THE POLICE AND CRIME COMMISSIONER FOR CLEVELAND AND THE CHIEF CONSTABLE OF CLEVELAND

Human Resources: Wellbeing

FINAL Internal audit report: 6.20/21

27 November 2020

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1. EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit / assignment and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test the control framework.

Why we completed this audit

Priority one (Investing in Our People) of the Commissioner's Police and Crime Plan includes a commitment to 'invest in wellbeing of our staff and reduce sickness'. We have conducted a review of the Police and Crime Commissioner for Cleveland and the Chief Constable for Cleveland's wellbeing structure and offerings to ensure that the Force has an appropriate framework in place to create a positive and healthy culture in support of the Force's commitment to improve staff wellbeing within the workplace.

The responsibility for health and wellbeing lies with the Interim Director of HR. The Head of HR is responsible for overseeing the Force's Wellbeing Strategy, initiatives and framework. The vision of the People Strategy is to attract, develop and retain staff. The Wellbeing Strategy forms part of the retain aspect of the People Strategy vision.

To support staff with health and wellbeing concerns, the Force have in place a Trauma Risk Management (TRiM) programme, two dedicated on-site counsellors, and an employee assistance programme. There are Blue Light and Wellbeing Champions, TRiM Practitioners and Mental Health First Aiders in place at the Force to ensure that wellbeing concerns are identified in a timely manner and addressed appropriately. Campaigns and initiatives have included the Oscar Kilo Blue Light Wellbeing van as a wellbeing promotional campaign, Wellbeing Wednesdays and weekly wellbeing newsletters.

Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service (HMICFRS) inspected the Force in 2019 and highlighted areas for improvement in the Force's wellbeing offerings. The Force have developed a Service Improvement Plan for wellbeing as a result and have worked to improve its wellbeing framework over the previous 12 months.

We created a wellbeing questionnaire as part of this review, which was shared across the Force between 19 October to 5 November 2020. We received a total of 181 responses and results of the questionnaire can be found under Appendix A of this report. Management have been provided with the full results of the questionnaire for consideration and development into an action plan. Responses have included detail on how current wellbeing offerings could be improved, reasons why officers and staff may be discouraged from accessing wellbeing support and what services the Force do not currently offer.

Conclusion

Our review concluded that the Force are making progress towards their wellbeing offerings as part of the Wellbeing Service Improvement Plan. This has included a number of wellbeing initiatives and campaigns, the development of TRiM and the hiring of two on-site psychological counsellors.

However, we identified a number of weaknesses that require management attention. The Force are currently limited in their reporting capabilities and do not produce regular Key Performance Indicators (KPIs) for wellbeing or TRiM to assist the Force in identifying wellbeing trends.

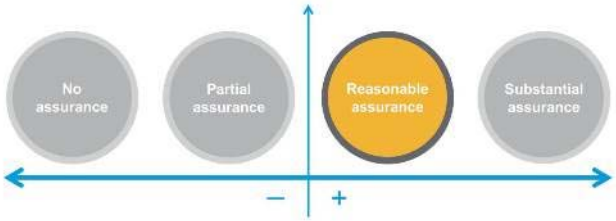
We also highlighted that the Force record keeping in key areas requires management attention, this included but is not limited to; reporting on completion of new starter induction sessions, TRiM assessments and wellbeing records in Performance and Development Reviews (PDRs). Whilst we recognise that the Force are in the process of implementing a new case management system which will assist in the recording of Occupational Health and Wellbeing services and cases, a number of actions have been agreed in key areas for management review.

As a result of our review, we have identified **four medium** and **three low** priority management actions.

Internal audit opinion:

Taking account of the issues identified, the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland can take **reasonable assurance** that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk.



Key findings

Our audit identified the following weaknesses with the Force's established control framework resulting in four medium priority actions being agreed:

We selected a sample of 10 new staff and officers to ensure that each individual had completed an induction process, which included the provision of wellbeing information. However, the Force do not currently have records of completion of the induction process to ensure sufficient wellbeing information has been provided. Where records of inductions held are not maintained, there is a risk that the inductions have not been completed and new starters may be unaware of the Force's offerings for wellbeing and unsure of how to access wellbeing support. **(Medium)**

The Force last completed the Oscar Kilo Blue Light Wellbeing Framework self-assessment in 2019. Actions as a result of the self-assessment piece and following the HMICFRS inspection in 2019 have been accumulated into a Wellbeing Service Improvement Plan (SIP). We verified that the Force were in the process of implementing these actions. However, there has been an update to the Wellbeing Framework in 2020, which had not been reflected in the Wellbeing SIP. The Wellbeing Manager has scheduled time to complete the updated framework self-assessment in December 2020.Where the updated self-assessment is not completed, there is a risk that the Force are unaware of new criteria for wellbeing offerings. **(Medium)**

The Force do not report any Key Performance Indicators (KPIs) for Trauma Risk Management (TRiM). The TRiM monitoring spreadsheet records and tracks TRiM assessments, and we identified areas for improvement within the spreadsheet to allow for easier reporting on timeliness and TRiM outcomes.

Where the TRiM monitoring spreadsheet does not include pre-defined fields or include sufficient information regarding the TRiM assessments, including the date of the assessment, there is a risk that assessments are not completed in a timely manner and the Force are limited in their reporting abilities. **(Medium)**

Review of wellbeing reports presented to the People and Wellbeing Delivery and Assurance Group identified that current wellbeing reporting at the Force is limited. Whilst Key Performance Indicators (KPIs) were reported on number of referrals, total attendance and non-attendance, and whether concerns were physical or psychological, there were no further statistics no key areas such as face-to-face or telephone appointments, types of wellbeing concerns, and data on age, rank or location included. There is a risk that if key statistics are not identified and reported on a regular basis, then trends will not be identified, and appropriate measures put in place.

The Force are implementing a new case management system, Cohort to manage wellbeing and occupational health cases and referrals. The Force expect more extensive reporting capabilities will be available in the new system. **(Medium)**

Details of the low priority management action can be found under section two of this report.

Our audit review also identified that the following controls are suitably designed, consistently applied and are operating effectively:

The Force are rolling out Supervising First Aid and Mental Health Training across the Force, including supervisors and line managers. The next two-day course is scheduled for January 2021. Feedback from the course thus far has been predominantly positive. The course was paused initially due to the Covid-19 pandemic; however, was reintroduced across the Force from 16 September 2020 with a specific-course provided to superintending ranks (and above). The course is open to all supervisors and Blue Light and Wellbeing Champions.

A sample test of 10 TRiM Practitioners verified that each had completed appropriate TRiM Practitioner training to ensure the role is carried out effectively.

The Force promote health and wellbeing through a variety of initiatives including Wellbeing Wednesdays, weekly wellbeing newsletters and specific campaigns, such as, alcohol and drug awareness, eating and weight management, and healthy heart. The Wellbeing Department have developed a campaign calendar to ensure the objectives of the Wellbeing Strategy are adhered to through annual events and campaign focuses.

There are numerous policies and guidance documents in operation covering various aspects of health and wellbeing. These include an Attendance Management Policy, Bullying, Harassment and Victimisation Policy, and Menopause Policy. All policies and guidance documents are available on the Force intranet.

The Force have completed numerous wellbeing surveys with the most recent survey covering Covid-19 wellbeing concerns. Wellbeing support has continued throughout the Covid-19 pandemic, for instance, through Wellbeing Webinars and weekly newsletters covering topics, such as, Coronavirus Personal Protective Equipment (PPE), flu vaccinations and home working.

There is an Employee Assistance Programme (EAP) in place with Health Assured. Staff can access the EAP through a work phone application and via intranet links. Communications on the EAP are included in every weekly wellbeing newsletters. There were 237 hits on the EAP online portal from September 2019 to August 2020 and 70 calls made to Health Assured in that time. The recent Welcome Pack supplied to those staff who transferred from Sopra Steria to Cleveland Police contained details of what the service can provide and how to make contact. In addition, EAP wallet-size leaflets have been provided across the Force.

2. DETAILED FINDINGS AND ACTIONS

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.

Risk: Risk Reference:1439				
Control	The Force has a standalone Wellbeing Strategy in place. The Wellbeing Strategy is communicated to staff through the Force intranet system. The objectives of the strategy feed into the overall People Strategy and the People and Wellbeing Board.		**Assessment:** **Design** ✓ **Compliance** ×	
Findings / Implications	The Force currently have a standalone Wellbeing Strategy in place which runs from 2019 to 2022. The Interim Director of HR intends to feed the Wellbeing Strategy into the overall People Strategy going forward and put a Wellbeing Delivery Plan in place. The Head of HR explained that the process for developing the People Strategy has started and is on target for completion in quarter four of the financial year 2020 / 2021. The Head of HR has met with the Interim Director of HR on strategy development and work is now underway to determine priority actions to align the Force's People resources to demand. A workshop is arranged for 2 December 2020 to determine the Force's external and internal people challenges, and this will be a key stage for updating the People Strategy. The current Wellbeing Strategy sets out key principles to ensure the Force remain focussed on the relevant interventions that actively support staff and encourage the health, wellbeing and safety of the workforce. However, we noted that the current Wellbeing Strategy is not available on the staff intranet, and therefore not available to staff. Whilst we understand that the Force's commitment to wellbeing is communicated through a variety of mediums, including monthly newsletters and computer screensavers, where the Wellbeing Strategy is not available on the Force intranet platform (SharePoint) and communicated across the Force, there is a risk that officers and staff are unaware of the Force's commitment to wellbeing and key strategies in place.			
Management Action 1	The Wellbeing Strategy will be uploaded to the intranet and communicated to staff. The People Strategy will be developed and approved by the Interim Director of HR and presented to the Executive Management Board for approval. Once approved, the updated People Strategy will be uploaded to the intranet and communicated to staff.	**Responsible Owner:** Interim Director of HR Head of HR	**Date:** 30 April 2021	**Priority:** **Low**

Risk: Risk Reference:1439				
Control	New starters are required to complete an online New Start Checklist Form through the intranet system to ensure they are aware of wellbeing offerings and services available. The form is submitted to HR. Force Control Room (FCR) staff, including new starters, receive ongoing wellbeing updates as part of their Performance and Development Review (PDR) programmes to ensure staff are provided with up to date information on wellbeing support available.		**Assessment:** **Design** ✓ **Compliance** ×	
Findings / Implications	We obtained the New Start Checklist Form from the Wellbeing Manager and verified that wellbeing is covered as part of the induction process. The New Start Checklist Form is completed by the new starter and relevant line manager to ensure all aspects of induction, including wellbeing, are addressed. This forms part of the probation period. We requested evidence of completion of induction for 10 new starters (including FCR staff) to ensure wellbeing offerings have been communicated to the new starter at induction. However, during discussions with the Wellbeing Manager we were advised that the HR Department did not have any records for completion of induction. The Force have several mechanisms in place to ensure new starters receive appropriate induction, including face-to-face wellbeing forms as part of the police officer probationary training, Welcome Packs for all new starters and induction guides for line managers. From further discussions with management, we understand that improvements in record keeping will form part of the Interim Director of HR's SIP going forward and there will be a more robust compliance methodology to ensure inductions are monitored and documented. We understand that the Force plan to link the eight-week start date for all joiners with a HR review to ensure that all compliance remains constant and compliance will be monitored via the HR admin team with input from the HR Manager (Projects). Where records of inductions held are not maintained, there is a risk that the inductions have not been completed and new starters may be unaware of the Force's offerings for wellbeing and unsure of how to access wellbeing support.			
Management Action 2	The Wellbeing Department will work with the People Project Manager to ensure that wellbeing is captured and recorded as part of the new induction process with sufficient records maintained.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 31 January 2021	**Priority:** Medium

Risk: Risk Reference:1439			
Control	The Force performed a self-assessment against the Oscar Kilo Blue Light Wellbeing Framework in 2019.	**Assessment:**	
		Design	✓
		Compliance	×

Findings / Implications

The Force completed the Oscar Kilo Blue Light Wellbeing Framework self-assessment in 2019. The framework was updated in 2020 and discussions with management confirmed there are plans to re-complete the self-assessment in December 2020.

The completion of the self-assessment identified the following results:

Area	Fully developed (FD)	In development (ID)	Under-developed (UD)
Leadership	2	10	3
Absence management	-	9	3
Creating the environment	-	5	9
Mental health	2	9	8
Protecting the workforce	-	8	11
Personal resilience	-	3	11
Total	**4**	**44**	**45**

Management explained that the self-assessment was submitted for peer review; however, the Force did not receive a response.

During discussions with the Wellbeing Manager we were advised that the Force have used the results of the self-assessment to develop wellbeing offerings. The Wellbeing Manager and Senior HR Business Partner attended a practitioner group at the beginning of March 2020 where they were advised that the framework was to be refreshed to take into account the feedback provided from forces. It is assumed that the earlier peer review did not take place due to the imminence of changes that were to be made to the framework.

Risk: Risk Reference:1439				
	The Head of HR outlined that the Force received an inspection from HMICFRS in 2019 and the inspection outlined areas of weakness within its wellbeing structure. Areas for improvement included communication with the workforce, involvement of the workforce in decision making and understanding of the risks and threats to the wellbeing of its workforce. As a result, the Force have developed a SIP for wellbeing, which includes a number of actions. The actions are a result of the HMICFRS inspection and the self-assessment against the Oscar Kilo Blue Light Wellbeing Framework. We reviewed the SIP and discussed the implementation of actions with management. Actions have been put in place to address key missing areas from the previous wellbeing offerings. The Force have developed a TRiM programme, are delivering mental health first aid training across the Force and have developed a wellbeing communications plan. The Wellbeing Manager also explained that the Force are in the process of implementing a case management system to manage Occupational Health and Wellbeing cases. We verified that the Force are making progress in implementing the actions of the SIP and provided updates against each action. The Force would benefit from completing the updated Oscar Kilo Blue Light Wellbeing Framework self-assessment to determine whether the Force have made improvements since the previous self-assessment piece. We understand this is scheduled for completion in December 2020 as other tasks were prioritised given the Covid-19 pandemic. However, as the Force results from the 2019 self-assessment identified only four areas which were fully developed and where the Force have not completed the updated self-assessment from 2020, there is a risk that the Force are unaware of new criteria for wellbeing offerings.			
Management Action 3	The Oscar Kilo Blue Light Wellbeing Framework self-assessment (2020) will be completed by management to establish what progress has been made by the Force in its wellbeing offerings and determine any further areas for improvement. Results of the self-assessment will be reported to the People and Wellbeing Board to ensure appropriate monitoring of actions.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 31 January 2021	**Priority:** **Medium**

Risk: Risk Reference:1439				
Control	All staff complete an annual Performance and Development Review (PDR) with their line manager. The 'check in screen' in the PDR is used to record any wellbeing or welfare conversations to cover any issues throughout the year.		**Assessment:** **Design** ✓ **Compliance** ×	
Findings / Implications	We obtained the current data from the HR Department to show annual PDR completion of the wellbeing module for the previous 12 months. The data provided states a total of 1,994 records have been input into the PDR wellbeing module over the previous 12 months. From the current staffing list, we selected 10 individuals to confirm that a PDR wellbeing module was completed. From the sample of 10, we confirmed that six individuals had completed the wellbeing module within the PDR. For the remaining four cases, there was no record of completion of the wellbeing module in the PDR in the data provided. It is important to note that the PDR wellbeing module completion is not a mandatory field. However, where the wellbeing module is not completed in the PDR process, there is a risk that wellbeing concerns have not been adequately considered. The Occupational Health section of the 2020 Oscar Kilo Blue-Light Wellbeing Framework requires that 'there is adequate training and clinical governance by regular one-to-one appraisal and clinical supervision systems, which should have knowledge and expertise in occupational health and policing embedded'. Where the wellbeing modules within the PDR are not completed as standard, the Force may not be compliant with the framework and therefore are not exercising best practise.			
Management Action 4	The Wellbeing Department will liaise with the Organisational Development Coordinator to make sure wellbeing is given enough importance and promoted in Performance and Development Review communications.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 31 January 2021	**Priority:** **Low**

Risk: Risk Reference:1439			
Control	The TRiM Coordinator maintains a TRiM monitoring spreadsheet to track the completion of TRiM assessments, follow up assessments and any required actions. The target for completion of TRiM assessments is within 72 hours of a traumatic event.	**Assessment:** **Design** **Compliance**	 ✓ ×
Findings / Implications	We reviewed the TRiM monitoring spreadsheet and selected 10 assessments at random to confirm that appropriate actions have been taken by the Force. From the 10 selected TRiM assessments, we received confirmation of eight completed TRiM assessments. The other two TRiM assessments were group assessments and therefore a standard TRiM assessment would not be completed. Of the remaining eight completed TRiM assessments, the following was noted: • in two cases, there was no date on the TRiM assessment and no date included within the TRiM monitoring spreadsheet to confirm the timeliness of TRiM completion; • in another six cases (including the two cases where no TRiM assessments were provided), the TRiM monitoring spreadsheet did not include the date of the TRiM assessment to confirm the timeliness of completion. Although, for the four cases where a TRiM assessment was received, dates were documented to confirm the date of the assessment; however, • in the six cases where dates were available, there were no instances where TRiM assessments were completed within the 72-hour timeframe. For three of these cases, TRiM assessments were completed 12, 17 and 18 days after the initial potentially traumatic incident. Discussions with management confirmed that TRiM assessments could be delayed due to shift patterns and availability of staff. • However, the testing of all eight cases confirmed there was a consistency in the scoring of TRiM assessments and the subsequent outcomes. • In two of the eight cases, a follow up TRiM assessment was required. In one case, the individual did not turn up to the scheduled meeting as they felt they no longer needed TRiM support, and in the final case, the follow up TRiM was provided, and we verified appropriate actions were taken. We were unable to confirm the timeliness of the follow up assessment as there was no date documented on the initial TRiM assessment nor in the TRiM monitoring spreadsheet. Further improvements could be made to the TRiM monitoring spreadsheet by pre-defining certain fields. For instance, the outcome column could require pre-defined values, such as, 'referred to wellbeing' or 'no further action required'. Where the outcome requires further explanation, the field should state 'other' and a comment column be completed. The pre-defining of fields would allow for easier reporting. Where the TRiM monitoring spreadsheet does not include pre-defined fields or include sufficient information regarding the TRiM assessments, including the date of the assessment, there is a risk that assessments are not completed in a timely manner and the Force are limited in their reporting abilities.		

Risk: Risk Reference:1439				
	We have seen other Forces complete report on Key Performance Indicators (KPI) for TRiM assessments. This would include the timeliness of assessment and follow up (where required), type of incident and outcome of assessment.			
Management Action 5	The Wellbeing Department will liaise with the TRiM Coordinators to ensure that effective working relationships are established, and appropriate administration protocols are put in place. The TRiM monitoring spreadsheet will be updated to include pre-defined values to ensure consistent recording of data to facilitate standard reporting and ensure TRiM assessments are appropriately tracked. The TRiM monitoring spreadsheet will be reconciled to ensure all outstanding TRiM assessments date are recorded. The Force will develop KPIs for TRiM. KPIs will be reported to the People and Wellbeing Board on at least a quarterly basis to ensure that the TRiM programme is efficient and functioning effectively.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 31 January 2021	**Priority:** **Medium**

Risk: Risk Reference:1439			
Control	The Head of HR presents wellbeing reports to the People and Wellbeing Board on a monthly basis.	**Assessment:** **Design** **Compliance**	 ✓ ×
Findings / Implications	We obtained the previous three months of wellbeing reports for the monthly People and Wellbeing Board meetings. Review of the reports identified that key priorities for wellbeing were identified, top risks or issues have been included, and key milestones for wellbeing are outlined. The reports provide an overview of the Force's adherence to its Wellbeing Strategy. In September 2020, the Head of HR delivered a People and Wellbeing presentation to the People and Wellbeing Delivery Assurance Group. Statistics reported included sickness absence, overtime and time off in lieu (TOIL), and staff grievances. We selected five statistics from the wellbeing section of the report and verified each back to source documentation.		

Risk: Risk Reference:1439				
	Currently occupational health and wellbeing statistics are maintained within manual spreadsheets. The Wellbeing Manager explained that the Force are investing in a case management system for occupational health and wellbeing and are currently in the process of testing the new system. It is expected that the new system will allow for more sophisticated reporting. The wellbeing reports are limited and do not include key statistics, such as whether appointments are conducted face-to-face or via the telephone, detail on the types of wellbeing concerns, and key data on individuals to pin-point areas of concern, for example, age or gender. Once the new system has been implemented, the Force should consider whether statistics on gender, age, geographical location, job title or position, frequency of appointments, cases referred from TRiM assessments, and further treatment requirements could be included within People and Wellbeing Board reporting to provide a clearer position on the Force's wellbeing structure.			
Management Action 6	Once the new occupational health and wellbeing case management system is in place, management will review the system capabilities to determine what reporting improvements can be made to the People and Wellbeing Board reports. Key statistics will be outlined and included in monthly reports to provide up to date information.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 30 April 2021	**Priority:** **Medium**

Risk: Risk Reference:1439				
Control	We created a questionnaire consisting of 28 questions that was shared across the Force between 19 October to 5 November 2020 in order to gauge perceptions and views on the Force's wellbeing offerings. The results of the questionnaire can be found under Appendix A.			
Findings / Implications	We received a total of 181 responses to the wellbeing questionnaire. Details of responses can be found under Appendix A of this report. The full questionnaire findings have been provided to management for further consideration and actions.			
Management Action 7	Management will consider the findings of the wellbeing questionnaire when developing the People Strategy and Wellbeing Action Plan.	**Responsible Owner:** Head of HR Wellbeing Manager	**Date:** 30 April 2021	**Priority:** **Low**

APPENDIX A: QUESTIONNAIRE RESULTS

We created a questionnaire consisting of 28 questions that was shared across the Force between 19 October to 5 November 2020 in order to gauge perceptions and views on the Force's wellbeing offerings. In total, we received 181 responses and we have provided analysis of the questions as follows:

Analysis of Findings

The questionnaire was completed by 10 Chief Inspectors or above, 46 Constables, 39 Inspector or Sergeants, 75 Police Staff and 11 respondents who prefer not to say, across a mixture of departments.

The following key themes were identified:

I am aware of the occupational health and wellbeing services available.

90 respondents **strongly agree, 84 agree** and **seven disagree, strongly disagree** or **don't know.**

I have access to information pertaining to occupational health and wellbeing services.

169 respondents **strongly agree** or **agree,** and **12** respondents **disagree, strongly disagree** or **don't know.**

I understand the role of occupational health and wellbeing services.

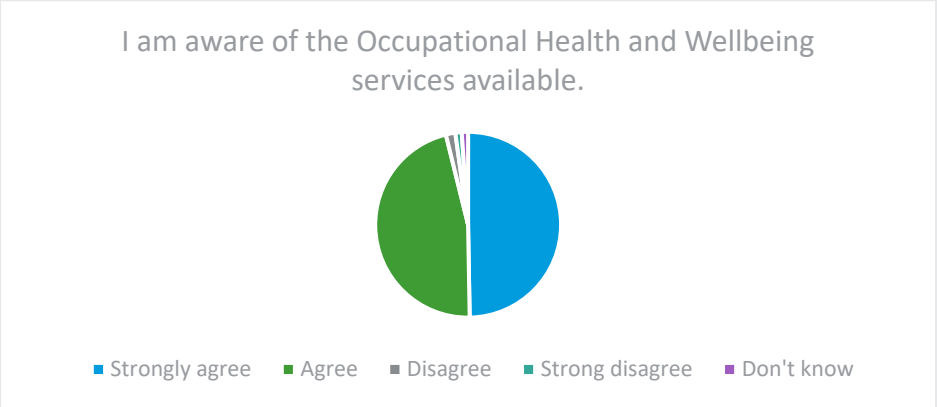
163 respondents **strongly agree** or **agree**, whereas **seven** respondents **disagree** or **strongly disagree. 11** respondents **don't know.**

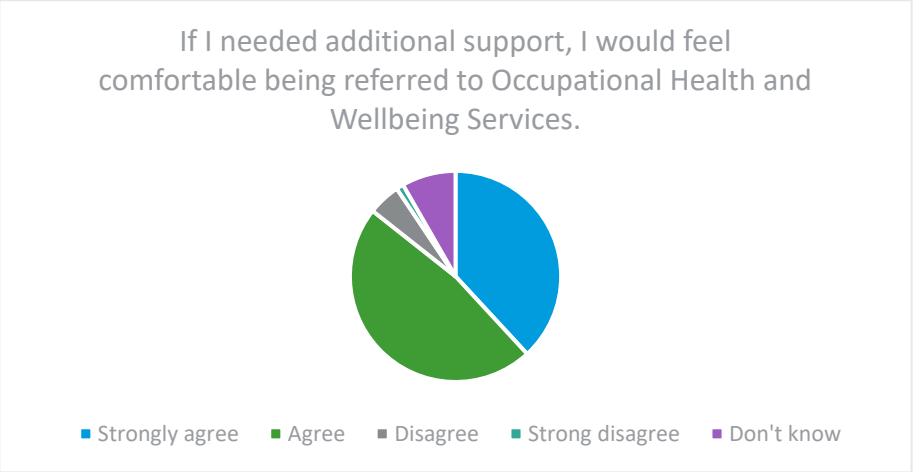
If I needed additional support, I would feel comfortable being referred to occupational health and wellbeing services.

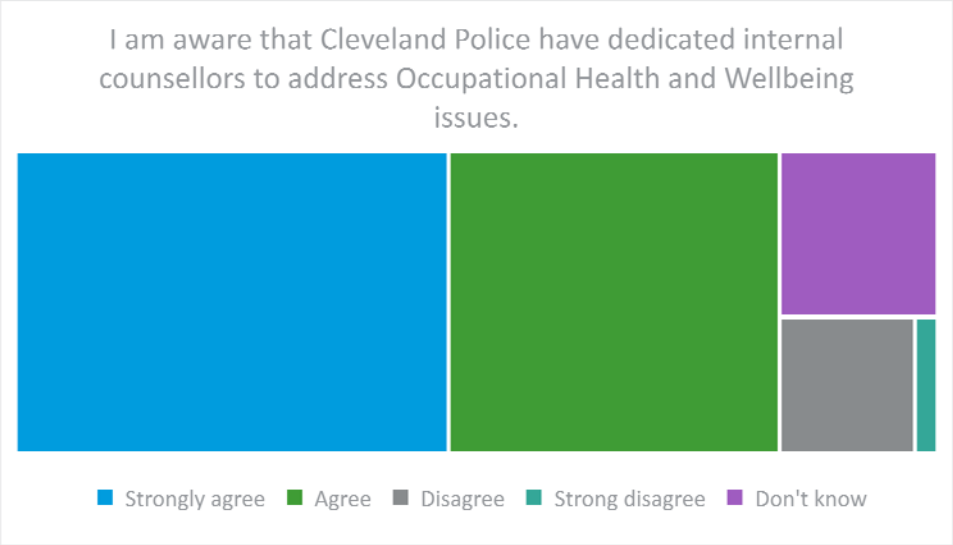
155 respondents **strongly agree** or **agree**, whereas **11** respondents **disagree** or **strongly disagree. 15** respondents **don't know.**

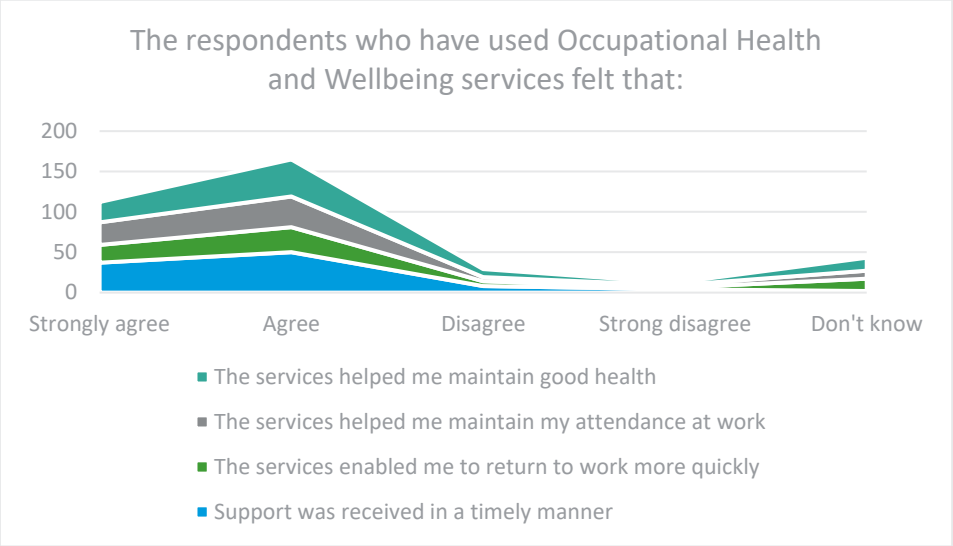
I am aware of the psychological self-referral option for occupational health and wellbeing services and am aware that I do not need to be referred through a line manager.

138 respondents **strongly agree** or **agree,** and **19** respondents **strongly disagree** or **disagree. 24** respondents **don't know.**









I am aware that Cleveland Police have dedicated internal counsellors to address occupational health and wellbeing issues.

150 respondents **strongly agree** or **agree**, and **14** respondents **disagree** or **strongly disagree. 17** respondents **don't know.**

I have used occupational health and wellbeing services in the past five years.

104 respondents **strongly agree** or **agree,** and **16** respondents **disagree** or **strongly disagree.** Whereas, **61** respondents selected **not applicable.**

I have received service from occupational health and wellbeing services and have felt supported throughout this process.

90 respondents **strongly agree** or **agree,** and **14** respondents **disagree** or **strongly disagree.** Whereas, **77** respondents selected **not applicable.**

If you have been referred to occupational health and wellbeing services, did you receive support in a timely manner?

87 respondents **strongly agree** or **agree,** and **12 disagree** or **strongly disagree. 82** respondents selected **not applicable.**

The support I received from the occupational health and wellbeing services enabled me to return to work more quickly.

105 respondents selected **not applicable.** Of the remaining respondents, **53 strongly agree** or **agree,** and **eight disagree** or **strongly disagree. 15** respondents **don't know.**

The support I received from occupational health and wellbeing services has helped me maintain my attendance at work.

97 respondents selected **not applicable.** Of the remaining respondents, **66 strongly agree** or **agree,** and **eight disagree** or **strongly disagree. 10** respondents **don't know.**

The support I received from occupational health and wellbeing services has helped me maintain good health.

81 respondents selected **not applicable.** Of the remaining respondents, **71 strongly agree** or **agree,** and **13 disagree** or **strongly disagree. 16** respondents **don't know.**

I felt that the help provided by occupational health and wellbeing services supported my manager to better understand my needs.

43 respondents **strongly agree** or **agree,** and **28** respondents **disagree** or **strongly disagree.** Whereas, **22** respondents **don't know** and another **89** selected **not applicable.**

Where illness symptoms were still prominent upon returning to work, I felt comfortable liaising with occupational health and wellbeing services for additional support.

110 respondents selected **not applicable.** Of the remaining respondents, **49 strongly agree** or **agree**, and **12 disagree** or **strongly disagree**. Another **10** respondents **don't know.**

How were you informed of the occupational health and wellbeing services available?

68 noted wellbeing communications. **12** noted Blue Light Champions and **three** noted Wellbeing Staff. **31** respondents mentioned managers and another **two** looked for information themselves. **13** had used services (including referrals). **Six** were aware through training. The remaining respondents are aware through other means or had not stated.

Manager specific questions

Of the 181 respondents, 76 of the respondents were in a manager's role. The responses to manager specific questions were as follows:

As a manager, I found it easy to get in touch with occupational health and wellbeing services.

66 respondents **strongly agree** or **agree. Five** respondents **disagree** and **five don't know.** No respondents selected strongly disagree.

As a manager, I received guidance from occupational health and wellbeing services on managing staff as they returned to work.

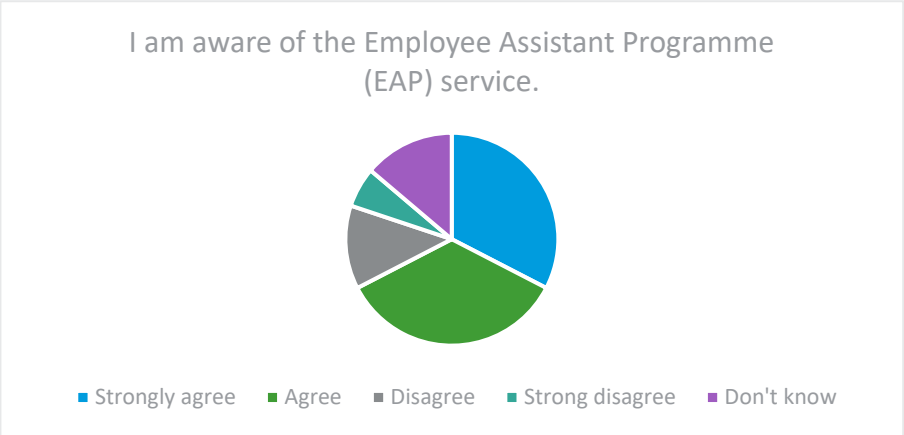
56 respondents **strongly agree** or **agree.** Whereas, **12** respondents **disagree,** and **eight** respondents **don't know.** No respondents selected strongly disagree.

As a manager, I felt the advice received from occupational health and wellbeing services was helpful when managing staff as they returned to work.

55 respondents **strongly agree** or **agree.** Whereas, **10** respondents **disagree,** and **11** respondents **don't know.** No respondents selected strongly disagree.

I am aware of the Employee Assistant Programme (EAP) service.

122 respondents **strongly agree** or **agree,** and **34** respondents **disagree** or **strongly disagree.** Whereas, **25** respondents **don't know.**



What would prevent you from using the EAP service?

113 stated that nothing would prevent them from using the service. Another **34** respondents stated they do not know enough about the EAP service to answer and **three** respondents were unsure what would deter them.

Whereas, **31** respondents answered the question with responses or suggested improvements, which included:

- **Eight** respondents suggested privacy concerns would deter them from using the service:
  'I'd rather use my own GP or something independent to my employer'.
- **Seven** respondents suggested they'd rather speak to someone face-to-face.
- **Three** respondents suggested work commitments, or a lack of time would deter them from using the service.
- A further **four** respondents suggested self-denial, comprehension about the service or uncertainty could deter them. **One** other respondent stated they were not interested.
- **One** respondent suggested an EAP application and another **one** mentioned not being able to access EAP through a work phone.
- The remaining **six** respondents provided suggestions and further comments, such as:

'Would be good to hear any good news stories without breaching confidentiality, we refer but never heard any feedback'

"I used it before, and the counsellor seemed confused and kept asking me why I had contacted them. I did not feel comfortable to continue sessions and did not continue with the service'

'Felt a little clunky to access'.

'Felt like the service was quite condescending and detached. Didn't identify signposts and was not supportive'.

'I have used it and think it's a good service that's offered but I personally found it very difficult to speak to a stranger on the phone and it was difficult to make the initial call. I benefitted from Occupational Health arranging counselling for me as I didn't have to make the first step and I could talk to the same person face to face'.

'I have tried to use the EAP chat facility and it was useless, I won't be using it again'.

I am aware of Wellbeing Wednesday sessions.

129 respondents **strongly agree** or **agree,** and **29 disagree** or **strongly disagree.** A further **23** respondents **don't know.**

What would prevent you from attending the Wellbeing Wednesday sessions?

56 respondents stated nothing would prevent them from attending and another **15** stated they were unaware of Wellbeing Wednesdays. **Three** respondents stated they had attended the sessions and **nine** stated they had no need to attend.

71 respondents suggested workloads and time would prevent them from attending. **Four** respondents mentioned travel as a factor with one respondent commenting:

'They are held in CMS and absolutely no use at all to the people working in Hartlepool. When contacted and questioned if something was going to be rolled out to the districts, I was told no. Basically you're cared about if you work in Middlesbrough, if not then, you have to make do. That's not really the way to say you're supporting all staff or officers'.

A further **nine** respondents mentioned Covid-19 as a reason for non-attendance. **Seven** respondents referred to privacy issues as a deterrent.

Of the remaining seven respondents, comments included:

'There's too much going on all the time. We don't have good quality digital platforms to engage on, which we need as the future is working from home more and more'.

'If I was seeking to engage, I might be a bit embarrassed doing it in the presence of colleagues'.

'I would not like to be part of a video webinar where I was on the screen or had to talk – I'm not exactly sure how they work but would prefer to listen only'.

'The privacy element causes me huge issues, the police particularly the organisation I work for does not seem to be capable of keeping things private and from my understanding, the service is predominantly run by police officers. Indeed, a recent TRiM process was run by officers. There is absolutely no way I would discuss matters of a personal nature with officers and colleagues, which has prevented me from using the service'.

'Work commitments only, but I do generally participate in these sessions. Again, we are very lucky to have this service – we would have to wait a long time to access this via GPs'.

Are there any areas of the service received which you believe could be improved?

We have received a large range of responses to the above question. The full results of the questionnaire have been supplied to management for full review; however, responses have included:

'Assistance with maintaining and improving fitness'.

'More awareness to staff as to what services are available and to supervisors as to how they help them. I would like a clearer understanding of what each area is responsible for. I am still not clear whether I need to speak to Wellbeing, ER, Occupational Health, simplification would be appreciated'.

'More wellbeing staff to support those needing help. Raising awareness of services, but not the infrastructure to support it'.

'When I have had staff returning to work from sickness that has exceeded a few weeks, it has always been me that made contact to get guidance on supporting the member of staff returning to work. I feel more contact initiated from wellbeing giving advice would be progress'.

'None – the Wellbeing and Blue Light Team are fantastic at what they do!'.

What would you like to see included in Occupational Health and Wellbeing services that is not currently provided?

We have received a large range of responses to the above question. The full results of the questionnaire have been supplied to management for full review; however, responses have included:

'Physiotherapy would I believe offer a better service and get staff / officers back to work sooner'.

'More of a focus on dealing with stress / depression / anxiety in the workplace and how it is normal to experience this from time to time. There should be alternative suggestions to reporting sick. A more proactive wellbeing approach rather than reactive'.

'Workstation assessment materials / webinars for homeworkers to raise awareness of musculoskeletal issues / impacts of isolation and how to avoid them, as we begin to make working from home part of the new normal'.

'Maybe a focus on physical wellbeing as well – healthy eating and exercise to benefit the body and the mind – it's a difficult time for gym memberships but maybe an agreement with local gyms for a trial of their home workout programmes or healthy recipe ideas'.

APPENDIX B: CATEGORISATION OF FINDINGS

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 following table highlights the number and categories of management actions made as a result of this audit.

Risk	Control design not effective*		Non Compliance with controls*		Agreed management actions		
					Low	Medium	High
Risk Reference:1439 Priority	0	(14)	8 **	(14)	3	4	0
Total					**3**	**4**	**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.

** More than one management action has been raised against one control.

APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The internal audit assignment has been scoped to provide assurance on how the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland manages the following risk:

Objective of the area under review	Risk relevant to the scope of the review	Source
The Force has an appropriate framework in place to create a positive and healthy culture in support of the Force's commitment to improve staff wellbeing within the workplace.	Risk Reference:1439 Priority 1	Chief Constable's strategic risk register Police and Crime Plan

Scope of the review

Priority one (Investing in Our People) of the Commissioner's Police and Crime Plan includes a commitment to 'Invest in wellbeing of our staff and reduce sickness'; a key outcome of this is continuing to build on the Force's wellbeing programme. As such, our review will consider the following areas:

- The Force has a wellbeing strategy in place that has been communicated to staff and clear aims have been set and objectives are monitored / reported.
- Training has been provided to staff to assist in the early identification of wellbeing concerns.
- The Force has performed a self-assessment against the Blue-Light Wellbeing Framework and appropriate actions have been identified. We will confirm and substantively test to confirm an appropriate framework is in place to monitor and report on actions identified as part of the self-assessment.
- The promotion of health and wellbeing is completed through policies, guidance, dedicated campaigns, training and appraisals.
- Employer assistance programmes are in place and communicated to staff.
- TRiM assessments have been undertaken in a timely manner following a traumatic event and a follow-up assessment has been performed.
- Reporting of data through the Force's governance structure on wellbeing. We will validate the information reported back to source documentation.

- We will use our 4questionnaire to canvass the views of staff on the Force's wellbeing offerings and services.

The following limitations apply to the scope of our work:

- We will not re-perform the self-assessment exercise against the Blue-Light Wellbeing Framework.
- We will not comment on current sickness rates.
- We will not comment on the impact of wellbeing activities which have been undertaken.
- Testing will be completed on a sample basis.
- We will not confirm the Force has discharged its statutory duties, with reference to Health and Safety at Work Act 1974, Human Rights Act 1998 and Equality Act 2010.
- We will not review policies and procedures for adequacy or confirm their application in practice.
- We will not comment on the appropriateness of the actions taken, but confirm they are in place or being worked towards.
- We will not confirm all actions identified as part of the self-assessment will be completed in the required timeframe.
- We will not review the performance or service provided through employer assistance providers.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Debrief held	9 November 2020
Draft report issued	12 November 2020
Revised Draft report issued	26 November 2020
Responses received	27 November 2020
Final report issued	27 November 2020

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of **The Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland**, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

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

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