



CHIEF CONSTABLE OF CLEVELAND

Health and Safety

FINAL

Internal Audit Report: 3.16/17

25 July 2016

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CONTENTS

1 Executive summary	2
2 Action plan.....	5
3 Detailed findings.....	7
APPENDIX A SCOPE	12
APPENDIX B FURTHER INFORMATION	14
For further information contact	15

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We have no responsibility to update this report for events and circumstances occurring after the date of this report.

1 EXECUTIVE SUMMARY

1.1 Background

The Force's health and safety management arrangements are to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees and other persons who might be affected by force operations.

Operational responsibility lies with Operational Commanders and Heads of Service who are responsible to respective Executive Officers for ensuring that the Health and Safety Policy of the Force is fully implemented, together with supplemental local policies and procedures which are relevant to their respective areas of operation. Operational Commanders and Head of Service will:

- Monitor the performance of their Service Unit in terms of health and safety, encouraging excellence and taking effective and timely remedial action when required.
- Ensure that all personnel under their direction and control receive suitable and sufficient induction training locally on appointment and thereafter as appropriate.

In addition, Operational Commanders will Chair and contribute to quarterly health and safety meetings of their respective operational commands.

The Resilience and Operational Planning Service (ROPS) team is responsible for providing the central health and safety and fire safety advisory resource. Part of its responsibility is to:

- Provide the Force with a comprehensive fire and safety advisory service.
- Disseminate information relating to health and safety and fire safety, including changes in legislation and official guidance.
- Provide guidance and assistance in the preparation and review of risk assessments.
- Conduct specialist risk assessments.
- Provide, upon request, advice and guidance relating to the health and safety of Cleveland Police personnel and others who may be affected by our undertaking.
- Monitor and report on safety performance via inspections and audits of operations and premises and to take timely and appropriate action to ensure compliance with applicable statute.

All staff have a duty to take reasonable care of their safety and of all others who may be affected by their acts or omissions at work; complying with the relevant statutory requirements and implementing this policy in relation to their own work. Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) is a requirement from the Health and Safety Executive (HSE) for responsible persons to report injuries that are RIDDOR reportable within ten days of the incident. The Force ROPS team is tasked with the responsibility of reporting all RIDDOR incidents when it has received the relevant information from Officers injured on duty.

The ROPS team was commissioned by the Risk, Audit, Inspection and Monitoring Board (RAIMB) to produce an Audit Plan to scrutinise the management of health and safety across all Force commands over a four year period (2014 – 2018). Two audit areas are selected yearly by the RAIMB. The audits are carried out using the Quality Safety Audit system (Issue 4) developed by the Royal Society for the Prevention of Accidents (RoSPA). The system is primarily based on HSE publication HSG 65 "Successful Health and Safety Management".

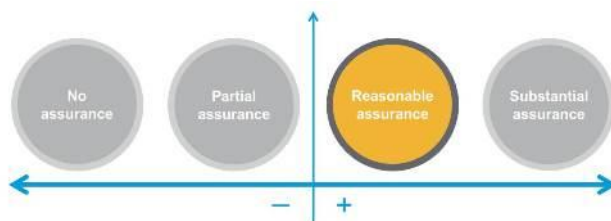
1.2 Conclusion

We were satisfied from the testing undertaken and discussions with key staff that the Force has health and safety processes in place to ensure that it complies with relevant regulations and best practice. Governance arrangements and oversight of these processes were also in the majority of instances appropriate and robust.

We identified that the Force had a number of well-designed controls in place; however, we identified some areas of non-compliance with documented controls which included instances where there was no audit trail of implemented action plans following inspections and the recommendations made following audits selected by the RAIMB did not have responsible owners and were not followed up.

Internal Audit Opinion:

Taking account of the issues identified, the Chief Constable can take **reasonable assurance** that the controls upon which the organisation relies to manage the identified area are suitably designed, consistently applied and operating effectively.



1.3 Key findings

The key findings from this review are as follows:

- The Force has in place a Health and Safety Policy which is accessible via the intranet. We found the Policy contents reflected good practice and were in line with the Health and Safety Executive guidelines. All Force staff undergo a health and safety induction course presented by the Operational Planning and Safety Manager. We reviewed the health and safety presentations and found that they contained adequate information. We obtained a staff attendance list of a recent health and safety induction in May 2016 and confirmed attendance at the sessions for Police Staff.
- There is health and safety inspection programme which schedules inspections across the Force estates and drop-in centres on a yearly basis. Sample testing of eight full inspections and two drop-in centre inspections confirmed that inspections were undertaken on a yearly basis, this also included an annual Fire Risk Assessment.
- Review of minutes and reports confirmed that third party organisations who work on behalf of the Force submit assurance reports on a regular basis to the health and safety meeting command groups for assurance on health and safety matters.
- Review of minutes and discussions with the Operational Planning and Safety Manager confirmed that an annual health and safety report is submitted to the RAIMB and the Joint Audit Committee on a yearly basis.
- Review of the Health and Safety Group minutes for the year 2015/16 for all the three commands across the Force confirmed that inspection reports from the ROPS team, third party health and safety reports and all health and safety matters were reported and discussed in the quarterly meetings.

However, we have agreed one 'low' and three 'medium' priority management actions in relation to the following findings:

- Police Officer attendance on the half day health and safety induction had not been formally recorded.

- Testing of eight Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) reportable Injuries on Duty (IOD) found that in three instances they had not been submitted by officers in a timely manner. In one instance the time between the incident and reporting of the incident to the ROPS team was in excess of eight months. All RIDDOR reportable incident must reported within ten days of the incident occurring.
- Testing of ten health and safety inspections performed by the ROPS team found although action plans were produced at the end of an inspection, there was a lack of an audit trail documenting the agreed actions, date of implementation and priority of the action agreed.
- Two RoPSA audit reports undertaken by the ROPS team in 2015/16 did not contain responsible owners/action plans for the recommendations made. Furthermore, we could not find evidence that the recommendations made were subsequently followed up.

1.4 Additional information to support our conclusion

Area	Control design*	Compliance with controls*	Agreed actions		
			Low	Medium	High
Health and Safety	0 (10)	4 (10)	1	3	0
Total			1	3	0

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

2 ACTION PLAN

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
Area: Health and Safety					
1	There was no record kept for the half day health and safety training session given to newly appointed Police Officers.	Low	The Force will keep a formal register of Police Officers who have completed the health and safety half day induction presentations.	July 2016	Operational Planning & Safety Manager
2	We found three instances where the RIDDOR reportable injuries on duty were not submitted by officers in a timely manner.	Medium	All Force personnel will be reminded of the need to complete the incident form in a timely basis to ensure that all records are up to date and RIDDOR incidents reportable are completed in a timely manner.	On-going	Operational Planning & Safety Manager
3	There was a lack of an audit trail documenting the action plans implemented following health and safety inspections.	Medium	<p>The Force will ensure that an audit trail is maintained for all the action plans made following inspections.</p> <p>Where the action is still in progress, the matter will be documented and the 'update column' completed as appropriate. Where actions have been completed and a contractor has been used, the Purchase Order number will be documented to ensure that a complete audit trail is maintained.</p>	July 2016	Operational Planning & Safety Manager

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
4	<p>Following our visit to the Tactical Training Centre (TTC) we noted a number of good practices that could be applied across the Force.</p> <p>During the audit we found that there had been just one near miss reported across the Force and two reported to Sopra Steria.</p> <p>This may suggest that near miss reporting was under reported compared to an average of 18 near misses recorded at the TTC.</p>	Suggestion	<p>The Force will formulate a strategy to assist the number of near misses reported to ensure that learning is shared across the Force.</p> <p>A concerted effort with Sopra Steria and members will be undertaken to do the following:</p> <ul style="list-style-type: none"> • Define a near miss and share that extensively across the Force. • Have a near miss incident card readily available to all staff members and visitors - encourage staff members to report all near miss incidents - communicate all examples of near misses that could be reported. • Instil a 'no blame' culture • Establish a clear reporting line and easily accessible reporting. 	September 2016	Operational Planning & Safety Manager
5	<p>Two RoSPA audits did not have responsible owners for the implementation of the recommendations made.</p> <p>Further there were no follow up audits to confirm that the recommendations.</p>	Medium	<p>The Force will ensure that each recommendation made is assigned an owner and a deadline for completion. Progress on the recommendation will be obtained for completeness, reported to the RAIMB and lessons learnt will be shared with the Force operational staff.</p>	September 2016	Risk and Insurance Manager

3 DETAILED FINDINGS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
Area: Health and Safety						
1	<p>There is a Health and Safety overarching policy document which was written and produced in February 2014 as a result of a major organisational change across the Force. The Policy is available on the intranet and has been communicated to all staff members.</p> <p>All staff receive a health and safety induction by the Operational Planning and Safety Manager.</p>	Yes	No	<p>We obtained a copy of the Health and Safety Policy which was last reviewed in February 2014 and due for review in September 2016. We noted that the Policy was up to date and detailed delegated responsibilities for health and safety.</p> <p>The Force has an intranet SharePoint site (on which the Policy is available to all members of staff) which has the three Force commands namely:</p> <ol style="list-style-type: none"> 1. Crime and Justice, 2. Neighbourhood and Partnership Policing 3. Tasking and Coordination and Performance TCP - and Operations (merged into one large command) <p>There is a restructure due in October 2016 and the Policy is due to be re-written to reflect the new structure.</p> <p>Discussions with the Operational Planning and Safety Manager and review of presentation documentation confirmed that Officers received a half induction and Police Staff receive an hour long session on health and safety before commencing duties. We obtained copies of the presentations and a register documenting Police Staff who had attended the health and safety sessions. However we noted through discussion with the Operational Planning and Safety Manager and the Redcar Training Administrator that no register was in place for the half day inductions.</p>	Low	<p>The Force will keep a formal register of Police Officers who have completed the health and safety half day induction presentations.</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
				There is a risk that staff do not receive health and safety induction training that health and safety incidents will increase.		
2	<p>Each Injury On Duty (IOD) incident is recorded on an electronic standard template document.</p> <p>The document is sent through via the health and safety generic email inbox.</p> <p>The email is picked up by the ROPS team and inputted on the IOD Master Spreadsheet where it is replicated.</p> <p>If the incident is reportable to the Health and Safety Executive an A 2508 form is completed and reported within ten days of the occurrence of the incident.</p>	Yes	No	<p>Testing of sample of 20 IOD incidents found the following:</p> <ul style="list-style-type: none"> In all instances the electronic completed form was retained. All 20 had been accurately input onto the reporting spreadsheet. All had been signed by the relevant supervisor. <p>Of the 20 sample tested eight incidents were RIDDOR reportable:</p> <ul style="list-style-type: none"> All instances had been reported and evidence had been retained for this. In three instances the incident had not been reported within seven days of the incident. It was noted that within those three instances the injured personnel had either submitted the claim at a later date or had failed to state that they had been signed off work for seven days following the incident. <p>Discussions with the ROPS Manager and Head ROPS noted that where a trend was found across the Force, it was reported to the relevant commands and an action plan is implemented, however this was not documented.</p> <p>Failure to report health and safety accidents or incidents in a timely manner may result in issues not being resolved promptly and in the worst case repeat instances occurring.</p>	Medium	All Force personnel will be reminded of the need to complete the incident form in a timely basis to ensure that all records are up to date and RIDDOR incidents reportable are completed in a timely manner.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
3	<p>An action plan is produced at the end of the Fire and Health and Safety inspection where an owner of the action and target dates are assigned.</p> <p>The result of this is reported to the quarterly command health and safety meetings.</p>	Yes	No	<p>We tested eight full inspections and two 'drop-in' inspections undertaken by the ROPS team. Where non-compliance issues were found, we noted that an action plan had been produced and each action had a responsible owner and a deadline by which the action should be completed. We were however unable to obtain evidence to determine whether or not the actions had been completed within the set deadline as stated on the action plan document.</p> <p>Discussions with the Operational Planning and Safety Manager and the Sopra Steria Inspection Officer noted that where issues were raised following inspections, the action plan was shared with the relevant personnel.</p> <p>For estate issues, these were shared with Sopra Steria. The ROPS team and Sopra Steria communicate when the issue was resolved however we noted that there was no evidence of when the action was completed and whether or not this was completed within the specified period. Updates were also given verbally and in most cases this had not been documented on the action plan document.</p> <p>The lack of an audit trail for actions completed and in progress could result in the Force not being able to trace and monitor if actions are being completed in timely manner ensuring that issues regarding health and safety are dealt with swiftly.</p>	Medium	<p>The Force will ensure that an audit trail is maintained for all the action plans made following inspections.</p> <p>Where the action is still in progress, the matter will be documented and the 'update column' completed as appropriate. Where actions have been completed and a contractor has been used, the Purchase Order number will be documented to ensure that a complete audit trail is maintained.</p>
4	<p>Near miss incidents are reported to Sopra Steria by dialling the 1234 Option two process.</p> <p>If it is deemed a 'Force issue' that has to be resolved by the Force, and therefore Sopra Steria report this to</p>	-	-	<p>We obtained a report by TTC and noted that a number of near miss incidents were reported to the Health and Safety Committee. The number of near misses reported was encouraging however we noted that across the Force they had only been one near miss reported in the previous year.</p>	Suggestion	<p>The Force will formulate a strategy to assist the number of near misses reported to ensure that learning is shared across the Force.</p> <p>A concerted effort with Sopra</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
	the Force.			<p>We noted that although a 'message to all' on the intranet page defining a 'near miss' and how to report one had been communicated to all members of staff, this had not increased the number of near misses reported to the Force.</p> <p>There was one near miss reported in the whole of 2015/16 across the Force and two reported to Sopra Steria. This would suggest under reporting compared to an average of 18 near misses reported at the TTC.</p> <p>There is a risk that near missus are not reported and remedial action is not put into place where necessary.</p>		<p>Steria and members will be undertaken to do the following:</p> <ul style="list-style-type: none"> • Define a near miss and share that extensively across the Force. • Have a near miss incident card readily available to all staff members and visitors - encourage staff members to report all near miss incidents - communicate all examples of near misses that could be reported. • Instil a 'no blame' culture <p>Establish a clear reporting line and easily accessible reporting.</p>
5	<p>On a yearly basis the Chair of the RAIMB Board chooses two RoSPA Assessments every year for 'deep dive reviews'.</p> <p>Audits are completed by the ROPS team and the reports fed back to the RAIMB board once completed.</p> <p>The reports are sent to the Board lessons learnt from the audits are reported to the relevant command.</p>	Yes	No	<p>Discussions with the Risk and Insurance Manager noted that deep dive reviews are completed by the ROPS team and himself. In 2015/16 two audits were carried out in relation to the Management of Health and Safety. One audit involved Cleveland Police Redcar and Cleveland local policing area completed in March 2015.</p> <p>Following the completion of the audit, seven recommendations were made by ROPS team and review of the RAIM Board meeting minutes noted that the findings were reported to the Board.</p> <p>The second audit was for Cleveland Police Incident Response Teams [IRT] North which was completed in September 2015. Six recommendations were made following this audit and minutes of the RAIM Board confirmed that the findings were presented to the Board.</p>	Medium	<p>The Force will ensure that each recommendation made is assigned an owner and a deadline for completion. Progress on the recommendation will be obtained for completeness, reported to the RAIMB and lessons learnt will be shared with the Force operational staff.</p>

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
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However in both of the audits, we were unable to obtain information on the progress of the recommendations made in order to confirm that the issues had been dealt with. There was also no evidence of the outcomes and lessons learnt being cascaded down to the pertinent area of command within the audit.

There are risks that the recommendations made have not been implemented and lessons learnt have not been shared across the Force.

APPENDIX A: SCOPE

Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. The scope was planned to provide assurance on the controls and mitigations in place relating to the following areas:

Objective of the area under review

The Force has processes in place to ensure that it complies with health and safety regulations and best practice, governance and oversight of this is appropriate and robust.

When planning the audit, the following areas for consideration and limitations were agreed:

Areas for consideration:

As part of the review we have considered:

- Whether the Force has in place a Health and Safety Policy which has been clearly communicated to all staff and officers.
- How the Force gains assurance that the Health and Safety Policy has been complied with, including the use of external third parties to carry out health and safety audits and inspections. This will include how the Force ensures that any actions or issues arising from these inspections are addressed.
- Arrangements for the recording and monitoring of health and safety incidents within the Force.
- Arrangements for the reporting, investigating and monitoring of near misses. We will consider the processes and controls at the Tactical Training Centre and how they could be cascaded through the Force.
- The reporting arrangements within the Force, including whether an appropriate committee has been charged with health and safety matters, whether regular updates are provided to that committee and whether the content of the update is appropriate and fit for purpose.
- An assessment of 'deep dives' directed by the Executive in accordance with the Royal Society for the Prevention of Accidents and how lessons learned have been cascaded through the Force.
- The reporting arrangements between the Force in respect of health and safety.

Limitations to the scope of the audit assignment:

- The audit does not form an opinion on:
 - The outcome of any cases pending against the Force;
 - Whether the Force is in breach of any health, safety and welfare legislation or regulation; or
 - Whether the Force is likely to be prosecuted under the Corporate Manslaughter Act.

- We have not commented on the accuracy of the content of health and safety policies and procedures, only whether they are in line with good practice and have been communicated to relevant parties and mechanisms are in place to ensure they are implemented.
- Testing has been undertaken on a sample basis only and therefore does not provide assurance that procedures are followed at all times across the whole organisation.
- We have not confirmed whether the Force has identified all health and safety risks.
- We have not validated any data within the health and safety reports, we have only considered whether the reports include appropriate information, in order for the Force to fulfil their health and safety responsibilities.
- Our work does not provide an absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Steve Walton, ROPS Manager
- Steve Webb, Facilities Inspection Officer- Sopra Steria
- Dave Moir, Head of ROPS
- David Logan, TTC Manager

Documentation reviewed during the audit:

- Health and Safety Policy
- Health and Safety Command Group meetings minutes
- Health and Safety Induction PowerPoint presentation
- RAIMB minutes
- Joint Audit Committee minutes

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