



**Agenda Item 09**

**JOINT AUDIT COMMITTEE  
15 December 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 September 2022 to date.

**2. BACKGROUND**

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

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

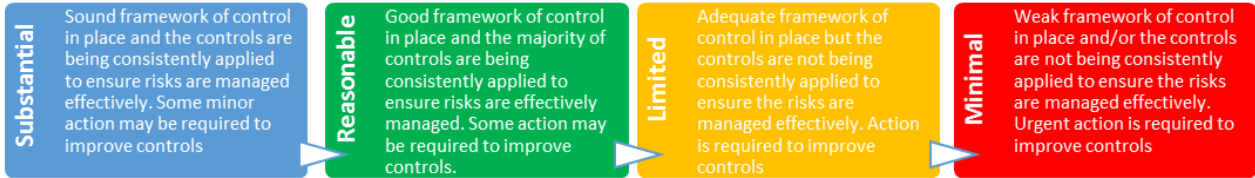
2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable’s objectives are achieved. The work of the Team should be directed to those areas and risk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

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

2.4 This report provides members of the Committee with a summary of the audit work undertaken, together with a summary of audit opinions, during the period September 2022 to date. The audit report also summarises the key findings from those reviews where an audit opinion of “Minimal” or “Limited” Assurance has been assigned.

**3. PROGRESS SUMMARY**

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



3.2 Table 1 provides details of audits finalised since the previous report to the Committee in September 2022, along with details of the opinions given.

**Table 1: Assurance Work Completed in the period September 2022 to date**

No.	Audit Review	Assurance Opinion
1	Pensions	Limited
2	IT Business Continuity and Disaster recovery	Reasonable
3	Procurement	Reasonable
4	Stop and Search - Focus on Strip Search	Limited

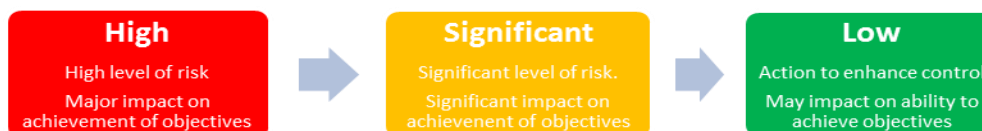
3.3 Summaries of key findings from those reviews where an audit opinion of “Minimal” or “Limited” has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 2022/23. This will be considered when forming the annual audit opinion.

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

- Special Branch
- Fairness and Belonging
- Parole Board and Probation Disclosures
- Uniform Services
- Child Abuse

#### 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 the 25 audits that have been concluded to date during 2022/23, are summarised in Table 2.

**Table 2 – Analysis of Follow-Up Audits undertaken during 2022/23**

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Payroll (x2)	7	3			4
2	MyTime (x2)	5	3			2
3	Data Driven Insight	5	2		1	2
4	Appropriate Adults	8	6	2*		
5	Sex Offender Management	5	5			
6	Accounts Payable (x2)	9	6		1	2
7	Environmental Strategy	3	2			1
8	Training (x2)	7	3		4	
9	Safeguarding Boards	3	3			
10	Fraud and Cybercrime	3	3			

	Follow-Up Audit	Total Recs	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
11	Commonwealth Games Volunteer Strategy	2	2			
12	Vetting	4	4			
13	Management of Suspects	4	4			
14	Apprenticeship Levy	4	4			
15	Victim Satisfaction (x2)	7	2		1	4
16	Terrorist Offender Management	3	3			
17	Vulnerability in calls (x2)	5	1			4
18	IT & D Service Management (Service Desk)	5	3			2
19	Use of Intelligence	5	5			
20	Complaints (Appeals) process	5	5			
21	Violence Reduction Partnership	3	2			1
22	Missing Persons	10	9		1	
23	Cash Services	5	3		2	
24	Domestic Abuse	11	5			6
25	Risk Management	8	2			6
	<b>Total</b>	<b>136</b>	<b>90</b>	<b>2</b>	<b>10</b>	<b>34</b>

\*Risk has been accepted by management

- 4.4 Table 2 identifies a 74% implementation rate (fully and partially) for those audits followed-up to date during 2022/23. The recommendations still outstanding will continue to be monitored in line with agreed processes.
- 4.5 A number of follow-up reviews are in progress, pending management feedback and supporting evidence confirming implementation of medium and high rated recommendations. These are detailed in **Appendix 3**, which also summarises the status of recommendations and any outstanding from previous years. Some recommendations are not yet due for follow-up and an indication of the proposed follow-up dates is provided.
- 4.6 A summary of the recommendations agreed with management analysed over the last few years is provided in Table 3.

**Table 3 – Breakdown of Recommendations 2019/20 to 2022/23**

Rating	Number agreed			
	2019/20	2020/21	2021/22	2022/23
High	6	0	5	0
Medium	67	37	62	26
Low	55	51	39	20
<b>Total</b>	<b>128</b>	<b>88</b>	<b>106</b>	<b>46</b>

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

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

	2019/20	2020/21	2021/22	2022/23	Total
Total Number	73	37	67	26	203
Total not yet due to be Followed-up/Follow-up in progress	0	0	23	26	49
Total Followed-up Concluded	73	37	44	0	154
<i>Of Which:-</i>					
Total Implemented	62	30	22	0	114
Total Redundant/risk accepted	7	0	1	0	8
Total Outstanding after follow-up	4	7	21	0	32

- 4.8 Of the 154 significant recommendations followed-up since 2019/20, 74% have been fully implemented. A further 5% are considered redundant or superseded. 32 (21%) remain

outstanding and full details of these along with the latest progress updates are detailed in **Appendix 4**. The latest updates confirm progress is being made for the majority of these recommendations.

## 5. PERFORMANCE

- 5.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs as at November 2022 are set out in Table 5 along with the actuals for 2022/23.

**Table 5 – KPI data 2022/23**

KPI Description	Narrative	Annual Target	Actual 2022/23
<b>Output Indicators:</b>			
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.	100%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
<b>Quality Indicators:</b>			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good".	95%	100%

## 6 PROPOSED CHANGES TO AUDIT PLAN

- 6.1 It is usual practice to refresh the audit plan part way through the year to reflect on changes to the risk environment of the organisation. A review of the risk register identified minimal changes since the plan was originally agreed that would result in changes to the planned audits. However, a mid-year forecast identified a shortfall of approximately 70-80 days in audit resources to meet the current work plan. Resources have been impacted by a member of the internal audit team leaving and delays in the successful candidate being able to commence in the role.
- 6.2 The proposed changes were discussed with Senior Management and proposals were presented to remove four audits which were considered lower risk. The Chair of the Joint Audit Committee was consulted on these proposals outside of the usual reporting schedule. The following changes to the plan are therefore reported for the Committee's information.
- Environmental Strategy – the Strategy has only very recently been launched. Postponing this audit to the new year will allow opportunity for the delivery plans supporting the Strategy to develop and embed.
  - Commonwealth Games - Legacy Assurance – As above, delaying the review of the Commonwealth Games legacy will not adversely impact its progression in the early stages. Allowing more time for benefits of the legacy work to be measured may prove beneficial to ensure full assessment of the governance arrangements.
  - Citizens experience – This audit is not directly linked to an existing risk in the risk register and therefore postponing the review will not impact adversely.
  - OPCC Police and Crime Plan - Delivery Planning Process – The Police and Crime Plan covers the period up to March 2025. Postponing this review will again not create significant impact as the plan is still in its first year.

**7. INTERNAL AUDIT IMPROVEMENT PLAN**

7.1 Following completion of the External Quality Assessment of the Internal Audit Service undertaken in June 2022, three advisory actions were raised which have been incorporated into the Internal Audit improvement plan. The latest version of the improvement plan is attached at Appendix 5, which includes an update on progress to date. Three of the seven actions in the plan have now been completed.

**8. RECOMMENDATIONS**

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

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<p><b>BACKGROUND DOCUMENTS</b> None</p>
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## APPENDIX 1 - Summaries of Completed Audits with Limited or Minimal Opinion

### 1 Pensions

- 1.1 This audit reviewed the procedures and operating protocols in place within the Pensions Team to ensure they are efficient and effective. The audit focussed on the processing arrangements for the various police pension schemes, including administration of new members, leavers and deceased pensioners, transfers in and out, maintenance of changes to contribution rates and standing data, data transfer and reconciliation between systems.
- 1.2 A limited assurance opinion was given. Whilst a number of processes within the team are operating robustly, some processes are not being completed regularly and in accordance with the expectations made throughout the Our Service to You agreement, which sets out what Police Officers can expect from the pensions service. Staffing resource and increased volumes of workload are contributing factors, which have also impacted on management monitoring. A lack of an established process for the closing off of deceased pensioners when no death certificate has been received also contributed to the opinion. The team have been allocated additional Pensions Officers to manage the extra workload as a result of the Pension Challenge (McCloud Ruling). It is anticipated that the new posts will also assist with business as usual tasks, however, at the time of audit, the three posts were vacant.
- 1.3 The key findings of the review are as follows:
- Currently there are no guidance or process notes in operation within the Pensions Team for new and existing staff to refer. A lack of up to date procedures could lead to inconsistencies in processes and subsequent errors in individuals pension values, as well as impacting on resilience.
  - The Our Service for You agreement sets out the requirement for the Pensions Team to process requests and refunds within agreed timescales. Performance against the commitments made in this agreement are not being measured, which was attributed to the level of staff resources. The targets are not being met across a number of areas, with the following identified:
    - Officers opting out of the Force's pension scheme are not receiving their refunds or deferred benefit letters in accordance with the established timescales.
    - Membership certificates and transfer value calculations for officers wishing to transfer into the Force's pension scheme are not being actioned within 60 days of receiving the correct documentation. Testing showed a large number of officers for whom no certificates or transfer value calculations had been received and the outstanding documents were not being chased. Furthermore, there is no independent verification of transfer figures on input into the pension system (Altair). This could allow for input errors going unnoticed.
    - Similarly, there were a large number of officers who had transferred to other Forces for whom the Pensions Team had not produced a Membership Certificate.

Whilst the Our Service for You agreement document is reviewed annually by the Head of Pensions, the target timescales within the agreement have not been reviewed to ensure they are relevant and realistic. This may be timely to review given the resources issues currently experienced.

- Deceased pensioners are often overpaid as a result of delays in the Pensions Team being notified of the death. Whilst attempts are made to recover any overpayment, an apparent gap in the process was identified in the way in which the repayment of these overpayments are monitored. The Pensions Team rely on Shared Services to update them as to whether the debt has been repaid, which is on an adhoc basis. More frequent exchanges between the two departments is needed to strengthen these arrangements which will help to identify if further contact with families is required in an attempt to recover monies at the earliest opportunity and in the most sensitive way.
- National Fraud Initiative (NFI) Mortality Screening uses advanced data matching techniques to verify the existence of pensioners. Data returned from the matching exercise is reviewed by a Service Delivery Manager and action taken to establish whether any matches identified can be closed on both the payroll system and NFI report. This review should be undertaken quarterly but the Service Delivery Manager confirmed that this frequency is not being met. Inconsistencies in the way in which data is recorded was also identified. A total of 60 historic overpayments totalling £87,787 are awaiting authorisation to be written off, some of which date back to 2016.
- Team performance is monitored, in part, through the tasks set up on the Shared Services Action Managers Dashboard and whilst these tasks are in the main recorded as being completed on time, there is a lack of evidence to support the actions taken and to confirm that the checks have actually been completed.

#### 1.4 The following management actions were agreed to address the findings:

- Process maps and user guides will be developed.
- A substantial piece of work has been performed to identify missing membership certificates for all known transferee officers. Membership certificates have been requested from previous forces.
- For transfers in from other forces, a schedule has been created and will be updated with all details, including date of transfer, date membership certificate requested/received and date the pension system has been updated. Reminders will be issued at least monthly, and non-responses will be referred to the Head of Pensions for direct contact with the receiving force.
- In respect of transfers in from other pension schemes, the process has been reviewed and a schedule of all outstanding work has been created and all work is being brought up to date.
- A schedule has been created identifying all transfers out to other forces and membership certificates will be issued as required.
- The Pensions Team have been reminded of the importance of obtaining and retaining a copy of the death certificate on file in all instances.
- A meeting will be arranged with Purchase to Pay to incorporate a process for the full details of request and receipt of overpayments. A schedule will be created and monitored.
- A meeting will be scheduled with Assistant Director Shared Services to discuss write offs and changing to “Leaver Status” on payroll. This will dramatically reduce the results that need checking on the NFI results. Mortality screening will be scheduled every quarter and additional staff will undertake training to provide resilience.
- The Our Service to You will be reviewed and SLAs amended as required.

## 2. Stop and Search – Focus on Strip Search

- 2.1 Under the Police and Criminal Evidence Act (PACE) 1984, police officers have statutory powers of stop and search, which includes strip searches, where there are reasonable

grounds to conduct a more thorough search. A strip search involves the removal of more than an outer coat, jacket, gloves, headgear or footwear or any other item concealing identity. PACE provides guidance on how strip searches are to be conducted, including the police officer being the same sex as the person being strip searched and searches conducted with dignity and sensitivity. The recent case in the Metropolitan Police Force (Child Q) heightened concern in this area. Strip searches are also undertaken within the custody environment where it is considered necessary to remove an article which a detainee would not be allowed to keep and the officer reasonably considers the detainee might have concealed such an article.

- 2.2 This review considered the adequacy of arrangements in place when strip searches are conducted both within and outside of custody. The audit focused on the training of officers, staff and Appropriate Adults, governance, scrutiny and performance monitoring, rationale and grounds to conduct a strip search, standards of professional behaviour when conducting strip searches, safeguarding including the use of Appropriate Adults for children and vulnerable adults. This audit did not include intimate searches as this was not considered to be a key risk area.
- 2.3 A Limited opinion was given for this area. Criminal Justice Services (CJS) have undertaken significant work to review juvenile strip searches and are moving in a positive direction to identify any disproportionality in the use of strip searches within custody as this is where the majority of strip searches are undertaken (for the period January to June 2022 93.2% of strip searches were undertaken within custody compared to 6.8% outside of custody). Detailed performance information is being collated enabling CJS to gain an understanding on any areas of possible disproportionality, but as this work is in its infancy no defined corrective actions have yet been determined.
- 2.4 A few areas were identified where improvements are required which have contributed to the limited opinion. Following officers receiving strip search training as part of their initial recruitment, no further training is provided to ensure officers remain competent when performing strip searches. A high proportion of strip searches within custody are undertaken within cells which have CCTV, which poses a potential risk that the strip search is being recorded and can be viewed by other people. Also, safeguarding actions and the use of Appropriate Adults during strip searches is not being accurately and consistently recorded to ensure juveniles and vulnerable adults are protected.
- 2.5 The key findings of the review are as follows:
  - As part of their initial training officers receive an input on strip searches and are also instructed to complete unconscious bias training. The College of Policing have also introduced a vulnerability and risk training package to help officers recognise vulnerability, including trauma awareness. A review of training records identified that the completion of unconscious bias and vulnerability training varied across the Force with the completion rates being generally low. Learning & Development also previously provided a PACE Inspector workshop for newly promoted Inspectors or Inspectors in the promotion pool, however this course has not been delivered since 2018, with no training currently provided to PACE Inspectors.
  - Officers do not receive any continued professional development or refresher training on strip searches following their initial training and it does not feature as part of officers' annual personal safety training, which includes use of force and general searching.
  - Appropriate Adults for vulnerable adults are provided by The Office of the Police and Crime Commissioner (OPCC) and for juveniles Appropriate Adults are provided by the Local Authority. No training on strip searches has been provided to Appropriate Adults by the OPCC and there is a lack of awareness within CJS as to what training



Local Authority Appropriate Adults have receive. There is an opportunity for CJS to provide an input to both sources of Appropriate Adults to ensure they are aware of the PACE requirements for strip searches, enhancing the protection of the vulnerable adult or juvenile in custody.

- The Fair and Effective Use of Police Powers (FEUPP) Board oversees strip searches across the Force. A Stop and Search and Use of Force Silver meeting is also in place as part of the wider Force monitoring on stop and search. A review of the governance arrangements identified the following:
  - Following the Child Q report being released the Board was provided with an update on juvenile strip searches outside of custody. No wider strip search information (for those undertaken outside of custody) is reported due to the volumes of strip searches being low (309 strip searches were undertaken in the period January to June 2022). Periodic updates would provide assurances to the FEUPP Board on volumes, any emerging themes and actions being undertaken.
  - Unlike strip searches in custody, no quality assurance reviews have been undertaken on strip searches outside of custody to assess if the search was necessary, proportionate and confirm officer behaviour as well as the quality of information being recorded.
- When a strip search is conducted in custody the location should be in an area where the detainee cannot be seen by anyone else. The Force Detention and Custody policy states that cells equipped with CCTV should not generally be used to conduct strip searches, with search rooms available within the custody suite. For 60% of the strip searches reviewed in custody they were undertaken in cells, which also included juvenile strip searches, with no rationale recorded as to why the strip search was not completed in a search room. This presents a risk that the strip search can be viewed by other custody staff or that the strip search has been inappropriately recorded and the Force could inadvertently be retaining CCTV of strip searches.
- Appropriate Adults (AA) should be present for the strip searching of juveniles unless the juvenile and AA both agree otherwise and a record is made of the decision, signed by the AA. AA's should also be present for the strip searching of vulnerable adults unless there is a risk of serious harm or urgency. Testing identified the following relating to the transparency of the process:
  - The eSearch form, used to record strip searches outside of custody, does not have a specific field to record that the juvenile / vulnerable adult was informed that an AA should be present, nor is there a field to record the name of the AA in attendance at the strip search.
  - Custody records in Connect are not consistently recording that the AA was present when the strip search was conducted.
  - One strip search was undertaken on a vulnerable adult without an AA present with no rationale recorded as to the urgency in conducting the strip search.
- The Child Q report published in March 2022 referred to child safeguarding and the lack of action taken after the strip search with Child Q being 'the risk' as oppose to being 'at risk' with no safeguarding referrals considered. For the juvenile strip searches reviewed and safeguarding referrals assessed, the following key points were identified:
  - For juvenile strip searches outside of custody there was no evidence on the eSearch forms that any safeguarding referrals have been made as the form has no facility to record any actions.
  - For the juvenile's strip searched in custody:
    - 60% did not have a referral to Youth Offending Teams

- 20% had no Liaison and Diversion referrals made.

There is therefore a risk that any safeguarding measures are not undertaken when vulnerability or risk for a juvenile is identified resulting in them not being protected from harm.

2.6 The following management actions were agreed to address the findings:

- Contact will be made with Learning and Development to establish capacity to deliver strip search training within personal safety training.
- Training to be monitored through the Silver structure will be identified.
- Training on the legality of strip-searches in custody can be delivered internally. Upcoming training days will reference PACE Codes of Practice, the National Decision Making Model and case-studies.
- CJS will liaise with the OPCC and Local Authorities to explore providing a training input to Appropriate Adults on strip searches.
- Updates to FEUPP regarding juvenile strip searching are now a standing agenda item, and are supplemented by presentations to quarterly OPCC scrutiny panels.
- Guidance will be sought from Legal Services in respect of conducting strip searches in cells where there is CCTV in place, in particular for juveniles to determine if this approach is appropriate. In the interim CJS will issue guidance to Custody staff that strip searches should be conducted in search rooms, especially for juveniles, and if not, the rationale should be recorded as to why a cell was appropriate. The location of strip searches within custody will be monitored as part of the weekly data collation activities.
- Changes have been implemented to authorisation and recording process. A mandatory field to record the presence of an appropriate adult has been added along with enhanced levels of authorisation.
- CJS now have a process that monitors Strip-searching in general, and compliance with the requirement to have appropriate adults present is tracked as part of this.
- Officers, when conducting any juvenile strip search, will be reminded to always consider the submission of a referral to Multi Agency Safeguarding Hub (MASH). This will form part of broader work that is being done to improve care of juveniles in custody. A pilot in Perry Barr sees greater collaboration with Children's Services, and it seen as a future template for the other custody blocks.

## APPENDIX 2 – Summary of Plan Position

### 2021/22 Audits Completed During 2022/23

Audit	Status	Opinion / Comments
Detained Property	Final*	Minimal
Strategic Policing and Crime Plan	Final*	Reasonable
Special Constabulary	Final*	Reasonable
Uplift Programme	Final*	Reasonable
Connect - Benefits Realisation	Final*	Limited
Domestic Abuse - Case Management	Final*	Minimal
Integrated Offender Management	Final*	Reasonable
OPCC Casework	Final*	Reasonable
Contact Service Levels	Final	Limited
Connect - Case Management	Final	Reasonable
Covid - Organisational Learning	Final	Reasonable

\*included in 2021/22 annual opinion

### 2022/23 Internal Audit Plan – Status / Assurance Summary

Audit	Status	Opinion / Comments
Nat Fraud Initiative (AC)	In progress	Data submission deadlines met in October 2022. Matches to be released January 2023
ICT Business Continuity and Disaster Recovery	Final	Reasonable
Change Management (including configuration, release and patch management processes)		
Parole Board Disclosures	Draft	Awaiting Management Comments
Force Governance Arrangements	In progress	
Police and Crime Plan - Delivery Planning		Proposed for postponement to 2023
Environmental Strategy		Proposed for postponement to 2023
Pensions	Final	Limited
Budgetary Controls		
Procurement	Final	Reasonable
Training		
Recruitment and Onboarding		
Wellbeing		
Expenses	In progress	
Fairness and Belonging	Draft	Awaiting Management Comments
Child Abuse - Learning from Inspection reports	Draft	Awaiting Management Comments
Airport Insider Threat	Final	Limited
Operations Resilience Unit - Civil Contingencies	Final	Reasonable
Uniform Service	Draft	Awaiting Management Comments
Body Worn Video	In progress	
Custody Visiting Scheme - Advisory		
Commonwealth Games - Legacy Assurance		Proposed for postponement to 2023
Organisational Learning - Manchester Arena Bombing		Preparation underway
Local Policing Response to Serious Youth Violence Under 25s	In progress	
Rape and Serious Sexual Offences (RASSO)	In progress	Follow-up underway
Hidden Crimes (Modern Day Slavery-Human		

Audit		Opinion / Comments
Trafficking-Exploitation)		
ROCU Tasking	In progress	
Local Policing - Impact Areas	Final	Reasonable
Citizen's Experience		Proposed for postponement to 2023
Special Branch	Draft	Awaiting final sign off from ACC
Stop and Search - Strip Searches	Final	Limited

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

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

2022/23 recommendations	Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Connect - Case Management aspects	5					5	Dec-22
Airport Insider Threat	5					5	Dec-22 – In progress
Covid Organisational Learning	1					1	Jan-23
Contact Service Levels	6					6	Feb-23
Operations Resilience Unit – Civil Contingencies	5					5	Feb-23
Local Policing – Impact Areas	4					4	March-23
Pensions Services	7					7	March-23
Stop and Search – focus on strip search	7					7	May-23
IT&D Business Continuity and Disaster Recovery	2					2	Apr-23
Procurement	4					4	May-23
<b>Totals</b>	<b>46</b>					<b>46</b>	

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	1			4		Feb-23
Estates Planning	1	1					N/A
Controlworks	4	3		1			N/A
Accounts Payable	9	6			3		Jan-23
Rape and Serious Sexual Offences (RASSO)	10					10	Aug-22 – In progress
Management of Suspects	4	4					N/A
Victims Satisfaction	7	2			5		Jan-23
IT Service Management (Service Desk)	5	3			2		Oct-22 – In progress
Commonwealth Games – Procurement	0						N/A
Terrorist Offender Management	3	3					N/A
Violence Reduction Unit	3	2			1		Dec-22
Risk Management (WMP)	8	2			6		March-23
Cash Office	5	3			2		Jan-23
Commonwealth Games - Volunteer Strategy	2	2					N/A

2021/22 recommendations		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Commonwealth Games – Resourcing		0						N/A
Mobile and Agile Working		2					2	Sept-22 – In progress
Strategic Police and Crime Plan (Development)		2					2	Nov-22
Domestic Abuse – Case Management		11	5			6		Feb-23
Special Constabulary		4					4	Oct-22 – In progress
Uplift		4					4	Nov-22 – In progress
Integrated Offender Management		5	1			4		Feb-23
OPCC Casework		2					2	Nov-22 – In progress
Connect Benefits Realisation		3					3	Nov-22 – In progress
Detained Property		7					7	Dec-22
<b>Totals</b>		<b>106</b>	<b>38</b>	<b>0</b>	<b>1</b>	<b>33</b>	<b>34</b>	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

Outstanding recommendations previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
<b>2020/21</b>								
Training		7	3			4		Feb-23
Environmental Policy		3	2			1		Jan-23
Payroll		7	3			4		Oct-22 – In progress
MyTime		5	3			2		Dec-22
<b>2019/20</b>								
Missing Persons		10	9			1		Dec-22 – In progress
Data Driven Insight		5	2			3		Jan-23
<b>Totals</b>		<b>37</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>0</b>	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 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.	<p>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.</p> <p>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.</p>	Dec 2019  <i>Senior Force Contact Manager</i>	<p><u>Update as at September 2022</u></p> <p>The P2-P8 pilot has recently concluded. A full evaluation report has been prepared. The evaluation revealed a significantly improved approach to the identification of risk, the identification of valuable intelligence and improved opportunities for officers to conduct prevention interviews following the return of a missing person. The evaluation report has been shared with the Business Transformation Team. Following their initial assessment, the findings associated with the evaluation report now sits as a core branch of planned improvement activity that will be overseen and coordinated by a dedicated project manager. Moving the findings associated with the evaluation report from initial pilot status to a business as usual approach requires consideration and navigation around a number of interdependencies, hence the involvement of Business Change professionals and the adoption of project management methodology and principles of change management. The Business Transformation Team are now formalising the priorities and supporting workplan.</p>
2	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  <i>Senior Manager – Delivery Management (IT&amp;D)</i>	<p><u>Update provided September 2022</u></p> <p>Location matching has been completed and further improvements are being made through the DDI Project Plan. Through the Data Programme Board priorities, new Controlworks data (v19) is to be included in DDI and match and merge improvements associated with persons/nominals which are deemed a greater risk. It is currently anticipated that further location match and merge improvements will commence in January 2023 and last 3-4 months.</p>
3	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 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.	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 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.	June 2020  <i>Head of Intelligence</i>	<p><u>Update provided September 2022</u></p> <p>Work to create a holistic, multi-system audit tool is continuing; this currently includes Insight and Connect and will be released in the near future. A proactive alert capability is part of the DDI roadmap for improving this tool. Significant work has taken place by IT to create an audit tool for Connect and Insights. On 31 August 2022 this tool was demonstrated to the SRO and CCU, data from connect and Insights search will be available to audit using the same tool. In the future there should be opportunities to</p>
			An appropriate reporting mechanism should be			

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			determined for BAU to ensure that usage is monitored and investigated properly where any potential issues are identified.			ingest other data from force systems such as Controlworks. This tool will now be subject to robust testing by CCU over the next weeks. Once testing is complete and the tool is available for use ongoing work will continue to enhance this tool which will explore alerts and user behaviours. At such time as the audit tool goes live this could be considered as low/no risk.
4	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  <i>Counter Corruption, PSD</i>	<u>Update provided September 2022</u> See above
5	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  <i>Head of Commissioning</i>	<u>Update provided November 2022</u> The comms plan for this is now complete and due to sickness, we unfortunately had to cancel the first meeting in November. So, the first official meeting will now be mid-December. Once this has been completed we will be able to share some meaningful data with the FET to highlight officer abstraction time and shine more focus on the external training budget spend.
6	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  <i>1 + 2 - Head of Ops Training 3 - Head of Commissioning</i>	<u>Update provided November 2022</u> The process of converting all evaluation products onto the updated version of Snap is ongoing and expected to be completed by the end of this financial year. This will allow all trainers and their supervisor to view data in relation to their own delivery via their own access to the evaluation system. Consistency of the utilisation of this data is variable and therefore from October 2022 evaluation has been a standing agenda items at the L&D SIM meeting which is a locally managed meeting with SLT and all curriculum leads present. At these meetings the level of evaluation activity and engagement of the different curriculum areas is highlighted and monitored to ensure improved accountability and consistency. In addition, the Product Development Team is piloting the use of the new Learning Tracker and WMP Conversation to monitor how they have analysed and implemented the feedback gained from evaluations and any impact from these amendments.



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			providing value for money and addresses the original purpose of the training package.			<p>The planning of evaluation for new learning products will be enhanced with the implementation of the Learning Tracker and new Commissioning Governance process as it will form an essential consideration at the scoping and design stage of the learning process. This will assist the better collection of benchmarking data and more robust consideration of how the learning and its impact can be measured. The Commissioning Governance process will also allow for more robust tracking and escalation of evaluation outcomes. The number of Research Officers who undertake evaluation work has been increased to 3 which will not only increase evaluation capacity but also allow L&amp;D to move forward into analysing behavioural and organisational impact as a result of the learning solutions implemented by WMP. The evaluation function will move across to be part of the Quality portfolio managed by the newly created Quality, Evaluation and Licencing Manager post which will allow all elements of quality and evaluation to be managed holistically and given the required focus.</p> <p>As part of our continuous development of evaluation methodology L&amp;D have been working in partnership with EY on developing a benefits &amp; evaluation calculator. The evaluation of two courses is currently being piloted using the benefits and evaluation calculator with a plan to extend the use of this methodology to further course. The pilot courses are Risk assessors which is an online learning intervention and the Tutors course which is a blended learning solution. The benefits and evaluation calculator provides a template that captures both tangible and intangible benefits provided by the learning solution.</p>
7	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 <i>Fleet Manager</i>	<p><u>Update as at September 2022</u></p> <p>The timeline for this work has been revised due to the review of the affordability of the estate strategy. This is a key dependency for determining the rollout of EV infrastructure in relation to its location, scale and timeframe for delivery. The estates strategy review will go to the Director w/c 3 October. Analysis of sites with existing charging infrastructure is underway to help inform decisions about optimising future infrastructure. Pending decisions on the estate strategy the target date for an EV charging infrastructure strategy to be agreed will be end of December 2022.</p>
8	March 2021	Payroll	To ensure appropriate segregation in duties for input and verification is evidenced Payroll	Accepted	31/3/2021	<u>Update as at July 2022</u>

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			<p>Management should:</p> <ul style="list-style-type: none"> <li>- 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;</li> <li>- investigate any missing verification checks with the relevant Payroll operative; and</li> <li>- ensure amendments to bank accounts orchestrated by the Head of Payroll are independently verified and records endorsed appropriately.</li> </ul>		<i>Head of Payroll</i>	<p>The Head of Payroll confirmed that controls are not being consistently applied</p> <p>Internal Audit were able to review the Onboarding and Bank Account reconciliation files for the periods April to June 2022 and agree with this conclusion. This recommendation is considered still to be open</p>
9	March 2021	Payroll	<p>To ensure service objectives are achieved and the Team is working at its optimal levels, tasks and service requests on the Action Managers dashboard and the My Service Portal should be reviewed periodically by the Head of Payroll with any delays in completing the tasks or responding to requests being managed and escalated to senior management appropriately. (This should include the task relating to scanning of audit reports into the Payroll Library which has slipped considerably)</p>	Accepted	<p>31/8/2021</p> <p><i>Head of Payroll</i></p>	<p><u>Update as at July 2022</u></p> <p>We are still having sickness issues within the department. Scanning hasn't commenced yet. However, the Overtime APP is now LIVE with all departments except CTU. Going forward there will not be overtime cards to audit. The Action managers dashboard is still being reviewed periodically, but there is no evidence to support this.</p>
10	Jun 2021	VSA Team (Vulnerability in calls)	<p>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.</p> <p>To support the development of a review schedule the following should be considered;</p> <ul style="list-style-type: none"> <li>• Key criteria to help assess each vulnerability area to prioritise the reviews to be completed, the frequency of review / follow up arrangements</li> <li>• Sample size approach</li> <li>• 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.</li> <li>• 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.</li> </ul>	As above	<p>October 2021</p> <p><i>Chief Supt leading VSA Team</i></p>	<p><u>Update as at November 2022</u></p> <p>SDA started at the beginning of September and the Senior Risk and Assurance Manager has just started in post. The ambition is that the VSA becomes an assurance team for the force that will ensure:</p> <ol style="list-style-type: none"> <li>1. Recommendations from reports, HMICFRS etc are implemented;</li> <li>2. Will provide regular reviews and audits of areas of risk to the force (including vulnerability);</li> <li>3. Will provide dynamic assurance capabilities.</li> </ol> <p>Templates will be designed to provide consistency in the products that are produced by the team.</p>
11	June 2021	VSA Team (Vulnerability)	<p>Mechanisms should be established to ensure the VSA Team are aware of Force actions to address</p>		October 2021	<p><u>Update as at November 2022</u></p> <p>The VSA fall under the Risk and Assurance Team and the</p>

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		in calls)	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.		<i>Chief Supt leading VSA Team</i>	VSA Insp will work alongside the 2 Assurance Leads and the organisational learning manager who will be overseeing Risk, HMICFRS recommendations and org learning. Recommendations of any VSA audits / reviews will be fed in through the relevant governance boards to ensure that progress against recommendations are tracked.
12	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 <i>Chief Supt leading VSA Team</i>	<u>Update as at November 2022</u> As detailed on the above, progress on audits and audit results will be shared through governance boards by performance partners. The recommendations will be logged on the org learning register and the progress against these tracked.
13	June 2021	MyTime	For transition of MyTime into BAU, robust processes should be adopted for transferring outstanding issues and actions from the project into BAU to ensure a smooth and complete transfer. Clear governance arrangements within Shared Services and POD that include ownership, responsibility and reporting of progress against ambitions, deliverables and benefits of MyTime should be agreed and adopted.	Agreed	30 June 2021 <i>Assistant Director Shared Services</i>	<u>Update provided September 2022</u> In addition to the quarterly service delivery meetings between Crown, IT&D and Shared Services an additional forum has been introduced to facilitate the discussion of wider issues with the Mytime system, the way forward and potential routes for system improvement. In addition, resources have been identified within both Business Transformation and Shared Services who will be aligned to documenting all outstanding issues and designing a strategy to design and implement system improvements. We have agreed to release 2 DMT staff to work directly to support Force Contact team. This has been agreed on a trial basis for 3 months to see if this can obtain a better picture of the resource issues that Force Contact face.
14	June 2021	MyTime	For the transfer of MyTime into BAU, decisions on the future of the Operational Steering Group, MyTime Super Users and the MyTime Support Centre portal should be considered.  Where alternative mechanisms are agreed and adopted they should ensure there are clear and adequate processes for updating MyTime users on developments and resolution of issues. This should incorporate regular engagement with the cohort of super users to ensure that they are kept	Agreed	30 July 2021 <i>Head of Duty Management</i>	<u>Update provided September 2022</u> Further to the above, liaison with the operational steering and super users remains suspended pending decisions on further implementation. Once a strategy and associated timescale has been agreed liaison with super users etc will be re-established.

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			up to date on developments and issues and have the necessary knowledge and skills to be able to support their teams and departments.			
15	Sept 2021	Accounts Payable	<p>A review of the duplicate payments report should be undertaken to understand why the word "No" is replacing some of the payment dates which are used to filter and identify the current days payments for review. If this cannot be resolved then alternative procedures should be put into place, such as identifying any instances where the word "No" has been added to the spreadsheet since the last check and reviewing these potential duplicates.</p> <p>Management should also review the period November 2020 to March 2021 to identify any invoices where the issue with the spreadsheet has resulted in potential unchecked duplicate payments</p>	Agreed, work to review the operation of the duplicate payments report is already underway	30 November 2021  <i>Head of Purchase to Pay</i>	<p><u>Update provided Sept 2022</u> Continuing to work with this and no further with identifying where the word 'No' is replacing some of the payment dates etc. Further work needs to be carried out with this with a lead time of a further 6 months. When on the occasion it does not work at all Manual checks are undertaken, usually with 2 people.</p>
16	Sept 2021	Accounts Payable	The credentials for the BATCHADMIN account should be amended and only individuals with a requirement to know the details be allowed to access the account and there should be reviews of the credentials when individuals move roles. If numerous staff continue to require access to this account then individual accounts should be set up for each user for BATCHADMIN so that passwords are not shared. Furthermore, audit logging should be reviewed to establish whether it can be utilised without adversely affecting system performance.	Agreed, this will need to be actioned in conjunction with IT&D	31 October 2021  <i>Head of Purchase to Pay</i>	<p><u>Update provided Sept 2022</u> We have been in contact with IT&amp;D to initiate discussions around this issue. Still ongoing</p>
17	Sept 2021	Accounts Payable	The scheduled task in regards to reconciliation of the BACS transmission file must be reinstated immediately. Following this, in conjunction with IT & Digital, steps should be taken to secure the BACS transmission file when being extracted from Oracle Fusion. This should include the file produced being read-only and being automatically transferred to the relevant network drive for upload to the bank.	Agreed	31 December 2021  <i>Head of Purchase to Pay</i>	<p><u>Update provided Sept 2022</u> Although the re-establishment of this process was delayed, it is now re-instated. Reconciliations are completed following every pay run. This process was also reviewed with External Auditors, who have been sent an example file. Production of the text file as read only needs to be further addressed. This is being pursued with IT&amp;D</p>
18	Dec 2021	Victim Satisfaction	To ensure officers and staff have appropriate understanding of the requirements of the Victims Code and the rights of victims: - The NCALT Victims Code training completion information should be circulated to departments and NPU's on a periodic basis to make the SLT's aware of the low completion rates and prompt	<p>1.The revised Victims Code was launched in force with direction that the NCALT training was mandatory. This was reinforced at the Victims code forum however like most training within force the take up was low.</p> <p>2. Training needs to be locally managed via individual performance forums</p>	May 22  <i>Victims and Witnesses SME</i>	<p><u>Update provided October 2022</u> This mandated training is now embedded with internal audits returned to NPU/Department heads to highlight completion and then to address any not undertaking the training, or who require a refresh.</p> <p>In view of the soon to launch Victim's Charter (Spring 2023)</p>

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			<p>further promotion of the training package.</p> <p>- Further promotional activities should also be considered by the Victims sub group with completion rates monitored on an on-going basis as part of future meetings and determine escalation routes if training is not undertaken and compliance rates do not improve.</p>	<p>3. FCID and PPU currently developing further training and awareness and monitor completion via their SIM meetings</p> <p>4. Role for POD/L &amp; D regarding completion of key training packages</p>		<p>we have not refreshed the NCALT or adapted it currently but have plans to do so. When the new charter launches the Op Sentinel brand will be used for the Communications strategy and POD will lead on the roll out of training, which is likely to be NCALT based. The grading therefore remains Amber as it is acknowledged some officers trained earlier in the roll out of Victims code did the 1st iteration of the training rather than the 3rd which new joiners have.</p> <p>A network of Victims Champions has been set up and the lead links into the National and Regional Groups to feedback to the group best practice and also to ensure the leads for their area of business and associated Code clearly communicate out to their teams any changes or areas to improve.</p> <p>Training compliance for attendance and completion is fed in to a strategic levels every 4 weeks at our Tasking &amp; Assurance Meeting with the next months courses and failed courses for the previous month sent to departmental heads. The Force Performance Panel chaired by the DCC audits this regularly as reported in by the head of POD.</p>
19	Dec 2021	Victim Satisfaction	<p>The Victims and Witnesses SME should liaise with the Connect Team to explore options and agree an approach for officers completing the Victim section in Connect including:</p> <ul style="list-style-type: none"> <li>• Mandating the recording of victim protected characteristic information</li> <li>• A preferred approach to record how Victims Code information delivered to victims should be recorded including when a crime reference number has been issued, OIC information given to the victim and the method they have been informed.</li> <li>• The correct process for attaching the witness statement (MG11's) due to the inconsistent approach currently applied. Determine if fields can be added in Connect to record the dates in which key decisions are made and the date when the victim is informed to accurately record and assess compliance. If not, it should be established if there any other means to force officers to record this information consistently.</li> <li>• Mandating additional fields within Connect or setting up alerts / reminders to force completion by officers, e.g. for needs assessments, victim</li> </ul>	<ul style="list-style-type: none"> <li>• Mandating the recording of victim protected characteristic information is not currently possible by configuration and the NEC position has been that changes to make these fields mandatory would need to be a national agreement across all CONNECT forces.</li> <li>• It is understood that the force policy is that a Victim of Crime leaflet should be given when face to face, or an email / letter sent when that isn't possible. The letters are a template in CONNECT and can be emailed direct or printed and posted. We are adding a question to the Initial Investigation questions to confirm the leaflet /letter has or will be sent. (Target for completion: 3 weeks). Notification of the OIC details remains a responsibility of the OIC / Supervisor who should use the contact log to do so (which includes various update reasons to choose from). Automating that would require an IT&amp;D development and would be dependent on</li> </ul>	<p>end 2022</p> <p><i>Inspector-CONNECT Team</i></p>	<p><u>Update provided October 2022</u></p> <p>The mandating of collecting protected characteristics in CONNECT continues to be developed and is yet to be installed. There are now mandated fields to ensure officers record offering the Victim a referral to the Victim Support service and also that the VPS has been offered.</p> <p>Further developments and additions to Connect will be done in due course as determined by the Connect Programme Board and to align with the Connect Go App which will allow officers to complete all entries and actions live at the time they are with the victim.</p> <p>In the interim we have made additional entries on the rear of the MG11 form to cover these elements, including victim protected characteristic information.</p>

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			<p>contact when decisions have been made not to investigate or to remind officers to attach VPS's.</p> <ul style="list-style-type: none"> <li>• If additional fields can be built into Connect to record additional detail when the response is 'no' to a victim personal statement being offered and made by the victim to assist in understanding the reasons why a VPS is not being offered / made to determine if any further actions are required to improve VPS' being offered and made by victims.</li> </ul> <p>Once explored approval should be obtained from the Vulnerability Improvement Board and / or the Connect Programme Board to progress the changes with officers informed of the revised recording requirements. Compliance should be monitored via the quarterly dip sample audits with the results fed back to Departments to assist in holding departments to account.</p>	<p>email/mobile details being captured for the Victim.</p> <ul style="list-style-type: none"> <li>• There is no technical change which would improve consistency with the correct process for attaching the witness statement Officers should utilise the IT&amp;D App to create the statement, that automatically uploads it to CONNECT so is in that way, consistent</li> <li>• The Victim Code 'significant events' (OIC allocated, arrest, charge etc) are already captured in the system. It is possible within CONNECT to raise a task for OIC to confirm they have notified Victim of these events but it has been switched off at the behest of FCID/PPU due to concerns over the number of tasks this generates</li> </ul>		
20	Dec 2021	Victim Satisfaction	<p>Officers should ensure supervisory reviews are completed prior to informing the victim that their case is not to be investigated further, with all reviews and supporting rationale recorded in Connect. This is necessary to ensure there is appropriate oversight on the investigating officer's decision and rationale prior to informing the victim.</p> <p>The departments should also consider including supervisory reviews on decisions not to investigate as part of dip sample reviews to assess compliance.</p>	<ol style="list-style-type: none"> <li>1. It would be very challenging to supervise all records however FCID and PPU will dip sample some reports to identify areas for development.</li> <li>2. The Connect 'Joining the Dots' challenge programme being ran over the coming weeks will also support this area.</li> <li>3. The forum has commenced a deep dive into some of the reports from the last audits for a better context and this approach will continue</li> </ol>	<i>FCID/PPU and Force VC SME Lead</i>	<p><u>Update as at October 2022</u></p> <ol style="list-style-type: none"> <li>1. FCID's IIT Team 4 are a group of officers and staff who review and allocate all crime. The volume of crime is such that supervisors on that team could not review to endorse every report but they do oversee the serious, complex reports and an audit dip sample is undertaken to ensure consistency and appropriate decisions are taken. This process is replicated by PPU in the Review and Allocation Team.</li> <li>2. Connect 'Joining the dots' rolled out and is completed, completion rates by FCID are better than PPU so there is work ongoing to improve this.</li> <li>3. The audit and deep dive will continue and learning to address any identified areas for improvement and also promote best practice will be taken forward.</li> </ol>
21	March 2022	Violence Reduction Partnership	<p>WMVRU should work with key partners to agree and adopt outcomes for the intervention and prevention work across each of the workstreams that should be incorporated into the workplans and included in the progress updates to the WMVRU governance boards.</p>	<p>As workplans are developed for the coming financial year, this recommendation will be considered and outcomes incorporated where feasible. Given the cross-system nature of the objectives, these will not always suit numerical outcomes and the Head of Delivery will be pragmatic in considering these. This will also be informed by the evaluation workshops regarding outcomes for the Theory of Change that are due to happen in Q1. The overall progress towards the Home Office objectives will</p>	<i>Head of Delivery</i>	<p><u>Update provided September 2022</u></p> <p>The local delivery plans for individuals within the VRU will be embedded into local violence reduction partnership delivery plans and these will contain a number of shared outputs and outcomes. The local partnership plans are currently in development. The individual VRP lead for each locality partnership will be presenting a quarterly update to their respective local violence reduction board and within this, they will include some level of information on levels of violence, impact of commissioned services, etc.</p>

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				continue to be measured and reviewed annually, as is recommended in HO guidance, through the revision of the SNA.		
22	June 2022	Integrated Offender Management	<p>To ensure Offender Managers receive training to the required levels and individuals training records are accurately updated, Central IOM and LOMU's should:</p> <ul style="list-style-type: none"> <li>Liaise with Learning &amp; Development to agree a process in which individuals training records can be updated following attendance at the IOM training programme.</li> <li>Establish a target / deadline by which all offender managers should completed the training and ensure all Offender Managers are booked onto courses, also considering any new Offender Managers transferring into the LOMU's.</li> <li>Circulate information to LOMU Inspectors on training completion rates to assist in booking officers onto course and to avoid course withdrawals.</li> <li>Determine if the unconscious bias training should be a required training course completed by LOMU's and if so reflect it in the IOM policy with LOMU's also informed.</li> </ul> <p>Escalate the risk of future sustainability and capacity of delivering IOM training to the Local Policing Governance Board for consideration to include in the risk register, if management feel this is a suitable course of action.</p>	<p>Training is taking place. CIOM liaise with Learning and Development around attendee numbers and details. CIOM do keep a record of those attending training via a spreadsheet, which is updated with attendees' details against the relevant course. This spreadsheet is reviewed quarterly to ensure staff details are accurate.</p> <p>For the 3-day IOM course, the plan is to deliver this to all relevant LOMU staff by the end of performance year 2022-23. The 2-day DAOM course has been booked for 6 courses. Completion rates for training will be updated via the IOM Inspectors Meeting, training will be an ongoing agenda item.</p> <p>Records are kept of the staff that complete the unconscious bias training, however, at NPU level it just indicates NPU, therefore we will request details from the LOMU's to confirm completion rates.</p> <p>There are risks to the sustainability of the IOM training courses. Currently the training is delivered by experienced LOMU staff. However, this cohort of staff is small, and they carry out this training role in addition to their normal role. Due to this training being managed 'in house' this creates an issue around prolonged sustainability. Longer term, there should be a review to look at L&amp;D taking the lead in delivering this area of business, with the support of CIOM. CIOM do not currently have a training budget. The exploration for a specific training budget within IOM/MOSOVO is currently being drawn up.</p>	<p>Chief Inspector IOM</p> <p>30 June 2022</p>	<p><u>Update as at November 2022</u></p> <ul style="list-style-type: none"> <li>Completion rates for the 3-day course currently sits at 26%.</li> <li>Training isn't a standing agenda item currently as we haven't had the trainers to deliver the course as it isn't suitable in its current format.</li> <li>Central IOM have had no updates from Inspectors re unconscious bias training. This will be chased.</li> </ul> <p>Business case to be completed regarding the sustainability of the training programmes within IOM. It is clear that IOM cannot carry this burden long term as the course is currently delivered by current OM's, who are balancing their roles with the added responsibilities of delivering training on a monthly/bi-monthly basis. Business case will be submitted with options and recommendations.</p>
23	June 2022	Integrated Offender Management	<p>To continue to develop the performance arrangements for LOMU's:</p> <ul style="list-style-type: none"> <li>A consistent reporting tool should be introduced across the LOMU's, i.e. Qlik, including re-offending rates and changes in the RFSDi</li> </ul>	<p>CIOM are working closely with The Data Analytics Lab to improve/further develop the Qlik dashboard, exploring what further areas can be included as further performance measures. In addition, the RFSDi is</p>	<p>Chief Inspector IOM</p>	<p><u>Update as at November 2022</u></p> <p>The IDIOM Minimum standards document has now been completed. This is a national memorandum of understanding which all 43 forces should now be adhering to. Further consultation groups within WMP are being set</p>

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			<p>scoring (following roll-out), which can be linked to intermediate outcomes.</p> <ul style="list-style-type: none"> <li>Consideration whether IDIOM data can be included and reported, with NPU SLT's provided with information / guidance on the purpose of IDIOM.</li> <li>The Reducing Re-offending Group should determine a reduction in re-offending target (following a baseline being determined) with it communicated to the LOMU's and reported as part of QPR's.</li> </ul> <p>Central IOM should establish reporting mechanisms (e.g. via Qlik) to review protected characteristic information and determine the appropriate governance forum to review such information which should provide oversight and awareness and reflect on any disproportionality.</p>	<p>currently being tested across 2 LOMU's and this testing will soon be coming to an end. A decision will then be made by CIOM along with the LOMU's around how the RFSDi will be used by the rest of the LOMU's moving forward and where the decisions will be recorded around its use. CIOM are also monitoring and working with Data Analytics Lab around an updated/new Domestic abuse dashboard to aid LOMU's to select nominals under the Free cohort.</p> <p>IDIOM is the national tool for IOM performance. This tool is still going through a refresh however the tool itself is able to be used by LOMU's/Commanders to gauge the impact of intervention/management around cohorts. This is represented as a cost of crime across the cohorts and provides a report of pre/during and post adoption within IOM.</p> <p>Training across relevant areas and staff in the use of IDIOM is to be arranged</p> <p>The protected characteristics of an individual are built into the Connect system therefore, as part of the performance framework we will be able to identify if there is a disproportionate approach towards management.</p>		<p>up to discuss what WMP will do over and above the minimum standards. Once agreed options, link will be made with the National IOM analyst to deliver refresher training to key individuals around WMP.</p> <p>RFSDi is due to be put in front of the Ethics Panel in November 2022. The tool has been tested across DY and BW and the feedback has been positive. A consultation will be held with all LOMU representatives along with the Data Analytics Lab to discuss and agree how IOM will use the RFSDi when it is released across the force, hopefully after the Ethics Panel which is scheduled for 9<sup>th</sup> November 2022.</p> <p>In respect of personal characteristics information, there are these options set within Connect. Qlik will only show whatever the person has within their personal iteration within Connect. A request will be submitted to add in the ethnicity for each to ensure that there is no disproportionality.</p>
24	June 2022	Integrated Offender Management	<p>To promote consistent processes across LOMU's in the selection, management and de-selection of nominals:</p> <ul style="list-style-type: none"> <li>Central IOM should determine the preferred approach to informing nominals of the IOM process which should be reflected in the IOM policy.</li> <li>Update the ODOC guidance to reflect the fixed and flex OGR scoring and vice-chair arrangements if the Inspector cannot attend the meetings.</li> <li>Include the definition of risk levels and the recommended frequency of contact per cohort / risk level within the revised IOM policy. This</li> </ul>	<p>Central IOM will be further reviewing the ODOC document. ODOC's are being examined through the quality assurance visits.</p> <p>Central IOM will be exploring what the process is for informing nominals that they are part of the IOM programme.</p> <p>Decisions from ODOC should be documented within the PMP with the documentation being attached</p> <p>There has been a discrepancy around chairing at some ODOC's. This will be discussed in IOM Inspectors Meeting and will be closely reviewed through the quality</p>	<p><i>Chief Inspector IOM</i></p> <p><i>31 December 2022.</i></p>	<p><u>Update as at November 2022</u></p> <p>IOM Policy is still to be updated and circulated for consultation with these amendments.</p> <p>The ODOC document has not been reviewed as yet.</p>



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			<p>should clearly reference the three-month review period for a nominal to enable them to be considered for de-selection.</p> <ul style="list-style-type: none"> <li>As part of LOMU supervisory reviews (Sergeant and Inspector level) should ensure that: <ul style="list-style-type: none"> <li>Referrals forms are completed with copies being attached in Connect following approval to record the decision at ODOC.</li> <li>Connect is updated to record the nominal has been informed they are going to be managed, when contacted prior to release from prison and de-selected.</li> </ul> </li> </ul> <p>Identify any opportunities for de-selection to prevent offenders being managed for a significant period of time considering the de-selection criteria in place and the principles of the IOM strategy and Force blueprint.</p>	<p>assurance visits. In addition, the requirements will also be revisited with Probation leads to ensure that they are aware of what has been agreed.</p> <p>Deselection is built into the IOM policy we should be reviewing nominals and decide whether the nominal needs management. The decision to deselect should be clearly outlined within the supervisors' review, which should be completed every 3 months, or if there is a change in circumstances/risk. Supervisors review is a focus of IOM peer review</p> <p>In terms of the risk levels, these are clearly identified through the RFSDi scoring dashboard that has been created by the Data Analytics Lab. This is still being tested by 2 LOMUs (DY and BW). However, the scoring parameters to distinguish the various levels of risk are factored into the dashboard. This dashboard will be used to assist in decision making around selection/deselection opposed to being the sole tool for management.</p>		
25	June 22	Domestic Abuse	<p>Oversight and management arrangements for workloads must be improved by:</p> <ul style="list-style-type: none"> <li>Determining a consistent approach across the Teams in how investigations are allocated to enable workloads across the Teams to be comparable and accurately assessed and to ensure the risk to victims is managed and considered.</li> <li>Commissioning a Qlik report to understand and monitor the workloads per officer, including reports held in the virtual inbox, un-allocated reports, actions in Connect and the number of supervisory reviews outstanding, which should be regularly monitored by the Domestic Abuse SME and reported through to the relevant Governance Board.</li> <li>Determining and monitoring actions to be undertaken in the short, medium and long</li> </ul>	<p>WMP acknowledges that PPU workloads have been high, particularly in the AITs and this was highlighted as a risk on the PPU Risk Register. Over the last two months DA Demand has stabilised, evidenced through performance information being presented at the monthly PPU SIM. As a result, this particular risk was closed at the SLT on the 8.3.22. Work is also taking place with other forces to consider peer reviewing our investigative approach which we can report on later this year.</p> <p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>Allocation of workload methods to be tabled at the next DA performance meeting on the 6.4.22 to achieve</li> </ol>	<p>DA SME June 2022</p>	<p><u>Update as at November 2022</u> Workloads are reviewed at every performance meeting; supervisors drill down open investigations to check what is in the list; Supervisors use a checklist to review and dip sample cases.</p> <p>The PDU and AIT teams have been redesigned to ensure a fairer allocation of work.</p> <p>Reducing open investigations is the priority and this appears to be working well. A QLIK report has been commissioned but is not yet ready for testing. Supervisor reviews are collated manually by the Prepare Hub and shared at the DA performance meetings. Any issues of concern are discussed at the DA/RASSO meeting</p> <p>It was also confirmed that AIT will not be adopting the actions tab in CONNECT.</p>

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			<p>term to support and manage officer workloads and their well-being, including:</p> <ul style="list-style-type: none"> <li>o Working with Force Response to improve the quality of primary investigation and handovers.</li> <li>o Consider ways in which the duty demand for non-duty staff can be captured to assess the frequency and impact on progressing on-going investigations, e.g. maintaining a log for a period of time.</li> <li>o Assessing the outcomes of the pilot for the use of Actions in Connect a determine a way forward that should be implemented consistently across the Teams.</li> <li>o Reducing any delays / backlogs in supervisory reviews</li> </ul>	<p>consistency</p> <ol style="list-style-type: none"> <li>2. Strategy and Direction to be approached to develop a QLIK App in relation to workloads and Supervisory reviews</li> <li>3. Workloads to be reviewed monthly at the DA performance Meetings</li> <li>4. DA Superintendent to meet with Force Response Superintendent to review any issues of concern and formulate improvement plans where required</li> </ol>		
26	June 22	Domestic Abuse	The Domestic Abuse Operations Group should monitor the response times for Domestic Abuse incidents, including as part of dip sample / peer reviews to establish and challenge the reasons for delays in resourcing. The Group should also seek to establish whether the decision-making process between Force Contact and Force Response for P2 is still embedded when managing these calls for service to reduce the response times as much as possible.	<p>WMP accept this recommendation</p> <p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>1. The Superintendent leads for RASSO and Domestic Abuse will merge the respective operations groups in the interests of effectiveness and efficiency</li> <li>2. Once the single group has been established any joint themes such as response times will be tabled and all appropriate improvement actions taken.</li> </ol>	DA SME July 2022	<p><u>Update as at November 2022</u></p> <p>The groups have now been merged and a task has been set for the VSA team to conduct an audit of primary investigation. Once this has been finalised the findings will be shared at this group and recommendations will be set</p>
27	June 22	Domestic Abuse	Force Response supervision should ensure that the safeguarding assessments are appropriately completed and recorded in Connect, including the actions undertaken and referrals made.	<p>WMP accept this recommendation.</p> <p>We will undertake the following actions to improve this area of practice:</p> <ol style="list-style-type: none"> <li>1. As part of the joint operations group as cited in action 9 we will review the extent and quality of support offered to victims and identify any improvements required</li> <li>2. We will review the DARA tool to assess the possibility of adding clarity in relation to safeguarding actions.</li> </ol>	DA SME July 2022	<p><u>Update as at November 2022</u></p> <p>It isn't possible to amend the DARA tool as it is a nationally agreed assessment tool.</p> <p>The VSA team have been commissioned to conduct an audit of primary investigation which will cover safeguarding assessments. Once this has been released it will be shared for discussion at the DA/RASSO Group for consideration and recommendation setting.</p>
28	March 22	Risk	To improve arrangements for identifying risks and	The ongoing capability review bringing	31 December	<u>Update as at November 2022</u>

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		Management	<p>provide opportunity to promote discussion and embed risk management into key decision making, the following should be progressed:</p> <ul style="list-style-type: none"> <li>- Formal governance arrangements for risk management should be re-established with agreement on which Boards and key meetings the risk lead should attend.</li> <li>- Once agreed, the governance arrangements should be documented within the risk management framework.</li> </ul> <p>The terms of reference of key governance groups should be updated if necessary to establish the role and purpose of risk management at those meetings.</p>	<p>together the Strategy and Direction and Business Transformation departments is considering adaptations to existing governance processes (including those to provide oversight for risk). Once this is complete, the agreed arrangements will be incorporated into the new risk management framework.</p>	<p>2022</p> <p><i>Senior Assurance and Risk Manager</i></p>	<p>Key policies and procedures are being drafted, supported by awareness and training of key personnel – as detailed in the delivery plan. The governance structures that overlay the risk processes will be articulated within these policies with defined roles and responsibilities. The creation of a risk and org learning tactical board is in its infancy, this will support the risk escalation process and the cross cutting organisational risks which is also being drafted as part of the document suite, however these are still in development. Key information is being provided to the performance partners who are responsible for providing the required overviews at the governance boards.</p>
29	March 22	Risk Management	<p>Prior to being resubmitted for approval, the draft risk appetite statement should be updated to include guidance on how risks that fall outside of the appetite will be escalated. As the risk appetite process will be new to the organisation, any guidance and training provided across the Force should incorporate how to utilise the statement and increase awareness and understanding of risk appetite</p>	<p>Accepted. Strategy &amp; Direction plan to update the risk appetite statement and include the necessary guidance on how to apply the statement for risks falling outside the appetite and /or tolerance levels set. Once the statement has been finalised and approved, we will develop a plan to increase awareness across the Force to ensure understanding of risk appetite.</p>	<p>30 November 2022</p> <p><i>Senior Assurance and Risk Manager</i></p>	<p><u>Update as at November 2022</u> Risk appetite statement forms part of the document suite which is currently in development.</p>
30	March 22	Risk Management	<p>To improve risk management arrangements at an operational level and work towards embedding a robust risk management approach which can be relied upon to inform the Corporate Risk Register:</p> <ul style="list-style-type: none"> <li>- The risk management guidance should be updated as a priority and relaunched and communicated to relevant officers, referencing the new scoring mechanism and risk appetite process.</li> </ul> <p>The guidance should be supported by updated templates to guide risk owners through the identification, recording and reporting process. The issues/areas for improvement identified throughout this report should be addressed in the revised policy and guidance.</p>	<p>Work has begun to update the risk management policy and procedure documents. The update will also include incorporating the changes Strategy &amp; Direction have made to the process over the past few months. New templates will also be developed to support the new framework.</p>	<p>30 June 2022</p> <p><i>Senior Assurance and Risk Manager</i></p>	<p><u>Update as at November 2022</u> Key policies and procedures are being drafted, supported by awareness and training of key personnel – as detailed in the delivery plan.</p> <p>A revised Risk register has been implemented which is supported by a MS form to allow for recording of risks in a central repository. A review of the existing risk registers is being undertaken by the relevant personnel and updates are being collated by the risk manager. Risk is a focus agenda item at the governance boards and as such updates are being received. Following the risk and organisational learning board which took place 24/11/22 the DCC requested an update on any outstanding reviews as part of the next meeting.</p> <p>Support to the teams and departments is being provided by the risk manager, the assurance lead and the performance partners.</p>
31	March 22	Risk Management	<p>A formal plan to roll out risk training across the Force should be developed. This should clearly identify those staff/officer ranks that should be prioritised for training and the methodology by</p>	<p>A formal plan will be developed alongside the awareness sessions planned for the risk appetite process. Consideration will be given</p>	<p>30 November 2022</p> <p><i>Senior</i></p>	<p><u>Update as at November 2022</u> The risk manager has conducted some training with current owners and at the risk of heads of departments/senior management.</p>

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			which the training will be provided, e.g. at Force Leadership Conference, through attending Senior Leadership Teams, providing risk awareness sessions/seminars, face to face training and workshops etc. Consideration should be given to liaising with Learning and Development to support the roll out of training.	towards liaising with POD to assist with the infrastructure for this.	<i>Assurance and Risk Manager</i>	A formal communications plan and associated training material is in design and development and will be aligned with the documentation suite that is being drafted.
32	March 22	Risk Management	To further enhance the Corporate and Local Risk Registers Strategy and Direction should: <ul style="list-style-type: none"> <li>- Establish a template and formal reporting route for escalating new risks onto the risk register. This should capture all information to manage the risk including current mitigations, further actions (SMART), action owners and target dates, links for Force objectives etc.</li> <li>- Formally report to Portfolio Boards when there has been a lack of update on actions or progress is not proving effective to mitigate the risk.</li> <li>- Explore the potential to report on how effective each action is in mitigating the risk to help direct resource to actions that have greatest impact.</li> </ul>	Accepted, and implementation of this will be ongoing. Future team state will have an impact on the speed/completeness of the implementation of this recommendation	<i>30 November 2022</i>  <i>Senior Assurance and Risk Manager</i>	<u>Update as at November 2022</u> A new risk register has been developed and implemented which is held in a central repository. The new risk register allows for the differentiation between teams/departments/portfolios and the corporate risk register. It aligns the risks to force strategic objectives and data is entered via an MS form. It also allows for the identification of thematic across the risk and has a keyword search functionality. Review of existing risk registers is actively taking place and these will be transposed onto the new risk register (as per delivery plan). An escalation process is being drafted, which is supported by the new risk template. The performance partners are briefed and provided with data prior to governance board meetings across the organisation which highlights risk activity to senior leaders. The new risk template allows for trending of risks following updates and the implementation of mitigating actions.

## Appendix 5 - Internal Audit Improvement Plan

No	Section of PSIAS	Recommendation/Suggestion for Improvement	Status	Progress Update as at November 2022
1	2040	<p><b>Working Paper Software</b></p> <p>Galileo software is used for documenting audit working papers. The system has been in place for a number of years and newer versions are now available. It is likely that sometime in the future the current version may no longer be supported. Investigate the benefits of the new system and determine whether upgrade would be beneficial.</p>	Not Progressed	<p>Alternatives to Galileo were due to be explored, such as using Office 365. Whilst Office 365 has been introduced during the year, the functionality is currently limited and solutions such as SharePoint have therefore not been explored.</p> <p>The existing system still continues to work well and is still supported and is compliant with PSIAS.</p>
2	Code of Ethics Section 4	<p><b>Competency Framework</b></p> <p>The Institute of Internal Audit issued a revised competency framework in 2020/21 focusing on various knowledge areas aligned to professional standards. The existing competency framework will be revised to take account of the IIAs revised framework.</p>	Complete	New Competency Framework has been developed and staff consultation has been completed. New framework was launched in July 2022 and will be utilised going forward for Personal Development Reviews.
3	N/A	<p><b>JAC against new guidance</b></p> <p>CIPFA is currently updating its guidance publication - Audit committees: Practical guidance for local authorities and police. The new edition will be published in June 2022. A review will be undertaken of how the Committee meet the expectations of the guidance and ensure its terms of reference remains relevant.</p>	In progress	New Guidance was launched October 2022. Initial review of guidance undertaken and no major gaps in expectations identified. Full review of TOR will be undertaken and any changes will be reported into the March 2023 Joint Audit Committee.
4	2400/2410	<p><b>Review audit methodologies from learning over last few years</b></p> <p>Due to the success of implementing more agile approaches the internal audit team will explore further opportunities for streamlining audit reports and working practices making communications more concise and timelier.</p>	In progress	Research underway exploring format of reports used by other Organisations.
5	(From EQA) 1100	<p><b>Enhance the statement on impairments to independence in the annual report (Advisory)</b></p> <p>Enhance the statement in the annual report relating to independence to state that there have not been any impairments to the independence and objectivity of the Head of Internal Audit or to the Joint Internal Audit Service. If there have been any impairments, these should be set out in the statement along with the action that was taken to remedy the situation</p>	Not progressed	This will be incorporated into the next annual report due to be reported to JAC end June 2023

No	Section of PSIAS	Recommendation/Suggestion for Improvement	Status	Progress Update as at November 2022
6	(From EQA) 1200	<p><b>Consider recording research undertaken for audits on the Auditor’s training and development records (Advisory)</b></p> <p>Internal Audit team members need to demonstrate that they have undertaken sufficient and relevant learning and development during the year, and in the current climate of economic pressure on public sector organisations it can be difficult for staff to fulfil this requirement. An area of learning and development that is often overlooked by staff and not recorded on their development logs is the research that they have undertaken prior to carrying out an audit or to enable them to provide advice to a client. Although time spent on research should be allocated to the respective individual assignments, it is also good practice for auditors to record the activities on their learning and development logs.</p>	Complete	This practice has been adopted and staff are now including learning through research on training and development logs.
7	2400	<p><b>Add a disclaimer and limitations statement to the audit reports (Advisory)</b></p> <p>Include the disclaimer and limitations of use statement from the audit manual in all audit reports, not just the ones that will be released to external bodies.</p>	Complete	A disclaimer is now included on all audit reports