



## **Report of the Chief Constable to the Chair and Members of the Audit Committee 15<sup>th</sup> November 2018**

**Executive & Presenting Officer: Cristiana Emsley, Director of Standards and Ethics**

**Status: For Information**

### **Directorate of Standards and Ethics Update**

#### **1. Purpose**

- 1.1 This report is to update members on the work of Cleveland Police Directorate of Standards and Ethics (DoSE) and to provide an overview of the efficiency and effectiveness of the main DoSE functions, namely complaints and discipline, vetting, information management and security, and DBS during the period 1<sup>st</sup> April to 30<sup>th</sup> September 2018.

#### **2. Recommendations**

- 2.1 It is recommended that members note the content of the report.

#### **3. Complaints & Conduct**

##### **3.1. Update on the Transforming Professional Standards Programme**

- 3.1.1 After 18 months of change, the Transforming Professional Standards programme is now drawing to a close. The newly reformed Directorate of Standards and Ethics, has transformed the way it operates, how it complies with statutory regulations, the structure and culture of its personnel and the decision making and proportionality of approach.
- 3.1.2 A recent staff survey carried out to assess the impact of the TPS Programme on the workforce has highlighted that 73 per cent of staff had a positive impression of the DSE and 71 per cent were aware of how to make contact with the directorate as necessary, and there was a greater understanding of the use of body worn video (BWV) and its benefits. All those completing the survey were aware about not misusing police systems. The majority of respondents requested regular updates from DSE which, overall, highlights a positive interest and increased trust in DSE.
- 3.1.3 Throughout 2018 we have continued to build on these improvements, through training, and greater emphasis on prevention and awareness raising amongst officers and staff. These positive changes are reflected in the body of this report.

##### **3.2. Complaints**

- 3.2.1. Complaints cases have been monitored on a quarterly basis at the Strategic Performance Group chaired by the Deputy Chief Constable. A full update on complaints data for the first two quarters is presented in Appendix 1 and a detailed analysis of the statistical informational will be provided at the meeting.

- 3.2.2. In terms of overall performance, IOPC have recently concluded<sup>1</sup> that it has continued to be mostly positive compared to the same period last year. Most notably, the quality of investigations into complaints and customer satisfaction has improved significantly. Of 349 complaints recorded and 410 complaints finalised by the Force during the first half of the financial year<sup>2</sup>, the IOPC appeal rate has dropped to 0.9 per cent and Force appeals to 8.8 per cent. Most notably, neither the Force nor the IOPC upheld any investigation appeals in Q1. Preliminary data for Q2 indicates that of a total number of 204 complaints investigated and finalised by the Force, only two were appealed to the IOPC.
- 3.2.3. The IOPC did not receive any appeals for local resolution or non-recording decisions in Q1, which is again positive. Preliminary data for Q2 shows the IOPC has received only eight non-recording decisions appeals of which four were upheld. Furthermore, 98 per cent of complaint cases in Q1 were recorded in 10 days, which is excellent and higher than both the most similar force (MSF) and national averages.
- 3.2.4. The average number of days to finalise complaint cases is lower than both MSF and national averages, which is an excellent performance, taking into account the capacity challenges within DSE. In Q1 71 per cent of allegations were locally resolved compared with 57 per cent the year before, which could account for the slight increase in time allocated for investigations. Whilst Cleveland have resolved slightly more allegations than MSF and national averages, the IOPC are satisfied DSE are applying the local resolution test correctly and are happy with the feedback from the IOPC's dip sample report of their files completed in 2017. In Q1 this year Cleveland rank 11<sup>th</sup> against all forces with 79 allegations recorded per 1000 employees, down from 89 in the same period in 2017/18.

### **3.3 Conduct**

- 3.3.1 Since April to September 2018 the DSE held 2 gross misconduct Hearings (1 "Fast Track"), and 2 misconduct Meetings resulting in 2 officers being dismissed without notice and 2 receiving written warnings for allegations of discreditable conduct (2), authority, respect and courtesy (1) and other neglect or failure in duty (1).
- 3.3.2 Intensive regulatory training, re-calibration of the prevailing culture, a more fair-minded and proportionate approach is now evident when matters of misconduct are assessed and subsequent decisions reached. This approach has assisted greatly in providing confidence in our staff and has improved the quality of engagement between DSE and staffing associations.

### **3.4 Counter Corruption Unit (CCU)**

- 3.4.1 CCU's Control Strategy for 2018 / 2019 was finalised in May 2018 and it focuses on behavioural vulnerability, misuse of police systems and notifiable associations.
- 3.4.2 CCU has led the implementation of a compressive action plan to counter the internal and external issue of abuse of authority for sexual purpose. This has included a layered internal communication plan, working with external agencies that support vulnerable victims, road shows to raise awareness and increase reporting of concerns, annual integrity health check and a locally developed E-learning package. The action plan has been assessed by HMICFRS and deemed fit for purpose and the IOPC have commended the force for the increased referral rate of such issues being identified. With increased organisational

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<sup>1</sup> Quarterly meeting between IOPC and DSE held on 5<sup>th</sup> Oct 2018

<sup>2</sup> 01/04/2018 to 30/09/2018

awareness the department have seen an increase in INTL and reports of concerns and are currently investigating a number of cases.

- 3.4.3 The force continues to promote awareness of "OP Bounce", which is the approach for raising understanding and compliance to the use / misuse of force systems. The implementation of a CCU audit tool will increase the department's capability to proactively monitor compliance and investigate misconduct. This will be an integral part of the DSE's development of the Organisation learning and prevention strategy.
- 3.4.4 Due to the internal road shows and implementation of the integrity health check, the department has seen an increased in self-referral for "notifiable associations". The 300 records received by the beginning of October 2018 are regularly managed and reviewed on a risk basis.
- 3.4.5 CCU is now fully staffed, having recruited both a full-time analyst and intelligence officer, in line with HMICFRS recommendations during their 2016 PEEL Inspection. The intelligence officer is new in role and is going through a training programme to increase her knowledge and capability. The additional staff will provide greater proactive and reactive support to investigations and will help to further develop the monthly tasking and coordinating meeting.
- 3.4.6 The HMICFRS PEEL inspection in 2016 highlighted the fact the CCU did not have sufficient capability to conduct lawful business monitoring (LBM) to effectively identify and investigate corruption matters. As a consequence, an "audit tool" (CITSL ATA) was formally procured in March 2018. This appliance significantly enhances the CCU's proactive and reactive reach to monitor and audit the use of all force data and telecoms systems. There has been a delay in implementation of the tool to force assets and systems due to ICT capacity with the development of the Community safety Hub. All DSE staff have been trained on the system and it is now deployed to over 500 desktops and laptops across the force.
- 3.4.7 The CCU has designed and implemented a process to better manage Intelligence within the department. Through researching regional good practice and developing internal processes, the department has a fully established and embedded process of grading, risk assessing, auctioning and storing intelligence. The risk assessment process is aligned to corruption threats and scores relevant to threats such as the abuse of authority for sexual purpose. This also then informs the monthly DSE TCG where actionable INTL is assessed and tasked with proportionate further enquiries.
- 3.4.8 Finally, the department manages and internally promotes the use of the force anonymous E-mail system. All intelligence and information that is received through this system is progressed through the INTL management process, risk assessed and actioned. The CCU Detective Sergeant has direct responsibility for the process and ensures the necessary and timely action is initiated as a consequence of information received.

### **3.5 Information Management Unit (IMU)**

- 3.5.1 IMU has been recently established by bringing together data protection, vetting, information security, and DBS with the view to enhance the capacity and capability of the functions and facilitate a faster exchange of information.

### 3.5.2 Data Protection

- 3.5.2.1 Under the new Data Protection Act (DPA) 2018, there is now a requirement for data controllers to provide assurance they are adhering to the Principles of the Act. This will require an on-going audit of processing activities throughout the Force, and, therefore, we are in the process of recruiting a DPA Auditor to assist the Head of IMU fulfil her statutory role.
- 3.5.2.2 The introduction of revised Information Rights to data subjects in line with DPA 2018 has resulted in a significant increase in Subject Access requests (SARs). Appendix 2, table 1 demonstrates monthly increases through each quarter with 54 per cent of SARs being dealt with in quarter 3 which may have an adverse impact on the capacity of the team.

### 3.5.3 Vetting

- 3.5.3.1 Cleveland Police Officers, staff and contractors are subject of Vetting procedures to ensure full compliance with national vetting standards, and are reviewed to meet the vetting levels. Appendix 2, table 2 demonstrates the number of individuals still to be re-vetted as of mid-Oct 2018. A legacy lack of capability within the vetting function combined with additional pressures as a result of increased vetting demand for contractors assigned for the move to Community Safety Hub (CSH) added significant pressures on meeting vetting demands. This has been mitigated by an increase in overtime work and a small increase in vetting resources. We anticipate that by the end of the year all Cleveland Police employees would have had their vetting status reviewed in line with the APP Code of Vetting 2014. The vetting requirements also extend to Sopra Steria staff. Work is under way to ensure the contractor takes the necessary steps to provide the Force with the assurance that their vetting status is compliance with the required guidelines as shown in Appendix 2, table 3.

### 3.5.3 Disclosure and Barring Service (DBS)

- 3.5.3.1 DBS work ensures that unsuitable people are prevented from working with children and vulnerable adults, whose records are managed through the barred lists (previously known as POCA and POVA lists). The Force has a dedicated DBS team who makes pressing social need decisions on a daily basis, focussing on transferable risks to the work place and escalating patterns of behaviour. Decisions follow the National Quality Assurance Framework (QAF) guidelines. The Team currently receives between 650-750 enhanced disclosure applications a week, with forecast to receive in excess of 30,000 applications. DBS Cleveland takes fingerprints for elimination purposes and offers representations as part of the enhanced process. In addition to this the Team follows the QAF guidelines to complete Disclosure Scotland and Access Northern Ireland requests.
- 3.5.3.2 DBS Team work to a strict SLA, monitored on a daily, weekly and monthly basis by the Force and by the DBS Standards and Compliance Unit. Feedback with regards to the quality of work has been constantly positive. We are currently a 'green' Force which is a great achievement for the Team due to the current lack of capability and increased demand higher than originally forecasted.

### 3.5.4 Information Security

- 3.5.4.1 The force continues with a governance framework including specialist IA roles: Senior Information Risk Owner (SIRO), Information Asset Owners (IAOs), Information Security Manager (ISM; newly appointed from May 2018), and DPA Manager. IAOs have been identified across the full breadth of activity and will be important to future assurance work.

3.5.4.2 The baseline training for all officers and staff currently comprises three e-learning packages consisting of "Protecting information level 1", "Government security classification" and "Data protection foundation level". This is supplemented by force-wide communications to reinforce the need for good information handling, and an extensive campaign before and after the introduction of GDPR in May 2018.

3.5.4.3 An Information Security Board chaired by the Senior Information Risk Owner (SIRO) continues to meet. An Information Asset Owners group meeting has been formed to support IAOs in discharging their obligations. Six strategic risks have been identified and are now the focus of risk reduction and mitigation:

- loss/disclosure of paper documents;
- inappropriate disclosure electronically (e.g., email, social media);
- availability of critical computer systems;
- loss/disclosure of removable media; and
- physical security of sites.
- loss/disclosure of paper documents;

3.5.4.4 Security incidents continue to be recorded, assessed and reviewed by the ISM. Whether personal information is involved, the DPM makes an assessment in relation to notifying the Information Commissioner's Office. Critical incidents are handled by "gold" groups. Themes and lessons learned can result in adjustment to risk assessments, training and the need for additional mitigations such as the replacement of blue "day books".

### 3.6 **DSE contribution to the People Intelligence Board (PIB)**

3.6.1 During 2017 there were 30 officers referred to the PIB, out of these officers one was dismissed. Over this year there have been 22 officers who have been subject to the PIB, of whom two officers have now retired and two have been dismissed. Currently there are 7 officers being reviewed (as of mid Oct 2018). Appendix 3 table 1 highlights the main areas for PIB referral.

### 3.7 **Business Interests (BI)**

3.7.1 New guidance has been amended and published. BI reviews are now completed on a biennial basis and the decision maker is the Force Vetting Manager to ensure a level of consistency. The revised application forms also provide greater scrutiny and transparency, affording the organisation greater protection against any reputational damage. Analysis of business interests is presented and discussed at the PIB.

3.7.2 Over the reporting period 19 new business interests have been granted, the main business interest being for rent/lease property. There were 3 business interests not granted, two for conflict of interest with work and one refused as applicant was on long term sick.

## 4. **Implications**

### 4.1 Finance

There are no financial implications arising from the content of this report.

### 4.2 Diversity and Equal Opportunities

There are no diversity or equal opportunity implications arising from the content of this report.

### 4.3 Human Rights Act

There are no Human Rights Act implications arising from the content of this report

#### 4.4 Sustainability

There are no sustainability implications arising from the content of this report.

#### 4.5 Risk

There are no risk implications arising from the content of this report.

### **5. Conclusions**

- 5.1 This report provides members with an update on the work on the Force's Directorate of Standards and Ethics Department during the reporting period. There are improvements in performance across all of its units, positive feedback from staff associations and other stakeholders. Internal restructure and additional resources, as well as continuous training and improved processes are evidence of on-going developments within DSE to provide the Audit Committee the necessary degree of assurance and compliance with the regulatory framework and internal procedures and guidelines.

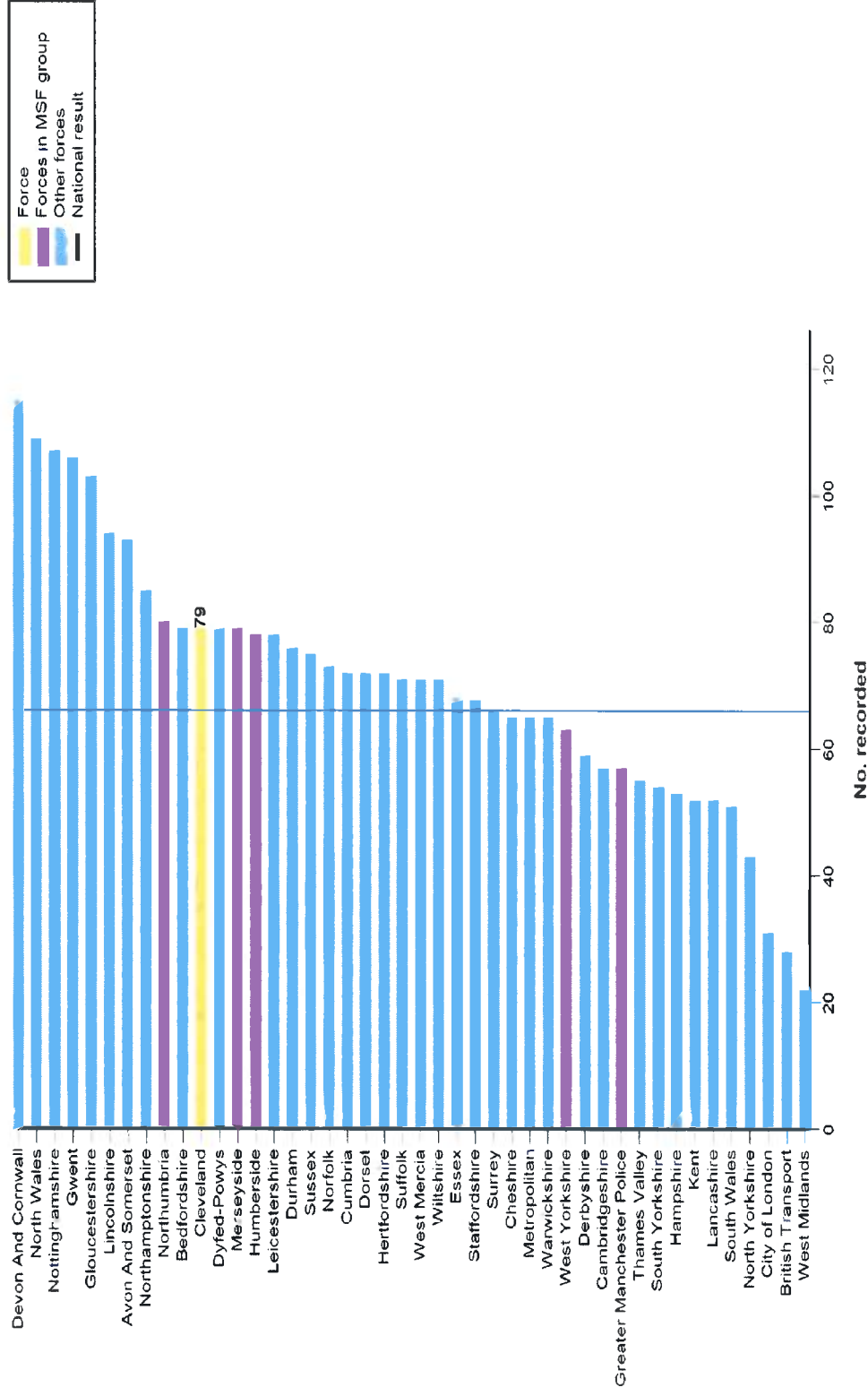
Cristiana Emsley  
Director of Standards and Ethics  
29<sup>th</sup> October 2018



# Appendix 1

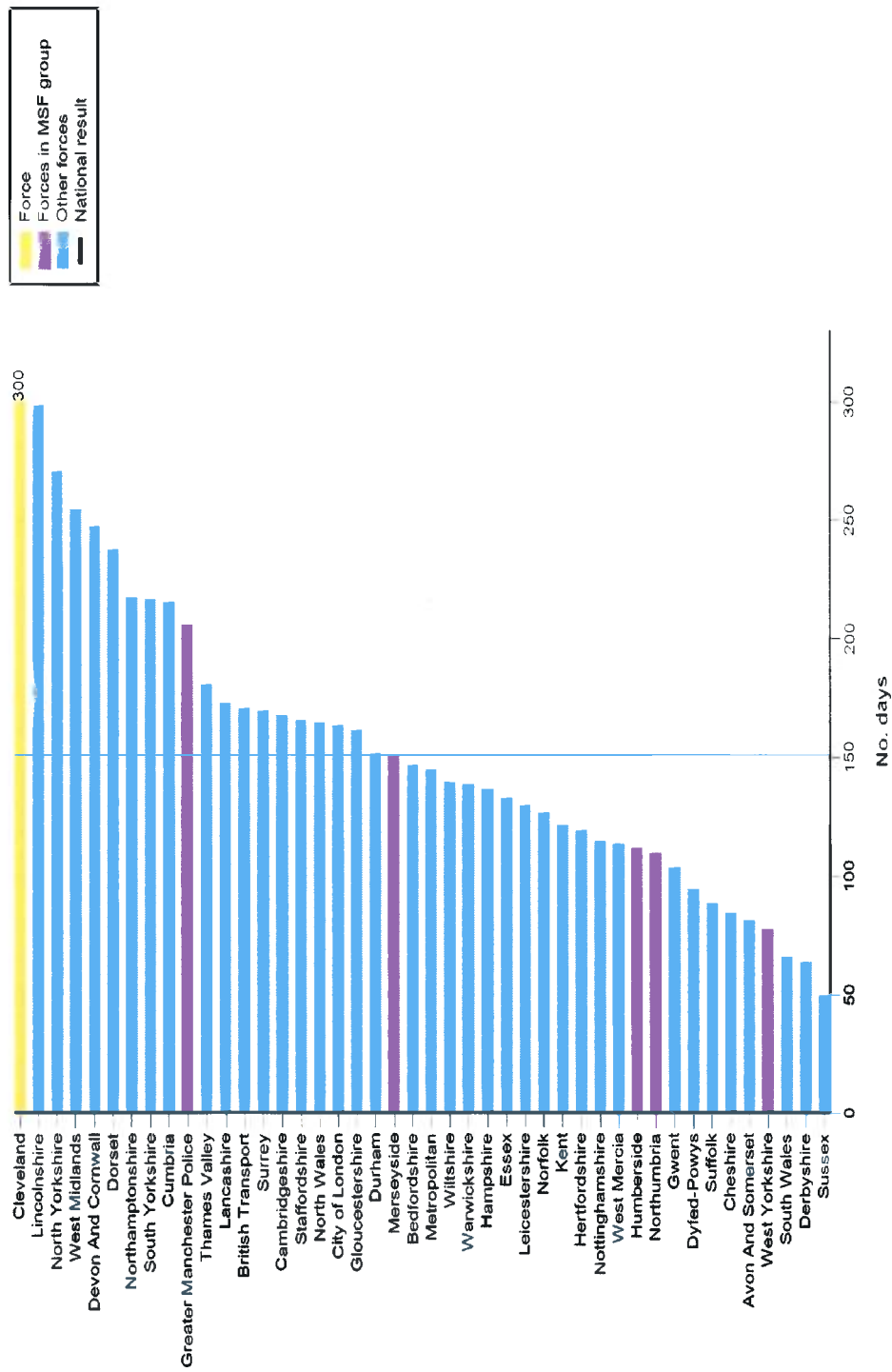
IOPC and Force Data  
(01/04/2018 to 30/09/2018)

No. allegations recorded per 1,000 employees 01 April 2018 to 30 June 2018



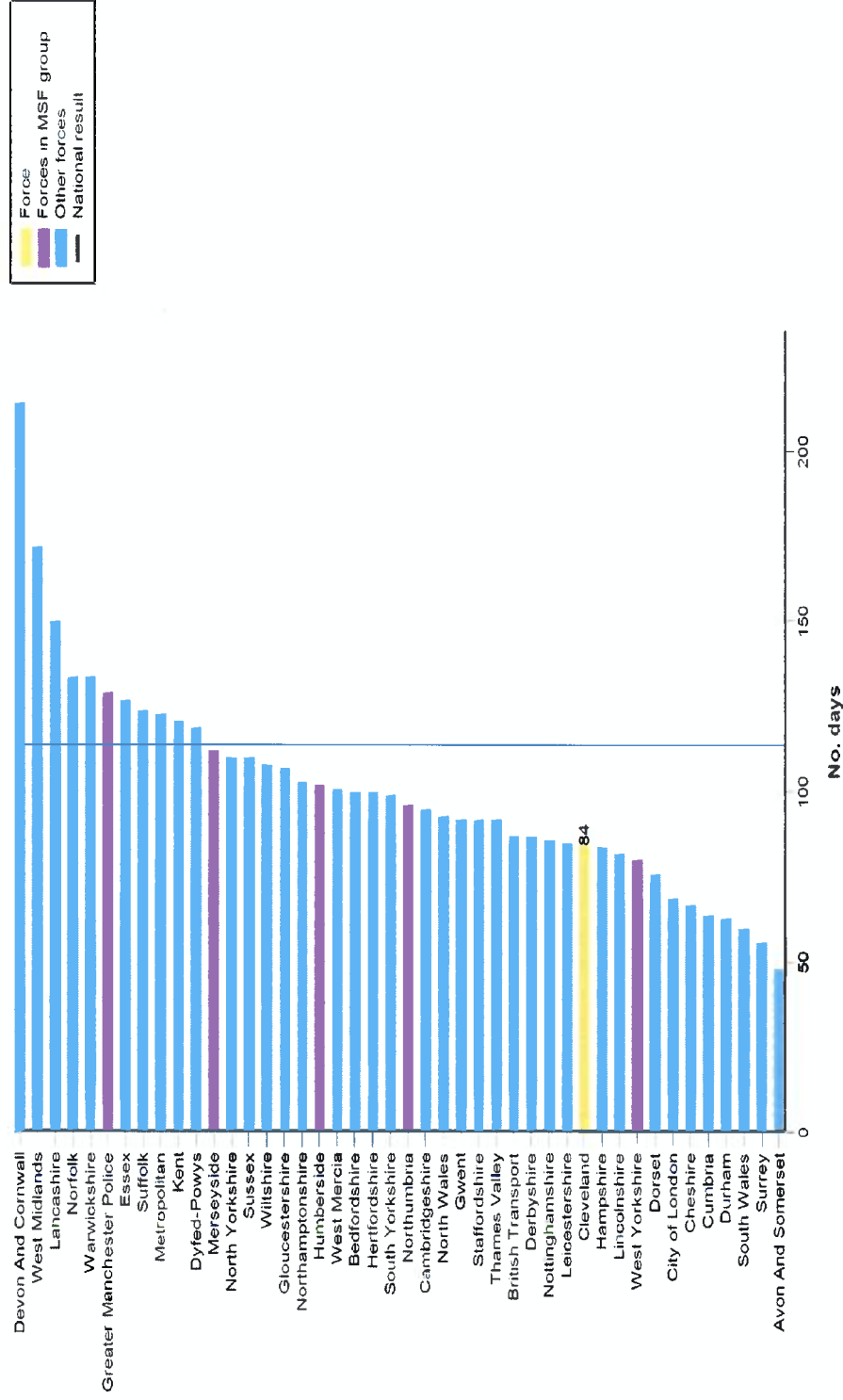


Ave no. of days to finalise allegations by local investigation 01 April 2018 to 30 June 2018

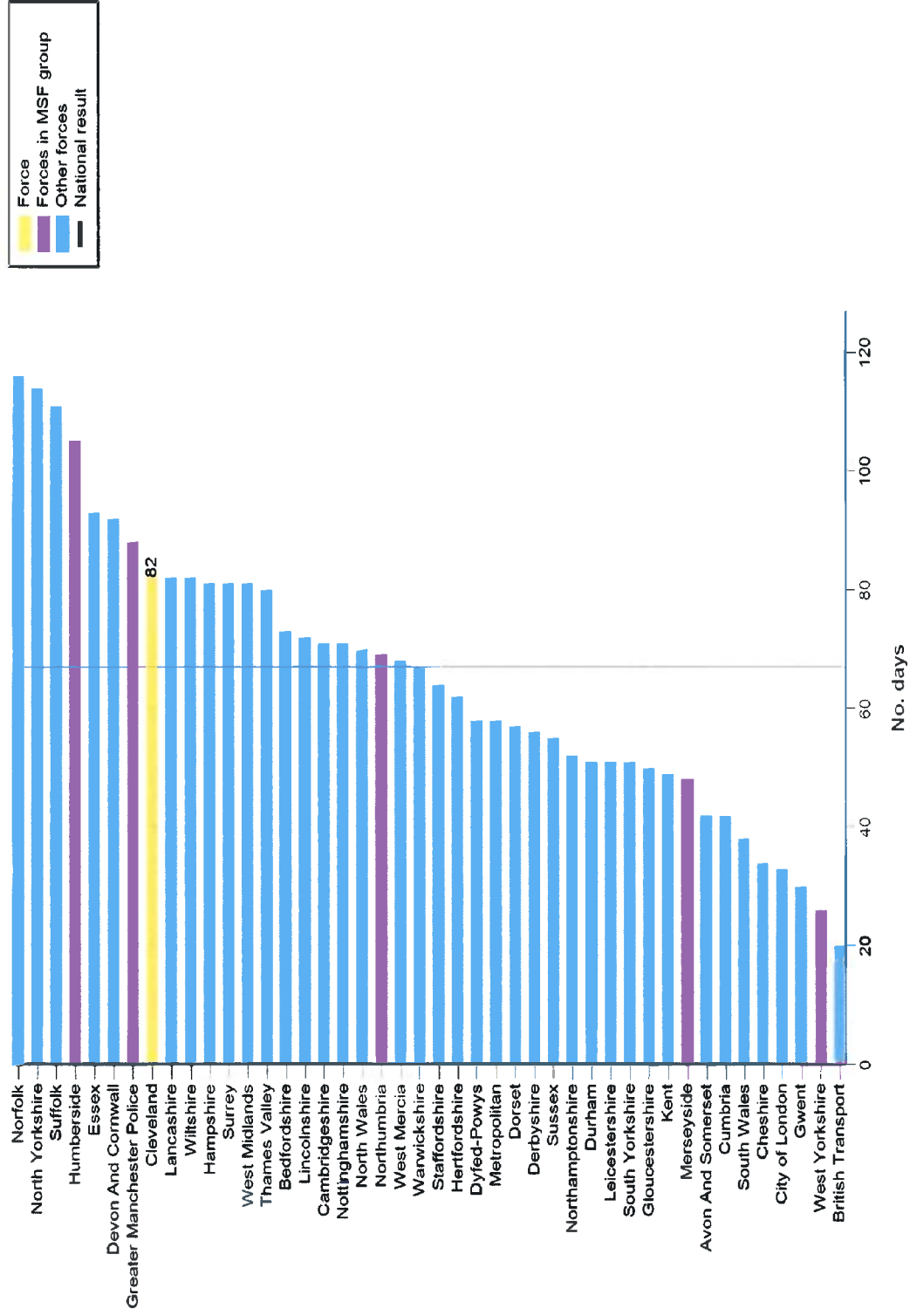


# At 84 days – Cleveland is the 12<sup>th</sup> best performing force in the country

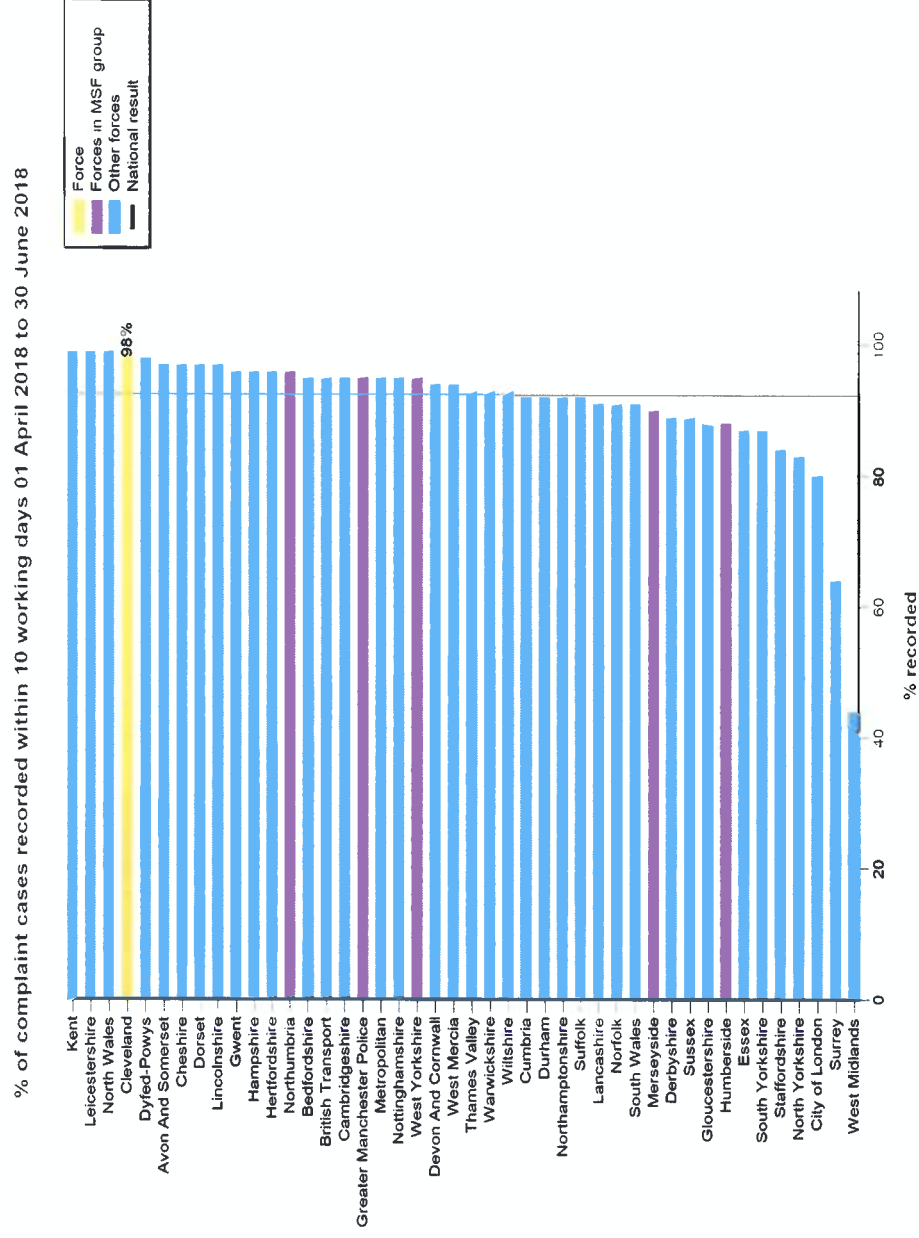
Ave no. of days to finalise complaint cases 01 April 2018 to 30 June 2018



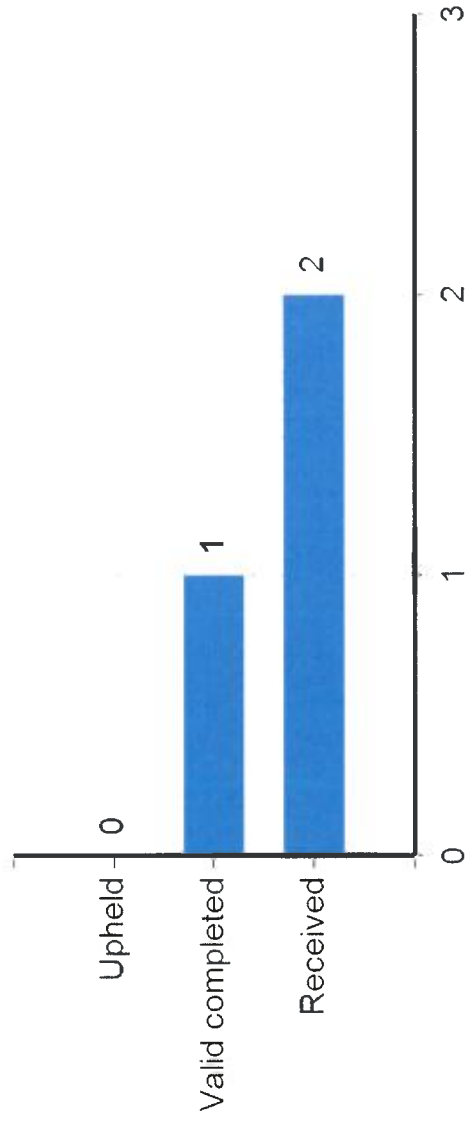
Ave no. days to locally resolve allegations 01 April 2018 to 30 June 2018



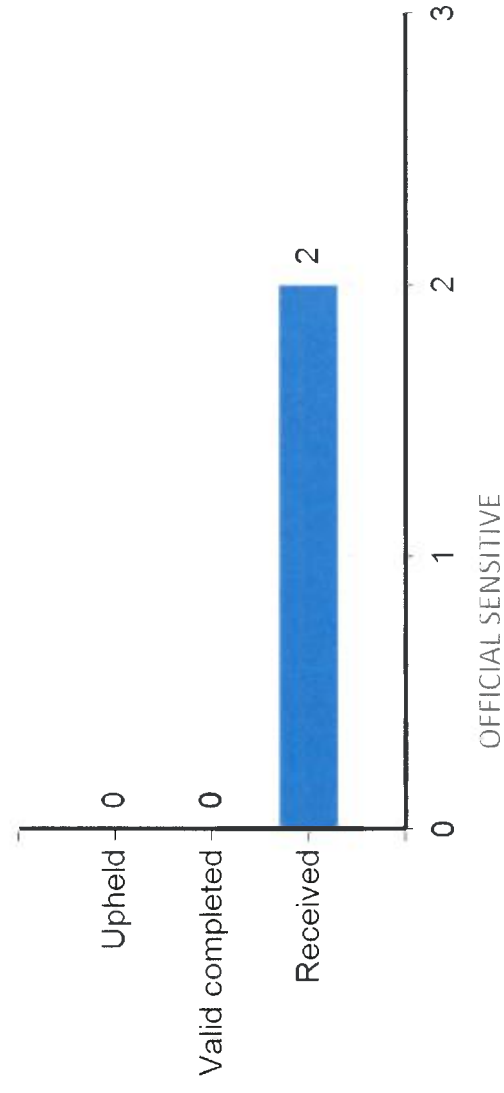
Cleveland recorded 98% of complaints within 10 working days of receipt.  
This is against a target of 90%



## IOPC investigation appeals 01 April 2018 to 30 June 2018



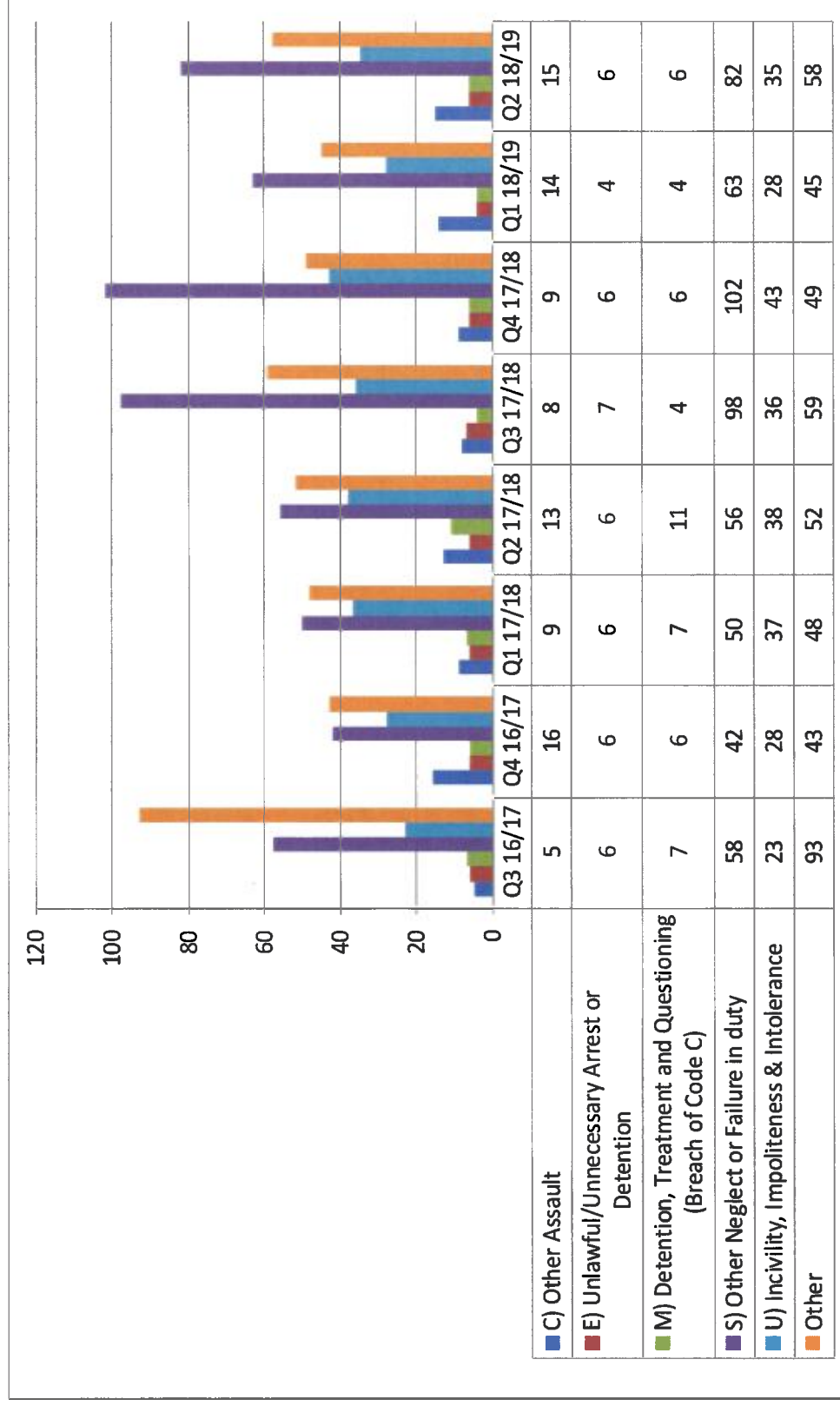
## IOPC non recording appeals 01 April 2018 to 30 June 2018



# IOPC COMPLAINTS INFORMATION BULLETIN 01/04/2018 TO 30/06/2018

Table A: Key Indicators		Cleveland	MSF average	National result
IOPC appeals upheld				
% IOPC investigation appeals upheld		0%	32%	38%
% IOPC local resolution appeals upheld		0%	0%	75%
% IOPC non recording appeals upheld		0%	33%	27%
% IOPC disapplication appeals upheld		0%	0%	18%
<b>Force appeals upheld and completed</b>				
% force investigation appeals upheld		0%	2%	8%
% force local resolution appeals upheld		27%	13%	16%
% force disapplication appeals upheld		0%	20%	14%
Ave number days to complete all force appeals		15	34	45
<b>Complaint cases - timeliness</b>				
% complaint cases recorded within 10 days		98%	94%	
Ave number of days to finalise complaint cases (not inc suspension)		70	94	106
Ave number of days to finalise complaint cases (inc suspension)		84	100	113
<b>Allegations - timeliness</b>				
Ave number of days to locally resolve allegations		82	70	67
Ave number of days to finalise allegations by local investigation		300	160	151
Ave number of days to finalise allegations by supervised investigation		0	0	942
Table B: Allegations				
<b>Allegations recorded</b>				
Number of allegations recorded per 1000 employees		79	73	66
% of Other neglect or Failure in duty allegations		43%	38%	40%
% of Incivility impoliteness and intolerance allegations		19%	14%	12%
% of Other assault allegations		10%	9%	8%
% of Breach of Code B PACE on searching of premises and seizure of property		5%	3%	2%
% of Other allegations		3%	2%	3%
<b>Allegations finalised</b>				
% allegations locally resolved		71%	49%	45%
% allegations investigated		11%	30%	41%
% allegations discontinued		6%	1%	1%
% allegations dispensed		12%	7%	6%
% allegations withdrawn		0%	0%	0%
% allegations withdrawn		0%	13%	6%

## Breakdown of Recorded Complaints – (Financial Year) (End 30/09/2018)



## Recorded Complaint Data – 01/04/2018 – 30/09/2018

Self Class Ethnicity		
White British	155	62.2%
BME	23	9.2%
Not Stated	71	28.5%
<b>Total</b>	<b>249</b>	<b>99.9%</b>

Gender		
Male	146	58.6%
Female	101	40.5%
Transgender	1	0.4%
Other	1	0.4%
<b>Total</b>	<b>249</b>	<b>99.1%</b>

Sexual Orientation		
Gay/Lesbian	4	1.6%
Hetrosexual	143	57.4%
No Data	79	31.7%
Prefer not to say	8	3.2%
Unknown	14	5.6%
Bisexual	1	0.4%
<b>Total</b>	<b>249</b>	<b>99.5%</b>

Religious Belief		
Christian	53	21.2%
Muslim	8	3.2%
No Data	83	33.3%
None	83	33.3%
Prefer not to say	5	2.0%
Unknown	17	6.8%
<b>Total</b>	<b>249</b>	<b>99.8%</b>

Age		
0-19	4	1.6%
20-29	38	15.2%
30-39	41	16.4%
40-49	55	22.0%
50-59	40	16.0%
60+	15	6.0%
No Data	56	22.4%
<b>Total</b>	<b>249</b>	<b>99.6%</b>

Disability		
Learning Difficulty	1	0.4%
Mental Health	4	1.9%
No Data	210	84.3%
None	23	9.2%
Physical	3	1.2%
Prefer not to say	1	0.4%
Unknown	7	2.8%
<b>Total</b>	<b>249</b>	<b>100.2%</b>



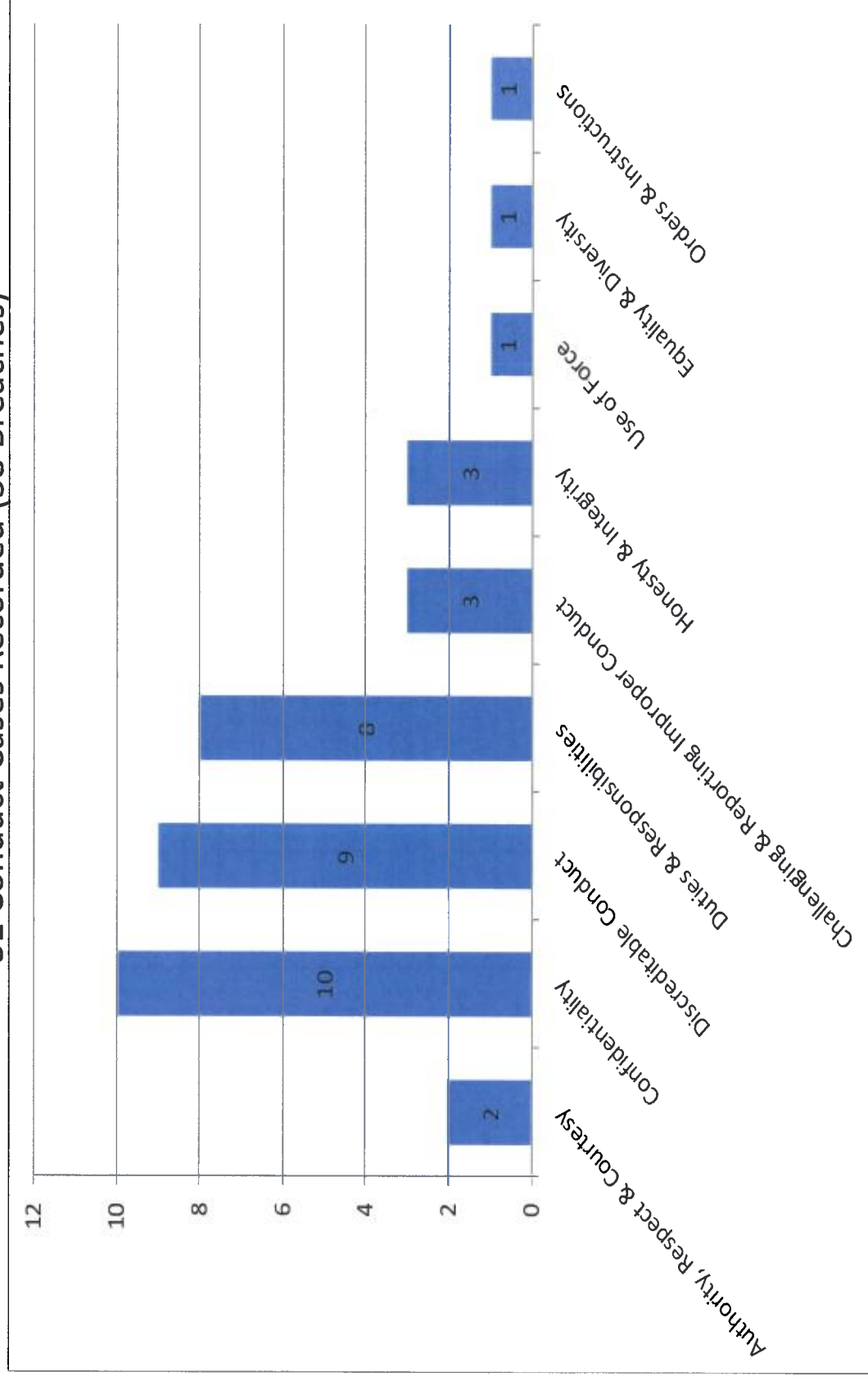
## ALLEGATIONS RECORDED 01/04/2018 – 30/09/2018

Allegations (01/04/2018 - 30/09/2018)		Total
1	Operational policing policies	3
2	Organisational decisions	9
3	General policing standards	6
4	Operational management decisions	2
A	Serious Non sexual assault	5
B	Sexual assault	2
C	Other assault	27
D	Oppressive conduct or harassment	9
E	Unlawful/unnecessary arrest or detention	15
F	Discriminatory Behaviour	4
G	Irregularity in evidence/perjury	5
H	Corrupt practice	3
J	Mishandling of property	8
K	Breach Code A PACE	1
L	Breach Code B PACE	28
M	Breach Code C PACE	13
Q	Lack of fairness and impartiality	13
S	Other neglect or failure in duty	148
T	Other irregularity in procedure	8
U	Incivility, impoliteness and intolerance	71
V	Traffic irregularity	3
W	Other	11
X	Improper disclosure of information	15
Y	Other sexual conduct	1
Total		410

# Conduct Breaches Recorded During the Period 01/04/2018 to

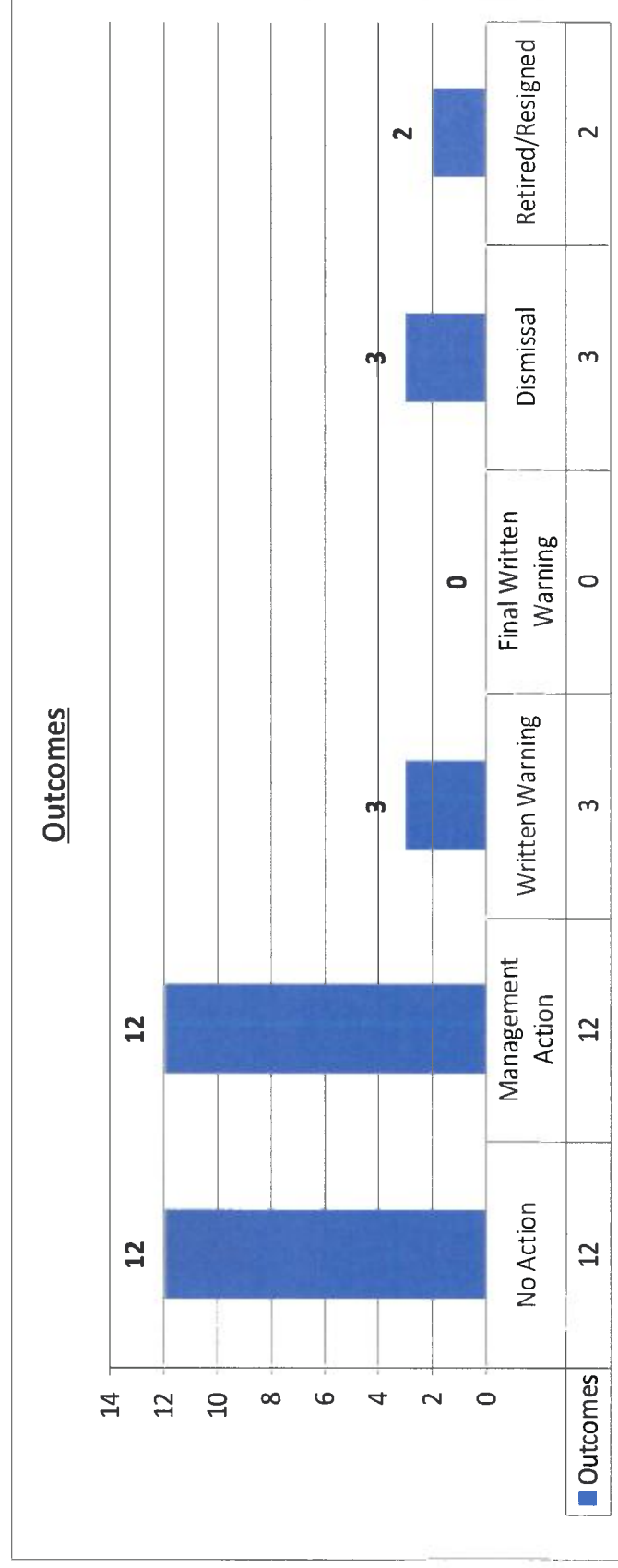
30/09/2018

31 Conduct Cases Recorded (38 Breaches)



# Conduct Investigations Linked to Officers/Staff Finalised During the Period 01/04/2018 to 30/09/2018

29 Conduct Cases (32 Breaches)

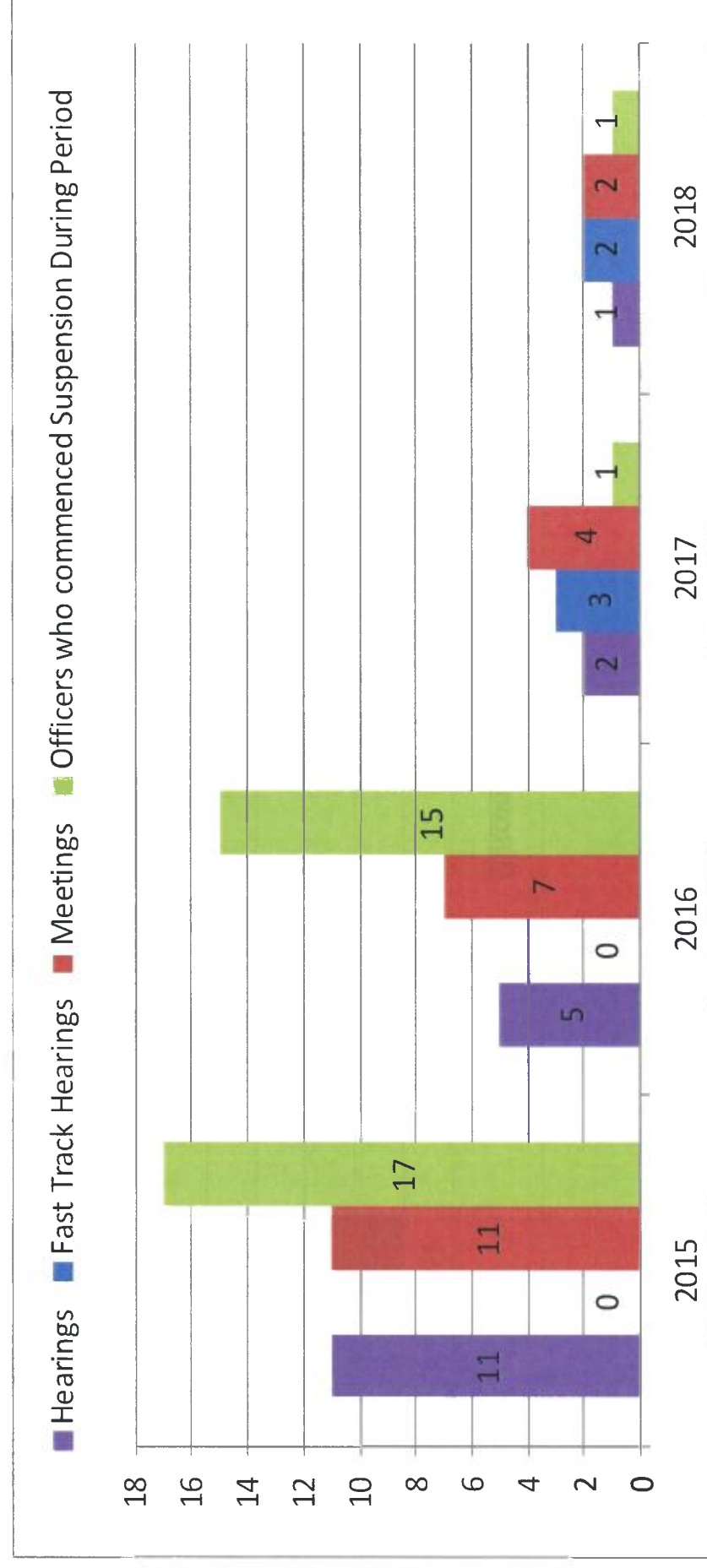


24 Police Officers

5 Police Staff – 1 x Dismissed, 2 x Written Warning, 1 Retired/Resigned & 1 No Action

# Hearings, Meetings & Suspensions

## (Data to end of September 2018)



# Appendix 2

Table 1

Month / Year 2018	No. Local SARs	Year Quarter	%
January	8	Q1 - Total 28	19%
February	8		
March	12		
April	11	Q2 - Total 41	27%
May	10		
June	20		
July	16	Q3 - Total 82	54%
August	26		
September	40		
<b>Total</b>	<b>151</b>		

Table 2

	Police Officers	Special Constables	PCSO	Staff
Being Processed	25	0	9	3
Not Returned	17	9	1	4
Not at work	7	0	1	4
Total O/S	49	9	11	11
<b>Overall total O/S</b>	<b>80</b>			

Table 3

Sopra Steria Staff	
Total Number of Staff	390
Staff vetting position reviewed	199
Staff with current vetting	104
Returned and being processed	35
Forms sent not yet returned	52
Reviewed but not yet sent	8

# Appendix 3

Table 1

Main Areas for Referral to PIB	2017	2018
Complaint History	4	1
Conduct Issues	5	6
Welfare Concerns	14	10
Welfare concerns & complaint/conduct issues	4	5
Information received relation to officer - Sickness Record	1	0
Financial concerns	2	0
<b>Total</b>	<b>30</b>	<b>22</b>