

**MOPAC**MAYOR OF LONDON  
OFFICE FOR POLICING AND CRIME

## MPS-MOPAC JOINT AUDIT PANEL

### 17 January 2022

### MPS Governance Improvement Plans

Report by: The Director of Strategy and Governance

#### Report Summary

##### **Overall Summary of the Purpose of the Report**

This report provides an update on the Met's Governance Improvement Plans. The plans are attached in Appendix A. This is second update to be provided since the areas for improvement were identified in the AGS 2020/21 (tabled in July 2021 to Audit Panel). Relevant teams were asked to set out their actions to address them. These plans are now monitored quarterly – and progress reported to Audit Panel.

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

Assurance mapping is being introduced for the first time this quarter in order to provide the organisation a stronger methodology to assess Area Leads' confidence at Levels 1, 2 and 3.

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

The Governance Improvement Plan sets out the Met's plans to improve governance and controls across our full range of activity. As such, it is entirely cross-cutting and has significant interdependencies with other Audit Panel agenda items – specifically HMICFRS recommendations, DARA audits, as well as our Risk Management activity.

#### Recommendations

The Audit Panel to:

- a. Note the progress made on the Governance Improvement Plans as at Quarter 3 (December 2021).
- b. Note the introduction of Assurance mapping – as requested at the last panel meeting - recognising this is expected to strengthen over time.
- c. Note the updates regarding the Chief of Corporate Services' review of governance and the Calam review, as requested at its last meeting.

## 1. Supporting Information

The AGS was tabled at the July Audit Panel and reviewed governance controls in place, taking into account the opinions of the Met's internal auditor (DARA), external auditors and HMICFRS. From its findings, area leads were asked to set out their plan to put in place (or set out) actions that will be taken to address the risks identified in the AGS.

The Governance Improvement Plans outline what, in practice, the Met is doing this year to instigate improvements to the areas where higher risks were identified. There are six high level areas for improvements. Currently there are 34 work-streams captured in the plan for 2021/22. Some are a continuation of the previous year's plan, but there are a number of new work-streams under development – such as Level 1 and 2 assurance, and Competence and Standards of Professionalism.

The first version of the GIP document was presented at the October Audit Panel. The appendix sets out the second update, as at December 2021.

### **Assurance mapping**

The template has been amended this quarter in order to introduce an Assurance Map as requested by the panel in October. We have opted for a model based on that used by some other police forces, notably Nottinghamshire which we have found particularly useful and applicable to our existing approach.

Mapping is based on the standard '3 lines of defence' assurance model:

- Level 1 including internal management controls, policy, procedure, strategy, process and systems
- Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting
- Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates

For each Governance improvement area, and each Assurance level, we have asked the Leads to set out their level of confidence in each 'line of defence' (RED: limited, AMBER: reasonable, or GREEN: substantial) – and to substantiate this by setting out the controls, processes and structures in place that were providing this assurance.

Summary assurance mapping is as set out overleaf – more detail is included in the first page of each Governance Improvement area in the attachment.

<b>GIP: assurance mapping</b>	<b>Level 1</b> including internal management controls, policy, procedure, strategy, process and systems	<b>Level 2</b> including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	<b>Level 3</b> including independent oversight provided by internal audit and inspection conducted by HMICFRS and others
1: Capability, Learning and Development	<b>A</b>	<b>G</b>	<b>A</b>
2: Organisational Learning (OL)	<b>A</b>	<b>G</b>	<b>A</b>
3: Public and Partner Engagement	<b>A</b>	<b>G</b>	<b>G</b>
4: Assurance Controls Level 2 and 1	<b>A</b>	<b>A</b>	<b>A</b>
5: Data Management	<b>A</b>	<b>A</b>	<b>G</b>
6: Competence and Standards of Professionalism	<b>A</b>	<b>A</b>	<b>A</b>

As would be expected (given these areas were selected as priorities to put in place governance improvement plans), assurance levels are relatively low (and always lower for Level 1). Direction of travel will be recorded in future updates to check whether as additional controls are put in place, Senior Leads confidence rises.

### **Key updates from the governance improvement plans**

#### **Plan 1: Capability, Learning and Development**

The most recent Annual Governance Statement found that significant progress had been made within the improvement plan, notably with the approval of the Learning Target Operating Model (LTOM) business case. Work is on track - in particular for the implementation of the Learning Management System (LMS) in June 2022, however because of the dependencies and interface with our other two large digital transformation projects (namely Command and Control, and CONNECT), the risk profile around development / testing entry is high for the first half of 2022.

#### **Plan 2: Organisational Learning (OL)**

The Organisational Learning function has become established within CPIC, and focused on four key areas 1) implementing the OL framework; 2) systemising information, knowledge and memory; 3) learning from high harm/risk; and 4) embedding a culture of learning. Team have worked with Digital Policing, and other parts of the business to develop Organisational Learning within scoped Met systems. Full overall implementation will be complete by Q4 2022/23. Work is continuing to expand OL learning hubs across BCUs, though BCU capacity and/or dedicated

resource has been identified as a risk – and rating has moved to amber on a number of actions with potential delays.

### **Plan 3: Public and Partner Engagement**

The London Safety Centre has been established, and will be enhanced in 2022 by the transfer of key crime prevention and volunteer posts from CPIC and a recruitment process for a Band A Head of Volunteering and other staff currently underway. The STRIDE strategy was launched during National Inclusion week in September 2021. The rollout of Police Encounter Panels has been delayed due to the complexities of Data Protection and legal sharing of data and footage – and the number of Positive Activity Initiatives across all BCUs is not at the level we aimed to achieve – this is rated red.

### **Plan 4: Assurance Controls, Levels 1 and 2**

The review of Public Protection policies progresses, but has been slightly delayed to Q4 2021/22. Domestic abuse and hate crime recently approved and published, child exploitation awaits consultation and sign off by the Head of Profession, and the harmful practices and vulnerable adult policies are also near to completion. CPIC continues to support the Data Quality Ethics Assurance Board - expanded to include reviews of the usage of RUI (Released Under Investigation) and Outcome 16 (Victim support for investigation withdrawn) Crime closures. The team is working with BCUs that have Operation Aegis deployed but a lack of dedicated capability at three of the five sites will impact ability to sustain and build on the benefits.

### **Plan 5: Data Management**

The 'Year of Quality' principles and plan were approved in November 2021 and will launch in January 2022. Good progress has been made across most actions: e.g. contract established with Information Asset Owners (IAOs) and Data Office, and training package for IAOs completed. The recruitment process to employ a Data Ethics lead was unsuccessful (action is rated red), and the process is being reviewed. However, a new Head of Data Foundations role has been approved and will be advertised in January 2022.

### **Plan 6: Competence and Standards of Professionalism**

Following the successful clearance of most outstanding vetting renewals, a dedicated Vetting Renewal Team is in place to manage vetting renewals and will further be increased in 2022 through recruitment. User testing of the Vetting IT system is now complete for roll out in Q4. A designated post list has been produced and has been agreed by Vetting Board. A new Counter Corruption Board has been established chaired by DAC Professionalism.

### **Chief of Corporate Services' review of governance**

At its October meeting, the Audit Panel requested that the MPS includes an update on the progress with the implementation of the pending recommendations arising from the Chief of Corporate Services' review of governance. The latest position is as follows:

Pending recommendations	Update
<p><i>2: Strategic Secretariat to consider whether a process control and guidance is needed to report authors, summarising key changes in a cover note requested by either the Delegated Authority PIB, PIB or IAM, to fully complete the audit trail for any significant investment decision (threshold for 'significant' can be determined).</i></p>	<p>Clear guidance for report authors is a priority and work to simplify our processes, whilst maintaining the appropriate and necessary assurances, will continue this calendar year.</p> <p>Feedback from Delegated Authority PIB and PIB is captured and recorded by the MPS Strategic secretariat who also liaise with MOPAC ahead of and after IAM meetings.</p>
<p><i>7: The Data Office to outline what the separate criteria for escalation should be from each Sub-Group to the Data Board, to ensure issues are identified earlier in the delivery lifecycle, if known.</i></p>	<p>A full review of the Data Board will take place in January 2022 to align and incorporate the governance for the Digital enabling framework. Both the successful results from the ICO Consensual Audit (Nov 2021) and the introduction of a new Chief Digital &amp; Technology Officer present a great opportunity to collaborate further across these two disciplines. This will bring oversight for the delivery of a) Met Direction Pillar 4 and b) the Digital &amp; Data Strategies into one place. Thresholds will be set for elevation to Data Board as part of this work. Concurrently, work has progressed to introduce privacy by default into the Transformation Business Case regime.</p>
<p><i>8: The Data Office to be included within the membership of the Assurance Board and / or PMG and the newly formed Front Door.</i></p>	<p>The Data Office are now part of the PMG and Front Door process.</p>
<p><i>12: As the Commercial Services Handbook is developed (for future iterations), ensure that the touchpoints between the Data Office and Commercial Services are outlined including where in the Commercial Lifecycle data and security considerations are needed.</i></p>	<p>All existing Commercial policies and standards terms and conditions require all contracts relating to data processing to be DPA compliant.</p> <p>Commercial Services are implementing a technology solution that can risk assess and manage information assurance across all Commercial Contracts. The system and process embeds "privacy by default" as standard which means the end to end commercial process would allow us to track and manage data protection compliance across the lifecycle. The work is on-track to train all major Met Contractors to be on-boarded to this new system (deadline end of January 2022). All new contracts will be aligned by March 2022.</p>

<p><i>13: For a future iteration post its launch in July 2021, the Commercial Handbook should be reviewed to ensure whether the narrative can be strengthened from the lens of an internal officer or staff member managing supplier relationships. A user group across the Commercial Categories to review and continuously provide feedback may be a mechanism to do this.</i></p>	<p>The Commercial Handbook is now in its second iteration. There are quarterly review cycles embedded to ensure continuous improvement and ease of use. A Commercial Management Meeting (Commercial Services Band S community) and Working Group (representation from across all Commercial pillar teams) has been implemented to support this. External stakeholders from across the Met are being engaged to develop the Handbook into an external facing document, thus strengthening it from the lens of a non-Commercial professional.</p>
<p><i>14: Commercial Services should be clear on how they are evaluating the business impact and benefits of their new Business Partnering model, including seeking any independent feedback, and aligning any learning with other BP models within Corporate Services.</i></p>	<p>Commercial Services are implementing a Net Promoters Score feedback survey mechanism. This will be issued to stakeholders engaging with Commercial services. Any improvements to the Commercial Business Partnering model will be managed in conjunction with the Corporate Services Business Partner Forum, where Commercial Services are represented.</p>
<p><i>15: Commercial Services to review the Commercial Handbook to ensure it is being very clear on the delineation of responsibilities between the Business, Digital Policing and Commercial Services especially in undertaking commercial searches, including developing any future guidance.</i></p>	<p>The Commercial Handbook now includes a section on roles and responsibilities setting out the importance of segregation of duties as well as the key roles of SROs/SBOs, Business Leads and Commercial Services across the Commercial lifecycle. In respect of Digital Policing projects, specific guidance has been written and included on the use of G-Cloud.</p>
<p><i>16: Commercial Services to create a masterclass within the detailed design of the STLP programme and consider including any key messages on how Senior Leaders should manage relationships effectively and ethically with suppliers. This is linked to the Calam Stocktake implementation.</i></p>	<p>The Gap Partnership has been engaged. Initial workshops on we can better prepare and improve the commercial acumen of our SRO and Senior Stakeholder communities have commenced. 14 key behaviours of Negotiators and the Profiler have been introduced and a questionnaire has been issued for completion in advance of further sessions in the New Year.</p>
<p><i>17: Explore whether any further assurance controls are needed around the local use of corporate credit cards to buy digital solutions (led by Corporate Services with Digital Policing), and whether any assurance is needed in partnership between Commercial Services and Digital Policing if technology solutions form part of the</i></p>	<p>This is complete. Following feedback from Commercial and DP, the GPC Policy has been amended. The need for pre-approval from either DP or Commercial has been removed for using the GPC for IT purchases, but the Policy requires justification for the transactions to be retained. Moving forwards, quarterly reports will monitor compliance with Policy, highlight any concerns and seek the transaction justifications where appropriate.</p>

<p><i>Statement of Works when consultancy companies are employed by Business Areas.</i></p>	<p>The need for both GPC Approver and Budget Holder to review and consider the quarterly reports and to monitor purchase behaviours is reflected in the Policy. A series of communications with business units, all existing cardholders and card applicants will commence in the New Year and require cardholders/ new applicants to confirm that they have read and understood policy.</p>
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### **Stocktake Review of Delivering Effective Change and Transformation in the MPS (Calam Stocktake)**

The Audit Panel requested an update on the Calam Stocktake: completion of the recommendations is at 95%, and the last Steering Group took place in November 2021 signing off the outputs. There are a small number of recommendations that will be tracked for longer, and the Head of Corporate Services has requested a further 3 month check in February 2022 with owning Directors and DACs. Further checks will then take place at 6 months (May) and then at 12 months from an assurance perspective. In light of these arrangements, a more comprehensive update can be provided to Panel in April 2022.

#### **2. Equality and Diversity Impact**

The governance improvement plans contain a number of actions that aim to strengthen our engagement of communities and impact positively on equality and diversity within the Met and externally.

#### **3. Financial Implications**

There are no direct financial implications from this report. The costs associated with the areas of work identified in this report will be met from the relevant unit's budgets.

#### **4. Legal Implications**

The Mayor's Office for Policing and Crime and the Commissioner of Police of the Metropolis are relevant bodies under Schedule 2 of the Audit Commission Act 1998 for the purpose of the Accounts being subject to audit. Both are under a statutory duty to approve an Annual Governance Statement (AGS), from which this Governance Improvement Plan stems.

#### **5. Risk Implications**

The annual governance review identifies significant governance areas for improvement across the Met. These are monitored quarterly and aligned with corporate risk processes.

#### **6. Contact Details**

Report authors: Stephen Greenfield, Pierre Coinde

**7. Appendices and Background Papers**

**Appendix 1** – Met Governance Improvement Plans Quarter 3 update



# Governance improvement area 1: Capability, Learning and Development

Aim	Governance area owner	Working lead(s)
We have clear and effective governance arrangements to develop the capability we, and our workforce, need to address demand.	AC Professionalism	Director Learning

RELATED CORPORATE RISK: Risk 2 New Systems / Risk 4 People / Risk 5 Capability

CIPFA PRINCIPLE ALIGNMENT: E) Developing the entity's capacity, including the capability of its leadership and the individuals within it.

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Delivery of our significant Change Programme on Learning (P8)
- Progress implementation of the Learning Management System
- Met's 2020/21 Statement of Internal Control review flagged that only 49% of respondents have "confidence that processes to identify the skills and abilities needed in my area of responsibility are effective and that our recruitment, training and learning and development processes deliver the capability and leadership we need"

## Assurance mapping

Level 1 including internal management controls, policy, procedure, strategy, process and systems	Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
A	G	A
<ul style="list-style-type: none"> <li>• Strategic Learning and Development Board (co-chaired by the Commander Learning and Development and the Head of Curriculum/Learning Technology)</li> <li>• Extended Learning and Development SLT chaired by Director- Learning</li> </ul>	<ul style="list-style-type: none"> <li>• People &amp; Learning Board (chaired by Deputy Commissioner)</li> <li>• Learning and Development Executive Steering Group (chaired by AC Professionalism)</li> <li>• P8 Programme Board (chaired by Director - Learning)</li> <li>• Transformation infrastructure (Design Authority, Assurance Board etc.) supports the development of the TOM and Business case.</li> <li>• Indicators monitored through Performance Framework: Number of active users on LinkedIn Learning, Completion rate for specified priority training area, Content creation, and Staff Survey.</li> <li>• LMS Project Board (chaired by P8 Programme Director)</li> <li>• Learning Tom Project Board (chaired by P8 Programme Director)</li> </ul>	<ul style="list-style-type: none"> <li>• DARA AUDIT - Operational Training – L&amp;D Framework (Advisory)</li> </ul>

# Governance improvement plan 1: Capability, Learning and Development

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
1. Mobilisation of new <b>Learning Target Operating Model (LTOM)</b> : Learning transformation programme (P8) will clarify processes, controls, ambitions and responsibilities:	Alex Walsh	Implementation 2022/23	<ul style="list-style-type: none"> <li>High level and detailed designs for the new L&amp;D Target Operating Model approved through the Business Design Authority (May 2020 &amp; August 2020)</li> <li>Full Business Case for the Learning Operating Model signed off at PIB and IAM (December 2020)</li> <li>Enabling HR processes (internal and external) mobilised and in flight</li> <li>Work on Business Processes and Governance due to mobilise in January 2022 to tie in with new leadership appointments in to L&amp;D Senior Management Team (supported by external partner)</li> <li>Dependency with Learning Management System implementation (see below) means that implementation of the new L&amp;D structures cannot be fully achieved until post Learning Management System implementation</li> </ul>	Green
2. Move to a <b>blended curriculum</b> : Creation of an infrastructure to allow learners to access digital content including on-demand at the point of need. Ability for training to be tailored to specific groups in line with assessed skills gaps. All training will be linked to master learner record in the LMS.	Alex Walsh / Myles Hannon	Implementation 2022/23	<ul style="list-style-type: none"> <li>New digital content rolled out for Full Access PNC, Public &amp; Personal Safety Training and ELS (new module on Agonal breathing)</li> <li>Initial curriculum review undertaken for core investigative training delivered by the Crime Academy together with the Head of Profession for Investigation. External learning partner engaged to support uplift and blend of content for the Investigative Interviewing for Suspect, Victim &amp; Witness in Serious and Complex Investigations Course, and the Initial Crime Investigators Development Programme. This work is ongoing</li> <li>Dependency with Learning Management System implementation means that the full impact and benefits of the work to modernise and uplift the existing core operational curriculum will not be realised until post Learning Management System implementation.</li> </ul>	Green
3. Implementation of an integrated corporate <b>Learning Management System (LMS)</b> will deliver: Introduction of a single master training record for all officers and staff / provision of accurate and fully up to date MI on skills and capabilities and where these are / ability to target, close gaps and succession plan/provide the base infrastructure to modernise then transform the Met's approach to learning.	Alex Walsh	Q1, 2022/23	<ul style="list-style-type: none"> <li>Go Live date for the corporate Learning Management System was re-profiled to late Q1 2022/23 (June 2022)</li> <li>Plan for June 'Go Live' is holding but risk profile for interface development/testing entry is increasing, and further work is required on Learning Management System , Command and Control, and CONNECT scheduling for PIB in early 2022</li> </ul>	Yellow

# Governance improvement area 2: Organisational Learning (OL)

Aim	Governance area owner	Working lead(s)
We are a learning organisation. We learn from our experiences and from others to improve what we do, supported by good governance and by a culture sustaining transparency and trust.	AC Professionalism	Director, CPIC Head of Org. Learning

*RELATED CORPORATE RISK: Risk 3 Standards / Risk 5 Capability*  
*CIPFA PRINCIPLE ALIGNMENT: E) Developing the entity's capacity, including the capability of its leadership and the individuals within it*

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Embedding the new OL framework, to help us identify, analyse and socialise knowledge and learning across the Met and with our partners, evaluating what works to improve practice
- Progress the implementation of OL Hubs across the Met
- Processes for research partnerships and co-governance including MOU, Information Sharing protocols and third party contracts, academic bursary scheme

## Assurance mapping

Level 1 including internal management controls, policy, procedure, strategy, process and systems	Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
A	G	A
<ul style="list-style-type: none"> <li>• Local BCU/OCU Organisational Learning Hubs and repositories</li> <li>• Local BCU/OCU Boards (monthly)</li> <li>• Organisational Learning Implementation Steering Group</li> <li>• DLS/DPS/IRSC/SCRG high risk group</li> <li>• Research &amp; EBP Group</li> <li>• CT EBP Group</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly PLB chaired by Chief of Corporate Services</li> <li>• Quarterly Organisational Learning Board chaired by AC Professionalism</li> <li>• Bi-monthly Head of Profession Meetings</li> <li>• Research Faculty Steering Group</li> <li>• MPS Research Ethics Committee</li> </ul>	<ul style="list-style-type: none"> <li>• DARA AUDIT - Organisation Learning Assurance</li> <li>• DARA FOLLOW-UP AUDIT - Organisational Learning Framework – Governance of Gold Groups</li> <li>• HMICFRS Recommendations</li> <li>• IOPC Learning Recommendations</li> </ul>

# Governance improvement plan 2: Organisational Learning

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Embedding an enhanced Organisational Learning and Research function in CPIC	Paul Clarke/ Ross Daniels	Q2 2022/23	The Met's Corporate Organisational Learning and Research function is established within CPIC, comprising an OL implementation team and a Research Faculty. OL implementation continues to be focused on four areas – implementing the OL framework; systemising information, knowledge and memory; learning from high harm/risk; and embedding a culture of learning. Each is covered in more detail below. <b>Signal risk is lack of resource.</b>	Expected completion Q3 2022/23
Implementing BCU/OCU Organisational Learning Hubs across the MPS	Paul Clarke/ Ross Daniels	Q4 2022/23	<b>Implementing the OL framework</b> , developing our model into practice, has been piloted in a number of BCUs. SW BCU is operating, AS BCU started w/c 13/12/21, implementation in AW and SN BCUs in January 2022; OCU implementation at Firearms, MO6, CT, IRSC. SCRG, DPS. Significant demand with 47 OL Hubs to establish. Hubs to include MS/Sharepoint repositories; corporate memory; OL performance; OL maturity model; change through training, policy, operational practice. Ongoing coaching to local OL leads in OL practice and pathways. <b>BCU capacity/dedicated resource a risk.</b>	
Development of a repository to capture and disseminate OL across the MPS in a standardised way	Paul Clarke/ Ross Daniels	Q4 2022/23	<b>Systemising information</b> is focused on information flows to capture, escalate and socialise learning and to build corporate memory. We have worked with DP, innovation, Transformation and digital specialists to develop our OL within scoped Met systems. This includes: <ul style="list-style-type: none"> <li>• Focus on automation and semi automation.</li> <li>• Utilising existing IT – MS, SharePoint, Power Apps to make knowledge more accessible.</li> <li>• Development of the Repository – creation of categories, subcategories of functions to enable organising of knowledge.</li> <li>• The typology is based on 17 policing functions, 19 sub-functions and 11 categories.</li> <li>• OL app with MS, KissIT and DP</li> </ul>	
Embedding a process to capture, categorise and share learning from Strategic Gold Groups/ Critical Incidents	Paul Clarke/ Ross Daniels	Q1 2022/23	<b>Learning from high harm/risk</b> has been focused on supporting learning on gold groups and with Heads of Profession/LROs, including Op Lilford thematic analysis and timeline development. The team are also supporting Daniel Morgan and OP Drayfurn.	
Embedding a culture of learning across the MPS	Paul Clarke/ Ross Daniels	Q3 2021	<b>Acculturalisation</b> is supported through run off of the Open University OL phase 4 project. Work continues to update and socialise the 'blame to praise' model for local implementation, and to develop communications and online materials. Proposed extension of psychological safety and reflective practice through new academic/partner projects.	Phase 4 OU OL completed Q3 2021

# Governance improvement area 3: Public and Partner Engagement

Aim	Governance area owner	Working lead(s)
The Met is a trusted partner, we are effective in mobilising partners to keep London safe for everyone. We build relationships and engage with communities across London, to prevent crime and inspire trust and confidence in policing.	AC Professionalism	Commander - Crime Prevention, Inclusion and Engagement

*RELATED CORPORATE RISK: Risk 1 Violent Crime / Risk 8 Crime Prevention / Risks 9 Public & Local Engagement*  
*CIPFA PRINCIPLE ALIGNMENT: B) Ensuring openness and comprehensive stakeholder engagement / C) Defining outcomes in terms of sustainable economic, social and environmental benefits*

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Strengthen and develop the London Safety Centre, building on the agreed vision paper
- Establish clear partnership priorities, work effectively with partners to bear down on violence; and develop operational partnerships
- Roll out of Positive Activity Initiatives across all BCUs,
- Increase dialogue with communities on specific issues to build trust (e.g. tactics such as Stop and Search) and
- Capture Engagement Activity: The HMICFRS’ 2019 Integrated PEEL inspection (Legitimacy: Good) suggested the Met did not centrally monitor engagement activity,
- Delivery and implementation of a refreshed Inclusion, Diversity and Equality Strategy (STRIDE) and governance mechanisms
- Roll out ‘Police Encounter’ panels across London from April 2021

## Assurance mapping

Level 1	Level 2	Level 3
A	G	G
<ul style="list-style-type: none"> <li>• STRIDE 2021 – 2025</li> <li>• Mayors Action Plan</li> <li>• STONEWALL Workplace Equality Index assessment</li> <li>• ‘Disability Confident 3’ independent assessment</li> <li>• ‘Inclusive Employers’ independent assessment</li> </ul>	<ul style="list-style-type: none"> <li>• STRIDE Governance structure</li> <li>• Crime Prevention &amp; Trust governance structure: Board (AC Prof) &gt; Delivery Grps (Cmdr CPIE) &gt; Working Grps (CI CPIE)</li> <li>• Frontline Neighbourhood board</li> <li>• A ‘Use of Force Strategic Oversight Group’ was formed in June 2020.</li> <li>• The Deputy Commissioner’s Delivery Group established in November 2020</li> <li>• LGBT+ Organisational Improvement Group – with external representation</li> <li>• Disability Delivery Group – with external representation</li> <li>• London Safety Centre Delivery Group + the Engagement Delivery Group – both reporting into the Crime Prevention and Trust Board</li> </ul>	<ul style="list-style-type: none"> <li>• MOPAC scrutiny as part of the Police and Crime Plan through the Safer Children and Young People’s Board.</li> <li>• DARA AUDIT - Met Engagement Governance Framework</li> <li>• DARA FOLLOW-UP AUDITS - Strategic Framework Supporting Partnership Arrangements/Agreements + STRiDE Implementation Plan</li> <li>• MOPAC Oversight Board</li> <li>• MPS STRIDE Delivery Board, attended by MOPAC and other external groups including IAGs</li> <li>• Commissioners External Advisory Board – also attended by MOPAC.</li> </ul>

# Governance improvement plan 3: Public and Partner Engagement

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Strengthen and develop the <b>London Safety Centre</b> ,	Cdr Roper (C/I BAXTER)	March 22	In August 2021, AC Prof agreed the transfer of key crime prevention and volunteering posts from CPIC to the LSC. These moves will be made in September onwards. Additional Precept funding of £360K per annum has been secured to recruit a Band A Head of Volunteering LSC and support team. All posts from CPIC & LDSS have now been moved across to the LSC. The Band A recruitment process underway with interviews taking place in January 2022. 2x Band D trainers and 2x Band E LSC support workers will join the LSC on 28/02/22 from the extra Mayors funding. From this funding we are also recruiting 6x PCSO's as a PAI deployment team, four PCSO's will join the LSC on 28/02/22 with the remaining two posts still at the selection stage.	
Establish <b>clear partnership priorities</b> ,	Cdr Heydari (A/DI REEVE)	tbc	BCU Core commitment: <i>monthly meeting with key strategic partners such as the Chief Executive and local community safety leads.</i>	Timing to be confirmed
Roll out of <b>Positive Activity Initiatives (PAI)</b> across all BCUs.	Cdr Roper (C/I BAXTER)	March 22	Now a KPI in Pillar 2 Corporate performance framework 21/22 - <i>at least 12 per year per BCU</i> . Performance managed through Crime Prevention & Trust governance structure. <b>The delivery of the PAIs is a risk</b> – and at the current stages, the initial performance objectives of 12 x PAIs for this financial year per BCU will not be achieved. That said, the process of the PAIs has been established across the BCUs, and the LSC is seeking every opportunity to progress this action as far as possible.	
Delivery and implementation of a refreshed <b>Inclusion, Diversity and Equality Strategy</b> and governance mechanisms	Cdr Roper (SAM FORES)	Delivery Oct 21	The new StrIDE strategy was launched during National Inclusion Week w/c 25 <sup>th</sup> September. Performance is currently measured through the STRIDE Delivery Board, Chaired by AC Professionalism, and this will be further embedded into CPIE processes in Spring 2022.	
Roll out ' <b>Police Encounter</b> ' panels across London from April 2021	Cdr Roper (PS JENKINS)	tbc	The roll out has been delayed due to the complexities of Data Protection and legal sharing of data and footage. Work continues on the next iteration of the DPIA. This is being managed through the DCDG.	

# Governance improvement plan 3: Public and Partner Engagement

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Increase dialogue with communities on specific issues to build trust	1. Cdr Heydari (A/DI REEVE) 2. Cdr Connors (A/INSP WAINHOUSE) 3. Cdr Roper	1 tbc. 2. May 21 3. Jan 22	1. FLP core-commitments and an engagement action plan 2. Stop & search: a corporate narrative exists assist in community conversations and the community engagement product "A Different View" is now utilised. 3. CPIE are mapping existing engagement group against census data to identify engagement gaps. First tranche, (Jewish, youth, Trans and female) to be launched in September. 4. Production of the MPS Engagement Handbook in Spring 2022 5. Increased MPS tier 1 groups are now supported through CPIE 6. Increased external representation in Gx Groups and various organisational improvement groups	
<b>MPS Engagement Handbook</b> HMICFRS' 2019 PEEL - the Met did not centrally monitor engagement activity	Cdr Roper (DCI FOX)	Nov 21	The first iteration containing FLP returns will be published in Spring 2022. This has been delayed due to the requirement for training and development for all BCUs on the appropriate manner to record engagement, and the diverting of the officer required to complete this project on to other corporate priorities. The Engagement handbook has been presented to the MPS Engagement Delivery Group, The Deputy Commissioner and the DCDG.	



# Governance improvement area 4: Assurance Controls Level 2 and 1

Aim	Governance area owner	Working lead(s)
Senior Leaders have assurance that the right controls are in place and are working effectively at all levels of the organisation.	AC Professionalism	Director, CPIC working with Heads of Profession

*RELATED CORPORATE RISK: N.A. . CIPFA PRINCIPLE ALIGNMENT: E) Developing the entity's capacity, including the capability of its leadership and the individuals within it / F) Managing risks and performance through robust internal control and strong public financial management / G) Implementing good practices in transparency, reporting, and audit to deliver effective accountability*

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Embed the Continuous Policing Improvement Command (CPIC) changes and its role to strengthen the Met assurance framework at Level 2 [DARA CPIC Assurance Framework and Organisational Learning]
- Review policies to ensure they are up-to-date, consistent and clear (based on APPs). For example, perform a review of all Public Protection policies by the autumn. With a standard layout, this will better align to national guidance & show where, how and why we might deviate. This will support & guide frontline officers & supervisors, strengthening of Level 1 Assurance.
- Strengthening of operational decision-making and performance monitoring at command levels (Assurance Level 1)
- Improve consistency and management of Disclosure
- Strengthen Risk Maturity following RM survey, introducing better proportionality of decision-making in relation to risks, so the organisation's assurance capabilities can focus on higher risk items

## Assurance mapping

Level 1 including internal management controls, including policy, procedure, strategy, process and systems	Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
<p>A</p> <ul style="list-style-type: none"> <li>• The Director of Finance chairs a monthly meeting of relevant Directors and DAC Corporate Services. This considers investment decisions and other matters which are due to go to Portfolio and Investment Board or indeed to the Investment Advisory Meeting.</li> </ul>	<p>A</p> <ul style="list-style-type: none"> <li>• Quarterly MPS Public Protection Board chaired by AC FLP</li> <li>• Risk and Assurance Board focuses on the effectiveness of controls and the feed into organisational learning.</li> <li>• Heads of Profession structure supports assurance in their areas.</li> </ul>	<p>A</p> <ul style="list-style-type: none"> <li>• HMICFRS PEEL and thematic inspections</li> <li>• DARA Audit and Reviews</li> <li>• IOPC Investigations and Recommendations</li> <li>• ICO oversight</li> <li>• Coroners Reports</li> </ul>



# Governance improvement plan 4: Assurance Controls Level 2 and 1

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Train key contacts in business groups to strengthen Risk Maturity following RM survey	Tracy Rylance	Q4	Following the risk maturity process in 2021, a number of training needs were identified, which the team are working towards delivery over the next months. In addition, a further risk maturity survey will be undertaken in the New Year.	
<p>Embedding a Level 2 Assurance capability within the Continuous Policing Improvement Command (CPIC) in support of the Heads of Profession (HoP)</p> <p>Embedding a Continuous Improvement approach across BCUs as part of Operation Aegis (Public Protection).</p>	Ross Daniels, CPIC	Q4	<p>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 intervention across the MPS. Level 2 assurance activity is already integral to the Organisational Learning &amp; Research Centre of Expertise, and in the Continuous Improvement &amp; Policy Centre of Expertise. The Heads of Profession are also able to commission L2 assurance activity from CPIC.</p> <p>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.</p> <p>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.</p> <p>The focus is now moving toward:-</p> <ul style="list-style-type: none"> <li>• Establishing CI and OL SharePoint sites</li> <li>• Identification and capture of Issues</li> <li>• Commissioning and delivery of structured Problem solving activities</li> <li>• Benefits identification and quantifications</li> <li>• Becoming Focal point for DQEAB</li> </ul> <p>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.</p>	In progress

# Governance improvement plan 4: Assurance Controls Level 2 and 1

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Embedding a Level 1 Data Quality Ethics Assurance process. The process to be widened to include other HoP portfolios.	Ross Daniels, CPIC	Q4	<p>The Data Quality Ethics Assurance Board (DQEAB) is a level one data assurance process which concentrates on the following public protection and related areas; Domestic Abuse, Child Abuse, Mental Health, Rape, Hate Crime, Stalking/Harassment, Missing Persons, CSE &amp; CCE, Indecent Images of Children, Adult Safeguarding and Harmful Practices. Since July 2021 RUI has been included and in the next few months the Bail process will also be incorporated.</p> <p>One of the main ambitions of the DQEAB is to empower local BCUs with the tools to complete their own level one inspections thereby enabling local supervisors to check on what is working well and what is good practice. Since November 2019 BCU's check on a selection of the above public protection areas (no more than four at a time) on a monthly basis and feed the results into the DQEAB chaired by Commander Sue Williams.</p> <p>In Q3 2020/21 the DQEAB was expanded to include reviews of the usage of RUI (Released Under Investigation) and Outcome 16 (Victim support for investigation withdrawn) Crime closures. The DQEAB has been updated from using excel spreadsheets emailed to auditors and emailed back again to an online surveying within the MPS intranet. This has brought the DQEAB up to capacity without additional resources.</p>	Mostly complete
<p>Completing a review of Policies in Public Protection. This will then be widened to look at the HoP Investigation portfolio.</p> <p>+ A review of the corporate policy process to identify efficiencies and good practice.</p>	James Archer, CPIC	Q3	<p>Public protection policies are being reviewed with Domestic Abuse and Hate Crime recently approved and published, alongside Child Abuse which was published a few months earlier. Child Exploitation policy is currently in the process of near completion, subject to consultation and sign off by the Head of Profession. The Harmful Practices and vulnerable adults policies are also near to completion</p> <p>Investigation policy reviews have been delayed due to lack of a Tactical Policy Advisor. This has now been resolved and progress will now begin with the Investigative Interviewing and General Investigation policies.</p>	Completion of PP review expected Q4

Aim	Governance area owner	Working lead(s)
To raise the Met's data competence (the means by which we acquire, manage, share, protect, publish and use our data to improve decision making) and data culture (the way we think about and behave with regard to data and its value as an asset).	Director Strategy and Governance	Director of Data

*RELATED CORPORATE RISK: Data Risk remitted to Data Board. CIPFA PRINCIPLE ALIGNMENT: D) Determining the interventions necessary to optimise the achievement of the intended outcomes / G) Implementing good practices in transparency, reporting, and audit to deliver effective accountability*

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Continue progress in improving central data capability (drive data quality; access to data; data analysis; relevant and timely data)
- Redesign the corporate data products portal to provide the right level of data, to the right people through the portal re-design
- Develop an Open Data Strategy, broadening what Londoners and our partners can access directly (with relevant security measures)
- Completion of the Information Asset Register project driven by the Data Office, will support overall business continuity planning, and facilitate corporate oversight, via the Resilience Committee
- Raise compliance with VCOP requirements (supported by CRIS integration completion in Q1 2021)

## Assurance mapping

Level 1 including internal management controls, including policy, procedure, strategy, process and systems	Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
A	A	G
<ul style="list-style-type: none"> <li>• Regular reporting to the Public (monthly Internet dashboards) on compliance with Information Requests (FOIA 2000) &amp; Right of Access requests (DPA 2018).</li> <li>• MPS Data Strategy (underpinned by Analytics and Data Talent Strategy) launched – December 2019.</li> <li>• Cross-London library of data sharing agreements now in place.</li> <li>• Performance tracking of DPIAs, DSAs and 3018s (live testing) Awareness videos launched for front line to support timely completion of DPA and FOIA requirements</li> <li>• Still limited ability to assure timely processing of FOIA/DPA (review underway)</li> </ul>	<ul style="list-style-type: none"> <li>• 6-weekly MPS Data Board established with 3 subgroups established against priority areas (Review, Retain, Disposal; Data Quality; Reporting &amp; Analytics).</li> <li>• Information Asset Register and ROPA being established on what data we hold, accountable leads for that information (IAOs), assets requiring RRD, where DQ issues need to be addressed.</li> <li>• Data Quality Health checks will be BAU in the new year, alongside the launch of a) “A year of quality” Project and b) Information Asset Ownership Board stood up.</li> </ul>	<ul style="list-style-type: none"> <li>• (July through November) ICO Audit completed. Assessment favourable. Action Plan agreed with Regulator with 3 month milestones for review for next 12 months</li> <li>• HMICFRS Crime Data Integrity Audit completed</li> <li>• Resource secured to conduct a Peer Review of Data Governance processes scheduled for February 2022</li> <li>• MPS aligned to Home Office programme to stand up Data Capabilities Centre that will coordinate consistent approach to data &amp; digital capability build (e.g. Data Literacy, Data Quality, Op Model for Analytics etc). Opportunities to collaborate</li> </ul>

# Governance improvement plan 5: Data Management

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status</b>
Establish purposeful links between Data Board and local Data Quality reporting such as; Data Quality and Ethics Boards (DQEAB) on BCUs and other OCUs; key subgroups to Data Board on other capabilities; <b>Information Asset Owners (IAO)</b> ; SCIRG (crime data integrity)	Dir. Data (A.Reed)	March 2022	<ul style="list-style-type: none"> <li>• Link between Data Board and DQEABs (Data Quality and Ethics Boards) now established (with central DQ oversight)</li> <li>• “Data about data” – Performance Pack established to D/Board. Dashboards in development (in place for BCUs in the new year) with a regular feed about DQ submissions down to individual officer/staff level</li> <li>• Year of Quality – Principles and plan approved (Nov 2021). Will launch in Jan 2022 (including Data Quality health check reporting on critical operational assets for IAOs)</li> <li>• Information Asset Owners (IAOs) – Plan approved, contract established with IAOs and Data Office. Training package for IAOs completed.</li> <li>• Job Description for new Head of Data Foundations (to lead this work) completed. To be advertised in January</li> </ul>	
Build of Data Office to establish enabling capabilities for governance, analytics, service improvement & data innovation	Dir. Data (A.Reed)	April 2022	<ul style="list-style-type: none"> <li>• Service Improvement – roles filled. Delivery benchmark established (progress being tracked)</li> <li>• Data Governance – capacity and capability built up to strength, but with gaps in Privacy rights (ROA &amp; FOIA). Recruitment processes completed but performance slipping. Support to improve people (TLT in place), process (DP – changes to current tech and acquisition of new tech – DAPIAN – ongoing). ICO Audit highlighted priorities for change; part of Action Plan to address</li> <li>• Data Analytics/Corporate Reporting – Up to capacity. Challenges to meet local demand of BCU Analysts (only 1 per BCU). Hay Review of Head of Data Science role completed and advertised</li> <li>• Resource acquired from October to March 2022 to establish role of Head of Data Foundations (Quality, Literacy, management). Gap in Data ethics lead (despite recruitment processes x 2)</li> </ul>	
Data ethics capability build	Dir. Data (A.Reed)	Jan 2022	<ul style="list-style-type: none"> <li>• Recruitment for a Data Ethics lead has failed to find a suitable candidate on 2 occasions (external or internal). Campaign run alongside CTPHQ who also failed to find a suitable candidate. Review of requirements and Hay Banding of role now taking place</li> <li>• MPS still represented at NPCC Ethics forum regarding national framework for data ethics (including on AI)</li> </ul>	

# Governance improvement plan 5: Data Management

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Ability to define, monitor and manage demonstrable improvements in Data Quality across core data sets	Dir. Data (A.Reed)	Phase One – March 2022  Runs until December 2022	<ul style="list-style-type: none"> <li>• DQ Board and reporting established</li> <li>• Complete refresh of DQ Services provided by third party completed and refocused</li> <li>• DQ Metrics identified and DQ Health check (i.e. monthly reports and dashboards) developed</li> <li>• Year of Quality approved and will commence in January (first check point March 2022) to run until December 2022</li> <li>• Core data sets, metrics and definitions complete</li> <li>• Project for RRD with Transformation programme for consideration (NB. Automated RRD cannot commence until data quality is improved; process remains manual until DQ increases)</li> </ul>	
Data Management to be considered as a mandatory element of all transformation, change and innovation planning	Dir. Data (Aimee Reed) + TD	Q3	<ul style="list-style-type: none"> <li>• Data Office represented at Front Door &amp; Business Design Authority</li> <li>• DPIA now completed at start of Business Case process</li> <li>• NEW: Work continues on digital integrated impact assessment (combines DPIA, Ethics and EIA)</li> </ul>	
Ensure all Commercial Contracts where data processing is required are DPA (2018) compliant	Dir. Commercial (Mark Roberts)	FY 2021  Full implementation Q1 2022	<ul style="list-style-type: none"> <li>• 1049 commercial initiation form now requires confirmation that a DPIA has been completed. Skills gaps will be covered as part of MPS-wide Learning Needs Analysis for Data. <b>COMPLETED Q1 2021/22</b></li> <li>• The new IT solution in Commercial, Coupa, is currently developing a “Risk Assess”. This will enable Commercial Services to manage and report on information assurance as standard. It includes full transparency of completed DPIAs and Data Processor Contracts to ensure compliance across the commercial lifecycle.</li> <li>• As part of the Schrems2 response, data has been collected to manage risks associated with sharing of data internationally and letters will be issued to all suppliers that process data on behalf of the MPS early in the New Year.</li> <li>• Note; The MPS continue to make proposals to remove barriers to the wider commercial requirements for data processing through current Government consultation on Data Protection Reform</li> </ul>	

# Governance improvement area 6: Competence and Standards of Professionalism

Aim	Governance area owner	Working lead(s)
To be a trusted organisation: officers behave with integrity and professionalism, supported by good governance, efficient systems and robust compliance controls.	AC Professionalism	DAC Professionalism

RELATED CORPORATE RISK: Risk 3 on Standards

CIPFA PRINCIPLE ALIGNMENT: A) Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

## AGS 2020-21 and risks findings we are aiming to address (internal and from HMICFRS and DARA)

- Raise professional standards awareness across the organisation
- New vetting system implementation (CycVetting management system in response to the 2019 DARA Security Vetting and Clearance review (Limited Assurance) audit)
- Supporting the implementation of the new Anti-Corruption Strategy
- Scope a new model of public complaint handling across the Met, with a focus on early resolution
- Following the fraud risk assessment (DARA), need to focus on wider roll out and local management ownership of fraud risks.

## Assurance mapping

Level 1 including internal management controls, including policy, procedure, strategy, process and systems	Level 2 including management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 including independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
A	A	A
<ul style="list-style-type: none"> <li>• Monthly Vetting SLT Meeting</li> <li>• Weekly Referencing and Vetting Mission Control Performance Overview Meeting</li> <li>• Daily Vetting Unit Information Centre Performance Overview Meeting</li> <li>• Daily individual Vetting Team Huddle Board Performance Overview Meeting</li> <li>• Monthly Vetting IT Upgrade Project Board</li> <li>• Weekly Local Vetting Gold Group to monitor recruitment and training plans for recruits and new IT system</li> <li>• Quality Control function introduced to dip sample 10-20% of all vetting cases against local processes and standards</li> </ul>	<ul style="list-style-type: none"> <li>• Gold Group on disproportionality in system reducing misconduct cases by 25%</li> <li>• Vetting Board chaired by DAC Professionalism</li> <li>• Monthly Vetting Panel, chaired by Commander Crime Prevention and Inclusion and Engagement, to review all failed vetting cases</li> <li>• Bi-monthly Performance COG meeting?</li> <li>• Professional Standards Transformation Board</li> <li>• Met Operating Model, P10 Board and Performance Board oversight of Professional Standards Transformation</li> </ul>	<ul style="list-style-type: none"> <li>• HMICFRS INSPECTION - Vetting &amp; Counter Corruption (national thematic)</li> <li>• Baroness Casey Review – TOR to be agreed</li> <li>• DARA - Follow Up - Vetting and Security Clearance</li> </ul>

# Governance improvement plan 6: Competence and Standards of Professionalism

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Implement recommendations from DARA's Security Clearance & Vetting - Effectiveness & Efficiency	Bas Javid / Vicky Smith	Q3	A DARA follow up report was completed in November 2020. 10 of the total 13 recommendations have been fully completed with the final recommendations to be complete through the implementation of the new Vetting IT system. Vetting renewals due in 2021-22 are now being processed. Vetting renewal applications are now being requested up to 3 months in advance with an escalation process introduced to chase up outstanding vetting renewal forms and remove those not completing them from the system. The new IT system has a vetting portal which will notify candidates of vetting expiry in advance. User testing of the Vetting IT system is now complete for roll out in Q4. To address inappropriate level of vetting attached to posts, a designated post list has been produced and has now been agreed by Vetting Board. Longer term solution would be for designated posts to be managed on Corporate HR system. The DARA assurance rating is 'Adequate Assurance'.	Completion delayed to Q4 2021-22
New Vetting IT System	Bas Javid / Vicky Smith	Q3	Business change activity continues including communication with stakeholders and training of vetting team members. The testing and implementation of the new vetting IT system continues to be governed by the Vetting IT Upgrade Project Board; final regression testing is being carried out during December 2021 before a phased training and roll out plan commences in January 2022 to complete in March 2022 which will include training of our partners.	Completion delayed to Q4 2021-22
Re-vetting of officers and staff	Bas Javid / Vicky Smith	Q3	The legacy backlog of c18k vetting renewal cases <del>have</del> has now been processed with the exception of those long term sick, on maternity leave or on a career break. Vetting renewal forms have been received for all those that are due by end December 2021. These are currently being processed by the vetting team. An escalation process is in place to chase up outstanding forms and take action against those not returning forms by removing access to Met systems. A dedicated Vetting Renewal Team is in place to manage BAU vetting renewals going forward which will further be increased through recruitment in 2022.	Complete

# Governance improvement plan 6: Competence and Standards of Professionalism

Governance improvement & controls you are putting in place (including in response to DARA / HMICFRS recommendations)	Lead	Timescale (by when)	<b>UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)</b>	<b>Status (Red Amber Green)</b>
Professional Standards Transformation Programme	Bas Javid / Jon Savell	Q4	A change programme is now set up to look to redesign how the MPS deals with complaints and how the most appropriate model in terms of structure and resources is implemented to do this. The first step is the Complaints Resolution Unit which will be up and running in late January 2022 and will resolve most complaints being submitted through MPS and IOPC portals, with significant reduction of cases referred to Professional Standards Units. This will be followed by a review of PSU's once complaint demand is realigned to determine the future professional standards operating model. This is supported by the roll-out of Reflected Practice which seeks to ensure reasonable and proportionate handling and resolution of complaints. Professional Standards transformation programme has sign-off from Professionalism COG. Pressure posts to deliver the CRU were approved by Performance Delivery Board in October 2021 and the programme is also engaged with MOM25 on future capacity requirements. The progress of the programme is managed through a monthly Professional Standards Transformation Board chaired by Commander Professional Standards.	Completion delayed to Q4 2021-22
Implement and embed the MPS Counter Corruption Board	Bas Javid / Jon Savell	Q4	New Counter Corruption Board has been established chaired by DAC Professionalism to review and drive activity against the national counter corruption key areas of risk. LROs and deputies being appointed for each risk and action plan being developed to guide activity with appropriate milestones being established.	Q4