JOINT AUDIT COMMITTEE
5 December 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 September 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
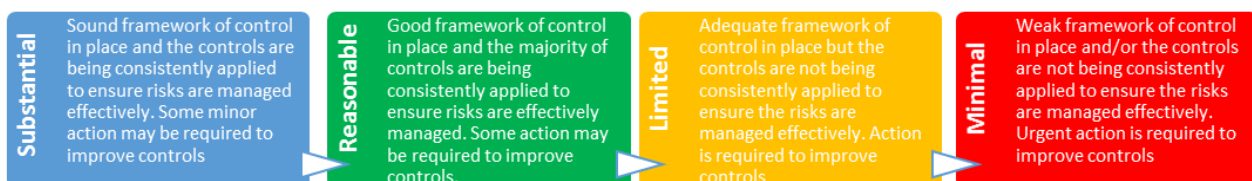- A performance update.

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 conclusion given by the Head of Internal Audit based on the effectiveness of the framework of risk management, control and governance designed to support the achievement of the organisations objectives.

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

Substantial	**Reasonable**	**Limited**	**Minimal**
Sound framework of control in place and the controls are being consistently applied to ensure risks are managed effectively. Some minor action may be required to improve controls	Good framework of control in place and the majority of controls are being consistently applied to ensure risks are effectively managed. Some action may be required to improve controls.	Adequate framework of control in place but the controls are not being consistently applied to ensure the risks are managed effectively. Action is required to improve controls	Weak framework of control in place and/or the controls are not being consistently applied to ensure the risks are managed effectively. Urgent action is required to improve controls

3.2 Table 1 provides details of the audits finalised since the previous report to the Committee in September 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	Threats to life	Limited
2	Subject Access Requests (WMP)	Limited
3	Museum	Minimal
4	Fixed Asset Register	Substantial
5	General Ledger	Reasonable
6	Freedom of information & Subject Access Requests (OPCC)	Reasonable
7	Use of Credit Cards	Reasonable

3.3 Summaries of key findings from those reviews where an audit opinion of "Minimal" or "Limited" has been assigned are provided in **Appendix 1**. Also provided at **Appendix 2** is a summary of progress against planned activity, which details the status of each review to be completed during 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:

- Absence Management
- IT Service Desk
- ROCU Covert Funds

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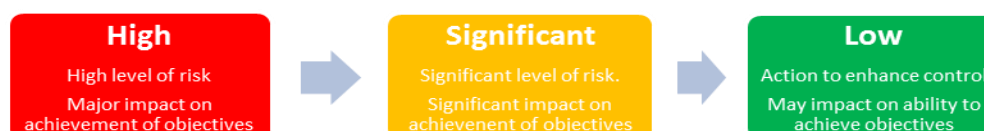
4.2 Internal Audit follow-up recommendations to ensure they have been implemented. All recommendations are followed up six months after the final audit report is issued to establish progress in implementing the recommendations. Any that remain outstanding following the six-month follow-up continue to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

4.3 The recommendations from the 27 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 (x2)	6	1		1	4
4	IT Change Management (x2)	2	2			
5	Local Policing Impact Areas (x3)	4	4			
6	Special Constabulary (x3)	4	4			
7	Debtors (x2)	5	3		1	1
8	Connect Benefits Realisation	3		3		

	Follow-Up Audit	Total Recs followed up	Implemented	Redundant/ Risk Accepted	Partially Implemented	Not Implemented
9	Serious Organised Crime Tasking and Escalation into ROCU	4	4			
10	Integrated Offender Management	5	5			
11	Hidden Crimes	2	2			
12	RASSO (x3)	10	10			
13	Wellbeing (x2)	4	3			1
14	Recruitment	7	5		1	1
15	Accounts Payable (x8)	9	8			1
16	Uniform (x2)	10	3	1	4	2
17	Detained Property (x3)	7	1		3	3
18	Vetting (x2)	2	2			
19	Pension (x4)	7	2		3	2
20	Special Branch (x2)	2	1		1	
21	Citizens in Policing (Cadets) Safeguarding	3	3			
22	Organisational learning – Manchester Bombing (x2)	2	2			
23	Treasury Management	2	1			1
24	Health & Safety	6	1		4	1
25	Payroll & Overtime	8	6	1		1
26	OPCC Citizens in Policing Safeguarding	7	3	2	2	
27	General Ledger	4	4			
	Total	137	91	8	20	18

4.4   Table 2 identifies an 81% 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

	Number agreed			
Rating	2021/22	2022/23	2023/24	2024/25
High	5	2	0	2
Medium	62	49	41	29
Low	39	33	31	20
Total	**106**	**84**	**72**	**51**

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	43	31	192
Total not yet due to be Followed-up/Follow-up in progress	0	0	7	29	36
Total Followed-up Concluded	67	51	36	2	156
Of Which:					
Total Implemented	55	33	26	2	116
Total Redundant/risk accepted	6	6	2	0	14
Total Outstanding after follow-up	6	12	8	0	26

4.8 Of the 156 significant recommendations followed-up since 2021/22, 116 (74%) have been fully implemented. A further 9% are considered redundant or risk accepted. 26 (17%) 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, data submissions for the National Fraud Initiative (NFI), were completed during October 2024. Data matching results are expected in 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%	50%
Report Production	Completion of Draft Audit Report within 10 working days.	95%	94%
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%	97%

7.   NEW GLOBAL INTERNAL AUDIT STANDARDS AND CODE OF PRACTICE FOR THE GOVERNANCE OF INTERNAL AUDIT

7.1 The UK Public Sector Internal Audit Standards Advisory Board (IASAB) have now consulted on Internal Audit Standards in the UK Public Sector. The consultation ended on 31 October and the feedback is currently being considered. The authority for setting standards for internal audit in the UK public sector rests with the Relevant Internal Audit Standard Setters (RIASS) who have determined that the Global Internal Audit Standards (GIAS) issued by the Institute for Internal Auditors (IIA) are a suitable basis for the practice of internal auditing in the UK public sector, subject to interpretations and requirements set out in an application note.

7.2 The Standards in the public sector will come into effect from 1st April and we are currently undertaking and assessment against these in anticipation that a gap analysis will be reported to this Committee in March 2025. Early assessment is that we stand up well to most of the requirements, but will be transparent regarding those areas we cannot meet.

7.3 In addition, CIPFA are also consulting on a Code of Practice for the Governance of Internal Audit in Local Government. The consultation is due to end on 28th November. A self-assessment will be undertaken against the Code and any improvement actions necessary will also be reported to this Committee in March 2025.

8   PROPOSED CHANGES TO INTERNAL AUDIT PLAN FOR 2024/25

8.1   It is usual practice to refresh the audit plan part way through the year to reflect on changes to the risk environment of the organisation. We have remained flexible in our approach and have accommodated one additional audit throughout the year on absence management. However, the Committee is aware that the internal audit team currently has a vacancy at Principal Auditor level and whilst some of the planned time has been provided by the co-sourced provider, there remains a small gap in resource.

8.2   As a result, the Head of Internal Audit has consulted with senior management who support the proposal to remove one assurance item from the agreed audit plan. This relates to the pool of time allocated to HMICFRS causes for concern. It should be noted that the causes of concern are not listed as risks in the Force risk register, and this pool of time was included to provide support to the Force in response to any improvement action proposed following the Force entering HMICFRS enhanced monitoring in November 2023. The focus of input from Internal Audit was to be discussed and agreed with Force Executive Team at mid-year point and it was anticipated that this would be a rolling allocation, continuing throughout 2025/26. However, in May and June 2024, HMICFRS revisited the Force to scrutinise the progress made against three of the causes of concern, which have now been closed as the Inspectorate identified sustained improvements in the Force's performance.

8.3   The one cause of concern that remains open relates to how the force carries out effective investigations which lead to satisfactory results for victims. HMICFRS revisited the Force in September 2024 to undertake further auditing and reinspection activity around the five recommendations within this cause for concern. This resulted in three of the recommendations being discharged, leaving the following two:
    1. Make sure the force consistently achieves appropriate outcomes for victims; and
    2. Make sure the force is using outcomes appropriately, in a way that complies with force and national policies, leading to satisfactory results for victims

    HMICFRS plan to assess the Force's progress against these recommendations as part of their continuous assessment approach.

8.4   There is limited 'added value' in Internal Audit undertaking work in areas which have recently been inspected without giving the Force time to progress the outstanding recommendations and be in a position to demonstrate improvement. The Head of Internal Audit will recommend to the Force that the two open recommendations should be the focus of assurance work in 2025/26 allowing the Force some time to continue its improvement activity in these areas over the next six months.

9.   RECOMMENDATIONS

9.1   The Committee note the material findings in the attached Internal Audit Activity Report and the performance of the Internal Audit Service and support the proposed changes to the Internal Audit Plan.

CONTACT OFFICER	BACKGROUND DOCUMENTS
Name: Lynn Joyce Title: Head of Internal Audit	None

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

1   Threats to Life

1.1   The aim of this audit was to provide assurance that there are robust arrangements in place for the management of Threats to Life (TTL) scenarios. In particular, the audit reviewed the governance arrangements; appropriate training, levels of compliance with the Threat to Life Policy and management monitoring arrangements. A Limited assurance opinion was given.

1.2   The key findings of the review are as follows:
- The National Police Chiefs Council issued updated National Threats to Life guidelines in November 2023 which propose some significant changes that will require training and revised communications prior to implementation. At the time of audit, the Force had not adopted the revised guidelines and no plans have been established in relation to the proposed implementation.

- Only intelligence-based staff have received training on TTL and this training has not been extended wider to other staff and officers who now have some responsibilities in relation to TTL scenarios following the operational model changes made during 2023.

- Reviews and monitoring of TTL scenarios are consistently being completed late, failing to comply with established time frames, increasing the risk of a threat being realised. Whilst there was evidence of overdue reviews being reported into Local Policing Area Senior Leadership Team Threat Risk Management meetings, the issue continues to exist and no further escalation process have been established to ensure reviews are conducted timely.

- There is a lack of oversight and challenge in the review and closure of TTL scenarios. Examples were identified where TTL scenarios had not been fully investigated and actions not updated, or where the TTL had not been appropriately filed and closed, again increasing the risk of a threat being realised.

1.3   Management agreed the following actions:
- Four video training packages have been produced to assist in the management and awareness of TTL. These will be refreshed and recirculated in light of the new policy. Further, the current Senior Manager Hydra Course includes dedicated training around TTL.

- A short video will be created for Inspectors and above on writing "form of words" for TTL notices. 24/7 assistance is available from on call Senior Intel manager around this. A short video will also be produced for front line officers on how to serve notices.

- TTLs are tracked through Intel Threat Risk Management document, with reminders sent to SLTs in time for review. Missed review dates will be escalated into Force Threat Risk Management daily. Intel will update and take ownership of this from 1st October 2024.

- Consideration will be given as to whether SharePoint or 365 could be used to track activity and ensure closures are sighted to relevant Senior Leadership Teams.

2 Subject Access Requests (WMP)

2.1 This review aimed to provide assurance robust arrangements are in place for the management of Subject Access Requests (SARs) within the Force. The audit reviewed compliance with GDPR and the Information Commissioner's Office Accountability Framework relating to SARs, governance arrangements, training requirements and processes to respond to and monitor progress of SARs. A Limited assurance opinion was given.

2.2 The key findings of the review are as follows:
- A number of issues were identified which demonstrate a lack of compliance with expected standards:
  - Delays in requesting suitable ID as the Supervisor is the only team member currently responsible for responding to emails into the Data Protection inbox, backlogs can therefore occur.
  - Occasionally staff commenced, or even completed, work on an SAR prior to the relevant ID documents being provided which could result in wasted resource.
  - A number of SARs were responded to late.

- Although Civil Disclosure Officers were assigned individual targets, no monitoring is undertaken to assess performance against this target. Management are therefore unable to explore the reasons for any performance issues and determine if any improvement actions are required.

- Performance figures submitted for the Commercial Services monthly return, quarterly performance review and to the National Police Chiefs' Council (NPCC) are compiled on the first working day of the month. Delays in entering SARs into the case management system resulted in the under reporting of the number of SARs received. In addition, the SAR figures reported on the Commercial Services monthly return at the end of March 2024 show a significant backlog of open SARs, but analysis of the SAR's recorded as received and closed in the case management system show the backlog position is much lower. As a result of these discrepancies, reliance cannot be placed on the figures reported.

- For new staff, or staff seconded into the role of Civil Disclosure Officers, there is no training or induction schedule to identify the minimum expected training required for the role. In addition, training records are not maintained for new or existing Civil Disclosure Officers to ensure they have received appropriate training and make it possible to determine when refresher training is due.

- The case management system for managing SARs was introduced in 2014 and has never been archived, it therefore retains information over 10 years old, which is significantly longer than the Force retention schedule promotes. An upgrade to the system has recently been approved and as part of this upgrade it is anticipated that a data cleanse exercise will be undertaken.

- Access to the case management system is through a unique sign on and access has been assigned to staff within Civil Disclosure Unit, Public Protecting Unit and Traffic. Access to the SAR area of the system was historically granted to managers in other departments, but there is no reason for them to have this access as there is no crossover in their work. As part of the upgrade a review of access rights should be performed to restrict access only to staff who require it to perform job duties/ responsibilities.

2.3 Management agreed the following actions:

- ➢ SARs are only to be worked on once all of the correct ID has been supplied.

- ➢ The new system will enable a feature to ensure the dates are correct which will allow the SLA to be monitored.

- ➢ Performance is being looked at via 12 weekly reviews. Civil Disclosure Unit Manager to finish working on the data set and how this is presented. The new system is being rolled out which will enable a more efficient way to report data.

- ➢ A whole training plan/package is currently being explored. Conversations have been held with a trainer to see how the training for SARs can be implemented in a way that offers support to new and existing members of staff.

- ➢ Data access and retention will be explored when the new system is implemented.

3   Museum

3.1   The aim of this review was to provide management with assurance that effective operating protocols are in place to support the effective running of the Force Museum. The audit reviewed the governance arrangements, safeguarding and safer recruitment processes, financial processes, stock management and control arrangements, and financial sustainability of the museum. A Minimal assurance opinion was given. The opinion should not detract from the passion and enthusiasm experienced throughout the audit from staff and volunteers who continue to deliver a positive experience for visitors. The opinion is largely due to weaknesses in financial practices which fall below expected standards.

3.2   The key findings of the review are as follows:
- The proposed budget forecast for 2024/25 predict a significant shortfall of income against expenditure, yet a business plan or supporting delivery plan has not been developed to outline proposals to reduce this deficit and work towards the museum being financially sustainable.

- A standing agenda item for the Heritage Governance Board is to scrutinise the performance of the museum including, visitor numbers, income generation and expenditure, which was evident at a high level from review of papers and minutes. However, governance arrangements below the Board have lapsed and as a result, scrutiny around financial arrangements and how any gap in funding will be addressed is limited. A proposal has been made and agreed by, the Heritage Governance Board for a new Tactical Board to be established, which would help strengthen governance arrangements and we advocate stronger financial oversight as part of this.

- Duty Sheet is the system used to record key information for volunteers at the museum; including, start and end dates, vetting, induction training records etc. The system is not being maintained and it is therefore difficult to determine whether volunteers have up to date vetting clearance or mandatory induction and safeguarding training to fulfil their responsibilities and minimise risk to visitors.

- Risk assessments are completed to ensure that events undertaken at the Museum are safe for those who attend. Whilst risk assessments were completed by an appropriately trained risk assessor, some had been risk assessed and approved by the same individual. Ideally, these should be subject to independent management approval.

- The current financial systems and processes used by the Museum, often fall short of expected requirements and gaps in key controls exist, such as clear

accountability, segregation of duties, robust record keeping, effective management controls and strong audit trails etc. This increases the risk of fraud and misappropriation. Examples include:

- ➢ weaknesses in cash handling regimes such as inadequate record keeping, handover and reconciliation arrangements, and lack of dual counting.
- ➢ Access to safes not appropriately restricted.
- ➢ Key documentation not available for cash and banking processes.
- ➢ The use of the credit card not adequately controlled, with no evidence of prior approval for use.
- ➢ A lack of segregation/single points of failure in income and banking routines.
- ➢ Poor audit trail to support income recovery for sales invoices.

It is recognised that at times lone working by staff and volunteers prevents controls, such as segregation, being possible but efforts should be made to minimise the risks and to strengthen the control framework as far as possible.

- Stocktakes are undertaken annually and records maintained provide little assurance of the process followed, or the results of the stock take, e.g. no endorsements recorded of stock being verified, no narrative to record investigations of any over or under stock quantities. The quantities and activity levels of stock are not reviewed by management, nor is management approval sought when stock is reduced in price, which could lead to misappropriation.

3.3   Management agreed the following actions:

- ➢ A business plan template has been designed and was discussed at the first Heritage Delivery Board in August. The Business Plan for 24-26 will be completed and shared with the Heritage Governance Board for approval.

- ➢ The Heritage Governance Board, chaired by the deputy Chief Constable, will now meet quarterly. The first Heritage Delivery Board met in August 2024, which will drive the delivery of the Business Plan activity and the audit actions.

- ➢ The terms of reference for the Heritage Governance Board will be reviewed and the draft terms of reference for Heritage Delivery Board are to be developed following its initial meeting.

- ➢ All vetting, induction and training dates are now entered onto Duty Sheet and records have been brought up to date.

- ➢ The aim is for safeguarding training to be completed by end of September or volunteers will be removed from active duty.

- ➢ Risk assessments will be completed and signed off by different staff between museum manager, heritage manager and Assistant Director Corporate Comms going forward.

- ➢ An action plan has been developed around financial and stock management processes which will be reviewed and progress reported into the Heritage Governance Board. This will include exploring potential for using existing financial systems.

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	Final	Limited
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)	Complete	
IT&D Database Access and Administration		TOR Issued
Nat Fraud Initiative	In progress	Data submission complete – awaiting release of match results
Information Governance and Decision Making (ICO-DPA processes)		
Subject Access Requests (Force)	Final	Limited
Firearms Culture & Behaviour	In progress	Fieldwork complete
Dogs Unit & Training		
Insurance	In progress	
Fixed Asset Register	Final	Substantial
General Ledger	Final	Reasonable
Accounts Payable		
Financial Savings Governance		
Uniform and Equipment	In progress	
ROCU Covert Funds	Draft	Reasonable
Use of Credit Cards	Final	Reasonable
IT&D Service Management (Service Desk)	Draft	Awaiting Management comments
Rape and Serious Sexual Offences		
ROCU Enabling Services	In progress	Fieldwork complete
VAWG Delivery Planning		
HMICFRS Causes for Concern		Proposal to postpone to 25/26
Museum	Final	Minimal
Subject Access Requests (OPCC)	Final	Reasonable
Freedom of Information Requests (OPCC)	Final	Reasonable
IT Application Management	In progress	
Section 18 PACE		
Neighbourhood Policing Engagement	In progress	
Local Policing Areas - Governance, Data and Performance Management: - Coventry LPA - Wolverhampton LPA	Final Final	Substantial Substantial
Additional Audits requested		
Absence Management	Draft	Awaiting Management Comments

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
Museum		10					10	Mar-25
Intelligence - Threat to Life Scenarios		4					4	Apr-25
Fixed Asset Register	🟩	2	2				0	N/A
General Ledger	🟩	4	4				0	N/A
Subject Access Requests (Force)		7					7	Apr-25
Freedom of Information and Subject Access Requests (OPCC)		4					4	May-25
Use of Credit Cards		4					4	May-25
Totals		**51**	**6**	**0**	**0**	**0**	**45**	*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
2023/24								
Expenses	🟥	6	1			5	0	Dec-24
Recruitment	🟧	7	5			2	0	Feb-25
Debtors	🟩	6	5				1	Dec-24
Wellbeing	🟧	4	3			1	0	Feb-25
OPCC Citizens in Policing (Appropriate Adults, Custody Visitors and Youth Commissioners)	🟩	7	3	1	1	2	0	Feb-25
Freedom of Information	🟩	5	4				1	Dec-24

Outstanding recommendations from previous years		Made	Implemented	Risk Accepted	Redundant/ Superseded	Not yet implemented	Not yet followed Up	Follow-up due
Health and Safety	🟥	6	1			5	0	Jan-25
Treasury Management	🟧	2	1			1	0	Jan-25
Payroll and Overtime	🟩	10	6	1		1	2	Feb-25
2022/23								
Pensions Services	🟧	7	2			5	0	Nov-24
Uniform	🟧	10	3		1	6	0	Dec-24
Special Branch	🟧	2	1			1	0	Nov-24 – In progress
Stop and Search – Strip Searches	🟧	7	4			3	0	Jan-25
2021/22								
Accounts Payable	🟩	9	8			1	0	Feb-25
Detained Property	🟥	7	1			6	0	Dec-24
Totals		**95**	**48**	**2**	**2**	**39**	**4**	*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

Head of Purchase to Pay | <u>Update as at November 2024</u>
The Assistant Director Finance has agreed to implement the change from Auto Pay to Bankline. A timeline is being agreed between IT&D and the Bank. |
| 2 | June 2022 | Detained Property | Briefing sessions and promotional activities e.g. Team Talk, message of the day, dilemma of the month and Newsbeat articles, should be undertaken to re-train and raise awareness amongst officers of their responsibilities when managing property in the short, medium and long term including:

• Ensuring items are appropriately packaged and stored with property reports attached to items and the correct property store selected on the property system.

• 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. | Management Response - Shared Services:

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.

Management response - CAM:

Review and update the 'go-to' app for detained | *30/9/22 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.*

Corporate Asset Management, Commanders & Chain of command for agreement DP Project Team, AD Shared Services, AD | <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. |

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				property to give an accurate process that aligns with the published policy and associated guidance. On-going comms to reinforce this via Newsbeat etc. 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.	*Corporate Asset Management, Commanders & Chain of command for agreement Facilities Manager*	
3	June 2022	Detained Property	Oversight arrangements for detained property need to strengthened by: • 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	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. 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.	*31/7/22* *31/3/22 for overarching data. From actual 'Go live' date of Connect etc. more to follow.* *FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders. Facilities Manager*	<u>Updated as at June 2024</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.
4	June 2022	Detained Property	To improve the working practices within the Central Detained Property store management	Use weekly team updates (supervisor lead) to reinforce appropriate updating of property	*Facilities Manager*	<u>Update as at June 2024</u> Detained Property has been included in a wider Force project

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			should: • 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. 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.	records and safe register. Audits will identify any non-compliance. 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. 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.		which will include systems, process and software applications to ensure it is all fit for purpose and meets all legislative requirements. 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. Firearms disposal options still being reviewed to ensure safe disposal. RTO letters and appointments in progress, backlog to be worked through.
5	June 2022	Detained Property	The arrangements to review and investigate missing property items must re-commence immediately, including; • 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. • The Central Detained Property Store to agree with the Economic Crime Unit, Forensic Services	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. 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 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.	*31/07/22* *FET reps – Commercial Services & POD, AD Shared Services and AD Corporate Asset Management. NPU Commanders.*	<u>Update as at June 2024</u> 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.

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			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.	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. 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. 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. 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. 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 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		

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				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	A quality assurance check regime should be re-introduced on a proportionate basis with; • 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.	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. 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.	*Ongoing* *Facilities Manager*	<u>Update as at June 2024</u> 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.
7	Dec 2022	Stop and Search	To provide refresher training to officers across the force on strip searches and support ongoing development the Stop and Search Silver Lead should: • 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. 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.	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. 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.	*01/01/23* *Responsibility transferred to S&S Executive Board*	<u>Update as at October 2024</u> Conversations are taking place with L and D about refreshing their training offer, as work is currently progressing with updates to stop and search policies and procedures which need to be reflected via training. Trauma informed training is mandatory for all new recruits. Some other departments are offered it and others can book on it voluntarily, it is not mandatory for all roles. However, to illustrate our commitment to Trauma training West Midlands Police have launched a Trauma Informed Policing Strategy and all officers have access to a Trauma Aware Resource Bank.

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8	Dec 2022	Stop and Search	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: • 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. 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.	Officers when conducting any juvenile strip search to always consider the submission of a referral to Multi Agency Safeguarding Hub (MASH). This will form part of broader work that is being done to improve care of juveniles in custody. A pilot in Perry Barr sees greater collaboration with Children's Services, and it seen as a future template for the other custody blocks.	*01/01/23* *Supt Minor* *30/06/23* *Deputy Head of CJ*	<u>Update as at October 2024</u> This work is ongoing at CJ, however there have been changes to the SPOCs within the custody arena who are delivering this. Enquiries are being made with them in order to progress this.
9	Dec 2022	Pensions	To enhance the controls regarding managing transfers into and out of the Force, the Head of Pensions should ensure the following: - 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. - 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.	Transfers are split into 4 areas 1: Transfer in from other Forces (pol to pol in) 2: Transfer in from other Pension Schemes 3: Transfer out to another force (pol to pol out) 4: Transfer to another Pension Scheme. In respect of pol to pol in, a substantial piece of work has been performed and identified missing membership certificates for all known transferee officers since 2015. Membership Certificates for 2015 onwards have been requested from previous forces (payroll pension providers). 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.	*Ongoing* *Service Delivery Managers*	<u>Update as at August 2024:</u> Pol to Pol In – Regularly monitored and up to date. Responsibility for the collation of data (for Remedy) has been given to an individual within the Team. 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. 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. CETV – The backlog was due to awaiting new factors these have now been received and the team have addressed the backlog.

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				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. 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.		The requirement for records to be endorsed to evidence an independent check having been undertaken has been made known to Staff.
10	Dec 2022	Pensions	Management should strengthen processes for reviewing NFI Mortality Screening results. This should include: - 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 report, and acting on any guidance given to prevent this. - 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.	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 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. Service Delivery Manager will arrange and complete NFI training.	*30/09/22 Service Delivery Manager*	<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. The Pensions Team are however monitoring deaths

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			- Establishing resilience within the team to ensure mortality screening data submissions and investigations can continue if the Service Delivery Manager were absent.			
11	Dec 2022	Pensions	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: - 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.	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. 2: Intention to review the work allocation sheet to make it more efficient and to allow better reporting to be available. 3: to be linked in with 2 4: see 1	*November 22* *1: All* *2: Service Delivery Manager)* *3: Service Delivery Manager* *4: All HoP, SDMs, ADSS*	Update as at August 2024 The backlogs of work are being monitored through the work allocation spreadsheet. Transfers in is the main area of slippage All payments are being made on time Additional work is now being undertaken for McCloud The Our Service For You agreement has not been reviewed due to the absence of the Assistant Director Shared Services 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.
12	June 23	Uniform Services	To improve controls ensuring that only appropriately trained individuals are able to access specialist items of uniform or equipment: • A process should be agreed with Training which informs Uniform Services of the results of training courses to enable correct updates to an individual's uniform allocation to be performed. • 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.	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 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. Point 2: All requests are managed through the My Service Portal to ensure auditability. Where	*Facilities Manager*	Update as at June 2024 Points 1 and 2: Ongoing. We are still working with stakeholders regarding information sharing and aim to have this complete within the next 3 months. We are continuing to focus on sourcing the uniform and equipment supplies, liaising with stakeholders regarding scales of issue to ensure what we buy is still required, and ensuring best value. We're also continuing to work with the Contractor in relation to the exit from the Contract, which is likely to be for the foreseeable future, when any issues/stock/invoices etc are resolved. Although we no longer have access to the DOP, every request for uniform comes direct to us via the MyService Portal. No one is able to order items themselves, which allows us to ensure that only those officers/staff who require specialist kit, have access to this. Although this is a manual process until we have the electronic ordering platform

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				required, supervision is asked to provide confirmation if required. Any additional skill is time limited on the ordering system and automatically expires		(including stock control) available (mid/late summer), this is working well and the portal request is updated and fully auditable. The new platform will enable us to be able to update individuals skills ourselves, giving greater control over what people are able to order, linked in with joining up with stakeholders i.e. L&D
13	June 23	Uniform Services	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.	The current contract will cease on 31 March 2024 and so lean linking will now be adopted for new contracts from 1 April 2024 where parameters are met. The contract will be added to the Supplier Performance Portal (lean Linking) with relevant questions relating to WMP specific back orders. This will then form part of the monthly review meetings with the Contractor and fed into the NUMS contract manger in the Met via WMP Procurement. The Contractor is still not providing the accurate/up to date information, despite continued requests. This has been escalated to director/Vice President level within the Contractors organisation without a full resolution. Some improvement to ETA information has been made at our request, but overall, there is still a lack of action from the Contractor	*Facilities Manager (in conjunction with the Procurement Manager)* *31/3/24*	Update as at June 2024 Arrangements with the previous provider are now largely redundant as the uniform process has moved in-house, although exit arrangements are ongoing. It is important that any contract management issues experienced under the the previous contract are rectified in new arrangements established with new uniform providers, and appropriate contract monitoring and management arrangements allow for this. From discussions held with the Head of Fleet and Logistics and the Transport Logistics Manager, the new contracts are established on Leanlinking. As contracts have only been in place since 1/4/24, or are in the process of being established, contract management arrangements have not yet fully established. We will therefore keep this recommendation open and follow-up the effectiveness of the arrangements as part of the internal audit planned later in the year.
14	June 23	Uniform Services	In an attempt to reduce the number of missing items: • 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).	*Facilities Manager*	Update as at June 2024 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: -	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	*Facilities Manager*	Update as at June 2024 Points 1,2,3, Policy has been amended to state that all items must be returned. Further work needs to be undertaken in

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			• 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.	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.		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.	*Facilities and Procurement Managers*	Update as at June 2024 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. Internal Audit Comment It is important that any contract management issues experienced under the previous contract 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 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: • 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.	*Facilities Manager*	Update as at June 2024 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

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						check through to ensure charging is correct. Internal Audit Comment 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.
18	Sep-23	Expenses System	To ensure that officers and staff claim Expenses correctly and use other purchasing processes appropriately: • 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.	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. 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. 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. 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 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.	*Assistant Director Finance, Contracts and Procurement & Head of Payroll* Revised Action Date: September 2024	Update as at August 2024 In progress- The Head of Payroll and SDM's have worked with the Service Lead – digital services to go through the reports currently available and will now establish which reports are available to capture policy violations and will monitor periodically.
19	Sep-23	Expenses System	To mitigate against the potential for an individual to act fraudulently and enter a duplicate expense	These reports were produced by the Head of Payroll, and the Service Delivery Managers	*Assistant Director*	Update as at August 2024 Digital services could not provide a better report to filter out

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			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	(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	*Finance, Contracts and Procurement & Head of Payroll* Revised Action Date: July 2024	the duplicate expenses. Oracle Fusion allows individuals to claim the same expense more than once. There is no other duplicate expense report available in Oracle Fusion that captures actual duplicate expenses due to the nature of the claims and repetitive values. We have started using the current report available on fusion and aim to dip sample employees monthly.
20	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. 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	*Assistant Director Finance, Contracts and Procurement & Head of Payroll* Revised Action Date: September 2024	Update as at August 2024 In progress- The Head of Payroll and SDM's have worked with the Service Lead – digital services to go through the reports currently available and will now establish what is required going forward.

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				with the error detail so it can be fixed. 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		
21	Sep-23	Expenses System	To help ensure that unpaid expenses are identified and managed at the earliest opportunity: • 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 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.	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	*Assistant Director Finance, Contracts and Procurement & Head of Payroll* Revised Action Date: December 2024	Update as at August 2024 In progress. - Head of payroll is monitoring expenses monthly now. A list of historic expenses to be provided to the service lead- digital services to clear from the queue.
22	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	Agreed	*Head of Resourcing & Recruitment*	Update as at October 2024 Reporting within ORC is still being worked through with final reports still being developed New KPIs for recruitment which encompass time to hire and candidate satisfaction have recently been agreed as part of the People Services

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			capturing, monitoring and reporting outcomes and any issues identified into senior management and escalation to the relevant board where required.			Implementation.
23	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	Update as at November 2024 The interim Head of Occupational Health will be liaising with the providers of eOpas regarding an update over the coming month. Reporting capability of the system will also be explored as part of the discussion regarding the upgrade.
24	March-24	OPCC Citizens in Policing Safeguarding	To ensure volunteers are aware of their responsibilities and reporting lines in relation to safeguarding: - Implement an information handbook for Youth Commissioners and update the handbooks for Independent Custody Visitors and Appropriate Adults to ensure they contain key information required for their volunteering role; - Include reference to the OPCC Safeguarding Policy and/or provide volunteers with a copy of the policy and signpost them to details of the Designated Safeguarding Lead - Also consider providing a copy of the handbook and safeguarding policy to parents/carers of young volunteers.	- The ICVA /AA handbook will be updated to include safeguarding information (AG) - safeguarding information will be developed for Youth Commissioners and will be suitable for sharing with parents/carers (TT)	Head of Business Support and Head of Communications	Update as at November 2024 Youth Commissioner (YC) guidance handbook draft is completed. The handbook is awaiting sign of from DCEX, following which it will be printed and shared with parents/guardians and YC's The handbook will include YC roles and responsibilities, safeguarding policies and contact information for OPCC and national agencies. The handbook highlights OPCC policies in place to protect YC's. AA's/ Volunteers Handbooks are in development and expected completion December/January 2025. An improved, transparent and structured process has also been implemented which includes: - Electronic attendance lists created, with hyperlinks included which automatically store on SharePoint. - Moved to electronic recording of visits, which include safeguarding updates. - Training will be updated in January.
25	March-24	OPCC Citizens in Policing Safeguarding	Establish Induction processes for all volunteers and as part of this process provide an overview of the Safeguarding Policy and the key requirements and responsibilities relating to volunteers. OPCC staff managing induction and training events for volunteers should maintain lists of attendees / training records and ensure all volunteers attend induction and training events	- We will document our induction process for each category of volunteer, and ensure that it includes appropriate content related to safeguarding - Records of volunteer induction and training will be maintained and stored on SharePoint, accessible to other staff as and when required. - All youth commissioners will have received Safeguarding training by the end of December 2023.	Volunteer safeguarding lead: Simon Down – Head of Policy / Tom Turrell – Head of Communications / Andrea Gabbitas –	Update as at November 2024 Youth Commissioners (YCs) induction process for each category of YCs are documented and kept on HR SharePoint, YCs received Safeguarding training by the end of January 2024 and documents were shared with YCs/Parents/ guardians. Will be reflected again in the handbook. Some YCs came into post/returned to role after January. All YCs will have received safeguarding by September 2024. Records of volunteer induction and training is maintained,

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				- The OPCC is going to ensure ALL staff are safeguarding trained and this will be updated at regular intervals. All leaders will have enhanced safeguarding training, targeted as their role as safeguarding lead.	Head of Business Support	accessible to HR and Comms staff as and when required. An improved, transparent and structured process has also been implemented for AA's/Volunteers which includes: - Electronic attendance lists created, with hyperlinks included which automatically store on SharePoint. - Moved to electronic recording of visits, which include safeguarding updates. - Training will be updated in January. All staff received Safeguarding Children & Adults Training delivered by accredited provider SCIE. New starters will receive the training at regular intervals. All Designated Safeguarding leads received an enhanced 2-day training session in April 2024. Arrangements ongoing to organise dip-sampling/deep dive safeguarding process reviews into refined areas, beginning with the Youth Commissioner's. AA/Volunteers; requested more Health & Safety Awareness training.