MPS-MOPAC JOINT AUDIT PANEL
4 July 2022

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Met Audit & Inspection Report
Report by: Director of Strategy & Governance

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Non-restricted paper

Report Summary

Overall Summary of the Purpose of the Report
This report provides Audit Panel with a summary position of DARA and HMICFRS activity and engagement over the last quarter.

In relation to DARA audits, since last quarter's report to Audit Panel, the Met has received 1 new action that met our monitoring threshold. During the same period, 63 actions were implemented and are now proposed as closed.

Two HMICFRS inspections (running concurrently) are currently taking place: MOPAC commissioned inspection related to death investigations and Serious Organised Crime (SOC). Publication of the PEEL assessment is expected in August 2022 and will include the high-level findings from the SOC inspection.

Key Considerations for the Panel
The Panel is asked to note the considerable reduction in outstanding actions, now 34 (22 High priority). Compared to 102 at last reporting quarter.

Interdependencies/Cross Cutting Issues
By the very nature of the audit and inspection regime, there are considerable cross-cutting elements across the Met.

Recommendation
To note the progress being made to track and monitor audit actions centrally that meets the agreed threshold.

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1   Risk and Assurance Board update

Risk and Assurance Board met on 7 June 2022 where they reviewed progress against outstanding audit actions and discussed the proposed audit plan for 2022/23; they also discussed the impending HMICFRS PEEL inspection and the forthcoming Serious Organised Crime inspection.

2   Internal Audit update

Performance progress on Internal Audit metrics

The corporate performance framework 2021/22 contains the below audit metrics previously pillar 7 of the Met Direction: 'Responsible, Exemplary and Ethical'. For the next financial year these will be monitored under pillar 6: 'Pillar 6 Learn from Experience'. The end of year position is as follows:

1) Implement 90% of our high-risk audit recommendations within the deadline (FY 2021/22).
   End of year Performance = 33%

2) Increase the percentage of audits rated adequate or above. (Improve from the baseline - 64%).
   End of year Performance = 65%

NB – figures are sourced from the audit plan tracker and therefore may not capture the full spectrum of audit activity (restricted audits) and will not include advisory work.

The performance aspiration to implement 90% of high risk audit recommendations was not achieved this year in part due to the increased focus on clearing older actions. This does mean that we now have significantly reduced the number of actions outstanding. We have drafted a guidance document to assist leaders in ensuring that appropriate timescales are set, future actions are clear and that owners fully understand what needs to be undertaken to deliver the agreed activity and address the risk.

To assist business areas with completing their actions on time, Strategy and Governance review all outstanding audit actions with Chief Officers at their formal risk meetings. Business area leads are emailed one month before actions are due to ensure they are aware of approaching deadlines and are asked to inform us when any actions have been addressed. All areas of the business are actively encouraged, where appropriate, to ensure the risks highlighted are managed as part of their local risk management practices.

Internal Audit Progress update

Since last quarter's report, the Met has received **1** high priority **new action** from the Programme Management Framework audit that met our monitoring threshold. During the same period, **63 actions were implemented** and are now proposed as closed.

The total number of outstanding actions is now **34** (22 High, 12 Medium priority) compared to 102 at last reporting quarter. As previously reported, 13 of these actions relate to training and form part of the Learning and Development Transformation programme. T/AC Professionalism and the Training and Development team are currently reviewing these with a view to ensuring the outstanding actions reflect only work not yet addressed by the Learning Transformation Programme so we would expect to see a reduction in this next quarter.

Agreed actions by business area

The 34 outstanding actions pertain to 12 audits. Distribution by business group is as follows:
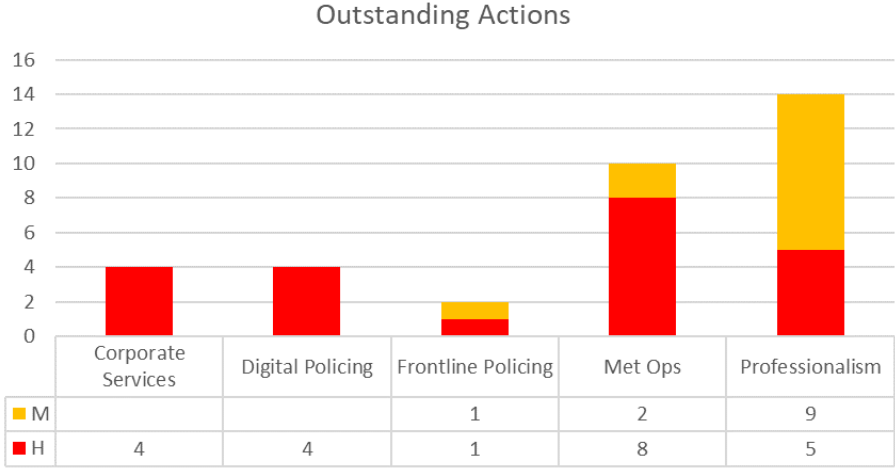
Last reporting quarter Corporate Services owned over half of the outstanding actions (56). There has been considerable effort in this area to deliver on the actions and the total outstanding is now just 4. Met Operations reduced their outstanding to 10 and have made excellent progress with addressing the actions from the Limited Met Detention – Capability and Capacity follow up. We have also identified 3 actions that would be better addressed by Digital Policing. These have been submitted for review and we expect that these will be complete by the next reporting period.

Open actions by business group and Quarter due delivery date:
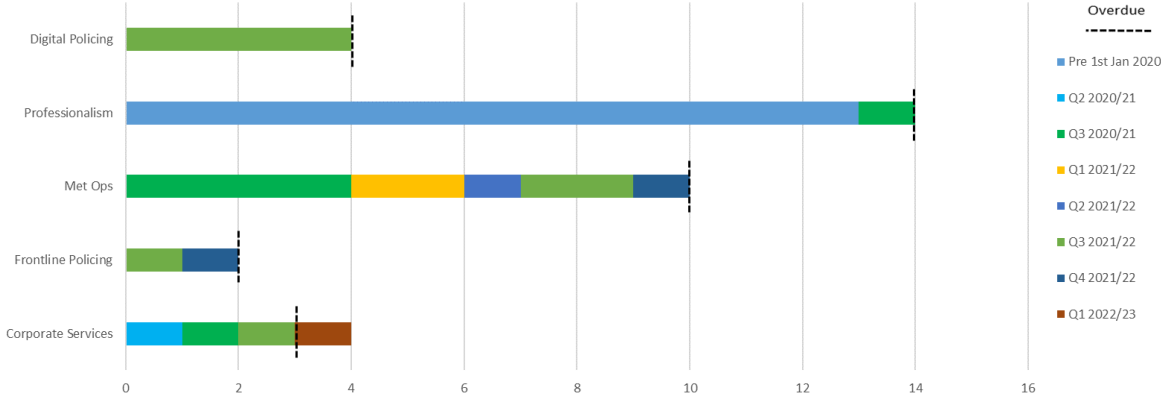
In the graph above, those shown to the right of the dotted line are within the quarter due date, all others have past the original due date.

Corporate Services have reduced their outstanding actions to 4 with one due by the end of June 2022. The 3 overdue are from the *Framework Supporting Data Protection Compliance*, however the programme of work within the "Year of Data Quality" included activity to address the outstanding risks and actions within all data related audits will address these outstanding actions.

The most outstanding actions now sit with Professionalism who are currently reviewing all training related actions in line with progress made within the transformation programme. However there have been challenges filling specialist roles critical for creating new capability in L&D causing slippage to the original plan which may result in further delays to the completion of these actions.

Current position – June 2022

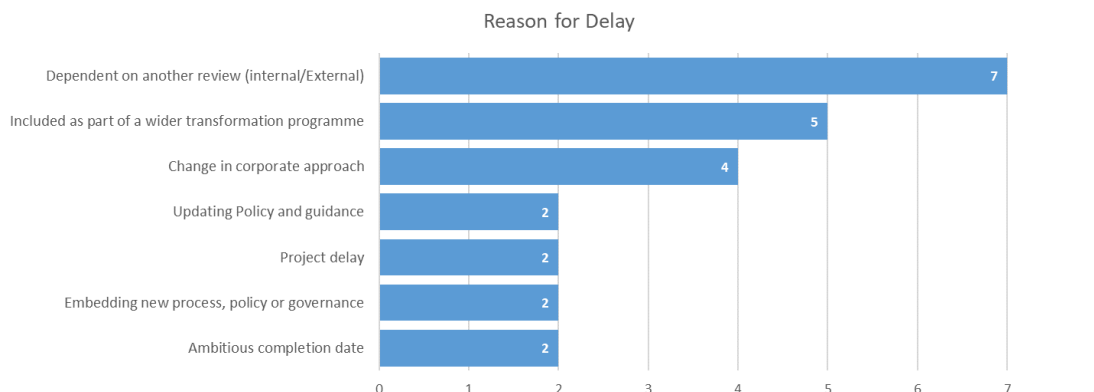| Business Group	Actions past due date – June 22	
	Total actions outstanding	% overdue (due date)
Corporate Services	4	75%
Digital Policing	4	100%
Frontline Policing	2	100%
Met operations	10	100%
Professionalism	14	100%

We agreed with DARA that we would actively encourage action owners to provide expected completion dates for outstanding actions past their due date, so we focus less on what we didn't manage to achieve and provide a renewed focus on achieving the revised due dates. Of the 34 outstanding we have received 28 revised expected completion dates and these are highlighted to action owners as part of the information reviewed in risk and audit governance meetings. The Audit Guide for senior leaders should assist with ensuring that realistic dates are set for actions to enable more actions to be completed within agreed timescales. We will continue to assist with guidance on local action planning and monitoring to ensure where possible the future due dates are achieved.

There continues to be a reduction in the number of significantly older actions (based on due date). Of the 34 actions outstanding 20 of those are older than 12 months but 13 related to Training and are linked with the transformation programme, leaving 7 from the rest of the business that are older than one year. Action owners have been contacted and these actions have been flagged as high priority for review and action so this figure should continue to decrease.

Delays in meeting due dates

As part of the quarterly update we have the option for leads to provide us with the reason for any delays they experience in meeting the original agreed action deadlines. To better understand the most notable delay themes, identify any emerging themes and to ensure previous reasons for delays are addressed we continue to review the reasons of both currently delayed and delivered (but delayed) actions. One of the frequently cited reasons is that policy and guidance takes longer to be updated than the initial DARA timetable allows for. However when looking at the delays for the current actions, the largest number (7) is the action is dependent on another review, either internal or external. With the second reason listed as part of a wider transformation programme. All 13 outstanding training recommendations sit within these categories, split as such due to the dependencies within the training programme (internal and external partners). There is one additional high risk action from the *Framework Supporting Management of Notifications on Missing Person and Linked Indices (MERLIN)* follow up, relating to the London wide MASH review which involves 32 local authorities and a timeline of 12-18 months to complete.

Delay reasons for current actions

Reason for Delay

Reason	Count
Dependent on another review (internal/External)	7
Included as part of a wider transformation programme	5
Change in corporate approach	4
Updating Policy and guidance	2
Project delay	2
Embedding new process, policy or governance	2
Ambitious completion date	2

The Audit Guide for senior leaders actively encourages discussion with the auditors at both the terms of reference and first draft report stage which should include informing them of pending changes to the business environment (such as links to other reviews) which may affect the scope or timing of the audit or the ability to achieve the actions within the proposed timescales. Agreements can be made where appropriate that the risk will be managed through the governance of the additional review which would include the activities proposed by DARA.

We also encourage the business to be mindful of agreeing timescales for actions that knowingly will take longer to complete (such as new policy SLA's) and for the actions to be clear and understood by both parties. The new guidance supports leaders to challenge actions when they are unlikely to deliver them because of business decisions, to ensure there is understanding of what level of control the business has and would like on their risk areas as well as an agreement of what is required to deliver the action. We have made recommendations to senior leads that once an action has been addressed as per DARAs formal action it should then be closed, then utilise local assurance mechanisms to review to ensure the new process/policy/governance is in place effective.

Key Audit Themes

We have aligned the key themes arising from the audits with the DARA auditor descriptors. We continue to meet regularly with DARA to ensure our reporting reflects current audit practice.

This should allow us to gain more insight into specific issues and assist the business to identify activities to address these moving forward. Across all actions (outstanding and delivered), a thematic analysis draws out the following recurring themes in terms of risks identified.

Audit Risk Theme

The three predominant themes are Policy and Process, Management Oversight and Capability and Capacity.

When looking at the themes for <u>current outstanding actions</u> Assurance, Management Oversight and Reporting, Accountability and Capability and Capacity become the greatest thematic risk areas.

Accountability	5	15%
Assurance	11	32%
Capability and Capacity	5	15%
Management Oversight and Reporting	8	24%
Policy and Process	4	12%
Strategy Definition	1	3%
Grand Total	34	

The risk themes for current outstanding actions have been broken down into business areas and shared with audit owners. When viewed as a collective there are additional themes and commonalities that are over- reaching across several, if not all business groups. These have been fed in to our work on the Annual Governance Statement and Governance Improvement Plan.

We have also analysed all monitored actions (delivered and outstanding) from all audits since the 19/20 audit year to identify the underlying risk themes from the audit findings. We circulated key risks from each of the top three areas (notable because they feature more than once in the audit findings with more than one action to address the risk) to the business, asking them to consider the areas where they hold more risk and ensure the controls introduced/adapted to deliver the audit actions and prevent the risk from materialising are still in place and effective. If an element of risk remains, to confirm that these are captured on risk registers so the risk is reviewed and managed through a more formal process.

There has been key successes in action being taken to address the underlying themes arising from review activity, for example from the *MPS Counter Fraud Arrangements* follow up audit the whistleblowing policy has replaced the Raising Concerns policy. The fraud risk wheel has been reviewed and review of the risks for each component is now part of BAU of the TLF group. Centurion is now used as the single reporting domain for all allegations of fraud. The content of the e-learning package has been fully reviewed and approved to be moved to LinkedIn Learning. From the *Management of End User Systems* audit an Information Asset Register now exists and Information Asset Registrar is in post to provide better management oversight and reporting and accountability and an Information Asset Owner (IAO) Portfolio Group is now established to provide oversight as a result of the *ICT Access Control Framework* follow up.

From a corporate assurance perspective within the level 2 environment the core practice teams in the Continuous Policing Improvement Command (CPIC), which lead best practice, policy and improvement within their thematic areas such as Public Protection, are developing more active assurance intervention across the MPS. Level 2 assurance activity is already integral to the Organisational Learning & Research Centre of Expertise, and in the Continuous Improvement & Policy Centre of Expertise. The Heads of Profession are also able to commission Level 2 assurance activity from CPIC.

A comprehensive strategy and approach has been developed that incorporates all known Level 1 and level 2 activities and seeks to embed Continuous Improvement (CI) within each. Initially this is focussed on Public Protection, but will then expand into the other BCU strands. The strategy is aimed at building on foundations set by Operation Aegis and will help to ensure early benefits are realised and continue to be delivered. Support, coaching and training is being provided to recently formed Continuous Improvement and Organisational Learning teams, established on EA and AS BCUs utilising existing budget and vacancies. Infrastructure and governance structures have been established that compliment and align with BCU current practices and operating model. This includes the forming of a combined CI and OL board. However 3 of the 5 BCUs (NE, CE and NW) that have has Operation Aegis deployed do not currently have dedicated CI or OL capability. This will impact on the ability to sustain and build on the benefits and new ways of working introduced through Operation Aegis.

New Audits received by Strategy & Governance since last meeting

Since the last Audit Panel meeting, Strategy and Governance have received the findings from the audits listed below.

- Project Programme Management – Governance (adequate)
- Framework Supporting Development of SIAM2 – Pegasus Programme (substantial)

The Covert Asset Management Framework audit has also been issued to the business this quarter but due to the sensitive nature of the report, the covert team will monitor action progress. A limited audit progress report to provide assurance that key risks are being addressed will be commissioned and shared with board in September.

3   HMICFRS update

Overview
Since HMICFRS substantially resumed inspection activity in September 2020, we have received 17 inspections. Due to the length of some of these inspections, the HMICFRS footprint (fieldwork) in the Met since September 2020 totals 63 weeks and the HMICFRS Liaison Team has been constantly engaged in facilitating at least one, but more often, two inspections simultaneously. This is unprecedented.

PEEL assessment
The final evidence collection phase (fieldwork) for the PEEL assessment concluded on 18 March. HMICFRS are now writing the report due to be published in August 2022.

Force Management Statement
This was completed and submitted to HMICFRS for their mid-June deadline.

Thematic Inspections

Previous inspections

Counter Corruption / Op Drayfurn (lead DAC Barbara Gray – reporting into the Deputy Commissioner)

The final report for this Home Secretary commissioned inspection was published on 22 March 2022. As expected, the report was quite critical and 5 Causes for Concerns were identified generating 20 recommendations (18 for the Met). Significant activity is now taking place to address the recommendations and other aspects of weakness identified (but stopped short of formal recommendations). Risk and Assurance Board is identified as the governance board to oversee and drive progress to address the recommendations.

An assessment of current vetting and counter-corruption capacity and capability in policing across England & Wales –to include forces' ability to detect and deal with misogynistic and predatory behaviour

This national thematic inspection has continued beyond the end of April and saw HMICFRS returning into the Met in May; they dip-sampled misconduct cases within the DPS and reviewed data within the Vetting Unit. As a result, the final report may be delayed beyond July 2022.

Serious Organised Crime (lead DAC McNulty)
As previously reported, although HMICFRS continue to inspect Serious Organised Crime using the PEEL framework, it is no longer a distinct part of the PEEL process.

All forces in England & Wales will be inspected throughout 2022 and 2023 in conjunction with the respective regional organised crime units (ROCUs), to gain a comprehensive regional understanding. There are however, a number of differences in the Met operating model and we are not part of a ROCU. Therefore, HMICFRS are inspecting the Met, City of London Police and the British Transport Police as a London region, but are taking into account the way the Met operates.

The inspection will take place 11 – 22 July across the operational hubs and 3 BCUs (Central East, Central South and North Area).

The inspection will determine whether:
- forces (*and ROCUs*) make good use of all available intelligence to identify, understand and prioritise SOC and inform effective decision making;
- the force *(/ ROCU)* has the right systems, processes, people and skills to tackle SOC and keep the public safe;
- disruptive activity reduces the threat from SOC (Pursue);
- the force (/ *ROCU*) prevents people from engaging or re-engaging in organised crime (Prevent); and
- communities, organisations and individuals are resistant and resilient to the impact from SOC (Protect and Prepare).

It is expected that the high-level findings from this inspection will be included in the PEEL assessment report, scheduled for publication in August.

Death Investigation – MOPAC Commission (Cmdr Jon Savell)
The Deputy Mayor for Policing and Crime commissioned this inspection following East London Coronial inquests into the deaths of Anthony Walgate, Gabriel Kovari, Daniel Whitworth and Jack Taylor at the hands of Stephen Port. The inspection commenced on 6 June and will conclude on 29 July. Four BCUs (East Area, Central South, Central East and North West) and two Homicide Teams (Barking and Putney) are being visited.

The inspection will consider whether lessons have been learnt and action taken to prevent the failings identified by Her Majesty's Coroner being repeated. It will examine the current standard of death investigations and focus specifically on those deaths within public spaces or private domestic settings. The Terms of Reference are:

a. Initial death categorisation and investigation procedures:
- effectiveness of the initial investigation to demonstrate that a death is treated as suspicious until it is confirmed, with evidence that it is not.
- to include ensuring whether 'hate' is being appropriately identified as a motivating factor and, if so, that appropriate external groups are engaged with (e.g. independent advisory groups and staff networks)
- to include ensuring whether incidents are being appropriately identified as 'linked'

b. Family Liaison processes in relation to death investigation;
- effectiveness and sensitivity of the engagement with families, friends and those who knew the victim well, including feedback from independent sources, such as Coroners' offices

c. Inclusion, Diversity and Equalities considerations when investigating death;
- how protected characteristics may influence the investigative approach
- effectiveness of supervisors, both within the investigative structure and the wider leadership, to consider inclusion, diversity and equalities impact

- effectiveness of the engagement with communities and how subject matter expert advice, both within the Met and the community (recognising any intersectionality) is sought.

d. Leadership and accountability of death investigation;
- effectiveness of the leadership and supervision of the investigation, including the record keeping and case management
- effectiveness of the interaction between BCU officers and specialist homicide investigative teams, including the matter of primacy and support provided if the death remains locally investigated.

e. Learning lessons from ongoing investigations.
- effectiveness of processes to ensure that learning is gathered from death investigations, promulgated and acted on within the MPS, to inform future investigations
- to include appropriate use made of independent review mechanisms as the investigation progresses e.g. Specialist Crime Review Group.

HMICFRS Monitoring Portal
HMICFRS has informed forces of changes to how they will follow up on recommendations.

Where they find serious, critical or systemic shortcomings in practice, policy or performance in their inspections, a recommendation is made for the force to make changes to alleviate or eradicate it. The inspectorate will then review the force's progress against these recommendations, until they are complete, with progress updates made on their Monitoring Portal, and they now also publish some information on their website.

To make this more transparent and effective, HMICFRS are introducing a new process, where their inspectors decide what follow up activity the inspectorate will undertake at the point that they make the recommendation.

For some recommendations, a report from the Commissioner will advise when we have completed the recommendation. This may be as well as, or instead of, the inspectorate carrying out follow-up activity. HMICFRS expect that they will continue follow-up activity for PEEL, and other continuous or rolling inspection programmes, but that Commissioner sign-off will be sufficient for us to complete most of the recommendations made as a result of one-off or thematic inspections.

Current position
The Monitoring Portal holds all force and national thematic recommendations and areas for improvement (AFI) identified from inspections from 2018 onwards.

With new reports added over the quarter, the Monitoring Portal currently shows 137 open recommendations and 32 open AFIs.

At the request of our Force Liaison Lead (FLL) we have not collated progress updates this quarter (due to the PEEL fieldwork). Furthermore, given the forthcoming changes to the Monitoring Portal and the immanency of our PEEL report being published (and the potential for new recommendations or AFIs), our Force Liaison Lead (FLL) has
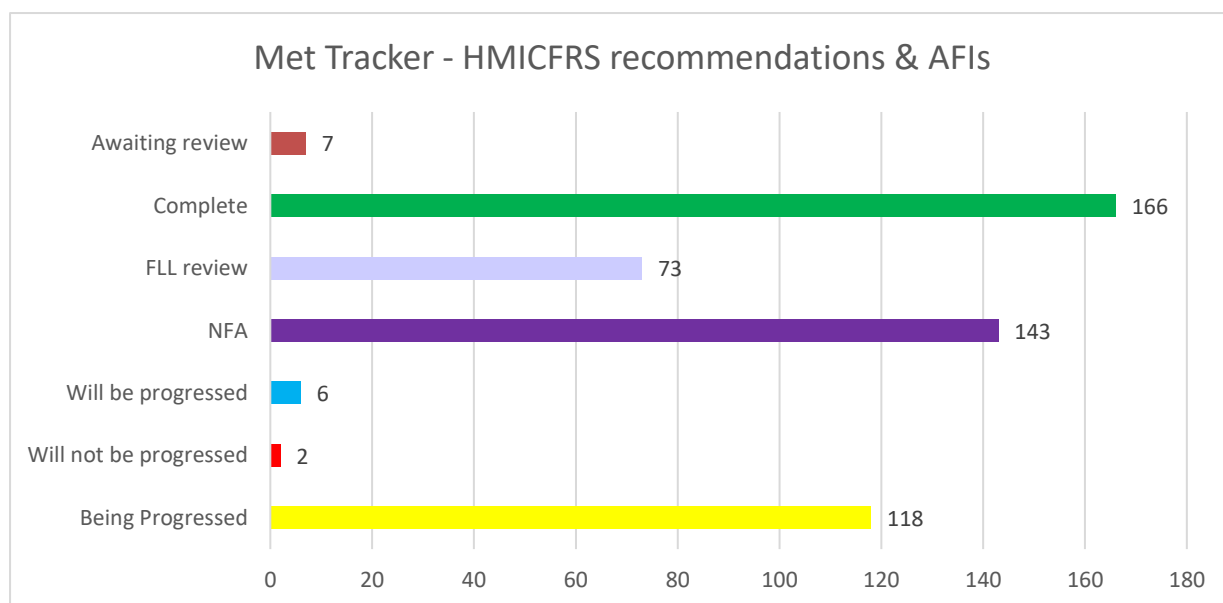
proposed that we conduct a rationalisation exercise on all current open recommendations and AFIs. Where recommendations have been superseded these will be cross-referenced and closed; where our FLL agrees the recommendation has been met, they will be closed.

It is anticipated this will be done over the forthcoming quarter but will be subject to our FLL's availability.

Met Tracker – HMICFRS recommendations & AFIs

The graph below provides a breakdown of different categories in relation to all recommendations / AFIs position as they appear on the Met tracker (including those that are National recommendations i.e. not for forces to address – shown as NFA below).

Out of the 137 open on the Monitoring Portal we assess that 73 should be reviewed for consideration to close. As mentioned above, our PEEL fieldwork took place during this quarter and therefore our FLL has not reviewed those entries explicitly; once the PEEL report has been published, we will jointly conduct the rationalisation exercise and where appropriate, recommendations / AFIs will be shown as complete and closed from the Met Tracker and the Monitoring Portal.

Met Tracker - HMICFRS recommendations & AFIs

Category	Value
Awaiting review	7
Complete	166
FLL review	73
NFA	143
Will be progressed	6
Will not be progressed	2
Being Progressed	118

Recommendation governance

Last quarter we informed Panel members that there were 48 different governance boards related to the recommendations and AFIs. In order to address the action that emanated from the report, we conducted statistical analysis of the HMICFRS recommendations and have determined that this figure included some duplicates and was therefore incorrect; the revised figure is 29.

A number of these boards, working groups or gold-group structures are set up specifically following an HMICFRS Inspection in order to clarify accountability and drive the implementation of recommendations that arise from an inspection. These are time limited, task-and-finish structures that bring together the parts of the organisation that can effect this implementation. For example, the Counter Corruption Learning

Group is responsible for the active delivery of recommendations identified in the "Counter corruption and other matters related to the Daniel Morgan Independent Panel" report and Risk and Assurance Board provides the oversight. A number of the groups in the table provided had fulfilled their role in that implementation had taken place, and the recommendations were now with the Force Liaison Lead at HMICFRS to review (this usually takes place when an HMICFRS Inspection in that area takes place and implementation is evidenced in practice). Governance of these implemented recommendations "pending confirmation" is with Strategy and Governance – and not the task-and finish-group. For that reason, the list included a number of "legacy" boards that are not active anymore.

When Inspections produce a smaller number of specific recommendations, these will –always – have a named Senior Lead officer or director, but if the number of AFIs or recommendations is limited, they may also be allocated to an existing local governance structure. Doing this strengthens internal accountability and provides visibility of progress to the chain of command within that Business Group. For example, the Met Ops COG (Chief Officer Group) or the Learning and Development SLT meetings may fulfil this role.

The forums identified (locally) are an additional level of local assurance to ensure that the accountable Senior Leads is making progress, and to provide them with senior support to help them access the right levers if needed.

Where the Met has identified that substantial progress is required in an area (through inspections, audits, internal oversight and performance monitoring) and set up a Head of Profession within Professionalism with appropriate local governance, this structure may take forward all recommendations in that area. For example, the Public Protection Delivery Board holds one third of all live HMICFRS recommendations, and most recently has taken on the governance for the "Police response to violence against women and girls report".

The boards set up above are local delivery tools which business groups chose to use locally to strengthen governance – or cross-business group structures that bring together the right senior leads to collaborate on implementation (on the Head of Profession or Gold Group model).

However corporate governance for all HMICFRS recommendations sits with the Risk and Assurance Board which oversees progress against all HMICFRS AFI/ recommendations and receives quarterly updates, collated through a working lead in Strategy and Governance (Planning and Risk team); whilst responsibility and accountability for any single recommendation sits with the named senior leader.

4   Equality and Diversity Impact

This paper outlines HMICFRS inspection activity and DARA audits. Any significant programmes of work undertaken to implement recommendations will be subject to equality impact assessment.

5   Financial Implications

There are no direct financial implications arising from this report. Any additional financial implications from the findings of audits and inspections will be subject to normal investment processes.

6   Legal Implications

There are no direct legal implications arising from this report.

7   Risk Implications

Inspections can highlight significant corporate risks. These are analysed by the Planning and Risk Team and included in the Met's risk management framework where applicable. This paper has no direct health and safety implications.

8   Contact Details

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9   Background papers:

None