



Agenda Item 05

**JOINT AUDIT COMMITTEE
28th September 2020**

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

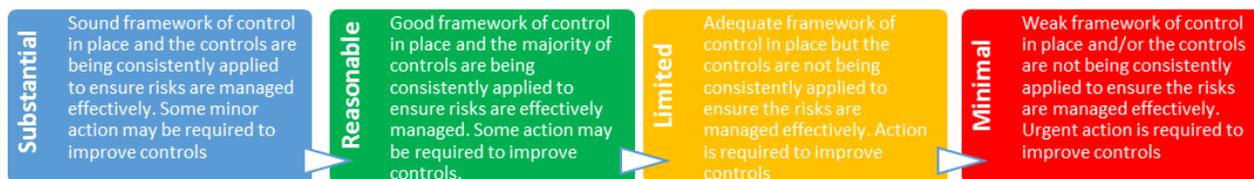
- 1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period July 2020 to date.

2. BACKGROUND

- 2.1 The Committee's Terms of Reference include a requirement to receive progress reports on the activity of Internal Audit. This Activity Report attached 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 organisation objectives.
- 2.4 This report provides members of the Committee with a summary of the Internal Audit work undertaken, together with a summary of audit opinions, during the period July 2020 to date. The audit report also summarises the key findings from those reviews where an audit opinion of "Minimal" or "Limited" Assurance has been assigned.

3. PROGRESS SUMMARY

- 3.1 An audit opinion is provided at the conclusion of each Internal Audit. The opinion is derived from the work undertaken during the audit and is intended to provide assurance about the internal controls in place in that system or particular activity. The audit opinions currently used are:



3.2 Table 1 provides details of audits finalised since the previous report to the Committee in July 2020, along with details of the opinions given.

Table 1: Assurance Work Completed in the period March 2020 to date

| No. | Audit Review | Assurance Opinion |
|-----|---|-------------------|
| 1 | Vulnerability | Limited |
| 2 | Safeguarding Boards | Reasonable |
| 3 | Missing persons (2 nd review/Full Follow-up) | Minimal |
| 4 | Training | 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 2020/21. 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 draft reports issued and management comments awaited:

- Cyber Security
- Vetting
- Fraud and Cybercrime
- Apprenticeship Levy

4. RECOMMENDATION ANALYSIS

4.1 Recommendations are made based on the level of risk posed by the weakness identified. The current ratings used for ranking recommendations are:



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

4.3 A number of follow-up reviews have commenced during 2020/21. 30 have been concluded to date, which are summarised in Table 2 below.

Table 2 – Analysis of Follow-Up Audits undertaken during 2020/21

| | Follow-Up Audit | Total Recs | Implemented | Redundant/ Risk Accepted | Partially Implemented | Not Implemented |
|----|--|------------|-------------|-----------------------------|-----------------------|-----------------|
| 1 | Application of Thrive+ | 8 | 7 | | | 1 |
| 2 | Access and Usage of Intel Systems | 6 | | 1 | 5 | |
| 3 | Independent Custody Visitors | 9 | 7 | | | 2 |
| 4 | Public Protection | 6 | 5 | | 1 | |
| 5 | Workforce Planning | 3 | 1 | | | 2 |
| 6 | Sex Offender Management | 11 | 7 | 1 | 3 | |
| 7 | Mental Health | 8 | 4 | | | 4 |
| 8 | Bail Management | 5 | 4 | | 1 | |
| 9 | PPU Child Conferencing (x2) | 5 | 5 | | | |
| 10 | Force Governance | 4 | 3 | | | 1 |
| 11 | Body Worn Video | 11 | 11 | | | |
| 12 | Fleet Telematics | 7 | 6 | | | 1 |
| 13 | IT Strategy | 3 | | | | 3 |
| 14 | Force Response | 7 | 2 | 2 | 1 | 2 |
| 15 | GDPR – PCC Readiness | 9 | 6 | 1 | 1 | 1 |
| 16 | Management of Repeats | 4 | | | 1 | 3 |
| 17 | GDPR Readiness Review - Force | 5 | 3 | | | 2 |
| 18 | Budgetary Controls | 3 | 2 | | | 1 |
| 19 | Application of THRIVE+ | 8 | 6 | | | 2 |
| 20 | Force Response | 7 | 3 | 2 | 1 | 1 |
| 21 | Drones | 7 | 6 | | | 1 |
| 22 | Centre for Applied Automations | 4 | 3 | | | 1 |
| 23 | Onboarding | 4 | 3 | | | 1 |
| 24 | Duty Management System - pre implementation review | 3 | 3 | | | |
| 25 | Creditors | 4 | 4 | | | |
| 26 | Expenses | 7 | 5 | | | 2 |
| 27 | Credit cards | 5 | 5 | | | |
| 28 | CTU Business Support | 4 | 3 | | | 1 |
| 29 | Appropriate Adults | 8 | 2 | | 2 | 4 |
| 30 | VAT | 4 | 2 | | 2 | |
| | Total | 179 | 118 | 7 | 18 | 36 |

- 4.4 Table 2 identifies a 76% implementation rate (fully and partially) for those audits followed-up to date during 2020/21. 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 of those audits completed in 2019/20 and 2020/21 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 2017/18 to 2020/21

| Rating | Number agreed | | | |
|--------|---------------|------------|------------|-----------|
| | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| High | 7 | 1 | 6 | 0 |
| Medium | 84 | 70 | 67 | 4 |
| Low | 52 | 59 | 55 | 12 |
| Total | 143 | 130 | 128 | 16 |

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

Table 4 – Status of High/Medium Recommendations

| | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Total |
|---|---------|---------|---------|---------|-------|
| Total Number | 91 | 71 | 73 | 4 | 239 |
| Total not yet due to be Followed-up/Follow-up in progress | 0 | 0 | 34 | 4 | 38 |
| Total Followed-up Concluded | 91 | 71 | 39 | 0 | 201 |
| <i>Of Which:-</i> | | | | | |
| Total Implemented | 77 | 49 | 18 | 0 | 144 |
| Total Redundant*/risk accepted | 10 | 3 | 0 | 0 | 13 |
| Total Outstanding after follow-up | 4 | 19 | 21 | 0 | 44 |

**Redundant are recommendations that are no longer relevant or recommendations have been superseded by a later audit*

- 4.8 Of the 201 significant recommendations followed-up since 2017/18, 144 (72%) have been implemented. A further 13 (6%) are considered redundant or superseded. 22% remain outstanding and full details of these remain outstanding and the latest progress updates are detailed in **Appendix 4**. The latest update confirms progress is being made on the majority of these recommendations. There are however some for which management have not responded and reminders have been issued.

5. OTHER AREAS OF ACTIVITY

- 5.1 In addition to planned Internal Audit work that require assurance levels to be assessed, other planned work relates to those areas of activity that support and underpin the overall concept of internal control and proactive advice work. During the period covered by this report, the other areas of activity undertaken are as follows:

- **National Fraud Initiative (NFI)** – The Cabinet Office are running the biennial National Fraud Initiative again this year. Data submissions for this exercise will take place between October and December 2020 and the Internal Audit Team are coordinating the submission of this data. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations to identify potential fraud. Data matching results will be issued approximately January 2021 for investigation.

The result of the NFI exercise from April 2018 to July 2020 have been released which shows a total of £245 million in fraud, overpayments and error has been detected and prevented across the UK. WMP total savings amount to £28,875. The majority of this (£25k) relates to deceased pensioners or pensioners who have failed to disclose a benefit from the DWP and are also in receipt of an injury pension which should be reduced accordingly. A number of pension cases continue to be investigated by the Pensions Team.

- **Information Management** - Internal Audit continue to participate in the Force's Information Assurance Working Group and Strategic Information Management Board to consider the key information management demands of the Force. Both groups met during August to consider Information Management and GDPR matters and wider risks were escalated to the Board for consideration. It has recently been agreed that Internal Audit will formally report any outstanding Information Management and Information Technology recommendations to these Boards.

6. PERFORMANCE

- 6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs are set out in Table 5 with actual to date for 2020/21.

Table 5 – KPI data 2020/21

| KPI Description | Narrative | Annual Target | Actual 2020/21 |
|----------------------------|---|---------------|----------------|
| Output Indicators: | | | |
| Audit Coverage | % of Audit Plan Delivered. | 90% | 23% |
| Report Production | Completion of Draft Audit Report within 10 working days. | 95% | 100% |
| Report Production | Completion of Final Report within 5 days of agreement of the draft. | 95% | 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% | 95% |

6.2 The audit coverage is below the pro-rata target for this time of year which is anticipated as the earlier part of the year is heavily weighted to planning, preparation and commencing audits, with more reports being issued in the latter months. However, the figure is below performance compared to previous years. Delays in completing audits due to the response to Covid-19, postponement requests for some reviews, and staff absence due to illness and bereavement have all contributed to this. Approximately 50% of audit tasks are now in progress. We consulted the Force Executive Team on their plan in early May, at which point no changes were required. We are closely monitoring the position and will continue to liaise with senior management and Joint Audit Committee on any proposed planned changes.

7. RECOMMENDATIONS

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

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| <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 Vulnerability

- 1.1 West Midlands Police have had several external inspections from HMICFRS relating to various areas of vulnerability including; domestic abuse, modern slavery, mental health, honour based violence, child sexual exploitation and female genital mutilation, missing and absent. The National Police Chiefs Council and College of Policing have also issued a National Vulnerability Action Plan (NVAP) for 2018-21 to improve the recognition and response to vulnerability across service providers. These combined recommendations and actions have been collated into a Vulnerability Improvement Plan to record and monitor the progress with updates provided to the Vulnerability Board. Vulnerability governance arrangements have also been reviewed with sub-groups formed to focus on specific aspects of vulnerability, leading on certain recommendations within the Vulnerability Improvement Plan.
- 1.2 The purpose of this review was to provide assurances on the arrangements in place to actively co-ordinate, manage and progress the recommendations recorded in the Vulnerability Improvement Plan following HMICFRS inspections, other agency reviews or actions required to be completed from the NVAP.
- 1.3 An overall opinion of Limited has been given which reflects that the vulnerability governance arrangements are still being embedded following a recent review and where new sub-group leads have been appointed. Robust arrangements are not yet in place in respect of regular update, review and closure of Vulnerability Improvement Plan actions and holding sub-groups leads to account.
- 1.4 The key findings of the review are as follows:
- A terms of reference for the Vulnerability Board is in place but there are no supporting operating protocols for the Vulnerability Board and supporting Vulnerability Improvement Plan in respect of the following areas: sub-groups leads sending representation when they cannot attend, the basis on which actions in the Vulnerability Improvement Plan are prioritised and the requirement for success criteria to be determined for each action.
 - Sub-group leads/action owners are not consistently providing regular updates to the Vulnerability Board on how their actions are progressing. As the Vulnerability Improvement Plan is not a standing agenda item at Vulnerability Board this increases the risk of a lack of oversight by the Chair in ensuring the actions are progressed. These factors, coupled with implementation timescales for HMICFRS recommendations/NVAP actions being unclear in the Improvement Plan, make it difficult to assess if suitable progress is being made.
 - When actions on the Vulnerability Improvement Plan have transferred to another Board or action owner outside of the Vulnerability Board membership, there is no representation at Vulnerability Board to provide assurances that the actions are being managed. Also, key representatives from the Vulnerability Board have been identified to attend Local Policing Governance Board as an opportunity to share information but instances were identified where the key representatives were not attending these meetings.
 - Success criteria is not being consistently recorded in the Vulnerability Improvement Plan to help determine when an action is complete and considered effective. When success criteria is recorded it is often vague and lacks detail as to the specific measures to assess success with no on-going monitoring arrangements determined

by the sub-groups to obtain assurance that actions are fully embedded. Actions considered completed are also not being submitted, with sufficient evidence, to the Vulnerability Board for review prior to submission to HMICFRS.

- The operating protocols for the sub-groups varied with Task and Finish and silver groups being in place to address specific areas of business. The leads for these groups have been recently appointed and the terms of reference is to be reviewed when business as usual is resumed. Minutes are not generally produced for sub-group meetings due to the lack of admin support available, with a lack of attendees recorded, it is difficult to determine who is regularly attending and contributing to meetings.
- Where actions from the Vulnerability Improvement Plan had been delegated to sub-group leads there was a lack of evidence of these actions being incorporated into to sub-group delivery plans / action trackers. Several plans are under review and action trackers focused on task and finish actions. Actions were also not being assessed and prioritised, no success criteria had been determined / fed into the plans and no target completion and review dates are being recorded. The governance portal, which is a force platform where plans, actions and updates can be logged and monitored, is not being used by sub-groups with Word, Excel and email being the main systems.

1.5 Management have agreed the following:

- Vulnerability Board will have a development session in September 2020 to review, refresh and reprioritise the plan and to update the TOR. The Board will meet bi-monthly dependent upon admin support. Focus will be on risks and pending actions and will include information exchange from other Boards.
- The Vulnerability Board planning group will meet 7 days before the Board where the agenda will be set.
- The Vulnerability Improvement Plan will be updated to include origin of action, deadline and priority level and the process for closing actions is to be clarified.
- A template will be created for completion by leads/action owners when they feel the action is completed to include evidence and sustainability. The template will be uploaded to portal for audit trail once approved by the Board. Sub group leads/action owners are to update actions on the portal 14 days before the Vulnerability Board. For those not completed, the Chair will seek clarification at the meeting as to the reasons why.
- The Vulnerability Improvement Plan will be a standard agenda item at the Vulnerability Board as well as details of completed actions/reports and additional actions/issues for escalation.
- Success criteria will be added to all Vulnerability Improvement Plan actions.
- Escalation and accountability process will be defined.
- The portal will include sections for each sub group. Sub groups are to update their delivery plans and consider how they embed ongoing quality assurance and learning. Performance is to be a standing agenda item for sub group meetings.
- Policy Manager/ Force liaison Officer/ Staff Officer to meet monthly to review any additional actions.
- Annual Report is to be received by Vulnerability Board from Force Review Team on recurring themes.
- Critical findings from internal and external reviews will be tabled as and when.
- Vulnerability Multi Agency protocols are to be added to the portal.

2 Missing Persons

- 2.1 At the request of Force Executive Team an additional audit was undertaken to review the progress made on implementing the recommendations from the Missing Persons audit that was completed in October 2019. The initial audit opinion of Minimal was given due to the high level risks identified relating to risk management and a lack of safe and well checks for logs re-graded from a P2 to a P8 for children and vulnerable adults and also delays in resourcing open P2 missing logs.
- 2.2 This latest audit confirmed that the recommendations and additional actions determined by management are being progressed, but have not yet been fully implemented and embedded, with a lack of safe and well checks/return home risk assessments still being evident in logs and open P2 logs continuing to experience delays in being resourced with the escalation doctrine not being applied, all of which were key issues previously reported. There is therefore no change in the minimal assurance opinion or recommendation ratings at this time. This should not detract from the good progress that has been made in some areas, especially in regard to joint working arrangements with NPU's and Locate, and improved governance arrangements in Locate and Force CID.
- 2.3 The key findings can be summarised as follows:
- The missing person's policy and supporting process maps have not yet been amended to account for the revised practices when managing a missing person investigation as any amendments to processes were to be finalised prior to the policy and process maps being updated.
 - Force Contact have not yet received refresher training, although briefings have been circulated to staff focusing on the revised return home process. Additional training is intended to be delivered once any policy revisions are made.
 - A briefing was circulated to Force Contact staff in October 2019 to give further guidance to Force Contact staff on risk assessing and recording requirements for missing person logs, with a further briefing issued in December 2019 to risk assess when a missing person returns home prior to resources attending. From reviewing a sample of logs, it is evident that changes in processes within Force Contact are not yet fully embedded with the following key themes identified, some of which were also previously reported in the initial review:
 - Not all THRIVE+ assessments were considered adequate when reviewing open logs. THRIVE+ assessments for closed logs could not be assessed as the system has been shut down following the implementation of ControlWorks. With this system being closed it limits the ability to inspect historical THRIVE+ assessments.
 - There is a lack of detail/probing in response to the 12 missing person questions asked at the time the initial call is made. These are standard questions that have to be asked when a missing call is received to help identify and assess the risk to the missing person.
 - Logs on ControlWorks are not recording that Control Room supervisors are being made aware of the missing person to allow oversight of the case, monitoring of the risk and escalation process to be instigated if necessary.
 - The logs reviewed frequently failed to meet the service level agreement targets with a lack of evidence in the logs that the escalation doctrine has been applied and no review times recorded. From the review of open logs, several logs contained very little detail with little evidence of the risk being managed and no actions determined to manage the log pending resources being available.
 - Force Contact Supervisor 'missing from home' spreadsheets were to be used to record all missing person logs and the associated risk which was to be used as part of shift handovers, but these records are not in place across all the hubs.

Where the spreadsheets are in place, the logs were not always being recorded and when logs were recorded, no details were captured as to what actions had been undertaken to resource the log. As a result the P2 median response time continues to be significantly higher (5:53 hours) when compared to all other P2 logs (1:15 hours).

- One log relating to a child was downgraded despite high risk CSE factors being identified and prior to the 12 questions being asked.
- From the closed logs review, when a missing child had returned home prior to a resource attending there was no evidence a return home risk assessment had been completed and recorded in the log. This included one log where risk factors relating to the missing child and sibling indicated involvement in county lines, therefore presenting a safeguarding risk that was not assessed. This case was regraded to P8.
- For five closed logs reviewed (25% of sample) no record was created on Compact (the missing persons system), with three of these logs relating to the person returning prior to resources attending; therefore, opportunities to share information with Local Authorities as part of triage meetings was missed. The previous Audit also identified instances where Compact records had not been produced (40%) and although Compact record creation has improved, it is not being undertaken in all instances as per the policy.
- The triage arrangements with Local Authorities, although in place, have not yet been documented to clarify the arrangements, roles and responsibilities of parties involved. Instances were identified whereby a child's missing episode had not been discussed as part of a triage meeting with the relevant Local Authority.
- Joint working between Locate and NPU's to manage repeat missing people/locations continues to be progressed. Currently there are inconsistent working practices between NPU's in accessing and reviewing missing person information and the forums where it is discussed to determine intervention and prevention activities.
- On-going quality assurance/performance monitoring arrangements have not yet commenced awaiting the outcome of this review. Following the completion of this second audit the testing templates will be shared with Missing Operations Group (MOG) stakeholder to assist in on-going reviews.

2.4 At the completion of the audit management agreed the following:

- The training package is ready and will be rolled out during handover and in briefings. A paper record will be maintained of those receiving the training.
- The aide memoire/supplementary guidance has been updated and will be in the training packs.
- Locate have produced Triage TOR which partners are being consultation on.
- Initial performance template has been produced and presented at the MOG. Concerns have been expressed regarding the limited auditing and compliance capacity and that progress will be slow without additional support. Locate are to finalise their performance template which is to be covered in the training package.
- There is no requirement for separate spreadsheets to be kept by control rooms in relation to missing logs due to introduction of control works.
- A one off July dip sample of 50 closed logs, using the Internal Audit template has been conducted between Locate, Force Contact and Force Response.
- Force audit to be undertaken for three consecutive months and then biannually using Internal Audit's template. This will be used to feedback to HMICFRS/OPCC.

- Automatic P1, P2 log stipulation to be reviewed as well as referrals to Supervisors to assess risk and return home assessments for expired logs.
- Quality Assurance work is ongoing particularly in relation to initial grading and subsequent downgrading of risk from P2-P8, which will also pick up if safe and well checks have been made. Force Contact are also undertaking a number of actions to provide assurance including: each team completing five live log audits on each shift, introducing feedback trackers and completing refresher training.
- Locate are to lead on changes to process map identified to allow policy and procedure changes to be implemented as soon as possible.
- NPU placed based ownership TOR has been prepared and shared for NPUs to agree. Performance criteria is to be agreed.

3 Training

- 3.1 This review sought to provide assurances that adequate arrangements are in place to support the learning and training requirements of the Force. The audit considered the identification and commissioning of training, identification of talented individuals for development opportunities, development of training programmes, use of appropriately qualified and experienced trainers, attendance management to ensure operational resources are maintained, adequacy of records keeping and evaluation of training.
- 3.2 An overall opinion of Limited has been given which reflects a lack of robust arrangements to support decisions made during the training commissioning process and a lack of regular feedback review which limits the opportunity for improvements to be made to the service and delivery of training. Also, the current evaluation methodology does not identify whether training has addressed the original issues which it sought to resolve. Other issues of a less significant nature were identified relating to the qualifications of trainers, planning of training, managing attendance and the adequacy of training records which also contributed to the opinion.
- 3.3 The key findings of the review are as follows:
- The training package commissioning process is currently under review. At present the decision making regarding the development of training packages is completed by two managers within Learning and Development (L&D) based on their experience and knowledge, with no framework in place to support decision making. As part of the ongoing review there is a proposal to change the structure of the individuals making the decisions however, the development of a framework to support decision making has not commenced.
 - There is minimal horizon scanning undertaken by L&D to identify opportunities to develop training packages to address forthcoming learning needs.
 - 20% of L&D trainers do not hold the appropriate training qualifications required by WMP and, in addition, a further 20% had not undertaken the Police Training Roles Learning and Development Programme which is the police training standard approved by the College of Policing. Management within L&D are aware that not all trainers have the appropriate qualification but due to attending other training and through experience, management were confident that these individuals are appropriate for the role.
 - Data analysis identified that enrolment on courses is, on average, 75% of capacity, thereby increasing the need for additional courses to be run and training resources allocated.

- Individuals enrolled are only given a short notice period prior to courses commencing, and for some courses, such as those within ICT, training on average have 26 days' notice, meaning their abstraction may not be adequately prepared for. The rate of non-attendance by officers and staff on courses is around 10%. No pro-active work is undertaken by L&D to contact individuals, line managers and local senior management to raise awareness and explore the reasons for non-attendance to ensure the officers and staff are held accountable locally for not attending courses.
- If an individual does not hold an active network domain account then they cannot be enrolled on a course. Between December 2019 and February 2020, a total of 739 individuals have attended a course but were not enrolled because of this issue. This therefore impacts on the individuals training records as they will not be up to date and the Force will not accurately know the full range of skills these individuals have.
- For individuals attending external training funded by the Force, the training database is not being updated with the skills once the individual has completed the course and therefore, again, the Force is not fully aware of the skills of these individuals.
- Supervisors are not consistently reviewing feedback logged through the training surveys meaning that any issues or concerns raised by students would not always be addressed.
- There is no evaluation by L&D to provide assurances that training packages developed and rolled out have met the objectives / resolved the original issue that that the training package sought to address. At the commissioning stage, business cases have to provide measureable supporting evidence of the need for training and this is not reviewed post-delivery to ensure the training was effective.

3.4 Management have agreed the following:

- A robust process will be created to ensure the new Commissioning and evaluation governance board will give clarity that training is appropriately designed and evaluated to ensure it is meeting the required purpose. To support this a Head of Commissioning role will be created to drive and own this process.
- Opportunities to identify potential learning packages which may be required to support future changes to the Force will be managed through the Commissioning and evaluation governance board. This process will allow clarity and opportunity for accurate future planning.
- A review of all trainers and their training qualifications will be completed and the findings will be acted upon.
- Working in conjunction with shared services we are finalising the SLA for course booking to maximise productivity.
- As part of the Organisation Learning Review (OLR) the L&D team are reviewing the courses offered to ensure the quantity is appropriate for the organisations need. The uptake of courses will be monitored through the Commissioning governance board.
- As part of the OLR the new My Learning portal will have a line manager function that will supply the line manager with data to enable SLT's to understand and challenge those not attending training.
- Also as part of the OLR and the My Learning portal this will be reviewed in the design phase to see if the individuals without a domain account can be enrolled on the Learning and Development Planner. Reminders being pushed out to those attending external courses will be part of the functionality.

APPENDIX 2 – Summary of Plan Position

2019/20 Audits Completed During 2020/21

| Audit | Status | Opinion / Comments |
|---|--------|-----------------------|
| Supplier Relationship Management | Final* | Reasonable |
| Diversity & Inclusion | Final* | Reasonable |
| IT&D System-database access and administration | Final* | Minimal |
| Data Driven Insight | Final* | Limited |
| PSD Case Management (Complaints - Investigations) | Final* | Reasonable |
| Fixed Asset Register | Final* | Reasonable |
| PPU - Safeguarding Boards | Final | Reasonable |
| PPU - Vulnerability | Final | Limited |
| Missing Persons (2 nd review) | Final | Minimal |
| Training | Final | Limited |
| Vetting | Draft | Awaiting FET sign off |
| Cyber Security | Draft | Awaiting FET sign off |

**included in 2019/20 annual opinion*

2020/21 Internal Audit Plan – Status / Assurance Summary

| Audit | Status | Opinion / Comments |
|---|--------|---|
| NFI | WIP | Planning underway for 2020/21 exercise. Data submission due October |
| Uplift programme / PEQF | WIP | Fieldwork underway |
| CTU Marauding Terrorist Attacks (MTAs) | | |
| Terrorist Offender Management | | |
| Commonwealth Games | | Planning stage: Opening meeting booked |
| Serious Violence in under 25's (Project Guardian) | WIP | Fieldwork underway |
| Domestic Abuse – serial perpetrators | WIP | Fieldwork complete |
| Domestic Abuse – case management | | |
| Connect | WIP | Testing on User acceptance testing postponed by project. |
| MyTime | | |
| Customer Team / Portal | | Request to postpone due to Covid-19–supported by Force Exec Team |
| ControlWorks BAU review | | |
| Sex Offender Management | WIP | Fieldwork underway |
| Detained Property | | |
| Violence Reduction Unit | | |
| Complaints Appeals Process | | Planning stage: Opening meeting held |
| Commissioning | | |
| Fraud and Cybercrime | Draft | Awaiting Management Comments |

| Audit | Status | Opinion / Comments |
|--|--------|------------------------------|
| Use of Intelligence | WIP | Fieldwork underway |
| Vulnerability in calls/THRIVE+ | | |
| IT&D Service Management (Service Desk) | | |
| Bank Reconciliation | WIP | Fieldwork underway |
| Payroll | WIP | Fieldwork underway |
| Force Risk Management | | |
| Integrated Offender Management | | |
| Environmental Strategy | WIP | Fieldwork underway |
| Estates | | |
| Apprenticeship Levy | Draft | Awaiting Management Comments |
| Covert Funds | | |

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

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

| 2020/21 recommendations | Made | Implemented | Risk Accepted | Redundant/Superseded | Not yet implemented | Not yet followed Up | Follow-up due |
|------------------------------|-----------|-------------|---------------|----------------------|---------------------|---------------------|---|
| PPU - Safeguarding Boards | 3 | | | | | 3 | |
| PPU - Vulnerability | 6 | | | | | 6 | |
| Missing Persons (2nd review) | - | | | | | - | Recommendations remain as reported in 2019/20 |
| Training | 7 | | | | | 7 | |
| Totals for 2020/21 | 16 | 0 | 0 | 0 | 0 | 16 | |

| 2019/20 recommendations | Made | Implemented | Risk Accepted | Redundant/Superseded | Not yet implemented | Not yet followed Up | Follow-up due |
|--|------|-------------|---------------|----------------------|---------------------|---------------------|----------------------|
| Mental Health | 8 | 4 | | | 4 | | Aug-20 - In progress |
| Force Response | 7 | 3 | 2 | | 2 | | Nov-20 |
| Debtors | 6 | 5 | | | 1 | | Apr-21 |
| Duty Management System - pre-implementation review | 3 | 3 | | | | | N/A |
| Appropriate Adults | 8 | 2 | | | 6 | | Dec-20 |
| Centre for Applied Automation | 4 | 3 | | | 1 | | Dec-20 |
| Missing Persons | 10 | | | | 10 | | Oct-20 |
| IT Strategy | 3 | | | | 3 | | Sept 20 |
| Asset Management – personal issued devices | 6 | | | | | 6 | May-20 – In progress |
| CTU Business Support | 4 | 3 | | | 1 | | Dec 20 |
| VAT | 4 | 2 | | | 2 | | Dec-20 |
| Management of Repeat Offenders | 4 | | | | 4 | | Oct-20 |
| Drones | 7 | 6 | | | 1 | | Nov-20 |
| National Police Air Service | 4 | | | | | 4 | Jul-20 – In progress |
| Credit Cards | 5 | 5 | | | | | N/A |



Internal Audit Activity Report

| 2019/20 recommendations | Made | Implemented | Risk Accepted | Redundant/ Superseded | Not yet implemented | Not yet followed Up | Follow-up due |
|---|------------|-------------|---------------|--------------------------|---------------------|---------------------|----------------------|
| Occupational Health | 4 | | | | | 4 | Aug-20 – In progress |
| Disclosure | 4 | | | | | 4 | Sept-20 |
| Crime Data Integrity | 6 | | | | | 6 | Sept-20 |
| IT&D System-database access and administration | 8 | | | | | 8 | Nov-20 |
| Supplier Relationship Management | 3 | | | | | 3 | Nov-20 |
| Diversity and Inclusion | 3 | | | | | 3 | Nov-20 |
| Data Driven Insight | 5 | | | | | 5 | Dec-20 |
| PSD Case Management (Complaints and Investigations) | 3 | | | | | 3 | Dec-20 |
| Fixed Asset Register | 4 | | | | | 4 | Dec-20 |
| Totals for 2019/20 | 123 | 36 | 2 | 0 | 35 | 50 | |

| Outstanding recommendations previous years | Made | Implemented | Risk Accepted | Redundant/ Superseded | Not yet implemented | Not yet followed Up | Follow-up due |
|--|------|-------------|---------------|--------------------------|---------------------|---------------------|----------------------------------|
| 2018/19 | | | | | | | |
| Public Protection Unit | 6 | 5 | | | 1 | | Aug-20 – In progress |
| Uniform allocation | 5 | 1 | | | 4 | | Jun-20 – In progress |
| GDPR Readiness Review (PCC) | 9 | 7 | | 1 | 1 | | Sept-20 |
| GDPR Readiness Review (Force) | 5 | 3 | | | 2 | | Oct-20 |
| Independent Custody Visiting Scheme | 9 | 7 | | | 2 | | Jul-20 |
| Application and Usage of THRIVE+ | 8 | 6 | | | 2 | | Nov-20 |
| Budgetary Control | 3 | 2 | | | 1 | | Oct-20 |
| Expense Payments | 7 | 5 | | | 2 | | Dec-20 |
| Onboarding | 4 | 3 | | | 1 | | Dec-20 |
| Access and Usage of Intelligence Systems | 6 | | 1 | | 5 | | Jul-20 – In progress |
| Force Governance Arrangements | 4 | 3 | | | 1 | | Sept 20 |
| SOM | 11 | 7 | | 1 | 3 | | Aug-20 – full review in progress |



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| Outstanding recommendations previous years | | Made | Implemented | Risk Accepted | Redundant/ Superseded | Not yet implemented | Not yet followed Up | Follow-up due |
|--|--|------------|-------------|---------------|--------------------------|---------------------|---------------------|--|
| Fleet Telematics | | 7 | 6 | | | 1 | | Sept 20 |
| Bail Management | | 5 | 4 | | | 1 | | Aug-20 - In progress |
| 2017/18 | | | | | | | | |
| Force Risk Management Arrangements | | 4 | 3 | | | 1 | | In progress – Risk approach being reviewed |
| IR35 | | 4 | 1 | | | 3 | | In progress - Part response received |
| Workforce Planning, Diversity & Inclusion | | 3 | 1 | | | 2 | | Aug-20 – In progress |
| Totals | | 100 | 64 | 1 | 2 | 33 | | *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 | June 2018 | Workforce Demographics Diversity & Inclusion | To improve governance arrangements: - Terms of Reference should be completed and finalised for all Board and Working groups set up for workforce planning and workforce demographics. - Records of meetings should document actions agreed and confirmation that they have been completed and followed up at subsequent meetings. | Recommended action is accepted and is in the process of being implemented. | September 2018 <i>Assistant Director Business Partnering</i> | <u>Update as at May 2020</u> Approved principles and TOR for a workforce alignment board which is to be chaired by ACC Matt Ward. This is focused on ensuring appropriate resourcing prioritisation against force demands. Background work and data gathering is in progress. Further follow-up issued August 2020 |
| 2 | June 2018 | Workforce Demographics Diversity & Inclusion | When the Talent Management Framework has been developed and skills and capabilities for posts are mapped against those of the people in those posts, skills gap analysis should be completed to assess gaps between available and required resources. Plans and actions should be agreed to help address these gaps and help deliver the future workforce. This should be monitored and reported appropriately. | Agree this recommendation. This is part of the vision of how WMP will benefit from implementing a talent mgmt. framework. This project is in its early stages hence the target date in 2019. | August 2019 <i>Assistant Director Business Partnering</i> | <u>Update as at May 2020</u> Talent management approach was approved by the Force Executive Team at the start of 2020, however roll out is paused due to COVID19 Further follow-up issued August 2020 |
| 3 | Dec 2018 | Application of THRIVE+ | To ensure THRIVE+ is appropriately embedded a review of training provided to staff should be undertake to promote its continued and effective use. This should include: - Seeking assurances from L&D that new recruits induction package includes THRIVE+ and if not take action to include; - Reviewing the training package being developed by the THRIVE+ Working Group to establish if it is appropriate to roll out across the Force. - Continued refresher training approaches should be considered to reinforce and further embed THRIVE+. | L and D are part of the THRIVE working group and an action has been set to review and refresh all training material for THRIVE in accordance with the new policy design. It is not appropriate to design the training until policy and purpose of the use of THRIVE is clearly defined. | End Feb 2019 <i>Head of Force Contact</i> | <u>Update as at July 2020</u> In June 2020 the Head of Force Contact met with Learning and Development and shared all THRIVE based materials and described what is required to the training developers and Corporate Communications for publicity. This is now in their hands developing the new training and publicity materials to roll this out force-wide as a refresh to all and as a new package for new recruits It is anticipated that this will take a couple of months to develop, based on conversations and processes thus far. Further follow-up due Nov 20 |

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| | Dec 2018 | Application of THRIVE+ | The performance monitoring arrangements to assess the usage of THRIVE+ should be developed and communicated so there is a consistent approach across the force to review the application of THRIVE+, identify issues and share best practices. | Once Policy and Governance is signed off with regards to how WMP uses THRIVE, then the THRIVE working group will design the performance measures associated to this in conjunction with Strategic Intel | On-going | <p><u>Update as at July 2020</u> In terms of THRIVE, the policy is now signed off, the change in approach to embed into the NDM is agreed. Within Force Contact the recruitment of the Service Improvement Team remains on-going due to Force Contact struggling to get people through the recruitment process. During Covid-19 and as a result of My Time configuration Force Contact are still having to manage staffing issues.</p> <p>Internal Audit Comment Internal Audit deem this recommendation on-going as the policy is not yet launched and embedded to then develop performance measures. Additionally the issues experienced in Force Contact in establishing a full strength team has also prevented any THRIVE quality assessments being performed.</p> <p>Further follow-up due Nov 20</p> |
| 4 | Sept 2018 | National Uniform Managed Service | <p>Management checks should be introduced to give assurances that processes regarding 'scale of issue' are working effectively and the Supplier invoices are accurate. These checks should include:</p> <ul style="list-style-type: none"> - (1) Ensuring invoices agree to listing of orders and credits, - (2) ensuring that orders have not exceeded scales of issue, - (3) where a Superuser has placed an order that there is appropriate supporting documentation, - (4) that returns have been credited etc. | Set up a regime of dip sampling to ensure the 4 areas identified are within the scale of issue limits, documentation is in place for orders and invoice and credits are up to date and accurate. | <p>31st October 2018</p> <p><i>Facilities Manager</i></p> | <p><u>Update as at March 20</u></p> <ol style="list-style-type: none"> 1) There is a CCN update in progress to align current contract pricing audit to commence after that 2) On-going, additional training to be identified as part of this process 3) Dip sampling to be undertaken 4) Initial audit identified considerable issues with DHL's processes, they are currently reviewing this for all forces. Feb 20 <p>Further follow up issued June 20</p> |
| 5 | Sept 2018 | National Uniform Managed Service | WMP need to ensure that returns are being promptly credited to the account and challenge DHL when there are delays or missing credits. This should include reviewing returns which are listed as 'requested' to ensure they are promptly credited to individual scales of issue and WMP | Work already underway with Finance to identify realistic annual budget and reporting KPIs for the Uniform Board. There is a standing agenda item on the Uniform Board for financial review. Meet with Supt Dolby to discuss BAU budget | <p>31st December 2018</p> <p><i>Facilities Manager</i></p> | <p><u>Update as at March 20</u></p> <p>Initial audit identified considerable issues with DHL's processes, they are currently reviewing this for all forces. Feb 20.</p> <p>Further follow up issued June 20</p> |

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| | | | funds | as per action from last Uniform Board Project still working on project closure document which will identify any savings realised for NUMS | | |
| 6 | Sept 2018 | National Uniform Managed Service | To improve controls around Super-user access and usage of the Dynamic Ordering platform: - (1) Facilities Management should undertake regular sampling of orders placed by Super-users to ensure there is adequate documentation to support orders either placed on behalf of other individuals or those which supersede Scales of Issue. - (2) There should be regular reviews of users with this level of access to ensure it remains appropriate. - (3) The NUMs team and DHL need to identify a method of removing leavers or closing their accounts on the Dynamic Ordering Platform. | (1) To form part of the dip sampling process as per Risk 1 & 3 (2) Carry out quarterly audit of super users to ensure access remains appropriate (3) Confirm with DHL that the process to 'close' user accounts when they leave also locks the account for future super user orders. Work with DHL to resolve any gaps in the above process. | (1) 31st October 2018 (2) 31st October 2018 (3) 30th Nov 2018 <i>Facilities Manager</i> | <u>Update as at March 20</u> (1) On-going (2) Latest update to Super User access to the DOP completed. 6/11/19 (paperwork provided to audit) (3) DHL have as part of their improvements resolved this based on the HR data received from WMP Feb 20 Further follow up issued June 20 |
| 7 | Dec 2018 | GDPR Readiness - Force | As part of the requirements for 'Right to erasure', where an individual's request to delete or erase their information from force systems has been approved, processes should be established to ensure that where information has also been shared with 3rd parties, all parties must be informed to delete or erase the information in a timely manner. | Agreed in principle. However this may not be as simple as it sounds. 3rd parties may have legitimate reason to keep information we've shared. For example a person who we arrested but subsequently turned out to be a victim of a malicious allegation has the right to ask us to delete that record. However if as a result we passed their details to the LA as child protection issues were uncovered during the event then it may be right that the LA keep their information. We need to investigate this further as there will be some improvements to be made. | End of Dec for assessment and plan <i>Force Records Manager</i> | <u>Update as at March 2020</u> The Assistant Director of Information Management confirmed that this will be implemented when Connect goes live around November 2020. Further follow up will be undertaken November 2020 |
| 8 | Dec 2018 | GDPR Readiness - PCC | Information Security should be covered in either a separate policy or included in existing policies. This should consider the following areas: | We are examining appropriate security measures including the GSC system and also encryption service for email. The | March 2019 <i>Head of</i> | <u>Update as at June 2020</u> a) This is ongoing during 2020 b) To be completed Summer 2020 as part of |



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| | | | <p>a. Appropriate identification and security classification that should be agreed and assigned to reports and documents across the OPCC, for example, private reports presented at SPCB meetings.</p> <p>b. Adoption of a Home/remote working policy including the arrangements staff should adopt to ensure adequate information management and security.</p> <p>c. Procedures to ensure all employees (permanent and temporary staff) and third party users return all hardware assets upon termination of their employment, contract or agreement, and that this is evidenced properly (consider use of a leaver's checklist signed by the relevant line manager to confirm receipt of the returned assets/equipment.)</p> <p>d. Undertaking regular office 'sweeps' or checks to help identify and address any instances where information is not kept securely.</p> <p>Following approval of any policy by the senior management team, these should be communicated to employees and subject to regular review.</p> | <p>Comms policy includes the IT provisions for working outside of the office.</p> <p>A leaver's checklist will be developed and implemented.</p> <p>A reminder has been placed in the newsletter for September 2018.</p> | Business Services | <p>the OPCC Recovery Plan.</p> <p>c) Complete</p> <p>d) Complete</p> <p>Further follow due Sept 2020 on point a)</p> |
| 9 | March 2019 | Onboarding | <p>In order to improve monitoring and compliance of onboarding activities:</p> <ul style="list-style-type: none"> - Monitoring reports should be developed and reviewed to help identify any areas or specific officers/staff where allocated tasks are not being completed promptly. - These reports should cover all stages of the onboarding process as well as cancelled tasks and those not completed with the assigned timescales. - Once produced, these reports should be reviewed by senior management on a regular | <p>Monitoring process to be put into place as recommended in this report.</p> <p>Spot audits checks to be carried out to ensure that tasks are being completed in a timely manner.</p> | <p>1st February 2019 – spot check audit</p> <p>1st March 2019 – monitoring reports developed</p> <p>Head of Resourcing and Recruitment</p> | <p><u>Update as at August 2020</u></p> <p>Oracle are still working on the systems. We have had to prioritise recruitment as we have a mandated system update that needed significant configuration to be usable. The next stage will be the onboarding (and other areas).</p> <p>I'm expecting this to be completed by the end of October.</p> <p>Further follow-up due Dec 2020</p> |



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| | | | <p>basis and appropriate actions should be agreed to help improve performance in onboarding.</p> <ul style="list-style-type: none"> - Results or feedback from monitoring/exception reports should also be communicated to relevant departments as lessons learned to help improve performance in future and maximise use of the functionality within the system. | | | |
| 10 | March 2018 | IR35 | A system such as a central repository cross referenced to the assessment control record, needs to be put into place to aid the recovery of documentation supporting decision in regard to IR35. | Agreed. A single spreadsheet will be create that contains all agency/ contractor engagements, the status of their assessment and their assessment paperwork | 30th March 2018 <i>Assistant Director Shared Services</i> | Follow-up issued August 18. Reminders issued. Awaiting management response |
| 11 | March 2018 | IR35 | The Force records retention schedule also needs to be updated to include these supporting records. | Agreed. | 31st March 2018 <i>Assistant Director Shared Services</i> | Follow-up issued August 18. Reminders issued. Awaiting management response |
| 12 | March 2019 | Expenses | <p>To prevent duplicate expense claims being paid:</p> <ul style="list-style-type: none"> - Line Managers need to be reminded of their responsibility to review and investigate the on screen prompts of recent similar events prior to authorising an expense. - Investigate the possibility of revising the criteria for the claims selected for expense audit to include potential duplicates. If included, this would negate the need for a separate duplicate report to be produced and investigated. - Until such time the audit criteria can be amended, Payroll must produce and review the duplicate payment report on a frequent basis (at least weekly) and take action to recover any overpayments. | Agreed | 31st March 2019 <i>Assistant Director Shared Services</i> | Follow-up issued August 19. Reminders issued. Awaiting management response |

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| 13 | June 2019 | Fleet Telematics | <p>Following the DSB decision not to develop a Driver Behaviour Governance Panel in April 2019, alternative governance arrangements should be determined and adopted to:</p> <ul style="list-style-type: none"> - Provide an escalation process where Supervisors and/or Appropriate Authorities are not taking the required action when their officers are receiving multiple scores in excess of 1000 points; and - Provide an escalation process where officer driving performance is not improved following actions taken by the Supervisors/Appropriate Authorities. <p>Arrangements for reporting on common themes of driver behaviour issues and the efficiency and effectiveness of utilising vehicles identified when the revised suite of reports are developed should also be agreed and adopted to strengthen the monitoring of driver behaviour and vehicle utilisation.</p> | <p>The process map V011 outlines the steps to manage performance by supervisor and/or Appropriate Authority. The Chairperson of DSB, through a governance group, will assist in the guidance route necessary to improve driver behaviour. The responsibilities of the board/group should be set out by the chair.</p> <p>The process of escalation is within the policy.</p> <p>Reports to influence decision making are in the process of being updated/summarised.</p> | <p>April 2020</p> <p><i>Fleet Manager</i></p> | <p><u>Update as at June 2020</u></p> <p>The utilisation report is still problematic and not to a satisfactory standard. It maybe we start again with this detailed reporting method. This was a report that WMP requested and has not been charged for. I have allowed them to continue working on the report until a) We get an easily usable report or b) An equivalent report that can assist</p> <p>However we still have the original report as per the contract which is used.</p> <p><u>Internal Audit Comment</u></p> <p>The Fleet Manager confirmed that the Vehicle User Group and the Driver Standard Board have now been combined. No meetings have been held since our previous review. The next meeting is scheduled for the 9th June 2020.</p> <p>The Fleet Manager has provided a statement from the Supplier who has confirmed that they are continuing to work on the changes/developments to the current utilisation report as requested by the Fleet Manager</p> <p>Due to the ongoing work on the utilisation report coupled with no evidence as yet of how driver behaviour will be escalated to the board the recommendation is considered OPEN.</p> <p>Further follow-up due Sept 2020</p> |
| 14 | March 2019 | Access & Usage of intel Systems | <p>It must be ensured that all training records maintained by Learning and Development are fully up to date with the training given in respect of Force systems.</p> <p>Access to systems must not be granted unless there is an appropriate training record for that individual confirmed by Learning and Development.</p> | <p>1 – Assistant Director – Information Management</p> <p>The first action affects Flints, IMS, ICIS and Oasis whereby the appropriate training and checks by IT&D appear to be completed but the L&D records are incomplete. L&D are currently under a review. This issue will be included within that review.</p> <p>The second action refers to Corvus.</p> | <p>1. October 2019 2. End June 2019</p> <p><i>Assistant Director Information Management</i></p> <p><i>Assistant Director Shared Services</i></p> | <p><u>Update provided April 2020</u></p> <p>Information Management (IM) is bidding to be system admin for Connect. This is nearing completion. Once the central team is in place group membership will be better managed. At this time a review of Corvus users has been conducted by Intel and Assistant Director IM and corrections made.</p> <p>Further follow-up issued Aug 2020</p> <p>Awaiting response from Assistant Director Shared Services on point 2</p> |

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| | | | | <p>Where the Information Asset Owner has been approving access without training. There is a new SLT in Intel (owners) and the whole access, user group and setup is to be reviewed. What can be improved will be but as the systems are due to be replaced in 2019 some changes may be deferred.</p> <p>2 – Assistant Director - Shared Services</p> <p>Agreed that they will:-</p> <ul style="list-style-type: none"> -work with Intel to do a full review of who has access to what using HCM data (not Taleo as this doesn't capture movers or leavers). - provide the resource and technology (if agreed by IT&D) to create a Force wide portal to track user access to all systems. This will ensure all checks are being done at the right time. -work with IT&D to enable Shared Services to see what access everyone across the Force has – then when someone moves or leaves we can trigger actions on this. | | |
| 15 | March 2019 | Access & Usage of intel Systems | There should be regular reviews of users and their access levels for systems within the Force to ensure that levels are appropriate, users still require access and that leavers are removed from the system promptly. | <p>The majority of Corvus groups have an annual refresher process built in. Each user is automatically emailed and asked to confirm via their supervisor that they still need access. Those that don't are automatically removed from the group. Leavers are removed from AD automatically every 15 minutes using an automated process between HR and IT&D systems.</p> <p>Information Management teams are</p> | <p>Some is complete. End 2019.</p> <p><i>Assistant Director Information Management</i></p> | <p><u>Update provided April 2020</u></p> <p>The Assistant Director Information Management (IM) completed a Corvus review as a pilot and has now passed the work to PNC Bureau. An annual plan is being made to cover the various systems. When/if the sys admin team come to IM this work can be increased.</p> <p>There has been a rethink on the approach and the Head of Information Management is about to launch a re-energised Information Asset Owner (IAO) process. It's been via Strategic Information Management Board (SIMB). The paper</p> |

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| | | | | <p>currently reviewing the lists and planning how to start a regular review process.</p> <p>Flints is to be decommissioned within the next quarter – most users are now using the new Insight system. ICIS and IMS are due to be decommissioned this year. Oasis is due to be replaced in September 2019 at which time it will be decommissioned.</p> <p>KJ Will seek to confirm what scope there is within replacement systems to aid in this addressing this recommendation. There will also be bids for resources to enable this to be business as usual in new systems.</p> | | <p>suggested starting with fewer systems as well as focussing on new systems. It also introduced a shared model for the big systems such as Connect which straddle multiple portfolios.</p> <p>Templates have been drafted for IAO meeting agendas and for their annual reports. (Templates were provided to Internal Audit). There is a standing agenda item for a review of the membership groups.</p> <p>A review of progress against this new arrangement will be undertaken in 3 months-time.</p> <p>Further follow-up issued August 2020</p> |
| 16 | March 2019 | Access & Usage of intel Systems | Access to IMS, Flints and ICIS should be reviewed to ensure the systems are appropriately restricted to individuals that require access for their work | <p>The use of dynamic groups to populate the user list is a robust compromise designed to balance workload against risk. The group membership is dynamic in that if a person moves department their group is automatically updated to their new position. This adds a level of security and is faster and less open to failure than including people on an individual basis.</p> <p>As in item 2 the Information Management department is reviewing how it can implement a central review process to support this recommendation</p> | <p>April 2019</p> <p><i>Assistant Director Information Management</i></p> | <p><u>Update provided April 2020</u> As above – an annual schedule is being completed.</p> <p>There has been a rethink on the approach and the Head of Information Management is about to launch a re-energised Information Asset Owner (IAO) process. It's been via Strategic Information Management Board (SIMB). The paper suggested starting with fewer systems as well as focussing on new systems. It also introduced a shared model for the big systems such as Connect which straddle multiple portfolios.</p> <p>Templates have been drafted for IAO meeting agendas and for their annual reports. (Templates were provided to Internal Audit). There is a standing agenda item for a review of the membership groups.</p> <p>Further follow-up issued August 2020</p> |
| 17 | March 2019 | Access & Usage of intel Systems | There should be a review of the 'Joiners, Movers and Leavers' policy to identify a more robust procedure for capturing asset and access levels held by individuals when moving role. If the policy remains in its present state then it should be ensured that Shared Services are undertaking control checks as required by the | <p>1 – Assistant Director - Information Management There is an automated deletion process that removes computer access for a person leaving the force that runs every 15 minutes. This removes access to Corvus at the same time.</p> | <p>End June 2019</p> <p><i>Assistant Director Information Management</i></p> | <p><u>Update provided April 2020</u> All managers now have access to My Time and are expected to check details regularly. The user groups are not yet included.</p> <p>There has been a delay with My Time due to technical issues so this part of the work is behind schedule</p> |



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|-----|------------------------|---------------------------------|---|---|---|--|
| | | | policy. | <p>2 – Assistant Director - Shared Services Agreed that they will:-</p> <ul style="list-style-type: none"> -work with Intel to do a full review of who has access to what using HCM data (not Taleo as this doesn't capture movers or leavers). -will provide the resource and technology (if agreed by IT&D) to create a Force wide portal to track user access to all systems. This will ensure all checks are being done at the right time. -will work with IT&D to enable my team to see what access everyone across the Force has – then when someone moves or leaves we can trigger actions on this. | Assistant Director Shared Services | <p>Further follow-up issued August 2020</p> <p>Awaiting response from Assistant Director Shared Services on point 2</p> |
| 18 | March 2019 | Access & Usage of intel Systems | <p>To improve system administration controls:</p> <ul style="list-style-type: none"> • There should be segregation in duties in regard to system administration, in particular if these duties are given to individuals outside of the IT and Digital Department. • The number of system administrators should be reviewed and reduced as far as possible to ensure this higher level access to the system is appropriately restricted and controlled. • Should changes to the assignment of system admin roles be agreed, there should be a documented risk assessment completed. | <p>This will form part of the Information Management review of what dip sampling processes can be provided. The work is underway and Corvus groups have been checked so far.</p> | <p>April 2019</p> <p>Assistant Director Information Management</p> | <p><u>Update provided April 2020</u></p> <p>The system admin (outside IT&D) is planned to be centralised in IM. This is starting with Connect. PNC Bureau already manage PNC users and audit PNC and PND.</p> <p>Connect system admin is still due to come into IM but that project has been delayed till later this year.</p> <p>Further follow-up issued August 2020</p> |
| 19 | Sept 2019 | Mental Health | <p>To ensure officers and staff are suitably trained on mental health issues that may be relevant to their role:</p> <ul style="list-style-type: none"> - Determine and communicate which police staff roles are required to complete the 'Mental Health and the Police' NCALT training package. - Officers and staff should be reminded to complete the 'Mental Health and the Police' NCALT package; and | <p>A one day training programme in relation to mental health and the police was delivered to operational officers / PCSOs by L&D supported by Triage and specialist staff in 2017. This has been further supported by bespoke inputs to teams across the force when there have been identified training needs. Delivery of these inputs is typically by MH Triage staff.</p> | <p>Progress update 28th June 2019 & 9th August 2019</p> <p>Completion Sept 2019</p> <p>Superintendent with responsibility for mental health</p> | <p><u>Update provided May 2020</u></p> <p>NPU Commanders and relevant Heads of Department have been informed of the requirement for their front line officers to complete the NCALT package in addition to MH Steering Groups SPOC's also raising this locally.</p> <p>It has been recognised further training to support the NCALT package is more beneficial for front line officers and staff. 50 Tactical Advisors (Tac Ads) have received further mental health training to support colleagues which also relates to an HMICFRS action.</p> |

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| | | | A mechanism should be established to monitor completion rates and, if necessary, an escalation route if compliance rates do not improve. | <p>It is recognised that there is a turnover of staff within roles and a need to refresh training however the risk suggested is mitigated to a point as the significant number of officers filling vacancies in front line / public facing roles are student officers who, as identified, receive training in MH prior to deployment.</p> <p>It has however been identified during the current review of the MH policy that improving the knowledge and understanding of all staff in public facing roles or roles that bring them into contact with partners managing Mental Health services is critical to providing a service focused on the dignity, safety and rights of the public in relation to mental health matters. As part of the current policy review a proposal for a communications strategy, training programme and engagement event with partners is being drafted for FET consideration.</p> <p>The mandated completion of the NCalt package Mental Health and The Police has been circulated to relevant SLTs for local governance / management and results reported back to the MH steering group next VIB.</p> | | <p>Internal Audit reviewed the list of Mental Health Tac Ads listed on the Force Response intranet page, which also included Tac Ads in Force Contact and Custody.</p> <p>Learning & Development are to provide an up to date list of completion rates for the NCALT package. However due to some mandatory NCALT's over the last 6 months this won't have been a priority for many departments. It is our view that the guidance documents and Tac Ads are a more useful addition than pushing this further.</p> <p>This information is to be reviewed at the next MH Steering Group to determine any further actions.</p> <p>Further follow issued August 2020</p> |
| 20 | Sept 2019 | Mental Health | Additional guidance and training should be given to officers and Force Contact on health services powers under the Mental Health Act and care responsibilities to enable calls for service to be challenged. | As above the review of MH policy has resulted in a draft 'offer' to support Contact staff in understanding legislation and responsibilities of partners. This has been shared in draft with Contact SLT and is being developed to ensure bespoke needs of the department are addressed. This will be further supported by proposed training programme subject to approval by FET. | 4/06/2019 <i>Superintendent with responsibility for mental health</i> | <p><u>Update provided May 2020</u></p> <p>Due to ControlWorks there has been no available time to provide additional training to Force Contact. However the guidance documents published on the intranet enable staff to challenge when needed.</p> <p>Mental Health Tac Ads trained across the Force also include within Force Contact so staff can discuss issues with these advisors and the Force SME has been assured from Force Contact that staff are challenging calls when needed.</p> <p>A briefing note has been produced as a supplementary</p> |

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| | | | | Due to other training needs, it will not be possible for force contact staff to undergo formal training this year and therefore the route being taken is more around guidance, support and improved access to supporting documentation. | | <p>guidance to force policy to provide additional guidance to Force Contact, which has been confirmed by Internal Audit with reference made to crisis & welfare situations.</p> <p>Supt Bridges confirmed that they have seen examples of declines logs but the log numbers have not been retained so no information could be provided for Internal Audit to review.</p> <p>Data will continue to be gathered to assess the push back and ACC Meir is also looking at governance structures with partners and Tac Ads to influence strategy and behaviours.</p> <p>Specifically relating to Section 136, Birmingham partners are struggling and legislation being appropriately applied it is increasing the demand with partners. This is then having implications on the CCG's and the resilience beds available. WMP guidance documents have been shared so partners are aware of the shift in responses.</p> <p>More work is to be undertaken on investigations relating crimes being committed in a clinical setting on colleagues and WMP's processes and whether they are appropriate in achieving the outcomes and making sure officers don't pre-empt decisions that the courts or CPS will decide.</p> <p>Further follow up issued August 2020</p> |
| 21 | Dec 2019 | IT Strategy | Following completion of the new Synergy strategy, the strategy and any supporting plans should be formally approved by the Force Executive Team. Thereafter, all documents should be reviewed and updated on at least an annual basis as part of Governance arrangements to help ensure that the strategy is kept up to date and relevant. Following approval of the Synergy strategy, it should be communicated to all relevant stakeholders. Decisions therefore should be made around what internal communication methods will be used and who the target audience will be. As a corporate strategy, all WMP employees should be made aware of the purpose and expected outcomes of the strategy. | These recommended actions are part of standard practice and will automatically be completed as part of the process. | Dec 2019 <i>Assistant Director IT&D</i> | <p><u>Update provided June 2020</u></p> <p>This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. Now that the force wide strategy is published, the IT&D strategy will be aligned and issued.</p> <p>Further follow-up due Sept 2020</p> |
| 22 | Dec 2019 | IT Strategy | The new IT strategy/vision should include clear | These recommendations are part of | Dec 2019 – | <u>Update provided June 2020</u> |

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| | | | <p>milestones, performance targets and measures that will help assess whether the objectives have been met and outcomes achieved in future. An action plan would be beneficial to clearly set these out together with timescales for completion.</p> <p>These actions should also be reviewed and updated periodically via the TDA/ IT&D SLT with any updates/amendments being approved appropriately.</p> <p>Any outstanding recommendations and measurable outcomes from the existing Infrastructure strategy and Technical Blueprint should be reviewed with decisions made on whether to carry them forward into the new Synergy Strategy, and thereby incorporate them into any supporting plans. Decisions on any recommendations from the current strategy that are considered as no longer applicable should be documented.</p> | standard practice and would be automatically included as part of any strategy – there is nothing new here | <p>ongoing</p> <p><i>Assistant Director IT&D</i></p> | <p>This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. Now that the force wide strategy is published, the IT&D strategy will be aligned and issued.</p> <p>Further follow-up due Sept 2020</p> |
| 23 | Dec 2019 | IT Strategy | <p>The Technical Design Authority (TDA)/ IT&D SLT should periodically assess the overall progress of implementing the new strategy and any supporting plans when completed.</p> <p>Remedial actions should then be agreed where actions from the strategic plans have not been completed or desired outcomes/targets not achieved.</p> | Tis is standard practice and will be automatically completed | <p>Dec 2019</p> <p><i>Assistant Director IT&D</i></p> | <p><u>Update provided June 2020</u></p> <p>This work was drafted and then paused in line with the work commissioned by the CC to produce a new post 2020 force wide strategy. Now that the force wide strategy is published, the IT&D strategy will be aligned and issued.</p> <p>Further follow-up due Sept 2020</p> |
| 24 | Sept 2019 | Force Response | <p>Prior to implementation of the new systems it should be established how affiliation processes will operate and be recorded going forward and any revision to existing arrangements should be communicated to officers and Force Contact to ensure there is a consistent approach to provide status updates, with the Airwave policy also updated.</p> <p>Force Response Management should also consider and define the reporting requirements within the new systems so accurate and reliable</p> | <p>WMP is currently driving the BOBO concept (Book On, Book Off) and we are receiving weekly management data. We are improving in this area which impacts on affiliation. We are currently piloting the use of soft keys on D Unit BE however early indication is that the data coming back from the soft keys is not necessarily correlating with the information shown on the Oasis Log. This also links into Ref. 2 where the</p> | <p>Accenture IT solution dependent, review progress on 01/09/2019</p> <p><i>Head of Force Response</i></p> | <p><u>Update provided August 2020</u></p> <p>The use of the soft key option is now linked to the new Control Works system and therefore officers can update status via the soft key which will update the log or they can enter the log and update their status directly. The use of this will reduce the RAD having to chase up officer status updates. The on-going work is to continue to promote the use of the soft key to the teams through briefing and through RAD's.</p> <p><u>Internal Audit Comments</u></p> |

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| | | | <p>information can be obtained to review compliance rates for officers affiliating from the point the tour of duty commences, and status updates are being provided throughout tours of duty.</p> <p>It should also be ensured that when officers provide status updates via soft keys, that they will be shown in the new system in real time to the Resource Allocators (RA's) to reduce the requirement for RA's to request verbal status updates from officers, which will also encourage officers to use soft keys for updates.</p> | Accenture Telematics solution would contribute massively to Force Response efficiency and productivity via the Resource Allocator. | | <p>This recommendation is considered partially implemented as it has been confirmed how affiliation and status updates operate in ControlWorks via the use of soft keys. Extracting affiliation and status update information from ControlWorks should now be considered and explored by Force Response management to review compliance rates for officers.</p> <p>Further follow-up due November 2020</p> |
| 25 | Sept 2019 | Force Response | <p>To improve performance and usage of mobility devices and apps:</p> <ul style="list-style-type: none"> Management should review the mobility data that is now available, and establish benchmarks/monitoring arrangements to set the expectations of usage. Any deviations from the benchmarks established, should be investigated further and shared with the relevant Inspector to understand the reasons for the deviations and determine what actions should be undertaken. <p>Management should also establish the reasons for non-secure and non-operational devices and also the completion of the PNC NCALT courses and the download of the app onto the devices, and encourage usage.</p> | <p>WMP have traditionally been data rich however information poor. Accenture have acknowledged that there is a major absence of individual officer performance data and that any individual officer statistics need to be manually searched. Force Response have benchmarked 'what good looks like' through dip sampling a top performing officer vs. a lesser performing officer thus providing a starting point towards Sergeant to PC performance conversations. Accenture have stated that they can automate this data within an App available to each officer. This will have a huge impact on managing individual officer performance. A full review of PNC app usage has been conducted following the presentation of these audit results and we are now confident that non-users are absent from work (e.g. maternity or long-term sickness).</p> | <p>Accenture IT solution dependent, review progress on 01/09/2019</p> <p><i>Head of Force Response</i></p> | <p><u>Update provided August 2020</u></p> <p>I have not had an update in relation to the scoping of a performance app through OCPB. However, the business insights app does allow for scrutiny of certain areas for example stop and search, use of force down to individual officer level. Therefore within Force Response this information coupled with our own management information allows us to develop information at officer level in order to understand trends and patterns etc.</p> <p><u>Internal Audit Comments</u></p> <p>Internal Audit consider this recommendation on-going as no updates have been received as yet regarding the progression of a performance app for Force Response officers. Business Insights and management information is providing some performance information however it was confirmed that this does not include mobility devices and the use of apps.</p> <p>Further follow-up due November 2020</p> |
| 26 | March 2020 | Drones | <p>The following areas should be developed within the flight management system to ensure appropriate records are maintained and can be measured:</p> | <p>All areas of business with responsibility for drones will be expected to meet these minimum standards. The creation of one system for logging will assist but in the meantime all leads must ensure</p> | <p>31/3/20</p> <p><i>Drone Leads</i></p> | <p><u>Update provided August 2020</u></p> <p>All areas are being configured through Centrik flight safety system at time of writing. The system will be 'live' for WMP from 01/10/20 and can provide details of CPD, inventory checks and maintenance from this point onwards.</p> |

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| | | | <ul style="list-style-type: none"> The minimum standard for 'in service' training to ensure all training and CPD requirements are met, including any documents to be completed. Inventory of all drones and supporting equipment including booking in / out arrangements to accurately record movements of items, with management undertaking periodic checks to account for all items and any variations being investigated. Details of the checks should be duly recorded. The maintenance frequency per make and model of drone, following confirmation as to whether the manufacturers recommended maintenance or 50 flying time is to be applied and recording requirements. <p>The Small Unmanned Aircraft Operating Manual and supporting Standing Operating Procedures should also be updated to reflect the above requirements.</p> | this is adhered to | | The current system is fragmented and relies on separate spread sheets for the different departments. Manual checks are still conducted and recorded. |
| 27 | March 2020 | Management of Repeats | <p>The working arrangements for Neighbourhood Team managed offenders should be reviewed and the introduction of operating protocols considered detailing the minimum requirements to ensure:</p> <ul style="list-style-type: none"> - actions arising from LOMU and Neighbourhood Team meetings are recorded consistently to enable there to be a clear record of agreed actions with the progress and results followed up and reviewed at future meetings; - there is clarity over who is responsible for determining the initial management plan for the offender with it being recorded in the IOM system, including level of contact; - plans are developed in an appropriate timescale; - opportunities for information sharing are | It is accepted that the way neighbourhoods review managed offenders needs to be reviewed. This will take place under the IOM review and new ways of working which is currently being developed. It will also form part of the work on the College of Policing seven neighbourhood guiding principles which is led by Chief Supt Bourner | April 2020 ACC Payne | <p><u>Update provided June 2020</u></p> <p>The IOM Blueprint continues in development, part of which is the management of low level offenders. Central IOM have engaged with all NPU LOMU to shape the blueprint way to manage offenders – through intervention and prevention. Programmes such as offender to rehab/ DIP (High Crime Causing User) and New Chance for female offenders are examples of ways for NHT to assist on managing offenders, and are being developed as part of the blueprint.</p> <p>Further follow up due Oct-20</p> |

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| | | | <p>assessed and identified to assist in determining any actions;</p> <p>- supervisory reviews of IOM records are undertaken; and</p> <p>- performance in offender management at Neighbourhood level can be assessed</p> <p>As part of the review consideration should also be made to sharing the working practices of Sandwell NPU across all the NPU's.</p> | | | |
| 28 | Dec 2019 | CTU Business Support | <p>The Business Services and Improvement Manager in conjunction with the IT & Security Manager should review the current permissions of individuals with access to CTU systems to determine if they are acceptable. For any found to be inappropriate corrective action should be taken as soon as possible</p> | <p>Current access and permission levels will be reviewed and the WMCTU OPSY will determine with the Business Services and Improvement Manager will determine who should have access to WMCTU systems and a process for ensuring that this is regularly reviewed.</p> <p>The Business Services and Improvement Manager will request with the systems owners in POD that a process is put in place for WMCTU to be involved in monthly audits regarding access systems.</p> | <p>October 2019</p> <p><i>Business Services and Improvement Manager</i></p> | <p><u>Update provided September 2020</u></p> <p>Some initial work was done following the audit to identify access and permissions. Speaking with the Business Resources Manager he will pick this up with POD and put in place a process.</p> <p>Further follow up due December 2020</p> |
| 29 | Sept 2019 | Appropriate Adults | <p>A volunteer agreement / handbook should be developed detailing what support Appropriate Adults can expect from the scheme and setting out their responsibilities.</p> <p>The agreement should also highlight that information obtained by the volunteers is treated confidentially.</p> | <p>These documents are being developed</p> | <p>October 2019</p> <p><i>Volunteer Coordinator</i></p> | <p><u>Update provided September 2020</u></p> <p>A draft version has been created and we are just awaiting for the Force to comment. We also intend to share the draft version with current AAs before it is finalised.</p> <p>Handbook to be finalised by the end of June if not sooner</p> <p>Further follow up due December 2020</p> |
| 30 | Sept 2019 | Appropriate Adults | <p>It must be ensured that Appropriate Adults are either present or available when key conditions are discussed with individuals held in Custody.</p> <p>Furthermore, the Force must ensure that the custody record is updated appropriately with details of the engagement with the Appropriate</p> | <p>OPCC Response:-</p> <p>We will discuss with CJS and also include in future AA training to ensure consistency</p> <p>CJS Response:-</p> | <p>August 2019</p> <p><i>Volunteer Coordinator (OPCC) / CI (CJS)</i></p> | <p><u>Update provided September 2020</u></p> <p>OPCC - Due to the Covid-19, AA training has been postponed. When it is safe to resume, we can make sure that this is included in training.</p> <p>A new AA report form and accompanying spreadsheet to capture the AA visits has also been created. The form</p> |

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| | | | Adult. | <p>Communications to all staff, detailing this finding and seeking 2 outcomes:</p> <ul style="list-style-type: none"> • R&E explained to detainee in presence of AA on all occasions (I believe this is already happening) • Recording said explanation on the detention log (I believe this is what is getting missed due to user error) | | <p>prompts AAs to note at which stage/s they were present for as an AA. This may help towards monitoring to see if an AA is present when key conditions are discussed.</p> <p>CJS - We are establishing if comms has been sent out, due to change in role. Some form of internal audit regime will be put in place.</p> <p>Further follow up due December 2020</p> |
| 31 | Sept 2019 | Appropriate Adults | <p>To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil their holding to account role:</p> <ul style="list-style-type: none"> - Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes administrated by the Local Authorities should be established; - Performance information should be shared with Local Authorities and the Police and Crime Commissioner on a regular basis to allow demand and effectiveness of the scheme to be reviewed. <p>To aid this the Office of the PCC must ensure that management information to enable performance to be measured is readily available from Force systems</p> | <p>We are working with WMP to ensure this is part of the Connect Project. Once we have the information we will publish this and it will therefore be available to all the local authorities</p> | <p>July 2020</p> <p><i>Volunteer Coordinator</i></p> | <p><u>Update provided September 2020</u></p> <p>WMP state that it is not possible to easily access data around AAs. Any data is in the form of free text only.</p> <p>This is on-going and work will be done to see how that data could be abstracted</p> <p>Further follow up due December 2020</p> |