



Agenda Item 9

JOINT AUDIT COMMITTEE
4 September 2024

INTERNAL AUDIT ACTIVITY REPORT

1. PURPOSE OF REPORT

1.1 To inform the Committee of the progress of Internal Audit activity and summarise the key control issues arising for those audits undertaken for the period June 2024 to date.

2. BACKGROUND

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

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

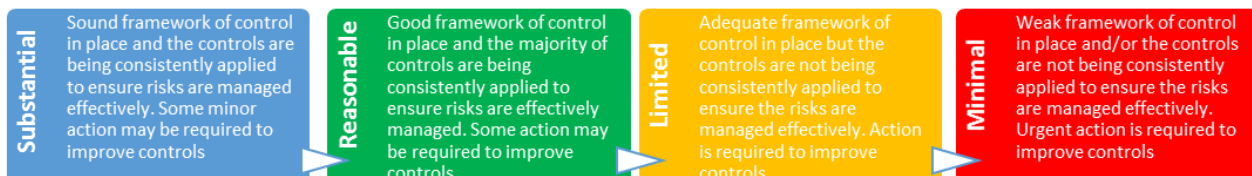
2.2 The role of Internal Audit is to provide members and managers with independent assurance on the effectiveness of controls that are in place to ensure that the Police and Crime Commissioner and Chief Constable’s objectives are achieved. The work of the Team should be directed to those areas and risk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

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

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

3. PROGRESS SUMMARY

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



3.2 Table 1 provides details of the audits finalised since the previous report to the Committee in June 2024, along with details of the opinions given.

Table 1: Assurance Work Completed in the period June 2024 to date

No.	Audit Review	Assurance Opinion
1	Environmental Strategy	Limited
2	Airwaves	Reasonable
3	LPA Governance, Data and Performance Management – Wolverhampton	Substantial
4	LPA Governance, Data and Performance Management – Coventry	Substantial

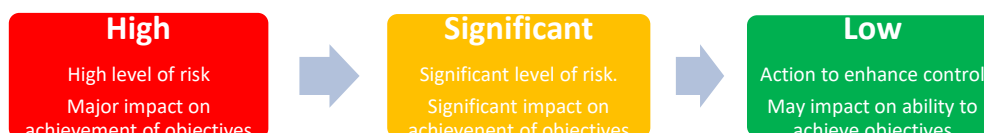
3.3 Summaries of key findings from those reviews where an audit opinion of “Minimal” or “Limited” has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 2024/25. This will be considered when forming the annual audit opinion.

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

- Threats to Life
- Subject Access Requests
- Museum

4. RECOMMENDATION ANALYSIS

4.1 Recommendations are made based on the level of risk posed by the weaknesses identified. The current ratings used for ranking recommendations are:



4.2 Internal Audit follow-up recommendations to ensure they have been implemented. All recommendations are followed up six months after the final audit report is issued to establish progress in implementing the recommendations. Any that remain outstanding following the six-month follow-up continue to be followed-up every three months until fully implemented.

4.3 The recommendations from the 20 audits that have been followed up to date during 2024/25, are summarised in Table 2.

Table 2 – Analysis of Follow-Up Audits undertaken during 2024/25

	Follow-Up Audit	Total Recs followed up	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
1	Child Abuse	10	9	1		
2	Force Governance Arrangements	2				2
3	Expenses	6				6
4	IT Change Management (x2)	2	2			
5	Local Policing Impact Areas (x3)	4	4			
6	Special Constabulary (x3)	4	4			
7	Debtors	5	3		1	1
8	Connect Benefits Realisation	3		3		
9	Serious Organised Crime Tasking and Escalation into ROCU	4	4			

	Follow-Up Audit	Total Recs followed up	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
10	Integrated Offender Management	5	5			
11	Hidden Crimes	2	2			
12	RASSO (x3)	10	10			
13	Wellbeing	4	1			3
14	Recruitment	7	5		1	1
15	Accounts Payable (x7)	9	8			1
16	Uniform (x2)	10	3	1	4	2
17	Detained Property (x3)	7	1		3	3
18	Vetting	2	1			1
19	Pension (x4)	7	2		3	2
20	Special Branch (x2)	2	1		1	
	Total	105	65	5	13	22

4.4 Table 2 identifies a 74% implementation rate (fully and partially) for those audits followed-up to date during 2024/25. The recommendations still outstanding will continue to be monitored in line with agreed processes.

4.5 A number of follow-up reviews are in progress, pending management feedback and supporting evidence confirming implementation of medium and high rated recommendations. These are detailed in **Appendix 3**, which also summarises the status of recommendations and any outstanding from previous years. Some recommendations are not yet due for follow-up and an indication of the proposed follow-up dates is provided.

4.6 A summary of the recommendations agreed with management analysed over the last few years is provided in Table 3.

Table 3 – Breakdown of Recommendations Made 2020/21 to 2024/25

Rating	Number agreed			
	2021/22	2022/23	2023/24	2024/25
High	5	2	0	0
Medium	62	49	41	16
Low	39	33	31	10
Total	106	84	72	16

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

Table 4 – Status of High/Medium Recommendations

	2021/22	2022/23	2023/24	2024/25	Total
Total Number	67	51	41	10	169
Total not yet due to be Followed-up/Follow-up in progress	0	0	19	10	29
Total Followed-up Concluded	67	51	22	0	140
<i>Of Which:</i>					
Total Implemented	55	33	8	0	96
Total Redundant/risk accepted	6	6	0	0	12
Total Outstanding after follow-up	6	12	14	0	32

4.8 Of the 140 significant recommendations followed-up since 2021/22, 96 (69%) have been fully implemented. A further 8% are considered redundant or risk accepted. 32 (23%) remain outstanding and full details of these along with the latest progress updates are

detailed in **Appendix 4**. The latest updates confirm progress is being made for the majority of these recommendations.

5. OTHER AREAS OF ACTIVITY

5.1 In addition to planned Internal Audit work that require assurance levels to be assessed, preparations have commenced for the National Fraud Initiative (NFI), which is a biennial exercise undertaken by the Cabinet Office. Planning for the data submission is underway, with the Internal Audit teams working with relevant departments to ensure we meet the deadlines for data submission which takes place in October. This exercise includes payroll, pension and creditor data that is matched against other public sector organisations to identify potential fraud. Data matching results will be issued approximately January 2025 for investigation. The Committee will be updated on progress of investigating the data matches following their release.

6. PERFORMANCE

6.1 The performance of internal audit is measured against a set of Key Performance Indicators. The KPIs for 2024/25 are set out in Table 5 along with actuals for the year.

Table 5 – KPI data 2024/25

KPI Description	Narrative	Annual Target	Actual 2024/25
Output Indicators:			
Audit Coverage	% of Audit Plan Delivered*	90%	26%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	89%
Report Production	Completion of Final Report within 5 days of agreement of the draft.	95%	100%
Audit Recommendations	Recommendations accepted v made.	100%	100%
Quality Indicators:			
Client Satisfaction	% of Post Audit Questionnaires in which management have responded as "Very Good" or "Good"	95%	-

**Based on revised plan*

6.2 It is normal for the audit coverage to be below the pro-rata target for this time of year, as the earlier part of the year is heavily weighted to planning, preparation and commencing audits, with more reports being issued in the latter months. Progress is around where we would anticipate it to be for this time of year. We currently have a vacancy within the team, so to mitigate further resilience issues we have recently entered into a co-sourced arrangement with an external provider. The first few audits have been allocated to the provider and work has commenced on these, and progress will be monitored over the coming months.

7. New Global Internal Audit Standards

7.1 At the time of reporting, there has been no further update published in relation to revisions to the Public Sector Internal Audit Standards since the previous meeting of the Committee. The UK Public Sector Internal Audit Standards Advisory Board (IASAB) plans to issue consultation material by September 2024 at the latest, with a consultation period of at least 8 weeks. Following the consultation, IASAB will prepare final material for application in the UK public sector together with guidance on transition. The effective date of any new material developed by IASAB will be 1 April 2025, to align with

requirements for annual opinions and other relevant aspects of UK public sector governance which line up with the financial year. Until then, the existing PSIAS will continue to apply.

7.2 We continue to monitor the development and revision of the PSIAS and keep the Committee up to date with progress and any likely implications once further detail is published.

8. RECOMMENDATIONS

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

<p>CONTACT OFFICER Name: Lynn Joyce Title: Head of Internal Audit</p>
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<p>BACKGROUND DOCUMENTS None</p>

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

1 Environmental Strategy

- 1.1 This review considered the processes in place to support the delivery of the Environmental Strategy. Specifically, the audit reviewed the governance and reporting arrangements to ensure the strategic objectives of the strategy are being progressed, with clear accountability and effective arrangements for measuring achievement of the expected outcomes.
- 1.2 An overall opinion of Limited assurance was given, which reflects a short-term lapse in the control framework over the previous 12 months due to the absence of a key member of staff and difficulties filling the role in the interim. Following the establishment of the Environmental Strategy in 2022, good foundations were being established in the governance arrangements to maintain oversight of the delivery of the objectives. However, these regimes lapsed until recently. At the time of reporting, some of the governance regimes were in the process of being re-established and the focus is now on embedding these to drive progress with the core deliverables.
- 1.3 The key findings of the review are as follows:
- Whilst governance regimes were established to support the delivery of the Environmental Strategy when it launched in 2022, these arrangements lapsed during 2023/24 as a result of a resourcing gap within the team. The Environmental Strategy Working Group, which was established to oversee the development and delivery of the priority workstreams, has not met at the intended frequency, only meeting once during 2023/24. As updates from these meetings feed in to more strategic governance boards, it is vital that they are held regularly to determine progress and ensure the strategy remains on track.
 - Progress on delivery of the Environmental Strategy is also reported into the Buildings Portfolio Board, however, this board was temporarily stood down during 2023/24 whilst a new Estates Strategy was being developed. This again resulted in a gap in the governance regime during 2023/24 to monitor progress and support delivery of the strategy. The board has recently been re-established and met in February 2024 and more recently in June 2024.
 - The strategy includes three activity pillars, each of which have a number of workstreams identified at Foundation, Improvement and Accelerating Progress level, along with a number of measures on which output is to be assessed. Whilst updates have been reported into the recently re-established Buildings Portfolio Board in February and June 2024, and into the Strategic Police and Crime Board in November 2023 and March 2024, and more recently the DCC's Performance Day, these didn't include progress against each of the strategy measures. Instead the updates provided details of the recent environmental achievements, such as the output of the Carbon Trust work and achievement of the environmental accreditation. There is therefore a gap in reporting regarding performing against the core deliverables of the strategy. It is accepted that some of the foundation workstreams are yet to establish baselines on which to measure outputs, but the target dates for these to be determined were 2022 and 2023, yet no baselines or reporting has been established.
 - A project register was created to track deliver each of the strategy workstreams, but this has not been updated since February 2023 and was missing key information against some of the workstreams, e.g. measures, actions and delivery timeframes. This, coupled with the point above, make it difficult to determine the current position and whether the workstreams are deliverable by 2027. A

performance dashboard is in development which, once established, will provide a useful tool for tracking workstream completion rates and progress status for reporting into the relevant boards.

- The Carbon Trust was commissioned to produce a Decarbonisation Action Plan for the Force. At the time of audit, the recommendations made by the Carbon Trust in February 2024 had not been embedded within the strategy workstreams, although the Environment and Sustainability Manager has indicated that a detailed action plan is in the process of being developed with engagement from key stakeholders. The way in which these recommendations will be governed, monitored and progress measured has yet to be determined.
- No updates have been reported to all staff and officers on how the Force is delivering the activity pillars and ambitions within the strategy. Providing a high-level snapshot of performance against the strategy and better promotion of the ongoing work of the Environment and Sustainability Managers could positively support buy-in to ongoing and planned environmental initiatives.

APPENDIX 2 – Summary of Plan Position

2023/24 Audits completed during 2024/25*

Audit		Opinion / Comments
Airwaves	Final	Reasonable
Software Licensing	Final	Reasonable
Threats to Life	Draft	Awaiting management response
Missing Persons	Final	Reasonable
Environmental Strategy	Final	Limited

*These audits will be considered as part of the 2024/25 annual opinion

2024/25 Internal Audit Plan

Audit		Opinion / Comments
Force Contact - Quality Assurance Process (Advisory)	In progress	
IT&D Database Access and Administration		
Nat Fraud Initiative	Preparation underway	Test runs being completed over the Summer
Information Governance and Decision Making (ICO-DPA processes)		
Subject Access Requests (Force)	Draft	Awaiting management comments
Governance arrangements following election (Advisory)		
Firearms Culture & Behaviour	In progress	
Dogs Unit & Training		
Insurance		
Fixed Asset Register	In progress	
General Ledger	In progress	
Accounts Payable		
Financial Savings Governance		
Uniform and Equipment		
ROCU Covert Funds		
Appropriate Adult Scheme (Advisory)		
Use of Credit Cards	In progress	
IT&D Service Management (Service Desk)	In progress	
Rape and Serious Sexual Offences		
ROCU Enabling Services		
VAWG Delivery Planning		
HMICFRS Causes for Concern		
Museum	Draft	Awaiting Management Comments
Subject Access Requests (OPCC)		
Freedom of Information Requests (OPCC)		
IT Application Management		
Section 18 PACE		
Neighbourhood Policing Engagement		
Local Policing Areas - Governance, Data and Performance Management: - Coventry LPA - Wolverhampton LPA	Final Final	Substantial Substantial
Additional Audits requested		
Absence Management	In progress	

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

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

2024/25 recommendations		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Missing Persons		2					2	Dec-24
Software Licensing		5					5	Dec-24
Airwave		4					4	Jan-25
Environmental Strategy		5					5	Jan-25
Wolverhampton LPA - Governance, Data and Performance Management		0						N/A
Coventry LPA - Governance, Data and Performance Management		0						N/A
Totals		16	0	0	0	0	16	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

2023/24 recommendations		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
IT Change Management		2	2				0	N/A
Expenses		6				6	0	Jul-24 – In progress
Organisational Learning – Manchester Arena Bombing		2	1				1	Jul-24 – In progress
Force Governance Arrangements		2				2	0	Jul-24 – In progress
Recruitment		7	5			2	0	Oct-24
Serious and Organised Crime – Tasking and Escalation into ROCUWM		4	4				0	N/A
Debtors		6	3			2	1	Aug-24 – In progress
Wellbeing		4	1			3	0	Oct-24
Training		2	2				0	N/A
Hidden Crimes		2	2				0	N/A
OPCC Citizens in Policing (Appropriate Adults, Custody Visitors and Youth Commissioners)		7			1		6	Jul-24 – In progress
Citizens in Policing (Cadets) Safeguarding		3					3	Aug-24 – In progress
Vetting		2	1			1	0	Sep-24
Freedom of Information		5	4				1	Aug-24 – In progress
Health and Safety		6					6	Aug-24 – In progress

Treasury Management		2					2	Sep-24
Payroll and Overtime		10	1				9	Sep-24
Totals		72	26	0	1	16	29	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

Outstanding recommendations from previous years		Made	Implemented	Risk Accepted	Redundant/Superseded	Not yet implemented	Not yet followed Up	Follow-up due
2022/23								
Pensions Services		7	2			5		Nov-24
Uniform		10	3		1	6		Dec -24
Special Branch		2	1			1		Nov-24
Stop and Search – Strip Searches		7	4			3		Jul-24 – In Progress
2021/22								
Accounts Payable		9	8			1		Sep-24
Detained Property		7	1			6		Dec-24
Totals		42	19	0	1	22	0	*details of high and medium rated recs not yet implemented are summarised in Appendix 4

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

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
1	Sept 2021	Accounts Payable	The scheduled task in regards to reconciliation of the BACS transmission file must be reinstated immediately. Following this, in conjunction with IT & Digital, steps should be taken to secure the BACS transmission file when being extracted from Oracle Fusion. This should include the file produced being read-only and being automatically transferred to the relevant network drive for upload to the bank.	Agreed	31 December 2021 <i>Head of Purchase to Pay</i>	<u>Update as at May 2024</u> A possible new system has now been identified by IT&D and NatWest Bank. We are now in the process of how this will work in conjunction with the systems we currently have and any costs involved. As Payroll currently use a similar process as Accounts Payable, we will also need to take in to account the pros and cons for this team and how it will affect them. Further discussions to be had re the above, or we accept the risks associated with non-implementation.
2	June 2022	Detained Property	<p>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:</p> <ul style="list-style-type: none"> Ensuring items are appropriately packaged and stored with property reports attached to items and the correct property store selected on the property system. Promptly respond to property reminders. Accurately recording the disposal method for items that can be disposed. 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. 	<p>Management Response - Shared Services:</p> <p>Compliance with procedures Develop awareness sessions on the current process and/or Nexus process for all NPU Officers and staff. 'Go To' Guides required to be held locally and via the My Services Portal. All awareness sessions link to the OD&L Team to include new starters. To include awareness on appropriate behaviours and conduct of officers and staff req. Communications via Portal posted Force wide updating on the project state and what's required to manage DP effectively Responding to property reminders Build in accountability through chain of command if no response. Performance reporting structure to be put in place for each NPU. This can be linked to the local H&S meetings and further reporting to Performance Panel. Selecting correct property store/disposal method Awareness sessions on the current process and/or Nexus process for all NPU Officers and staff. Put central record of incorrect store listings in place for each NPU to review on an ongoing monthly basis. Process for officers leaving Review why this is happening. Put mechanisms and accountability in place including sharing up to date process guidance. Manage and record issues locally on a monthly basis.</p> <p>Management response - CAM:</p> <p>Review and update the 'go-to' app for detained property to give an accurate</p>	<p>30/9/22 <i>The Connect property module 'go live' date is scheduled for April 2023. The WMS currently has no date attached and sitting within an ICT project. Once WMS supplier is identified and there is an agreed go live date we can update 'Go to' app and provide comms.</i></p> <p><i>Corporate Asset Management, Commanders & Chain of command for agreement DP Project Team, AD Shared Services, AD Corporate</i></p>	<p><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.</p>

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
				<p>process that aligns with the published policy and associated guidance. On-going comms to reinforce this via Newsbeat etc.</p> <p>The current property system has limitations in functionality around reminders. Continue to work with the Connect project to ensure more robust reminders are automatically produced by the Connect system to encourage officers to deal with DP in a timely manner. New warehouse management system (WMS) to support Connect and current property system as there is no plan to back record convert the current DP items to Connect (c390k items). Re-establish the process created by the DP Project team to ensure officers leaving the force have reminders with sufficient notice to deal with any outstanding property. Consider automation of this process.</p>	<p>Asset Management, Commanders & Chain of command for agreement Facilities Manager</p>	
3	June 2022	Detained Property	<p>Oversight arrangements for detained property need to strengthened by:</p> <ul style="list-style-type: none"> • 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. • 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 	<p>Accountability has been put in place by new AD - SS and visits are planned to all NPU's to discuss H&S and Local Delivery Teams. This is to understand what the challenges are and to report back so that it can be fed up through to Commander level for better awareness and management. Performance tracking (basic spreadsheet) can be put in place to manage locally by LDT's until better solution is agreed.</p> <p>Confirm KPI's and design reports to measure the KPI's. - Report on KPIs at the Fleet monthly SLT for review and action as appropriate - Design report to show key metrics for NPU/Depts and publish as Qlik report in MSP - CAM central store data taken from Shared Services report and reported monthly. - Once Connect module/WMS is in place more granular data can be produced.</p>	<p>31/7/22</p> <p>31/3/22 for overarching data. From actual 'Go live' date of Connect etc. more to follow.</p> <p>FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders. Facilities Manager</p>	<p><u>Updated provided by Ian Kent 19/6/24</u> 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. 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>

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
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"> 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. Schedule future disposal runs for items for auction and drugs to ensure staff are aware of when items have to be prepared for disposal. 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. 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. <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>	<p>Use weekly team updates (supervisor lead) to reinforce appropriate updating of property records and safe register. Audits will identify any non-compliance.</p> <p>Scheduling disposal runs is not practical due to the variation in the number of items approved for disposal. Ensure team understand the process and book disposal runs when appropriate volume is available for disposal.</p> <p>Workload and limited resource make setting targets for sending letters and re-baying of Stechford items impractical. Volumes to be kept in view and monitored in the weekly team meeting. Priority given to these tasks as and when resource is available. Booking in of items received daily from holding stores and from Bournville are more critical tasks. Disposals/returns are reported as a KPI.</p>	Facilities Manager	<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	<p>The arrangements to review and investigate missing property items must re-commence immediately, including;</p> <ul style="list-style-type: none"> Prioritising the current missing property items for review and investigation. Contacting officers to commence investigations into missing items. (Management may wish to explore with IT&D if the use of robotics can assist in investigating missing items, e.g. contacting officers, escalating to supervision etc.) 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. 	<p>Better awareness and accountability is required to manage this effectively. Listed missing items need to be reported in a similar manner for Force wide through to Performance Panel or similar structure. Colleagues in ECU and Forensic Services need to be included in the awareness sessions. Align the process for these services against the requirements. Cannabis challenges regarding storage and disposal are currently being reviewed by the Cannabis group. Solutions are currently being discussed around better storage and disposal of wet and dry cannabis.</p> <p>The investigation of missing items is resource intense and limited resource is currently available. This will limit the number of items that can be investigated and priority</p>	31/07/22 FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders.	<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>

Ref	Original Report to JAC	Audit	Recommendation	Action to be Taken to Implement Recommendation	Target Date /Responsible Officer	Latest position based on responses provided by management
			<p>• 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.</p>	<p>will need to be given to cash, drugs and more valuable items. The central property team set more items missing proactively if they do not arrive at the central store form the holding stores. Additionally, as each NPU property store is processed by the project team to bring the items to the central store more items are set missing as they cannot be located within the NPU store and haven't been set missing due to lack of audit activity within LDT since 2016. OIC's are notified automatically when the item is set missing, but only once. This is a limitation of the current DP system. Connect property module currently doesn't have a 'missing' process and this has been raised with the connect project manager.</p> <p>Items of value or cash set missing, within central warehouse, and investigation doesn't locate the item to be escalated to CAM SLT and Appropriate Authority to asses if escalation to PSD is required. KPI's will give the total number of missing items and change month on month and will be reported on at Fleet monthly SLT meetings.</p> <p>Work is underway with Forensic Services to agree appropriate processes to ensure DP items are updated on the property system accurately and in a timely manner. This will then form the framework for other departments such as ECU and CDT.</p> <p>CAM will be responsible for all central stock/DP within the warehouse. CAM cannot be responsible for 'missing' items dating back to 2016. This sits with both SS and DP project.</p> <p>Re. missing property items. A process to review the list of outstanding is being designed with categories around (a) how old/age of DP (b) links to critical case management history. A plan is in place to review this list by AD Shared Services and Local Delivery Centre SDM to remove any items that are not high risk and out of</p>		

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				retention date. The list will then be circulated to Chief Superintendent level for each of the NPU holding stores to assess outstanding property and review the list to clear out non-critical DP. For any property that remains on the outstanding list as missing, the NPU Commanders (working alongside the SS local delivery and CAM) will need to investigate the gaps for critical property. The process and policy for missing property needs to be reviewed by CAM in line with the Nexus end to end process for registering missing items.		
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"> • 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. • 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. 	<p>Sub divide each safe into smaller bays and re-establish quality assurance checks prioritising cash and valuables – quarterly initially due to resource availability. Underway. May 2022 Introduction of WMS will increase capability to complete rolling audits within the main warehouse. Not currently achievable with current resources. Audits to be report to SLT quarterly with actions highlighted. Review any items that may need to be brought to the attention of the CAM AA. Audits rely on the SS Band D transferring from SS to CDP. Ongoing with CAM SLT/SS.</p> <p>The Band D role has been signed off. Working with CAM and SS to ensure awareness, process and policy around the necessary regular audits that need to be carried out to ensure resilience in this area.</p>	<p><i>Ongoing</i></p> <p><i>Facilities Manager</i></p>	<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"> • 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. 	<p>Contact with L&D as per recommendation to establish capacity to deliver strip search training within PST. Identified training to be monitored through the Silver structure, meeting held every 6 weeks.</p> <p>CJS will engage L&D to explore what changes can be made to the current PST curriculum, as well as ensuring completion of already existing training by CJS staff.</p>	<p><i>01/01/23</i></p> <p><i>Responsibility transferred to S&S Executive Board</i></p>	<p><u>Update as at April 2024</u></p> <p>Since last update there has been a significant number of recommendations that relate to training delivery.</p> <p>In order to ensure that any training provision encompasses all these elements there has been extensive consultation and commissioning into L&D.</p> <p>A decision on training provision is likely pre 14th June 2024.</p>

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			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. 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"> 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. 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. <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>Officers when conducting any juvenile strip search to always consider the submission of a referral to Multi Agency Safeguarding Hub (MASH).</p> <p>This will form part of broader work that is being done to improve care of juveniles in custody. A pilot in Perry Barr sees greater collaboration with Children's Services, and it seen as a future template for the other custody blocks.</p>	<p>01/01/23 <i>Supt Minor</i></p> <p>30/06/23 <i>Deputy Head of CJ</i></p>	<p><u>Update as at April 2024</u></p> <p>CJS continue to monitor the application of strip search as a tactical option with the monthly performance meeting providing governance. Training has been provided to staff and the approval process now sits at CI/Insp. Work is on-going to develop referral pathway and increase opportunities across the estate, including work around neurodiversity. Partners work within Custody environment to maximise referral pathways.</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"> 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. 	<p>Transfers are split into 4 areas</p> <ol style="list-style-type: none"> Transfer in from other Forces (pol to pol in) Transfer in from other Pension Schemes Transfer out to another force (pol to pol out) Transfer to another Pension Scheme. <p>In respect of pol to pol in, a substantial piece of work has been performed and identified missing membership certificates for all</p>	<p>Ongoing</p> <p><i>Service Delivery Managers</i></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>

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			<p>- 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.</p>	<p>known transferee officers since 2015. Membership Certificates for 2015 onwards have been requested from previous forces (payroll pension providers).</p> <p>A schedule has been created and will be updated (adding new transferees as appropriate), with all details including date of transfer, date membership certificate requested/received and date Altair (the pension system) has been updated.</p> <p>Reminders will be issued at least monthly, if no response is received the request will be referred to the Head of Pensions (HoP) for direct contact with the receiving Force/pension provider's Head of Service.</p> <p>In respect of Transfer in from other pension schemes. The process has been reviewed, a schedule of all outstanding work has been created and all work is being brought up to date. Transfer Out to other Forces (pol to pol out) – A schedule has been created identifying all pol to pol out from 2015. Membership certificates will be issued as required. HoP met with the Service Delivery Manager a plan has been created and the SDM will update HoP on a monthly basis. Transfer Out to other Pension Schemes: Although we currently have none outstanding, process notes will be formulated Service Checks: As part of the final authorisation for pol to pol in the input of service will be checked as part of the process. Transfers in, Altair is already checked as part of the process.</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"> - Timely review of the data matching report upon release to allow immediate stop to be placed on the pension to prevent any further overpayment; - Contacting the NFI team to establish reasons why duplicate entries are appearing in the NFI 	<p>Meeting scheduled with SDM, Head of Pensions and Assistant Director Shared Services to discuss write offs and changing to "Leaver Status" on payroll. This will dramatically reduce the results that need checking on the NFI results. Once done, Mortality screening will be scheduled for every quarter. Additional staff training to be undertaken to provide resilience within the pension team. It is believed that constant</p>	30/09/22 Service Delivery Manager	<p><u>Update as at August 2024</u> 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>

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			<p>report, and acting on any guidance given to prevent this.</p> <ul style="list-style-type: none"> - 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. - Liaising with the AD Shared Services and Director of Commercial Services to progress write-off of the debt, ensuring Financial Regulations are complied with. - Establishing resilience within the team to ensure mortality screening data submissions and investigations can continue if the Service Delivery Manager were absent. 	<p>submission of the same data may result in duplicate NFI results. This will be tested against the next submission and if duplicates remain, guidance will be sought from NFI.</p> <p>Service Delivery Manager will arrange and complete NFI training.</p>		
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"> - Establishing a process for monitoring compliance with the service expectations within the Our Service For You agreement - Re-introducing monitoring of the Workforce Allocation sheet to ensure documentation/correspondence is acted upon promptly - Identify any backlogs within the team and determine a prioritised action plan for addressing and minimising any growth in the backlog. - 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. 	<p>1: The Our service to You will be reviewed and SLAs amended as required based on current requirements and then reviewed at least annually. To facilitate the Manager Dashboard (following training and staff clearing down any resolved cases) to monitor compliance with the Our Service to You document with any variances investigated.</p> <p>2: Intention to review the work allocation sheet to make it more efficient and to allow better reporting to be available.</p> <p>3: to be linked in with 2</p> <p>4: see 1</p>	<p>November 22</p> <p>1: All 2: Service Delivery Manager) 3: Service Delivery Manager 4: All HoP, SDMs, ADSS</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"> • A process should be agreed with Training which 	<p>Point 1: Since the Audit was undertaken, the PBB Process has been completed and the force has undergone significant change in addition to the PBB process. The move</p>	<p>Facilities Manager</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</p>

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			<p>informs Uniform Services of the results of training courses to enable correct updates to an individual's uniform allocation to be performed.</p> <ul style="list-style-type: none"> 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. 	<p>towards bringing uniform back in house, is a major piece of work, as the previous infrastructure no longer exists and needs to be re-created. This is alongside managing the current contract with DHL, for the next 12 months as BAU. We will look to design the solution as part of the programme to bring uniform back in house. This will be an on-going piece of work that will be aligned to the delivery of the PBB outcome.</p> <p>Point 2: All requests are managed through the My Service Portal to ensure auditability. Where required, supervision is asked to provide confirmation if required. Any additional skill is time limited on the ordering system and automatically expires</p>		<p>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> <p>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</p>
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. 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>Para 1: Complete - Contracts and Procurement have included the Contractor on the Lean Linking Portal and have started to include the new contracts on the Portal</p> <p>Para 2: Complete. The information relating to back orders has been received from the Contractor. Back orders with them that will be fulfilled, will be sent to us to deliver to the officers/staff requesting them. Orders that won't be fulfilled, we are sourcing the items ourselves and will fulfil the orders that way. Comms have gone out to everyone, including anyone who's back order is pre 1/1/24 to state these orders will be cancelled, but if still required, a MyService Portal request should be raised. This is to prevent any items being issued which are no longer required.</p> <p><u>Internal Audit Comment</u> 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 previous contracting arrangements are rectified in new arrangements established with new uniform providers, and appropriate contract monitoring and management arrangements allow for this. 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</p>

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						open and follow-up the effectiveness of the arrangements as part of the internal audit planned later in the year.
14	June 23	Uniform Services	In an attempt to reduce the number of missing items: <ul style="list-style-type: none"> Trend analysis should be performed to identify problem areas with results escalated to NPU Commanders/ Senior Management and, if appropriate, PSD for further investigation. 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. Trends and themes regarding missing items should be considered for wider communication to all officers and staff, possible platforms include team talk, newsbeat. 	Paragraph 1: This has been raised through the U&E Board, and has been raised by the Chair of the Board to PSD. However, further work is required to agree and adopt a monitoring and communications process (paragraph 2 and 3).	<i>Facilities Manager</i>	<u>Update as at June 2024</u> We expect the U&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
15	June 23	Uniform Services	To ensure a robust process is in operation for the return of uniform and equipment when officers/staff leave: - <ul style="list-style-type: none"> 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. 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. 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. 	Point 1 and 2: This can be amended to make it clearer that ALL uniform and equipment is returned. Point 3 We will look to assess the possibility of this, as part of bringing uniform back in house. However, for noting, this could be very difficult to prove that officers/staff still have these items. It will be down to the member of staff to abide by policy and the Code of Ethics, and return all items still in their possession. Shared Services have confirmed the return of uniform is part of a leavers checklist sent to Supervisors to ensure uniform return and reminders can be sent via communications.	<i>Facilities Manager</i>	<u>Update as at June 2024</u> 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.
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.	Following PBB outcome to bring Uniform service in house, contract management processes will be adopted for the new contracts from 31 March 2024.	<i>Facilities and Procurement Managers</i>	<u>Update as at June 2024</u> 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. <u>Internal Audit Comment</u> It is important that any contract management issues experienced under the previous contract are rectified in new

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						arrangements established with new uniform providers, and appropriate contract monitoring and management arrangements allow for this. 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 been 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.
17	June 23	Uniform Services	A quality assurance regime should be introduced on a proportionate basis with: <ul style="list-style-type: none"> • Appropriate supporting records maintained to evidence the checks completed and further actions undertaken when issues have been identified. • Reporting the results of the quality assurance checks to management and the Uniform and Equipment Board. 	Points 1 and 2: Invoice checks will be undertaken once the CCN issue is resolved. Super User checks are already in place and will be carried out 6 monthly. New Super User requests can only be actioned by CAM. Leavers and Returns would be very resource intensive. We will look to design a solution as part of the programme to bring uniform back in house. This will be an on-going piece of work that will be aligned to the delivery of the PBB outcome.	<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. <u>Internal Audit Comment</u> Progress has been made in terms of invoice verification checks, and some aspects relating to Super Users are now considered redundant; however, as processes have changed as part of bringing the service back in-house, an opportunity should be taken to review quality assurance regimes once processes are more embedded and a new ordering platform is in place
18	Dec-23	Force Governance Arrangements	A standard template should be established to determine the key information to be included within a term of reference to ensure that key information is clearly and consistently recorded for all governance boards. Appropriate mechanisms should also be adopted to capture the formal approval of the terms of reference and review timescales to ensure that the terms of reference are updated periodically and remain fit for purpose.	Due to the review of the governance structure all ToR's will be reviewed to align to the structure with the full understanding of the CIPFA framework requirements and the PDCA cycle, cementing roots of accountability in line with the governance structure. In determining the ToR's of the governance structure, close collaboration with the FET and staff office will be undertaken, this will also facilitate the formal approval of these ToR's in this instance. The governance hub will be reinvigorated to allow for accurate document depository and retention of document/minutes/ToR's from the meetings. Moving forward SDA will	<i>Senior Assurance and Risk Manager</i>	<u>Update as at March 2024</u> The corporate governance structure has been completed and reviewed and agreed by the DCC, it is currently undergoing final FET sign off prior to implementation. Following FET sign off the ToR's will be developed in conjunction with the staff office. This recommendation will be incorporated into this process.

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				implement an annual review process for the ToR's and key associated documentation through the strategy team.		
19	Dec-23	Force Governance Arrangements	<p>Strategy, Delivery and Assurance should:</p> <ul style="list-style-type: none"> • Determine and adopt a robust process for the management of actions for governance boards that retains the corporate memory and ensures that actions are recorded, managed and updated consistently, including the review of supporting evidence to confirm progress / completion. • Ensure that the review of outstanding actions forms part of the standing agenda and the supporting information packs for governance boards to review and confirm progress against actions. 	The existing governance hub will be reinvigorated to allow for accurate document depository and retention of actions/document/minutes/ToR's from the meetings. Action management will form part of the revised ToR's which will accompany the launch of the revised governance structure. SDA produce the information/packs for a number of the governance boards, this supports the completion of this recommendation as the review of the ToR's will be conducted by SDA in collaboration with the FET and staff office, therefore increasing the likelihood of compliance to this recommendation.	<i>Senior Assurance and Risk Manager</i>	<p><u>Update as at March 2024</u></p> <p>As per update above. Additionally, with the re-structure of SDA this latter part of this recommendation will likely fall to the staff office to complete. However, it will be devised as part of the re-invigoration of the governance hub and the revision of the ToR's and associated agendas.</p>
20	Sep-23	Expenses System	<p>To ensure that officers and staff claim Expenses correctly and use other purchasing processes appropriately:</p> <ul style="list-style-type: none"> • 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. • 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. 	<p>This is to be done by a Force wide message to all employees of the Force policy, on how to claim and authorise expenses before seeking approval for payment. This will be added to the Force Intranet via a Message of the Day article.</p> <p>The team do push back on items that shouldn't be claimed for this way, and they are rejected, and an explanation requested. We also reply with the reason it's been rejected, but from some feedback, the claimant can't always access this.</p> <p>Most the reasons given, are that it was urgent and we couldn't supply it quick enough, or the claimant used the correct channels to obtain items, but they were instructed to purchase it themselves, as the correct procedure could not obtain the items requested. So, checks are done, and proof is requested from their line manager to be attached, when resubmitting the claim for payment.</p> <p>With regards to the petrol receipts, a lot of the petrol receipts were void during Covid, and then it was deemed that so long as the first claim of the month has the receipt for a full tank, then the following claims didn't require one. This is something that was</p>	<i>Assistant Director Finance, Contracts and Procurement & Head of Payroll</i>	<p><u>Update as at April 2024</u></p> <p>As part of Recommendation 1, we will review and update the expenses policy and upload on the intranet.</p> <p>Policy violations are reviewed as expenses are processed. However, going forward we will also run periodic reports, to consider the volume, value and nature, along with repeat violators. This report will be reviewed by the Head of Payroll with the Service Delivery Managers.</p> <p>Revised Action Date: September 2024</p>

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				allowed to slide whilst short staffed too. I will now instruct the team moving forward to reject any that don't have a receipt attached, as they can copy the same receipt to cover the other claims, as realise a full tank will cover most of their journeys, but they need to make sure all claims contain the relevant receipts moving forward.		
21	Sep-23	Expenses System	To mitigate against the potential for an individual to act fraudulently and enter a duplicate expense report immediate action needs to be taken to review, re write if required and reintroduce the duplicate payment report as a priority with checks being undertaken on a frequent basis (at least weekly) and action taken to recover any overpayments	These reports were produced by the Head of Payroll, and the Service Delivery Managers (SDM) were not instructed on anything about these reports or how and where to produced them on the expense module. An instruction guide should have been created by the Head of Payroll before leaving, but nothing has been found to cover this. Duplicate payments need to be identified as soon as possible, so this will be looked into and training requested from the Digital Services Team. These reports for duplicate payments will then be run weekly by an SDM in Payroll. Service Delivery Manager will liaise with Digital Services to make sure these reports work, as when the payroll system administrator tried to produce them, no information was returned. Once the reports are working correctly, then an SDM on payroll will produce an instruction guide for all Service Delivery Managers within the Payroll team to make sure that these reports are run in future	<i>Assistant Director Finance, Contracts and Procurement & Head of Payroll</i>	<u>Update as at April 2024</u> We have tested the recent Oracle upgrade that should flag duplicates. The test shows that the system provides a warning to the member of staff but if they press the 'keep' button, they can continue to claim the same expense. It did not flag this to the line manager or put it in the audit queue. We will therefore need to continue with the duplicates report. We will need to work with the Digital Services to refresh the duplicates report, to ensure it is fit for purpose. We will then run periodically in payroll. Revised Action Date: July 2024
22	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.	A lot of the reports available to us on the expense module, we knew nothing about, and think this was all sorted and done by the former Head of Payroll, but no notes were left on how these reports could be produced, or that we even had to do them. Especially the duplicate payments as this should be run every month without fail. All I can say is we received very little training on this system, and basically, all we were shown was how to check and authorise the claims pulled out, and have no idea what the criteria is behind the system, as to what it looks for to be pulled and then checked.	<i>Assistant Director Finance, Contracts and Procurement & Head of Payroll</i>	<u>Update as at April 2024</u> We will work with the Digital Services Team to understand the reporting capabilities around expenses, including mileage. We will agree a standard suite of reports to be taken forward and set up some training sessions for the team. We will also pull together some guidance notes on the expense's reports agreed. We will work with Digital Services and agree the dashboards required for payroll.

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				<p>However, Service Delivery Manager will now liaise with a Payroll Officer to see if they know they can produce these reports from the Expenses module and will get an instruction guide produced for all Service Delivery Managers within the Payroll team to make sure that all reports are run in future I have tried to produce the Cumulative Mileages Expense report but unfortunately an error message was returned. I will contact Digital Services and provide them with the error detail so it can be fixed.</p> <p>Additional response received from the Service Lead Digital Services I am investigating a dashboard for payroll staff to audit expenses. Payroll staff are not aware of this at the moment as it is new concept but will be discussed with them once proof of concept is produced. This will review Payrolls needs in auditing expenses. This will be shared with them and training given on its use. Given that this will look at everything to ensure there is an accurate picture for them to audit I request a target date of the end of July as it is not complete and will require amendments for the Payroll Team</p>		<p>Revised Action Date: September 2024</p>
23	Sep-23	Expenses System	<p>To help ensure that unpaid expenses are identified and managed at the earliest opportunity:</p> <ul style="list-style-type: none"> • A full review should be undertaken of the approval settings within Oracle Fusion and reasons established as to why expense reports are not consistently being appropriately escalated and auto rejected within the relevant timeframes. Where required, discussions should be held and support sought from the software provider. • Upon completion of the planned review of unpaid aged expense reports from pre-2022, a plan should be developed defining the course of treatment to be taken for the different status levels. This should be used for ongoing review of aged expenses beyond 2022. • Following testing of the recently developed report to identify unpaid expense reports where action is outstanding the relevant Payroll managers/staff 	<p>Audit rules will be reviewed with the Assistant Director of Shared Services and Payroll including duplicate payments for which there may be some new functionality in Fusion that could be used. Aged expense reports will be reviewed with a view to incorporating this into the other auditing of expense checks. Actions will be added to the dashboard</p>	<p><i>Assistant Director Finance, Contracts and Procurement & Head of Payroll</i></p>	<p><u>Update as at April 2024</u> The Head of Payroll is monitoring the expenses to ensure that they are cleared in a timely manner.</p> <p>Agree to implement the actions previously set out.</p> <p>Revised Action Date: December 2024</p>

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			should be made aware of the report and its ongoing usage. • Tasks to the Action Managers Dashboard for regular checks to be completed on unpaid expenses including all status levels should also be set up and responsibility assigned to help ensure that these are regularly reviewed and actioned.			
24	Dec-23	Debtors	Action should be taken to address historical debt on the aged debtors report, where there is no possibility to recover payments and debt recovery procedures have been exhausted. Debt should be subject to write off in a timely manner and with debts above £500 being reported to the appropriate governance board/ Section 151 Officers for approval in accordance with the Write-off Policy.	The Debt and Write-off Policy is to be reviewed by the Assistant Director of Finance, Contracts and Procurement with discussion around potential changes to levels of authorisation and reviewing all aged debts. The debt review and write off process will be more closely managed by the Assistant Director of Finance, Contracts and Procurement and recommendations for write off will go to Director of Commercial Services quarterly.	<i>Assistant Director of Finance, Contracts and Procurement / Service Delivery Manager</i>	<u>Update as at May 2024</u> All aged debt to 31st March 2022 is currently being reviewed. Write off packs have started to be produced and loaded into Oracle. Some write off's have been actioned during April 2024 (and accrued back in 2023/24). We are in the process of writing a paper to joint audit committee to write off 5 old debts worth of £2k each, this will go to audit committee in June 2024. Approvals have been transferred into oracle with the relevant approval limits set. (17/04/24) The debt policy has been reviewed and updated. We plan to run through the changes with legal services to ensure it is all in line prior to implementing. We have started conversations with Jane Heppel around authorisation limits and updating them, this will be reviewed as part of the updates to the code of governance around July 2024.
25	Dec-23	Debtors	To ensure appropriate control over the processing of invoices, periodic reconciliations should be performed between the number and value of invoices created in Oracle Fusion to requests received in CX portal to ensure that all invoice requests received have been processed.	A monthly audit between the CX console invoice requests and invoices raised will be diarised and performed – this ensures that all invoices are raised correctly, to the right customer and for the right amount. This action will be pursued with digital to look at the possible automation of the process via Fusion reports and macro functions.	<i>Service Delivery Manager</i>	<u>Update as at May 2024</u> We need to look into how this could be completed.
26	March-24	Vetting	In line with the Vetting Code of Practice, the Vetting SLT should incorporate dip sampling of decisions made where vetting has been granted to provide assurance over proportionality of decision making, quality of rationale and whether risk mitigation strategies are appropriate and manageable.	A process is already in place with regional colleagues to dip sample vetting decisions and review our approach. To date this has focused on those decisions where vetting has not been approved, this will be expanded to include vetting approvals. When matters such as misconduct are raised against individuals vetting will be reviewed providing some assurance that vetting reviews take place regularly.	<i>DCI lead for Vetting</i>	<u>Update as at June 2024</u> Vetting manager has established and maintains a scrutiny and peer support network of force vetting managers from regional and similar force groups where a number of vetting decisions are presented, including those that are granted vetting. The new model will also allow for quality assurance and dip sampling to be undertaken as BAU by the duty team. One of the new decision makers is also creating a marker so that we are able to audit, extract and present the applications that have been subject to dip sampling. It is anticipated that we will have this fully embedded and BAU in October (when the new resources have landed and are trained and in post.) PSD has recently introduced a monthly QATT process for QA of investigations, it is anticipated that this can be rolled out for vetting in the future.

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27	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.	Agreed	<i>Head of Resourcing & Recruitment</i>	<u>Update as at May 2024</u> There are internal spot checks carried out by Recruitment Delivery Managers (RDMs) cross referencing statuses between trackers and ORC and relevant steps. RDM's are keeping a track of these checks. More informative reports are yet to be produced using ORC. This will in turn give better information to report to SLT as and when needed. We will also be able to better report on candidate surveys once this is in play. These surveys have been created and will form KPI's for customer satisfaction.
28	Dec-23	Wellbeing	The Assistant Director for Diversity and Inclusion should establish robust governance arrangements to approve, monitor, review and challenge the delivery of the Wellbeing strategy and supporting delivery plans. To support this the following actions should be undertaken; <ul style="list-style-type: none"> Wellbeing strategy should be presented to Force Executive Team for approval. Delivery plans should be reviewed to ensure all relevant information is recorded and updated on a regular basis. To strengthen the approach in reporting, the AD should determine which governance boards the Wellbeing strategy and delivery plan updates should report into and the frequency of reporting to provide strategic oversight. 	Discussions within the team have already commenced, with wellbeing now being reported at force performance panels, with joint departmental KPI's with Health and Safety and HR. Updates into POD SLT regarding wellbeing are now being reported through the AD. Regular weekly D and I SLT meetings, along with Bi monthly 1-2-1's with SLT to discuss actions against the strategy. There is now a wellbeing action tracker being produced, against performance measures, training and new projects for 23/24 and the wider wellbeing strategy will be approved by FET	Wellbeing Manager and AD.	<u>Update as at July 2024</u> Wellbeing is now discussed at QPR, POD SLT, Health and Safety and Staff Assault Boards. Due to ongoing reviews and restructure of POD, wellbeing has been appointed a new AD of OH and Wellbeing The AD is working towards a joint OH and Wellbeing strategy, where the two strands will sit under a central Governance Board, led by the Director of People Services. Wellbeing is discussed and represented by the AD at a Force Exec level at QPR's, performance boards and POD SLT. Wellbeing has a detailed delivery plan along with progress trackers for new projects, and recorded minutes for weekly meetings with the manager and co-ordinator to support the delivery plan.
29	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 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.	OH review has been completed by Supt Churchill and full report will be handed over to AD Sharon Dyer to implement with Head of OH From this a full plan will be devised to enable delivery of the learnings from the report which are supported by the findings from the POD review	Assistant Director – Shared Services	<u>Update as at July 2024</u> The report has been used on a regular basis along with the review from HOD Notts. We have been reviewing the OHA team and auditing the quality of the reports. This has flagged concerns around lack of adherence to clinical SOPs and highlights risk to the service. A plan is in place to discuss with the OHA team and links to performance management. The referral to appts waiting time had dropped significantly to 12 days but has increased in May 2024 due to demand around Uplift. We will continue to triage all referrals so that anything urgent or high risk is picked up within 24 hours. We are tracking all psychological screening demand now and a review is being conducted around how and what support is required due to lack of potential funding.

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						The Employee Support Delivery Manager is undertaking a review/consultation with all involved.
30	Dec-23	Wellbeing	<p>The Assistant Director for Diversity and Inclusion should establish robust performance management arrangements to monitor and review wellbeing performance.</p> <ul style="list-style-type: none"> •Key performance indicators should be established which are quantifiable, actionable and align with the wellbeing priorities, including reporting on KPI's into POD Performance Panel and any other governance boards and the frequency of reporting. •The Wellbeing Team should conduct a gap analysis on the current wellbeing offer to determine whether it meets wellbeing priorities as per the Wellbeing strategy for 2023/24. Any findings should be reported and fed into delivery plans to address any gaps. •Feedback should be collected on new wellbeing initiatives implemented to assess its effectiveness and identify good practice or areas for improvement where additional actions are required. 	<p>KPI's will be discussed at the next D and I SLT around high risk roles and stress (Force contact and investigations) the wellbeing offer (as is) and training/engagement (gap analysis to be taken on existing training packages, portal views and stress risk assessment). Interventions will form part of the action tracker and reported in delivery plans/new initiatives and fed into performance meetings and FET. Well-being engagement forum attendance will be more closely monitored with feedback recorded from leads across the force.</p>	Wellbeing Manager and AD.	<p><u>Update at at July 2024</u> The AD is working on interim KPI's currently.</p> <p>The Wellbeing team conducted a full gap analysis in high risk areas in line with the HMICFRS recommendation (Force Contact, FCID and PPU) and meets the requirements of the current strategy. However, once the new one is implemented, we will review this and create a new delivery plan if needed.</p> <p>For new initiatives and training, feedback is collated for the new OpEx and Peer Support. We are also planning to collate feedback for the Biometrics Pilot at the end of the programme, and have moved TRiM interactions online so we can automatically send feedback forms for service users.</p>