



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

HMICFRS: Recommendation Tracking

Internal audit report 14.21/22

FINAL

13 June 2022

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1. EXECUTIVE SUMMARY

Why we completed this audit

The outcome of a Police Effectiveness, Efficiency, and Legitimacy (PEEL) inspection by the HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services) in 2018/19 resulted in the Force performance being assessed as inadequate and resulted in the Force being placed into the national oversight process. To address these concerns, the Force has undertaken an overhaul of its governance and monitoring framework as part of its 'Toward 2025 – the Road to Improvement' programme. A report was published in 2021 by the HMICFRS on the back of a review into the progress made by the Force in responding to the open recommendations specific to how the Force protects vulnerable people. The inspection found that the Force had made progress in most areas relating to protection of vulnerable people, but further improvements were needed in some areas of its operations to achieve an overall good standard of practice.

As at 21 March 2022 there were 17 open causes of concern (compared with 20 in March 2021); 138 open recommendations (147 in March 2021); and 35 open areas for improvement (AFIs) (24 in March 2021); with 12 closed causes of concern (six in March 2021); 195 closed recommendations (141 in March 2021); and 12 closed AFIs (six in March 2021). In the same period, the Force received 13 new AFIs, 45 recommendations, and three CoCs. The Force had implemented six workstreams, as documented in the 'Toward 2025 – the Road to Improvement' programme report (Understanding demand; Vulnerability; Public confidence and engagement; Investigation; Problem solving and prevention; and Culture, leadership, and engagement), within its Service Improvement Team (SIT) to manage its causes of concern and any related recommendations / AFIs; these workstreams have since evolved into five 'Delivery priorities (programmes)' under which sit delivery projects. Recommendations / AFIs which are not aligned to one of the aforementioned workstreams are managed through business-as-usual (BAU).

In May 2021, the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland received a reasonable assurance opinion from RSM (we considered the framework in place to identify and continually monitor HMICFRS actions, both local and nationally). As part of the 2020/21 review, two 'medium' priority management actions were agreed. The actions related to including recording target (or aspirational) dates for closure, as well as internal assessment of the statuses of recommendations and AFIs on the Force's HMIC tracker, ensuring that updates are recorded in the tracker and are current for all recommendations and AFIs.

Our review focused on providing assurance that there is an appropriate framework in place for monitoring the implementation of recommendations and AFIs and that decisions to submit recommendations and AFIs to the HMICFRS for consideration for closure on the Monitoring Portal are supported by evidence.

Conclusion

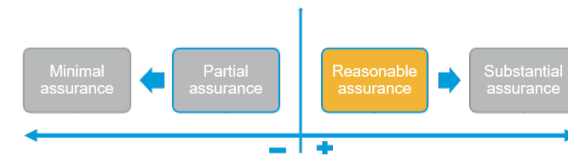
As a result of our review, we have agreed **one medium** priority management action which is in relation to ensuring decisions to submit recommendations and AFIs to the HMICFRS for consideration for closure are clearly documented with the rationale, date, and person responsible.

Our review has considered the framework in place to identify and continually monitor HMICFRS actions (local and nationally). We have concluded through discussions with management, testing of a sample of recommendations and AFIs, and review of documents that the Force has implemented a governance and monitoring framework for its HMICFRS recommendations and AFIs (as well as causes of concern) and that internally significant progress has been made in progressing and closing recommendations and AFIs. It should be noted that the level of work undertaken by the Force in progressing and closing its recommendation and AFIs is not reflected on the Monitoring Portal as this is outside of the Force's control but has been raised with the HMICFRS Force Liaison Lead.

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 organisations rely to manage this area 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 area.



Key findings

Our audit identified the following exception with the Force's established control framework resulting in one medium action being raised:



Review of decision and action logs from the various Delivery and Assurance Groups found that when decisions to submit recommendations and AFIs to the HMICFRS for consideration for closure this is not clearly documented with the rationale, date, and person responsible. There is a risk that the proper level of scrutiny to allow for recommendations and AFIs to be submitted cannot be evidenced.

Similarly, review of the Safeguarding and Vulnerability Delivery and Assurance Group Actions Table noted that progress against individual recommendations / AFIs had not been recorded (as is done for the Local Policing, and the Crime and Investigation Delivery and Assurance Groups).

We note in discussion with the Head of Corporate Services that a review of the Force's corporate meeting framework is planned for quarter one of 2022/23. **(Medium)**

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



While there is no documented framework or policy covering the identification, monitoring and reporting on HMICFRS recommendations / AFIs, discussions with management confirmed that as the process was governance led the terms of reference for the applicable fora lay out the respective requirements around identification, monitoring and reporting on HMICFRS recommendations / AFIs. Review of the terms of reference for the Inspection and Audit Monitoring Board (I&AMB) confirmed they included reference under core activities to:

- monitor[ing] Force activity in relation to existing causes of concern, areas for improvement and recommendations for change arising from external inspection, audit or other regulatory bodies; and
- review[ing] the findings of new reports by HMICFRS and other audit/regulatory bodies and assign an appropriate lead officer to oversee the development of action plans to deliver the required improvements.

Review of the terms of reference for the Crime and Investigation Delivery and Assurance Group, Local Policing Delivery and Assurance Group, and Safeguarding and Vulnerability Delivery and Assurance Group confirmed they included under core activities to:

- develop[ing] service improvement activity to meet standards relevant to areas of responsibility (i.e., APP, PEEL, SPR etc.); and
- oversee[ing] all activity and gather evidence, and contributing to activity, in relation to meeting the PEEL core questions.

Membership of the I&AMB includes: Deputy Chief Constable (Chair); Assistant Chief Constable – Local Policing; Assistant Chief Constable – Specialist Crime; Head of Corporate Services; Head of Performance, Quality and Review; HMIC Governance Officer; and SIT Programme Manager.

Membership of the Delivery and Assurance Groups includes: an Assistant Chief Constable; Detective Chief, and Chief Superintendents; Head of Performance, Quality and Review; and Service Improvement Team representation.

When recommendations / AFIs have been accepted they are recorded by the HMIC Liaison Officer on an internal HMIC tracker, in which the 'Type' (PEEL, CDI (crime data integrity), NCPI (National Child Protection inspection), or Other) and 'Inspection / Report' are recorded.

Review of documentation, such as the HMIC 'AFIs CoCs and Recs' tracker, I&AMB Progress Reports, and Delivery and Assurance Group decision and action logs, confirmed that the framework was being adhered to in practice.



When HMICFRS reports (all) are received by the Force, they are reviewed by the I&AMB where a Progress Report is drafted, on which a Chief Officer Lead, Force Lead, and Delivery Lead are assigned to the respective recommendations / AFIs along with a Governing Body (Delivery and Assurance Group) and completion dates against actions identified; this information is then also documented on the internal HMIC 'AFIs CoCs and Recs' tracker.

Discussion with the Head of Performance, Quality and Review and Head of Corporate Services confirmed that, while in practice the Force has never not accepted a recommendation or AFI, rejection of a recommendation or AFI would follow the normal process whereby the I&AMB receives and reviews the respective report and the decision communicated via the Force's HMIC Liaison Officer.



Actions are agreed on the Progress Reports created for each recommendation and AFI. Review of the Progress Reports confirmed that actions had been documented for each recommendation / AFI in our sample and had agreed implementation dates.

The Force has in place a KPI tracking document for the six causes of concern arising from the 2019 PEEL inspection which it monitors on a monthly basis and reports to the HMICFRS via quarterly PPOG reports. It's six thematic causes of concern are aligned to the Force's strategic objectives:

- Serving the public and putting our communities at the heart of all we do
 - Public Engagement, Communication And Scrutiny
 - *Crime Data Integrity (not in original six causes of concern)*
- Recognising and safeguarding vulnerable victims
 - Protecting Vulnerable People
- Preventing crime and anti-social behaviour and tackling criminality
 - Prevention
 - *Custody (not in original six causes of concern)*
- Caring for and supporting our people
 - Ethical behaviour and culture
 - Workforce engagement and fair treatment
 - Understanding demand and strategic planning

For each of the causes of concern there is a Service Improvement/Delivery Plan, overseen by Service Improvement Team (SIT) workstreams, the progress against which is summarised in a quarterly Towards 2025 Change Programme Progress Report, while a quarterly SIT Progress Report summarising the progress of all workstreams in delivering their plans is provided to the Futures Board.

The Force has mapped each of its recommendations and AFIs against one of its strategic objectives which in turn have been mapped against the PEEL Assessment Framework.



When a recommendation / AFI is accepted by the Force, it is assigned a Force Lead and a Delivery Lead as well as a Delivery and Assurance Group (or other appropriate governance meeting) which is responsible for monitoring progression towards closure of assigned action and is accountable to the I&AMB. Review of the decision and action logs for the Local Policing, and the Crime and Investigation HMIC Actions Tables as well as the Progress Reports to I&AMB confirmed there was check and challenge of the evidence of progression towards closure of actions.



We sampled 15 recommendations and five AFIs showing as Open on the HMICFRS Monitoring Portal and agreed these to the Force's internal tracker. Five of the recommendations and two of the AFIs were submitted to HMICFRS for closure in April 2021; five recommendations and one AFI were submitted for closure in September 2021; and the remaining five recommendations and one AFI were still recorded as open on the Force's internal tracker as at 21 March 2022. Our review of the most recent Progress Reports confirmed that for those 13 recommendations / AFIs submitted to the HMICFRS for consideration for closure were supported by relevant and long-standing evidence.



Discussion with the Head of Performance, Quality and Review and Head of Corporate Services confirmed that as a result of the 2019 PEEL inspection, a number of corporate risks were added to the Force's Strategic Risk Register. Review of the Strategic Risk Register as at 3 February 2022 confirmed inclusion of a dedicated risk to the Force around dealing with HMICFRS recommendations and AFIs: SR35 - The Force's ability to deliver the scale of change required by HMICFRS.



Discussion with the Assistant Chief Executive and Deputy Monitoring Officer noted that as part of the Force's Transition to 2025 process, each cause of concern has been assigned to a SIT workstream (also called 'Delivery Priorities') which is responsible for overseeing progress towards closure of the cause of concern. We obtained a copy of a spreadsheet created by the Assistant Chief Executive and Deputy Monitoring Officer which confirmed that mapped against each of the workstreams (and thus causes of concern) is at least one of the Force's Strategic Risks. For example, cause of concern: Public Engagement, Communication and Scrutiny is aligned to the following Strategic Risks: Improved workforce capability and engagement; Improved performance and risk management; and Improved victim service.



The Assistant Chief Executive and Deputy Monitoring Officer noted that, as confirmed in a presentation to the Futures Board given in March 2022, the Service Improvement Team has introduced risk assessments for each of the Delivery Priorities, assessing the resourcing approach and principles in line with the risk rating: Red, Amber, or Green/Yellow. Against each Delivery Priority, a risk response was provided to the Futures Board included in which are the assumptions and factors considered and the approach to mitigate (or tolerate or transfer where appropriate) the risk relating to the related cause of concern.



The Force provides Highlight Reports to the HMICFRS on a bimonthly basis which gives an overview of the Force's progress against closure of its open recommendations and AFIs including support evidence as well as any related operational updates and priorities for the succeeding two-month period. Review of the reports for the period May 2021 to February 2022 confirmed that against each of the 15 recommendations and 5 AFIs sampled we could evidence inclusion of updates in the reports to the HMICFRS.



The Force has implemented an internal Review and Assurance function which support the Force in embedding organisational change through its progression of HMICFRS recommendations, AFIs and causes of concern as part of the continuous work to deliver the HMIC PEEL Assessment Framework (PAF). The HMIC Liaison Officer works within the Review and Assurance function, alongside a Police Inspector and two Project Officers.

The Review and Assurance Function produces monthly reports in support of the HMICFRS Continuous Assessment Inspection. Review of the reports for the period September 2021 to February 2022 confirmed the work of the Review and Assurance Function in support the Force's operational functions in preparation of HMICFRS inspections, work which is aligned to the PEEL Assessment Framework (PAF) which has in turn been aligned to the Force's recommendations and AFIs (as confirmed to the mapping spreadsheet carried out by the Assistant Chief Executive and Deputy Monitoring Officer).



An update from the Chief Constable on the Force's work around progression to closure the outstanding HMICFRS recommendations and AFIs goes to the quarterly meeting of the Audit Committee. Review of the reports from September and December 2021 confirmed inclusion of the Force's current position with regard the numbers of causes of concern, recommendations, and AFIs outstanding and those submitted to the HMICFRS for consideration for closure, as well as a summary of the work carried out in the preceding quarter to progress causes of concern, recommendations, and AFIs.

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.

Area: HMICFRS: Recommendation Tracking				
Control	The decision to submit a recommendation / AFI to the HMICFRS for consideration for closure is recommended by the respective Delivery and Assurance Group and should be documented with rationale on the decision and action log/HMIC Action Tables for reporting to the I&AMB.	Assessment:		
		Design	✓	
		Compliance	×	
Findings / Implications	<p>We sampled 15 recommendations and five AFIs showing as open on the HMICFRS Monitoring Portal and agreed these to the Force's internal tracker. Testing confirmed:</p> <ul style="list-style-type: none"> • Five of the recommendations and two of the AFIs were submitted to HMICFRS for closure in April 2021; • five recommendations and one AFI were submitted for closure in September 2021; and • the remaining five recommendations and one AFI were still recorded as open on the Force's internal tracker as at 21 March 2022. <p>Our review of the most recent Progress Reports confirmed that for those 13 recommendations / AFIs submitted to the HMICFRS for consideration for closure were supported by relevant and long-standing evidence.</p> <p>Review of the decision and action logs and HMIC Action Tables from the various Delivery and Assurance Groups found that when recommendations are made to the I&AMB to close recommendations and AFIs this was not clearly documented with rationale, date, and person responsible.</p> <p>As the decision to close recommendations / AFIs on the HMICFRS Monitoring Portal is outside the Force's control, testing here was not undertaken.</p>			
Management Action 1	The Force will ensure that when recommendations are made at Delivery and Assurance Groups, these are clearly documented with rationale, date, and person responsible.	Responsible Owner:	Date:	Priority:
		Head of Corporate Services	30 June 2022	Medium

APPENDIX A: 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.

Area	Control design not effective*		Non Compliance with controls*		Agreed management actions		
					Low	Medium	High
HMICFRS: Recommendation Tracking	0	(10)	1	(10)	0	1	0
Total					0	1	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.

APPENDIX B: SCOPE

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

Objective relevant to the 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 area.

Objective of the area under review

The Force has an appropriate framework in place to monitor and report on progress / completion of HMICFRS recommendations and areas for improvement (AFIs).

Scope of the review

In 2019, the HMICFRS performed the Force's fifth PEEL (police effectiveness, efficiency and legitimacy) assessment of Cleveland. The Force was graded as inadequate in each of the three pillars: the extent to which the force is effective at reducing crime and keeping people safe is **inadequate**; the extent to which the force operates efficiently and sustainably is **inadequate**; and the extent to which the force treats the public and its workforce legitimately is **inadequate**. The HMICFRS has published follow up reports on progress made against those causes for concerns raised in 2019. In addition, an unannounced inspection of the police custody suites was undertaken and the results of which were published in August 2021, this resulted in a series of cause for concerns / recommendations being raised. There is continued focus on the management, monitoring and embedding of specific and thematic review actions raised by the HMICFRS, our review will focus on the following areas:

- The Force has a consistent framework in place for the identification, monitoring and reporting on HMICFRS recommendations / AFIs regardless of there source i.e. PEEL, CDI, thematic reviews.
- Assignment of recommendations / AFIs owners and agreement of implementation dates. We will also consider the framework in place when recommendations / AFIs are not accepted and how this is approved / communicated with the HMICFRS.
- Outcomes / measures to address recommendations / AFIs are SMART and measurable.
- Review and on-going monitoring of recommendations / AFIs through the organisations' governance structure / lead officers including the check and challenge of the data i.e. performance indicators.
- Review of how performance and progress informs the risk profile of the organisations.
- How sources of assurance from other providers impact on the closure of actions.

- Review and closure of recommendations / AFIs through the organisations' governance structure and on the HMICFRS Monitoring Portal. We will consider the evidence supporting this decision and the longevity of the data to support improved change / performance.
- Interaction between the Force and HMICFRS.

The following limitations apply to the scope of our work:

- We will not comment on the appropriateness of the action / response documented by the Force and whether this is sufficient to address the risk.
- We will not confirm all actions raised by the HMICFRS through national or local reviews are captured on the 'Road to Improvement Plan'. We will only confirm that those actions recorded on the HMICFRS Monitoring Portal reconcile to the 'Road to Improvement Plan'.
- Our review will not guarantee any future inspection grades.
- The review will only cover the actions raised by the HMICFRS, and we will not review the whole control framework. Therefore, we will not provide assurance on the entire risk and control framework.
- Testing will be completed on a sample basis so we will not confirm that all actions in progress or closed are supported by appropriate evidence.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Debrief held	1 April 2022
Re-debriefed	22 April 2022
Draft report issued	29 April 2022
Revised Draft reports issued	19 May 2022
	13 June 2022
Responses received	13 June 2022
Final report issued	13 June 2022

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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.

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