arrangements if the Inspector cannot attend the meetings.</li> <li>Include the definition of risk levels and the</li> </ul>	Central IOM will be further reviewing the ODOC document. ODOC's are being examined through the quality assurance visits. Central IOM will be exploring what the process is for informing nominals that they are part of the IOM programme.  Decisions from ODOC should be documented within the PMP with the documentation being attached  There has been a discrepancy around	<i>Chief Inspector IOM</i>  31 December 2022.	<u>Update as at January 2024</u> 1. Policy is as is, awaiting some changes to the RFG Dashboard and then it will go out for wider consultation  2. End to end pilot. This has now been expanded out to Wolverhampton and Walsall as well. Next LPA will be Birmingham and then Solihull and Coventry. Timeframes for Birmingham will be over the next 2 months.

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>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.</p> <ul style="list-style-type: none"> <li>As part of LOMU supervisory reviews (Sergeant and Inspector level) should ensure that:                             <ul style="list-style-type: none"> <li>Referrals forms are completed with copies being attached in Connect following approval to record the decision at ODOC.</li> <li>Connect is updated to record the nominal has been informed they are going to be managed, when contacted prior to release from prison and de-selected.</li> </ul> </li> </ul> <p>Identify any opportunities for de-selection to prevent offenders being managed for a significant period of time considering the de-selection criteria in place and the principles of the IOM strategy and Force blueprint.</p>	<p>chairing at some ODOC's. This will be discussed in IOM Inspectors Meeting and will be closely reviewed through the quality assurance visits. In addition, the requirements will also be revisited with Probation leads to ensure that they are aware of what has been agreed.</p> <p>Deselection is built into the IOM policy we should be reviewing nominals and decide whether the nominal needs management. The decision to deselect should be clearly outlined within the supervisors' review, which should be completed every 3 months, or if there is a change in circumstances/risk. Supervisors review is a focus of IOM peer review</p> <p>In terms of the risk levels, these are clearly identified through the RFSDi scoring dashboard that has been created by the Data Analytics Lab. This is still being tested by 2 LOMUs (DY and BW). However, the scoring parameters to distinguish the various levels of risk are factored into the dashboard. This dashboard will be used to assist in decision making around selection/deselection opposed to being the sole tool for management.</p>		
4	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"> <li>Ensuring items are appropriately packaged and stored with property reports attached to items and the correct property store selected on the property system.</li> <li>Promptly respond to property reminders.</li> <li>Accurately recording the disposal method for items that can be disposed.</li> </ul>	<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&amp;L Team to include new starters. To include awareness on appropriate behaviours and conduct of officers and staff req. Communications via Portal posted Force wide updating on the project state and what's required to manage DP effectively Responding to property reminders Build in accountability through chain of command if no response. Performance reporting</p>	<p>30/9/22 The Connect property module 'go live' date is scheduled for April 2023. The WMS currently has no date attached and sitting within an ICT project. Once WMS supplier is identified and there is an</p>	<p><u>Update as at November 2023</u> 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 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>

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			<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>structure to be put in place for each NPU. This can be linked to the local H&amp;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>agreed go live date we can update 'Go to' app and provide comms.</i></p> <p><i>Corporate Asset Management, Commanders &amp; Chain of command for agreement DP Project Team, AD Shared Services, AD Corporate Asset Management, Commanders &amp; Chain of command for agreement Facilities Manager</i></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>
5	June 2022	Detained Property	<p>Oversight arrangements for detained property need to strengthened by:</p> <ul style="list-style-type: none"> <li>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 /</li> </ul>	<p>Accountability has been put in place by new AD - SS and visits are planned to all NPU's to discuss H&amp;S and Local Delivery Teams. This is to understand what the challenges are and to report back so that it can be fed up through to Commander level for better awareness and management. Performance tracking (basic spreadsheet) can be put in</p>	<p>31/7/22</p> <p>31/3/22 for overarching data. From actual 'Go live' date of</p>	<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 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>

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			<p>or escalation to Commercial Services SLT.</p> <ul style="list-style-type: none"> <li>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</li> </ul>	<p>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><i>Connect etc. more to follow.</i></p> <p><i>FET reps – Commercial Services &amp; POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders. Facilities Manager</i></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>
6	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"> <li>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.</li> <li>Schedule future disposal runs for items for auction and drugs to ensure staff are aware of when items have to be prepared for disposal.</li> <li>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.</li> <li>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.</li> </ul> <p>Management should establish a process to monitor progress against the above to ensure the actions are having an impact and to determine if any further actions are required.</p>	<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><i>Already in place</i></p> <p><i>Facilities Manager</i></p>	<p><u>Update as at November 2023</u></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.</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. Working on a disposal route for Auction items now. A process for Drugs incineration is with Legal Services for review.</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 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. No process has been established to monitor progress against the above but are discussed at weekly Team meetings with the Project Manager</p>

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7	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"> <li>• Prioritising the current missing property items for review and investigation.</li> <li>• Contacting officers to commence investigations into missing items. (Management may wish to explore with IT&amp;D if the use of robotics can assist in investigating missing items, e.g. contacting officers, escalating to supervision etc.)</li> <li>• 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.</li> <li>• 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.</li> </ul>	<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. Solutions are currently being discussed around better storage and disposal of wet and dry cannabis.</p> <p>The investigation of missing items is resource intense and limited resource is currently available. This will limit the number of items that can be investigated and priority will need to be given to cash, drugs and more valuable items. The central property team set more items missing proactively if they do not arrive at the central store from the holding stores. Additionally, as each NPU property store is processed by the project team to bring the items to the central store more items are set missing as they cannot be located within the NPU store and haven't been set missing due to lack of audit activity within LDT since 2016. OIC's are notified automatically when the item is set missing, but only once. This is a limitation of the current DP system. Connect property module currently doesn't have a 'missing' 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 assess 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</p>	<p>31/07/22</p> <p><i>FET reps – Commercial Services &amp; 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>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>		
8	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"> <li>• 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.</li> <li>• 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.</li> </ul>	<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</p>	<p><i>Ongoing</i></p> <p><i>Facilities Manager</i></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>

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				CAM SLT/SS.  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.		
9	June 2022	Special Constabulary	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;  - 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  SLT should monitor progress against the training plan and the number of Special Constables where training is due to or has expired	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.	01/07/22  <i>Chief Inspector Tambling/ CiP Manager / Special Chief Inspector</i>	<u>Update as at December 2023</u> Responses received from Head of Citizens in Policing  Training compliance and monitoring is now managed by the Citizens in Policing Coordinator aligned to Specials Chief Inspector.  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.  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.
10	June 2022	Special Constabulary	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:  • 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.	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.	<i>Chief officer/Deputy Chief Officer/ CiP Manager</i>	<u>Update as at December 2023</u> 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.  A new specials policy has been written, currently with legal, alongside the SLA the expectations for advanced booking of duties is set out.  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

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			<ul style="list-style-type: none"> <li>Consider standardising the system to be used to record the utilisation, i.e. the Duty Sheet System or other Force system.</li> <li>Establishing reporting requirements for areas of deployment and utilisation.</li> </ul>			<p>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>
11	March 2023	RASSO	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	<ol style="list-style-type: none"> <li>Force Response, Force Contact representatives and learning and development colleagues to be invited to the RASSO sub group</li> <li>RASSO lead to discuss this action with Force Response lead</li> <li>CPD events to be designed and scheduled for force response staff delivered by L and D</li> </ol>	<p>31/12/21</p> <p><i>Supt Caddick</i> <i>Supt Gordon</i></p>	<p><u>Update as at February 2024</u></p> <p>This work has all been completed but we are about to embark on another series of CPD events and training for both Contact and Response colleagues. This will be a further enhanced training offer following on from the Soteria learning products being developed.</p> <p>The Rasso Sub Group has been stepped down with the changes to the Force operating model and inputs around responding to Rasso are going to part of the LPA inputs under Op Asp.</p> <p>The Rasso policy is in the process of being updated and there are some 10 minute briefings being developed to assist officers in supporting victims and capturing evidence appropriately. This will be a new and updated version of CPD events which will commence in the new year.</p> <p>The Rasso 'Go to' guides are available and contain lots of useful, help support and guidance for frontline officers.</p> <p>Following on from the launch of Op Soteria NOM they have released a training package for Contact staff along the lines of the RISDIP programme. This is again in the process of being delivered.</p>
12	March 2023	RASSO	Monitoring arrangements must be improved by: <ul style="list-style-type: none"> <li>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</li> <li>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</li> </ul>	<ol style="list-style-type: none"> <li>Timescales for any resource increase requests are tracked through Workforce Strategy Boards (WFSBs)</li> <li>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.</li> <li>RASSO workload demands to be escalated to PPU SLT, PPU Risk Register and to the Vulnerability Improvement Board</li> </ol>	<p>30/09/21</p> <p><i>Supt Caddick</i></p>	<p><u>Update as at February 2024</u></p> <p>The non recent team have seen a considerable uplift in capacity and the workforce is almost at establishment having been at its peak for vacancies in March/April 2023. This has stabilised and has been tracked and supported by WFS. Safe workload levels have been implemented in order to not overload investigators and allow for timely and quality investigations.</p> <p>The risk register and capacity/capability issues have all been raised and recorded on the minutes for the Op Soteria Strategic Board.</p>

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			regularly monitored by the RASSO Subject Matter Expert and reported through to the relevant Governance Board.  <ul style="list-style-type: none"> <li>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</li> </ul>	where required 4. Identify when FET resources will be actioned and track through central RASSO improvement Plan  5. Wellbeing Manager to be invited to operational RASSO meeting to discuss options available to support Investigators.		
13	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:  <ul style="list-style-type: none"> <li>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.</li> </ul> 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&amp;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.
14	Dec 2022	Stop and Search	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:  <ul style="list-style-type: none"> <li>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.</li> <li>Awareness should be raised with Custody Officers that referrals should be made in</li> </ul>	Officers when conducting any juvenile strip search to always consider the submission of a referral to Multi Agency Safeguarding Hub (MASH).  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.	01/01/23 <i>Supt Minor</i>  30/06/23 <i>Deputy Head of CJ</i>	<u>Update as at November 2023</u> 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.

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			<p>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> <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>			
15	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"> <li>- 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.</li> <li>- 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.</li> </ul>	<p>Transfers are split into 4 areas</p> <ol style="list-style-type: none"> <li>1: Transfer in from other Forces (pol to pol in)</li> <li>2: Transfer in from other Pension Schemes</li> <li>3: Transfer out to another force (pol to pol out)</li> <li>4: Transfer to another Pension Scheme.</li> </ol> <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 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</p>	<p><i>Ongoing</i></p> <p><i>Service Delivery Managers</i></p>	<p><u>Update as at February 2024:</u></p> <p>Pol to Pol in: A number of cases to be updated on the Altair system remain outstanding. A designated team member has now been assigned this work. Membership (service) Certificates continue to be requested as and when required with reminders as appropriate.</p> <p>Transfers in: this has now been assigned to a team member and training on the process has commenced.</p> <p>Pol to pol outs: This process has now been assigned to a team member. However, a number of cases have also been processed since the last review.</p> <p>CETVs: New factors have been received and the team have now reduced the cases received during the suspension.</p> <p>Pension Team Vacancy: following a successful application in September, following the delays in vetting and package on offer, the successful applicant declined the position. Due to the current review within POD the vacancy is currently on hold</p> <p>Transfer values are checked however no signature is recorded to evidence this. The Service Delivery Manager has requested with immediate effect that signatures are recorded on the documents to evidence the independent check</p>

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				identifying all pol to pol out from 2015. Membership certificates will be issued as required. HoP met with the Service Delivery Manager a plan has been created and the SDM 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.		
16	Dec 2022	Pensions	<p>Management should strengthen processes for reviewing NFI Mortality Screening results. This should include:</p> <ul style="list-style-type: none"> <li>- Timely review of the data matching report upon release to allow immediate stop to be placed on the pension to prevent any further overpayment;</li> <li>- 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.</li> <li>- 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.</li> <li>- Liaising with the AD Shared Services and Director of Commercial Services to progress write-off of the debt, ensuring Financial Regulations are complied with.</li> <li>- Establishing resilience within the team to ensure mortality screening data submissions and investigations can continue if the Service Delivery Manager were absent.</li> </ul>	<p>Meeting scheduled with SDM, 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 will arrange and complete NFI training.</p>	30/09/22 Service Delivery Manager	<p><u>Update as at February 2024</u> The last NFI report was submitted 01.12.2023</p> <p>The SDM is currently working on latest report</p>
17	Dec 2022	Pensions	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	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	November 22  1: All 2: Service Delivery Manager)	<p><u>Update as at February 2024</u> Individual team members have now been given responsibility for some processes to reduce backlog.</p> <p>Training has been reinstated.</p>

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			<p>include:</p> <ul style="list-style-type: none"> <li>- Establishing a process for monitoring compliance with the service expectations within the Our Service For You agreement</li> <li>- Re-introducing monitoring of the Workforce Allocation sheet to ensure documentation/correspondence is acted upon promptly</li> <li>- Identify any backlogs within the team and determine a prioritised action plan for addressing and minimising any growth in the backlog.</li> <li>- 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.</li> </ul>	<p>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>3: <i>Service Delivery Manager</i></p> <p>4: <i>All HoP, SDMs, ADSS</i></p>	<p>Our service to you has not yet been reviewed, waiting on AD of SS and HoP to meet to discuss requirements.</p>
18	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> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>	<p>I shall meet with S&amp;D to discuss options for such work to be commissioned/progressed.</p>	<p><i>Ch Supt Phil Dolby</i></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 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>
19	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</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</p>	<p><i>Insp Alec Wallace</i></p>	<p><u>Update as at November 2023</u></p> <p>A Tactical Menu of Options for policing in Impact Areas has been successfully developed, reflecting collaborative efforts</p>

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			to share ideas and best practice particularly for common issues being faced by Impact Area teams.	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	1 Dec 2022	<p>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 challenges.</p>
20	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"> <li>- 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.</li> <li>- 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.</li> </ul>	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>
21	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	TOR has been agreed	<i>Head of Benefits Board</i>	<p><u>Update as at September 2023</u></p> <p>Due to the reasons above, the need for this will be reviewed</p>

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			address where benefits are not being promptly achieved.		June 2022	once the benefits have been identified.
22	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"> <li>- Reporting to the various governance and oversight boards;</li> <li>- Roles and responsibilities of key stakeholders, including benefit owners, departmental SPOC's etc; and</li> <li>- Responsibilities for producing, monitoring and reporting on management information included in dashboards being created etc.</li> </ul>	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> 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>
23	June 23	Uniform Services	<p>To improve controls ensuring that only appropriately trained individuals are able to access specialist items of uniform or equipment:</p> <ul style="list-style-type: none"> <li>• A process should be agreed with Training which informs Uniform Services of the results of training courses to enable correct updates to an individual's uniform allocation to be performed.</li> <li>• In the interim, until a process is in place Uniform Services should check the skills/competencies database to the DOP system highlighting any individuals for whom their skills have now expired and request the necessary correction to be made.</li> </ul>	<p>Point 1: Since the Audit was undertaken, the PBB Process has been completed and the force has undergone significant change in addition to the PBB process. The move towards bringing uniform back in house, is a major piece of work, as the previous infrastructure no longer exists and needs to be re-created. This is alongside managing the current contract with DHL, for the next 12 months as BAU. We will look to design the solution as part of the programme to bring uniform back in house. This will be an on-going piece of work that will be aligned to the delivery of the PBB outcome.</p> <p>Point 2: All requests are managed through the My Service Portal to ensure auditability. Where required, supervision is asked to provide confirmation if required. Any additional skill is time limited on the ordering system and automatically expires</p>	<p><i>Facilities Manager</i></p>	<p><u>Update as at December 2023</u> Points 1 and 2. Ongoing. We are working with stakeholders, but the main focus is on setting up an ordering/stock management system, getting contracts in place with suppliers for all the items required, working with the existing Contractor regarding exiting the current contract, BAU with the Contractor and recruitment of staff.</p> <p>All requests are still being monitored and checked by the Uniform Services Team. Once a new in-house service is in place, we can be more pro-active in this area.</p>
24	June 23	Uniform Services	<p>In an attempt to reduce the number of missing items:</p> <ul style="list-style-type: none"> <li>• Trend analysis should be performed to identify problem areas with results escalated to NPU Commanders/ Senior Management and, if appropriate, PSD for further investigation.</li> <li>• Trend analysis and results from any further investigations undertaken should be reported back</li> </ul>	Paragraph 1: This has been raised through the U&E Board, and has been raised by the Chair of the Board to PSD. However, further work is required to agree and adopt a monitoring and communications process (paragraph 2 and 3).	<p><i>Facilities Manager</i></p>	<p><u>Update as at December 2023</u> Uniform &amp; Equipment meetings have been changed. No meetings for the last few months, but they are due to be re-started in the new year, where this can be discussed further re the monitoring regime.</p>

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			to the Uniform and Equipment Board and considered for escalation to the Director of Commercial Services. <ul style="list-style-type: none"> <li>Trends and themes regarding missing items should be considered for wider communication to all officers and staff, possible platforms include team talk, newsbeat.</li> </ul>			
25	June 23	Uniform Services	To ensure a robust process is in operation for the return of uniform and equipment when officers/staff leave: - <ul style="list-style-type: none"> <li>The Uniform Equipment and Appearance policy should be updated to clarify the type of items to be returned and the process to be undertaken when an individual leaves the Force.</li> <li>Once the policy is agreed, Uniform Services should work with the During Employment team to establish the wording to include on the email sent to Supervisors to make them aware of the uniform/equipment their officers/staff should return prior to leaving the Force and obtaining confirmation of the returns.</li> <li>Matters of any high value specialised items that have not been returned should be escalated to management to determine if any further actions are necessary.</li> </ul>	Point 1 and 2: This can be amended to make it clearer that ALL uniform and equipment is returned. Point 3 We will look to assess the possibility of this, as part of bringing uniform back in house. However, for noting, this could be very difficult to prove that officers/staff still have these items. It will be down to the member of staff to abide by policy and the Code of Ethics, and return all items still in their possession. Shared Services have confirmed the return of uniform is part of a leavers checklist sent to Supervisors to ensure uniform return and reminders can be sent via communications.	<i>Facilities Manager</i>	<u>Update as at December 2023</u> It is officer/staff and supervisor's responsibility to ensure that any remaining uniform equipment is returned upon leaving the organisation. As part of the return to an in-house provision, this will be considered further to assess if anything further/different can be introduced. Policy will need to be fully updated in the next couple of months due to the in-house provision amending a lot of the current processes stated in it.
26	June 23	Uniform Services	A quality assurance regime should be introduced on a proportionate basis with: <ul style="list-style-type: none"> <li>Appropriate supporting records maintained to evidence the checks completed and further actions undertaken when issues have been identified.</li> <li>Reporting the results of the quality assurance checks to management and the Uniform and Equipment Board.</li> </ul>	Points 1 and 2: Invoice checks will be undertaken once the CCN issue is resolved. Super User checks are already in place and will be carried out 6 monthly. New Super User requests can only be actioned by CAM. Leavers and Returns would be very resource intensive. We will look to design a solution as part of the programme to bring uniform back in house. This will be an on-going piece of work that will be aligned to the delivery of the PBB outcome.	<i>Facilities Manager</i>	<u>Update as at December 2023</u> Super User checks take place 6 monthly and new Super Users can only be added with CAM approval. Accuracy of data from the Contractor has shown to be an issue again (see attachment DOP Account Verification Exercise). New processes regarding leavers etc will be part of those created for the new inhouse service.  Invoice checks are still an issue due to continued discrepancies with the CCN and Contractor data. See attachment 'Invoice Data'