JOINT AUDIT COMMITTEE
7 January 2021
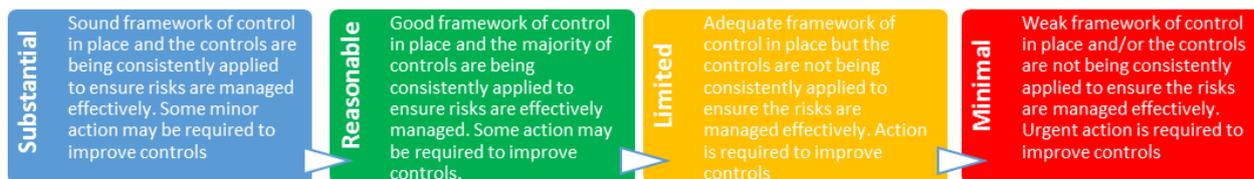
INTERNAL AUDIT ACTIVITY REPORT

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 October 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 Audit work undertaken, together with a summary of audit opinions, during the period October 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:

Substantial Sound framework of control in place and the controls are being consistently applied to ensure risks are managed effectively. Some minor action may be required to improve controls	**Reasonable** Good framework of control in place and the majority of controls are being consistently applied to ensure risks are effectively managed. Some action may be required to improve controls.	**Limited** Adequate framework of control in place but the controls are not being consistently applied to ensure the risks are managed effectively. Action is required to improve controls	**Minimal** Weak framework of control in place and/or the controls are not being consistently applied to ensure the risks are managed effectively. Urgent action is required to improve controls

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

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

No.	Audit Review	Assurance Opinion
1	Vetting	Limited
2	Fraud and Cybercrime	Reasonable
3	Cyber Security	Reasonable
4	Domestic Violence Serial Perpetrators	Limited
5	Bank Reconciliation	Reasonable
6	Use of Intelligence	Reasonable
7	Serious Violence in Under 25s	Reasonable
8	Apprenticeship Levy	Reasonable

3.3 Summaries of key findings from those reviews where an audit opinion of "Minimal" or "Limited" has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 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:

- Sex Offender Management
- Complaints Review Process
- Connect (User Acceptance Testing)
- Environmental Policy

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:

High High level of risk Major impact on achievement of objectives	**Significant** Significant level of risk. Significant impact on achievement of objectives	**Low** Action to enhance control May impact on ability to achieve objectives

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. 36 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+ (x2)	8	8			
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 (x2)	8	5			3
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 (x2)	7	6			1
13	IT Strategy	3				3
14	GDPR – PCC Readiness (x2)	9	8	1		
15	Management of Repeats (x2)	4			1	3
16	GDPR Readiness Review - Force (x2)	5	5			
17	Budgetary Controls	3	2			1
18	Application of THRIVE+	8	6			2
19	Force Response (x2)	7	3	2	1	1
20	Drones (x2)	7	7			
21	Centre for Applied Automations	4	3			1
22	Onboarding	4	3			1
23	Duty Management System - pre implementation review	3	3			
24	Creditors	4	4			
25	Expenses	7	5			2
26	Credit cards	5	5			
27	CTU Business Support	4	3			1
28	Appropriate Adults (x2)	8	2		2	4
29	VAT	4	2		2	
30	Occupational Health	4				4
31	National Police Air service (NPAS)	4	1	3		
32	Uniform Allocation	5	2			3
33	Force Governance arrangements	4	4			
34	Asset Management – personal issued devices	6	6			
35	Disclosure	4			4	
36	Crime Data Integrity	6	3	1		2
	Total	205	139	9	20	37

4.4 Table 2 identifies a 78% 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

	Number agreed			
Rating	2017/18	2018/19	2019/20	2020/21
High	7	1	6	0
Medium	84	70	67	19

Low	52	59	55	30
Total	**143**	**130**	**128**	**49**

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	19	254
Total not yet due to be Followed-up/Follow-up in progress	0	0	19	17	36
Total Followed-up Concluded	91	71	54	2	218
Of Which:-					
Total Implemented	79	54	28	0	161
Total Redundant*/risk accepted	10	3	1	0	14
Total Outstanding after follow-up	2	14	25	2	43

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

4.8 Of the 218 significant recommendations followed-up since 2017/18, 161 (74%) have been implemented. A further 14 (6%) are considered redundant or superseded. 20% 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:

- Information Management - Internal Audit continue to participate in the Force's Information Assurance Working Group (IAWG) and Strategic Information Management Board (SIMB) to consider the key information management demands of the Force. Internal Audit presented an update on the outstanding IT and Information Management related recommendations to both groups during November and December.

- Detained Property – Internal Audit were asked to review process map for records within the new Connect system which identified some necessary changes which management are addressing. The new central detained property store was also visited to review arrangements for managing property once received. Advice was given to strengthen management controls and management reporting, including elapsed time of items booked out of store, missing items report, perpetual inventory checks, safe checks etc. Management are to consider the reporting information required from Connect including the various reports to enable management checks to be completed. Advisory work is ongoing in this area.

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 as at end of November 2020.

Table 5 – KPI data 2020/21

KPI Description	Narrative	Annual Target	Actual 2020/21
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered.	90%	50%*
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%

*Based on revised plan

7. PROPOSED CHANGES TO AUDIT PLAN

7.1 As discussed at JAC in September, there was an anticipated shortfall in resources to meet the audit plan agreed in March 2020, resulting largely from delays in progressing reviews at the start of the year, reviews taking longer than planned due to new ways of working as a result of Covid-19, an extended bereavement leave for one member of staff and more recently a long term absence in the team. Options were discussed with Senior Management and the Chair of the Joint Audit Committee and the proposal to postpone the following audits was agreed.

- Domestic Abuse (Case Management) – This review, planned for later in the year, was to assess the effectiveness of changes to the processes for managing domestic abuse cases. The processes are still subject to change and review as part of a 6 month pilot. A specific review focussing on the management of Domestic Abuse serial perpetrators has been completed during the year.

- Terrorist Offender Management – This audit overlaps with two national reviews of processes currently underway and therefore the Assistant Chief Constable requested that this be postponed until any new arrangements have been implemented and embedded.

- Risk Management – The Head of Strategy & Direction is undertaking a review of the Force's corporate risk management governance and assurance processes. It is intended that this initial review will be completed by the end of 2020/21. Postponing this audit to 2021/22 would allow this review to be complete and implemented.

- Integrated Offender Management – Changes to the existing arrangements were due to take place in spring/summer although they were delayed due to Covid-19. This review was to confirm the changes have been embedded and the new arrangements are operating robustly. Work on offender management has been undertaken this year, including sex offender management and management of domestic abuse serial perpetrators.

- Violence Reduction Unit (VRU) - This review was to consider the robustness of the VRU strategy and consider the effectiveness of governance, planning and output and outcome monitoring arrangements to deliver objectives. Guidance for the operation of the VRUs is anticipated in January 2021 so postponing this review would allow this guidance to be implemented and embedded. Commissioning aspects of the VRU form part of the ongoing audit of the commissioning

arrangements within the OPCC which will contribute towards the output and outcome monitoring arrangements.

8.   RECOMMENDATIONS

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

8.2   The Committee to consider and endorse the proposed changes to the internal audit plan set out in 7.1

CONTACT OFFICER Name: Lynn Joyce Title: Head of Internal Audit	**BACKGROUND DOCUMENTS** None

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

1   Vetting

1.1   Vetting practices across the force have been the subject of numerous inspections in the past few years, with each of these reviews raising concerns around the backlog in aftercare vetting. The most recent inspection was a HMICFRS all forces spotlight review that reported in September 2019. This report raised extensive concerns around outdated vetting across all forces and resulted the following recommendation:

> *Recommendation 1 - All forces that are not yet doing so should immediately comply with all elements of the national guidance on vetting. By July 2020, all forces that haven't yet done so should vet all personnel to the appropriate standard. Forces should also have a clear understanding of the level of vetting required for all posts, and the level of vetting held by all their officers and staff. Forces should make sure all personnel have been vetted to a high enough level for the posts they hold.*

1.2   This review was to provide assurance on the actions both taken and planned by the force to address the concerns raised by inspection bodies in respect of the current vetting backlog, and the anticipated increased demand on the vetting team largely due to the officer uplift programme. The review also considered how the issues raised in the previous audit that reported in August 2017 have been addressed.

1.3   An overall opinion of Limited Assurance has been given. The main contributor to the opinion is the continued high level of outstanding aftercare vetting. The Force is clear that the July 2020 deadline will not be achieved and in January 2020, the Professional Standards department presented a range of options to Force Executive Team to clear the backlog, with the chosen option being to recruit additional staff to achieve a clearance date of May 2021. Despite the pressures with Covid-19, recruitment of the additional staff continued. The Force's response to Covid-19 did however result in resources within the aftercare team being redirected to support vetting of new recruits. This was a short term measure to address the immediate needs of the organisation. We understand this demand has now reduced and aftercare is now being addressed, but it may have impacted on the target date of May 2021 and management must now take time to reassess the position to ensure aftercare clearance can still be achieved within a reasonable timeframe.

1.4   The Limited opinion has been given at a time when there are significant changes planned to introduce more innovative ways to process vetting applications and new ways of working are being considered in other areas such as the processing of annual reviews of business interests. This proactive approach of considering more innovative solutions is commendable. Some changes were implemented as the audit was concluding, including:
   - an upgrade to the computer software;
   - introduction of on-line forms, which are currently being trialled for new applicants and for aftercare applications within the Forensics department;
   - robotics have been utilised to automatically extract applicant details from Taleo (HR system) and enter them into Core-Vet (Vetting system) for online forms to be sent to the applicant; and
   - a review of the decision making matrix, empowering vetting officers to take decisions on lower level risk aspects of the vetting application.

   Further changes are still in project phase, including:
   - introducing automation through the customer portal around management vetting, annual health checks and business interests; and

- exploring wider use of robotics for aspects such as automatic searches of systems. This is being considered in line with a national project currently underway that is also exploring the potential automations around checks of PND and PNC.

Whilst the planned steps are positive, Internal Audit are unable to provide assurance around processes not yet in place, although the direction of travel is positive and if all proposed changes are implemented, it is anticipated that the processes will be more efficient and effective and will help to improve the aftercare backlog position.

1.5 Other findings noted during the review are as follows:
- The previous audit of vetting in 2017 reported a lack of a formal process for notifying the Vetting Section of promotions, as well as returns from career breaks and secondments, to ensure appropriate vetting requirements are met. This appears to be an ongoing matter with 3 (30%) of the 10 of officer promotions tested (Inspector to Chief Inspector) not having the required level of vetting for their role.

- Two new dashboards have been developed to measure vetting and aftercare performance with the ambition of using the dashboards to monitor workloads to counteract spikes in demand. These are currently in test mode, and at the time of reporting it was anticipated these would go live imminently. The dashboards, once implemented, will improve the level of information available to management

- The Business Interest Policy, whilst still complying with Police Regulations, is overdue for review, with the last review being undertaken in 2014. The existing Policy does not reflect fully the current working arrangements in place.

- There was no evidence of an annual Business Interest review having been undertaken for the majority of the sample due to being unable to locate and view the annual review forms. Record keeping was also not up to date with business interests' no longer active still showing and new business interests not being recorded.

1.6 In addition to the above project, Management have agreed the following:

- ➢ Robust arrangements are in place between People and Organisational Development and PSD to manage the officer uplift. An extension of these arrangements into wider postings considerations should be achievable in order to address the residual issue where staff/officer postings have changed due to promotion, secondment etc.
- ➢ The Business Interest policy will be reviewed and data cleansed as part of this review. The potential for online reporting can also be explored through extension of the PSD Review Project.
- ➢ The provision of the Business Insight Dashboards is an agreed objective and is being progressed. Access to leaders across vetting and the SLT will be necessary In order that improvements are tracked and this is agreed to. Monitoring regimes for aftercare vetting will be addressed as part of this.
- ➢ The aftercare plan will need to take account of the impact of the pandemic as a matter of course.

2   Domestic Abuse Serial Perpetrators

2.1 The purpose of this review was to provide assurance that adequate arrangements are in place within Domestic Abuse Offender Management Teams as part of Neighbourhood Policing Units (NPU's) to effectively manage domestic abuse serial perpetrators. Specifically, the audit reviewed training provided to officers to enable them to identify

and manage domestic abuse serial perpetrators, governance arrangements, identification, risk assessment and management of domestic abuse serial perpetrators, the development of risk management plans and problem solving approaches applied, and performance monitoring arrangements.

2.2 An overall opinion of Limited has been given which is largely associated with domestic abuse serial perpetrators being identified on the Force Dashboard who are not currently being reviewed and managed by Domestic Abuse Offender Management Teams. This is due to them falling below the threshold for management or because there is no further capacity within the Team to enable management activities to be determined. Opportunities to undertake intervention and prevention activities and reducing risk escalation are therefore lost.

2.3 The key findings of the review are as follows:

- The One Day One Conversation (ODOC) multi agency meeting guidance to select and de-select offenders for management has not been reviewed since 2012. The ODOC meetings were reviewed against the guidance which highlighted the following inconsistencies:
  - the frequency of the meetings varies between NPU's;
  - Inspector rank and above are not always chairing the meetings;
  - confidentiality statements are not being announced at the start of the meeting to remind members not to disclose information outside the meeting;
  - templates per the guidance are not being utilised; and
  - no information on ODOC's is reported into any governance board to provide assurances it is operating as intended. This may result from unclear reporting lines for ODOC as different guidance and policies reference different governance boards as having oversight.

- A Managing Offenders Sub-Group meeting is in place to discuss issues across Integrated Offender Management (IOM), although no terms of reference exists to clarify the Group's roles and responsibilities, attendees, reporting lines and meeting frequency.

- Domestic Abuse Offender Management Teams have a limited capacity therefore when selecting domestic abuse serial perpetrators from the Force Dashboard for management they review the top percentage of serial perpetrators (this varied across the NPU's with the top 5% or 10% reviewed). The rationale not to manage a domestic abuse serial perpetrator within this top percentage is not being consistently recorded in the IOM record, which would be beneficial if the serial perpetrator is reviewed in future periods to understand why they were not selected for management. It was also identified that, if a referral is received from the Multi Agency Risk Assessment Conference (MARAC), which would take the Domestic Abuse Offender Management Team to full capacity, there would be no review of the Force Dashboard for that month, this decision / rationale is not being captured.

- NPU Local Tactical Delivery Boards (LTDB's) have recently started to request information on a limited number of domestic abuse serial perpetrators being managed. Currently no review or assessment is being made by the LTDB's of the domestic abuse serial perpetrators that are not being managed, i.e. below the Domestic Abuse Offender Management Team threshold, including pending prison releases or where there is an escalation of risk over a period. Such monitoring would enable the LTDB to identify and task local resources to undertake intervention and prevention work in an attempt to reduce / mitigate the risk.

- The IOM and Domestic Abuse policy provides guidance when a domestic abuse serial perpetrator can be de-selected for management, with one of the criteria relating to a three month offence free period. The Domestic Abuse Offender Management Teams are not applying this consistently with the de-selection timescales varying between six weeks to six months.

- One NPU visited is currently working to a slightly lower caseload ratio of 1:15, whereas per the policy the ratio is 1:20, which was being exceeded by another NPU. There is also a lack of reporting into NPU SLT on performance information. Central IOM are aware of the inconsistency in reporting and are currently developing performance measures and information packs to share with NPU's. From reviewing the information contained within the Central IOM Quarterly Performance Review (QPR) for domestic abuse serial perpetrators it was established that information on ratio's, re-offending and pathways was merged with other areas of IOM making it difficult to assess the Domestic Abuse Offender Management Teams workloads and performance. One slide was presented as part of the QPR on domestic abuse offender management but provided no further information on ratio's, the number of serial perpetrators being managed or how many serial perpetrators being managed have not committed any further offences in a set period.

2.4   Management have agreed the following:

- The ODOC review working group met for the first time at the beginning of October 2020, and terms of reference are being drawn up to undertaken a review of ODOC policy, which will include Domestic Abuse policy

- Managing Offenders Sub group will be reviewed to include terms of reference and clearer guidance on roles and responsibilities. This will also include the potential governance structure for it to report in to.

- Selection and de-selection of Domestic Abuse offenders is considered within IOM performance document, which will now include considering those NOT selected and reasons why. This will then highlight to NPU the need to consider what Offender Management plan to consider for that individual, and which can be managed through LTDB.

- In relation to LTDB, engagement is required with NPU to ensure these nominals are considered for management within that process.

- We will need to engage with Service Development Team to understand how risk escalation/de-escalation data can be produced. It is possible to include this within the monthly Offender Management performance document completed by Central Integrated Offender Management and shared with NPU.

- The Standard Operating Procedure is currently out to consultation and will be reviewed and amended accordingly. In addition, policy can be reinforced through monthly inspectors meetings, and audited through monthly performance document

- Ratios of offender managers against offenders is already included within the Central IOM performance document (commenced August 2020), and is also included within the QPR.

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 (2nd review)	Final	Minimal
Training	Final	Limited
Vetting	Final	Limited
Cyber Security	Final	Reasonable

*included in 2019/20 annual opinion

2020/21 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
NFI	WIP	Data submitted in October – data matches due to be released January 2021
Uplift programme / PEQF	WIP	Testing underway
CTU Marauding Terrorist Attacks (MTAs)	WIP	Planning stage – due to commence testing January 2021
Commonwealth Games	WIP	Testing underway
Serious Violence in under 25's (Project Guardian)	Final	Reasonable
Domestic Abuse – serial perpetrators	Final	Limited
Connect - User Acceptance Testing	Draft	Draft report issued. Awaiting management comments
Connect - Data Migration and Interfaces	WIP	Testing underway
MyTime		
Customer Team / Portal	WIP	Planning stage
ControlWorks BAU review		
Sex Offender Management	Draft	Draft report issued. Awaiting management comments
Detained Property	WIP	Advisory work underway
Complaints Appeals Process	Draft	Draft report issued. Awaiting management comments
Commissioning	WIP	Testing underway
Fraud and Cybercrime	Final	Reasonable
Use of Intelligence	Final	Reasonable
Vulnerability in calls/THRIVE+	WIP	Planning stage - Opening meeting arranged mid-January
IT&D Service Management (Service Desk)		

Audit	Status	Opinion / Comments
Bank Reconciliation	Final	Reasonable
Payroll	WIP	Testing underway
Environmental Strategy	Draft	Draft report issued. Awaiting management comments
Estates	WIP	Planning stage
Apprenticeship Levy	Final	Reasonable
Covert Funds	WIP	Testing complete – report being drafted

Audits Postponed to 2021/22
Domestic Abuse – case management
Force Risk Management
Integrated Offender Management
Violence Reduction Unit
Terrorist Offender Management

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	Dec-20
PPU - Vulnerability		6	2			4		Mar-21
Missing Persons (2nd review)		-					-	Recommendations remain as reported in 2019/20
Training		7					7	Feb-21
Fraud and Cybercrime		3					3	Apr-21
Vetting		6					6	Feb-21
Cyber Security		3					3	Mar-21
Domestic Abuse – serial perpetrators		6					6	May-21
Bank Reconciliation		4					4	May-21
Use of Intelligence		5					5	Jun-21
Serious Violence in Under 25s		2					2	Jun-21
Apprenticeship Levy		4					4	Jun-21
Totals for 2020/21		**49**	**2**	**0**	0	**4**	**43**	

2019/20 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Mental Health	🟧	8	5			3		Jan-21
PPU Child Conferencing	🟩	5	5					N/A
Force Response	🟧	7	3	2		2		In progress
Debtors	🟩	6	5			1		Apr-21
Duty Management System - pre-implementation review	🟩	3	3					N/A
Appropriate Adults	🟧	8	2			6		Mar-21
Centre for Applied Automation	🟩	4	3			1		Mar-21
Missing Persons	🟧	10	4			6		Oct-20 – follow up in Thrive vulnerability audit
IT Strategy	🟥	3				3		Mar-21
Asset Management – personal issued devices	🟩	6	6					N/A
CTU Business Support	🟩	4	3			1		Dec 20 – In progress
VAT	🟧	4	2			2		Dec-20 – In progress
Management of Repeat Offenders	🟥	4				4		Mar-21

2019/20 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Drones	🟩	7	7					N/A
National Police Air Service	🟩	4	1	1	2			N/A
Credit Cards	🟩	5	5					N/A
Occupational Health	🟥	4				4		Dec-20 – In progress
Disclosure	🟥	4				4		Feb-21
Crime Data Integrity	🟧	6	3		1	2		Mar-21
IT&D System-database access and administration		8					8	Jan-21
Supplier Relationship Management		3					3	Nov-20 – In progress
Diversity and Inclusion		3					3	Nov-20 – In progress
Data Driven Insight		5					5	Dec-20
PSD Case Management (Complaints and Investigations)		3					3	Dec-20 – In progress
Fixed Asset Register		4					4	Dec-20 – In progress
Totals for 2019/20		**128**	**54**	**3**	**3**	**37**	**32**	

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	2			3		Jan-21
Independent Custody Visiting Scheme	🟩	9	7			2		In progress
Budgetary Control	🟧	3	2			1		Oct-20 – In progress
Expense Payments	🟧	7	5			2		Dec-20
Onboarding	🟩	4	3			1		Dec-20 – In progress
Access and Usage of Intelligence Systems	🟥	6		1		5		Jul-20 – In progress
SOM	🟧	11	7		1	3		Full review completed – currently in draft
Fleet Telematics	🟩	7	6			1		Mar-21
Bail Management	🟩	5	4			1		Aug-20 - In progress
2017/18								
IR35	🟧	4	1			3		In progress - Part response received
Totals		**67**	**42**	**1**	**1**	**23**		***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 2018	National Uniform Managed Service	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: - (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.	31st October 2018 *Facilities Manager*	Update as at October 20 1) Reviewed at DHL monthly performance review 2) On-going liaison with Shared Services as issues are highlighted. Scales of Issue reviewed and MSP updated. 3) This is now standard practice to include Cx reference on orders. Dip sampling to commence once new Commercial Services team member recruited 4) With DHL to resolve their processes. Delay due to resources and Covid19 Further follow due January 2021
2	Sept 2018	National Uniform Managed Service	The Force 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 the Force's funds	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 as per action from last Uniform Board Project still working on project closure document which will identify any savings realised for NUMS	31st December 2018 *Facilities Manager*	Update as at October 20 With DHL to update systems so more information can be provided. DHL target 5 days from receipt at their location – this is an SLA tracked at the monthly performance review. Further follow up due January 2021
3	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 *Facilities Manager*	Update as at October 20 (1) Dip sampling to be undertaken once new Commercial team member recruited (interviews booked w/c 5th Oct) – current lack of capacity (2) Some access for users added and revoked on request from Shared Services. No review completed, but to be undertaken once new Commercial Officer recruited as above (3) Completed Further follow up due January 2021
4	March 2019	Onboarding	In order to improve monitoring and compliance of onboarding activities: - Monitoring reports should be developed and reviewed to help identify any areas or specific	Monitoring process to be put into place as recommended in this report. Spot audits checks to be carried out to	1st February 2019 – spot check audit	Update as at August 2020 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

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			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 basis and appropriate actions should be agreed to help improve performance in onboarding. - 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.	ensure that tasks are being completed in a timely manner.	1st March 2019 – monitoring reports developed *Head of Resourcing and Recruitment*	stage will be the onboarding (and other areas). Further follow-up in progress
5	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 *Assistant Director Shared Services*	Follow-up issued August 18. Reminders issued. Awaiting management response
6	March 2018	IR35	The Force records retention schedule also needs to be updated to include these supporting records.	Agreed.	31st March 2018 *Assistant Director Shared Services*	Follow-up issued August 18. Reminders issued. Awaiting management response
7	March 2019	Expenses	To prevent duplicate expense claims being paid: - 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 *Assistant Director Shared Services*	Follow-up issued August 19. Reminders issued. Awaiting management response
8	June 2019	Fleet Telematics	Following the DSB decision not to develop a Driver Behaviour Governance Panel in April 2019, alternative governance arrangements should be	The process map V011 outlines the steps to manage performance by supervisor and/or Appropriate Authority.	April 2020 *Fleet Manager*	Update as at October 2020 The Police Federation have informed that new legislation is coming out next year regarding the management of Police

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			determined and adopted to: - 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. 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.	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. The process of escalation is within the policy. Reports to influence decision making are in the process of being updated/summarised.		RTC's and that a consistent approach should be taken in dealing with drivers, trends etc. A Task and Finishing Group is being set up to manage the following :- • To develop a communication strategy that highlights evidence of bad driving, impact of this driving on cost / reputation, use of telematics, use of Drivermetrics, issues around personal insurance and the national changes in legislation round police driving • To develop a model as a foundation to the above legislation that will standardise and simplify the decision tree for front line managers and allow the Force to be in a ready position for next year's legislation The group will be chaired by the CMPG/RPU inspector and will provide a method of escalation and deal with poor driver Behaviour Through the COVID period the Supplier has been unable to progress the utilisation report. A recent meeting held with the Supplier identified that a developer is looking at the report to understand how to improve and simplify what is currently available or whether there is a need to start again. Further follow-up will be undertaken in March 2021
9	March 2019	Access & Usage of intel Systems	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. Access to systems must not be granted unless there is an appropriate training record for that individual confirmed by Learning and Development.	1 – Assistant Director – Information Management 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. The second action refers to Corvus. 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.	1. October 2019 2. End June 2019 *Assistant Director Information Management* *Assistant Director Shared Services*	Update provided April 2020 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. Further follow-up issued Aug 2020 Awaiting response from Assistant Director Shared Services on point 2

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				2 – Assistant Director - Shared Services Agreed that they will:- -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.		
10	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.	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. Information Management teams are currently reviewing the lists and planning how to start a regular review process. 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. 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	Some is complete. End 2019. *Assistant Director Information Management*	<u>Update provided April 2020</u> 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. 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. 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. A review of progress against this new arrangement will be undertaken in 3 months-time. Further follow-up issued August 2020

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				new systems.		
11	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	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. As in item 2 the Information Management department is reviewing how it can implement a central review process to support this recommendation	April 2019 *Assistant Director Information Management*	Update provided April 2020 As above – an annual schedule is being completed. 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. 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. Further follow-up issued August 2020
12	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 policy.	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. 2 – Assistant Director - Shared Services Agreed that they will:- -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.	End June 2019 *Assistant Director Information Management* *Assistant Director Shared Services*	Update provided April 2020 All managers now have access to My Time and are expected to check details regularly. The user groups are not yet included. There has been a delay with My Time due to technical issues so this part of the work is behind schedule Further follow-up issued August 2020 Awaiting response from Assistant Director Shared Services on point 2
13	March 2019	Access & Usage of intel Systems	To improve system administration controls: • 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	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.	April 2019 *Assistant Director Information*	Update provided April 2020 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.

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			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.		*Management*	Connect system admin is still due to come into IM but that project has been delayed till later this year. Further follow-up issued August 2020
14	Sept 2019	Mental Health	To ensure officers and staff are suitably trained on mental health issues that may be relevant to their role: - 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 A mechanism should be established to monitor completion rates and, if necessary, an escalation route if compliance rates do not improve.	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. 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. 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. The mandated completion of the NCalt package Mental Health and The Police has been circulated to relevant SLTs for local governance / management and	Progress update 28th June 2019 & 9th August 2019 Completion Sept 2019 *Superintendent with responsibility for mental health*	Update provided September 2020 Inaccuracies in the legislation contained within the MH NCalt package were highlighted by the Force's front line colleagues following circulation of the package for completion. The package was withdrawn immediately and returned to the CoP who have withdrawn the package nationally and it is in the process of being reviewed and developed. It is anticipated that this will be available for launch in January 2021. Once the package is launched from CoP the Force will distribute to staff for completion. The MH Tac Ad evaluation is currently with ACC Meir for review and a decision on recommendations. The review of Triage will be forwarded by Supt Ed Foster today and these documents will be used to inform decisions as to how these processes move forward. Further follow due January 2021

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				results reported back to the MH steering group next VIB.		
15	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. 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.	4/06/2019 *Superintendent with responsibility for mental health*	Update provided September 2020 This action remains under review and Force Contact have seen the benefit of the Tac Advisors in managing MH related calls for service. They have requested that more colleagues receive training however this is subject to the outcome of the evaluation. Further follow due January 2021
16	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 Force 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 *Assistant Director IT&D*	Update provided October 2020 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. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in March 21. In the interim an existing strategy is still operating.
17	Dec 2019	IT Strategy	The new IT strategy/vision should include clear 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. These actions should also be reviewed and updated periodically via the TDA/ IT&D SLT with any updates/amendments being approved appropriately. Any outstanding recommendations and measurable outcomes from the existing Infrastructure strategy	These recommendations are part of standard practice and would be automatically included as part of any strategy – there is nothing new here	Dec 2019 – ongoing *Assistant Director IT&D*	Update provided October 2020 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. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in March 21. In the interim an existing strategy is still operating.

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			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.			
18	Dec 2019	IT Strategy	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. Remedial actions should then be agreed where actions from the strategic plans have not been completed or desired outcomes/targets not achieved.	This is standard practice and will be automatically completed	Dec 2019 *Assistant Director IT&D*	Update provided October 2020 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. As at October 2020, this is still on hold at FET request and it will be Feb / Mar time before a draft will be available. To be followed up further in March 21. In the interim an existing strategy is still operating.
19	Sept 2019	Force Response	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. Force Response Management should also consider and define the reporting requirements within the new systems so accurate and reliable 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. 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.	The Force 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 Accenture Telematics solution would contribute massively to Force Response efficiency and productivity via the Resource Allocator.	Accenture IT solution dependent, review progress on 01/09/2019 *Head of Force Response*	Update provided August 2020 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. Further follow-up in progress
20	Sept 2019	Force Response	To improve performance and usage of mobility devices and apps: • Management should review the mobility data that is now available, and establish benchmarks/monitoring arrangements to set the expectations of usage.	The Force has 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	Accenture IT solution dependent, review progress on 01/09/2019	Update provided August 2020 An update in relation to the scoping of a performance app through OCPB is outstanding. 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

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			• 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. 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.	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 automise 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).	*Head of Force Response*	with our own management information, allows us to develop information at officer level in order to understand trends and patterns etc. Further follow-up in progress
21	March 2020	Management of Repeats	The working arrangements for Neighbourhood Team managed offenders should be reviewed and the introduction of operating protocols considered detailing the minimum requirements to ensure: - 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 assessed and identified to assist in determining any actions; - supervisory reviews of IOM records are undertaken; and - performance in offender management at Neighbourhood level can be assessed As part of the review consideration should also be made to sharing the working practices of Sandwell NPU across all the NPU's.	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*	Update provided Nov 2020 As part of the IOM Blueprint the management of low level offenders across Neighbourhood policing has improved, with such programme as UNITE in Sandwell and Offender to Rehab, on Bham, which have also been shared with other NPU through the Managing Offenders Sub group This sees a clear link between LOMU and NHT when offenders are referred into NHT, tactics re management are shared as best practice and plans are updated on CORVUS. Across other NPU, appropriate selection of offenders is also considered through LTDB – such as DA serial perps which are NOT selected by LOMU. All offenders managed across NHT are input onto the CORVUS IOM system. National IOM refresh is a new national strategy for IOM from NPCC which duplicates the principles of the Blueprint and which is currently being developed by Central IOM to ensure the Blueprint language and terminology is appropriate for the new strategy. This will focus on three cohorts – Fixed, Flex and Free, and Neighbourhood offenders will fit across the Flex and Free cohorts. Further follow up due March 2021

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22	Dec 2019	CTU Business Support	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	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. 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.	October 2019 *Business Services and Improvement Manager*	Update provided September 2020 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. Further follow up in progress
23	Sept 2019	Appropriate Adults	A volunteer agreement / handbook should be developed detailing what support Appropriate Adults can expect from the scheme and setting out their responsibilities. The agreement should also highlight that information obtained by the volunteers is treated confidentially.	These documents are being developed	October 2019 *Volunteer Coordinator*	Update provided December 2020 Handbook is in draft form but it is hoped to be finalised by the end of Feb 2021 so it can be shared with current and new recruited AAs. Further follow up due March 2021
24	Sept 2019	Appropriate Adults	It must be ensured that Appropriate Adults are either present or available when key conditions are discussed with individuals held in Custody. Furthermore, the Force must ensure that the custody record is updated appropriately with details of the engagement with the Appropriate Adult.	OPCC Response:- We will discuss with CJS and also include in future AA training to ensure consistency CJS Response:- Communications to all staff, detailing this finding and seeking 2 outcomes: • 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)	August 2019 *Volunteer Coordinator (OPCC) / CI (CJS)*	Update provided September 2020 OPCC - With recruitment taking place at the end of Jan, training will either be in Feb/March 2021. Will use the opportunity to cover this. A new AA report form and accompanying spreadsheet to capture the AA visits has also been created. The form 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. 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. Further follow up due March 2021
25	Sept 2019	Appropriate Adults	To ensure the effectiveness of the Appropriate Adult Scheme can be measured and the PCC can fulfil their holding to account role: - Performance measures for both the vulnerable adult scheme ran by the OPCC and youth schemes administrated by the Local Authorities should be established;	We are working with the Force 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	July 2020 *Volunteer Coordinator*	Update provided September 2020 Still on going with the Force. Force to ask those leading the Connect integration project about whether Connect could/can gather this data in future in a format that makes it reportable on and whether this data will be available for Qlik to "pull from" at go live. Will ask for an update on this at our next CJS meeting.

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			- 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. 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			Currently in the process of contacting Local Authorities about Children's' AA provisions in custody and establishing what data there is out there that would report/ monitor this. Further follow up due March 2021
26	March 2020	Occupational Health	The Wellbeing Plan included within the Wellbeing Strategy should incorporate measures on which progress will be assessed and what good looks like, and this should form the basis of formal reporting into the new governance boards once in place.	The Draft Wellbeing Strategy currently contains an outline Wellbeing Plan which aims to set out goals, outcomes and aims against each of the strategic priorities. This is then further broken down into an annual plan. It is agreed that measures and KPIs should be incorporated into this document, the outcome of which can be reported into the newly created Engagement Board.	July 2020 *Head of Employee Relations and Wellbeing*	Update as at September 2020 The Head of Health, Wellbeing and Case Management has requested that the implementation date for all the recommendation be extended until the end of November 2020. Since March all non-essential business as usual work within this area ceased as a result of Covid 19 and has only just started to be picked up again. Further follow up in progress
27	March 2020	Occupational Health	To support the information already publicised on the Occupational Health Portal, a Service Level Agreement/ Service Promise needs to be established allowing individuals to not only have an insight into what range of services can be provided but also the expectations in terms of service delivery timescales. Once approved the agreement should be displayed on the Occupational Health's Portal.	KPIs for Occupational Health are currently in development and progress against each KPI will be measured and reported via the Engagement Board as appropriate. We do not have a specific current SLA in relation to Occupational Health Services in operation. My suggestion in respect of this recommendation is that our service offering is contained within the Wellbeing and Occupational Health Portal and this is accessible to all. In addition to this, we will then work to develop KPIs (both internally facing and externally facing) and the externally facing KPIs will be shared/published. On the basis of the above I don't feel that there is a need for a specific SLA as the combination of the above should achieve the same aim.	July 2020 *Head of Occupational Health*	Update as at September 2020 The Head of Health, Wellbeing and Case Management has requested that the implementation date for all the recommendation be extended until the end of November 2020. Since March all non-essential business as usual work within this area ceased as a result of Covid 19 and has only just started to be picked up again. OH service want to get clear realistic timescales for their SLA's. They have planned in work around the continuing development of a planning tool for week commencing 2nd November 2020. This planning tool will allow realistic targets to be formulated. Further follow up in progress
28	March 2020	Occupational Health	To ensure service objectives are achieved a formal suite of KPIs that align with the Service Level Agreement (once developed) and wider Wellbeing Strategy (once approved) should be established allowing for performance targets to be set and measures to be reported upon. Management reporting should be developed in e-OPAS and the	Agreed as per 1 & 2 in relation to the first recommendation regarding the development of KPIs. With regarding to management reporting in e-OPAS and CX, further to the appointment of a Service Delivery Manager, this will be a key responsibility to support the	September 2020 *Head of Employee Relations and Wellbeing & Head of Occupational*	Update as at September 2020 The Head of Health, Wellbeing and Case Management has requested that the implementation date for all the recommendation be extended until the end of November 2020. Since March all non-essential business as usual work within this area ceased as a result of Covid 19 and has only just started to be picked up again.

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			CX Portal to support the monitoring of actual performance against the target KPIs established.	provision of effective management information and performance monitoring.	*Health*	Without the planning tool in place as detailed about no realistic KPI's can be set at this time. Further follow up in progress
29	March 2020	Disclosure	The cohort of Disclosure Champions should be confirmed to ensure that officers are assigned and committed to the role. An updated list of Disclosure Champions should then be published and kept up to date to help ensure that officers and staff across the force have access to this information if and when they need advice/support from a Disclosure Champion. Once the Disclosure Champions have been confirmed, training and CPD needs of each should be assessed and relevant training provided	Agreed	31st March 2020 *Disclosure lead*	Update as at October 2020 The champions were confirmed and training was delivered. This list does require a refresh and a new meeting to be proposed for Nov/Dec 2020. The delay is due to Covid 19. The Disclosure Champions 'Champion', worked to recruit the champions and held meetings/tactical lead – she attended the Joint Working Groups at CPS (However, not attended since Covid as they have been via Microsoft teams. This is in place. The lead for CPD is looking to utilise the new 'Blackboard' teaching system which has now been purchased. Disclosure is proposed as one of the early updates 2020/2021. The new AG guidelines are only just getting finalised so it is worthy of some force updates via message of the day/email/blogs which will go out 21/10/20 and then a full training delivery plan to follow. Further follow-up due February 2021
30	March 2020	Disclosure	The Disclosure lead should obtain results of the CJS file reviews in relation to the completion of the MG3 inserts and the Digital Processing Notice to periodically assess compliance and identify areas that require attention. These should be presented to and discussed at the Disclosure Working Group.	Agreed	31st May 2020 *Disclosure lead*	Update as at October 2020 This is being monitored and CJ are aware of the learning. This will be shared at the next working group Nov/Dec 2020. Further follow-up due February 2021
31	March 2020	Disclosure	The Digital Forensics Manager should adopt routine compliance checks and usage monitoring to help assess the uptake and benefits of the facility, and also ensure that the kiosks are being used appropriately and correctly. Any issues identified can then be resolved at the earliest opportunity.	Agreed	31st May 2020 *Disclosure lead*	Update as at October 2020 The new Digital Investigations Manager is reviewing the use of the kiosks and has used his previous experience to assist with the implementaton of the new Digital Process Authorisation forms for Victims/Witnesses. This all forms part of the review process. Digital Forensics also hold this ongoing data. The new Digital Investigations Manager is assisting with examples and linking to continuous learning process. Further follow-up due February 2021
32	March 2020	Crime Data Integrity	Reports showing results of the QA reviews and audits over a period of time e.g., 6 months or a year, should be produced, assessed and reported periodically to the Gold Group to help identify	Audits results are prepared for each of the five core departments and shared with the SLT. Force results are also produced for the DCC and Executive	May 2020 *Force Crime Registrar*	Update as at December 2020 Audit findings which were presented to CDI Gold were linked to previous audit results, which show trend data. CDI Gold is no longer running. Audit results are presented at Vulnerability

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			progression with HOCR compliance, and assess the root causes and the subsequent remedial actions required. Trends and lessons learnt from this review should also be communicated to all officers across the teams and those involved in facilitating/conducting the audits.	Team.		Gold, although some new areas of CDI audit focus do not have trend data. CDI audit results are now submitted monthly to the Force Executive Team (FET) meeting. These are general results with trend data. CDI audit results are under consideration by the Head of Strategy and Direction for inclusion within the WMP Performance framework and linking the crime recording audit results to crime reduction milestones. In addition to physical audits, WMP is trying to use crime recording data in a much smarter way. Merseyside and Cheshire use crime recording ratios per incident log, which give an early indication if crime recording is on a stable path or has dropped significantly. This will, allow the VSA Audit team to better understand potential areas of crime recording risk. The Performance Manager has started this analysis and presented concept charts to Vulnerability Gold. Further follow up due March 2021
33	March 2020	Crime Data Integrity	In relation to HMICFRS recommendation regarding improving the collection of equality information from victims of crime good practices from other forces such as Kent police should be reviewed to assess if they can be adopted across WMP. If necessary, this should be discussed at the Gold Group meetings to agree the next steps.	This is an area that was not significantly progressed until recently, as there was some misunderstanding of implications arising from GDPR. These have now been clarified and consideration is being given to how we can expand our current data collection to incorporate other diversity strands.	November 2020 *Force Crime Registrar*	The Head of Information Management (IM) has clarified that the purpose of data collection will be in order to assess equity of service provision across different demographics. The Head of IM has confirmed this would meet the legal thresholds set in GDPR in terms of legitimate purposes for collection and retention of data. *Internal Audit comment:* We have been provided with evidence of where the Force has liaised with Kent Police and explored capabilities of the new Connect System that is due to go live in 2021. As this work continues, we will seek a further update in March 2021.