JOINT AUDIT COMMITTEE
31 March 2022

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period December 2021 to date.

2. BACKGROUND

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

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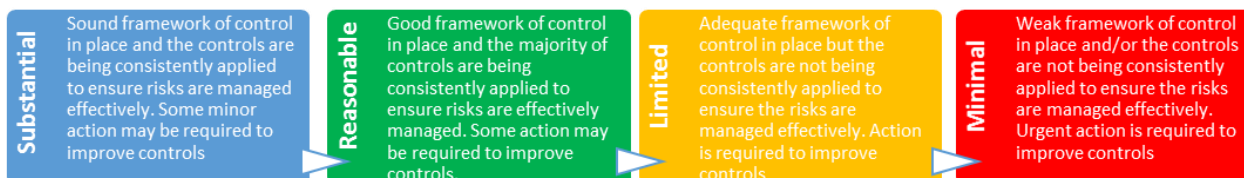- A performance update.

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

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

2.4 This report provides members of the Committee with a summary of the audit work undertaken, together with a summary of audit opinions, during the period December 2021 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	Reasonable	Limited	Minimal
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	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.	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	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 December 2021, along with details of the opinions given.

Table 1: Assurance Work Completed in the period December 2021 to date

| No.	Audit Review	Assurance Opinion
1	Terrorist Offender Management	Reasonable
2	Violence Reduction Unit	Reasonable
3	Risk Management (WMP)	Limited
4	Cash Office	Reasonable
5	Commonwealth Games - Volunteer Strategy	Reasonable
6	Commonwealth Games - Resourcing	Substantial
7	Mobile and Agile Working	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 2021/22. This will be considered when forming the annual audit opinion.

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

- Detained Property
- Covid – Organisational Learning
- Strategic Police and Crime Plan (Development)
- Domestic Abuse – Case Management
- Special Constabulary

4. RECOMMENDATION ANALYSIS

4.1 Recommendations are made based on the level of risk posed by the weaknesses identified. The current ratings used for ranking recommendations are:
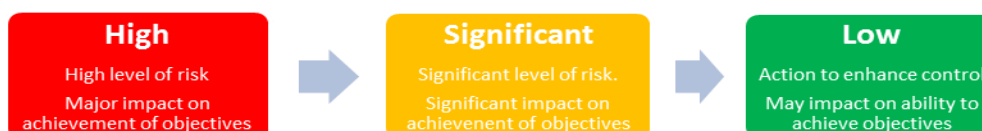
4.2 Internal Audit follow-up recommendations to ensure they have been implemented. All recommendations are followed up six months following the date the final audit report is issued to establish progress in implementing the recommendations. Any that remain outstanding following the six-month follow-up review continue to be followed-up every three months until confirmation is received of implementation.

4.3 The recommendations from 42 audits have been concluded to date during 2021/22, which are summarised in Table 2.

Table 2 – Analysis of Follow-Up Audits undertaken during 2021/22

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Vulnerability	6	6			
2	Fleet Telematics	7	6	1		
3	Management of Repeats (Victims and Offenders) (x2)	4	4			
4	Training (x2)	7	2		3	2
5	Fraud and Cybercrime (x3)	3	2		1	

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
6	Fixed Asset Register	4	4			
7	Vetting (x3)	6	5		1	
8	Data Driven Insight (x2)	5	2			3
9	Mental Health (x2)	8	5	3		
10	Crime Data Integrity	6	5	1		
11	Missing Persons (x2)	10	9		1	
12	National Uniform Managed Service	5	5			
13	Access & Usage of Intelligence Systems	6	6			
14	DA Serial Perpetrators (x3)	6	6			
15	Cyber Security	3	3			
16	Serious Violence in Under 25s	2	2			
17	Diversity & Inclusion (x2)	3	3			
18	Bank Reconciliation (x2)	4	4			
19	Appropriate Adults (x2)	8	6		1	1
20	PSD Case Management	3	3			
21	Supplier Relationship Mgt	3	3			
22	Safeguarding Boards (x2)	3	2		1	
21	Centre for Applied Automation	4	4			
22	VAT	4	4			
23	CTU Business Support	4	4			
24	Apprenticeship Levy (x2)	4	3		1	
25	Connect System Integration & User Acceptance Testing	2	2			
26	Use of Intelligence (x2)	5	2		3	
29	Sex Offender Management (x2)	5	4		1	
30	Environmental Policy	3	1			2
32	Complaints review process (x2)	5	4			1
34	Occupational Health (x3)	4	1	2*	1**	
35	Payroll	7	3			4
36	Customer Team	1	1			
37	IT Strategy	3			3**	
38	Estates Delivery Planning	1	1			
39	Vulnerability in Calls	5				5
40	Commissioning (PCC)	6	6			
41	Marauding Terrorist Attacks	5	5			
42	Controlworks	4	3	1		
	Total	184	141	8	17	18

*Risk has been superseded by new governance arrangements
** Recommendations transferred to management to conclude

4.4 Table 2 identifies an 86% implementation rate (fully and partially) for those audits followed-up to date during 2021/22. 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 2021/22 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 2018/19 to 2021/22

	Number agreed			
Rating	2018/19	2019/20	2020/21	2021/22
High	1	6	0	2
Medium	70	67	37	39
Low	59	55	51	27
Total	**130**	**128**	**88**	**68**

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

Table 4 – Status of High/Medium Recommendations

	2018/19	2019/20	2020/21	2021/22	Total
Total Number	71	73	37	41	222
Total not yet due to be Followed-up/Follow-up in progress	0	0	3	33	36
Total Followed-up Concluded	71	73	34	8	186
Of Which:-					
Total Implemented	64	62	26	3	155
Total Redundant/risk accepted	7	5	0	1	13
Total Outstanding after follow-up	0	6	8	4	18

4.8 Of the 186 significant recommendations followed-up since 2018/19, 155 (83%) have been fully implemented. A further 13 (7%) are considered redundant or superseded. 10% remain outstanding and full details of these along with the latest progress updates are detailed in *Appendix 4*. The latest updates confirm progress is being made for the majority of these recommendations. There are however some for which management have not responded and reminders have been issued.

5. PERFORMANCE

5.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs as at February 2022 are set out in Table 5 along with the actuals to date.

Table 5 – KPI data 2021/22

KPI Description	Narrative	Annual Target	Actual 2021/22
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered	90%	74%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	95%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	100%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
Quality Indicators:			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good".	95%	98%

6 CHANGE TO AUDIT PLAN

6.1 One change to the audit plan has arisen in the reporting period. A request to postpone the planned review of Hidden Crimes (SOCEx hub) was received from the Assistant Chief Constable Security due to ongoing recruitment issues and the infancy of the model adopted. The Chair of the Joint Audit Committee was consulted and endorsed these proposals outside of the usual reporting regime and the audit has been incorporated into the 2022/23 audit plan.

7. UPDATE ON EXTERNAL QUALITY ASSESSMENT

7.1 An external Quality Assessment of the Internal Audit Team is due to be undertaken during June/July 2022. As part of this assessment the Joint Audit Committee Chair will

be interviewed by the assessor and Members of the Joint Audit Committee will also be invited to complete a questionnaire. We anticipate the results of the assessment will be reported to the September meeting of the Committee.

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 6.1

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   Risk Management Arrangements (WMP)

1.1   The purpose of this audit was to provide assurances that adequate arrangements are in place to identify, assess and manage the strategic risks facing the Force. The audit focussed on the arrangements for identifying and scoring risks, governance and reporting arrangements and the effectiveness of monitoring and review arrangements. The review was cognisant of the infancy of the changes made recently to the risk management arrangements and aimed to assess future plans to deliver and further embed the change of approach. An overall opinion of Limited was given.

1.2   An internal review of the Force's risk management arrangements was undertaken by Strategy and Direction which concluded in October 2020. The findings of this audit corroborate the issues identified in the internal review and Strategy and Direction has made significant progress at a strategic level since the internal review concluded, which includes reviewing the Corporate Risk Register, revising the scoring mechanism used for rating risks and beginning to consider the risk appetite of the Force. However, there is still some way to go to fully embed revised approaches. Consequently, the bottom up approach to risk management requires significant input from Strategy and Direction to embed arrangements Force-wide.

1.3   A high-level plan has been established to identify the key tasks and outputs Strategy and Direction need to focus on to work towards achieving an embedded risk management process, but the depth and breadth of these tasks require significant input and currently resilience is an issue as risk management is solely the responsibility of one individual and only forms part of this role. This may hinder progress.

1.4   A risk maturity assessment undertaken as part of the audit concluded that the Force is currently Risk Aware, which is defined as a scattered silo-based approach to risk management. The arrangements at a top down strategic level are moving closer to Risk Defined, but there is much more development required at departmental/NPU and Portfolio level to reach Risk Defined status Force-wide.

1.5   The key findings of the review are as follows:
- The strategic level risk management arrangements are progressing well and the approach is starting to develop. A full review of the Corporate Risk Register has been undertaken and there is regular engagement with and reporting to Force Executive Team. However, departmental, NPU and portfolio level risk registers have had limited attention in recent years which has resulted in very mixed quality in terms of their content, format and arrangements for update and review.   As a result, the bottom up approach for identifying risks cannot be relied upon.

- The Governance arrangements for Risk Management are not clearly defined or operating:
  - The Organisational Risk Learning Board hasn't met since March 2021 when it was agreed that the purpose of the Board would be reviewed to determine whether it should continue in its current format or adapt and re-route. Since this time, new and emerging risks have been reported directly into Force Executive Team by the Governance, Risk and Assurance Senior Manager. Reporting to Force Executive Team has become more established over the last six months.
  - The Governance, Risk and Assurance Senior Manager is not yet fully embedded into the Portfolio Boards and has attended only a limited number of Boards partly due to being fairly new in the post, but mainly due to capacity and absence.
  - There are other forums, such as the newly formed Performance Panel, which will consider progress against Force KPIs linked to organisational objectives but the link back to risks and mitigations in the Corporate Risk Register is not transparent.

  Having a presence at key Boards and rooting the process into governance structures is essential to ensure risk management is embedded into key planning and decision-making processes.

- The Corporate Risk Register was reviewed and refreshed over the Summer by Strategy and Direction when a number of new risks were added and several risks were merged or closed. The processes in place to truly understand and challenge how risks are being mitigated and actions monitored to determine if the risk profile is changing is often absent. This was evident by a number of residual risk scores reported in September 2021 remaining the same. Having a risk governance process embedded at Board level would assist in escalating such issues and allow risks and mitigating actions to be managed in a more transparent way. It would also give further visibility of the Corporate Risks to Senior Managers.

- To be considered Risk Defined on the maturity scale, the Force should have a strategy and policies and procedures in place as well as the risk appetite being defined. Whilst a risk appetite statement has been drafted and presented to Force Executive Team, it is yet to be formally approved and adopted. Also, whilst a new scoring matrix has been adopted at a corporate level, it has yet to be rolled-out force-wide and embedded into policies and procedures which have not been updated since 2015 and do not reflect current arrangements. Both of these have been identified as tasks to address during 2021/22, but should be given priority alongside development of a training programme to underpin the procedures and address weaknesses at a local level.

- A risk management calendar is in place which highlights the actions to be completed during 2021/22. This is a very high-level document and provides little context on the activities involved in each task and the required outcomes. Understanding what is involved in each task and what specific outcomes are required would allow management to ensure the timings are reasonable and the right resources are committed. Training is not a defined task on the risk management calendar, but will be essential to embedding any new policies and procedures launched and is considered necessary given the mixed quality of risk registers that exist.

- Resilience was an issue raised in the previous risk management audit and is still prevalent now. Risk Management is the responsibility of the Governance, Risk and Assurance Senior Manager and only forms part of this role. The ambition to re-establish and embed risk management processes throughout the organisation is a challenging one given the depth and breadth of the force objectives. It is evident from the quality of the risk registers reviewed that a lot of training, awareness and support will be required to reinvigorate the arrangements at portfolio level and below and

there is a concern that resources will be spread too thinly to achieve an embedded process.

- Whilst the Corporate Risk Register has been refreshed, a couple of areas for improvement were identified to improve transparency and accountability, including:
  - Having a defined methodical process for capturing new risks;
  - Having a named accountable person for taking forward each risk action, with clear dates for review being specified;
  - Including a grading or judgement of how effective mitigating controls and risk actions are;
  - Considering having a target score aligned to the risk appetite once implemented.

- The above points also apply to Departmental, NPU and Portfolio level risk registers which were much less defined and embedded and need a significant input to achieve a level of reliability. Additional weaknesses identified in the local registers include:
  - different templates operating;
  - poor quality mitigations identified with some registers not always recording mitigations or recording impact instead;
  - examples of registers not being updated for new risks since 2019 and some risks dated back as far as 2015 and 2016, making the quality and impact of the mitigations debatable;
  - lack of recent updates against the mitigations;
  - only a small number of risk registers referenced the new scoring methodology recently introduced, and where they were referenced, for some, existing risks had not been re-scored.

1.3   A series of management actions to address the weaknesses identified have been agreed:
  - A risk maturity session will be held with Executive sponsors and relevant senior managers once the policy and procedure documentation have been redrafted and ratified by the Force Executive Team.
  - A detailed delivery plan will be developed to expand on the high-level risk management calendar. SMART actions will be developed to ensure effective completion of each task.
  - The ongoing capability review will seek to develop a sustainable operating model for force risk management arrangements and will consider adaptations to existing governance processes (including those to provide oversight for risk). Once this is complete, the agreed arrangements will be incorporated into the new risk management framework.
  - The risk appetite statement will be updated to include necessary guidance on how to apply the statement for risks falling outside the appetite and /or tolerance levels set. A plan will be developed to increase awareness across the Force to ensure understanding of risk appetite.
  - Work has begun to update the risk management policy and procedure documents. The update will incorporate the changes made to the process over the past few months. New templates will be developed to support the new framework.
  - A formal plan will be developed alongside the awareness sessions planned for the risk appetite process.

2   Detained Property
(Please note that the Detained Property Audit report is currently in draft status awaiting finalisation of management responses to recommendations)

2.1   The purpose of this review was to provide assurances that adequate arrangements are in place to effectively manage detained property items, including assessing the robustness of the new arrangements in place at the centralised property store and the

high value items held at the Central Secure Store. The audit focussed on governance arrangements, processing arrangements for storing, disposal and returning detained property, security arrangements at sites and performance monitoring arrangements including investigations into missing items, management reporting and control checks performed. An overall opinion of Minimal was given.

2.2 Whilst a lot of good practice was identified during this review, the audit concluded that the property system is not a true and accurate record of the property being retained by the Force. There has been a significant level of change in how detained property is managed with the transition from local to central property stores. The transition arrangements, coupled with the Covid-19 pandemic, has exacerbated some inherent issues. The responsibility to address these issues falls between Corporate Asset Management (CAM), People and Organisational Development (Shared Services) and key departments / NPU's.

2.3 Cultural issues were identified in respect of officers' behaviour with policy and processes not being consistently complied with, with property items seized not being appropriately separated, packaged and stored, including when an officer leaves the Force as property is not always being re-allocated to another officer.

2.4 There is also a significant number of missing property items which are not being investigated and a lack of quality assurance checks, increasing the risk for fraud and misappropriation. No reporting arrangements are in place to oversee the effectiveness of the detained property function and also to hold Departments and NPU's to account over officers' management of property.

2.5 Contrary to the above, effective operating practices are in place within the Central Secure Stores with accurate records maintained and procedures being complied with. Quality assurance checks are also being undertaken on a regular basis and the outcomes reported. The key findings therefore largely reflect the arrangements in operation for the central detained property store.

2.6 The key findings of the review are as follows:
- Officers are not consistently following the correct procedures when handling detained property, with the following examples identified:
  o Not following the correct procedures for booking and storing items into the property system and holding stores at NPU's in respect of cash, drugs and other property items prior to transfer to the central detained property store, with property records not always being attached to property items.
  o Not responding to property reminders to confirm that property items are to be retained resulting in an increased risk that property is being retained that is no longer required.
  o Selecting the incorrect store when recording cash/drugs on the property system prior to transfer to the central detained property store.
  o Not consistently recording the appropriate disposal method on the property system with 'TBC' being recorded.
  o Officers who have left the Force are not transferring their property items to another officer for on-going management.
  As a result, property cannot always be easily located and the property systems is not accurately recording where property is.

- There is a lack of reporting into Corporate Asset Management (CAM) and Shared Services Senior Leadership Team (SLT) to provide oversight on the detained property function to identify any issues that are arising. Also, no information is reported to Departments and NPU's in respect of the number of outstanding reminders for which local officers have not responded and the number of missing

items. Performance monitoring is in its infancy and no key performance indicators have been formulated at this time due to the on-going transitioning arrangements.

- Risk management arrangements are not effective as emerging risks relating to the detained property function are not being formally escalated when issues are raised to Facilities Management senior management.

- As at October 2021 there were 9,050 property items recorded as 'missing' across the Force and 6,174 of these were from within the central detained property store, some of which have been inherited from local property stores as part of the centralisation of stores. Reasons for missing property items can be as a result of the property system not being updated correctly when items have been transferred to different locations or incorrectly placed in stores, booked out by officers and not returned, or as a result of theft or fraud. Items identified as missing are currently not being investigated by the Central Detained Property Team due to workloads, which has not been reported to CAM or Shared Services SLT. A contributing factor to the number of missing items is the Economic Crime Unit and Forensic Services not always updating the property system when they receive cash / other property items. Cannabis is also being disposed of in bulk without individual property numbers being checked and recorded and the property system updated.

- From reviewing the working practices of the Central Detained Property Team, the following points, by exception, were identified:
  - The property system is not being consistently updated when cash is banked.
  - The Central Detained Property Team are not being proactive in disposing of items with the store having over 13,313 seals to be disposed of and 3,034 property items which need to be returned to the owner, some of which have been inherited from local property stores. It is taking on average just over 400 days to return an item to the owner. No planned dates have been established for future disposals resulting in the backlog of disposals continuing to increase.
  - Following the transition of property from Stechford several months ago, there are approximately 9,800 property items that still need re-locating to a storage bay and the property system updated.

- Quality control checks should be undertaken on several areas of detained property, i.e. items identified as missing, items of cash banked and disposed of via auction or destruction, system access permissions and also bay checks to ensure the property system accurately reflects the items held and there is no fraud or misappropriation of detained property items. Due to staff resources no quality assurance checks have been undertaken since 2016, increasing the risk in this area.

- Access permissions to the property system are not periodically reviewed with the last check completed in January 2019, increasing the risk that access and permission levels are not appropriate and inactive users are not being removed from the system.

APPENDIX 2 – Summary of Plan Position

2020/21 Audits Completed During 2021/22

Audit	Status	Opinion / Comments
Connect - Data Migration and Interfaces	Final*	Reasonable
Customer Team (Shared Services)	Final*	Substantial
CTU Marauding Terrorist Attacks (MTAs)	Final*	Reasonable
Commissioning	Final*	Reasonable
MyTime	Final*	Reasonable
Victims Service Assessment Team (Vulnerability Themes)	Final	Limited
Estates – Delivery Planning	Final	Reasonable
ControlWorks BAU review	Final	Reasonable
IT&D Service Management (Service Desk)	Final	Reasonable

included in 2020/21 annual opinion

2021/22 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
Contact Service Levels	In progress	
National Fraud Initiative	Complete	High-quality matches complete
Detained Property	Draft	Awaiting management response
Strategic Policing and Crime Plan	Draft	Awaiting management response
Environmental Strategy (Advisory)	Complete	Advisory meetings commenced
Pensions (McCloud Ruling) (Advisory)		
Accounts Payable	Final	Limited
Special Constabulary	Draft	Awaiting management responses
Uplift Programme	In progress	
Force Risk Management Arrangements	Final	Limited
Victims Satisfaction	Final	Limited
Financial systems: Cash Services	Final	Reasonable
Connect - Case Management aspects	In progress	
Connect - Benefits Realisation	In progress	
Commonwealth Games - Volunteer Strategy	Final	Reasonable
Commonwealth Games - Procurement	Final	Substantial
Commonwealth games – Resourcing Strategy (New audit added)	Final	Substantial
Crime Data Integrity	Cancelled	Removed mid-year following review of plan
Terrorist Offender Management	Final	Reasonable
Domestic Abuse - case management	Draft	Awaiting management responses
Violence Reduction Unit	Final	Reasonable
Integrated Offender Management	In progress	
Brexit	Cancelled	Removed mid-year following review of plan
Rape and Serious Sexual Offences (RASSO)	Final	Minimal
Hidden Crimes (Modern Day Slavery-Human Trafficking-Exploitation)	Postponed	Postponed to 2022/23 upon request
Covid - Organisational Learning	Draft	Awaiting management response

Audit	Status	Opinion / Comments
Management of Suspects	Final	Limited
Mobile and Agile Working	Final	Reasonable
Victims Service Assessment Team (advisory)		
OPCC Casework	In progress	

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

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

2021/22 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Victims Service Assessment Team (vulnerability in calls)		5				5		Apr-22
Estates Planning		1	1					N/A
Controlworks		4	3		1			N/A
Accounts Payable		9					9	Mar-22 – In progress
Rape and Serious Sexual Offences (RASSO)		10					10	Aug-22
Management of Suspects		4					4	May-22
Victims Satisfaction		7					7	May-22
IT Service Management (Service Desk)		5					5	May-22
Commonwealth Games - Procurement		0					0	N/A
Terrorist Offender Management		3					3	Jun-22
Violence Reduction Unit		3					3	Aug-22
Risk Management (WMP)		8					8	Aug-22
Cash Office		5					5	Aug-22
Commonwealth Games - Volunteer Strategy		2					2	Apr-22
Commonwealth Games - Resourcing		0					0	N/A
Mobile and Agile Working		2					2	Sept-22
Totals		68	4		1	5	58	

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2020/21								
PPU - Safeguarding Boards		3	2			1		Mar-22 – In progress
Training		7	2			5		Mar-22 – In progress
Fraud and Cybercrime		3	2			1		May-22
Vetting		6	5			1		May-22
Use of Intelligence		5	2			3		June 22
Apprenticeship Levy		4	3			1		May-22
Complaints Review Process		5	4			1		May-22
Environmental Policy		3	1			2		Jan-22 – In progress

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Sex Offender Management	🟩	5	4			1		May-22
Payroll	🟧	7	3			4		Feb-22 – In progress
MyTime		5					5	Dec-21 – In progress
2019/20								
Appropriate Adults	🟩	8	6			2		Mar-22 – In progress
Missing Persons	🟩	10	9			1		June-22
IT&D System-database access and administration	🟩	8	7			1		Feb-22 – In progress
Data Driven Insight	🟧	5	2			3		Feb-22 – In progress
Totals		**84**	**52**	**0**	**0**	**27**	**5**	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	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; - 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	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 Dec 2021 The Volunteer Coordinator has contacted the Senior Developer (WMP) for an update on the Qlik app which was delayed due to issues with Connect. A proposal was due to go a Force Commissioning meeting in October/November, and the OPCC is awaiting an update from the Senior Developer on the outcome of this. The Volunteer Coordinator will continue pursue this with the Senior Developer.
2	Sept 2020	Missing persons process	Urgent action should be taken to review current working practices whereby missing children / vulnerable adults are being re-graded from a P2 to a P8. Management should ensure there are robust arrangements / decision making protocols in place when re-grading missing children to ensure the risk for the missing child is effectively managed and WMP are meeting the required responsibilities in conducting safe and well checks, with the appropriate police resource identified to fulfil these checks. Management should determine when safe and well checks are expected to be completed and establish the rationale when they cannot be undertaken and where this should be recorded.	Escalation procedures for P2 logs will be recirculated as part of guidance for depts. The ongoing use of alternate depts. (NPU for example) should be part of the escalation route and made available to dispatchers. Regarding process and ownership needs to be developed between depts. It is envisaged that a role for NPU to support demand and escalation will be the outcome. Performance dip sampling for timeliness improvements and escalations will be brought to MOG for monthly review and report to Vulnerability Board where issues are highlighted. The return home of a Missing from Home before attendance and the necessary regrading to allow a Safe and Well debrief to take place features as part of this. The role of NPU in supporting these cases rather than closing for P8 demand will feature as part of the process review that will be brought to Missing Operations Group for consideration.	Dec 2019 *Senior Force Contact Manager*	Update as at March 2022 Five layers of improvement activity are currently being progressed to improve service responsiveness to reports of missing children and vulnerable adults; o ACC has commissioned the preparation and delivery of a briefing pack in respect of the Missing Adult Framework. NPU are circulating the briefing pack to local partners and commencing discussions with Local Safeguarding Adult Boards to establish how and to what degree the updated guidance will be implemented in each local area o Monthly Multi-Agency Missing Persons Meeting- all local authorities from across the force area attend and contribute to a monthly meeting chaired by the DCI lead for WMP Locate to review reports of missing children, agency response, recovery procedures, prevention opportunities and provision of welfare and well-being o External Scrutiny Group – pilot project in Coventry encourages the adoption of a peer review process of police led prevention interviews and local authority led Return Home Interviews to critically assess timeliness, quality and rigour and share feedback and learning to improve service responsiveness. o P2-P8 WMP pilot - a six week pilot is being undertaken within WMP to establish whether the identification and police response to vulnerability and risk associated with missing children and vulnerable adults can be further

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
						improved. The pilot requires that all reports of missing persons who have recently returned following periods of absence remain subject of the standard 'three questions' by Force Contact staff to inform a prevention interview. However, the pilot now incorporates, as part of additional measures, further contact by police investigative staff and a further layer of contact, engagement and questioning to identify potential harm and vulnerability. It also incorporates systematic checks of force systems such as PNC, CONNECT and intelligence to help support additional risk assessment. Where harm or vulnerability is suspected or identified a police resource is required to physically attend, undertake an assessment and complete a prevention interview with that child or vulnerable person. An evaluation of this pilot will be completed at its conclusion in two weeks' time. The pilot has already identified important improvements that are necessary in completing and recording responses associated with the standard 'three questions' that are used by Force Contact staff to inform prevention interviews and the value of the 'ten question approach' to better identifying vulnerability and risk
3	Jan 2021	Fraud and Cybercrime	The Head of ECU should request the City of London Police for feedback on the cybercrime victim survey, both in terms of how many are being completed and the main issues arising from those completed. Analysis of this information would help establish the response rate and any areas of improvement. Decisions can then me made as to whether localised surveys would be beneficial. Victim satisfaction surveys should also be considered for fraud crime and this should be discussed/agreed with City of London Police.	Liaison with National Coordinators Off ice is ongoing and the ECU has an analyst who can complete the necessary analysis once access to the victim satisfaction surveys is granted.	Dec 2020 Head of Economic Crime Unit	Update provided February 2022 The City of London Police have been extensively canvassed and no evidence of any ongoing victim satisfaction survey carried out by them can be found. The CoLP state no such survey results are available for WMP to analyse. They currently only gather feedback from attendees at webinars and other in person events on the usefulness of such inputs. The new WMP Cybercrime strategy that is currently being produced will provide a level of governance and focus on understanding victim contact and satisfaction.
4	July 2020	Data Driven Insight	An appropriate exercise should be undertaken to match those addresses from the source systems that could not be matched using the Ordnance Survey AddressBase Premium (ABP). The force's current work on matching addresses from Oasis using a Google API should be considered for unmatched addresses in all other source systems ingested into DDI.	This is an ongoing action being managed within the project. Work is scheduled on this fix in June subject to Covid-19 impact.	July 2020 Senior Manager – Delivery Management (IT&D)	Update provided Nov 2021 Work has been undertaken on matching addresses through the Connect implementation and embedding work. A variety of solutions including the use of the google API have been progressed.
5	July 2020	Data Driven Insight	Following adoption of the Flints vs Insight Search users tracker and assessment of what reasonable user access would look like, analysis of sudden spikes or reduction in usage across departments	Misuse of systems is BAU for CCU and PSD. Deliverable 4 addresses the audit capability which enables this. The governance group (above, deliverable 1) will	June 2020 Head of Intelligence	Update provided Nov 2021 Audit for mal-practice is part of BAU for CCU and PSD. In addition, there is an Insight Search audit tool within Business Insights to monitor trends of usage.

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
			or job roles should also be undertaken regularly. This will allow monitoring of continual usage as well as help identify any potential misuse e.g., inappropriate searches being undertaken. An appropriate reporting mechanism should be determined for BAU to ensure that usage is monitored and investigated properly where any potential issues are identified.	monitor and review performance and identify any spikes etc. that may need referring to CCU/PSD. This is as per ongoing management of all force systems.		A more enhanced audit tool for WMP applications is being developed by IT&D.
6	July 2020	Data Driven Insight	The DDI project team should assess whether there is audit capability to help monitor people's behaviour on Insight Search e.g., if they continuously search for people of a certain age or gender group. This will help enhance proactive monitoring and help identify misuse of the application at the earliest opportunity.	This is a requirement of the Counter Corruption Unit (CCU) who have been liaising throughout with the project team. CCU remained satisfied with progress and capability within DDI which has been established internally by the project team in sharp contrast to capabilities being provided by corporate software providers of alternative significant IT projects. The significant innovation using Qlik dashboards is acknowledged.	June 2020 *Counter Corruption, PSD*	Update provided Nov 2021 See above
7	Sept 2020	Training	A robust framework to support the decisions made during the commissioning process should be in place to improve transparency and reduce challenge to the process.	A robust process will be created to ensure the new Commissioning and evaluation governance board will give clarity that training is appropriately designed and evaluated to ensure it is meeting the required purpose. To support this a Head of Commissioning role will be created to drive and own this process.	End Jan 2021 *Head of Commissioning*	Update provided Nov 2021 A new proposal of a framework and terms of reference was presented to Director Nicola Price at the end of July for a new commissioning governance, however, it was requested that this was paused in order to be fully aligned to the inflight work with Ernest Young (EY). The EY deliverables now has a strand of work included specifically on an improved commissioning process and will be aligned with the new learning strategy.
8	Sept 2020	Training	To ensure training courses are meeting their intended need and the expectations of the attendees: 1) Line managers and supervisors must regularly review the feedback from learners to identify any areas of concern (management may wish to investigate whether an automatic notification could be sent to supervisors upon receipt of poor feedback to prompt a review.) 2) The summary of feedback, actions taken and any key themes should feed into Learning and Development SLT with survey results being a standing agenda item to ensure there is an appropriate forum to discuss and escalate any poor feedback and how it should be addressed. 3) The level of evaluation should also be increased to ensure that the Department are identifying whether the training that is being delivered is	The creation of a Commissioning and evaluation governance board will oversee the required processes and procedures to ensure that training is appropriately designed and evaluated to ensure it is meeting the required purpose.	End Jan 2021 *1 + 2 - Head of Ops Training* *3 - Head of Commissioning*	FET gave approval in principle for all EY work and investment to be made. Work is ongoing to get project support and a mobilisation plan in place for the rest of this financial year. The commissioning workstream is plotted as one of the first deliverables for Q1 22/23. Whilst a new/improved process is not yet in place, other improvements have been made including a new resource and cost impact assessment to support decision making. Weekly work allocation for all new products and a bi weekly triage funding review meeting for all external training requests.

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
			providing value for money and addresses the original purpose of the training package.			
9	March 2021	Environmental Strategy	A formal strategy identifying which areas of the fleet and how much of the fleet can be moved to Ultra Low Emission Vehicles should be developed and approved, with the requirements needed for the clean air zone mapped out. This should be developed alongside the new vehicle purchasing framework to ensure any future purchasing commitments within the strategy can be achieved.	There are two elements to this. A ULEV vehicle strategy has been drafted and forwarded to Asst. Director CAM for approval. There is also a linked plan in conjunction with Birmingham City Council, to agree the timeline for ensuring the WMP fleet complies with CAZ which is due to be introduced in June 2021.	April 2021 *Fleet Manager*	Update as at Oct 2021 We have engaged EY consultants to provide WMP a long term strategy on how/when to transition to a ULEV Fleet and associated infrastructure. This document, when complete late 2021, can be forwarded to Audit for reference. There is a verbal agreement with BCC that WMP will have a CAZ compliant fleet ASAP, subject to vehicle replacement rates continuing at the current rate. We will operate under the agreed exemption until this time which is c2025.
10	March 2021	Payroll	To ensure appropriate segregation in duties for input and verification is evidenced Payroll Management should: - undertake appropriate checks to ensure that the necessary verification checks of input, Audit Reports and Payroll Reconciliation reports are fully completed and there is appropriate evidence to confirm completion of the checks; - investigate any missing verification checks with the relevant Payroll operative; and - ensure amendments to bank accounts orchestrated by the Head of Payroll are independently verified and records endorsed appropriately.	Accepted	31/3/2021 *Head of Payroll*	Update as at Nov 2021 Verification of Input – Every month the Service Delivery Managers review the Onboarding file to make sure all line entries have been endorsed with the initials and the date by which the member of the Payroll Department carried out their check. In terms of Audit Reports they have not been produced since February 2021. Following Internal Audit request for evidence to support the implementation of this recommendation the production of Audit Reports and the checking thereof has recommenced from the 1st November 2021. The BACS reconciliation process for bank accounts is now undertaken and any changes required made by a Service Delivery Manager and checked by another member of the Payroll Department. Any missing verification checks will be addressed with the payroll operative but there is no evidence to support this. The Assistant Director Shared Services confirmed a review of payroll is being completed and this will be picked up as part of this work.
11	March 2021	Payroll	To ensure service objectives are achieved and the Team is working at its optimal levels, tasks and service requests on the Action Managers dashboard and the My Service Portal should be reviewed periodically by the Head of Payroll with any delays in completing the tasks or responding to requests being managed and escalated to senior management appropriately. (This should include the task relating to scanning	Accepted	31/8/2021 *Head of Payroll*	Update as at Nov 2021 The Assistant Director Shared Services confirmed a review of payroll is being completed and this will be picked up as part of this work.

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
			of audit reports into the Payroll Library which has slipped considerably)			
12	March 2021	Sex Offender Management	Central IOM should identify the SOM officers that have not yet completed the Risk Management 2000, MOSOVO course and ViSOR training and work with Learning and Development to develop a training plan with timescales agreed to deliver the training (pending the national PIP review), which also includes the delivery of the ARMS refresher course. As part of the discussions and development of plans it should be established how the MOSOVO course can be developed to include the PPLP course.	L&D will be delivering the MOSOVO course during March via the new Blackboard online service system. Schedule sent with full details on who needs the training this includes ARMS assessment and ViSOR. ARMS refresher training will be the next course that will be delivered. Since this audit Risk Matrix 2000 training will be superseded from the 01/03/21 and replaced by (OSP) Sexual reoffending predictor. This will be used for all new cases and any cases that are due for a renewed assessment. The predictive tool doesn't require training as it is really simple, it calculates the risk and removes professional judgement which mitigates the risk of human error. The development of plans to build the MOSOVO course into the PPLP course is subject to the outcome of the National PIP review.	April 2021 *MOSOVO Lead*	<u>Update Provided February 2022</u> A priority list for SOM training, MOSOVO course and Visor training has been created to enable CIOM to identify where there are potential vulnerabilities across the organisation. List is kept centrally by Learning and Development and CIOM identify who takes priority. L&D have confirmed within their training plan there will be 2 MOSOVO courses that will be delivered for this year (end of May and beginning of July 2022). Still awaiting an update from the National PIP review.
13	March 2021	Complaints Review Process	To meet the statutory guidance expectations on organisational learning: - A process should be established to monitor the recommendations made to the force to ensure they are implemented. - Clarity should be sought as to whether the complainant should be notified of the implementation of recommendations, and if so, establish a process to do this. - Regular reporting into Strategic Policing and Crime Board or suitable governance board on the recommendations made and their progress should be established. - On a regular basis review outcome of complaints and establish any wider themes than may benefit changes to policies or practice and report on these accordingly.	In agreement with this recommendation and we will consider the best way of implementing it. Regular reports will be submitted to CEX Report for SPCB.	*Head of Business Services/ Complaints Review Manager*	<u>Update Provided February 2022</u> The management of recommendations for learning have been raised with the Force: 1. Publicly at the Strategic Police and Crime Board of Nov 21 (head of PSD and Chief Constable present) 2. Meeting with the heads of PSD and Simon Foster on Nov 26th 2021 3. Performance meeting with PSD on Jan 31st 2022, (heads of team 1 PSD present). The issue is very firmly on the OPCC agenda. The learning feedback loop between the complainant and WMP remains incomplete. Quarterly meetings are held with PSD which includes feedback on a series of learning/oversight points. This data will be added in phase 3 of the Complaints Hub development.
14	June 2021	VSA Team (Vulnerability in calls)	The future governance arrangements for the VSA Team should be determined to ensure there is appropriate oversight of the audits to be completed by the Team including the review and approval of	June 2021: Since the introduction of the Strategy and Direction Department in 2020, the Force has been continually reviewing the department and exploring the most effective	October 2021 *Chief Supt leading VSA*	<u>Update provided January 2022</u> None of the recommendations have been progressed, but we are in the process of responding to them now as part of

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
			the planned / proposed audits.	and efficient way to deliver strategic requirements. The force has now made the decision to utilise the support of external experts, Accenture, over the coming months to help move this work forward. The establishment of the VSA Team as a permanent business assurance function along with the implementation of the recommendations from this audit will be realised as part of this wider department review.	*Team*	the Strategy & Direction /Business Transformation Team review and expect to be able to demonstrate more progress against the recommendations in the next 3-6 months.
15	Jun 2021	VSA Team (Vulnerability in calls)	A VSA Team review schedule should be determined and agreed by the appropriate governance board to ensure that there is a structured approach in place to review all vulnerability areas. To support the development of a review schedule the following should be considered; • Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements • Sample size approach • Whether the whole life of the records should be reviewed to gain an initial benchmark on compliance and help identify any targeted deep dive reviews into themes / processes. • Determining triggers or risk tolerance levels for each vulnerability theme or if a vulnerability theme has positive results for several consecutive periods that it will be re-assessed with a view to reducing the frequency of review.	As above	October 2021 *Chief Supt leading VSA Team*	As above
16	June 2021	VSA Team (Vulnerability in calls)	Mechanisms should be established to ensure the VSA Team are aware of Force actions to address inspectorate recommendations, including completion timescales, to feed into the scheduling of future audits and to incorporate into the audit criteria. This will allow the VSA Team to assess the impact and provide assurances to the relevant SME and governance board over the effectiveness and level of embeddness. Where it has been confirmed that an action has been embedded, on-going monitoring arrangements should be determined with the appropriate governance board to ensure there is a cultural change, to also feed into the VSA Team review schedule.		October 2021 *Chief Supt leading VSA Team*	As above

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
17	June 2021	VSA Team (Vulnerability in calls)	Clear and consistent reporting lines should be established for reporting the findings of VSA Team reviews to enable the appropriate governance board to have an awareness and understanding of the issues being reported to then determine if any further actions are required and assist in obtaining updates from SME's on actions undertaken to assist in holding to account arrangements.		October 2021 *Chief Supt leading VSA Team*	As above