MOPAC | MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

METROPOLITAN POLICE

MPS-MOPAC JOINT AUDIT PANEL
4 October 2021

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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.

Since last quarter's report, the Met has received 25 new DARA actions that meet this monitoring threshold. During the same period, 55 actions were implemented and are now proposed as closed.

The Information Commissioner's Office is conducting a consensual audit 27 September – 8 October. The audit will focus on three areas to check how we create, store, use, review and dispose of our data and paper records, to ensure that we are compliant with our legislative obligations. A summary report with recommendations will be published on 12 November.

HMICFRS conducted a revisit to the Op Larimar inspection and confirmed that all recommendations are satisfactorily completed; these will be removed from their Monitoring Portal. Following the publication of the Daniel Morgan Independent Panel report, the Home Secretary commissioned HMICFRS to conduct a thematic inspection focused around the practices and procedures introduced following the adoption of the Code of Ethics in 2014. This inspection began in early September and will conclude at the end of November; HMICFRS will report findings to the Home Secretary by Christmas. PEEL inspection activity continues to increase with evidence collection expected to intensify over the forthcoming quarter. The counter-corruption and vetting on-site activity conducted as part of the Home Secretary commissioned counter-corruption inspection, will inform the PEEL assessment also.

Key Considerations for the Panel
The Panel is asked to consider the breadth of audit activity taking place by DARA. The concerted efforts by colleagues to address their outstanding audit actions in all business groups continues to have a positive impact; there are 71 now compared to 106 last 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
The Audit Panel is recommended to note the progress being made to track and monitor audit actions centrally that meets the agreed threshold.

1 Risk and Assurance Board update

Risk and Assurance Board met on 7 September 2021 where they considered the significant progress against outstanding actions and notably the improvements being made before follow-up audits which is resulting in an increase in adequate ratings.

2 Internal Audit update

Strategy and Governance monitor Met progress on all high-risk actions from internal audits, as well as the medium-risk actions of any audit receiving a "limited" grading. Responsibility for monitoring implementation of all other lower risk actions sits with leaders locally.

Performance progress on Internal Audit metrics

The revised corporate performance framework 2021/21 now contains the below audit metrics under pillar 7 of the Met Direction: 'Responsible, Exemplary and Ethical'. These metrics have been introduced this financial year. The progress we are making to achieve these ambitions is reported to Risk and Assurance Board on a quarterly basis. The current position is as follows:

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

Current Performance = 62% (13 of 21)

The above figure is based on actions completed since April 2021 to date. However due to reporting deadlines and the timings of the formal quarterly update request to the business, the calculation is based on an "as is" point in time. There may be a slight fluctuation between quarters due to board paper cut off dates.

2) Increase the percentage of audits rated adequate or above. (Improve from the baseline - 64%).

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

Breakdown of 20/21 figures:

Q1 20/21 - 50%
Q2 20/21 - 60%
Q3 20/21 - 86%

Q4 20/21 - 86%

Total – 20/21 = 76% (average quarterly figure of 70.35%)

Q1 21/22 total stands at **75%**. Q2 total will be available once the quarter is complete.

Internal Audit Progress update

Since last quarter's report, the Met has received **25 new actions** that meet this monitoring threshold (23 High priority, 2 Medium priority). During the same period, **55 actions were implemented** (35 High, 20 Medium) and are now proposed as closed.

It is worth noting that 23 of the 55 actions recommended for closure were from Corporate Services, (18 from Limited audits), and 14 from Met Operations (8 from Limited audits). This year both business areas have introduced a formalised regular review of recommendations resulting in significant progress with outstanding actions.

The total number of outstanding actions is now **71** (57 High priority, 14 Medium priority) compared to 106 at last reporting quarter. As discussed at previous boards 13 of these actions relate to training and form part of the Learning and Development Transformation programme. We have agreed with DARA that these will be addressed as part of the wider programme and monitored through the programme governance processes but are still included in the outstanding figures within this report.

To ensure a continued focus on audits with a limited grading, all leads for limited audits provide Risk and Assurance Board with a one page brief. This details current and planned activity to address the risks and recommendations from the audit and to provide assurance to board on the way ahead for this area.

Processes remain in place to ensure COG meetings and Risk boards are sighted on outstanding actions. All Chief Officers receive a list of outstanding actions as part of the update cycle and remain ultimately responsible for the timely updates and action progress.

Reported improvement in Audit status/Areas of focused activity

In the last quarter, we received the follow-up review of *TSG Use and Deployment of Resources*, which was graded as 'Adequate', an improvement from the 'Limited' grade in the initial July 2020 audit findings.

In the original report, DARA had agreed 6 high priority and 2 medium priority actions with Met Operations. DARA subsequently reported that significant progress has been made to complete these actions. Key improvements noted by DARA since the original report included:

- Taskforce Performance Framework aligned to Met priorities identifies key areas of focus and reports on TSG performance.
- Taskforce Risk Register updated to capture current risks and action required for mitigation, with updates captured through both the Risk Register itself, and SLT meeting minutes. Key risks already identified have included:
    - Inability to meet demand levels under the current target operating model;

- reliance on overtime working above Working Time Regulation (WTR) limits;
- difficulties in meeting Diversity& Inclusion recruitment and retention targets partly caused by sustained long and antisocial working hours
- Effective BCU liaison and communication channels in place including weekly Silver group meetings to reduce possibility of duplication of activities.
- Strengthened system of monitoring compliance with WTR. This includes both WTR compliance forming a standing SLT agenda item, and oversight by the MPS Health & Safety Board chaired by the Chief of Corporate Services, and attended by the Uniformed Operations Commander.

DARA also noted that work is continuing in the following areas of improvement:

- Further development in conjunction with the Met Ops framework required to ensure that all key priorities are captured, particularly concerning engagement;
- Although management has identified capacity and demand risks in TSG there had not yet been detailed analysis to determine the level of demand or what the resourcing requirements are needed.
- Skills Database has been developed to track completion of all mandatory OST/ELS and TSG-specific training undertaken by MO7 officers. DARA noted that it is not yet being completed consistently across all units, meaning there is not a complete/reliable record of deployable officers. DARA noted management's intention that future issues will be escalated to SLT.

Case file Management – Disclosure (Audit) – DARA's recent follow up review of this audit has led to a majority of the actions being shown as implemented/delivered. Met Prosecutions, were responsible for the delivery of these actions.

The main risks identified were:

- Poor case file management & disclosure culture.
- Cohesive training package lacking
- Lack of management information/performance reporting.

The follow up review by DARA revealed the following:

- A quality assurance (QA) review by a team in MO10 Met Prosecutions of case file quality compliance processes confirmed processes fit for purpose.
- The NCALT disclosure course is monitored via PsOP and completion of course is satisfactory.
- Several dashboards are now available which provide insight into performance in this area.

Framework Supporting Inclusion & Diversity Strategy (Audit) – During the past quarter progress has been made in implementing many of the actions contained within this audit. Inclusion & Diversity (Professionalism) are responsible for delivery and implementing these actions.

The main risks identified are as follows:

- Accountability Assurance
- Management Oversight & Reporting
- Risk Management
- Strategy Definition

Inclusion & Diversity have provided updates as to progress in the following areas:
- STRIDE has a clear governance framework with a supporting meeting structure. SSAs are currently represented on the STRIDE Delivery Board by the Chair of Chairs
- The action plan will show clear outcomes to address the commitments, which are made in reflection of the risks
- The governance for this action plan is clear – as is the monitoring processes.

MPS Counter Fraud Arrangements (Follow up review) – The latest updates provided for this review highlighted that many of the actions have now been delivered. As this is a follow up review DARA, it is unlikely that DARA will revisit this area for some time. The actions fall under the remit of Finance.

The main risks identified are as follows:

- Accountability
- Capability & Capacity
- Policy & Process
- Risk Management

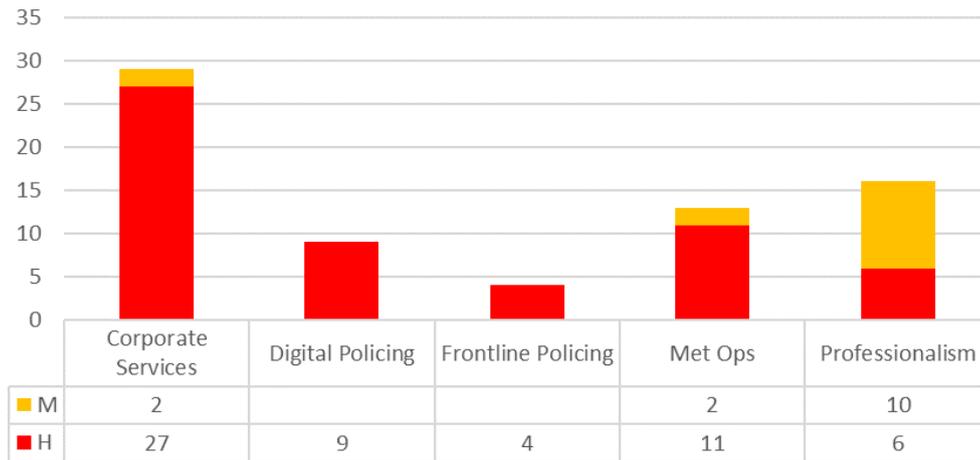Finance have included updates as to why these actions have been delivered, these include:

- Fraud risk is a standing agenda item for the Organisational Learning Committee. Strategy & Response Plan now updated identifies policy ownership and clarifies roles & responsibilities for reporting fraud.
- Content of e-learning package fully reviewed & approved, now available on LinkedIn learning.
- Whistleblowing policy reviewed intention to replace with Raising Concerns policy.

Agreed actions by business area

The 71 outstanding actions pertain to 18 audits. 14 actions are in response to medium-risk in "limited assurance" reports and 57 to address high-risk actions from all reports.

Distribution by business group is as follows:

Outstanding Actions

|	Corporate Services	Digital Policing	Frontline Policing	Met Ops	Professionalism
■ M	2			2	10
■ H	27	9	4	11	6

Corporate Services have the most outstanding actions. This business area encompasses some of the most focused audit risk areas in the Met (Finance, Commercial, and Safety & Health) so we should expect the number of actions to be greater than other parts of the Met. Whilst the number of outstanding high-risk recommendations has only decreased by 1 this quarter, there has been an additional 7 high risk actions arising from the *Data Quality Framework* Limited audit. Progress continues to be made to achieve most actions within the required agreed timescales.

Met Operations have continued to reduce the number of actions outstanding and the work undertaken to reviewing and addressing outstanding actions has meant another 5 high risk actions have been delivered this quarter.

There have been reductions within Digital policing who have a robust and effective mechanism for the tracking and monitoring of actions and who remain consistent with meeting actions within the deadline.

Professionalism have made significant progress in addressing their recommendations and now have 16 outstanding (30 last quarter). 13 of these relate to the Training transformation programme and are expected to be addressed as part of this longer-term programme.

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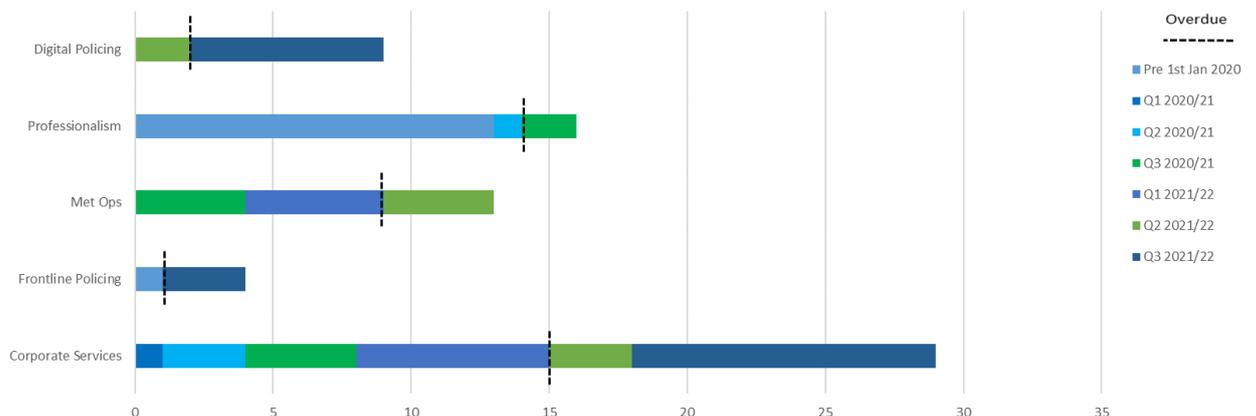
In the graph above, those shown to the right of the dotted line are within the quarter due date, all others have past the original due date.

Corporate Services have 15 actions overdue. 11 of these have revised due dates between September and December so we should see an improvement in the number outstanding by the next board. There is now only one action remaining from the Limited *MPS Counter Fraud Arrangements* follow up which demonstrates the commitment in ensuring identified risk areas are addressed.

All of the outstanding actions for Professionalism are now past their original due date, however 13 of the 16 (81%) of these relate to training and form part of the Learning and Development Transformation programme. They will remain included in the quarterly figures but there will be a reduction in the frequency of requests for updates given the long-term nature of the programme.

2021/22 Q1 current position – 1st August 2021

Business Group	Actions past due date (Q1)	
	Total actions outstanding	% overdue (due date)
Corporate Services	29	52%
Digital Policing	9	0%
Frontline Policing	4	25%
Met operations	13	69%
Professionalism	16	88%

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.

Business Group	Actions past due date (Q1)			
	Number Overdue Actions	Number overdue actions with expected completion date	% overdue (based on expected completion date)	% overdue without expected completion dates
Corporate Services	15	11	0% (0)	27% (4)
Digital Policing	0	0	0% (0)	0% (0)
Frontline Policing	1	0	0% (0)	100% (1)
Met operations	8	7	0% (0)	13% (1)
Professionalism	16	16	13% (2)	0% (0)

We now have 47 (34 High priority, 13 Medium) outstanding actions (past their original due dates), down from 73 last reporting quarter. Leads have proposed revised implementation dates for those actions where we are confident that appropriate activity has been identified and plans are in place to address the outstanding risks (41 of the 46). Strategy and Governance will continue to work with the business to obtain realistic revised expected completion dates together with the reasons for the delay. This can be used to provide analysis of why we are missing agreed due dates and a better picture of when recommended activity will be in place. We will also 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). The chart below includes those actions within Professionalism that form part of the Learning transformation programme.
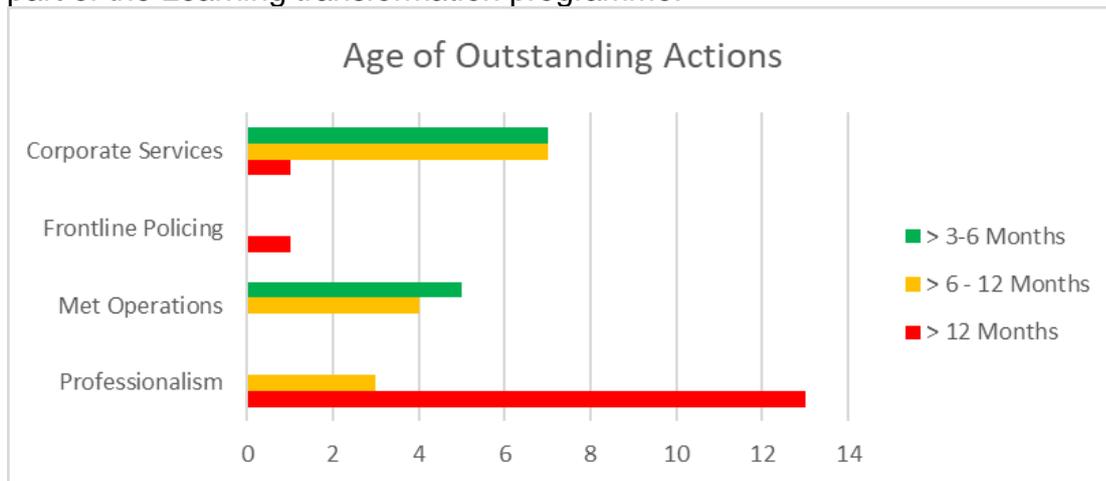
Delays in meeting due dates

As part of the quarterly update we have the option for leads to provide us with the reason for any delays, they experience meeting the original agreed action deadlines. To better understand the most notable delay themes and identify any emerging themes we continue to review the delay reasons of both currently delayed and delivered (but delayed) actions.

The most frequently cited reason for a delay for all actions (outstanding and delivered) is updating policy and guidance (31). However when looking at the current picture for outstanding delayed actions (35 of 47 responses), this relates to just 4. Any impact of COVID-19 on the ability to deliver actions has now been addressed and no longer appears as a reason.

The largest number (8) is that the action requires a new process, policy or governance to be embedded which links to last quarter's biggest delay of Policy or Guidance to be updated as the next sequential step in the process. Identifying these pinch points will allow us to review when appropriate if there are delays occurring as part of our corporate processes.

Delay reasons for current actions

Delay Themes	Total
Ambitious completion date	1
Awaiting Chief Officer decision/Sign off	1
Effectiveness of solution under review	1
Partnership/Multi-agency challenges	1
Project delay	1
Recruitment	1
Requires a new IT solution	2
Resource challenges	3
Updating Policy and guidance	4
Included as part of a wider transformation programme	5
Dependent on another review (internal/External)	7
Embedding new process, policy or governance	8
Grand Total	**35**

Key Audit Themes

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

This should allow us to gain more insight into specific issues and 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 current outstanding actions Capability and Capacity is less prominent, but Assurance is the highest risk category.

Accountability	11	15%
Assurance	19	27%
Capability and Capacity	7	10%
Management Oversight and Reporting	16	23%
Policy and Process	11	15%
Risk Management	4	6%
Strategy Definition	3	4%
Grand Total	**71**	

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.

Strategy and Governance will work with the business to implement the action plan arising from this year's Risk maturity assessment which includes reviewing the effectiveness of existing assurance processes and implementing them where required. We will continue to work with business groups at a local level to identify where activities or improvements to existing processes can minimise risk in these areas.

New Audits received since last Audit Panel

Since the last Audit Panel, we have received the findings from the following audits:

- **Audit** - Met Detention – Capability and Capacity (Limited)
- **Audit** - Framework Supporting Development of SIAM2 – Pegasus Programme (Adequate)
- **Audit –** Cyber Security Framework (Adequate)
- **Audit –** Data Quality Framework (Limited)
- **Follow Up -** Review of Safeguarding Partnership Framework Missing Person and Linked Indices (MERLIN) (Adequate)
- **Follow Up -** Case File Management – Disclosure (Adequate)
- **Follow Up -** Benefits Realisation & Performance (Adequate)

The Met Detention – Capability and Capacity audit and the Data Quality Framework audits were graded limited. The leads for these audits provided Risk and Assurance Board a briefing note of current and planned activity to address the audit risks and recommendations and to provide assurance on the way ahead for this area. These were accepted by Risk and Assurance Board on 7 September.

3   Information Commissioner's Office

Audit update

The Information Commissioner's Officer (ICO) is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. The Met is preparing for a consensual audit by the ICO scheduled to take place 27 September – 8 October. The audit will focus on

three areas to check how we create, store, use, review and dispose of our data and paper records, to ensure that we are compliant with our legislative obligations. The formal headings are:

- Governance & Accountability
- Records Management
- Information Risk Management

We have submitted a significant number of documents for review and a substantial number of interviews will take place between 5-7 October covering a number of ranks and roles from the Commissioner to PCs and administrative staff.

The importance, size and significance of this audit is not being under-estimated. Other forces have found the audit to be exceptionally challenging to manage, especially in terms of recommendations. Therefore, a Working Group has been instituted to ensure it is facilitated well and mechanisms are in place to action and implement recommendations. Preparations for the audit are being reported into Data Board on a regular basis.

We expect to receive the draft report and recommendations on 22 October for review with a view to the summary report and recommendations published on 12 November.

4 HMICFRS update

Covid-19 – HMICFRS position

While HMICFRS continue to broadly operate remotely, as coronavirus restrictions have eased, they are starting to conduct more 'in person' fieldwork. Their evaluation of remote inspection processes is still ongoing, but early findings suggest that it is highly likely they will adopt a blended approach for future inspections. Case file reviews and meeting observations conducted remotely and reality testing and focus groups are likely to remain 'in person'. Depending on the nature of the inspection, we may see a combination of both 'in person' and remote interviews.

Force Management Statements
FMS3 – The FMS was submitted in June and will be published on our website in the autumn. We are using the analysis to support our Spending review argument and to inform our enhanced business planning work, being led by the Director of Strategy.
PEEL assessment
Our Force Liaison Lead (FLL) and Inspection Officer (IO) are currently assessing the updates on the Monitoring Portal of those recommendations and areas for improvement (AFIs) that are specifically relevant to the PEEL assessment. Other sources of evidence gathering is also taking place. This is specifically relevant to the forthcoming inspection related to the Daniel Morgan Independent Panel report (see below) where the planned on-site activity for counter-corruption and vetting has been brought forward to September 2021 (from January 2022) and significantly expanded to cover the commission from the Home Secretary as well as the PEEL assessment requirements.

The PEEL assessment framework details 12 core questions.

Q. no	Topic area	Question
1	Victim Service Assessment	How good is the force's service for victims of crime?
2	Public treatment	How good is the force at engaging with the people it serves and treating them fairly, appropriately and respectfully?
3	Prevention & deterrence	How good is the force at preventing and deterring crime, anti-social behaviour and vulnerability?
4	Responding to the public	How good is the force at responding to the public?
5	Investigation	How good is the force at investigating crime?
6	Protecting vulnerable people	How good is the force at protecting vulnerable people?
7	Managing offenders & suspects	How good is the force at managing offenders and suspects?
8	Disrupting serious organised crime	How good is the force at disrupting serious and organised crime?
9	Strategic Policing Requirements	How good is the force at meeting the requirements of the Strategic Policing Requirement (SPR)? UNGRADED QUESTION
10	Armed Policing	How good is the force at protecting communities against armed threats? UNGRADED QUESTION
11	Ethical, lawful & inclusive workforce	How good is the force at building, developing and looking after its workforce and encouraging an ethical, lawful and inclusive workplace?
12	Planning, management & VfM	How good is the force at planning and managing its organisation efficiently, making sure it achieves value for money, now and in the future?

Whilst all forces will be assessed against all 12 questions, some questions will be examined in greater depth as they will have been identified as 'priority' areas. The Met's priority areas are:

- Q2 - Public treatment
- Q5 - Investigations
- Q7 - Managing offenders & suspects
- Q11 - Ethical, lawful & inclusive workforce

Over the coming quarter we can expect our PEEL activity to increase. We received our Tier 2 notification on 24 August. This provided us with key dates and other information related to the areas that should be covered in the strategic briefing and the document list. At the time of writing we expect our Tier 3 notification towards end of September - this will detail our Victim Service Assessment (VSA) (Q.1) process including the VSA documents request. We will also be informed at this time if we are to have the Crime Data Integrity (CDI) element of the VSA. Throughout October, in

addition to the planned onsite reality testing covering Q.11 (vetting and counter-corruption), we expect further reality testing and requests specifically related to the priority areas detailed above.

We anticipate that the Strategic Briefing will be required in early October and strategic interviews will begin soon after.

Thematic Inspections

Forthcoming inspections
Counter Corruption / Op Drayfurn (lead DAC Barbara Gray – reporting into the Deputy Commissioner)
Following the publication of the Daniel Morgan Independent Panel (DMIP) report, the Met has instituted Op Drayfurn under the leadership of DAC Barbara Gray to respond to the report's conclusions and recommendations. The Home Secretary has commissioned HMICFRS to conduct a thematic investigation focused around the practices and procedures introduced following the adoption of the Code of Ethics in 2014, including whistleblowing protections. HMICFRS consider there to be three dimensions to the inspection:

1. What are the Met arrangements for Counter Corruption now and how does this compare to 2018 when last inspected as part of the PEEL inspection?
2. How is the force responding to the DMIP findings?
3. Was the panel correct in calling the Met "institutionally corrupt"?

On-site evidence gathering activity took place within the Vetting Unit 7-8 September and within the Anti-Corruption Command 14-16 September. The full fieldwork will continue through to 5 November. HMICFRS must report to the Home Secretary with their findings by Christmas 2021.

CT6 (lead AC Matt Jukes)
This thematic inspection is the latest in Counter Terrorism programme and will take place 11-15 October. The terms of reference for this inspection will consider "*how well prepared is the police service to respond to a terrorist CBRNE incident.*" It will do this by examining the following:

i. How well prepared are police forces to deal with the initial report of a CBRNE incident? and
ii. How well prepared is the CT network to respond to a terrorist CBRNE attack?

This will include plans, command, control and communication arrangements, access to specialist advice, the first response (including JESIP arrangements), roles and responsibilities of police, exercising and lessons learnt.

Previous inspections
Op Larimar Re-visit (lead DAC Matt Twist)
HMICFRS conducted some limited follow-up work to verify the updates provided against the recommendations between 2-13 August. This consisted of a desktop review of updated policies and other relevant documents and a small amount of fieldwork, specifically with certain Operation Larimar and Winter Key personnel. From

their findings, HMICFRS has confirmed that they consider all eleven recommendations have been met and they will formally close them as complete on their Monitoring Portal (we await confirmation when this has been done).

National child protection inspection (lead AC Nick Ephgrave)
The final report was received on 31 August. HMICFRS has confirmed that the Met will now be moved into the routine monitoring of all police forces for the National Child Protection Inspection programme, but they will continue to evaluate the Met's performance against their recommendations. As a result, HMICFRS are likely look at progress made since the NCPI inspection (which was held in January & February this year) primarily through the PEEL inspection process (and therefore continuous assessment though to January 2022).

Sensitive intelligence (Lead AC Louisa Rolfe)
The Met was one of 12 organisations (six forces, five regional organised crime units (ROCUs) and the NCA) inspected in March 2021. HMICFRS decided not to publish the final report; only interested parties received a copy on 1 July. Fourteen recommendations aimed at improving the effectiveness of sensitive intelligence in tackling SOC were made to the Home Office, NCA and NPCC; there were none specific to the Met.

Fraud Re-visit inspection (Lead AC Nick Ephgrave)
HMICFRS published their report on 5 August. They make three new recommendations in total, two for all forces focused on compliance with NPCC guidance. An action plan is in place to meet the requirements and entered onto the Met tracker for quarterly updates to be captured.

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

With new reports added over the quarter, the Monitoring Portal currently shows 147 open recommendations and 30 open AFIs.

This quarter, 8 recommendations and 6 AFIs and have been submitted to HMICFRS for review for closure.

As part of the 12-month continuous improvement approach for the PEEL inspection, our Force Liaison Lead and Inspection Officer continue to review all previous PEEL entries and the most recent updates presented.
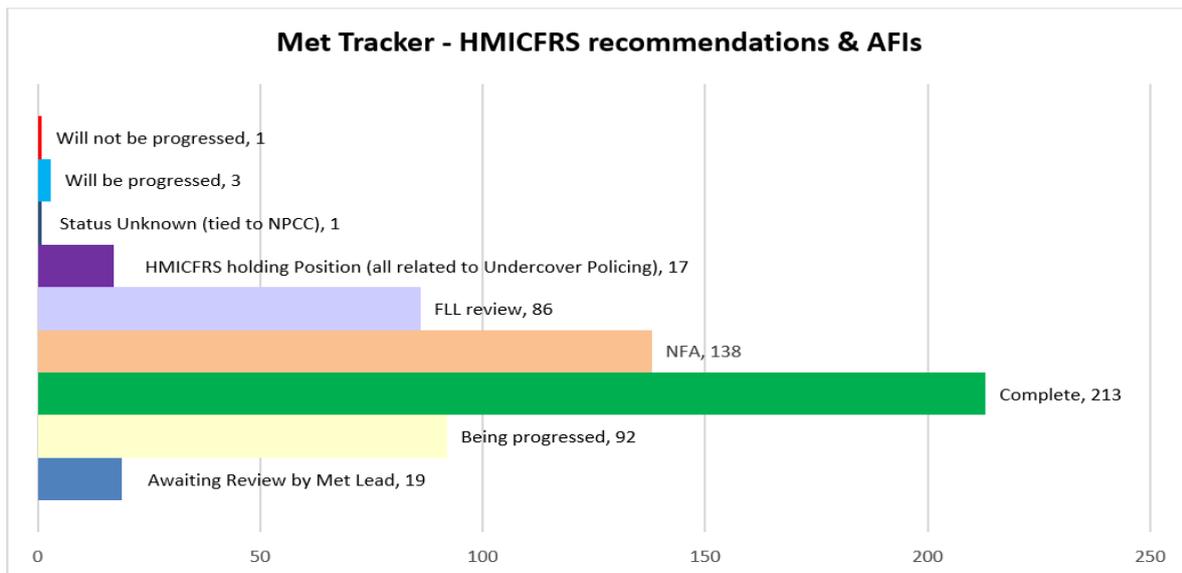
Inspection theme	Total Recs	Total AFIs
Vulnerability (including 13 specifically related to the NCPI programme)	59	
PEEL	10	19
Stop & Search	7	

(includes A spotlight on stop and search and the use of force report of which there 6 recommendations)		
Information management	1	
Undercover Policing	17	
Fraud	2	4
Integrated Offender Management	4	
Roads Policing	6	3
Custody during Covid-19	1	
Review of investigations into allegations of non-recent sexual abuse by prominent people	11	
Police Collaboration	1	
ROCU	2	
CPS	4	
Police Integrity & Corruption	3	
Online (all 6 recommendations have been put forward for closure)	6	
Bail	2	
Cyber		1
Super Complaints	4	
Policing in a Pandemic	5	
Policing Protests	2	3
Total	**147**	**30**

As previously reported, HMICFRS will not formally close any entries on the Monitoring Portal until they are satisfied the recommendations against causes for concern or area for improvements have been fully met; this is usually when it can be tested by way of an inspection. Now that some 'in-person' inspection activity is taking place and particularly for the PEEL assessment, we hope this, coupled with remote evidence reviews, will lead to the more expeditious closure of recommendations and AFIs from the Monitoring Portal.

Met Tracker – HMICFRS recommendations & AFIs
The graph below provides a breakdown of different categories in relation to <u>all</u> 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 177 open on the Monitoring Portal we assess that 86 are closed – these have been sent to HMICFRS for review and closure and we await their confirmation to move them to 'complete' status.

Met Tracker - HMICFRS recommendations & AFIs

Will not be progressed, 1
Will be progressed, 3
Status Unknown (tied to NPCC), 1
HMICFRS holding Position (all related to Undercover Policing), 17
FLL review, 86
NFA, 138
Complete, 213
Being progressed, 92
Awaiting Review by Met Lead, 19

0   50   100   150   200   250

We will continue to develop this analysis over the coming quarters; we aim to provide a breakdown of open recommendations and AFIs to respective governance boards to drive activity to implement them in a timely manner.

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

Report author: Tracy Rylance and Rosiân Jones, Planning, Risk and Assurance, Strategy & Governance

9   Background papers:

None