MPS-MOPAC JOINT AUDIT PANEL
28 March 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 third update 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 – and progress is monitored quarterly.

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 4 (March 2022).
b.   Note that in building the Governance Improvement Plans 2022-23, we will ensure to carry forward those actions highlighted in appendix (and in particular those which have slipped).

1.   Supporting Information

1.1.   The AGS was tabled at the July 2021 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 make improvements to the areas where higher risks were identified.

1.2.   The appendix sets out the third update, as at March 2022.

1.3.   The panel should note that in parallel to this update, we have conducted the Annual Governance survey across Business Groups, to feed into the forthcoming Annual Governance Statement. We will also ensure that pending or delayed actions from this year's Governance Improvement Plans will be carried forward to next year's plans.

Assurance mapping

1.4.   The GIP template was amended in quarter 2 to introduce an Assurance Map as requested by the panel (on the model used by Nottinghamshire police). A wider assurance mapping exercise has been paused so team resources can be prioritised on transition planning and arrangements.

1.5.   Our GIP Assurance 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

1.6.   As in the previous update (given these areas were selected as priorities to put in place governance improvement plans), assurance levels remain relatively low (and always lower for Level 1). There are no changes this quarter.

GIP: assurance mapping	Level 1	Level 2	Level 3
1: Capability, Learning and Development	A	G	A
2: Organisational Learning (OL)	A	G	A
3: Public and Partner Engagement	A	G	G
4: Assurance Controls Level 2 and 1	A	A	A
5: Data Management	A	A	G
6: Competence and Standards of Professionalism	A	A	A

Key updates from the governance improvement plans

Plan 1: Capability, Learning and Development

1.7.   The delivery of L&D transformation is progressing at pace. Mobilisation for the Learning Target Operating Model (LTOM) is on track for June 2022. The 'Go Live' date for the corporate Learning Management System (LMS) has, subsequent to challenges in respect of the build of the interface between PSOP and the LMS, slipped by approximately 4 weeks to July. New digital and blended training content is being rolled out. The transformation of the core investigative training (PIP2) delivered by the Crime Academy continues, transitioning from a 'one and done' face-to-face course to a blended learning development programme.

Plan 2: Organisational Learning (OL)

1.8.   The OL function has become established within CPIC, and focuses 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. There are a number of slippages on some of these strands, which CPIC attributes to pressures on its resources, these present a risk to the timely delivery of some of the structures (such as the OL hubs). The team have worked with Digital Policing, and other parts of the business to develop Organisational Learning within scoped Met systems. The planned KissIT OL app has been withdrawn due to cost and complexity. However, full overall implementation is still expected to be complete by Q4 2022/23.

Plan 3: Public and Partner Engagement

1.9.   The London Safety Centre has been established, and staffed. A Head of Volunteering has been appointed, and will start in April 2022. The STRIDE strategy was launched in September 2021, with performance measured through the STRIDE Delivery Board, and embedded into the processes of the Crime Prevention, Inclusion and Engagement team. The rollout of Police Encounter Panels was delayed due to the complexities of Data Protection and legal sharing of data but BCUs are in a state of readiness so the roll out can commence as soon as possible after the DPIA sign off. Within Stop & search, a new community engagement product *"A Different View"* is now utilised. As at January 2022, over 66 Community Monitoring Groups screenings of Body Worn Videos had been facilitated across 23 boroughs, in an initiative aimed at raising confidence of communities and partners. Additionally, the Violent Crime Task Force (VCTF) is working on "*The Person behind the Search*" initiative which involves engagement with officers from specialist units in community workshops.

Plan 4: Assurance Controls, Levels 1 and 2

1.10.   The full review of Public Protection policies is on track for completion in Quarter 4. Investigation policy reviews had been delayed due to lack of a Tactical Policy Advisor, but this has now been resolved, and activity is now ongoing. The Data Quality Ethics Assurance Board (DQEAB) is in place and helps BCUs in completing their own Level 1 inspections.

Plan 5: Data Management

1.11.   The 'Year of Quality' was launched January 2022. Good progress continues to be made across most actions: Information Asset Owners (IAOs) plan approved, contract established with IAOs and Data Office and training package for IAOs completed. The Head of Data Foundations role recruitment is now underway. An MPS-wide Learning Needs Analysis for Data was completed during Q1 2021/22.

Plan 6: Competence and Standards of Professionalism

1.12.   The last quarter has seen strengthening in capacity. A dedicated Vetting Renewal Team is in place to manage vetting renewals and will further be increased in 2022 through recruitment. At 28 Feb the team had processed 884 vetting renewal applications of which 1% had access revoked and 47% were non-active ie career break, long term sick, maternity leave etc. User Acceptance Testing of the Vetting IT system was completed in January 2022. The system requires a core system upgrade, due April 2022, to resolve some limitations. A Complaints Resolution Unit has been established in February 2022 which will resolve most complaints being submitted through MPS and IOPC portals, with a significant reduction expected of the cases referred to the Professional Standards Units.

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 author: Stephen Greenfield

7.   Appendices and Background Papers

Appendix 1 – Met Governance Improvement Plans Quarter 4 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
• Strategic Learning and Development Board (co-chaired by the Commander Learning and Development and the Head of Curriculum/Learning Technology) • Extended Learning and Development SLT chaired by Director- Learning	• People & Learning Board (chaired by Deputy Commissioner) • Learning and Development Executive Steering Group (chaired by AC Professionalism) • P8 Programme Board (chaired by Director - Learning • Transformation infrastructure (Design Authority, Assurance Board etc.) supports the development of the TOM and Business case. • Indicators monitored through Performance Framework: Number of active users on LinkedIn Learning, Completion rate for specified priority training area, Content creation, and Staff Survey. • LMS Project Board (chaired by P8 Programme Director) • Learning Tom Project Board (chaired by P8 Programme Director)	• DARA AUDIT - Operational Training – L&D Framework (Advisory)

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 **Learning Target Operating Model (LTOM):** Learning transformation programme (P8) will clarify processes, controls, ambitions and responsibilities:	Alex Walsh	Q1, 2022/23	• High level and detailed designs for the new L&D Target Operating Model approved through the Business Design Authority (May 2020 HLD & August 2020 Detailed Design) • Full Business Case for the Learning Operating Model signed off at PIB and IAM (December 2020) • Mobilisation of new TOM on track for June 2022. Enabling HR processes (internal and external) in flight. Work on new business processes and governance continues. • Dependency with Learning Management System implementation (see below) means that implementation of the new L&D structures cannot be fully achieved until Learning Management System is implemented	**TO BE CARRIED FORWARD TO NEXT YEAR**
2. Move to a **blended curriculum**: 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	Q1, 2022/23	• New digital content rolled out for Full Access PNC, Public & Personal Safety Training and ELS (new module on Agonal breathing) showcasing the potential of self directed digital learning. Learning material to support the new handcuffing policy will launch in May / June. • Transformation of the core investigative training (PIP2) delivered by the Crime Academy continues, moving from a 'one and done' face to face course to a blended learning development programme. This will uplift current content and learning approaches in support of strengthening investigative capabilities and performance. New content will also be considered for roll out to existing Detectives as CPD. • Dependency with Learning Management System implementation (LMS is needed to host new learning material, target learning and hold the master learning record) means that the full impact and benefits of the work to modernise and uplift the core operational curriculum cannot be realised until the LMS is live.	**TO BE CARRIED FORWARD TO NEXT YEAR**
3. Implementation of an integrated corporate **Learning Management System (LMS)** 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	• Go Live date for the corporate Learning Management System was re-profiled during the last reporting period to end of June 2022. Subsequent challenges in respect of the build of the interface between PSOP and the LMS has slipped the re-profiled critical path by c4 weeks. Entry into SIT is dependent on the interface work closing out. A new issue has also emerged in respect of assumed parallel activity between data load and SIT activity. The SRO has met with senior colleagues from the Accenture (Service Integrator), Cornerstone (IT supplier) and the Programme Team in order to discuss the arising challenges and explore opportunities for expediting the path to Go Live. • Separately, 4 weeks of LMS Functional Testing has concluded with a 99% pass rate. A week of regression testing is now underway on target to fully conclude by 11th March.	**TO BE CARRIED FORWARD TO NEXT YEAR**

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
- Local BCU/OCU Organisational Learning Hubs and repositories - Local BCU/OCU Boards (monthly) - Organisational Learning Implementation Steering Group - DLS/DPS/IRSC/SCRG high risk group - Research & EBP Group - CT EBP Group	- Monthly PLB chaired by Chief of Corporate Services - Quarterly Organisational Learning Board chaired by AC Professionalism - Bi-monthly Head of Profession Meetings - Research Faculty Steering Group - MPS Research Ethics Committee	- DARA AUDIT - Organisation Learning Assurance - DARA FOLLOW-UP AUDIT - Organisational Learning Framework – Governance of Gold Groups - HMICFRS Recommendations - IOPC Learning Recommendations

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
Embedding an enhanced Organisational Learning and Research function in CPIC	Paul Clarke/ Ross Daniels	Q2 2022/23	The Met's Corporate OL 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. Expected completion Q4 2022/23	**TO BE CARRIED FORWARD TO NEXT YEAR**
Implementing BCU/OCU Organisational Learning Hubs across the MPS	Paul Clarke/ Ross Daniels	Q4 2022/23	**Implementing the OL framework**, developing our model into practice in a number of BCUs. SW BCU is operating, AS BCU started in Q3, AW and CN in January 2022; SN and CE next. 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. **BCU capacity/lack of dedicated resource a risk**. Expected completion **Q2 2023/24**	**TO BE CARRIED FORWARD TO NEXT YEAR**
Development of a repository to capture and disseminate OL across the MPS in a standardised way	Paul Clarke/ Ross Daniels	Q4 2022/23	**Systemising information** 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: • Focus on automation and semi automation. • Utilising existing IT – MS, SharePoint, Power Apps to make knowledge more accessible. **Critical DP dependency** • Development of the Repository – creation of categories, subcategories of functions to enable organising of knowledge. • The typology is based on 17 policing functions, 19 sub-functions and 11 categories. • OL app with MS,and DP. **KissIT has withdrawn due to cost/complexity imbalance**	
Embedding a process to capture, categorise and share learning from Strategic Gold Groups/ Critical Incidents	Paul Clarke/ Ross Daniels	Q1 2022/23	**Learning from high harm/risk** 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. Expected completion Q2 2022/23	**TO BE CARRIED FORWARD TO NEXT YEAR**
Embedding a culture of learning across the MPS	Paul Clarke/ Ross Daniels	Q3 2021	**Acculturalisation** 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 local MPS Implementation (SW BCU) and potential new academic/partner projects.	

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
- STRIDE 2021 – 2025 - Mayors Action Plan - STONEWALL Workplace Equality Index assessment 'Disability Confident 3' independent assessment 'Inclusive Employers' independent assessment	- STRIDE Governance structure - Crime Prevention & Trust governance structure: Board (AC Prof) > Delivery Grps (Cmdr CPIE) > Working Grps (CI CPIE) - Frontline Neighbourhood board - A 'Use of Force Strategic Oversight Group' was formed in June 2020. - The Deputy Commissioner's Delivery Group established in November 2020 - LGBT+ Organisational Improvement Group – with external representation - Disability Delivery Group – with external representation - London Safety Centre Delivery Group + the Engagement Delivery Group – both reporting into the Crime Prevention and Trust Board	- MOPAC scrutiny as part of the Police and Crime Plan through the Safer Children and Young People's Board. - DARA AUDIT - Met Engagement Governance Framework - DARA FOLLOW-UP AUDITS - Strategic Framework Supporting Partnership Arrangements/Agreements + STRiDE Implementation Plan - MOPAC Oversight Board - MPS STRIDE Delivery Board, attended by MOPAC and other external groups including IAGs - Commissioners External Advisory Board – also attended by MOPAC.

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
Strengthen and develop the **London Safety Centre**,	Cdr Helen Harper	March 22	The transfer of key crime prevention and volunteering posts from CPIC to the LSC has been completed. There is now a band A in post (starts April) to lead on the recruitment and strategic oversight of the LSC and the Volunteers. The recruitment of 6x PCSOs as a PAI deployment team Is well underway with all posts now filled. A community reference group is being established for the LSC this is planned to be launched by the end of April 2022.	
Establish **clear partnership priorities**,	Cdr Heydari (A/DI REEVE)	COMPLETE	BCU Core commitment: monthly meeting with key strategic partners such as the Chief Executive and local community safety leads have been held and commitments have been met	
Roll out of **Positive Activity Initiatives (PAI)** across all BCUs.	Cdr Helen Harper	March 22	Now a KPI in Pillar 2 Corporate performance framework 21/22 - *at least 12 per year per BCU*. Performance managed through Crime Prevention & Trust governance structure.\nThe delivery of the PAIs is a risk – **our 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.\nPositive Activity Initiatives (PAIs) have been undertaken across the MPS. Due to the impact of Covid 19 regulations on personal contact and therefore on PAIs, delivery levels have been reviewed by the Crime Prevention and Trust Board. Renewed focus will be a key requirement for BCUs in 2022-23. Currently 20 PAIs are confirmed as fitting all criteria, 16 are shortly to be reviewed by CPIE and 8 are in the process of being delivered. AC Ball directed at January's Prevention & Trust board that each BCU would complete a further 2 PAI's before 31st March. This total has taken into account the impact of COVID on demand and restrictions during lockdown periods. Whilst still a risk, we have made significant forward progress.	**TO BE CARRIED FORWARD TO NEXT YEAR**
Delivery and implementation of a refreshed **Inclusion, Diversity and Equality Strategy** and governance mechanisms	Cdr Helen Harper	Delivery Oct 21	The new Stride strategy was launched during National Inclusion Week w/c 25th 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. Tier 1 partners/stakeholders consulted for views on strategy and content of the next plan. This is ongoing progress is consistent and good.	
Roll out **'Police Encounter' panels** across London from April 2021	Cdr Helen Harper	tbc	The roll out has been delayed due to the complexities of Data Protection and legal sharing of data and footage. The DPIA is now awaiting final sign off and an update will be provided by the end of March. The BCUs have reinvigorated their readiness to roll out status so that launch can commence as soon as possible after the DPIA sign off.	**TO BE CARRIED FORWARD TO NEXT YEAR**

206

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)

Increase dialogue with communities on specific issues to build trust	1. Cdr Heydari (A/DI REEVE)
	2. Cdr Connors (A/INSP WAINHOUSE)
	3. Cdr Helen Harper
		1 COMPLETE.
		2. May 21
		3. Jan 22
			1. FLP core-commitments and an engagement action plan - **This has been completed by Cmdr Heydari.**
			2. Stop & search: a corporate narrative exists assist in community conversations and the community engagement product "A Different View" is now utilised.
			   • As of January 2022 over 66 Community Monitoring Groups screenings of BWV have been facilitated across 23 Boroughs. Any learning or recognition of good practice is managed by the local lead and collated centrally to identify emerging themes, which in turn feed into wider organisational learning. During stop and searches, MPS officers are directed to activate their BWV at the earliest possible opportunity in order to maximise the potential to capture evidence. This is included in the reviewed and updated MPS BWV Policy and Guidance and is clearly communicated in the MPS online e-learning training. The MPS was the first police force in England to extend the pre-event buffer from 30 seconds to one minute. We really value being able to offer extra video footage both in terms of achieving best evidence and in raising confidence and trust with our communities and partners
			   • **Violent Crime Task Force (VCTF) -The Person behind the Search -** This initiative involves engagement with officers from specialist units in community workshops with young people and their guardians. During the sessions, the young people are encouraged to play the role of the police and explore decision making by officers. Similarly, officers have sometimes played the role of a member of the community.
			   • We've transformed our training and actively encourage our communities for their input into it, with a focus on preventing encounters escalating, so that where stop and search is needed, it is undertaken calmly, politely, where possible without the need for handcuffing and with empathy about the impact it has on members of the public.
			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
				PENDING ACTIONS TO BE CARRIED FORWARD TO NEXT YEAR

MPS Engagement Handbook HMICFRS' 2019 PEEL - the Met did not centrally monitor engagement activity	Cdr Helen Harper	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. This has now moved to an initial phase where we publish a more traditional 'handbook' online (still due in spring 2022 and then review the feasibility of our proposed monitoring process which will require FLP buy in.	**TO BE CARRIED FORWARD TO NEXT YEAR**

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
A	A	A
• 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.	• Quarterly MPS Public Protection Board chaired by AC FLP • Risk and Assurance Board focuses on the effectiveness of controls and the feed into organisational learning. • Heads of Profession structure supports assurance in their areas.	• HMICFRS PEEL and thematic inspections • DARA Audit and Reviews • IOPC Investigations and Recommendations • ICO oversight • Coroners Reports

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
Train key contacts in business groups to strengthen Risk Maturity following RM survey	Tracy Rylance	Q4 2021/22	Following the risk maturity process in 2021, a number of training needs were identified, which the team have been delivering – and will continue to deliver over the next months. Subsequently, DARA published their Risk Maturity Audit in December 2021 which concluded that the Met is at maturity Level 3 'Working' and made a number of recommendations which the team are also working through in conjunction with the training plan.	TO BE CARRIED FORWARD TO NEXT YEAR
Embedding a Level 2 Assurance capability within the Continuous Policing Improvement Command (CPIC) in support of the Heads of Profession (HoP) Embedding a Continuous Improvement approach across BCUs as part of Operation Aegis (Public Protection).	Ross Daniels, CPIC	Q4	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 & Research Centre of Expertise, and in the Continuous Improvement & Policy Centre of Expertise. The Heads of Profession are also able to commission Level 2 assurance activity from CPIC. A comprehensive strategy and approach has been developed that incorporates all known Level 1 and level 2 activities and seeks to embed Continuous Improvement (CI) within each. Initially this is focussed on Public Protection, but will then expand into the other BCU strands. The strategy is aimed at building on foundations set by Operation Aegis and will help to ensure early benefits are realised and continue to be delivered. Support, coaching and training is being provided to recently formed Continuous Improvement and Organisational Learning teams, established on EA and AS BCUs utilising existing budget and vacancies. Infrastructure and governance structures have been established that compliment and align with BCU current practices and operating model. This includes the forming of a combined CI and OL board. 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.	TO BE CARRIED FORWARD TO NEXT YEAR

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
Embedding a Level 1 Data Quality Ethics Assurance process. The process to be widened to include other Head of Profession portfolios.	Ross Daniels, CPIC	Q4	The Data Quality Ethics Assurance Board (DQEAB) is a Level 1 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 & CCE, Indecent Images of Children, Adult Safeguarding and Harmful Practices. 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 BCUs 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. 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.	Mostly complete
Completing a review of Policies in Public Protection. This will then be widened to look at the HoP Investigation portfolio. + A review of the corporate policy process to identify efficiencies and good practice.	James Archer, CPIC	Q3	Public protection policies are being reviewed (completion expected Q4). Domestic Abuse, Hate Crime, Child Abuse policies are reviewed and published. Child Exploitation policy is currently in near completion, as are Harmful Practices and vulnerable adults policies. Completion of PP review expected Q4 Investigation policy reviews were 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.	

Aim

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 incl. management scrutiny and oversight, including formal reporting mechanisms and performance reporting	Level 3 incl. independent oversight provided by internal audit and inspection conducted by HMICFRS and other inspectorates
A	A	G
• Regular reporting to the Public (monthly Internet dashboards) on compliance with Information Requests (FOIA 2000) & Right of Access requests (DPA 2018). • MPS Data Strategy (underpinned by Analytics and Data Talent Strategy) launched – December 2019. • Cross-London library of data sharing agreements now in place. • Performance tracking of DPIAs, DSAs and 3018s (live testing) Awareness videos launched for front line to support timely completion of DPA and FOIA requirements • Action Plans in place to improve performance on FOI and DPA compliance. From March, now able to track across MPS (i.e. not just Data Office)	• 6-weekly MPS Data Board established with 3 subgroups established against priority areas (Review, Retain, Disposal; Data Quality; Reporting & Analytics). • 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. • Data Quality Health checks will be BAU in the new year, alongside the launch of a) "A year of quality" Project (launched Jan 2022) and b) Information Asset Ownership Board stood up (Commanders change-over has delayed start date to April 2022). 211	• (July through November) ICO Audit completed. Assessment favourable. Action Plan agreed with Regulator with 3 month milestones for review for next 12 months. First checkpoint completed. On track. ICO/MPS Bi-Lat also completed (Chief Corp Services and Director of data) • HMICFRS Crime Data Integrity Audit completed • Resource secured to conduct a Peer Review of Data Governance processes scheduled for February 2022 • MPS aligned to Home Office (and wider Govt Programme through Cabinet Office) programme to stand up Data Capabilities Centre that will coordinate consistent approach to data & digital capability build (e.g. Data Literacy, Data Quality, Op Model for Analytics etc). Opps to collaborate

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status
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; **Information Asset Owners (IAO**); SCIRG (crime data integrity)	Dir. Data (A.Reed)	March 2022	• Link between Data Board and DQEABs (Data Quality and Ethics Boards) now established (with central DQ oversight). Local BCU Analysts now in place across MPS, Business Engagement Team now recruited to support frontline/Met Ops connect better with data and data literacy as well as prioritise data work to prioritised business problems • "Data about data" – Performance Pack established to D/Board. Dashboards in development (in place for BCUs in the new year – on track) with a regular feed about DQ submissions down to individual officer/staff level • Year of Quality – Launched Jan 2022. Themed to the data quality that matters (business-led). Support includes awareness videos, "on the ground" DQ clinics – 1st one SE-BCU, Data Quality health; check reporting on critical operational assets for IAOs • Information Asset Owners (IAOs) – Plan approved, contract established with IAOs and Data Office. Training package for IAOs completed. Final part delayed i.e. start of IAO Portfolio Group due to change in Commanders. Due April 2022 • Recruitment process for Head of Data Foundations underway	**TO BE CARRIED FORWARD TO NEXT YEAR**
Build of Data Office to establish enabling capabilities for governance, analytics, service improvement & data innovation	Dir. Data (A.Reed)	April 2022	• Service Improvement – roles filled. Delivery benchmark established (progress being tracked). Business Engagement also in place. Data Service catalogue feeding wider Corp Services service review too • Data Governance – capacity and capability boosted by changes to Op Model in light of ICO Consensual Audit findings. Significant improvements in the time/quality/response to DPIAs following support from TLT. Cross-London Data Sharing has also seen agile improvements One area of concern - gaps in Privacy rights (ROA & FOIA). Lack of recruits to vacancies will be boosted by temporary resource (including officers on loan) to address new 'backlog'. Changes to current tech made (now able to track compliance with Privacy rights within the Business) and acquisition of new tech – DAPIAN – ongoing). • Data Analytics/Corporate Reporting – Up to capacity. Challenges to meet local demand of BCU Analysts (only 1 per BCU). Head of Data Science role advertised externally & Internally. • As per ICO Audit – splitting DPO from Head of Data Governance is in progress. Head of Data Foundations recruitment underway	**TO BE CARRIED FORWARD TO NEXT YEAR**
Data ethics capability build	Dir. Data (A.Reed)	Jan 2022	• Recruitment for a Data Ethics lead has failed to find a suitable candidate twice (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 • MPS still represented at NPCC Ethics forum regarding national framework for data ethics (including on AI)	**TO BE CARRIED FORWARD TO NEXT YEAR**

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
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	• Year of Quality commenced in January 2022 (overseen by Data Board and managed by DQ sub-group) • Performance Reporting established (on both eh quality of data held in critical assets, but also local performance on DQ to prioritise where our "on the ground" DQ clinics target support) • Complete refresh of DQ Services provided by third party completed and refocused - complete • DQ Metrics identified and DQ Health check (i.e. monthly reports and dashboards) built (will feed IAO Portfolio Group in April 2022) • Project for RRD with Transformation Directorate (NB. Automated RRD cannot commence until data quality is improved; process remains manual until DQ increases), review of market offer underway	
Data Management to be considered as a mandatory element of all transformation, change and innovation planning	Dir. Data (Aimee Reed) + TD	Q3	• Data Office represented at Front Door & Business Design Authority • DPIA now completed at start of Business Case process • Work continues on digital integrated impact assessment (combines DPIA, Ethics and EIA) • Next Phase of work will link Transformation Portfolio more closely to Performance Framework • Data Workshop planned with SROs & PMG in Q1 2022-23	
Ensure all Commercial Contracts where data processing is required are DPA (2018) compliant	Dir. Commercial (Mark Roberts)	FY 2021 Full implementation Q1 2022-23	• 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. **COMPLETED Q1 2021/22** • 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. • 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. • The MPS continue to make proposals to remove barriers to the wider commercial requirements from data processing through current Government consultation on Data Protection Reform.	**TO BE CARRIED FORWARD TO NEXT YEAR**

213

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
• Monthly Vetting SLT Meeting • Weekly Referencing and Vetting Mission Control Performance Overview Meeting • Daily Vetting Unit Information Centre Performance Overview Meeting • Daily individual Vetting Team Huddle Board Performance Overview Meeting • Monthly Vetting IT Upgrade Project Board • Weekly Local Vetting Gold Group to monitor recruitment and training plans for recruits and new IT system • Quality Control function introduced to dip sample 10-20% of all vetting cases against local processes and standards	• Gold Group on disproportionality in system reducing misconduct cases by 25% • Vetting Board chaired by DAC Professionalism • Monthly Vetting Panel, chaired by Commander Crime Prevention and Inclusion and Engagement, to review all failed vetting cases • Bi-monthly Performance COG meeting? • Professional Standards Transformation Board • Met Operating Model, P10 Board and Performance Board oversight of Professional Standards Transformation	• HMICFRS INSPECTION - Vetting & Counter Corruption (national thematic) • Baroness Casey Review – TOR to be agreed • DARA - Follow Up - Vetting and Security Clearance

214

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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
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. 11 of the total 13 recommendations have been fully completed.** The backlog of vetting renewals has now been cleared and is being managed through a BAU process and will be further improved with the implementation of the new vetting portal which will notify candidates of vetting expiry in advance. Implementation of the new Vetting IT system has been delayed due to a dependency on the core system upgrade and a replacement Met Internet Gateway project to improve performance and download limitations – resulting in slippage to the next FY. A change request has been submitted for the Corporate HR system to manage the designated post list as agreed by Vetting Board – the change is being escalated to reduce the lead time for completion. The DARA assurance rating is 'Adequate Assurance'.	Completion delayed to Q1 2022-23 **TO BE CARRIED FORWARD TO NEXT YEAR**
New Vetting IT System	Bas Javid / Vicky Smith	Q3	User Acceptance Testing of the Vetting IT system was completed in January 2022; the system requires a core system upgrade (April 2022) and the roll out of the Met replacement internet gateway project (date TBC) to resolve performance and download limitations. The phased implementation will re-commence with a full end to end test of the vetting process under the new IT system.	Completion delayed to Q1 2022-23 **TO BE CARRIED FORWARD TO NEXT YEAR**
Re-vetting of officers and staff	Bas Javid / Vicky Smith	Q3	Vetting renewals have now been cleared and all renewals are being managed through a business as usual process whereby all candidates are informed of expiry three months in advance; candidates must submit a vetting renewal application to prevent loss of access to Met IT and buildings. At 28 Feb the vetting team were processing 884 vetting renewal applications of which 1% have access revoked and 47% are non-active ie career break, long term sick, maternity leave etc.	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)	UPDATE ON PROGRESS TOWARDS IMPLEMENTING THESE CONTROLS (to be updated quarterly)	Status (Red Amber Green)
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 has been established in February 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 PSUs 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.	CRU and Learning Through Reflection delivery complete Q4 21/22 Programme Completion will be Q3 22/23 **TO BE CARRIED FORWARD TO NEXT YEAR**
Implement and embed the MPS Counter Corruption Board	Bas Javid / Jon Savell	Q4	A 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 are being appointed for each risk and an action plan being developed with appropriate milestones.	