



west midlands
police and crime
commissioner



INTERNAL AUDIT ANNUAL REPORT 2024/25

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HEAD OF INTERNAL AUDIT
26 JUNE 2025

Purpose of Report

This report outlines the work undertaken by Internal Audit during 2024/25 and, as required by the Accounts and Audit (England) Regulations 2015 and the Internal Audit professional standards, gives an overall conclusion of the control environment of the West Midlands Police and Crime Commissioner and West Midlands Police.

Background

Management is responsible for establishing and maintaining appropriate risk management processes, control systems and governance arrangements, i.e. the control environment. Internal audit plays a vital part in advising the organisation that these arrangements are in place and operating properly.

The Head of Internal Audit is required by professional standards to deliver an annual conclusion on the overall effectiveness of the organisation's framework of governance, risk management and control, in support of wider governance reporting and mindful of any specific sector obligations or processes.

The primary role of audit is to provide assurance to the PCC, Chief Constable, Senior Managers, Managers and the Joint Audit Committee that the organisation maintains an effective control environment that enables it to manage its significant business risks. The service helps the PCC and Force achieve its objectives and provides assurance that effective and efficient operations are maintained.

The assurance work culminates in an annual conclusion on the adequacy of the West Midlands Police and Crime Commissioner and West Midlands Police control environment which informs the Annual Governance Statements.

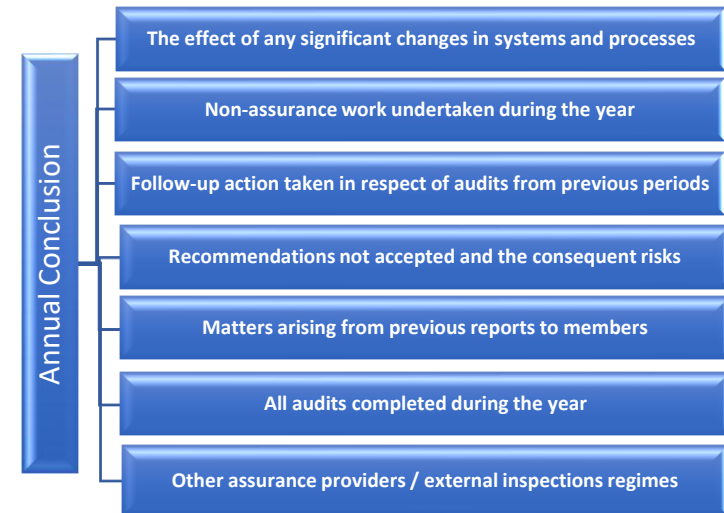
Recommendation

The Committee is asked to consider and note the contents of the report and the Head of Internal Audit annual conclusion.

Head of Internal Audit Conclusion

The Head of Internal Audit provides an annual conclusion on the overall adequacy and effectiveness of the West Midlands Police and Crime Commissioner and West Midlands Police Force's, risk and control framework, providing a summary of the audit work from which conclusion is derived. In assessing the level of assurance to be given to each organisation, a number of aspects are considered which are represented in this diagram.

No system of control can provide absolute assurance and the work of internal audit is intended only to provide reasonable assurance to the organisation that there are no major weaknesses in the organisations governance, risk management and control arrangements. As far as possible, we apply a risk-based approach to our work and the audits consider the governance framework, the risk management process, as well as the effectiveness of controls across a number of areas. Our findings on the themes of governance, risk and internal control are set out on the following pages of this report.



Whilst during 2024/25 a small proportion of audits received minimal or limited assurance opinions, indicating weaknesses in the governance and control frameworks operating, the majority received reasonable assurance with four audits being given substantial assurance demonstrating good governance and a strong application of controls. Only two high rated recommendations were made during the year which represents a positive position and it is clear from progress updates received that management remain committed to resolving the weaknesses identified.

The level of recommendations made remains reasonable with 76% of those raised during 2024/25 and due to be implemented, being actioned. The percentage implementation across the last four years averages at 82%. There are some older recommendations still being progressed, which we will continue to focus on with management and report progress through the newly established Finance Governance Board and into Joint Audit Committee.

Last year my annual opinion commented on West Midlands Police Force being placed in "Engage" status of monitoring following a HMICFRS PEEL inspection which raised four key areas of concern: Responding to the Public, Management of sex offenders, backlogs in Multi-Agency Risk Assessment Conferences (MARAC) and the quality of investigations. This level of monitoring remained in place for part of 2024/25 and the Police and Crime Commissioner and Chief Constable attended the Police Performance Oversight Group (PPOG) meetings, which had oversight of the performance monitoring of the Force whilst it was in Engage, and in September 2024, HMICFRS moved the Force back to its default phase of monitoring following reinspection which found sustained improvement across three of the areas of concern which were subsequently closed.

Overall Conclusion: Based upon the results of work undertaken for the 12 months ended 31 March 2025, and the action taken by management to address audit recommendations, the Head of Internal Audit conclusion for both the West Midlands Police and Crime Commissioner and West Midlands Police Force is that:

Reasonable assurance can be given that the governance, risk management and control frameworks in place are good and are adequate to support achievement of the organisations objectives, and that controls are generally operating effectively in practice.

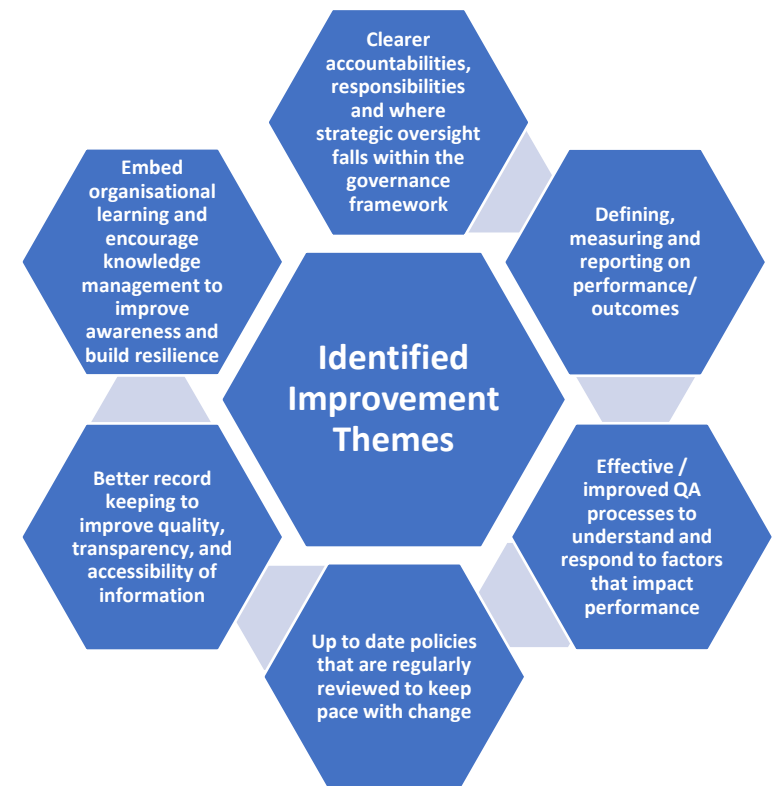
There have not been any impairments to the independence and objectivity of the Head of Internal Audit or to the Joint Internal Audit Service when forming this conclusion.

Key Themes Identified

From our work completed during 2024/25, a number of key themes were identified for senior management to consider, which are represented here.

These key areas of focus and insights, if considered by management across all functional areas, could result in greater assurance, if acted on.

The detailed analysis supporting this summary is provided at Appendix B.



Governance

The Force governance arrangements were reviewed during 2023/24 to improve consistency and streamline the number of boards in place. These new arrangements were embedded during 2024/25 and at a strategic level the governance arrangements are well established with clear reporting lines into boards and effective leadership, appropriate membership with suitable representation, good attendance and contributions. The Deputy Chief Constable holds monthly Performance Panels where senior officers across the Force are held to account for performance in their area of responsibility. At a local level, each Force Executive Portfolio lead holds monthly governance boards to review progress and performance within their area. A separate governance Board, also chaired by the Deputy Chief Constable, maintains oversight of HMICFRS recommendations and during 2024/25 we saw good progress made by the Force to address causes for concern, with West Midlands Police moved to default phase of monitoring, having been moved to Engage phase of monitoring in November 2023 following their police efficiency, effectiveness and legitimacy (PEEL) programme of inspection.

The Police and Crime Commissioner also reviewed his governance arrangements during 2024/25 following his re-election in May 2024, introducing a new Accountability and Governance Board which meets monthly, in public, and is designed to hold the Chief Constable and West Midlands Police to account. These meetings include key reports aligned to the Police and Crime Plan themes and regular scrutiny of the West Midlands Police performance. The Commissioner also established an Advisory Panel which meets regularly, providing critical thinking and expertise that supports him when holding West Midlands Police to account. Work is underway to revise the Scheme of Governance to reflect this new governance regime, which will conclude during the early part of 2025/26 providing clarity on accountabilities, roles and responsibilities.

In addition, to the thematic review of governance arrangements we undertake on a cyclical basis, governance processes form part of most audits to determine how reporting, decision making, oversight and scrutiny is maintained over the relevant function being audited. Whilst there were strong examples of governance demonstrated at the strategic levels discussed above, some consistent themes were identified at a local level that mainly centred around:

- Lack of up to date or effective policies which is a core part of a robust governance framework and is essential for setting clear expectations, roles, responsibilities and accountabilities across the organisation.
- Inadequate or ineffective performance management and delivery planning regimes which are both essential to ensuring the organisations strategic objectives are achieved.
- Gaps or lapses in oversight arrangements for some aspects of the functions operations.

Recommendations were made to address weaknesses in governance and it was evident during the year that progress has been made in addressing these weaknesses, particularly in those areas where limited or minimal assurance was given, such as Environmental Strategy and the Museum which have both established additional governance and oversight regimes since the completion of the audits.

Risk Management

We last audited the full risk process in 2022 when we defined the Force as ‘Risk Aware’ overall in terms of its risk arrangements using the following risk maturity scale. All actions from this audit have been addressed and a positive direction of travel has been reported.

Over the last few years, we have observed significant progress by the Force to implement and embed a new risk management approach. During 2024/25, this process was strengthened further by embedding the new risk appetite statement. Oversight of the Force's risks is via the Risk and Organisational Learning Board chaired by the Deputy Chief Constable. Force risk leads continue to attend Force governance boards to ensure senior managers are sighted on risks and the activity taking place to mitigate the risk is progressing and monitored. This ensures risk is embedded into decision making at key boards.

For the OPCC, oversight of the risk register is maintained by the Senior Management Team. Risks are considered formally at least quarterly through the Senior Management team meetings, but are also identified on an ongoing basis. The Commissioner formally launched his new Police and Crime Plan in March 2025 following his successful re-election in May 2024, and senior managers are in the process of reviewing the OPCC risk register to align with the ambitions set within the Commissioner's new Plan.

We consider how key risks and issues are being managed and mitigated during most of our audits and overall, minimal issues were raised relating to how risks were being managed during 2024/25, indicating good compliance with the established arrangements. We also gain assurance through attending the Joint Audit Committee where the latest position on risks are reported quarterly, with any changes in the risk profile and risk mitigations being highlighted and discussed. Whilst the Head of Internal Audit and Joint Audit Committee raised some concerns in the earlier part of the year around reporting on sensitive risks, these concerns were resolved in the last quarter and a process has been agreed on future reporting arrangements. This transparency in reporting across all risks will strengthen the governance and scrutiny arrangements around risk management.

The Force has recently undertaken its own self-assessment maturity exercise and has defined its risk maturity against the key categories detailed in Table 1, as reported to the Joint Audit Committee in March 2025.

We plan to undertake a full internal audit of risk management arrangements during 2025/26 which will include a review of the Force's maturity assessment to confirm the continued positive direction of travel.

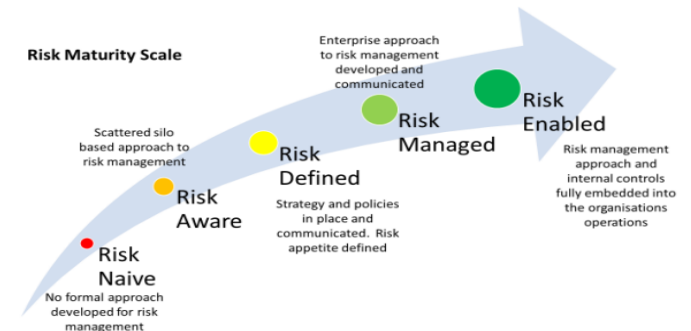


Table 1 – Force self-assessment – risk maturity

Category	Assessed level
Governance	Managed
Risk identification	Aware
Risk assessment	Managed
Risk treatment and mitigation	Defined
Risk reporting and monitoring	Managed
Assurance	Aware

Internal Control

As demonstrated through the audit work completed during 2024/25, the majority of audits received a reasonable or substantial opinion indicating a good or sound control framework in place. Whilst some audits received a lower assurance opinion, these tended to relate to specific systems or processes rather than an across the board breakdown in control.

Examples of control themes identified relate to the following key themes:

- Insufficient training regimes, or awareness of processes
- Non-compliance with established procedures
- Inadequate quality assurance processes/timely review by management
- Inadequate records maintained
- Non-compliance with data retention schedules

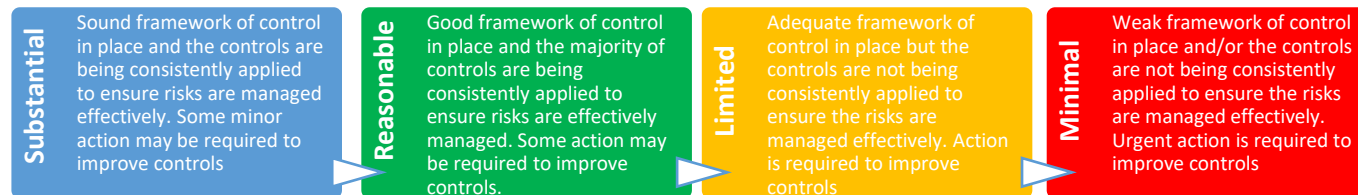
See Appendix B for further details of themes arising across completed audits.

A series of improvement actions have been agreed with management to address the weaknesses, and quarterly updates in progress are provided to the Joint Audit Committee. Whilst progress to implement recommendations has been reasonable, there continue to be some long outstanding recommendations that have gone way beyond their original target date. Despite this, progress can be demonstrated for the majority.

Internal Audit Work During 2024/25

Assurance Work

The key outcome of each audit is an overall opinion on the level of assurance provided by the controls within the area audited. Audits are given one of four levels of opinion depending on the strength and the operation of those controls. The four categories used during 2024/25 were:



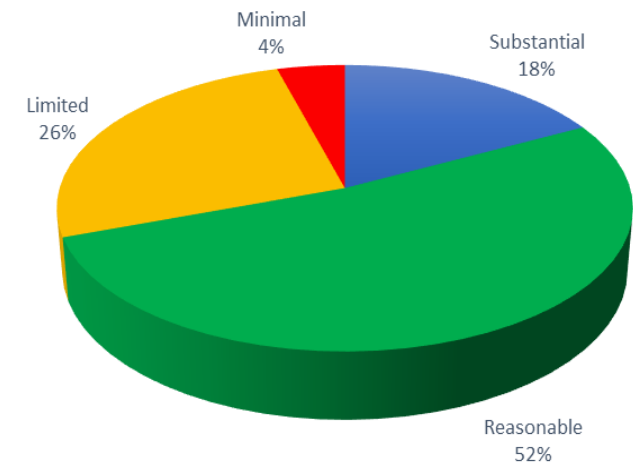
The results of those audits finalised in 2024/25 are positive with most delivering opinions that show a sound or good framework of control. Only one audit received a Minimal assurance opinion. As the audit plan focusses on areas with significant level of risk, and there are increasing pressures facing the Force and OPCC, some lower level assurance opinions are expected.

We provide regular updates on the assurance work completed to Joint Audit Committee throughout the year. A summary of completed work is given in Appendix A, along with the key themes arising at Appendix B.

We completed a total of 23 audits to final report stage during 2024/25 covering a wide range of areas of governance, risk and control, as well as completing work on the National Fraud Initiative. At the time of reporting we have been unable to bring some 2024/25 jobs to a conclusion and consequently 4 audits were in progress and 4 were in draft, awaiting management comments.

In addition to the audits completed, we have followed up on actions arising from the current and previous years to establish progress made in implementing them. 92 recommendations were fully implemented between April 2024 and March 2025, thereby contributing to an improved control environment.

Analysis of Audit Opinions 2024/25



Summary of Minimal and Limited Assurance Opinions

Absence Management - Limited Opinion - The opinion was largely due to discrepancies in the sickness absence reports extracted from the absence recording system. Data from these reports informs performance reporting on sickness and attendance to the various governance boards and meetings, and whilst we could not provide assurance on the accuracy of absence figures reported, from our testing the impact on overall attendance figures is likely to be minimal. A lack of compliance with the attendance management policy in terms of completing of return to work interviews, recording contact with employees during absences and retaining key documents also contributed to the opinion.

Threats to Life - Limited Opinion - A lack of robust monitoring and review of threat to life scenarios was the main contributor to this opinion. Management reviews were not consistently being performed within the established timeframes and there was a lack of oversight and challenge in the review and closure of the threats. Inconsistencies identified in the completion of supporting records was attributed to a lack of training.

Environmental Strategy - Limited Opinion - This opinion reflected a short-term lapse in the control framework due to the long-term absence of a key member of staff. Following the launch of the Environmental Strategy in 2022, good foundations were established in the governance arrangements to maintain oversight of the delivery of the Strategy. However, the established governance regimes had lapsed, including updating the project register to monitor progress and meetings of key governance groups that were fundamental to progress the projects that are essential to the success of the Strategy. At the time of the audit some of the governance regimes had been, or were in the process of being, re-established and the recommendations focussed on embedding these ensuring resilience to drive progress.

Subject Access Requests (Force) - Limited Opinion - The opinion is largely due to discrepancies identified in performance data reported to the National Police Chiefs Council and within quarterly performance reports compared to what is held in the case management system. This resulted in the Force under reporting the number of subject access requests received. There was no robust performance monitoring to ensure compliance with statutory timeframes, with a number of requests responded to late and delays in corresponding with requestors when further information was needed. The data held in the case management system goes beyond the retention timeframes specified in the Force Retention schedule.

Museum - Minimal Assurance - Financial practices at the museum fell below expected standards, increasing the risk of fraud and error. Aspects of the governance regime had lapsed resulting in some gaps around financial oversight and as a result the forecast financial gap between expenditure and income was significant, without any plans in place to address this. Weaknesses in maintenance of volunteer vetting and training records presented some safeguarding risks that could leave staff, volunteers and visitors vulnerable. Whilst a minimal assurance opinion was given, this should not detract from the passion and enthusiasm observed throughout the audit from staff and volunteers, who continue to deliver a positive experience for visitors.

Section 18 PACE – Limited Opinion – The opinion reflects a lack of robust monitoring and review of the use of Section 18 and the lack of appropriate recording keeping, which didn't always reflect adequate details, nor the outcomes, of searches performed. Where Section 18 PACE was not used, but could have been, no rationale was recorded to support decision making.

Summary of Minimal and Limited Assurance Opinions (Continued)

Uniform and Equipment – Limited Opinion - The uniform service has seen a recent significant change through the introduction of an in-house provision, which involved setting up new contracts with suppliers, establishing a warehouse facility and developing an internal ordering process for uniform and equipment. The progress made has been considerable, and whilst this audit has raised a number of issues, this should not detract from the significant effort of all those involved to reach this point. The limited audit opinion reflects the gaps in the control framework at a point in time, such as a lack of management reporting, immature contract management arrangements as well as weaknesses in stock management. The recommendations made will support the direction of travel following the planned implementation of a new Uniform Ordering and Storage solution.

Comparison of Audits By Year

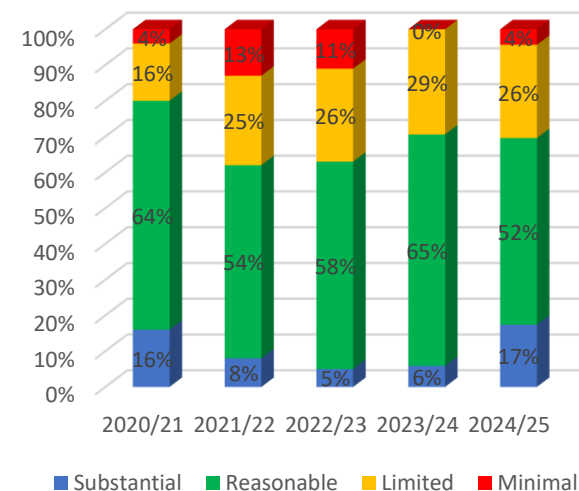
The outcome of this year's audits compared to the previous year's shows the number of audits given the lowest levels of opinion have remained around the same, but we have seen a significant increase in audits receiving a substantial opinion. Caution should however be taken when interpreting the chart as the topics covered each year vary, so inevitably there will be fluctuations.

Naturally, the risk-based approach to audit planning focusses on areas where weaknesses identified may result in higher level recommendations and lower opinions. We therefore consider other factors when forming the opinion, including results from follow up reviews, the National Fraud Initiative, other assurance reviews (see appendix C), where possible, and any advisory work undertaken.

Progress was slow during the year to implement the outstanding audit recommendations, and part way through the year the Head of Audit worked with the Force Director of Commercial Services and the OPCC's Chief Finance Officer to strengthen oversight of the recommendation position, and part way through the year we started to report outstanding recommendations to the Financial Governance Board. This has seen an improved position in the last quarter.

Of particular note during the year are the recommendations relating to the Museum, which was the only audit receiving Minimal assurance during the year. Follow-ups have confirmed that the majority of recommendations from this review have been implemented and arrangements are now strengthened, particularly in relation to the key concerns around safeguarding and governance.

Comparison of Audit Opinions



Recommendation Analysis

Recommendations are categorised according to the risks they are intended to mitigate. The categories used during 2024/25, were: High, Medium and Low. The number of recommendations made against each of these categories is recorded below.



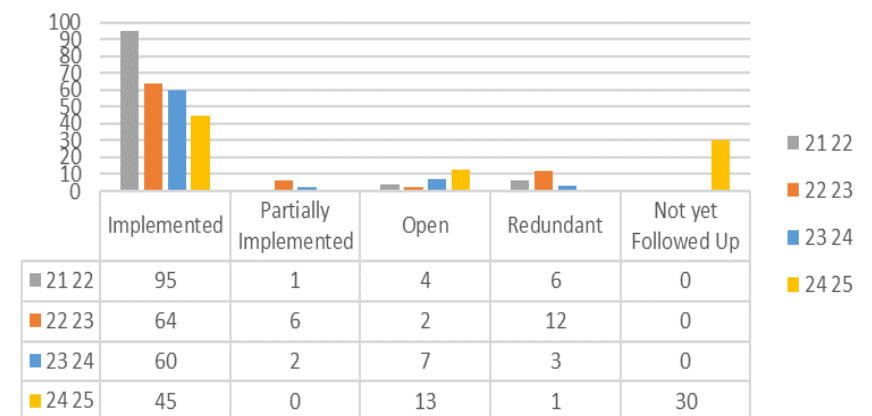
We regularly follow-up recommendations to ensure they have been implemented. This is based on reviewing progress against the initial actions agreed by management. In 2024/25, despite some slow progress on long outstanding recommendations, overall reasonable progress was made in implementing recommendations, with 92 implemented between April 2024 and March 2025.

During the year 89 recommendations were agreed to address weaknesses in control, two of which were categorised as high. All of the recommendations made were accepted by management. We have followed up on 59 of the 89 recommendations made during 2024/25 and 76% of these have been implemented.

The overall implementation rate of the recommendations due to be followed up between 2021/22 and 2024/25 was 82%, with a further 7% considered redundant.

At the end of the year, 35 recommendations remained open, of which 22 relate to previous years. These will continue to be progressed during 2025/26.

Status of Audit Recommendations by Year



Effectiveness of Internal Audit

This section of the report sets out information on our effectiveness and focuses on customer feedback and performance against agreed KPIs. This section of the report should be read in conjunction with the Quality Assurance and Improvement Programme (QAIP) report which provides a detailed assessment of how we comply against the QAIP agreed for 2024/25, as well as an assessment of compliance with the Public Sector Internal Audit Standards that were applicable during 2024/25. The self-assessment against PSIAS indicates that we were fully compliant with the Standards during 2024/25.

A [self-assessment](#) was also completed in preparation for the implementation of the new Global Internal Audit Standards in the UK Public Sector which came into effect from 1st April 2025. This was reported to the Joint Audit Committee in March 2025, and confirms the we generally conform with the majority of the new Standards, but we have identified some areas of improvement which we have included in our Improvement Plan.

In accordance with best practice there is a rigorous internal review of all of all of our internal audit work. All audits are subject to on-going supervisory input before and during the audit. Once the audit work has been completed, the working paper file is subject to manager review to ensure that it has been completed to acceptable professional standards.

Key Performance Indicators

As agreed in the annual Quality Assurance Improvement Programme, internal audit performance is measured against a set of Key Performance Indicators, which are regularly reported to and monitored by Joint Audit Committee. The indicators for 2024/25 are summarised below:

KPI Description	Narrative	Target	Actual
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered*	90%	88%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	81%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	95%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
Quality Indicators:			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded "Very Good" or "Good".	95%	98%
Compliance:			
Public Sector Internal Audit Standards Compliance	Level of Compliance with PSIAS	100%	100%

**Audits completed to draft and final stage*

Post Audit Survey Results

Following planned audits a “post audit survey” is issued to the relevant managers asking for their views on the conduct of the audit. The survey includes a range of questions covering the audit approach, value of findings, professionalism of auditor etc. A key feature of the audit role is the need to sometimes be critical of existing or proposed arrangements. There is therefore sometimes an inherent tension that can make it difficult to interpret surveys. It is however pleasing to report that the post audit survey responses returned continue to be positive with 100% of questions answered being scored ‘good’ or ‘very good.’ A number of positive comments and compliments about the service have also been received, in response to the question on the post audit survey ‘Was there anything about the audit you especially liked?’ including:

- *I have been involved in and received many audits during my 14 years in senior leadership teams and holding specific organisational responsibilities for functions, systems or business areas. On many of these occasions I have had to support the audit with wider awareness and knowledge of the organisation, inter dependencies and additional factors relevant to the audit. On this occasion I have been hugely impressed by the auditors, wide ranging knowledge of the organisation and the subject area. This made the facilitation of the audit more effective and informative, as well as managing the timescales and recommendations.*
- *Although I have not been in post throughout the entire process, the end report and findings have been professionally developed and I really liked the consultative approach to this and the really helpful engagement with myself as a new manager as we were signing off the recommendations and the action plan.*
- *The auditor was a very professional and conscientious auditor, she very quickly picked up an in depth understanding of the subject which made it really easy to work with her.*
- *I liked the communication throughout the audit. Communication was clear and consistent.*
- *The auditor was clear around the scope of the audit and understood and abided by the operational security measures put in place.*

Post Audit Questionnaires 2024/25



All respondents answered ‘Yes’ to the question ‘Do you feel that Internal Audit adds value with the work delivered and will the implementation of recommendations made improve performance in your area?’

Appendix A: Summary of audits completed during the 2024/25 that contribute to the annual audit opinion

Audit	Status	Opinion	High	Medium	Low
Airwaves	Complete	Reasonable		3	1
Software Licensing	Complete	Reasonable		2	3
Threats to Life	Complete	Limited		4	
Environmental Strategy	Complete	Limited		3	2
Missing Persons	Complete	Reasonable		2	
Uniform and Equipment	Complete	Limited		7	
Subject Access Requests (Force)	Complete	Limited		4	3
Firearms Culture & Behaviour	Complete	Reasonable		3	
Fixed Asset Register	Complete	Substantial			2
General Ledger	Complete	Reasonable		2	2
Absence Management	Complete	Limited		4	1
Rape and Serious Sexual Offences (RASSO)	Complete	Reasonable		2	1
ROCU Covert Funds	Complete	Reasonable		1	
Use of Credit Cards	Complete	Reasonable			4
IT&D Service Management (Service Desk)	Complete	Substantial			2
ROCU Enabling Services	Complete	Reasonable		2	4
Museum	Complete	Minimal	2	4	3
Subject Access Requests (OPCC)	Complete	Reasonable		1	1
Freedom of Information Requests (OPCC)	Complete	Reasonable		1	1
Section 18 PACE	Complete	Limited		3	1
Accounts Payable	Complete	Reasonable		2	5
LPA Governance, Data and Performance Management (Coventry)	Complete	Substantial			
LPA Governance, Data and Performance Management (Wolverhampton)	Complete	Substantial			
Nat Fraud Initiative (AC)	Complete	N/A			

Appendix B - Matrix of Themes Arising from Audits

	Governance / Accountability / Oversight	Management Reporting / Performance	Monitoring / Supervision	Policy & Guidance	Process & Compliance	Risk Management	Strategy / Objectives	Training / Learning
Key areas of focus identified from themes	Clarity around accountabilities, roles and responsibilities and where strategic oversight falls within governance framework	Defining, measuring and reporting on performance/ outcomes across all services/functions	Effectiveness of QA processes to understand and respond to factors that impact performance	Maintain up to date policies that are regularly reviewed to keep pace with change	Emphasising importance of good record keeping to improve quality, transparency, and accessibility of information			Embed learning and encourage knowledge management to improve awareness and build resilience. Effective induction/training for those new in post
Absence Management		Improve quality of performance information		Update Policy	Non-compliance with policy requirements Improve record keeping			
Airwave - Management of Devices	Strengthen strategic oversight	Introduce management reporting	Strengthen quality assurance					Wider awareness
Environmental Strategy	Clarify roles & responsibilities Strengthen strategic oversight	Introduce management reporting					Clear plans to support delivery of strategy	Wider awareness
Fixed Asset Register					Non-compliance Improve record keeping			
FOI (OPCC)				Update policies	Improve record keeping Data retention compliance			Establish new starter training Provide refresher training
SAR (OPCC)					Improve record keeping Data retention			
General Ledger			Establishing thresholds for review	Update policies	Strengthen records			

	Governance / Accountability / Oversight	Management Reporting / Performance	Monitoring / Supervision	Policy & Guidance	Process & Compliance	Risk Management	Strategy / Objectives	Training / Learning
Intelligence - Threats to Life Scenarios	Establish escalation routines	Improve management reporting		Adoption of national guidance				Increase awareness
IT&D Service Management (Service Desk)			Strengthen quality assurance					
Missing Persons			Strengthen quality assurance / dip sampling		Non-compliance			Increase awareness
Uniform and Equipment	Strengthen strategic oversight	Introduce management reporting		Clarify guidance	Improve record keeping Strengthen stock management Strengthen contract management			
Museum	Strengthen strategic oversight			Update / complete policies	Improve record keeping Improve financial controls / segregation Improve safeguarding	Strengthen risk assessments	Business Planning /clear objectives	Establish new starter training Provide refresher training
ROCU Covert Funds					Improve record keeping			
ROCU Enabling Services	Clarify/re-emphasise responsibilities	Management reporting to other forces Introduce management reporting (internally)	Strengthen quality assurance	Update policies	Non-compliance Improve record keeping			Establish new starter training
Section 18 PACE			Strengthen quality assurance	Clarify guidance				Increase awareness
Software Licensing	Clarify responsibilities	Improve management reporting		Update / complete policies	Improve record keeping			

	Governance / Accountability / Oversight	Management Reporting / Performance	Monitoring / Supervision	Policy & Guidance	Process & Compliance	Risk Management	Strategy / Objectives	Training / Learning
Subject Access Requests (Force)	Strengthen strategic oversight	Quality of performance information Improve management reporting			Non-compliance with expected standards Improve record keeping Strengthen access controls Data retention			Establish new starter training Refresher training
Use of Credit Cards	Re-emphasise responsibilities		Strengthen quality assurance	Update guidance	Non-compliance			
RASSO		Improve management reporting		Clarify guidance				Increase awareness
Accounts Payable			Establish management control checks Strengthen dip sampling	Update guidance Clarify delegated approval limits	Non-compliance with expected standards/timeframes			

Appendix C - Other Sources of Assurance

[His Majesty's Inspectorate of Constabulary and Fire & Rescue Services \(HMICFRS\)](#)

In November 2023 HMICFRS issued four causes of concern to the Force following its PEEL inspection, stating the Force needs to make sure it carries out effective investigations which lead to satisfactory results for victims. The Force was moved into the Engage phase of monitoring which established a closer level of scrutiny. On 17 September 2024, HMICFRS closed three of the causes of concern following reinspection, finding that the Force had significantly improved. As a result, the Force returned to HMICFRS's default phase of monitoring.

The Force continues to concentrate its efforts upon the HMICFRS outstanding cause of concern and recommendations and areas for improvement under the direction of our Deputy Chief Constable through his monthly HMIC Oversight Board. The Force reports progress to the Joint Audit Committee quarterly, and in March 2025 it was reported that since August 2023, 174 recommendations have been submitted for closure and 63 remain open, demonstrating good progress in addressing the matters raised through the Inspection regime.

[HMICFRS inspection of the West Midlands regional response to serious and organised crime. – Published 14th May 2024](#)

WMP received an Adequate grading with the findings reporting that the Force prioritises its Serious Organised Crime (SOC) threats, using intelligence to inform operational decision-making. Lead Responsible Officers are supported by the Force but it was recognised that some face excessive demand due to their role within higher demand geographic areas. WMP tackles county lines effectively but SOC demand isn't being dealt with consistently – largely due to knowledge and experience of local policing officers. There was good evidence of working with partners to prevent people from becoming involved in SOC and to protect vulnerable victims. There were three areas for improvement and one cause of concern issued within the report that were relevant for WMP.

[Joint Targeted Area Inspection: The multi-agency response to serious youth violence in Coventry. – Published 17th May 2024](#)

This inspection was carried out by inspectors from Ofsted, the Care Quality Commission, HMICFRS and His Majesty's Inspectorate of Probation. The review concluded that children at risk of criminal exploitation and serious youth violence are safer as a result of the effective partnership work undertaken by both statutory services and the third sector to reduce risks in place and spaces as well as for individual young people in Coventry. Mature partnership arrangements are in place. Since 2019, partners in Coventry have continued to focus on serious youth violence and exploitation. Their response to the new serious violence duty, through the Coventry Serious Violence Prevention Partnership led by the police, with strong links to the West Midlands Regional Violence Reduction Partnership and Coventry Safeguarding Children Partnership, further builds on the learning from the city's experience of serious youth violence. There were no recommendations specific to WMP from this report

External Audit Annual Report for 2023/24

Grant Thornton (GT) provided an unqualified opinion on the financial statements and suggested two improvement recommendations and one key recommendation, summarised as follows:

- establishing detailed savings plans over the medium term and monitor its progress throughout the year to help manage budget volatility and help manage financial sustainability
- implementing internal audit recommendations
- fully addressing and embedding the new arrangements to improve key aspects of operational performance following the 2023 PEEL inspection

UK Accreditation Service

For each of the following areas, WMP achieved accreditation to ISO/IEC 17025:2017 - The organisation has demonstrated compliance to the Forensic Science Regulator Code of Practice:

- West Midlands Counter terrorism Unit – Digital Devices and Data
- Forensic Services – Scene of Crime Examination
- Forensic Testing: Firearms
- Forensic Testing: Body Fluids, Fingerprints, CCTV
- Forensic Testing: Digital