



west midlands  
police and crime  
commissioner



# INTERNAL AUDIT ACTIVITY REPORT

**Joint Audit Committee**  
**27 March 2025**

LYNN JOYCE  
HEAD OF INTERNAL AUDIT

## PURPOSE OF REPORT

The purpose of this report is to update the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period December 2024 to date. The Joint Audit Committee's Terms of Reference includes a requirement to receive progress reports on the activity of Internal Audit. This activity report provides the following:

- Plan progress summary;
- Summary of audits receiving Limited or Minimal assurance opinion;
- Summary of other assurance activity completed;
- Proposed changes to the audit plan;
- Recommendations analysis; and
- Performance update.

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.

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 conclusion 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.

This report provides members of the Committee with a summary of the audit work undertaken, together with a summary of audit opinions, during the period December 2024 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.

## RECOMMENDATIONS

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

**CONTACT OFFICER**

Name: Lynn Joyce

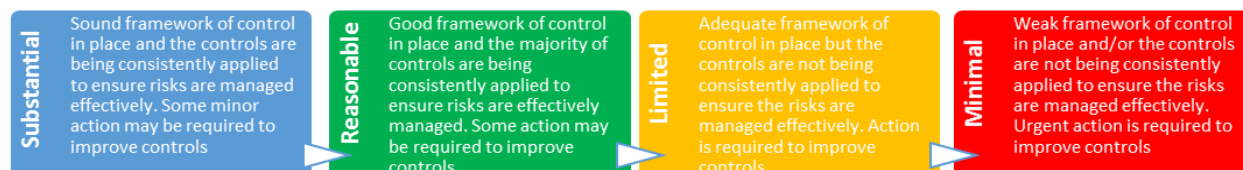
Title: Head of Internal Audit

**BACKGROUND DOCUMENTS**

None

## PLAN PROGRESS SUMMARY

Our aim is to provide independent assurance that the organisation's risk management, governance and internal control processes are operating effectively. We provide an assurance opinion at the conclusion of each internal audit which is derived from the work undertaken and is intended to provide senior management with a level of assurance about the internal controls in place in that particular system or activity. The audit opinions currently used are:



The table below captures the planned audits for 2024/25, along with their current status and opinions. Four audits are currently in draft awaiting management comments. 70% of the plan has been completed to draft or final report stage. One audit received a Limited assurance opinion during the reporting period, which is summarised on the next page.

Audit	Status	Opinion
Airwaves	Final	Reasonable
Software Licensing	Final	Reasonable
Threats to Life	Final	Limited
Missing Persons	Final	Reasonable
Environmental Strategy	Final	Limited
Subject Access Requests (Force)	Final	Limited
Fixed Asset Register	Final	Substantial
General Ledger	Final	Reasonable
ROCU Covert Funds	Final	Reasonable
Use of Credit Cards	Final	Reasonable
IT&D Service Management (Service Desk)	Final	Substantial
ROCU Enabling Services	Final	Reasonable
Museum	Final	Minimal
Subject Access Requests (OPCC)	Final	Reasonable
Freedom of Information Requests (OPCC)	Final	Reasonable
Coventry LPA - Governance, Data and Performance	Final	Substantial
W'hampton LPA - Governance, Data and Performance	Final	Substantial

Audit	Status	Opinion
Firearms Culture & Behaviour	Draft	
Insurance	Draft	
IT Application Management	Draft	
Section 18 PACE	Draft	
IT&D Database Access and Administration	In progress	
Information Governance and Decision Making	In progress	
Dog Unit	In progress	
Accounts Payable	Fieldwork complete	
Financial Savings Governance	In progress	
Uniform and Equipment	Fieldwork complete	
Rape and Serious Sexual Offences	In progress	
VAWG Delivery Planning	In progress	
Neighbourhood Policing Engagement	Fieldwork complete	
<b>Additional Audits requested in-year</b>		
Absence Management	Final	Limited

## LIMITED OPINION AUDIT – Absence Management

### Objectives and Scope

To provide assurance that there are robust arrangements in place to record, monitor and manage sickness absence. The audit reviewed the following areas:

- Governance and performance monitoring arrangements
- Training, awareness and support offered to staff.
- Compliance with Attendance Management policy.
- Management reporting and monitoring.

### Overall Opinion



**LIMITED  
ASSURANCE**

There is an adequate framework of control in place, but the controls are not being consistently applied to ensure the risks are managed effectively.

Action is required to improve controls.

### Number of Actions

High	0
Medium	4
Low	1
<b>Total</b>	<b>5</b>

### Conclusion

The opinion is largely due to discrepancies identified in the sickness absence figures reported in the working days and periods reports extracted from ~~MyTime~~.

From the sample of absences tested, the working days report under reported sickness absence by around 3% of the total absence days. Data from these reports informs performance reporting on sickness and attendance to the various governance boards and SLT meetings, therefore we cannot provide assurance on the accuracy of absence figures reported to these key groups. However, the impact on overall attendance figures is likely to be minimal.

### Good Practice

- The Attendance Management Policy is comprehensive and establishes clear expectations of employees and managers. Absence management training is also provided to new managers via the Op Excellence programme.
- Employees who exceeded the absence triggers were referred to Occupational Health timely, and were signposted to other support services demonstrating use of appropriate interventions facilitate their return to work.
- Work Force & Resourcing provide extensive attendance data to the various governance boards at an appropriate frequency and level of detail to allow an understanding attendance position across the Force.

### Key Findings Summary

There is a lack of compliance with the Attendance Management Policy, including completion of return to work interviews, obtaining fit notes and recording employee contact.

Wellbeing plans are not always being completed timely or appropriately, in line with policy, which could lead to unfair or inconsistent treatment of employees and absence periods lengthened.

Differences were identified in the trigger report, which provides data about absence periods and working days lost, compared to the detail recorded in the absence management system. The trigger report underreported around 3% of the total absence days compared to the absence management system reports. The report stops capturing working days if the absence reason changes or is left blank; also annual leave or public holidays can break a period of absence.

For 84% of employees who had hit an absence trigger, the trigger report failed to identifying whether they are being managed through an informal or formal process, posing a risk that employees are not managed in accordance with the Policy. HR are currently working to determine the absence status.

There is no central document repository for absence related records which could lead to documents being omitted or lost. This may impact progression through the formal stages of the absence process.

## **OTHER AREAS OF ACTIVITY**

The Cabinet Office have run the biennial National Fraud initiative (NFI) exercise again this year. The data submission was completed by internal audit in October, which met the Cabinet Office deadline. Data matches have now been released and investigations have commenced to identify any potential fraud. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations.

A total of 65 deceased pensioner matches have been identified, most of which were already known. Early investigation has identified in the region of £51,000 of overpayments to deceased pensioners which we are investigating in cooperation with the Pensions Team. The Pensions Team will attempt to recover these amounts from the pensioners estate.

We have also started to investigate the payroll and creditor data matches, which account for the majority of data matches reported. Data matches are allocated a risk score based on the quality of the match and we are focussing effort on those with the highest scores (75% and above).

Updates on progress and outcomes of these investigations will continue to be reported to future meetings of the Committee.

## **CHANGES PROPOSED TO THE INTERNAL AUDIT PLAN**

There have been no new audit requests during the reporting period. The internal audit plan for 2025/26 is reported as a separate agenda item to this Committee meeting.

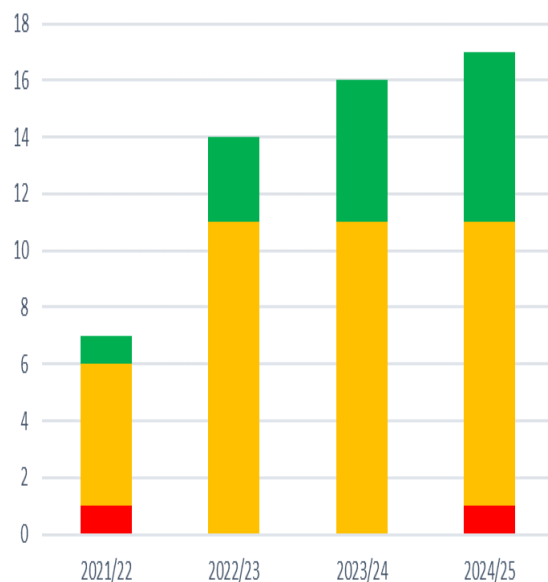
A late request was received to postpone testing on the audit of Information Governance and Decision Making due to resourcing issues within the information Management team. This audit is being undertaken by our co-sourced provider who are aiming to begin testing early April 2025.

## RECOMMENDATION ANALYSIS

Audit recommendations are made based on the level of risk posed by the weaknesses identified. The current ratings used are:



Overdue Actions by Year



All recommendations are followed-up on their due date and for any that have not been implemented the responsible officer has the opportunity to set a revised target date.

Currently 54 recommendations are overdue based on their original target date, some of which date back to 2021/22. 37 of these are rated as high or medium.

The overdue actions span across a number of years and we continue to track those considered outstanding on a regular basis. Overdue recommendations are reported monthly into the Finance Governance Board, which is chaired by the Director of Commercial Services.

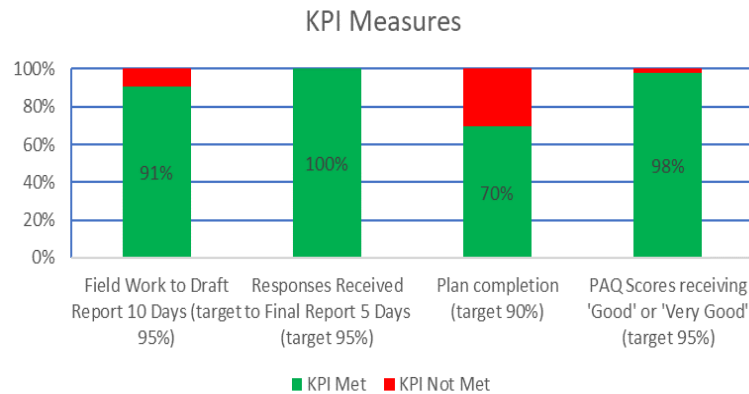
An analysis of overdue recommendations by audit is provided at Appendix A, along with the latest progress update for high and medium rates outstanding actions.

Of the recommendations followed up since 2021/22, 77% are considered to be implemented or redundant, with 17% still open.

Analysis of Recommendations									
	Made	Implemented		Open		Redundant/ Risk Accepted		Not Yet Followed Up	
2021/22	106	93	88%	7	7%	6	6%	0	0%
2022/23	84	63	75%	14	17%	7	8%	0	0%
2023/24	74	53	72%	16	22%	3	4%	2	3%
2024/25	65	29	45%	18	28%	0	0%	18	28%
<b>Total</b>	<b>329</b>	<b>238</b>	<b>72%</b>	<b>55</b>	<b>17%</b>	<b>16</b>	<b>5%</b>	<b>20</b>	<b>6%</b>

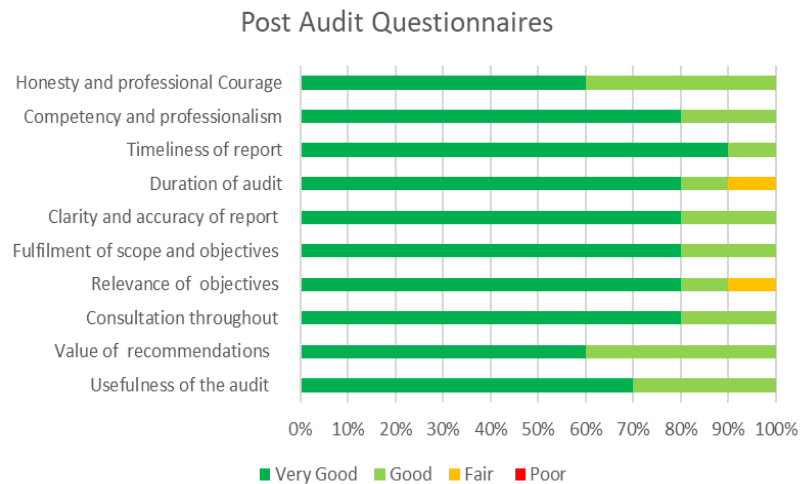
## PERFORMANCE

The performance of internal audit is measured against a set of Key Performance Indicators. The position on progress as at the end of February 2025 is shown below.



The plan position is below where it should be at this time at 70%, which is slightly below where it should be at this time. All audits are in progress and we're hoping to achieve our target of 90% by early-mid April 2025.

The actual progress to date for issuing draft reports within 10 days of fieldwork end is currently at 91% against a target of 95%, resulting from two audits that were issued slightly later than planned.

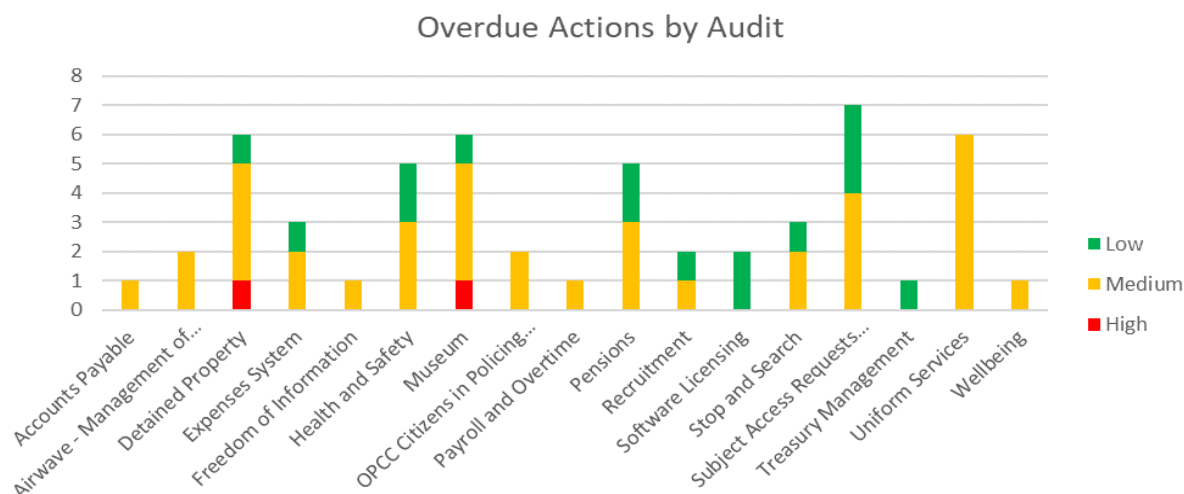


Feedback on Post Audit Questionnaires continues to be strong with 98% of questions being scored as 'Good' or 'Very Good'.

We have not received any feedback with a rating of poor.

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

This Chart summarises the position of overdue recommendations by Audit. The table below the chart provides the latest updates for the 37 overdue recommendations rated as High or Medium.



Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	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.	31 December 2021  Head of Purchase to Pay	<u>Update as at February 2025</u> Still waiting on NatWest to allocate an implement manager to help facilitate this new process. IT&D last emailed on 24.01.25. We are on the banks list for the upgrade and at the earliest it would be end of February 2025.
2	June 2022	Detained Property	Briefing sessions and promotional activities e.g. Team Talk, message of the day, dilemma of the month and Newsbeat articles, should be undertaken to re-train and raise awareness amongst officers of their responsibilities when managing property in the short, medium and long term including:  • Ensuring items are appropriately packaged and stored with property reports attached to items and the correct property store selected on the property system.	Corporate Asset Management  30/9/22	<u>Updated as at June 2024</u> Messaging around the safe packaging of DP (sharps) has been published in July '24 Team Talk and will also feature on Message of the day in July '24. Further messages for other 'processes' for DP will follow. For the longer term, Detained Property has been included in a wider force project which will include systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements.



Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			<ul style="list-style-type: none"> <li>• Promptly respond to property reminders.</li> <li>• Accurately recording the disposal method for items that can be disposed.</li> <li>• As part of exit processes, officers and supervisors ensure property is reallocated when an officer leaves the Force. Opportunities to refresh officers understanding should be explored as a longer-term measure as part of the implementation of the Connect property module. Facilities Management should also determine if there are escalation routes that can be utilised for any instances where an officer does not comply with policy.</li> </ul>		
3	June 2022	Detained Property	<p>Oversight arrangements for detained property need to strengthened by:</p> <ul style="list-style-type: none"> <li>• Circulating and reporting upon the monthly property statistics report to CAM and Shared Services SLT alongside updates on the development / results of KPI's to identify any areas or emerging issues that require further action and / or escalation to Commercial Services SLT.</li> <li>• Producing a monthly report to share with Departments and NPU's to raise awareness of areas of detained property that require local actions, i.e. officers not responding to property reminders and investigating missing items</li> </ul>	<p>31/7/22</p> <p><i>Corporate Asset Management.</i></p>	<p><u>Updated as at June 2024</u></p> <p>Current DP system can't identify the LPA/Dept of each officer – requires work outside of the system to manage this. CONNECT now not being used for DP – potential for new in-house system to be developed.</p> <p>For the longer term, Detained Property has been included in a wider force project which will include systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements.</p>
4	June 2022	Detained Property	<p>To improve the working practices within the Central Detained Property store management should:</p> <ul style="list-style-type: none"> <li>• Remind staff to update the property system when cash is banked and ensure the correct safe is selected and recorded in the appropriate safe register.</li> <li>• Schedule future disposal runs for items for auction and drugs to ensure staff are aware of when items have to be prepared for disposal.</li> <li>• Give consideration to setting a target number of letters to be issued per week / month to help manage the backlog and reduce the average days to return an item of property to an owner.</li> <li>• Develop a plan to manage the re-baying of items received from Stechford to ensure the property items are moved appropriately and the property system updated to accurately reflect the location of the property items.</li> </ul> <p>Management should establish a process to monitor progress against the above to ensure the actions are having an impact and to determine if any further actions are required.</p>	<i>Facilities Manager</i>	<p><u>Update as at June 2024</u></p> <p>Detained Property has been included in a wider Force project which will include systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements.</p> <p>Note – all Stechford items now rebayed, regular auction runs established (Ebay via Susses Police). Destruction runs for controlled substances and counterfeit also in place – MOU signed with contractor.</p> <p>Firearms disposal options still being reviewed to ensure safe disposal.</p> <p>RTO letters and appointments in progress, backlog to be worked through.</p>
5	June 2022	Detained Property	The arrangements to review and investigate missing property items	31/07/22	<p><u>Update as at June 2024</u></p> <p>Detained Property has been included in a wider Force project which will include</p>

Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			<p>must re-commence immediately, including;</p> <ul style="list-style-type: none"> <li>• Prioritising the current missing property items for review and investigation.</li> <li>• Contacting officers to commence investigations into missing items. (Management may wish to explore with IT&amp;D if the use of robotics can assist in investigating missing items, e.g. contacting officers, escalating to supervision etc.)</li> <li>• Officers or the OIC escalating any missing property items to supervision / management for review and action. For any items where no further action is taken following escalation these should be reported to the Senior Leadership Team. All updates should be recorded on the property system.</li> <li>• The Central Detained Property Store to agree with the Economic Crime Unit, Forensic Services and the Cannabis Disposal Team who is responsible to update the property system. Once agreed these arrangements should be included within the Detained Property Policy. CAM and Shared Services SLT should monitor the progress to confirm that the above actions are progressing and the number of missing items is reducing and if not determine what additional actions are required.</li> </ul>	<i>Corporate Asset Management.</i>	systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements.
6	June 2022	Detained Property	<p>A quality assurance check regime should be re-introduced on a proportionate basis with;</p> <ul style="list-style-type: none"> <li>• Management considering the risk for the area when determining the frequency of the check, priority should be given for cash and high value items including reviewing banking and safe records to ensure they are all accounted for.</li> <li>• Appropriate supporting records maintained to evidence the checks completed and further actions undertaken when issues have been identified. The results of the quality assurance checks reported to management.</li> </ul>	<i>Ongoing Facilities Manager</i>	<p><u>Update as at June 2024</u></p> <p>Detained Property has been included in a wider Force project which will include systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements.</p>
7	Dec 2022	Stop and Search	<p>To provide refresher training to officers across the force on strip searches and support ongoing development the Stop and Search Silver Lead should:</p> <ul style="list-style-type: none"> <li>• Liaise with Learning and Development to determine if strip searching can be included within annual personal safety training (PST) on how strip searches should be conducted when outside of the custody environment or other forums / methods in which training can be provided.</li> </ul> <p>Via the silver meetings encourage local SPOC's to raise awareness of the requirement to complete unconscious bias and vulnerability training to assist in officers being aware of and managing any bias, but also to be trauma aware when strip searching individuals.</p>	<p>01/01/23</p> <p><i>Responsibility transferred to S&amp;S Executive Board</i></p>	<p><u>Update as at October 2024</u></p> <p>Conversations are taking place with L and D about refreshing their training offer, as work is currently progressing with updates to stop and search policies and procedures which need to be reflected via training.</p> <p>Trauma informed training is mandatory for all new recruits. Some other departments are offered it and others can book on it voluntarily, it is not mandatory for all roles. However, to illustrate our commitment to Trauma training West Midlands Police have launched a Trauma Informed Policing Strategy and all officers have access to a Trauma Aware Resource Bank.</p>

Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			Training completion rates should be monitored for key departments and NPU's to determine if any further actions need to be determined.		
8	Dec 2022	Stop and Search	<p>Undertaking and recording safeguarding referrals needs to be improve to ensure that safeguarding referrals are undertaken for juveniles with accurate records maintained. To do this:</p> <ul style="list-style-type: none"> <li>• Supporting guidance should include reference to considering safeguarding referrals required for the juveniles and to record any referrals undertaken on the ControlWorks log. Supervisors should also be reminded via local SPOC's that they are to support officers in making safeguarding referrals.</li> <li>• Awareness should be raised with Custody Officers that referrals should be made in accordance with the multi-agency arrangements for safeguarding, as per the Detention and Custody policy. Where no referrals have been made the rationale as to why should be recorded.</li> </ul> <p>Via CJS service improvement meetings, monitor safeguarding actions undertaken following strip searches of juveniles, including the quality of information recorded, to ensure actions are undertaken to manage identified risks and vulnerabilities, with actions determined where issues are identified.</p>	<p>01/01/23 Supt Minor</p> <p>30/06/23 Deputy Head of CJ</p>	<p><u>Update as at October 2024</u></p> <p>This work is ongoing at CJ, however there have been changes to the SPOCs within the custody arena who are delivering this. Enquiries are being made with them in order to progress this.</p>
9	Dec 2022	Pensions	<p>To enhance the controls regarding managing transfers into and out of the Force, the Head of Pensions should ensure the following:</p> <ul style="list-style-type: none"> <li>- The improvements to processes surrounding the production and receiving of Membership Certificates recently developed must be actively progressed and monitored with regular updates on progress reported into the Head of Pensions to allow for escalation where no responses are received.</li> <li>- The input of transfer calculations from previous pension funds should be independently checked by another member of the Pensions Team on input to reduce the potential for error or fraud.</li> </ul>	<p>Ongoing</p> <p>Service Delivery Managers</p>	<p><u>Update as at August 2024:</u></p> <p>Pol to Pol In – Regularly monitored and up to date.</p> <p>Responsibility for the collation of data (for Remedy) has been given to an individual within the Team.</p> <p>POL to POL Out – Being monitored and pace of work on this has increased due to McCloud. It is anticipated that further checking of Pol to Pol cases will be undertaken in the next few weeks as the information is required for McCloud calculations.</p> <p>Transfers in – still behind on this area. It is hoped the recruitment of additional staff within the Pensions Team to assist with business as usual will allow this to be picked up as a project by one of the Pension Team.</p> <p>CETV – The backlog was due to awaiting new factors these have now been received and the team have addressed the backlog.</p> <p>The requirement for records to be endorsed to evidence an independent check having been undertaken has been made known to Staff.</p>
10	Dec 2022	Pensions	<p>Management should strengthen processes for reviewing NFI Mortality Screening results. This should include:</p> <ul style="list-style-type: none"> <li>- Timely review of the data matching report upon release to allow immediate stop to be placed on the pension to prevent any further</li> </ul>	<p>30/09/22</p> <p>Service Delivery Manager</p>	<p><u>Update as at August 2024</u></p> <p>Due to other work pressures of a higher priority no progress has been made with regards to this recommendation.</p> <p>The Pensions Team are however monitoring deaths</p>

Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			<p>overpayment;</p> <ul style="list-style-type: none"> <li>- Contacting the NFI team to establish reasons why duplicate entries are appearing in the NFI report, and acting on any guidance given to prevent this.</li> <li>- Following the guidance provided by NFI to establish whether an individual is deceased, and to provide consistency in the level of detail recorded on the data matching records/NFI website.</li> <li>- Liaising with the AD Shared Services and Director of Commercial Services to progress write-off of the debt, ensuring Financial Regulations are complied with.</li> <li>- Establishing resilience within the team to ensure mortality screening data submissions and investigations can continue if the Service Delivery Manager were absent.</li> </ul>		
11	Dec 2022	Pensions	<p>Management must undertake proactive monitoring going forward to ensure any slippage in completion of tasks is identified at the earliest opportunity for risks to be fully assessed and appropriate mitigations put in place. This should include:</p> <ul style="list-style-type: none"> <li>- Establishing a process for monitoring compliance with the service expectations within the Our Service For You agreement</li> <li>- Re-introducing monitoring of the Workforce Allocation sheet to ensure documentation/correspondence is acted upon promptly</li> <li>- Identify any backlogs within the team and determine a prioritised action plan for addressing and minimising any growth in the backlog.</li> <li>- The targets and expectations of service detailed within the "Our Services For You" agreement should be reviewed and approved by the Assistant Director Shared Service annually to ensure that the agreed timescales remain appropriate for the Pensions Team.</li> </ul>	<p>November 22</p> <p><i>Service Delivery Managers</i></p>	<p><u>Update as at August 2024</u></p> <p>The backlogs of work are being monitored through the work allocation spreadsheet. Transfers in is the main area of slippage</p> <p>All payments are being made on time</p> <p>Additional work is now being undertaken for McCloud</p> <p>The Our Service For You agreement has not been reviewed due to the absence of the Assistant Director Shared Services</p> <p>Under the POD review Pensions will be moving under the responsibility of a new Assistant Director and the review of this agreement and the targets and expectations within it will be left until such time that transfer takes place.</p>
12	June 23	Uniform Services	<p>To improve controls ensuring that only appropriately trained individuals are able to access specialist items of uniform or equipment:</p> <ul style="list-style-type: none"> <li>• A process should be agreed with Training which informs Uniform Services of the results of training courses to enable correct updates to an individual's uniform allocation to be performed.</li> <li>• In the interim, until a process is in place Uniform Services should check the skills/competencies database to the DOP system highlighting any individuals for whom their skills have now expired and request the necessary correction to be made.</li> </ul>	<p><i>Facilities Manager</i></p>	<p><u>Update as at June 2024</u></p> <p>Points 1 and 2: Ongoing. We are still working with stakeholders regarding information sharing and aim to have this complete within the next 3 months. We are continuing to focus on sourcing the uniform and equipment supplies, liaising with stakeholders regarding scales of issue to ensure what we buy is still required, and ensuring best value. We're also continuing to work with the Contractor in relation to the exit from the Contract, which is likely to be for the foreseeable future, when any issues/stock/invoices etc are resolved. Although we no longer have access to the DOP, every request for uniform comes direct to us via the MyService Portal. No one is able to order items themselves, which allows us to ensure that only those officers/staff who require specialist kit, have access to this. Although this is a manual process until we have the electronic ordering platform (including stock control) available (mid/late summer), this is working well and the portal request is updated and fully auditable.</p>

Ref	Original Report to JAC	Audit	Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
					The new platform will enable us to be able to update individuals skills ourselves, giving greater control over what people are able to order, linked in with joining up with stakeholders i.e. L&D
13	June 23	Uniform Services	<p>A more robust contract management process needs to be adopted holding the provider to account for the number of back order items and questioning the considerable extended delivery times being experienced.</p> <p>To aid with this, regular reviews should be undertaken on 'With Procurement' items and out of stock items. A formal request should be made to the provider to report regularly on the items classified in these categories. The report should include the date of the original uniform order and the turn-around time / current status of these items being procured as well as expected delivery times to ensure that appropriate action is being taken on a timely basis.</p>	<p><i>Facilities Manager</i></p> <p>31/3/24</p>	<p><u>Update as at June 2024</u></p> <p>Arrangements with the previous provider are now largely redundant as the uniform process has moved in-house, although exit arrangements are ongoing. It is important that any contract management issues experienced under the the previous contract are rectified in new arrangements established with new uniform providers, and appropriate contract monitoring and management arrangements allow for this. From discussions held with the Head of Fleet and Logistics and the Transport Logistics Manager, the new contracts are established on Leanlinking. As contracts have only been in place since 1/4/24, or are in the process of being established, contract management arrangements have not yet fully established. We will therefore keep this recommendation open and follow-up the effectiveness of the arrangements as part of the internal audit planned later in the year.</p>
14	June 23	Uniform Services	<p>In an attempt to reduce the number of missing items:</p> <ul style="list-style-type: none"> <li>• Trend analysis should be performed to identify problem areas with results escalated to NPU Commanders/ Senior Management and, if appropriate, PSD for further investigation.</li> <li>• Trend analysis and results from any further investigations undertaken should be reported back to the Uniform and Equipment Board and considered for escalation to the Director of Commercial Services.</li> <li>• Trends and themes regarding missing items should be considered for wider communication to all officers and staff, possible platforms include team talk, newsbeat.</li> </ul>	<i>Facilities Manager</i>	<p><u>Update as at June 2024</u></p> <p>We expect the U&amp;E Meetings to be re-started in the near future, which will allow consultation around the recording and sharing of the information to improve the situation. In the meantime the data continues to be collated</p>
15	June 23	Uniform Services	<p>To ensure a robust process is in operation for the return of uniform and equipment when officers/staff leave: -</p> <ul style="list-style-type: none"> <li>• The Uniform Equipment and Appearance policy should be updated to clarify the type of items to be returned and the process to be undertaken when an individual leaves the Force.</li> <li>• Once the policy is agreed, Uniform Services should work with the During Employment team to establish the wording to include on the email sent to Supervisors to make them aware of the uniform/equipment their officers/staff should return prior to leaving the Force and obtaining confirmation of the returns.</li> <li>• Matters of any high value specialised items that have not been returned should be escalated to management to determine if any further actions are necessary.</li> </ul>	<i>Facilities Manager</i>	<p><u>Update as at June 2024</u></p> <p>Points 1,2,3, Policy has been amended to state that all items must be returned. Further work needs to be undertaken in relation to how wording on e-mails etc should be stated. As per the last update, there will be difficulties in ensuring every single item issued has been returned, and will still require officers and staff to abide by policy and the Code of Ethics.</p>
16	June 23	Uniform Services	Facilities Management should work with Contracts and Procurement utilising Leanlinking to develop a robust contract management process for holding the supplier to account for issues identified.	<i>Facilities and Procurement Managers</i>	<p><u>Update as at June 2024</u></p> <p>Contracts and Procurement are including the new contracts on the Lean Linking Portal and access to the portal is being arranged now to enable reporting. This will be partnership working with Contracts and Procurement to hold suppliers to account.</p>

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17	June 23	Uniform Services	A quality assurance regime should be introduced on a proportionate basis with: <ul style="list-style-type: none"> <li>• Appropriate supporting records maintained to evidence the checks completed and further actions undertaken when issues have been identified.</li> <li>• Reporting the results of the quality assurance checks to management and the Uniform and Equipment Board.</li> </ul>	<i>Facilities Manager</i>	<u>Update as at June 2024</u> Only our Team place orders on behalf of officers and staff, there are no 'super users' around the force. All requests have to go via the Portal, and portal reference numbers are used against the orders placed, so this is fully auditable. Every order also has the initials of who has placed the order on our stock sheet, so is again auditable and traced back to the original request for the item/s. Invoices for new suppliers will be processed as part of the receipting of goods against a specific purchase order to ensure they are correct. With the last few invoices from the Contractor, assistance is being sought from Finance due the volume of items, as we will have the BAU, exit stock liability items and WMP 'owned' stock, to check through to ensure charging is correct.
18	Sep-23	Expenses System	To ensure that officers and staff claim Expenses correctly and use other purchasing processes appropriately: <ul style="list-style-type: none"> <li>• Line Managers should be reminded of their responsibility to undertake detailed checks on expenses claimed prior to approval to ensure they are in accordance with Force policy, include all necessary information, are correct and that appropriate VAT receipts are attached when required.</li> <li>• They should also be reminded and encouraged not to approve items through the expenses system that should be processed through other purchasing processes i.e. through purchase orders on the Procurement system, via the NUMS Contract or via Occupational Health. Payroll team should periodically review the number and type of policy violations over a period of time with the aim of assessing reasons and communicating lessons learnt via a suitable platform such as a message of the day article or via an update on the My Service Portal to help ensure that officers and staff use the Expenses system correctly and prevent further policy violations.</li> </ul>	<i>Assistant Director Finance, Contracts and Procurement &amp; Head of Payroll</i>  <i>Revised Action Date: September 2024</i>	<u>Update as at March 25</u> Line managers are reminded of their responsibility to check claims while approving to ensure they are aligned with the policy once we receive a claim that failed the validation. Once we have a clear expenses policy in place we will circulate to the wider force. From the expenses dashboard a policy violation report will be run for dip sampling monthly for a review by the Head of payroll and SDM's from January 2025. The policy violation reason does not show us the reason once we reject it but we keep an eye on while processing.
19	Sep-23	Expenses System	In consultation with the Assistant Director of Shared Services, Payroll representatives and the Service Lead Digital Services should review all available expense reports within the Expenses module e.g., the cumulative mileage report to confirm what reports are required, that the information being returned is accurate, timescales for generating the reports and identify staff within Payroll to extract and review the reports on a periodic basis e.g. half yearly for the Cumulative Mileage Report . Arrangements should also be established whereby any issues identified when extracting the reports are escalated to the Digital Services Team for resolution.	<i>Assistant Director Finance, Contracts and Procurement &amp; Head of Payroll</i>  <i>Revised Action Date: 31/3/25</i>	<u>Update as at March 25</u>  Yet to action the archiving exercise with Digital services
20	Dec-23	Recruitment	To ensure there is a robust performance management process, the Head of Resourcing and Recruitment should agree and adopt a process to measure and monitor compliance against SLAs that include the arrangements for capturing, monitoring and reporting outcomes and any issues identified into senior management and escalation to the relevant board where required.	<i>Head of Resourcing &amp; Recruitment</i>	<u>Update as at October 2024</u> Reporting within ORC is still being worked through with final reports still being developed New KPIs for recruitment which encompass time to hire and candidate satisfaction have recently been agreed as part of the People Services Implementation.
21	Dec-23	Wellbeing	The Assistant Director for Diversity and Inclusion should liaise with Occupational Health to explore the reporting capabilities of the eOpas system to create a report which can capture the number of	<i>Assistant Director – Shared</i>	<u>Update as at March 2025</u> A new Governance meeting for OH will be set up soon and the ToR will provide assurance that this level of scrutiny is in place. An upgrade to EOPAS is going



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			psychological screening undertaken, outcomes of the screening and action taken to address those outcomes to monitor if the 12-week timeframe for structured interviews and psychological assessments is being achieved. The achievement of the 12-week timeframe should also be incorporated into performance updates reported into the POD Performance Board.	<i>Services</i>	through the procurement process which will provide opportunities for improved reporting. Provisional date for system update October 2025.
22	Mar-24	OPCC Citizens in Policing Safeguarding	To ensure volunteers are aware of their responsibilities and reporting lines in relation to safeguarding: - Implement an information handbook for Youth Commissioners and update the handbooks for Independent Custody Visitors and Appropriate Adults to ensure they contain key information required for their volunteering role; - Include reference to the OPCC Safeguarding Policy and/or provide volunteers with a copy of the policy and signpost them to details of the Designated Safeguarding Lead - Also consider providing a copy of the handbook and safeguarding policy to parents/carers of young volunteers.	<i>Head of Business Support and Head of Comms</i>  31/3/24  (Revised to 31/3/25)	<u>Update as at January 2025</u> All ICVs and AAs will receive face to face training during March, and this is mandatory. Handbook will be published at the end of March 2025.
23	Mar-24	OPCC Citizens in Policing Safeguarding	Establish Induction processes for all volunteers and as part of this process provide an overview of the Safeguarding Policy and the key requirements and responsibilities relating to volunteers.  OPCC staff managing induction and training events for volunteers should maintain lists of attendees / training records and ensure all volunteers attend induction and training events	<i>Volunteer safeguarding lead/ Head of Policy / Head of Comms / Head of Business Support</i>  31/1/24	<u>Update as January 2025</u> The Handbook is on track to be published by 31 March. It will be updated to reflect current working practices. The Handbook will be online. New induction processes are also being introduced for all volunteers, and this is also on track for delivery. Induction will include reviews after 3 months and six months, and after that it will be in line with vetting renewal timetables. The new inductions scheme starts April 2025.
24	Sept-24	Airwave – Management of devices	The Senior Network Analyst, as terminal custodian, must maintain a monitoring regime with Fleet Services to ensure vehicle devices are audited annually in line with Home Office requirements. Where there is slippage in the annual requirements, these should be escalated to management.	<i>IT&amp;D Network services and CAM Garage Manager</i>  31/12/24 (Revised to 30/4/25)	<u>Update as at January 2025</u> Fleet Services Management have been contacted to endorse the audit activity with the Technicians -suggest interim review date of this data will remain as April 2025.
25	Sept-24	Airwave – Management of devices	To strengthen the approach in reporting, IT&D should liaise with Force Contact to establish a formal reporting and monitoring regime for Airwave audits to provide strategic oversight and a route for escalating issues arising.	<i>Network services Analyst and David Farrell Chief Inspector Force Contact</i>  30/9/25	<u>Update as at February 2025</u> Due to an upgrade of force radio software it was not possible to complete an audit of WMP radios in the usual way in the second part of 2024. We will however provide figures for upgraded/not upgraded radios when the process is completed hopefully sometime in the next month. We can also provide some figures on the number of radios reported lost for other reasons last year.
26	Mar-24	Freedom of Information	The Force should ensure that a Data Breach Policy is adopted that clearly outlines the steps to follow if a breach were to occur. This policy should be made available to all employees.	<i>Civil Disclosure Unit Manager</i>	Latest Update September 2024  The revised policy has been drafted and sent to Corporate Development for formal consultation.

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				29/02/2024	
27	Mar-24	Health and Safety	<p>The Head of Health and Safety should establish robust arrangement to monitor, review and challenge the delivery of actions. To support this, the following steps should be undertaken:</p> <ul style="list-style-type: none"> <li>- All actions arising from inspections should be inserted into relevant areas bi-monthly Local H&amp;S Committee action plans.</li> <li>- Action owners should be requested to provide updates by completing the comments column in the action plan which should be provided to the bi-monthly Local H&amp;S Committee via meeting information packs.</li> <li>- Health and Safety should proactively send out reminders to action owners when target dates for actions are nearing their due date.</li> <li>- For any overdue action, the H&amp;S team should liaise with action owners to establish the reason for non-completion and establish a suitable time extension is required. This should be reported into the relevant Committee.</li> </ul>	<p>Head of Health and Safety</p> <p>31/3/24</p>	<p><u>Update as at October 24</u></p> <p>We as a team record any actions on the plan that are not recorded in a system. We have had a secondee for 6 months, so have been able to issue reminders regarding action completion. However, this comes to an end in October so we will have difficulties maintain this going forward.</p>
28	Mar-24	Health and Safety	<p>The Head of Health &amp; Safety should:-</p> <ul style="list-style-type: none"> <li>- Review the target number of trained officers/staff required for the different H&amp;S skills outlined in the H &amp; S Manual. (The review should consider recent developments in working practice, e.g. agile working)</li> <li>- Work with Learning and Development to provide comprehensive data in relation to number of trained officers/staff compared to expected levels to both the Force H&amp;S Committee and the local H&amp;S Committee.</li> <li>- To reduce the number of vacant spaces, determine whether the number of courses being offered is appropriate or if they could be reduced. Work with Local H&amp;S Committees to pro-actively seek out individuals to fill any availability courses.</li> <li>- Consider the lack of appropriately trained officers/staff in the relevant H&amp;S skills for escalation onto the risk register to strengthen monitoring in identify mitigations to address the position.</li> </ul>	<p>Head of Health and Safety</p> <p>31/3/24</p>	<p><u>Update as at January 2025</u></p> <p>The manual is now complete and uploaded to the website, and has been shared with L&amp;D so that they are now working to the required content.</p>
29	Mar-24	Health and Safety	<p>Following the formal approval and launch of the Agile Working Policy, the Head of H&amp;S should establish a robust system to ensure that Display Screen Equipment (DSE) Assessments are carried out for all individuals working from home. To support this the following steps should be undertaken</p> <ul style="list-style-type: none"> <li>- A corporate communication is sent out to all agile workers to make them aware of the requirement to complete a DSE assessment.</li> <li>- The H&amp;S team should establish a process to send out reports from eSAFETY to Managers of all departments/ LPA advising them of staff who have completed the DSE assessment. The Managers should take appropriate action to ensure agile workers within department/ LPA who have not completed the DSE assessment do so.</li> </ul>	<p>Head of Health and Safety</p> <p>31/3/24</p>	<p><u>Update as at October 24</u></p> <p>The two assessment forms are live in eSAFETY and are working. We haven't started including the data in the meeting packs as yet, as there is not a lot of data available currently. Once there are some records to report on, it will be added.</p>
30	Dec-24	Museum	<p>To ensure that visitors to the Museum are appropriately safeguarded:</p> <ol style="list-style-type: none"> <li>improve record management within Duty Sheet ensuring joining and induction dates, vetting status, and training records are brought up to date.</li> <li>ensure all staff and volunteers at the Museum are recorded on</li> </ol>	<p>Museum Manager</p>	<p>Update as at January 2025</p> <p>All vetting dates are now entered onto Duty Sheet and records have been brought up to date. Going forward the Museum Manager is to review records monthly.</p>



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			Duty Sheet which should be used as the main repository for capturing volunteer information. III. establish regular (at least monthly) monitoring regimes to ensure records remain up to date and identify where refresher training or vetting renewal is due. IV. Determine what level of safeguarding training is to be provided for volunteers at Coventry and arrange delivery.		The Museum Manager is to meet with the Citizens in Policing Manager to establish the requirements for PSD training and to determine the level of safeguarding training required by the Volunteers at Coventry Museum
31	Dec-24	Museum	To ensure volunteers across all museum services are appropriately vetted and trained for their roles and visitors are adequately safeguarded: • Immediate action should be taken to ensure all volunteers have up to date vetting and safeguarding and PSD training; • Any volunteers without up to date vetting and training should be stood down from undertaking volunteer duties until complete.	<i>Museum Manager</i>	<u>Update as at January 2025</u> All active volunteers are vetted. The Museum Manager needs to meet with the Citizens in Policing Co-Ordinator to establish what PSD training should look like and how it is to be delivered. Some volunteers cannot be reached and so haven't completed their safeguarding training (these are not active volunteers). There are also some new volunteers who have yet to receive the full safeguarding training.
32	Dec-24	Museum	Immediate action should be undertaken to restrict access to the museum safes.	<i>Heritage Manager</i>	<u>Update as at January 2025</u> The installation of a small key safe in Reception was requested in September, but the request is still yet to be actioned.
33	Dec-24	Museum	An action plan should be developed to improve financial processes across the museum to introduce effective controls and minimise the risk of fraud or misappropriation. This plan should consider: • Introducing segregation across key financial processes; • Restricting access to cash funds as far as possible; • Removing single points of failure where processes are solely undertaken by one individual; • Ensuring key accountability for processes; • Introducing appropriate management controls and approval processes, where relevant • Ensuring appropriate records are maintained to provide an effective audit trail – particularly pertinent for cash and banking transactions • Improving income recovery processes.  Progress against the plan should be monitored by the Force Senior Management Lead for the museum, with progress reported into the Heritage and/or Tactical Governance Boards.	<i>Heritage Manager</i>	<u>Internal Audit Update as at January 2025</u>  An action plan has been developed to address the issues identified throughout the audit. Some areas have progressed well and others have been difficult to achieve given the limited resource within the Museum. Discussions are being held between Museum staff, the Assistant Director of Communications and Internal Audit to address outstanding issues
34	Dec-24	Museum	Documented procedures should be developed for key financial processes operating at the museum to improve resilience, and ensure clear accountabilities	<i>Heritage Manager</i>  31/10/24	<u>Update as at January 2025</u> The Heritage Manager is waiting to confirm invoicing process for different types of events before writing an established process.
35	Mar-24	Payroll and Overtime	To maximise efficiency, opportunities to further develop the Overtime App should be explored including, for example, embedding supervision hierarchy, and preventing duplicate claims being submitted, therefore reducing the need for extensive checks conducted by Payroll and Finance.	<i>Assistant Director of Finance and Head of Payroll</i>	<u>Update as at February 2025</u> The development team within IT&D is still working their way through this. I would expect that over the next month we would have a more conclusive view on what can be achieved.
36	Dec-24	Subject Access Requests (Force)	To maximise use of resources whilst improving engagement and communication with the person making a Subject Access Request(SAR), the CDU Manager should: -	<i>CDU Manager</i>  31/10/24	<u>Update as at January 2025</u> The staff should only ever have been working on SARS with the correct ID however this was discussed verbally with the supervisor who sends out all of

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			<ul style="list-style-type: none"> <li>- instruct Civil Disclosure Officers not to work on SAR's until the required identification documents are received; and</li> <li>- review the arrangements for managing and responding to correspondence relating to SAR's, removing the risk of single point of failure in the process and ensure prompt communication throughout the process.</li> </ul>	(Revised to 1/4/25)	<p>the acknowledgements to the members of the public after the audit was completed. The supervisor sends all the acknowledgements out still as the admin team are still not fully staffed.</p> <p>The new CYC has not been rolled out yet so there is no further update at this time. Due to this the target date has been amended.</p>
37	Dec-24	Subject Access Requests (Force)	<p>To improve monitoring and oversight of SAR's, the CDU Manager should:-</p> <ul style="list-style-type: none"> <li>- establish a process to ensure SAR's are allocated in chronological order.</li> <li>- establish a monitoring regime to assess performance of individuals of the team. This should incorporate the number of SAR's assigned to staff, the number of SAR's completed against target</li> </ul>	<p>CDU Manager / Business Support Assistants</p> <p>31/10/25</p> <p>(Revised to 1/4/25)</p>	<p><u>Update as at January 2025</u></p> <p>Recruitment for the new Business Support Assistant is on-going due to there being no successful applicants at the start of 2024 and issues with re-approval for the post with Workforce Gov. Due to this the current BSA's are not able to add allocation to their duties due to the current demand however the new CYC will allow for allocating so once this is rolled out it can be looked into further.</p>
38	Dec-24	Subject Access Requests (Force)	<p>To ensure reporting is accurate the Head of CDU should: -</p> <ul style="list-style-type: none"> <li>- explore the reporting capabilities with suppliers of Cyc Freedom during the forthcoming upgrade to ensure that it meets the reporting requirement of CDU.</li> <li>- ensure new SARs received are entered into Cyc Freedom promptly following receipt to make certain they are captured within the performance data reported.</li> <li>- the cut-off date for compiling figures should be moved later in the month to accurately capture performance.</li> </ul>	<p>CDU Manager</p> <p>31/12/24</p> <p>(Revised to 1/4/25)</p>	<p><u>Update as at January 2025</u></p> <p>The new CYC Freedom has not been rolled out yet so the target date has been amended.</p>
39	Dec-24	Subject Access Requests (Force)	The CDU Manager should restrict access to the Subject Access Review area of the Cyc Freedom to those that require it to perform their role.	<p>CDU Manager</p> <p>31/12/24</p> <p>(Revised to 1/4/25)</p>	<p><u>Update as at January 2025</u></p> <p>The new CYC Freedom has not been rolled out yet so the target date has been amended.</p>