

ETAP Governance Highlight Report

Office of the Chief Constable

Author: D Wilne	Organisation: Staffordshire Police
Contact: 01785 232284 deborah.wilne@staffordshire.pnn.police.uk	Date of meeting 23 October 2019

Introduction

This report is intended to provide information and assurance to ETAP on the actions being taken around the following:

1. HMICFRS reports and recommendations
2. Internal audit reports and recommendations
3. External audit report and recommendations
4. ETAP reports and recommendations
5. Strategic Risk, Issue and Opportunity (RIO) management

An overview of the above areas is provided, with a focus on those matters that have been considered to represent higher level risks to the organisation or which ETAP have requested a specific update on.

Recommendation to ETAP

That the information within this report be noted for information / discussion.

That any matters requiring more detailed scrutiny be raised for inclusion in the next Chief Constable's report to ETAP.

Overview of Current Position

1 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) Reports and Recommendations

Please see appendix 1 for details

Table 1: Summary of live HMICFRS Force Inspection report action plans

	Inspection Title	Date of report	Recs	Areas for Imp	Overall Judgment	Comments
1	2016 PEEL: Legitimacy	December 2016	0	3	Good	2 AFI's remain open as reported in May 2019. Both aspects have seen significant progress however PEEL Board requested that these remain open to review again by the year end.
2	2017 Unannounced Custody inspection visit to police custody suites in Staffordshire	1 August 2017	6	26	No Judgement, however 1 Best Practice identified	3 actions remain open with an additional action being completed since the May report (see appendix 1). This action will be subject to sign off via the Force Custody Steering Group chaired at C Supt level along with continued oversight of the ongoing actions. Exception reporting continues to the PEEL Board.

(PEEL – Police Efficiency, Effectiveness and Legitimacy)

Table 2: Summary of HMICFRS Action Plans Completed and Signed Off since May 2019
ETAP

1	2017 PEEL: Police Efficiency (including Leadership)	9 November 2017	0	2	Good	See Appendix 1 for details of the 2 actions that were open at the time of the May report that are now completed and signed off.
2	2017 PEEL: Police Legitimacy (including Leadership)	12 December 2017	0	6	Good	See Appendix 1 for details of the 2 actions that were open at the time of the May report that are now completed and signed off.
3	2017 PEEL: Effectiveness	22 March 2018	0	7	Good	See Appendix 1 for details of the 2 actions that were open at the time of the May report that are now completed and signed off.

All force and national publications can be accessed:

<http://www.justiceinspectorates.gov.uk/hmicfrs/publications/>

2 Internal Audit Reports and Recommendations

Please see appendix 2 for details

Table 3: Summary of live Internal Audit action plans

	Audit Title	Date of final report	High risk Recs	Med risk Recs	Low risk recs	Overall Judgment	Comments
1	2017 Police Payroll Processing Procedures	24 March 2017	0	2	2	Substantial	As reported in May, 1 medium priority remains open. The action has been re-assigned in line with team reconfiguration and the delivery date extended to the end of year by authorisation of the S151 Officer.
2	2017 Police IT Governance Final Audit Report	11 October 2017			3	Substantial	The remaining recommendation noted for May ETAP has been completed. This plan now requires sign off via the appropriate governance mechanisms within force ahead of any follow up activity.
3	2018 Management of Property Store	8 May 2018		5	2	Adequate	3 actions were recommended to be reinstated as work in progress by PEEL Board 4 June 2019. Oversight will remain with PEEL Board.
4	2018 Key Financial Controls	5 December 2018		2	6	Reasonable	As reported in May, 3 actions remain outstanding. The delivery date for each has been extended to the end of year by authorisation of the S151 Officer.
5	2019 Cash Seizures	21 March 2019	0	3	4	Reasonable	All 7 recommendations have been updated to reflect work ongoing and a cash audit that was undertaken in June 2019. The ownership of the recommendations and overall plan has been reassigned due to movement across roles. The newly appointed force lead is due to meet with the Governance team to review the latest position across all actions including a review of delivery dates. The actual progress against each action is therefore not accurately reflected on the force system until this exercise is



							undertaken. The force wishes therefore to defer details until the next ETAP report. This approach has been agreed by the Business Area Lead and Governance Lead.
6	2019 Savings Programme	21 March 2019				Advisory only	Two of the 3 recommendations have been marked as complete (subject to sign off via the appropriate governance mechanism). The remaining on track action has had the delivery date extended to year end by request of the Head of Business Change.
7	2019 Financial Management (including follow up)	21 March 2019		5		Reasonable	Four of the recommendations have been marked as complete (subject to sign off via the appropriate governance mechanism). The remaining on track action has had the delivery date extended to year end by request of the S151 Officer.

Table 4: Summary of internal audit action plans completed and signed off since May 2019 ETAP (to be subject of next round of Internal Audit follow up).

1	2019 Data Quality – Niche Implementation	30 January 2019				Advisory only	See Appendix 2 for details of the 1 action that was open at the time of the May report that is now completed and signed off.
2	2019 Overtime	20 May 2019		5	2	Reasonable	See Appendix 2 for details of all of the 7 actions that were tabled at May ETAP that are now completed and signed off.

3 External Audit Reports and Recommendations

The finalised Annual Audit letter for year end 31 March 2019 is tabled for the October 2019 ETAP meeting. The letter details results and conclusions on the significant areas of the audit process. An update on any key matters arising will be reported to ETAP as part of the next governance report for ETAP.



4 ETAP Thematic Reports and Recommendations

Please see appendix 3 for detail of open actions

Table 5: Summary of live ETAP Thematic action plans

	ETAP Review Title	Date of final report	High risk Recs	Med risk Recs	Low risk recs	Comments
1	Temporary Promotions	July 2018	0	0	4	1 action remains ongoing as reported in May. This has been transferred to the recently appointed Recruitment and Equality Lead for further review.
2	Out of Court Disposals	September 2018	0	4	3	A further 6 actions have been marked as complete since the May report (subject to sign off via the appropriate governance mechanism). It is anticipated that the plan will be reported as archived for the next report.
3	Hotel and Travel Bookings	December 2018			4	The 2 actions as reported in May remain ongoing.

Table 6: Summary of completed and signed off EAP Thematic action plans since last report to ETAP (May 2019)

4	Female Genital Mutilation	March 2019			5	All recommendations have been now been completed and signed off with approval of C Supt of Investigations Directorate and oversight from PEEL Board.
---	---------------------------	------------	--	--	---	--

5 Force Strategy Board - Strategic Risk Issue and Opportunity (RIO) Management

The bi-monthly Strategic Risk Management Board has met three times since the last ETAP report. The force strategic risk register currently has 7 risks and 1 issue. Since last reported in May, 'Collaboration with Staffordshire Fire and Rescue', 'Effective management of stalking', and 'Management of capital budget' have been escalated as risks to the strategic register with the issue of 'Weakness in arrangements for planning finances effectively' deescalated to directorate level ownership and oversight.

Each risk and issue as outlined below is subject to a full review at the board including effectiveness of controls measures in place and risk/issue scores:



Current Risks:

- **Implementation of Niche:** Risks relating to the successful go live and full implementation of Niche.
- **Cultural change:** Risk that the force is unable to achieve the cultural and behavioural changes required to deliver priorities.
- **IT failure:** Risk that infrastructure failure due to end of life hardware may impact on delivery of operational and support activities.
- **Emergency Services Network:** Risk of compromised operational viability due to delays in decommissioning of Airwave.
- **Effective delivery of Staffordshire Fire and Rescue Service collaboration:** Risk relating to timescales, shared IT and savings delivery.
- **Effective management of stalking:** Risk that opportunities are being missed to protect victims (Escalated in June, anticipated to de-escalate to Directorate ownership and oversight at December 2019 board).
- **Managing capital budget:** Risk relating to trajectory of capital expenditure.

Current Issues:

- **Data quality:** Requirement to address inaccurate and incomplete information held across systems.

At the October Board the risk relating to Brexit was also discussed. It was acknowledged that the force Gold Group structure was providing executive level ownership and oversight of this. However it was agreed to translate the relevant information into the risk scoring matrix and table at the next appropriate Force Executive Meeting for potential 'fast track' escalation to the strategic register.

Similarly Operation Uplift was also discussed as requiring assessment using the forces RIO framework, this will also be tabled at a forthcoming Force Executive Meeting for potential quick escalation to the register.

Key matters for ETAP February 2020 report

1. Update against ongoing HMICFRS, Internal and external audit actions
2. Detailed update against latest round of internal audit recommendations
3. Update against any matters arising from the Annual Audit Letter March 2019
4. Update against ETAP recommendations
5. Update around Risk, Issue and Opportunity management



HMICFRS action update for live plans

1. 2016 HMICFRS PEEL Legitimacy

2	HMIC AFI	OWNER:	Susan Hewett (26442)
		DATE ACTION SET:	08/12/2016
	On Track	DUE DATE:	28/06/2019
		RECOMMENDATION:	PEEL: Police Legitimacy 2016 (Force report)
	Neighbourhood and Partnership	ACTION:	The force should improve how it seeks feedback from the people it serves about their experiences (or perceptions) of how the police have treated them.
		LATEST UPDATE:	Progress Update: (29/09/2019) progressed to be monitored through service improvement. Off track entered in error Reviewer's Comments: (05/08/2019) As per decision at PEEL Board 22/07/19, status changed back to ON TRACK and delivery date extended to end of October
4	HMIC AFI	OWNER:	Caroline Coombe (06007)
		DATE ACTION SET:	08/12/2016
	On Track	DUE DATE:	31/10/2019
		RECOMMENDATION:	PEEL: Police Legitimacy 2016 (Force report)
	People and Resources	ACTION:	The force should improve how it manages individual performance.
		LATEST UPDATE:	Progress Update: Progress Update: (24/09/2019) Check in process now in place. Employee owned rather than manager owned so individuals get information they need to fulfil their role effectively. Socialised on intranet. Reviewer's Comments: (02/08/2019) As per PEEL Board 22/07/19, ownership changed to Caroline Coombe and delivery date changed to end of October as next PEEL board is on 03/10/19

2. 2017 HMIC Report on an unannounced inspection visit to police custody suites in Staffordshire

Ongoing actions:

4	HMIC Force Rec	OWNER:	Insp Karen Cooke (00776)
		DATE ACTION SET:	02/08/2017
	On Track	DUE DATE:	30/06/2019
		RECOMMENDATION:	8.4 - Area of concern: Governance and oversight of the use of force in custody were limited, with insufficient information to demonstrate its use was justified or proportionate.
	Justice Services		

		ACTION:	Recommendation: Staffordshire police should immediately introduce the robust scrutiny of all force used in the detention and custody of detainees to assure itself and others that all use of force is justified and proportionate. (2.45)
		LATEST UPDATE:	Progress Update: (06/09/2019) The introduction of a new online in house use of Force recording document has seen the numbers increase during the current seasonal increase. This will continue to form part of the QA for the Custody Managers. Reviewer's Comments: (09/09/2019) Action owner changed as Inp. Jason Allport has changed business area.
28	HMIC AFI	OWNER:	Ci Clare Caddick (00874)
	On Track	DATE ACTION SET:	02/08/2017
		DUE DATE:	30/06/2019
	Investigative Services	RECOMMENDATION:	In the custody cell, safeguarding and health care
		ACTION:	8.28 Detainees with alcohol or drug problems should be supported through a comprehensive and integrated service in all custody suites. (6.65)
		LATEST UPDATE:	(07/06/2019) Following the consolidation from 3 custody suites to 2 HCP are now permanently embedded 24/7 at Watling and the NACF. This is further supported by Mental health teams that have current hours of 8-4pm Monday to Friday. Once recruiting has been completed it is anticipated that this time will increase to 8-8pm with weekend and BH working. It is anticipated that we will be at full strength by September 2019. Further liaison and diversion in the form of drugs and alcohol referral support is also being reviewed and planned for the South of the County as this is embedded in the NACF as part of the Drug Test On Arrest scheme (DTOA).
29	HMIC AFI	OWNER:	Ci Clare Caddick (00874)
	On Track	DATE ACTION SET:	02/08/2017
		DUE DATE:	30/06/2019
	Justice Services	RECOMMENDATION:	In the custody cell, safeguarding and health care
		ACTION:	8.29 All detainees with mental health needs should have prompt access to specialist mental health services, and those who need an assessment under the Mental Health Act should receive this without delay. (6.72)
		LATEST UPDATE:	(07/06/2019) Having introduced a Pre Defined detention Log (PDDL) we have had some limited data supporting the request time of the MH assessment and the arrival time of the MH team. (Full MH Assessment). As we have 24/7 embedded HCP at each site all detainees with vulnerabilities or concerns around MH are seen by the nurse and suitable referrals made into the on site MH team when available. Should there not be this facility available the DP will be transferred to A&E or alternative MH provision centre such as the Harlands or St Georges.

Completed actions since last ETAP May 2019:

1	HMIC Force Rec	OWNER:	Susan Hewett (26442)
	Completed	DATE ACTION SET:	02/08/2017
		DUE DATE:	30/06/2019
		RECOMMENDATION:	8.1 - Area of concern: Performance information on custody was not comprehensive, and limited monitoring made it difficult for the force and others to assess how well custody services performed.
		ACTION:	Recommendation: The force should develop a comprehensive performance management framework for custody that ensures the accurate collection of

data, and use this to assess performance, identify trends and learning opportunities, and improve services. (2.42)

LATEST UPDATE: Progress Update: (07/06/2019) The custody Steering Group now monitor performance which includes Health care provision., use of force, health and safety updates. Estates issues as well as what is already provided on the BRAIN. Once NICHE is delivered April 2020 a suite of measures will be developed and automated as part of the build Reviewer's Comments: (12/09/2017) The force is in the process of identifying a new custody system. Performance data is been considered in any future options. to be delivered first quarter 2018

HMICFRS action update for plans completed and signed off since last report (May 2019)

1. 2017 HMIC PEEL Efficiency (Including Leadership) **Action Plan fully completed and archived with approval from PEEL Board

1	HMIC AFI	OWNER:	Csup Simon Tweats (04247)
		DATE ACTION SET:	09/11/2017
	Completed and Signed Off	DUE DATE:	28/06/2019
		RECOMMENDATION:	The force should ensure that it has sufficient resources available in the control room to fulfil its resourcing model, and so to meet its demand, while also taking into account the wellbeing of its workforce
	Contact and Response	ACTION:	No actions
		LATEST UPDATE:	Progress Update: (15/10/2019) Resource allocation and overtime budget fixed for 2019/20 at levels that can sustain 999 and 101 call handling performance. On both counts it's less than 2018/19, which has been made possible following a significant reduction in the number of talk groups and a shift towards contact using Digital 101. The latter is enabling new efficiencies, whilst increasing levels of satisfaction. Transformation work is ongoing to redesign Contact & Response, creating linked structures that will focus on emergency and non-emergency demand. Digital 101 and Single Online Home will be at the heart of making services more accessible and more efficient. Resource levels in the Control Room is reviewed daily by Control Room Managers and Contact Services Managers, weekly at Senior Leadership Team Meetings and monthly at Directorate Board Meetings. The latter reports to the Modern Policing & Enabling Board on any requests for additional resources. At its meeting in April, authority was given to forward plan the recruitment of x18 Control room Operatives to maintain resource levels at the agreed 164.0FTE. This provides strong evidence of the governance, control and grip there is of this particular issue. Reviewer's Comments: (12/06/2019) From June PEEL board Action to be completed and signed off.
2	HMIC AFI	OWNER:	Justine Kenny (25988)
		DATE ACTION SET:	09/11/2017
	Completed and Signed Off	DUE DATE:	31/07/2019
		RECOMMENDATION:	The force should ensure it has adequate plans in place to show it can provide services, while also making necessary cost savings

People and Resources	ACTION:	No actions
	LATEST UPDATE:	Progress Update: (16/09/2019) It is proposed that this action is complete. It has appeared on the action list since November 2017 and we have moved on considerably since that time. We have five clear strategies and accompanying delivery plans in place, along with clear budget and programme monitoring that is overseen through a number of governance forums. It is not clear what further action is required. Reviewer's Comments: (15/10/2019) Signed off at PEEL Board on 03/10/19

2. 2017 HMIC PEEL Legitimacy (including Leadership) ** Action Plan fully completed and archived with approval from PEEL Board

1	HMIC AFI	OWNER:	Ci Donna Harvey (00796)
		DATE ACTION SET:	12/12/0017
	Completed and Signed Off	DUE DATE:	31/07/2019
		RECOMMENDATION:	The force should improve its recording and scrutiny of use of all types of force so that it can be certain that if force is misused, it can be identified immediately and remedial measures put in place. (page 9)
	Operational Support	ACTION:	No actions
		LATEST UPDATE:	Progress Update: (12/06/2019) From 1st April the force has set up an internal platform for recording Police Use of Force (UOF) and this system is in place and operational. The platform operates via survey monkey a GDPR complaint survey that has been built to meet the ADR submission requirements. The link is operational via the force intranet page- tools/guidance – Use of force link This stable interim fix will remain in place until the move of recording to NICHE in 2020. It provides a data report that can be shared in relation to tracking UOF trends and is monitored quarterly at the force SSSG meeting. [File Attached] Reviewer's Comments: (30/07/2019) Action signed off at PEEL Board 22/07/19
6	HMIC AFI	OWNER:	Supt Philip Duffy (04440)
		DATE ACTION SET:	12/12/2017
	Completed and Signed Off	DUE DATE:	28/06/2019
		RECOMMENDATION:	The force should ensure that by December 2018 (in line with HMICFRS' nationwide recommendation in December 2016), it complies with the national vetting standards by putting measures in place to ensure that all officers and staff are subject to periodic rechecking of their vetting status. (page 9)
	DCC	ACTION:	No actions
		LATEST UPDATE:	Progress Update: (23/05/2019) During April 2019 the force was subject to a 3 day HMICFRS insights visit around counter corruption as part of the lead up to the 2019 force PEEL inspection. The position around vetting was reviewed and the force were able to evidence to the HMICFRS team that measures are now in place to ensure that vetting clearances for all force personnel are renewed on expiry. A rolling programme is in place so that clearances due for renewal are identified and appropriate measures taken. The force has identified posts which require higher levels of vetting clearance and were able to demonstrate that individuals occupying such posts have been cleared to the appropriate level. Reviewer's Comments: (12/06/2019) From June PEEL board Action to be completed and signed off.

3. 2017 HMIC PEEL Effectiveness **Action Plan fully completed and archived with approval from PEEL Board.

3	HMIC AFI	OWNER:	Susan Hewett (26442)
		DATE ACTION SET:	12/02/2018
	Completed and Signed Off	DUE DATE:	28/06/2019
		RECOMMENDATION:	Investigating crime and reducing re-offending
		ACTION:	The force should ensure that it is fully compliant with the Code of Practice for Victims of Crime.
	Operational Support	LATEST UPDATE:	Progress Update: (19/07/2019) VCOP currently under review , consultation period until 11 th Sept which will see some amendments that will be incorporated within the Staffs Victims and Witnesses' strategy . Recent HMICFRS as recognised good evidence of victim contracts emplace , demonstrating compliance with the code . Governance in place through both service Effectiveness Board and Victims and Witnesses Board to monitor compliance with the code Reviewer's Comments: (30/07/2019) signed off at PEEL board 22/07/2019

6	HMIC AFI	OWNER:	Ci Simon Brownsword (04299)
		DATE ACTION SET:	12/02/2018
	Completed and Signed Off	DUE DATE:	31/03/2019
		RECOMMENDATION:	Partnership working
		ACTION:	The force should improve its understanding of the reasons for, and take appropriate action to address, both the declining arrest and charge/summons rates in domestic abuse cases, and the high proportion of crimes related to domestic abuse which fall into the category 'evidential difficulties; victim does not support police action'.
	Neighbourhood and Partnership	LATEST UPDATE:	Progress Update: (18/07/2019) The force understands its arrest arte for domestic abuse and this activity is led through the Domestic Abuse tactical working group. The force has a performance document and is able to differentiate between crime types the various outcomes. This work is also impacted upon by the Service Improvement Board where investigation quality has been driven through that process which compliments the effective investigation of Domestic Abuse. The force is also making use of the new commissioned services of domestic abuse to support actions with perpetrators to prevent repeat offending. This work will be ongoing and the monitoring process will be the working group. Reviewer's Comments: (30/07/2019) signed off at PEEL board 22/07/2019



Internal Audit action update for live plans

1. 2017 Policy Pay Processing Procedures

2	Audit / Inspection	OWNER:	Melanie Willmott (06704)
		DATE ACTION SET:	31/03/2017
	On Track	DUE DATE:	31/12/2019
		RECOMMENDATION:	Rec 2 (Page 6) Payroll should ensure that key processes are documented and kept in a central location accessible to all appropriate staff. Payroll Manager plans to document all relevant processes over the next 9 months.
	Priority Medium	ACTION:	As processes are carried out, a procedure note should be produced. A full procedure manual will be kept electronically and as a hard copy. Payroll manager to review and update current documented processes by March 2018 and to produce documentation for all other procedures by 30 September 2018.
		LATEST UPDATE:	Progress Update: (23/05/2019) Progress has been made on this, the action has been reassigned to the new payroll manager. however, a risk based approach is currently in operation as to documenting those procedures that are business critical Reviewer's Comments: (15/10/2019) Delivery date extended to end of year by request of S151.

2. 2017 Police IT Governance

1	Audit / Inspection	OWNER:	Justine Kenny (25988)
		DATE ACTION SET:	11/10/2017
	Completed	DUE DATE:	28/02/2019
		RECOMMENDATION:	The roles and responsibilities of the governance groups involved with the contract between Boeing and the Force are not fully documented with approved terms of reference to highlight their commitments, responsibilities and attendees. This may result in a lack of accountability in the event of groups failing to meet or exceeded their expected role.
	Priority Low	ACTION:	While the governance structure within the Force is undergoing change, it is recommended that a mapping exercise is completed to identify any gaps or differences between the governance arrangements of the two parties, which would provide transparency and allow for arrangements to be made to align both governance structures. It is recommended that a handbook or terms of reference is created for each governance group involved in the contract between Boeing and the Force to provide clarity on their roles, commitments and attendees so enable new and existing members of staff to provide further visibility.
		LATEST UPDATE:	Progress Update: (02/05/2019) We now have in place a clear governance structure for the Partnership. A Strategic Development Executive Board, with non executive representation, is in place, which is in turn supported by three further working groups: an IT Service Delivery Working Group; a Future IT Working Group; and an IT Risk Working Group [File Attached] Reviewer's Comments: (30/01/2019) Governance team update DE- date moved to end of Feb as per action owners request

2	Audit / Inspection	OWNER:	Justine Kenny (25988)
		DATE ACTION SET:	11/10/2017
	Completed	DUE DATE:	31/01/2019
	Priority Low	RECOMMENDATION:	There is a lack of transparency and consistent communication between the supplier and the business on what changes are due and when
		ACTION:	It is recommended that communication protocols are sufficient and consistent between all required parties, noting the changes that are due to happen and when they will happen.
		LATEST UPDATE:	(06/03/2019) I believe this action can now be closed. We have revised governance arrangements in place and have improved the structures for communicating across the Partnership. We have a new SDEB in place with external non executive input, and are in the process of changing the structures within the DCC directorate for how we manage our programme office arrangements.
3	Audit / Inspection	OWNER:	Justine Kenny (25988)
		DATE ACTION SET:	11/10/2017
	Completed	DUE DATE:	30/06/2019
	Priority Low	RECOMMENDATION:	It may become challenging to effectively manage a large amount of changes if reviews are only performed annually
		ACTION:	Depending on the outcome of the Annual Service Review, it is recommended that further consideration is given to managing and tracking changes to the contract effectively, especially if a large number of changes are required to further align to the Force's needs. It would be advisable to review supplier delivery and the contract more frequently, for example bi-annually or quarterly. In addition, as part of regular reviews there should be an exercise completed to provide assurance that all items listed within the contract are being delivered and none are being missed.
		LATEST UPDATE:	Progress Update: (12/08/2019) In my view the appropriate governance arrangements are now in place in respect of this contract, and therefore this action should be closed. Reviewer's Comments: (22/05/2019) As per meeting with John Bloomer 21/05/2019 - reassigned to Justine Kenny for decision.

3. 2018 Management of Property Store

2	Audit / Inspection	OWNER:	Ci Clare Caddick (00874)
		DATE ACTION SET:	08/05/2018
	On Track	DUE DATE:	30/09/2019
	Priority Low	RECOMMENDATION:	Property is stored in multiple locations and one area of the store is accessible to non-property staff (Site Supervisor)
		ACTION:	A more suitable location should be found for property stores (see Recommendation 1) Loose items should be moved from the bays accessible to the site supervisor and Property Staff should consider securing the contents of the forensic fridges (e.g. with seals or padlocks).
		LATEST UPDATE:	Progress Update: (29/09/2019) Business case submitted. Awaiting estates strategy to be delivered by 25th oct for next steps Reviewer's Comments: (12/06/2019) From June PEEL board Action date to be extended to end of September.

3	Audit / Inspection	OWNER:	Ci Clare Caddick (00874)
		DATE ACTION SET:	08/05/2018
	On Track	DUE DATE:	30/09/2019
		RECOMMENDATION:	Non-compliance issues including failure to record seal and exhibit numbers, incorrect sealing of evidence and inadequate descriptions have been identified during the audit.
	Priority Medium	ACTION:	Property Manager to continue to promote Property procedures across Force and provide education to Officers, this includes ensuring procedures are displayed in Holding Stores. In addition to this the Property Manager should re-evaluate review processes and continue to investigate the use of management information to introduce a quality assurance system which ensures the following; 1.Ch. Insp. Hulme has direct oversight of a Detained Property Action Plan that includes non-compliance issues and an escalation process. 2.Posters to be designed providing appropriate guidance to officers and placed at prominent position including holding stores. Scales to be replaced at all sites. 3.Ch. Insp. Hulme to spend a minimum of two days a month in the Property Stores to support the escalation process and promote team meetings. 4.To agree and implement a process whereby property staff begin to address issues of quality and non-compliance.
		LATEST UPDATE:	Progress Update: (07/06/2019) The new virtual property store within NICHE is currently being built with plans to adapt Watling police station to become the main property store for the force. NICHE property will go live in November of 2019 with the move to the new site expected in early 2020. The actions listed will be addresses in the design phase with the introduction of bar coding for all items further enhancing the auditable trail of items seized. This will see a new way of accountability for seized items and assist in addressing poor adherence to the correct storage and signatures for the item. Both custody suites have posters reminding officers of how to securely and safely handle exhibits depending on the item with clear instructions around the correct bag or receptacle to use. Reviewer's Comments: (12/06/2019) From June PEEL board Action date to be extended to end of September
4	Audit / Inspection	OWNER:	Ci Clare Caddick (00874)
		DATE ACTION SET:	08/05/2018
	On Track	DUE DATE:	30/09/2019
		RECOMMENDATION:	A receipt should be issued and a copy retained on file for all items which are not destroyed but instead are returned/donated to a third party. Compliance with this should be monitored as part of quality assurance and corrective action taken where patterns of non-compliance emerge.
	Priority Low	ACTION:	1.Ch. Insp. Hulme has direct oversight of a Detained Property Action Plan that includes the disposal of property. 2.Re-enforce through the quality improvement and escalation process
		LATEST UPDATE:	Progress Update: (07/06/2019) The CI retains ownership of this process and where identified addresses the issue direct. The introduction of NICHE property will automate this system providing auditable continuity of where items have been disposed. Reviewer's Comments: (12/06/2019) From June PEEL board Action date to be extended to end of September

4. 2018 Key Financial Controls

7	Audit / Inspection	OWNER:	Julian Owen (06797)
		DATE ACTION SET:	05/12/2018
	Off Track	DUE DATE:	31/12/2019
	Priority Low	RECOMMENDATION:	(6b) - A New Creditor Request (NCR1) form is completed by the member of staff who wants a new supplier set up. This form captures details such as the name of the requestor, date requested, reason for set up, supplier detail and who the goods are to be used by (PCC, Police, Both). The declaration 'I confirm that I hold no pecuniary or other interest in the business of the supplier named above and no connection with the supplier that could be deemed as a conflict of interest or compromise in integrity of Staffordshire Police' is then signed and dated by the requestor.
		ACTION:	Furthermore, a review of the NCR1 and NCR2 forms will be carried out for the following to ensure the form: contains only data fields that are required to be captured; captures the name of and when the details on the form are entered onto the Finance system; captures the name of and who checked that the details entered onto the Finance system are correct and complete; The NCR2 form captures a signed and dated declaration for the supplier to confirm details are accurate/correct; The new procedure and forms will be shared with all relevant staff.
		LATEST UPDATE:	Progress Update: (23/05/2019) Action is off track as we have recently implemented a new approval hierarchy (which improves the control environment), which in terms of order of precedence came first. This piece of work will form part of the commercial services operational plan for 2019/20 Reviewer's Comments: (15/10/2019) Delivery date extended to end of year by request of S151.
8	Audit / Inspection	OWNER:	Julian Owen (06797)
		DATE ACTION SET:	05/12/2018
	Off Track	DUE DATE:	31/12/2019
	Priority Medium	RECOMMENDATION:	Amendments to supplier details can only be undertaken by the Procurement Assistants. These are completed following notification from the supplier.
		ACTION:	A form will be developed for supplier amendments which will capture the following: Details of the supplier amendment notification; Date of the notification; Record of the confirmation from the supplier that the requested changes are genuine using contact details held on the finance system. This will be supported by a record of the date the action was completed and who the action was completed by; and A second member of staff will sign and date the form to confirm that the details have been entered onto the Finance system to ensure that there is segregation of duties between those who contact the supplier to seek confirmation of the change and those who make them.
		LATEST UPDATE:	Progress Update: (23/05/2019) See Action 7 of this audit. These will both be covered off under the same piece of work Reviewer's Comments: (15/10/2019) Delivery date extended to end of year by request of S151.
9	Audit / Inspection	OWNER:	Jasraj Purewal (25840)
		DATE ACTION SET:	05/12/2018
		DUE DATE:	31/12/2019
		RECOMMENDATION:	An authorised signatories list is not in place.

On Track	ACTION:	The listing of authorised signatories and specimen signatures should be located in order to ensure that nonpop invoices are authorised and processed appropriately.
Priority Medium	LATEST UPDATE:	Progress Update: (21/08/2019) All invoices should ideally be POP so currently working through identifying the NON pop invoices and understanding which directorate and responsible person should sign for these invoices. Reviewer's Comments: (15/10/2019) Delivery date extended to end of year by request of S151

5. 2019 Cash Seizures – Reporting deferred to next ETAP to allow newly appointed lead and Governance Team to review plan to assess current position and any requests for delivery date extensions. Plan updated last June 2019 by previous lead demonstrating progress at this point.

6. 2019 Savings Programme

1	Audit / Inspection	OWNER:	Paul Ross (25684)
		DATE ACTION SET:	21/03/2019
	On Track	DUE DATE:	31/12/2019
		RECOMMENDATION:	The Business Change Governance Overview is not currently held electronically in a central location which is accessible to all staff therefore is not currently easy to access.
	Advisory	ACTION:	The Business Change Governance Overview Document will be saved (electronically) in a location which is accessible by all Directorate Leads and other staff members it relates to. Once the location of the document has been decided, the file name path will be circulated to all staff. The document will be encrypted to remove the risk of unauthorised changes being made and only the owners of the document will have editable rights.
		LATEST UPDATE:	Progress Update: (15/10/2019) Work has been on-going between the change and Communications team to identify a practical/pragmatic way of making this available. The proposal is to achieve this via publishing within a 'business change' section of the forces Intranet. It is envisaged that this will be achieved by the end of the year. Reviewer's Comments: (15/10/2019) By agreement between the Head of Corporate Planning and Business Change and Governance Team the delivery date has been reset to reflect work ongoing and anticipated completion by year end.
2	Audit / Inspection	OWNER:	Paul Ross (25684)
		DATE ACTION SET:	21/03/2019
	Completed	DUE DATE:	30/04/2019
		RECOMMENDATION:	We were informed that Directorate Leads were involved in the creation of the Business Change Governance Overview document, however currently there is no formal training provided to Directorate Leads on the processes included. Furthermore, the Business Change Governance Overview document is not included within the induction for new starters. There is a risk that the processes will not be fully complied with if formal training is not provided.
	Advisory	ACTION:	Formal training will be implemented and all Directorate Leads who have a responsibility to comply with the Business Change Governance Overview will receive training. The training will assist in a consistent message being delivered

and needs to be priority and specific to the expectations and the purpose and delivery of the Business Change document and processes. All Directorate Leads will attend the training. Furthermore, the training will be provided to any new starters who will have a responsibility to comply with the Business Change Governance Overview.

LATEST UPDATE: (15/10/2019) The current Directorate Leads are still those that were involved in the original design and development of the Business Change Process and associated governance, which is comprehensive setting out force process, individual responsibilities/accountabilities and governance and reporting structures. Relevant training/awareness sessions will be delivered to new Directorate and Executive leads. In addition training packages are being developed to deliver skill-transfer re specific 'change' tools & techniques for those directly involved in Directorate led projects. The team is also delivering a business change segment on the force's ASPIRE development programme (first session scheduled for mid-November) which is open to all interested staff. A standard suite of project documentation/templates is in-train, referenced to the force project cycle at each stage. The Business Change Process document is also being updated to reflect organisational learning over the last year and will be signed off with the Directorate Leads in PMM.

3	Audit / Inspection	OWNER:	Paul Ross (25684)
	Completed	DATE ACTION SET:	21/03/2019
		DUE DATE:	30/04/2019
	Advisory	RECOMMENDATION:	The PMM is a key performance monitoring meeting for the programme of business change. In addition to this, the PMM is a decision-making forum which approves whether a business change opportunity moves through transition from the 'Identify' stage to the 'Evaluate' stage within the processes. Specific to the Identify to Evaluate Stage it states that the PMM: 1. Approve the transition of viable business change opportunities into the evaluate phase 2. Approve the expenditure of resource to conduct further analysis on the business change opportunities. 3. If required, approve the request of RFC(s) (and associated cost) to obtain detailed pricing information from suppliers. At present, notes are taken for the PMM meetings rather than minutes which proposes a risk of the meetings not formally being represented by the notes taken because of the responsibility and nature of such a meeting.
		ACTION:	The Programme Management Meeting will be minuted to ensure that key decisions are documented, to ensure there is a structure, actions are driven forward, measurement of performance are clearly document and the ownership is clearly stated.
		LATEST UPDATE:	(15/10/2019) PMM minutes are now documented (and reviewed by the chair) together with actions. However PMM is not a decision making body which is referenced in the TOR. Change highlight reports are also now presented and considered at Force Strategy Board (Transformation Board) together with Directorate updates - this is the decision making forum for force business change.

7. 2019 Financial Management (including follow up)

1	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed	DATE ACTION SET:	21/03/2019
		DUE DATE:	30/04/2019
		RECOMMENDATION:	Ref 1 - We obtained the Financial Regulations which were in draft at the time of review and confirmed that they were in the process of being updated. We were able to evidence the changes made in relation to the layout and content of the

	Priority Medium		documents. We were informed that a draft version of the Financial Regulations would be presented at the Strategic Governance Board meeting in March 2019. The Financial Regulations will require a further review during 2019/20 to reflect structural changes and roles and responsibilities.
		ACTION:	The Financial Regulations will be subject to revision for the new structure during the 2019/20 financial year and will be updated and formally approved later in 2019/20.
		LATEST UPDATE:	(21/05/2019) Approved new financial regulations for the 19/20 year. awaiting publication on OPFC website
2	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed	DATE ACTION SET:	21/03/2019
	Priority Medium	DUE DATE:	31/05/2019
		RECOMMENDATION:	Ref 1 - On review of the organisation chart, we were able to confirm the new finance team structure. Through discussions with the Chief Finance Officer and Head of Finance, we were able to confirm that all four posts had been filled. We confirmed that three of the four positions were filled from November 2018 and a fourth finance business partner had been more recently recruited to the organisation. We did however note that there was no guidance or timetable in place which defined responsibilities of key staff and when they are required to perform certain activities for the production, monitoring, review and reporting of the financial information that is being produced and reported on a monthly basis. Through discussions with the Chief Finance Officer and Head of Finance we were able to confirm that the Force would be putting a timetable in place for the 2019/20 financial year to define the roles and responsibility and key deadlines for activities of those within the finance team. This will ensure that the financial information produced and reported on a monthly basis is completed in an effective and efficient manner
		ACTION:	A Timetable/Reporting schedule will be developed for 2019/20 which identifies the responsibilities of key staff and when they are required to perform certain activities for the production, monitoring,review and reporting of the financial information.
		LATEST UPDATE:	(09/10/2019) Time table in place by the Deputy S151 Officer
3	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed	DATE ACTION SET:	21/03/2019
	Priority Medium	DUE DATE:	30/04/2019
		RECOMMENDATION:	Ref 2 - We obtained the MTFP and confirmed that the Force has moved to a directorate structure through a delivery of the change programme (all planned savings, investments and capital projects) had been devolved down to directorates. Through review of the MTFP we were able to confirm that the Savings Proposals were identified by Directorates and each directorate plan identified the following information: Service; SRO; Savings Type; Description; and When the savings would be delivered. We confirmed that for all savings presented within the MTFP at the FSB meeting in February 2019, the above fields were complete, and no gaps remained with Senior Responsible Owners. We were also able to confirm that the MTFP appendices outlined a summary of the total savings proposals which were £5.47m for 2019/20. We confirmed these matched directly with the savings proposals identified within the report to the Police, Fire and Crime Panel in January 2019. We did however note that there was limited evidence available to confirm that the risks and assumptions had been considered for the delivery of the savings plan and the impact on the delivery and the quality of service had been formally documented and agreed by the FSB. There is a risk that if the risks and assumptions have not been formally communicated to the FSB those approving the Savings plans may not be fully aware of the assumptions and risks faced when delivering the plans. This may impact decision making.

		ACTION:	The risks and assumptions associated with the delivery of the Savings Plans will be clearly documented and monitored and reported upon internally, as part of the governance framework.
		LATEST UPDATE:	(09/10/2019) Now completed and managed through the PMM process
4	Audit / Inspection	OWNER:	John Bloomer (26316)
	On Track	DATE ACTION SET:	21/03/2019
		DUE DATE:	31/12/2019
	Priority Medium	RECOMMENDATION:	Ref 3 - We noted that the financial reporting processes had been simplified since our last review and there was a clear process being completed to reach the data produced on a monthly basis. We completed walkthrough testing of the processes completed to reach the data which is used within the finance reports produced for the Finance Panel, FSB and SGB. In addition, there was clear involvement of Finance Business Partners and Budget Holders in the processes to ensure that the correct expenditure is allocated to the correct code and a clear comparison can be completed of the actual's vs the budget. We did however note that most of the process was being completed by the Head of Finance Business Partnering & Deputy Section 151 Officer and there were no procedure notes which identified how the data reported was produced. There is a risk that without a clearly documented procedure which identifies how the data is produced for the Finance Reports, there is a risk that data may not be produced for a period of time, in the event of the Head of Finance Business Partnering & Deputy Section 151 Officer not being available.
		ACTION:	The Force will develop procedures which identify how the financial information is extracted, analysed and reported. The Force will also ensure there are multiple individuals who are able to complete the processes completed by the Head of Finance Business Partnering & Deputy Section 151 Officer. Furthermore, despite the efficiencies brought in to the monthly reporting, the Force will continue to consider the implementation of reporting tool which will reduce the level of manual intervention even further.
		LATEST UPDATE:	Progress Update: (09/10/2019) Reporting tool to be considered as part of the collaboration with Fire and the move to one system Restructure with Fire will allow for the creation of a head of financial planning and development to deputise for the HOBP Reviewer's Comments: (15/10/2019) Delivery date extended to end of year by request of S151.
5	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed	DATE ACTION SET:	21/03/2019
		DUE DATE:	31/05/2019
	Priority Medium	RECOMMENDATION:	Ref 4 - As part of our previous audit of Financial Management, we used IDEA to output a sample of manual journals for further testing, relating to those account codes demonstrating unusually large balance changes over the financial year. We were able to confirm that appropriate supporting documentation was in place for each journal, and that each journal had been appropriately coded based on the nature of the supporting documentation. We discussed the processes being completed as at February 2019 and noted that there were no significant changes made to the process, with the exception of the introduction of a Virement form that needs to be signed prior to the posting. While we recognise that the authorisation of all journals may create a significant resource burden, without a process for authorising journals above certain thresholds, there is a greatly increased risk of inaccurate or inappropriate journals being posted.
		ACTION:	The Force will agree a process for sample testing high-value journals to test the accuracy and appropriateness of journals being posted from the 2019/20 financial year.

LATEST UPDATE: (09/10/2019) Now forms part of the year end 18/19 audit assign action to Kirsten Courtney

Internal Audit action update for plans fully signed off since last report (May 2019)

(Full plans now available for IA follow up activity)

1. 2019 Data Quality – Niche Implementation ** Action Plan fully completed and awaiting IA follow up

3	Audit / Inspection	OWNER:	Supt Jennifer Mattinson (26294)
		DATE ACTION SET:	31/01/2019
	Completed and Signed Off	DUE DATE:	31/03/2019
		RECOMMENDATION:	Ref 2- At the time of review, the Force were in the process of drafting the business case for Phase two, which incorporates those lessons learned from Phase one. Lessons learned from the completion of Phase one had not been formally documented or presented prior to the commencement of Phase two.
	Priority High	ACTION:	Ref 2- The proposed savings included within the Business Case should then be mirrored within the Force wide savings programme and tracked accordingly, ideally broken down between Phase one and Phase two
		LATEST UPDATE:	(06/06/2019) Lessons Learnt from phase 1 of Niche are fully documented in a specific 'Lessons Learned' paper. The only savings directly attributable to Niche are from within the restructure of the Crime Admin Unit and savings of £578k are built into the MTFS to reflect this. An extra-ordinary meeting of ETAP where updates on all of the audit actions was held on 20th May and ETAP members were satisfied with the completion of these actions. This is now complete.

2. 2019 Overtime

1	Audit / Inspection	OWNER:	John Bloomer (26316)
		DATE ACTION SET:	20/05/2019
	Completed and Signed Off	DUE DATE:	31/12/2019
		RECOMMENDATION:	There are currently no restrictions in place on when overtime may be claimed back as time or pay.
	Priority Medium	ACTION:	The Force will enter negotiations with the local Police Federation with the purpose of the inclusion of a deadline for when overtime forms can be submitted for approval, to reduce the risk of 'old' overtime forms being submitted, approved and paid.
		LATEST UPDATE:	(15/10/2019) The Force cannot impose a time limit on overtime claims. However, directorate heads received regular reports on overtime, have access to near real

time information via Origin on overtime worked as well as management oversight over ensuring timely submission of claims

- | | | |
|---|--------------------------------|---|
| 2 | Audit /
Inspection | OWNER: John Bloomer (26316)
DATE ACTION SET: 20/05/2019
DUE DATE: 31/12/2019
RECOMMENDATION: There are no fixed thresholds for which TOIL balances are investigated by the business partners
ACTION: The Force will establish thresholds to identify where TOIL balances have exceeded 'normal' amounts. Any excessive TOIL balances will be investigated to ensure that they have been authorised correctly, and that arrangements are in place to offset proportions of TOIL through time, rather than balances being converted to payment.

LATEST UPDATE: (15/10/2019) Finance business partners now report all TOIL balances to directorates of any value |
| | Completed
and Signed
Off | |
| | Priority
Medium | |
| | | |
| 3 | Audit /
Inspection | OWNER: John Bloomer (26316)
DATE ACTION SET: 20/05/2019
DUE DATE: 31/12/2019
RECOMMENDATION: There are no fixed thresholds for which TOIL balances are investigated by the business partners
ACTION: Following establishment of the thresholds for excessive TOIL balances, the thresholds will be communicated to all staff to ensure there is increased awareness of the levels of TOIL accrued by staff. The Force should then consider whether sample checks on the authorisation of the claim for individuals with high balances to see whether these have been correctly authorised should be undertaken.

LATEST UPDATE: (15/10/2019) Finance Business Partners now report on and investigate balances with directorates of any value as part of monthly financial monitoring |
| | Completed
and Signed
Off | |
| | Priority
Medium | |
| | | |
| 4 | Audit /
Inspection | OWNER: John Bloomer (26316)
DATE ACTION SET: 20/05/2019
DUE DATE: 31/03/2020
RECOMMENDATION: Following review of overtime procedures at other police forces, we noted that other procedures do not include the automatic conversion of TOIL to payment after 90 days
ACTION: The Force will consider whether it is feasible for TOIL balances not to automatically convert to payment after 90 days in order to increase the amount of TOIL balances which should be offset through time, rather than payments to officers. The increased TOIL balances resulting from this change should then be managed by budget holders to offset proportions of TOIL through time, rather than TOIL converting to payment.

LATEST UPDATE: (15/10/2019) TOIL balances are now managed with directorates by Finance Business Partners. This has seen a reduction in TOIL 'flip' where balances go over 90 days and enter payment. Extending the period is not something the Force would wish to undertake and move away from standard/national Police Officer T&C's |
| | Completed
and Signed
Off | |
| | Priority Low | |
| | | |
| 5 | Audit /
Inspection | OWNER: John Bloomer (26316)
DATE ACTION SET: 20/05/2019
DUE DATE: 31/12/2019
RECOMMENDATION: The Force have access to a Business Intelligence area on Oracle which is able to provide relevant data and analysis in relation to estimated overtime spend, future |

	Completed and Signed Off	ACTION:	planned overtime and amounts of overtime authorised. No extracts are taken from the Business Intelligence page.
	Priority Medium		
		LATEST UPDATE:	(15/10/2019) Training has been offered to those at Directorate Head level on using the near real time information in Origin Finance business partners monitor this source of data as part of financial monitoring
6	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed and Signed Off	DATE ACTION SET:	20/05/2019
	Priority Low	DUE DATE:	31/03/2020
		RECOMMENDATION:	The Force have access to a Business Intelligence area on Oracle which is able to provide relevant data and analysis in relation to estimated overtime spend, future planned overtime and amounts of overtime authorised. No extracts are taken from the Business Intelligence page.
		ACTION:	Consideration will be given to whether extracts from the Business Intelligence page will be presented in the monthly update meetings, to highlight any areas where there have been significant areas of overtime spend and for remedial action to be taken.
		LATEST UPDATE:	(15/10/2019) This data is used as part of the overall monitoring of overtime spend and future spend forecasts. Training has been offered to those who require additional support in the use of this area of Origin
7	Audit / Inspection	OWNER:	John Bloomer (26316)
	Completed and Signed Off	DATE ACTION SET:	20/05/2019
	Priority Medium	DUE DATE:	31/12/2019
		RECOMMENDATION:	The Business Intelligence page can also show overtime claims which have not been elected for either pay or time. This can be used to identify claims that are with the claimant and therefore waiting to be submitted for approval. The system provides the information in relation to overtime which is approved/awaiting approval in real time.
		ACTION:	The Business Intelligence reports will be processed on a periodic basis to identify any individuals who have not yet processed overtime claim forms. Any individuals with high levels of outstanding overtime claims can then be prompted to process their outstanding overtime claims for approval.
		LATEST UPDATE:	(15/10/2019) Stronger oversight is in place with FBP and HRBP - this forms part of the overall monitoring of overtime spend and future forecasts reported to directorate boards



ETAP action update for live plans

1. Temporary Promotions

3	ETAP	OWNER:	Janice Alexander (26969)
		DATE ACTION SET:	19/09/2018
	On Track	DUE DATE:	30/11/2019
		RECOMMENDATION:	The system used by HR for monitoring a temporary promotion should include a projected end date.
	Priority Low	ACTION:	No actions
		LATEST UPDATE:	Progress Update: (27/08/2019) This is a process that we are looking into as part of the promotion process going forward. Next meeting to discuss is due in September. Reviewer's Comments: (08/10/2019) Agreed with BA lead to extend delivery date to end of November 2019 allow current work as described to be undertaken

2. Out of Court Disposals

1	ETAP	OWNER:	Karl Bohanan (22474)
		DATE ACTION SET:	07/11/2018
	Completed	DUE DATE:	30/05/2019
		RECOMMENDATION:	Clarity is required on the continuation of the pilot
	Priority Low	ACTION:	No actions
		LATEST UPDATE:	Progress Update: (07/06/2019) This is a national programme headed up by NPCC lead working directly with CJ partners . The pilot statues will remain until national leads are satisfied is developed to support a national role out . The status can't be changed locally as we only able to deal with D/A as an OoCD due to approval from the DPP Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.
2	ETAP	OWNER:	Karl Bohanan (22474)
		DATE ACTION SET:	07/11/2018
	Completed	DUE DATE:	30/05/2019
		RECOMMENDATION:	The force should review their internal process for assessment of OoCD decisions to ensure appropriateness and proportionality.
	Priority Low	ACTION:	No actions

LATEST UPDATE: Progress Update: (07/06/2019) Staffordshire works to the national framework and in the case of DA the assessment developed in Staffs has been recognised nationally as Best practice .Scrutiny meeting held with external support for review including CPS ensure they are used appropriately . All OOC's go through a central point before progressing to ensure suitable and achievable outcomes are being delivered Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.



OWNER: Karl Bohanan (22474)

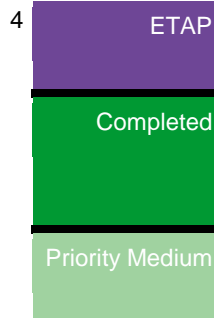
DATE ACTION SET: 07/11/2018

DUE DATE: 30/05/2019

RECOMMENDATION: Regular review of the training content and attendance

ACTION: No actions

LATEST UPDATE: Progress Update: (07/06/2019) Lessons learnt are regularly cascaded nationally and adopted by staffs . Training is delivered continually and OOC's and there use is now being picked up as apart of the Service Effectiveness Board as part of delivering better outcomes for victims and offenders Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.



OWNER: Karl Bohanan (22474)

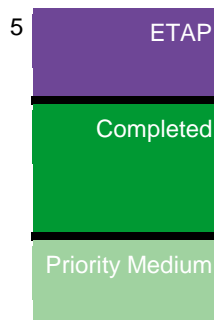
DATE ACTION SET: 07/11/2018

DUE DATE: 30/05/2019

RECOMMENDATION: Explore the advantages/disadvantages in including Fixed Penalty Notices.

ACTION: No actions

LATEST UPDATE: Progress Update: (07/06/2019) Following national best practice Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.



OWNER: Karl Bohanan (22474)

DATE ACTION SET: 07/11/2018

DUE DATE: 30/05/2019

RECOMMENDATION: Investigate if support is available to part fund this service, or if a percentage of the money recovered and sent to HMCTS could be retained.

ACTION: No actions

LATEST UPDATE: Progress Update: (07/06/2019) this would have to be negotiated a national level and not within Staffs police capability to resolve Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.

6	ETAP	OWNER:	Karl Bohanan (22474)
	Completed	DATE ACTION SET:	07/11/2018
	Priority Medium	DUE DATE:	30/05/2019
		RECOMMENDATION:	The Staffordshire Commissioner's Office should continue to lead on regular monitoring by the independent panel, with regular and consistent support from other agencies.
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (30/01/2019) The Independent Commissioning Panel, ETAP will continue to regularly monitor the use of Out of Court Case Disposals by Staffordshire Police. Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.

7	ETAP	OWNER:	Karl Bohanan (22474)
	Completed	DATE ACTION SET:	07/11/2018
	Priority Medium	DUE DATE:	30/05/2019
		RECOMMENDATION:	A strategy needs to be developed to consider the long-term benefits of OoCD and how it needs to be supported.
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (07/06/2019) OoCD's form part of outcomes that can be delivered . There is an opportunity for the commissioned services to be evaluated , but this would require an agree through the commissioners office to share any performance data . The strategy should be developed through the Offender management board Reviewer's Comments: (19/07/2019) Owner changed to Karl Bohanan at request of Governance lead.

3. Hotel and Travel Bookings

1	ETAP	OWNER:	Wendy Sherratt (06809)
	On Track	DATE ACTION SET:	04/12/2018
		DUE DATE:	30/11/2019
		RECOMMENDATION:	Review the force policy wording to reflect the need to obtain verbal approval for travel and hotel bookings from supervisors.
		ACTION:	No actions
		LATEST UPDATE:	(08/10/2019) As part of a follow up exercise by Corporate Governance Team (due to action owner no longer an employee) there is now a draft policy written which includes reference to supervisory authorization. The draft document will now be reviewed and QA'd by S 151 before approval and publication. As such agreed that due date be extended to end of November 2019.

4	ETAP	OWNER:	Caroline Coombe (06007)
		DATE ACTION SET:	04/12/2018
	On Track	DUE DATE:	30/03/2019
		RECOMMENDATION:	Staffordshire Police to include notification of leavers to Capita (or subsequent provider) earlier in their processes than is currently the case
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (24/05/2019) The existing process is being examined with Boeing to establish whether any adjustment can be made. Please note, automation of the process may require additional development and funding Reviewer's Comments: (17/07/2019) Email update from Caroline Coombe : Following investigation, a manual process has been identified, and a potential way forward has been agreed internally . This now needs to be discussed and agreed with both Capita and SCC (service supplier and portal control company) to agree the data to be shared and the timescales for updating the system

ETAP action update for plans archived since last report (May 2019)

1. Female Genital Mutilation

1	ETAP	OWNER:	Ci Nicola Furlong (04956)
		DATE ACTION SET:	29/03/2019
	Completed and Signed Off	DUE DATE:	28/06/2019
		RECOMMENDATION:	That Staffordshire Police review its current policy to reflect recent changes to its structures and consider including guidance on how officers and staff could work with communities and other professionals to encourage reporting and prevent harm from taking place.
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (22/05/2019) The National Guidance for dealing with cases of FGM is available on Staffordshire Police's internal database for all staff to view, there is also a revised procedure document. The structure around FGM has altered significantly since the ETAP review and subsequent report was completed. Staffordshire Police now has a specialist Child Protection and Exploitation Team where all cases of FGM would be dealt with. The work around FGM is led on by a Det/Ch/Insp and has a DS as tactical lead. The OPCC has also funded the National FGM centre to work across Staffordshire and Stoke on Trent to improve knowledge and understanding in respect of FGM amongst practitioners and supervisors. Two FGM workers have been embedded in Social work Safeguarding teams, one in Burton and the other in Stoke on Trent. Part of the work has also been to work with communities to identify community champions who can really start to lead the way to build confidence between professionals and communities. The project soon comes to

an end and a formal evaluation will be completed. Reviewer's Comments: (08/10/2019) Agreed as signed off by C Supt Oomer

2	ETAP	OWNER:	Ci Nicola Furlong (04956)
	Completed and Signed Off	DATE ACTION SET:	29/03/2019
		DUE DATE:	28/06/2019
		RECOMMENDATION:	A feasibility study considers investigating the possibility for a shared IT System between Police, Health and Social Services to improve communications.
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (22/05/2019) This is a much wider recommendation than a specific issue to FGM. Reviewer's Comments: (08/10/2019) This recommendation is reliant on shared multi agency systems and broader national implications and direction. The force will continue to monitor the opportunities linked to this but with approval of C Supt Oomer this action has been agreed to be closed in order that the plan can be archived in line with force processes.

3	ETAP	OWNER:	Ci Nicola Furlong (04956)
	Completed and Signed Off	DATE ACTION SET:	29/03/2019
		DUE DATE:	28/06/2019
		RECOMMENDATION:	Subject lead for FGM to assess knowledge and identify opportunities to increase awareness and to encourage early reporting of FGM, both within the Force and the wider partnership.
		ACTION:	No actions
		LATEST UPDATE:	Progress Update: (22/05/2019) This recommendation has been greatly addressed via the National FGM Centre who have been working with Staffordshire and Stoke on Trent for nearly 2 years. They have rolled out training across children's social care and also designed a specific training package for the police. All of our Child Protection and Exploitation Team received this training and the feedback was excellent. In addition to the above the Force lead has forged good relationships with regional colleagues and this has led to shared training in respect of FGMPO's and a Regional FGM and Witchcraft conference for which Staffordshire Police secured 50 places for our staff. Staffordshire Police also supports the national Operation Limelight initiative at Birmingham airport. In the August of 2018, Staffordshire police supplied a team of officers and an SIO to lead the operation. A specific partnership working group has been set up for FGM and meets quarterly - this group has an active action plan that drives activity across the multi agency partnership. Reviewer's Comments: (08/10/2019) Agreed to be signed off by C Supt Oomer

4

ETAP	OWNER:	Ci Nicola Furlong (04956)
Completed and Signed Off	DATE ACTION SET:	29/03/2019
	DUE DATE:	28/06/2019
	RECOMMENDATION:	That the FGM subject lead works with partners to raise awareness of the crime of FGM within practicing communities in Staffordshire using College of Policing best practice.
	ACTION:	No actions
	LATEST UPDATE:	(08/10/2019) Agreed to be signed off by C Supt Oomer

5

ETAP	OWNER:	Ci Nicola Furlong (04956)
Completed and Signed Off	DATE ACTION SET:	29/03/2019
	DUE DATE:	10/04/2019
	RECOMMENDATION:	That ETAP schedules a review of child abuse investigation teams in 2019/20 to assess their establishment and training, together with their links to the MASH.
Other	ACTION:	No actions
	LATEST UPDATE:	(10/04/2019) This action is for ETAP and will be dealt with by them. Therefore this can be signed off and closed.