

## AUDIT PANEL

### Friday, 22 September 2017

#### Director of Audit, Risk and Assurance

#### Quarterly Activity Report

Report by: The Director of Audit, Risk and Assurance

#### **Report Summary**

This report summarises the work carried out by the Directorate of Audit, Risk and Assurance (DARA) in the second quarter of 2017/18, which includes internal audit risk and assurance reviews, systems development and advisory work and counterfraud activity. The detail of work completed is shown in Appendix 1 and 2. There is also a forward look to quarter three planned activity.

#### **Key Considerations for the Panel**

- Fourteen reviews have been finalised this quarter and the plan remains on target to be completed, although a number of reviews have been deferred at management request.
- Increased liaison with business groups and SLTs is taking place to facilitate the planning and progress of audit review activity and implementation of agreed actions.
- Significant reviews include; a joint advisory review with the College of Policing has been conducted to develop, improve and provide assurance on the adequacy and effectiveness of Child Safeguarding internal review activity, Custody Healthcare Provision and follow ups of Offender Management and Secure Intelligence Systems.

#### **Interdependencies/Cross Cutting Issues**

Work continues with the MPS Governance and Insight Team to improve the oversight and implementation of agreed actions as described in the Audit and Inspection Update. MOPAC and MPS Governance improvements identified in the DARA Annual Report are addressed in the improvement plans submitted to the Panel.

#### **Recommendations**

The Audit Panel is recommended to consider the DARA work undertaken to date and activity planned for the third quarter, and be assured that adequate progress against the Plan is being made.

## 1. Supporting Information

### Second Quarter Activity 2017/18

- 1.1. Fourteen reviews have been finalised since the Panel last met, four related to reports from the 2016/17 plan. Of the work planned for the second quarter, final reports on four risk and assurance reviews, two advisory reviews and four follow ups have been issued. Four further reviews are in progress and one is at draft report. Although a number of reviews have been deferred at management request the plan remains on target to be completed. **Appendix 1** summarises the outcome of the reviews, counterfraud activity and systems development and advisory work undertaken.
- 1.2. Key reviews finalised include Operation Filesafe Assurance, Pay and Conditions, Healthcare Practitioners – Use and Deployment and Covert Human Intelligent Sources. Follow up reviews include Secure Intelligence Systems, FALCON – Cyber Crime, Offender Management Framework and Internal Communications. Each has demonstrated a degree of improvement with Offender Management and Secure Intelligence systems improving from a limited to adequate assurance rating.
- 1.3. Contributions and designated pieces of work have been undertaken in support of a number of Gold Groups and key change programmes. DARA attends the BSS Programme Board with auditors continuing to provide advice supporting the transfer to a single ERP under the SSCL contract, which is now due to take place later in the year. Representatives also advise the MPS Risk and Assurance Board and the MOPAC Corporate Governance Working Group. DARA has drafted an advisory note to assist MOPAC in the design and implementation of key controls that will support the development of an effective framework for stakeholder engagement.
- 1.4. DARA are represented on the Child Protection Gold Group and the Delivery Board and have provided advice on planned actions to address the issues previously reported by the HMIC. The Director also advises the Child Protection Oversight Group, Chaired by the DMPC. A joint advisory review with the College of Policing, to provide assurance on the adequacy and effectiveness of the Child Safeguarding internal review activity has been completed this quarter. It identified areas for further improvement and nine suggested actions to strengthen the inspection process and ensure issues on the front line are properly identified and addressed. These are being taken forward by the MPS self inspection team and Delivery Group.
- 1.5. The e-learning anti-bribery and fraud awareness training continues to be rolled out and completed by MPS personnel. The DARA Counter Fraud team maintains regular liaison, formal and informal, with DPS, the MPS Fraud Squad and, when appropriate, outside forces. A total of 20 new cases have been identified this year to date this includes those that arose from the National Fraud Initiative exercise, which has identified overpayments totalling £134k and a case now subject of a police investigation. The previously reported conviction of an ex MPS employee for fraud resulted in his imprisonment for two and a half years. Papers for a confiscation (£220k)

hearing are currently being prepared. A significant review of the procurement for a major contract was conducted over the first half of the year has drawn to a conclusion.

- 1.6. The Director chaired the National Police Audit Group Conference in Warwick in July. Representatives of the College of Policing, Association of Police and Crime Chief Executives, Chartered Institute of Internal Auditors, CIPFA and External Audit made presentations to the conference. The conference provided an opportunity for heads of audit in the policing environment to share best practice and keep up to date with latest developments.
- 1.7. The recent DARA restructure is now complete and a recruitment exercise was completed this quarter to fill the new posts established. Two new senior managers, two senior auditors and two counter fraud officers have been appointed. This will further enhance internal audit capability across the diverse GLA client base, which DARA serves.

#### **Third Quarter 2017/18 Planned Activity**

- 1.8. **Appendix 2** summarises progress against planned activity. In the third quarter DARA intend to finalise those reports at draft report stage. Key work planned includes; Workforce Capabilities and Capacity, Knife Crime – Strategy and Delivery, Transformation/Change Governance and Programme Assurance, Key Financial Systems Assurance and Cyber Security. Follow up reviews include; Corporate Assurance Framework, Working Time Regulations Compliance Framework, Police Officer Performance Management Framework and Training and Development Framework. The follow ups of Management and Escalation of Programme and Project Risks and the MIPS Programme will be covered as part of the Transformation Governance Review.
- 1.9. The Head of Audit and Assurance, Risk Management is continuing to work with Director of Commercial and Finance and the Directors of Finance, Procurement and Property to develop a Control Risk Self Assurance framework to help identify key process risks, key controls and sources of assurance. The outcome will inform the MPS approach to developing its corporate assurance framework.
- 1.10. Advisory work on the BSS Change Programme will continue and DARA representatives will continue to attend Gold Groups and Boards supporting the work being undertaken to strengthen the MOPAC and MPS governance and internal control frameworks.
- 1.11. DARA is looking to further enhance its engagement with business groups to promote the understanding of the role of internal audit and to facilitate the planning and progress of audit review activity and implementation of agreed actions. MPS key contacts, nominated by Management Board members, have been established across each business area and regular liaison is taking place. This will be supported by DARA representatives regularly attending Senior Leadership Team meetings to discuss current and planned reviews and to provide advice on the implementation of agreed actions and any key

emerging risk issues. A similar process is in place within MOPAC with key SPOCs appointed and regular meetings held at Director level across all areas.

- 1.12. Regular liaison and meetings will continue to take place with the Information and Insight Team and DARA will attend the new Risk and Assurance Groups being established to support the Risk and Assurance Board. This will provide further opportunity to discuss issues and common themes arising from audit reviews at practitioner level and help to determine an appropriate response

**2. Equality and Diversity Impact**

The MOPAC and MPS commitment to equality and diversity are considered in all activities carried out by DARA. The DARA work plan is designed to provide as wide a range of coverage of MOPAC and the MPS as is possible and practicable.

**3. Financial Implications**

There are no direct financial implications arising from the report. There is a risk of loss, fraud, waste and inefficiency if agreed management actions arising as a result of audit activity are not implemented effectively. Savings and recoveries identified and made as a result of DARA activity enable funds to be better directed towards core policing activities.

**4. Legal Implications**

There are no direct legal implications arising from the report.

**5. Risk Implications**

There are no direct risk implications arising from the report. Completion of the audit plan enables the Director of Audit, Risk and Assurance to provide assurance on the effectiveness of risk management arrangements.

**6. Contact Details**

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**7. Appendices and Background Papers**

- Appendix 1** – Summary of DARA activity Quarter 2
- Appendix 2** – Quarterly Activity - Reported Outcomes

**Risk and Assurance Review Programme (incl. Follow Ups)**

**Internal Audit Plan 2016/17**

<b>Risk &amp; Assurance Review – Final Report</b>	<b>Rating</b>
Contract/Client Relationship Management DP SIAM	Limited
Savings Plan and Delivery Framework	Adequate

<b>Follow Up Review – Final Report</b>	<b>Rating</b>
Investigations – Management, Capacity and Capability	Adequate
Risk Management Maturity – Directorate Level	Adequate

**Internal Audit Plan 2017/18 – Qtr 1 and 2 Activity Progress to Date**

<b>Risk &amp; Assurance Review – Final Report</b>	<b>Rating</b>
Operation Filesafe Assurance	Limited
Pay and Conditions	Limited
Healthcare Practitioners – Use and Deployment	Limited
Covert Control Environment – CHIS (Restricted)	Adequate
Safeguarding Advisory Report (additional review)	Advisory
MOPAC Stakeholder Engagement	Advisory Note Issued

<b>Follow Up Review – Final Report</b>	<b>Rating</b>
Secure Intelligence Systems (Restricted)	Adequate
FALCON – Cyber Crime	Adequate
Offender Management Framework	Adequate
Internal Communications – Workforce Engagement	Adequate
<b>Follow Up Review – Draft Report Stage</b>	<b>Status</b>
Body Worn Video	Draft Report Issued

<b>Risk &amp; Assurance Review – In Progress</b>	<b>Status</b>
End User Systems (formerly Legacy Systems)	Fieldwork in Progress
CRSA - Financial Governance	Fieldwork in Progress
CRSA - Estates Strategy and Delivery	Fieldwork in progress
CRSA - Procurement Framework	Fieldwork in Progress

<b>Risk &amp; Assurance Reviews – In Progress</b>	<b>Status</b>
BCU Reviews	Fieldwork in Progress
Alignment and Management of Strategic Risks to PCP – MOPAC/MPS	Fieldwork in Progress
MOPAC – Preparation for Data Protection Change in Legislation (additional review)	Fieldwork in Progress

**Reviews Planned for QTR 3**

<b>Risk &amp; Assurance Review – Planned QTR 3</b>	<b>Status</b>
Preparation for Data Protection Change in Legislation – MPS	ToR Issued
Decision Making Framework MOPAC/MPS (Deferred from Q2)	ToR Issued
Workforce Capabilities and Capacity	Scoping
Knife Crime – Strategy & Delivery	Scoping
Transformation/Change Governance	Scoping
Transformation Programme Assurance Framework	Scoping
Key Financial Systems Assurance	Scoping
Cyber Security Strategy – Promoting Awareness	Scoping
MOPAC Operational Oversight	Scoping

<b>Follow Up Reviews – Planned QTR 3</b>	<b>Status</b>
Cyber Security	Deferred from Q2
Data Security Assurance Framework	Deferred from Q2
Training and Development – Implementation of Framework and VfM	Planned
Corporate Assurance Framework	Planned
Working Time Regulations Compliance Framework	Planned
Police Officer Performance Management Framework	Planned
MIPS Programme (part of Transformation Governance review)	Planned
Management and Escalation of Programme and Project Risks (part of Transformation Governance review)	Planned
Mobility Programme	Planned

**Systems Development and Change Management – Advisory Work - Quarter 2**

**BSS Programme Board and Delivery Board**

Attended the BSS Programme Board and fortnightly Delivery Board meetings to advise on the governance arrangements supporting delivery of business support service objectives and on risk and control issues associated with the transition to a single ERP.

**Transition to Single ERP SSCL Contract**

Key advice provided this quarter included; review of the test plan and programme risk register and final proposals for the self-approval process for expenses, control advice and the provision of volunteers for user acceptance testing during the testing and training phase prior to go-live, attendance at Business Change Workshops and the PSOP Payroll Familiarisation Workshop seeking to ensure the MPS and MOPAC are ready for the PSOP go-live. DARA also attends the weekly MyHR Working Group and the bi-weekly Joint Delivery Board meeting. DARA also met with SCCL, Finance colleagues and external audit to discuss development of an integrated assurance framework post go-live.

**Child Protection Gold Group and Delivery Board**

Attended the Child Protection Gold Group and the Delivery Board advising on planned actions to address the issues reported by the HMIC. In particular, advising on the governance arrangements supporting the implementation of agreed actions and the wider governance issues relating to Child Safeguarding. This includes working with the College of Policing to review the effectiveness of the second line review activity undertaken by the Delivery Group Audit Team. An advisory report has been issued on the process.

**Strategic Crime Incident Recording Group (SCIRG)**

DARA attend the monthly meetings advising on improvements to the governance framework. In July DARA and the MPS reviewed all outstanding DARA actions from the previous crime recording audit in 2014 and a similar exercise was undertaken on HMIC recommendations. HMIC are to undertake a Crime Data Integrity Inspection later this year.

**MPS Risk and Assurance Board**

Reporting progress on the internal audit plan for 2017/18 and advising the Management Board on the effectiveness of governance, risk management and assurance arrangements and on key risks/issues emerging from internal audit review activity undertaken.

**MOPAC Police and Crime Plan Delivery Group**

DARA attends the bi-weekly Delivery Group meeting and provides advice on the processes in place for managing the delivery of the Police Crime Plan including the management of the risk register.

**MOPAC Governance & Risk Working Group**

DARA attends the monthly MOPAC Governance & Risk Working Group and provides advice on the risk management and governance processes in MOPAC and provides an update on key risks/issues emerging from internal audit review activity undertaken.

**Systems Development and Change Management – Advisory Work - Quarter 2**

**Information Assurance and Security Board**

Advising on security and information management risks and controls, informing the Board of key issues arising from audit activity in this area of the business via the relevant sub-groups. DARA attended the August 2017 Board and discussed a recent audit of 'Operation Filesafe' and planned review of GDPR and Cyber Security from a business perspective.

**Corporate Assurance Framework**

Held further meetings with Information and Oversight colleagues to progress the actions agreed following the DARA review of the corporate assurance framework. This work will continue into 2017/18.

**Leading For London Programme Board**

Attendance at Board meetings and planning to provide advice on the processes being developed to support the evaluation of the effectiveness of the Programme as it continues to be rolled out.

**Vetting Board**

DARA attended the Board to provide advice concerning issues highlighted during DARA reviews of vetting which will assist in the MPS implementing the actions highlighted by the recent HMIC PEEL inspection.

**Criminal Exhibits Management**

The management of criminal exhibits are now a key organisational risk and DARA review activity is informing risk mitigation. DARA attended the Criminal Exhibits Diamond Group in August 2017 which was established to develop collective strategic support for the business change required to policies, processes and practises governing the management of criminal exhibits. An exhibits retention and disposal policy is nearly ready for publication and the inclusion of an Exhibits module has been agreed for stage 1 of (MiPs). A risk appetite for photographing exhibits for court is being considered in conjunction with the CPS to avoid unnecessary storage of physical items.

**Health and Safety Board**

DARA attended the quarterly Board in August to advise on audits that impact on Health and Safety of Police Staff and Officers. Working Time Regulations compliance was discussed and will be subject to a follow up review in Q3, which will be reported to the board.

**Control Risk Self Assurance**

DARA are working with MPS Finance, Procurement and Estates to develop a Control Risk Self Assurance (CRSA) that will help identify key process risks, key controls and sources of assurance. A series of meetings, workshops and evaluations have taken place during this quarter and the CRSA will be developed during the financial year to refine and identify any assurance gaps.



**Counter Fraud Programme – Quarter 2**

**Fraud Prevention Strategy and Training**

A new MOPAC/MPS combined counter fraud policy, strategy and response plan has been drafted. In line with other police forces, the document is a joint policy between Police and Crime Commissioners (or Mayor) and the police to provide both MOPAC and MPS staff with counter fraud information in one easily accessible document. It will subsequently be submitted to Audit Panel. Actions from the plan supporting the strategy will be taken forward by the joint Fraud Forum. An update of the fraud risk assessment for the MPS has commenced which will be used to assess potential 2<sup>nd</sup> and 3<sup>rd</sup> line defence work in minimising the risks of fraud. The assessment will be completed in quarter two. The mandatory e-learning anti-bribery and fraud awareness training continues to be completed by staff throughout the MPS.

**Fraud Investigation**

DARA's remit is the investigation of fraud, non-compliance and financial irregularities and 20 new cases have commenced this financial year. The current case load is predominantly focussed on financial recoveries, preparation of case papers for court and completing actions to conclude a review of a major procurement exercise. To date this financial year, a total of £124k has been recovered in respect of pension and salary overpayments. In addition, a further £157k has been identified for recovery and those cases are currently being assessed for future action these include cases which were referred by the National Fraud Initiative. Two further cases for recovery currently await conclusion at court - one for a confiscation hearing in November and the other for trial at the High Court in December. These two cases involve in the region of £400k fraudulently obtained from the MPS. More recently, and in consultation with Professional Standards, DARA have been reviewing a series of theft/loss of cash from police premises.

**Interrogating Key Financial Systems and Data**

Proactive analysis of key financial systems monitoring and identifying trends supporting investigations and audits. Research has been conducted into analytical systems to assist with automated identification of anomalies and trends. DARA are liaising with SSCL and the MPS on corporate reporting arrangements. Monitoring continues into high risk fraud areas e.g. new vendor creations, overtime payments and allowances to identify any anomalies.

**National Fraud Initiative**

Further matches, including another deceased pensioner run, have increased the total to 5,517 potential matches. The creditor matches are being reviewed by DARA prior to further liaison with SSCL. Within the 1,001 pension matches, overpayments totalling £134,038 in respect of thirteen deceased pensioners have been identified. Another is the subject of a police investigation. Pension payments have been stopped.



**Risk Based Reviews**

Audit Title	Areas of Effective Control	Key Controls for Improvement	Agreed Management Action
<p><b>Assurance Rating = Adequate</b>                      The control framework is adequate and controls to mitigate key risks are generally operating effectively, although a number of controls need to improve to ensure business objectives are met.</p>			
<p><b>Savings Plan and Delivery Framework</b>                      (2016/17 Audit Plan)</p> <p>September 2017</p>	<ul style="list-style-type: none"> <li>Clearly defined process for the setting and approval of savings targets as part of the Mayor's annual budget setting process.</li> <li>Outline business cases review and alignment with Medium Term Financial Plan.</li> <li>Business cases include implementation plan supported by clear lines of accountability.</li> <li>Monthly reports outline status and progress of programmes including summary of status of the quantifiable cashable benefits.</li> <li>Corporate reporting to joint MOPAC/MPS Oversight Board and MB.</li> <li>Quarterly financial monitoring report to London Assembly.</li> </ul>	<ul style="list-style-type: none"> <li>Robust oversight over unidentified savings targets.</li> <li>System of forecasts against planned savings.</li> <li>Completion of benefits mapping for each programme.</li> <li>Assessment of impact on achievement of strategic objectives of not meeting the savings plan.</li> <li>Analysis and management of risks relating to delivery of Capital and Revenue savings.</li> </ul>	<p>Nine medium risk actions have been identified. The target date for implementation is December 2017.</p>
<p><b>Covert Control Environment (CHIS)</b></p> <p>August 2017</p>	<ul style="list-style-type: none"> <li>Restricted Report</li> </ul>	<ul style="list-style-type: none"> <li>Restricted Report</li> </ul>	<p>One high and ten medium priority management actions were agreed. The target date for implementation is October 2017.</p>
<p><b>Assurance Rating = Limited</b>                      The control framework is not operating effectively to mitigate key risks. A number of key controls are absent or are not being applied to meet business objectives.</p>			
<p><b>Healthcare Practitioners – Use and Deployment</b></p> <p>September 2017</p>	<ul style="list-style-type: none"> <li>Custody Nurse Practitioners (CNP) 24/7 Deployment Plan in place.</li> <li>Liaison and Diversion (Mental Health Practitioners) allocated to all Custody Suites funded by NHS England and delivered by nine mental health trusts.</li> <li>MPS procedures and flowcharts available to all personnel on policy pages.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of potential service delivery models needs to be undertaken.</li> <li>Lack of capability and capacity to effectively risk assess, triage and provide robust healthcare/treatment due to staff shortages.</li> <li>Evaluation of effectiveness of the roll out and implementation of 24/7 CNPs not undertaken.</li> <li>FMEs/CNPs attending Sudden Deaths as not</li> </ul>	<p>Three high and six medium priority management actions were agreed. The target date for implementation is December 2017.</p>

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**Quarterly Activity - Reported Outcomes**

**Appendix 2**

Audit Title	Areas of Effective Control	Key Controls for Improvement	Agreed Management Action
	<ul style="list-style-type: none"> <li>• Roles and Responsibilities for Healthcare Professionals updated and clarify responsibilities for all Healthcare Professionals.</li> <li>• All detainees subject to a risk assessment on arrival at a custody suite.</li> <li>• Performance of CNPs is reported to the Director of Nursing on a monthly basis.</li> <li>• Record is maintained by the Disputes Resolution/Risk Management Manager for all complaints received from the Custody Suites in relation to FMEs and CNPs.</li> </ul>	<ul style="list-style-type: none"> <li>• part of GP contracts and LAS too busy.</li> <li>• FMEs being used to cover shortage in CNPs.</li> <li>• Value for money reviews have not been undertaken on FME costs.</li> <li>• Adequate IT system for medical records used by all medical practitioners is not in place.</li> <li>• FMEs maintain their own hand written medical notes on detainees not always shared with other Healthcare Practitioners.</li> <li>• There is no oversight or independent review of the recruitment process for FMEs.</li> </ul>	
<p><b>Contract Client Relationship Management DP SIAM Towers (incl. DP Transformation – Residual Risks)</b> (2016/17 Audit Plan)</p> <p>June 2017</p>	<ul style="list-style-type: none"> <li>• Contract Management Strategy approved by MPS Management Board October 2016.</li> <li>• Operational level support in Contract Management Handbook and Guides.</li> <li>• Functional and operational level boards assist in effective engagement and business group oversight of operational business management areas.</li> <li>• Defined roles and responsibilities between Digital Policing Service Delivery and suppliers.</li> <li>• Launch of new Digital Policing Strategy and a Service Transformation Roadmap stating the ambitions of the business group over the next three years.</li> <li>• Clearly defined processes for governance of contractual changes.</li> <li>• Comprehensive management information reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Guidance, policies and reporting to support delivery of the strategy.</li> <li>• Further development of corporate reporting on contract/commercial and financial performance.</li> <li>• Effective management of budget monitoring relative to the SIAM/Tower contracts to minimise the risk of overspends.</li> <li>• Address lack of resource resilience with financial management capability within the Digital Policing ICF and increase capacity to cover wider contract management roles.</li> <li>• Clear ICF operating model and effective integration of all roles within the ICF.</li> <li>• Improvements to risk governance managed on behalf of the MPS by the suppliers.</li> <li>• Management information monitoring and reporting against performance indicators.</li> <li>• Co-ordinated assurance framework between ICF and SIAM/Tower suppliers.</li> </ul>	<p>One high and seven medium risk management actions were agreed, with a target implementation date of end of September 2017.</p>
<p><b>Operation Filesafe Assurance</b></p>	<ul style="list-style-type: none"> <li>• Progress towards key strategic aims is reported regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated governance structure for Operation Filesafe and records management to align it to</li> </ul>	<p>One high and eight medium priority management actions</p>

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**Quarterly Activity - Reported Outcomes**

**Appendix 2**

<b>Audit Title</b>	<b>Areas of Effective Control</b>	<b>Key Controls for Improvement</b>	<b>Agreed Management Action</b>
July 2017	<ul style="list-style-type: none"> <li>• Up to date policies and procedures supported by toolkit covering all aspects of manual records management.</li> <li>• Detailed guidance notes provide 'How to' guides on the treatment of all types of police records.</li> <li>• Adequate security, classification and storage for the management of paperwork captured during coordinated sweeps across the MPS estate.</li> <li>• Clearly defined arrangements with detailed guidance on the treatment of crime case files dealt with by Crime Prosecution Administrators.</li> <li>• A published training guide is supported by training delivery with evidence of improvement in record keeping standards having been identified.</li> </ul>	<p>Information Management Governance.</p> <ul style="list-style-type: none"> <li>• Clearly defined accountabilities and responsibilities for records management.</li> <li>• Operation Filesafe Performance Framework Dashboard 2017/18 to include all aspects of records management, with reports to relevant senior management.</li> <li>• Formal assessment to determine the success of Operation Filesafe and to ensure legislative requirements are met.</li> <li>• System to mitigate risk of lost data should the legacy Records Management System fail.</li> <li>• Results of planned compliance reviews of Operation Filesafe and records management maturity models reported at the appropriate level to ensure necessary action is taken.</li> <li>• Realignment and consolidation of all risks relating to records management and information management.</li> <li>• Review records in storage for compliance with legislation and national guidelines.</li> </ul>	<p>were agreed. The target date for implementation is March 2018.</p>
<p><b>Pay and Conditions – Senior Police Officers</b></p> <p>August 2017</p>	<ul style="list-style-type: none"> <li>• Contracts of Employment detail relevant conditions including cars, accommodation, London Allowance, Rent and Housing Allowances and relocation costs.</li> <li>• Correct recording and payment of salaries in line with the nationally stated rates agreed by the Police Remuneration Body.</li> <li>• Appropriate monthly tax returns are completed.</li> <li>• Completion of HMRC end of financial year return detailing benefits paid to employees. Monthly return of 'Officially Provided Cars'.</li> <li>• Publication of the relevant Senior Officers'</li> </ul>	<ul style="list-style-type: none"> <li>• Update MPS guidance to provide easier access to information, clarification of allowances and qualification criteria, and clearly state individual's responsibilities.</li> <li>• Verification of monthly information submitted regarding use of vehicles.</li> <li>• Timescales for renewal to be specified in contracts of employment, per Police Regs.</li> <li>• Strengthening of governance structures for recording and authorising payments</li> <li>• Payment of temporary increases in salary authorisation, evidence of verification of the applicable dates.</li> </ul>	<p>Three high and three medium risk management actions were agreed, with a target date for implementation of April 2018.</p>

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**Quarterly Activity - Reported Outcomes**

**Appendix 2**

<b>Audit Title</b>	<b>Areas of Effective Control</b>	<b>Key Controls for Improvement</b>	<b>Agreed Management Action</b>
	pay information included within the annual Financial Statements.	<ul style="list-style-type: none"> <li>Records of allowances claimed and paid maintained to improve.</li> </ul>	

**Interim Audits – Follow Up Reviews**

<b>Audit Title</b>	<b>Areas of Improved Control</b>	<b>Continuing Areas for Improvement</b>	<b>Management Action and Progress</b>
<b>Assurance Rating = Adequate</b>			
<b>The control framework is adequate and controls to mitigate key risks are generally operating effectively, although a number of controls need to improve to ensure business objectives are met.</b>			
<b>Investigations – Management Capacity and Capability</b> (2016/17 Audit Plan)  June 2017	<ul style="list-style-type: none"> <li>Oversight of detective resource and capability issues the responsibility of the Detective Diamond Group.</li> <li>Governance arrangements rationalised to improve transparency.</li> <li>Careers Pathways Project established.</li> <li>All trainee detectives on passing the National Investigative Exam (NIE) posted to TP, building local investigations and resilience.</li> <li>“Streaming” of uniformed and new recruits and direct recruitment of trainee detectives into the TDC career path has commenced.</li> <li>Coaching and mentoring developed.</li> </ul>	<ul style="list-style-type: none"> <li>Close monitoring of risk relating to training pressure.</li> <li>Action plan to address improvements required in HMIC PEEL - Effectiveness report.</li> <li>Action to address immediate short and medium terms risks to service delivery.</li> <li>Close monitoring of actions relating to specific projects to demonstrate effectiveness.</li> </ul>	Of the five medium risk agreed management actions, two had been fully implemented and three partly.  The target date for completion is September 2018.
<b>Secure Intelligence Systems</b>  July 2017	<ul style="list-style-type: none"> <li>Confidential Report</li> </ul>	<ul style="list-style-type: none"> <li>Confidential Report</li> </ul>	Of the eleven agreed management actions, nine have been fully implemented including five high risk actions. The remaining two have been partly implemented including one high risk action. The target date for completion is April 2018.
<b>FALCON – Cyber Crime</b>  August 2017	<ul style="list-style-type: none"> <li>FALCON’s strategic approach included in MPS 2017/18 Business Plan and realigned with the Government’s 4P’s strategy.</li> <li>Continued to work with key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Continued monitoring of workloads and demand to ensure that resources are used appropriately to meet strategic objectives, and to ensure victims of cyber-crime and fraud are</li> </ul>	The one high risk agreed management action has been partly implemented and is now medium risk. One of the four

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**Quarterly Activity - Reported Outcomes**

**Appendix 2**

Audit Title	Areas of Improved Control	Continuing Areas for Improvement	Management Action and Progress
	building and maintaining relationships. <ul style="list-style-type: none"> <li>Internal Tasking and Co-ordination Group responsibilities include review of performance processes and outcomes.</li> <li>Accuracy of reporting of data.</li> <li>Restructured and streamlined processes to meet MPS organisational workforce reduction requirements.</li> <li>Improvement in the victim care support process for Crime in Action, affecting businesses or charities.</li> </ul>	provided with an appropriate level of service. <ul style="list-style-type: none"> <li>Continued scoping for a long term solution to secure support and hosting for the Cyber Crime database.</li> </ul>	medium risk actions has been implemented, two partly implemented and one remains outstanding. One of the original medium risk actions has now been upgraded to high risk.  The target date for completion is December 2017.
<b>Risk Management - Directorate Level</b> (2016/17 Audit Plan)  August 2017	<ul style="list-style-type: none"> <li>Following annual review of corporate risk processes and risk maturity assessments, proposed business group level risks are being discussed to agree risk owners.</li> <li>The level of risk maturity varies across MPS business groups ranging from level 2 (low) to level 3 (medium).</li> </ul>	<ul style="list-style-type: none"> <li>Consistent processes at the Borough level allowing for improvements in the quality of risk registers.</li> <li>Complete review of business group risk registers to ensure they are focused on the key risks preventing the MPS from achieving its objectives.</li> <li>An action plan to ensure risk management is embedded and working, developing an integrated risk and assurance framework.</li> <li>Updated risk management intranet site to include access to the latest risk management guidance and other useful information.</li> <li>Link between the risk management guidance and partnership management guidance.</li> </ul>	Three of the five agreed actions have been partly implemented and two remain outstanding. The target date for completion is January 2018.
<b>Offender Management Framework</b>  August 2017	<ul style="list-style-type: none"> <li>Governance process in place and embedded, SPOCs in place and regular area meetings held with updates provided by each BCU.</li> <li>Quarterly meetings of Governance Board chaired by the Integrated Offender Management (IOM) Lead. Area SPOCs</li> </ul>	<ul style="list-style-type: none"> <li>The IOM Information Sharing Agreements to be agreed and signed by all partner agencies.</li> <li>Completion of demand mapping exercise to ensure staffing and resource levels are sufficient.</li> </ul>	Four of the six agreed actions have been implemented and two remain outstanding. The target dates for completion are December 2017 and March 2018.

Audit Title	Areas of Improved Control	Continuing Areas for Improvement	Management Action and Progress
	<p>update on caseloads and issues.</p> <ul style="list-style-type: none"> <li>• Practice Guide produced for within the MPS and City of London Police in partnership.</li> <li>• KPIs developed and tested via a pilot project to provide relevant data for each borough.</li> <li>• Action plan to review implementation of actions agreed from the previous audit report and the previous HMIC Peel review.</li> <li>• Regular professional development days discuss issues and review how improvements are being implemented.</li> </ul>		
<p><b>Internal Communications – Workforce Engagement</b> August 2017</p>	<ul style="list-style-type: none"> <li>• Approval of DMC Internal Communications Strategy which is in line with the key priorities and objectives of the MPS Business Plan and PCP.</li> <li>• New approach to communicating with staff with a focus on four campaigns, (Safeguarding Children; Keeping Safe; the Met Story; Celebrating our People).</li> <li>• Internal communications business partner model deliver products and services to key stakeholders and support communication of key messages to officers and staff.</li> <li>• New MPS intranet launched containing an improved search engine, modern social channels and is available on mobile devices.</li> <li>• Allocation of budget for activities contained within the Internal Communications Strategy.</li> <li>• Monitoring and reporting of progress against objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of effectiveness of new Internal Communications Strategy.</li> </ul>	<p>The one high risk agreed management action has been partly implemented. Of the four medium risk agreed actions, one has been fully implemented and three partly.</p> <p>The target date for completion is February 2018.</p>