



Internal Audit Update Report for the Audit Committee June 2022

This document has been prepared for the Audit Committee to provide a status update in relation to the actions arising from Internal Audit Inspections.

The current register includes 65 recommendations; 8 of the actions are from the previous auditor, TIAA, with the oldest having been published in March 2020. All of the old TIAA actions have been reviewed by RSM and where appropriate the action has been reworded and new delivery dates agreed. 15 recommendations were closed by RSM in their March 2022 Follow up Report and a further 5 have been closed as 'superseded' following discussions with RSM (CDSOU).

Of the 65 recommendations a further 14 have been identified, so far, as complete by the Force; as these have to be signed off by the auditors, they will remain on the action plan as "Closed locally awaiting sign off" until this is fulfilled. The Force has recently adjusted the process of sending actions for closure; actions submitted for closure have to be accompanied with evidence to support the closure. The next Follow up review is expected in August, by which time we anticipate the number of proposals to have increased.

The remaining live actions continue to be monitored, with regular updates provided by their owners.

The action plan below provides details of the 'live' actions with status updates from the action owners.

It should be noted that the RAG (Red, Amber and Green) rating descriptors have been amended to reflect the completion status of the recommendation. The colour key and other details can be found at the end of the report.

Gill Currie
HMIC Liaison Officer
Cleveland Police

Summary of All Outstanding Internal Audit Recommendations – Oldest Implementation Date First

No.	Ref	Action Owner	Audit Finding	Implementation Date		Agreed Management Action	Priority
				Original	Revised		
367	ICT Disaster Recovery 2020	Head of ICT	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>ICT will ensure that the ICT testing plan is documented, future testing is recorded, and documentation is available to support the results of the regular testing. Test results will be documented as part of a formal test report which details test objectives, outcomes, and lessons learned and be used in updating the associated ICT DR plans and supporting documents. (Medium)</p> <p>Original Action</p> <p>It was noted that there is no regularly scheduled/ annual testing of the ability to recover key ICT systems and services currently undertaken by ICT. As a result there is limited assurance around the timescales within which key systems and services can be restored in the event of a DR scenario. As there is no formal/ scheduled testing for key ICT systems and services there are currently no test plans currently in place describing the detailed processes and procedures to be followed when testing the ability to recover key ICT systems and services.</p> <p>Recommendation</p> <p>ICT liaise with key business stakeholders within the Force to agree an approach to the regular testing of key ICT systems and services, with test plans created for key systems detailing the approach to testing. Test results be documented as part of a formal test report which details test objectives, outcomes, and lessons learned and be used in updating the associated ICT DR plans and supporting documents. (Priority 2)</p>	30 November 2021	August 2022	<p>Report Published March 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment Due to the virtualised and clustered nature of the ICT architecture, it is felt that full recovery testing with service impacts is not required as all component aspects of the recovery process are used in daily operations. However the Head of ICT will work with Force BCR/DR manager to look at this and ICT will implement his functions recommendations.</p> <p>Update June 2020 This is a complex area and requires a mix of work from both Business Continuity and ICT. A meeting has been arranged for 20th July between both parties to agree an approach and an implementation date.</p> <p>Update 24/7/2020 On 23/7/20, the Head of ICT and the BC Manager met to discuss approaches as to how the recommendation could be fulfilled whilst continuing to develop and add value to BC and DR management systems.</p> <p>Although business continuity and service continuity (disaster recovery) are exclusive in terms of delivery, they are complementary in terms of providing resilience assurance. Initial approach will be to draft a key applications assurance framework;</p> <ul style="list-style-type: none"> by expanding the key applications list containing 16 Category 1 applications to include other emerging critical software and hardware: Enterprise Resource Planning (ERP), Remote Access System (RAS), Storage Area Network (SAN) and Cisco infrastructure; by drafting a central incident log from the incident history of key applications and infrastructure and updating this log in line with live reporting, capturing all incidents and planned outages, collating lessons learnt to inform future associated DR response; by creating a testing schedule informed by the incident log to include at least one critical fail over per year as well as periodic testing of key applications. <p>The Head of ICT and BC Manager will meet again in September 2020 (date tba) to develop the above.</p> <p>On return of ICT services to the Force from 1/10/20, the Head of ICT and BC Manager will meet again with an ICT technical team to begin delivery of the products agreed.</p> <p>Update September 2020 As last update; on return of ICT services to the Force from 1/10/20, the Head of ICT and BC Manager will meet again with an ICT technical team to begin delivery of the products agreed.</p> <p>Update November 2020 The revised list of Cat 1 apps and systems has now been approved by the Digital Services Board; the next steps are for the mapping exercise to be done using the new Cat 1 list to review all the underpinning support contracts, documentation and infrastructure that the apps rely on to ensure they are all fit for purpose in December/January.</p> <p>Working with the BC Officer the Head of IT will look at the DR test schedule to be implemented next year from April 2021 and bring together the Cat 1 underpinning arrangements review in the new year to define a proposed DR test schedule proposal.</p> <p>As business impacts etc. need to be assessed and agreed (DR tests may invariably mean risk and service outage) this will be presented to the Senior Management Team for ratification once the draft proposal is ready.</p> <p>Update February 2021 A test of the internet link fail over is in planning at the moment for April time when a newly commissioned new internet link architecture is configured to improve resilience of the increasingly critical internet links. Further test schedules will be worked up in collaboration with the BCR manager, but there is a dependency on the full review of the newly agreed Cat 1 services DR documentation and procedures completing before more tests can be scheduled (action 368). There is also a planned upgrade of the Unify control room telephony platform in 2021 and the scope will include DR/fail over testing and documentation as part of the commissioning of the upgrade. It is likely that the DR testing of these 2</p>	

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						<p>critical platforms will be the extent of the DR testing for calendar year 2021 with further testing schedules planned on completion of action 368 (update below).</p> <p>Update April 2021 The underpinning data and voice network infrastructure has been, and continues to be an area of considerable review, upgrade and refresh and new tooling is being implemented to further enhance our ability to monitor and maintain the data network infrastructure and enhance/assure and test DR and fail over processes. As this work progresses documentation is produced/updated and underpinning support contracts are reviewed to ensure they remain fit for purpose. A summary of progress and plans to date is below:</p> <ul style="list-style-type: none"> The following sites are now configured with updated device hardening configuration (except where changes are service effecting which will be planned and agreed with the business) and are now configured to use central authentication to manage the devices, rather than local device credentials. Additionally the following sites/devices have also been onboarded to Cisco Prime - this central management console offers a “single pane of glass” view and allows the devices to be monitored for health status, configuration backups, mass configuration deployment, software upgrade management & overall reporting of network device information. <ul style="list-style-type: none"> - SARC - Billingham Router (Switch using 802.1x - site visit to complete) - Loftus - Eston - Teesport - Redcar TPO - St Marks House - CSH - DMZ Switch - CSH - FirePOWER External switch <p>This is an ongoing piece of work which the Network team will progress as and when time allows around other network related issues which arise.</p> <ul style="list-style-type: none"> The remote access VPN gateways have now been upgraded from their previous 2017 software, to the latest Cisco recommended software. <ul style="list-style-type: none"> - M8 Remote access firewall - CSH Remote access firewall (High Availability fail over capability to be deployed here) <ul style="list-style-type: none"> The operating system of the Cisco FirePOWER perimeter firewalls is in the process of being upgraded. <ul style="list-style-type: none"> - Central Management system - upgraded from 2018 software, to latest Cisco recommended version. - M8 Cisco Firepower Threat Defence – High Availability Pair upgraded to latest Cisco recommended version - CSH Cisco Firepower Threat Defence – Planned to be completed by May <ul style="list-style-type: none"> CISCO Telephony and UC architecture review completed with documentation, enabling DR documentation to be produced. <p>In addition to the upgrades, the Network team are in the process of tidying up & consolidating the perimeter firewall policies. Currently M8 & CSH use separate policies - should we ever suffer an internet failure at one of those sites and BT re-route all traffic to the other, it will fail currently as the M8 rules don't exist at CSH & vice versa. We are in the process of creating a single policy which will be applied to both sites so regardless of where the traffic arrives. The Check Point firewalls then require the same piece of work to ensure traffic can enter/leave the network at either location.</p> <ul style="list-style-type: none"> The operating system of the datacentre ACI fabrics (the part of the datacentre network where all servers are attached) is in the process of being upgraded. <ul style="list-style-type: none"> - M8 APIC x3 - Upgraded to Cisco latest recommended version from 2017 release. - M8 Switches x6 - Upgraded to Cisco latest recommended version from 2017 release. - CSH (all devices) due to be completed within the period to allow server virtualisation upgrade to latest recommended version to complete. 	
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					<p>The bulk of the ICT Capital programme for FY21/22 is focussed on core infrastructure architecture refresh and upgrade and as part of the projects the DR and fail over capabilities will be assessed, enhanced and documented. This will be across FY21/22. The capital project to upgrade the Check Point perimeter defence firewalls is being planned as a priority and the splitting of the Internet links across 2 BT exchanges rather than the current single point of failure is also in planning to improve resilience in the event of an issue at the exchange. When commissioned this will be tested and contribute to the audit requirement of annual critical services DR testing.</p> <p><u>Update July 2021</u> Since the last update, the following network security devices have had software upgrades completed:</p> <ul style="list-style-type: none"> - CSH FTD (Cisco Firepower Threat Defence) - Consolidated perimeter firewall policy is complete, we just need to agree a suitable time to deploy and test. <p>The following sites/devices have been on boarded in to Cisco Prime:</p> <ul style="list-style-type: none"> - Grangetown / LDC - Guisborough - Middleton Grange - North Oremby - Saltburn - Southbank - Thornaby - Uraynook - Yarm <p>The following sites/network devices have been upgraded and where possible, best practice configurations applied:</p> <ul style="list-style-type: none"> - Middleton Grange (Upgrades & Config completed) - North Oremby (Config Only - requires IOS upgrade still) - Saltburn (Upgrades & Config completed) - Uraynook (Partial config due to 802.1x, IOS upgrades complete) - Yarm (Upgrades & Config completed) <p>Low level detailed topology and architecture drawings completed for:</p> <ul style="list-style-type: none"> - R1 (Including DR design detail for 999 VLANs from CSH) - S1 - H1 <p>In addition to the above, work has begun on remediation scripts which can be deployed from CISCO Prime (the new central management software) to network devices to apply best practice type configuration. Although this automates quite a bit, there are still some elements which require manual configuration changes.</p> <p>This action is considered closed by the Force, it is business as usual; a lot of activity is and has been completed. We would like to discuss the possibility of closing the action down, the wording of the recommendation means it would be continuous with no end.</p> <p><u>September 2021</u> This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p><u>Update January 2022</u> IT have now completed the planned work to upgrade the data backup infrastructure and in doing so have enhanced the force's cyber protection and system recovery capabilities. IT(we) are currently in the process of upgrading the VMWare Virtual server hosting infrastructure. This is a full upgrade of all of our virtualised server estate and in the process of doing so we are utilising fail over mechanisms that are effectively tests of the server fail over processes. After we have completed the upgrade of the VM infrastructure we are next replacing our SAN (Storage Area Network). This is a full replacement of the system storage infrastructure that all hosted applications use for data storage.</p>	
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						<p>Additional critical upgrade work ongoing is upgrading the FCR technology comprising of the Unify telephony platform, Red Box Voice recording and upgrading the STORM C&C platform to the latest SMARTSTORM version.</p> <p>Once these critical upgrades have completed we will review the actions and document where the process has demonstrated testing of fail over capabilities, ensure all system recovery documentation is updated, and if necessary plan formal fail over testing of Category 1 applications that has not been demonstrated by the upgrades.</p> <p>The work is progressing well, and whilst there is no completion deadline we aim for the work to complete by the end of the financial year in line with our capital project planning.</p> <p>In April 2022 a meeting was held between OP and PC of RSM to discuss the future of these actions. PC was referring the situation to his ICT specialists. Further discussions have taken place in May – awaiting the result of these discussions - chased 31/5/2022</p>	
368	ICT Disaster Recovery 2020	Service Operations Manager	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>The Head of ICT will complete a review of existing system recovery procedures to determine whether they have been reviewed recently and the review process can be incorporated into business as usual activity. (Medium)</p> <p>Original Action</p> <p>It is recommended good practice that technical system recovery procedures are documented for all key ICT systems and services. These should detail the precise steps that must be taken, and any technical information required, in order to recover systems and applications successfully. It was noted during the review that technical system recovery procedures have been created for some, but not all, key Force systems and services.</p> <p>Recommendation</p> <p>Existing system recovery procedures be reviewed to ensure procedures are in place for all key systems and services. (Priority 2)</p>	30 November 2021	August 2022	<p>Report Published March 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment Agreed. A review will be conducted and all critical system with have documented recovery processes.</p> <p>Update June 2020 The action is on the radar, however work towards the action is still to commence as other commitments have taken priority.</p> <p>Update September 2020 The new digital services board chaired by CFO Gleeson is reviewing the Cat 1 applications list to consolidate and update – once this review/update has been completed the list will have a revised set of fail over procedures implemented.</p> <p>Update November 2020 See update at 367 above.</p> <p>Update February 2021 Review work in the DR process and procedures for Cat 1 services has been done as a first pass and gaps have been identified. Further development of the Cat 1 DR framework will now be done when new senior management ICT roles are appointed in the role of Infrastructure Manager and Information Systems/Applications Manager. Recruitment is scheduled to start in March and PDR objectives will be set to complete the review, address gaps in documentation or technology (budget dependant so some elements may need to be forecast for the FY22/23 ICT capital plan – to be assessed) and to manage the annual Cat 1 services test schedule.</p> <p>Update April 2021 The Applications Manager is continuing to review and update Cat1 application documentation and is looking to develop DR “runbooks” for step by step DR process work instructions from an application level perspective. Ongoing in conjunction with the related ongoing underpinning infrastructure review and upgrade work as detailed in 367 above.</p> <p>Update July 2021 Documentation now completed for some areas of the network which were lacking. LDC (Wireless microwave links via Teesside Uni & nearby fire stations) and the livescan network, are a couple of examples. More documentation review and update on going.</p> <p>Critical Applications DR documentation review ongoing and update below:</p> <ul style="list-style-type: none"> • Command and Control IT Service – has been reviewed but need to be updated when SmartStorm is implemented later in the year • Intranet Service – has been reviewed but will need to be updated following the introduction of SharePoint 2016 • PNC Service – this is a new document produced at the end of 2019 so is up to date • Records Management Service – has been reviewed minor diagram changes need to be made <p>Next reviews planned with other ICT teams when new ICT growth staff on-boarded (recruitment</p>	

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						<p>underway):</p> <ul style="list-style-type: none"> • Backup and Restore Service (Infrastructure Team) • Email Service (Infrastructure Team) • Network & Telephony Service (Network and Telephony Team) • Radio Service (Radio and Mobile Team) • Virtualisation (Infrastructure Team) <p>This action is considered closed by the Force, it is business as usual; a lot of activity is and has been completed. We would like to discuss the possibility of closing the action down, the wording of the recommendation means it would be continuous with no end.</p> <p><u>September 2021</u> This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p><u>Update January 2022</u> IT have now completed the planned work to upgrade the data backup infrastructure and in doing so have enhanced the force's cyber protection and system recovery capabilities. IT(we) are currently in the process of upgrading the VMWare Virtual server hosting infrastructure. This is a full upgrade of all of our virtualised server estate and in the process of doing so we are utilising fail over mechanisms that are effectively tests of the server fail over processes. After we have completed the upgrade of the VM infrastructure we are next replacing our SAN (Storage Area Network). This is a full replacement of the system storage infrastructure that all hosted applications use for data storage.</p> <p>Additional critical upgrade work ongoing is upgrading the FCR technology comprising of the Unify telephony platform, Red Box Voice recording and upgrading the STORM C&C platform to the latest SMARTSTORM version.</p> <p>Once these critical upgrades have completed we will review the actions and document where the process has demonstrated testing of fail over capabilities, ensure all system recovery documentation is updated, and if necessary plan formal fail over testing of Category 1 applications that has not been demonstrated by the upgrades.</p> <p>The work is progressing well, and whilst there is no completion deadline we aim for the work to complete by the end of the financial year in line with our capital project planning.</p> <p>In April 2022 a meeting was held between OP and PC of RSM to discuss the future of these actions. PC was referring the situation to his ICT specialists. Further discussions have taken place in May – awaiting the result of these discussions - chased 31/5/2022</p>	
372	Learning and Development 2020	Head of L&D	<p>Reiterated action following August 2021 Follow Up Inspection:</p> <p>Develop a modern recording system for all training and development requirements. (Medium)</p> <p>Original Action:</p> <p>Training records are managed by Sopra Steria as part of their contractual arrangements with the Force. There is a structure for roles and responsibilities for maintaining accurate training records but currently these are very dependent upon Sopra Steria who are instrumental in managing the HR records. Opportunities for improvement and a more transparent arrangement will become possible once the contract with Sopra Steria comes to an end in September 2020.</p>	31 March 2022	31 August 2022	<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment This will take place as part of the new arrangement for the service. A full business case will need to be presented and approved and due cognisance of the wider HR platform taken before any movement on this can take place.</p> <p><u>Update June 2020</u> A review of L&D is going to be undertaken during the summer. Any recommendations from the report will be taken to the Chief Officer Team for ratification and costing.</p> <p><u>Update September 2020</u> As above an update will be available at the end of October 2020. Sopra Steria staff transfer to CP on 1 October 2020. The lead on the Strategic review of L and D has already identified improvements to data capture and recording. His report will determine whether Oracle is developed to meet this requirement or whether a fit for purpose Learning Management System (LMS) is required. Any funding will form part of the 2021 22 financial planning process.</p> <p><u>Update February 2021</u> A project is required to be set up to look at exploiting the current Oracle system in the first instance as a means of delivering reliable records and skills profiles. The project is wider ranging than learning data and will require a data cleansing exercise. This is outlined as a work stream in the current project plan</p>	

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			Recommendation Develop a modern recording system for all training and development requirements. (Priority 2)			<p>which is under development for delivering change into the organisation</p> <p>Update May 2021 Following the Futures board on 01/04/21 the Chief Constable has approved the commencement of the Transformation of the L&D function and associated project plan. The following action is in scope: Systems: <i>the changing of existing systems to provide the functionality of a Learning Management System</i></p> <p>Update July 2021 The content arrangement and use of the oracle system for training records purposes is a fundamental part of the both the L&D transformation project and the wider Force data/information project. The L&D transformation project has this as a key workstream with leads being identified as the project plan is now under development.</p> <p>We request an oversight review/discussion in relation to actions 371, 372 and 374 with a view to closure or rewording of the actions.</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded / reiterated the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 The improvement of Training records now sits within the both the L&D Transformation project and the overarching oracle optimisation change project. The issues and concerns raised about the current system relates to the classification and language used to define courses against which records are maintained. Records are also closely linked to HR data. The cleansing of the current data is underway particularly in relation to investigative skills and mandatory training (driving, PST and First Aid). The projects will enable us to evaluate if the data cleanse and reclassification work will deliver everything that a contemporary system is able to do and this will be explored within the Oracle optimisation project.</p> <p>Update February 2022 There has been some progress on the investigative skills recording and mandatory training and this work is being transferred onto the training records data base.</p> <p>Work has also commenced on the naming classifications. Progress is reported through the transformation project and future progress is dependent on securing resource to speed up these improvements as part of the Oracle optimisation change project.</p> <p>Update May 2022 The organisational wide TNA process and data is collected annually and through this, costings for external training and planning for the internal delivery programme is prioritised. In year requests are considered through the L&D Governance group if they impact on the internal delivery plan or challenge the budget commitments already made. In addition; there is ongoing work to define skills sets through COP role profiles which will support a skills matrix.</p>	
373	Learning and Development 2020	Head of L&D	Reworded action following August 2021 Follow Up Inspection: An improved method of recording training and development both given and required be implemented with assurance that all records are totally accurate and capture all training and development received. (Medium) Original Action: The system that currently manages Learning and Development is operated by Sopra Steria and does not seem as interactive as it should be. The reporting system also does not provide meaningful output both of	31 March 2022	31 July 2022	<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment We will review the features of the current system to improve, but it is likely the step change and integration required would be through a modern digital system and this will need a full business case developing.</p> <p>Update June 2020 A review of L&D is going to be undertaken during the summer. Any recommendations from the report will be taken to the Chief Officer Team for ratification and costing.</p> <p>Update September 2020 As above an update will be available at the end of October 2020. The accuracy of Force training records and provision of management information reports are key elements of the Strategic Training / L and D review and part of the training records accuracy work is aligned with the Force's Service Improvement Programme. Accuracy checking is prioritised, and current focus is on Safeguarding and vulnerability, Investigation and PIP accreditation, specialisms and police officer core mandatory training requirements.</p>	

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			<p>training provided, future training needs and those who have not had training.</p> <p>Police training records may not be totally accurate as training obtained/given outside of the corporate L&D process may not be picked up.</p> <p>Recommendation An improved method of recording training and development both given and required be implemented with assurance that all records are totally accurate and capture all training and development received. (Priority 2)</p>			<p>Update February 2021 Current position on understanding the position of PIP accreditation is accurate. The position of Mandatory training for operational officers has taken precedence this period to determine the state of backlogs and develop recovery plans. This has been established and recovery plans are in place.</p> <p>Update May 2021 The data review and cleanse over the previous quarter during the recovery of backlogged training has resulted in an accurate database of the PST, EFA and TL2 skills attributed to 800+ officers in the workforce. In addition, a resource has been allocated to own the now accurate PIP data profiles and quality assurance for ongoing maintenance of same. Recommend closure</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 Whilst data recorded for essential/mandatory skills has improved the transformation work will be identifying how record keeping can be more accurate. In part this will be determined by any decisions relating to systems as well as tightening up the capture processes to ensure that training is recorded appropriately.</p> <p>Update February 2022 The systems to record training are under review as part of the Transformation Project however there continue to be better recording of mandatory training and timely transfer to the Oracle system. Regular compliance reporting has demonstrated that there is continued better recording of face to face training with e learning being automatically captured and reported on through existing systems.</p> <p>Update May 2022 Individuals' training records are maintained through oracle which also keeps a skill record e.g. if someone is PiPII qualified and if they have maintained that accreditation; these are available to members of staff and their supervision. An example record has been provided as evidence. Only for e-learning will an individual's record show what training is outstanding; this is available on a dashboard on SharePoint so managers can see what training is outstanding for their staff – screen shot provided as evidence.</p>	
374	Learning and Development 2020	Head of L&D	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>The existing Oracle system will be reviewed and optimised as part of the Towards 2025 Change Programme.</p> <p>This will include linking and networking the existing HR facilities together for greater connectivity and efficiency. (Medium)</p> <p>Original Action:</p> <p>Management monitoring data is not freely available and requires a specific request to Sopra Steria to obtain this. Also the data requested will only show what training have been given and recorded and does not provide a facility to identify those who have not been trained. This should improve once the current contract with Sopra Steria is brought back in house, however, it is likely that a new HR software system will be necessary to provide a more robust and informative database for learning and development.</p> <p>Recommendation</p>	31 March 2022	31 July 2022	<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment It is unlikely that a capital bid will be ready in time for the 2021 budget year but one will be developed for the coming year. In the interim we are seeking improvements in how we exploit the data in the current system.</p> <p>Update June 2020 A review of L&D is going to be undertaken during the summer. Any recommendations from the report will be taken to the Chief Officer Team for ratification and costing.</p> <p>Update September 2020 As part of the learning and development review the capabilities of the current system are also being examined as an interim solution and to maximise its capabilities.</p> <p>Update February 2021 As above</p> <p>Update May 2021 Following the Futures board on 01/04/21 the Chief Constable has approved the commencement of the Transformation of the L&D function and associated project plan. The following action is in scope: Systems: <i>the changing of existing systems to provide the functionality of a Learning Management System</i></p> <p>Update July 2021 The project for transformation of L&D will consider this in one of its workstreams. Project plan under development following project initiation.</p>	

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			A new HR software system be resourced and acquired to provide adequate and appropriate management and monitoring data for all supervisors/managers in the Force. (Priority 2)			<p>We request an oversight review/discussion in relation to actions 371, 372 and 374 with a view to closure or rewording of the actions.</p> <p><u>September 2021</u> This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p><u>Update October 2021</u> Oracle optimisation work may identify facilities that currently are not being used; but this project is in its infancy - although the requirements for improvements are to be captured within the project.</p> <p><u>Update February 2022</u> As above this work is contained within the transformation Project and the Oracle optimisation project to ensure we are able to evaluate the opportunities within the current Oracle system.</p> <p><u>Update May 2022</u> Project Initiation Document is being presented to the ERP Optimisation Board 10th June. This will be recommended to the Change Board on June 28th June.</p>	
375	Learning and Development 2020	Head of L&D	<p>Reiterated action following August 2021 Follow Up Inspection:</p> <p>Attendance and follow up of all training and development be at 100%. (Medium)</p> <p>Original Action:</p> <p>An example of training provided to facilitate a key initiative for the Force is in regard to the Personal Development Review (PDR) process. The Challenging Conversations training was instrumental in providing both Managers and operatives with the skills needed to assist in the development of PDR.</p> <p>The Challenging Conversations Evaluation Report (undated) identifies a) a lack of attendance at the challenging conversations training courses and b) a lack of take up on follow up initiatives. Quotes from the report include:</p> <ul style="list-style-type: none"> • “Out of 312 members of first, second and third line managers eligible to attend only 183 Officers and Staff have taken part on one or both of the days.” • Cancellation or non-attendance of day 1 has run at 30%. <p>Recommendation Attendance and follow up of all training and development be at 100%. (Priority 2)</p>	31 December 2021	31 July 2022	<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment In order to improve attendance a number of actions need to be taken:</p> <ul style="list-style-type: none"> • Attendance at all courses needs to be managed at the front line through supervision. • A longer term cultural shift in attitudes to managing CPD is required which organisational changes through the service improvement agenda are aimed at. • Changes to DMS and the rostering in of training days will support the non-attendance agenda in a large group of staff in IRT and will be extended to other groups following the completion of further demand work. • Improvements in performance reporting will enable local managers to understand rates of non-attendance. This is reported monthly through contracting arrangements and can form part of HR performance packs currently being developed for commanders. <p><u>Update June 2020</u> The review is on track to take place in the next two months. Any timeslips will be reported to the Director of HR to be taken into consideration as part of the overall review of L & D.</p> <p><u>Update September 2020</u> Covid restrictions paused learning and development and a recovery plan which has identified key force priorities is in place. As part of this those courses that have priority also have priority participants and attendance is being monitored closely, with Superintendents being advised of nonattendance for local actions to be taken. The courses associated with PDR have been paused and are being redeveloped as online learning for initial delivery in October 2020.</p> <p><u>Update February 2021</u> As a key element of our recovery plans for training the RMU is now working with training admin to abstract staff on duty days to ensure that they attend mandatory training. Reports of non-attendance are reported to superintendents for action and weekly reports are being created regarding attendance rates in these key areas where recovery plans exist. As this year progresses and RMU capability improves this will be extended out to more programmes. The ACC is updated with weekly reports.</p> <p><u>Update May 2021</u> Attendance on mandatory training is managed through RMU; where a programme is advised, not mandated, this will be on self-booking basis. Blended and online approaches to learning are being rolled out to support attendance at training events. The L&D department is working more closely than ever with heads of command to report attendance at learning events, and the establishment of the L&D Governance Group from late spring 2021, will support prioritisation of training and key messages about expectations about attendance at learning events. Currently for mandated courses non-attendance is now reported to Chief Inspectors to follow up on. Clearer messaging about mandated courses is an area which is being continually reviewed.</p> <p><u>Update July 2021</u></p>	

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						<p>Recommend closure although action to ensure compliance will be ongoing business as usual and better management information as part of the Transformation Project forms part of the data workstream.</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded / reiterated the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 Processes are in place to chase non-attendance at mandated programmes and this will be expanded. The reporting systems are drawing to the attention of CI in particular about the concerns around non-attendance and improved management information is available to facilitate this at operational level.</p> <p>Update February 2022 Guidance documents with identified processes to be followed are now being used to address non-attendance of mandatory training with reports generated to identify hot spots. For completion of mandated e learning a reporting tool has been developed to enable Chief Inspector's to directly access completion rates and ensure that management action is taken. Mandatory training reports are pulled off regularly for face to face mandatory training and again CIs have sight of their commands position. The L&D Governance Group and the People and Wellbeing Groups receive regular reports for note.</p> <p>Update May 2022 All courses have attendance sheets which are entered onto the oracle system. If there is nonattendance there is a protocol whereby the Training Admin Team email Chief Inspectors to advise of someone missing a course, who can discuss any reason for their non-attendance and take local management action. The Resource Management Unit (RMU) who book all officers onto mandatory courses will then rebook them.</p> <p>An example of an attendance sheet is attached and the record demonstrates if the programme is mandated how attendance is chased up to ensure anything that has been missed is rebooked. Mandated compliance is reported at People & Wellbeing and L&D Governance Boards – copy dashboard provided as evidence. Compliance data is provided in the performance packs which local commands receive monthly, and in the People & Wellbeing Board for mandated e-learning and face to face – see agenda item.</p>	
376	Learning and Development 2020	Head of L&D	<p>Reiterated action following August 2021 Follow Up Inspection:</p> <p>Management to identify how training is measured for its effectiveness and to verify that the right training is provided to the right people at the right time. (Medium)</p> <p>Original Action:</p> <p>Overall the effectiveness of training is not a function of the Force and therefore whether the right training is being provided to the right people at the right time is unknown.</p> <p>Recommendation Management to identify how training is measured for its effectiveness and to verify that the right training is provided to the right people at the right time. (Priority 2)</p>	31 March 2023		<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment Developing clarity about measures of effectiveness is part of service improvement. Evaluation methods will be improved so that at the design phase of a programme the impacts and outcomes are better understood so that we can better develop measures of success.</p> <p>Update June 2020 A review of L&D is going to be undertaken during the summer. Any recommendations from the report will be taken to the Chief Officer Team for ratification and costing.</p> <p>Update September 2020 As above an update will be available at the end of October.</p> <p>Update February 2021 As part of the strategic review the need to improve evaluation and effectiveness of training interventions has been identified and this forms part of the project to deliver the strategic review.</p> <p>Update May 2021 This area of work is part of the approved project brief for transformation of learning and development as a systems approach.</p> <p>Update July 2021 Recommend closure although action to ensure compliance will be ongoing business as usual and better management information as part of the Transformation Project forms part of the data workstream.</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the</p>	

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						<p>action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded / reiterated the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 Improved and systematic evaluation of training is part of the transformation change agenda scheduled for year 3 of the project. Some large scale training programmes such as the DA Matters programme is being evaluated as part of the implementation of this initiative.</p> <p>Update February 2022 This is not due for delivery however selected programmes have evaluation and impact built into the procurement process or the design phase. These processes are not yet designed for embedding across L&D programmes.</p> <p>Update May 2022 The department has recognised that it does not systemically evaluate at all four stages of learning, although it does so for some programmes; such as DA Matters which was procured to include an evaluation of changing practice and attitudes in participants after the course. Crime Recording training is measured by the improvements that have been made in accurate recording. An initial evaluation form is available to all participants of training and this is electronic and may be bespoke to reflect the programme. If the evaluation records poor levels of satisfaction with a programme this is automatically highlighted to managers in L&D who will investigate to look at and identify any improvements that can be made. An example of an evaluation form and summary of evaluations are attached.</p>	
377	Learning and Development 2020	Head of L&D	<p>The system generates reminders but is this fool proof and does it capture every training need to be followed up? Any training not initiated by Sopra Steria currently runs the risk of not being picked up and identified on Officers/Staff training records. Also although training may be provided is this learning. I.e. what has the training done to improve Officer/Staff skills and knowledge and how is this confirmed as being learnt.</p> <p>Recommendation All training be centrally controlled to confirm that training was relevant, appropriate and that monitoring and follow up can take place. (Priority 3)</p>	4 th Quarter 2020	31 March 2023	<p>Report Published April 2020 Presented to Audit Committee 29/6/2020</p> <p>Management Comment This will be impacted by the redesign of the service.</p> <p>Update June 2020 A review of L&D is going to be undertaken during the summer. Any recommendations from the report will be taken to the Chief Officer Team for ratification and costing.</p> <p>Update September 2020 Sopra Steria staff transfer to CP from 1 October 2020 and this is the right time to initiate this work .This is also an element of the strategic L and D review.</p> <p>Update February 2021 This forms part of the overall project for L&D strategic Review.</p> <p>Update May 2021 This work is underway and being mapped out.</p> <p>Update July 2021 Part of project workstream</p> <p>Update October 2021 As above: Improved and systematic evaluation of training is part of the transformation change agenda scheduled for year 3 of the project. Some large scale training programmes such as the DA Matters programme is being evaluated as part of the implementation of this initiative.</p> <p>Update February 2022 The creation of training plans through a systematic TNA and creation of a skills audit are enabling steps in ensuring we understand key skills gaps and this works in conjunction with workforce plans. These are evolving but enabling the force to understand what needs to be done. Governance processes, now in place, quality assure these processes to guarantee that the delivery plans are delivering priorities. The evaluation process is as above identified as part of transformation project but not yet identified for action.</p> <p>Update May 2022 The Training Needs Assessment, individual training records and Mandatory training dashboard provide the full picture as detailed in the actions above. TNA provided as evidence.</p>	
401	HR Wellbeing 2020	Interim Director of HR	<p>Reworded action following August 2021 Follow Up Inspection:</p>	31 January 2022	End June 2022	<p>Report Published November 2020 Presented to Audit Committee 25/3/2021</p>	

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		Head of HR	<p>The People Strategy will be released in January 2022 after relevant approval and will be uploaded to the intranet and communicated to staff. (Low)</p> <p>Original Action:</p> <p>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. (Low)</p>			<p>Update February 2021 Wellbeing Strategy uploaded and publicised via messages to all in November 2020. Work still progressing re the People Strategy.</p> <p>Update May 2021 Actions 370, 401 and 407 have been linked together as they all require the production of a People Strategy and supporting action plan. Due to the duplication of the actions; future updates will be provided under 370 only until the actions are closed.</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 The Strategy remains under development so as to incorporate the organisational development agenda, value for money aims linked to the systems optimisation project and the recent step change in employment markets post Covid 19, which requires a different and more innovative approach to Attracting talent into Cleveland Police and Retaining staff; with publication planned for January.</p> <p>Update February 2022 Deferred the deadline, the FMS process is underway and will be approved April 2022, then the strategy will be approved to ensure alignment.</p>	
403	HR Wellbeing 2020	Head of HR Wellbeing Manager	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>Results of the self-assessment will be reported to the People and Wellbeing Board to ensure appropriate monitoring of actions. (Low)</p> <p>Original Action:</p> <p>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. (Medium)</p>	31 October 2021	December 2022	<p>Report Published November 2020 Presented to Audit Committee 25/3/2021</p> <p>Update February 2021 Framework self assessment on going currently expected completion date of 19th February 2021.</p> <p>Update May 2021 The results of the self-assessment have been compiled and will be reported to the July P&W board</p> <p>Update July 2021 Agenda item P&W 21st July Framework submitted for peer assessment, but it is continually being updated as activity takes place in the areas.</p> <p>We request an oversight review/discussion in relation to actions 403, 405 and 406 with a view to closure or rewording of the actions.</p> <p>September 2021 This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p>Update October 2021 Work is continually ongoing in respect of the framework; review work will be carried out with the wider People and Development team in order to capture and track the activity in the wider team.</p> <p>The additional activity has not been scheduled yet due to abstractions in the wellbeing team. The activity will continue to be monitored in the people and Wellbeing board.</p> <p>Occupational Health resourcing to meet increasing demands for services has been identified as a national issue and collaborative work is underway to optimise use of resources.</p> <p>Update February 2022 Position unchanged. Activity will be scheduled when staffing issues are resolved.</p> <p>Update May 2022 Position unchanged. Activity will be scheduled when staffing issues are resolved.</p>	
406	HR Wellbeing 2020	Head of HR Wellbeing Manager	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>The updated People and Wellbeing Board</p>	31 October 2021	March 2023	<p>Report Published November 2020 Presented to Audit Committee 25/3/2021</p> <p>Update February 2021 Ongoing</p>	

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			<p>reports will be produced in which key statistics will be outlined and included in monthly reports to provide up to date information. (Low)</p> <p>Original Action:</p> <p>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. (Medium)</p>			<p><u>Update May 2021</u> Data upload issue resolved so management referral module can now be progressed. Remedial work on documentation is needed(formatting).</p> <p>The last training session and build of response form will be scheduled before the end of May, dependant on supplier availability</p> <p>The ER team had an overview briefing and opportunity to feedback on the form. The Wellbeing team will develop comms regarding changes.</p> <p>Issue with CP firewall allowing access for report downloaded had been resolved but has reoccurred, issue been looked into again by the supplier.</p> <p><u>Update July 2021</u> Final training session for the referral plus module to take place early August (date to be confirmed) Issue on going with report downloader.</p> <p>We request an oversight review/discussion in relation to actions 403, 405 and 406 with a view to closure or rewording of the actions.</p> <p><u>September 2021</u> This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p><u>Update October 2021</u> Further work on removing the network issues for the report downloader is ongoing but the issue is unresolved yet so the reports from cohort cannot be produced; manual reports can and will continue to be produced for the People board.</p> <p><u>Update February 2022</u> The firewall issue is unresolved which prevents the upload of the reporting tool. This has been flagged by ICT to 3rd line support. The Wellbeing manager is meeting with the software provider with a view to a software upgrade where reporting is incorporated in the updated system. Data analysis continues to be completed manually.</p> <p><u>Update May 2022</u> Due to the issues with the firewall preventing the installation of the reporting tool this action cannot be updated.</p> <p>We will progress the upgrade to the software that incorporates the reporting tool, but this cannot take place for several months (capacity of the provider and the wellbeing team). Therefore, a revised closure date has been added.</p>	
413	Domestic Abuse 2021	Detective Chief Inspector	<p>The Force will establish whether there is a fundamental misunderstanding as to the purpose of MARAC by reviewing officers. A further review will be undertaken of the public protection logs from more recent domestic abuse incidents to establish whether the development work conducted since that time has impacted positively upon this area. Where relevant, further training will be provided to relevant Officers on the purpose of MARAC. (High)</p>	November 2021	31 st August 2022	<p>Report Published January 2021 Presented to Audit Committee 25/3/2021</p> <p><u>Update February 2021</u> MARAC is currently subject of a formal review Safe Lives have been commissioned to project manage having been funded by the OPCC and Local Authority partnerships. The review has commenced in January 2021 and will take several weeks to complete. All agencies, partners and police will be consulted. The findings will see a reform of current practices, training, more frequent MARAC meetings and changes in procedure.</p> <p><u>Update May 2021</u> Safe Lives have finalised their review and submitted their recommendations; a working group is going to be put together to implement the new MARAC screening process. Further training has taken place with Supervisors, Hub staff and all other persons involved in the MARAC process. A MARAC coordinator is currently being recruited and once in place this action will be recommended for closure.</p> <p><u>Update Oct 2021</u> A MARAC Coordinator has now been appointed along with a clerk; the processes for scrutiny of MARAC referrals has now been adapted and training taken place. Strategic MARAC will have oversight and performance manage the MARAC chair and process going forward this will ensure accountability and</p>	

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						quality. Action complete May 2022 – reviewed by RSM as part of the Follow-up inspection and found not to be fully implemented – management action reiterated and new delivery date set.	
416	ANPR21	ANPR Co-ordinator	A policy will be written and implemented to ensure that the requirements of NASPLE are addressed and this will be communicated to all relevant staff. (Medium)	31 March 2021	August 2022	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p><u>Update April 2021</u> The policy has been written and will be presented at the reinstated ANPR strategy meeting in May. An action plan has also been added to that group of which the Policy is part of.</p> <p><u>Update July 2021</u> Policy completed and needs to be reviewed before sign off. Has already been reviewed by EDI team, needs further consultation.</p> <p><u>Update October 2021</u> Policy to be taken to ANPR strategy group by DCI for wider consultation.</p> <p><u>Update May 2022</u> Policy written and being progressed.</p>	
417	ANPR21	ANPR Co-ordinator	A strategic assessment will be completed for all ANPR camera deployments to ensure that the placement of an ANPR camera is appropriate and, given the circumstances of the threat/problem, proportionate. (Medium)	Complete		<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p><u>Update April 2021</u> Awaiting on ICT to implement forms within Cireson (Service Desk) for tracking of requests for moveable cameras and to capture the approvals. This was originally going to be a Microsoft form on officer 365 platform, but due to full rollout not being until later this year, Cireson chosen as default request platform.</p> <p><u>Update July 2021</u> Still awaiting ICT to complete Cireson element, update has been requested several times and is to be escalated as requested 27/04/2021 and no updates provided since. SR100980 is Cireson number</p> <p><u>Update October 2021</u> Cireson now has a moveable ANPR camera request form which has approvers and various sections highlighted from the audit. This form is live and will be used for all future deployments. Historic sites will not be assessed under this process and this is to be used for future movable camera requests. Action Complete.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p><u>Update May 2022</u> The strategic assessment forms part of the ANPR moveable camera request form which is completed via a service desk request on the intranet. Once completed it is reviewed by the ANPR manager to confirm the suitability and is then reviewed for approval by the Specialist Intelligence Unit DI.</p> <p>Examples have been provided of the strategic assessments sent through by the OIC when requesting a moveable ANPR camera. Action complete</p>	
418	ANPR21	ANPR Co-ordinator	A process will be introduced to ensure that when a camera has been in place for 12 months, a DPIA will be completed on the anniversary date (12 months) of its deployment. (Low)	Complete		<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p><u>Update April 2021</u> In the future this will form part of the DPIA review process; asset tracker will be changed to allow flagging of those deployments that have been in place and are coming up to 12 month anniversary.</p> <p><u>Update July 2021</u> Action complete, this procedure has been put in place and will be followed as per national guidance. Spreadsheet will track all temporary deployments and is in place.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p><u>Update June 2022</u></p>	

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						<p>Evidence has been provided to show the DPIAs for Cleveland's ANPR network along with a list of camera numbers (Appendix A) to which it refers has been completed and approved. The DPIA talks about the overarching need for ANPR and the impact on privacy as well as its impact and the appendix which is an individual PIA for each site. Each site is added at install and reviewed every 12 months. Appendix A details all cameras, the date they were installed, last reviewed and there is a countdown which shows how many days remain until the next review is due for each individual camera, which updates itself daily. Action Complete</p>	
419	ANPR21	ANPR Co-ordinator	<p>The ANPR Co-ordinator will ensure that the revised Request for Support document currently being drafted, is completed and implemented. This new draft will contain sections on justification, rationale, assessment of value for law enforcement and outcome. (Low)</p>	Complete		<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 Awaiting on ICT to implement forms within Cireson (Service Desk) for tracking of requests for moveable cameras and to capture the approvals. This was originally going to be a Microsoft form on officer 365 platform, but due to full rollout not being until later this year, Cireson chosen as default request platform.</p> <p>Update July 2021 Still awaiting ICT to complete Cireson element, update has been requested several times and is to be escalated as requested 27/04/2021 and no updates provided since. SR100980 is Cireson number</p> <p>Update October 2021 Cireson now has a moveable ANPR camera request form which has approvers and various sections a highlighted from the audit. This form is live and will be used for all future deployments. Historic sites will not be assessed under this process and this is to be used for future movable camera requests. Action Complete.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 Request form updated and can be located on the intranet under the service desk button. In order to request a moveable ANPR camera within the force a request form must be completed, which is then reviewed for suitability by the ANPR manager and approved by the Specialist Intelligence Unit DI. Screen shots of the form and process have been provided as evidence.</p>	
420	ANPR21	ANPR Co-ordinator	<p>The Information Management Policy and the Information Security Policy will be revised to ensure that Cleveland Police are complying with the National Standards and then reissued. In the event a separate ANPR Policy is implemented these two policies will still need to reflect the ANPR requirements of NASPLE. (Low)</p>	31 March 2021	August 2022	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 The revised ANPR policy references the existing information security policy and NASPLE (national ANPR standards). No changes were required to the current policies.</p> <p>Update July 2021 The ANPR policy will include reference to these policies. Can be closed as written into policy (policy needs approval – action 416)</p> <p>Update October 2021 This policy now includes reference to Info Management policy and NASPLE; it is currently undergoing consultation but can be closed once the policy goes live.</p> <p>Update May 2022 Policy written and being progressed.</p>	
421	ANPR21	ANPR Co-ordinator	<p>The installation and testing process will be revised to ensure that checks are performed in line with NASPLE, evidence of initial checks completed by the TSU team and any subsequent checks are documented and held on file for a period of two years. (Medium)</p>	31 March 2021	August 2022	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 This issue is being discussed in the ANPR strategy meeting, the current capacity within TSU and ANPR does not allow a full NASPLE compliant test to be conducted due to the timescales involved with testing. Mitigation will be in place where possible but this is an area of risk, Head of Intelligence and CI Standards and Ethics made aware. NASPLE checks are now being conducted on each site, but will take a considerable amount of time to get through each location.</p> <p>Update July 2021 This will be implemented in new deployments, with some limitations as outlined above. Any new deployment will be documented, and records of maintenance recorded.</p>	

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						<p>Update October 2021 This is a work in progress. Due to varying cameras and testing capabilities a lengthy process needs writing and testing. This work is ongoing and is being developed alongside camera manufacturers to ensure it is as streamlined as possible, whilst meeting the criteria NASPLE sets out.</p>	
422	ANPR21	ANPR Co-ordinator	An audit plan will be developed alongside the introduction of the Auditor to ensure that all auditable areas are addressed and the procedure for auditing is documented. The audit plan will be implemented, and an audit conducted, every six months to ensure that Cleveland Police are compliant with all areas of the standards. (Low)	31 March 2021	August 2022	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 Auditor for NAS is in place and the national auditor has been updated with necessary request for national audit. The Force follows the guidance and audit plan document from the National Auditor.</p> <p>Update July 2021 In line with national audit requirements we will liaise with the National Auditor. The audit function will sit with the GDPR Auditor and will be independent of the ANPR team.</p> <p>Update October 2021 This is a work in progress and whilst the GDPR Auditor has been identified as internal auditor, the National ANPR Service (NAS) has audit requirements set, yet the tools to facilitate that are not mature or completed yet. Until the national project is complete this will remain as amber.</p> <p>Update June 2022 Arrangements have been made for the GDPR Auditor to assist with this action. A further update will be provided late July once this work has been completed.</p>	
429	Positive Action 2021	Director of P&OD, ACC Local Policing, ACC Crime, Head of HR, Recruitment Manager	<p>The Force will develop an action and delivery plan for positive action to outline actions in respect of the NPCC toolkit. Actions will be assigned appropriate responsible owners in line with the three strategic workstreams:</p> <ul style="list-style-type: none"> • Organisation and People; • Communities; and • Partnerships. <p>Progress against the actions will be regularly reported to EDI Board. (Medium)</p>	31 August 2021	31 March 2023	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update November 2021 The Force has an EDI priorities plan for 2021/22 which is reviewed bimonthly at each Strategic EDI Board. 2021/22 is positioned as a foundation year to ensure data in each core area is relevant and accurate and focuses on the NPCC toolkit basics and HMICFRS priorities from the areas for improvement. Outputs from this plan will inform the refreshed Public Sector Equalities Duties [PSED] four year strategy for the Force 2022 to 2026.</p> <p>Positive action is a key element of the organisational aspects of the EDI plan. A task and finish group was set up in May 2021 and a cross function team is being set up, to focus on community engagement in relation to Recruitment, it will be in place by 1 December 2021.</p> <p>Update February 2022 The Acting Chief Constable agreed at the end of 2021 that a dedicated positive action team would be introduced to assist with this work. There is now a small team in place who are working closely with Recruitment, EDI, Corporate Comms and Community Engagement. This has allowed for the positive action which was already taking place to be enhanced further with more capacity for attending events, monitoring best practice, and running workshops. The team are linked in both regionally and nationally for assistance. The task and finish group had five key objectives which have all now been implemented and therefore the group has been absorbed into the work of the new positive action team.</p> <p>Update June 2022 A focus group has taken place to start the action plan process; the Force is currently evidence gathering from other forces to help with the progression of an action plan that meets 'our' requirements.</p>	
430	Positive Action 2021	Head of HR Recruitment Manager	The Recruitment Manager will ensure that members of selection panels are documented. (Medium)	31 st July 2021	31 st August 2022	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update October 2021 Interview results paperwork has been formally updated to capture all interview panel members. The Recruitment Team are briefed to check for compliance in providing this information when the forms are returned.</p> <p>For the promotion boards starting in October 2021; panel members are being named in the expressions of interest.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection and found not to be fully implemented – management action reiterated and new delivery date set.</p>	

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						<p>Update May 2022 It has been identified that on occasion panels had changed one member of the panel at the last minute and had not informed the Recruitment Team. Now this has been realised, a second check has been put in place after the interviews to ensure no changes. This should therefore be able to be closed at next inspection.</p>	
431	Positive Action 2021	Organisational Development Manager	The promotion and utilisation of cultural exchange programs within law enforcement will be considered as part of the Force's leadership training needs analysis review. (Low)	31 August 2021	End June 2022	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update October 2021 A Leadership TNA was undertaken in October 2020. Recommendations from this TNA included First line and Second Line Manager modular programmes. These have now been designed, delivered (pilot) and evaluated and are due for launch January 2022. Cultural Exchange programmes will be considered as part of a range of future solutions as part of the medium to longer term roll out programme.</p> <p>Update February 2022 As per the October update; A Leadership TNA was undertaken in October 2020. Recommendations from this TNA included First line and Second Line Manager modular programmes. These have now been designed, delivered (pilot) and evaluated and are due for launch April 2022 (was January 2022). Cultural Exchange programmes will be considered as part of a range of future solutions as part of the medium to longer term roll out programme</p> <p>Update June 2022 Cultural exchange programmes are not included in the TNA for 2022/23. This is a medium-term consideration, and was not an output of the Leadership TNA</p>	
432	Positive Action 2021	Head of HR Organisational Development Manager	The Force are making improvements to the existing Mentor Scheme from its 'traditional' form to a 'broader' mentoring format. The Mentoring Scheme Policy will be updated and approved once the review is completed. (Low)	Complete		<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update November 2021 The Cleveland Police Mentoring Programme was updated in June 2021 to transition from a 'traditional' form of mentoring (linked to succession, talent and career progression) to mentoring around a broad range of areas to support our staff and community. The recent updates have been positively embraced by both internal and external stakeholders. As part of the Mentoring Programme's road to improvement the O/D Team has introduced reverse mentoring (from October 2021) as an additional approach to mentoring within the existing Mentoring Programme.</p> <p>The mentoring programme is a successful developmental technique for our organisation to use to support individuals to reach their full potential. The programme offers mentees access to regular and 'contracted' encouragement from another person at work to reach their goals, in addition to providing mentors opportunities to develop their listening skills and emotional intelligence. It will form a part of the tools available as defined within the new leadership development framework.</p> <p>Reverse mentoring is a simple concept where experienced colleagues are mentored by members of staff from either a younger generation, a different background or have lesser working experience. Reverse mentoring can also be used to help organisations break through unconscious bias, reduce discrimination and positively improve workplace diversity in terms of gender, ethnicity and age.</p> <p>The programme aligns to our Towards 2025 goals (based on HMIC Causes of Concern/ AFIs and national improvement agenda) to care and support our people and be proud of what we do, as well as the NPCC national and local EDI strategy regarding our people and organisation. The outputs and outcomes proposed will contribute to the Toward 2025 goal of using effective engagement to care for our people, as well as our EDI priorities to continually develop and understand the professional requirements of our people.</p> <p>Outcomes, include</p> <ul style="list-style-type: none"> • Closing generational gaps • Build a learning culture • Develop leadership skills in younger employees • Millennial retention • Help to sharing different perspectives • Support inclusivity • Develop self-confidence and self-awareness • Improve motivation and morale within force • Better service to the communities in Cleveland. • A tool to support the CPD/ element of the PDR/promotion process. 	

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						<ul style="list-style-type: none"> Increased leadership capabilities and capacity to all levels regardless of rank or role. More diverse mentors who will reflect our people and the communities we serve. <p>Update February 2022 Mentoring Programme:</p> <p>Traditional Mentoring Programme</p> <ul style="list-style-type: none"> Working in partnership with Cleveland Fire Service to join up a collaborative mentoring directory Midyear check in/calibration meeting for all internal mentors, scheduled for 4th March 2022 – the purpose is to share experience/best practice/reflections <p>Reverse Mentoring Programme</p> <ul style="list-style-type: none"> The reverse mentoring programme is now live. 8 mentors and their mentees attending training on the 18th January and have commenced their reverse mentoring journey until July 2022. Coordinator check-in session are scheduled for April 2022 A second cohort of mentors and mentees of 14 matches are scheduled for training/introduction session on the 14th March 2022 Teesside University are sourcing University Students to mentor our officers and staff <p>Update May 2022 The policy was finalised, approved and published in March 2022. Both it and the EIA are published internally on the Force policy site on SharePoint and externally on the Force website. Since publication a number of communications have been issued advertising the programme and requesting mentors and mentees examples provided as evidence. Action complete.</p>	
433	Positive Action 2021	Head of HR Superintendent, DSE	The Head of HR will develop a confidential review process for selection, grievances and misconduct-related processes in respect of protected characteristics to ensure a lessons learnt approach is adopted and documented. Additional advice will be provided from the EDI Team. (Low)	31 December 2021	October 2022	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update November 2021 A review has commenced of the last 6 months of both grievances received and those who have fallen out of the recruitment process due to failing pre-employment checks. The review will look at the protected characteristics of each of these individuals with a view to identify whether trends or patterns exist. This work will continue for the next 6 months so that we have a 12 month bank of information from which statistically relevant trends can be extrapolated as we have very low numbers (on average 1 or 2 per month).</p>	
434	Positive Action 2021	Head of HR Senior Business Partner (ER)	<p>The Force are currently reviewing the Exit Policy. A confidential reporting structure for exit information will be developed with the intention of ensuring that the EDI Team have access to key information in relation to protected characteristics. The EDI Team will investigate and propose whether there is further work to be done to support those with protected characteristics from leaving the Force. (Low)</p> <p>Reworded action following April 2022 review:</p> <p>The Force's Exit Policy is currently within a draft standard. The Exit Policy will be updated and finalised to account for the utilisation of Microsoft forms.</p>	31 December 2021	31 st August 2022	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p>Update July 2021 The Head of HR has set up a group to review exit questionnaires, the process and the data that can be obtained. Results will be fed back in due course.</p> <p>Update October 2021 A major review of leavers, reasons and level of exit interviews completed has recently been undertaken. The outcomes are being built into the updated Retention strategy (part of the People Strategy referred to earlier).</p> <p>The Exit Interview process is being simplified to encourage completion and this has been briefed during October to Sgts, Inspectors and staff equivalent managers and supervisors.</p> <p>The policy is being updated and the work will be completed by the end of 2021.</p> <p>Update February 2022 Data protection constraints prevent the sharing of sensitive data (i.e. protected characteristics information) outside of the HR Team who process and report on the data. The draft exit policy is complete, but the team is looking to utilise Microsoft forms in place of e-forms. The ER Senior BP looks for trends in relation to a disproportionate number of people with protected characteristics referencing this on the current exit form on an annual basis. Recommended for closure.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection and found not to be fully implemented – management action reworded and new delivery date set.</p> <p>Update May 2022 The new leavers opinion survey has been piloted since mid March 2022 and is being sent out to</p>	

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						<p>individuals/line managers upon receipt of a notification to resign.</p> <p>The exit policy has been changed to Leavers guidance to support the process and has been amended/created, been through formal consultation, with amendments made following consultation.</p> <p>It was approved at the People and Wellbeing Assurance Board and is now set to seek approval at the Executive Management Board on 7th June.</p>	
437	Positive Action 2021	Payroll Business Partner	The suite of payroll procedure notes will be reviewed and revised, where necessary, to ensure that the organisation has one single definitive list of procedure notes, and that they are complete and up to date. (Low)	Complete		<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p><u>Update July 2021</u> Procedures are being developed when capacity allows. This work remains ongoing.</p> <p><u>Update October 2021</u> The procedures continue to be developed in relation to the new starters as this action relates to. In the wider remit the Force continuously works on the procedures.</p> <p><u>Update January 2022</u> Work is still ongoing to produce a procedure folder that matches on paper and electronically and is regularly checked. This is wider than just the new starters that this action relates to. Progress is being monitored and the Head of Payroll will advise once it is complete.</p> <p><u>Update May 2022</u> This action is now complete. Payroll procedure notes are used and amended/ updated on an ongoing basis but we have streamlined the starter procedures as requested. Procedures provided as evidence.</p>	
439	IT Asset Management 2021	ICT Service and Operations Manager	Management will ensure that the IT asset management process is updated to include as a minimum: 1. Roles and responsibilities; 2. Mechanisms for recording and tracking IT assets; 3. IT asset audits and their frequency; and 4. IT asset lifecycle process. (Medium)	November 2021	July 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p><u>Update February 2022</u> Digital Services Dept under CI DSD have appointed asset analysts. Work ongoing between DSD and ICT with plans to develop the Cireson Service Management Platform to add an asset tracking module for the asset analysts to use for effective asset management in the future.</p>	
440	IT Asset Management 2021	ICT Service and Operations Manager	Management will ensure that a consolidated IT asset inventory is maintained to include the most up to date and accurate information of staff and their equipment (Medium)	November 2021	July 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p><u>Update February 2022</u> Digital Services Dept under CI DSD have appointed asset analysts. Work ongoing between DSD and ICT with plans to develop the Cireson Service Management Platform to add an asset tracking module for the asset analysts to use for effective asset management in the future.</p>	
441	IT Asset Management 2021	ICT Service and Operations Manager	Management will ensure that they conduct regular audits/stock checks of the IT hardware assets. (Medium)	November 2021	July 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p><u>Update February 2022</u> Digital Services Dept under CI DSD have appointed asset analysts. Work ongoing between DSD and ICT with plans to develop the Cireson Service Management Platform to add an asset tracking module for the asset analysts to use for effective asset management in the future.</p>	
442	IT Asset Management 2021	ICT Service and Operations Manager	Management will ensure that a formal capacity management and IT asset replacement strategy covering all IT assets is defined, approved, and implemented. (Medium)	November 2021	July 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p><u>Update December 2021</u> Asset Refresh Plan extended to include all assets and their end of service life dates. Desktop, Mobile, Network, Hosting, Storage & Backup.</p> <p><u>Update February 2022</u> Digital Services Dept under CI DSD have appointed asset analysts. Work ongoing between DSD and ICT with plans to develop the Cireson Service Management Platform to add an asset tracking module for the asset analysts to use for effective asset management in the future.</p>	
445	IT Asset Management	Head of IT and Information	Management will ensure that the security controls for managing all lost or stolen	Complete – awaiting		Report Published June 2021 Presented to Audit Committee June 2021	

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	2021	Security Manager	devices is formally documented and evidence is retained to verify their effective operation. (Medium)	evidence		<p><u>Update July 2021</u> In relation to information security the policy states all lost / stolen devices should be formally reported. We have mechanisms in place to both record the user and device, also measures to stun the device, effectively ensuring any data is wiped and inaccessible, and make access to our network unachievable. A further review of ICT controls will be carried out to ensure the governance is sufficient.</p> <p><u>Update November 2021</u> A response plan for lost/stolen devices has been produced by ICT and DSE; it is available on the DSE SharePoint site. Action Complete</p>	
446	IT Asset Management 2021	ICT Service and Operations Manager	Management will ensure that all assets are returned when staff move or leave the Force. Regular spot checks should be performed to ensure that this happens. (Medium)	November 2021	July 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p><u>Update October 2021</u> Until some key vacant posts are filled; spot checks are currently being carried out by the Head of ICT Services and Operations. The new ICT Support Manager is due to commence their role on 3rd January 2022 and will take over this process.</p> <p>These checks include:</p> <ul style="list-style-type: none"> • The HR leavers process is updating the logon account, disabling it and labelling it as ex-employee. • A daily report is being automatically generated and sent to all asset owners informing them of leavers in the last 24 hrs. • Checking that the asset owners list is up to date. • Issuing a monthly summary of ex-employees where will still have an asset outstanding to department heads. <p>Scope: Laptop, Mobile Phone, Smart Phone, Radio.</p> <p>Some issues remain which are out of the control of ICT and were discussed during the inspection: Departments aren't keen to give devices back to ICT as they feel the kit belongs to them not ICT. ICT aren't aware of what kit individuals have, so are unable to determine what should come back when a member of staff leaves.</p> <p><u>Update February 2022</u> Digital Services Dept under CI DSD have appointed asset analysts. Work ongoing between DSD and ICT with plans to develop the Cireson Service Management Platform to add an asset tracking module for the asset analysts to use for effective asset management in the future.</p>	
447	Data Quality Process 2021	FCMU Manager	Once the Force Crime Management Unit is developed, the Force will implement standard operating procedures for crime recording to ensure that officers are informed of processes and expectations specific to Cleveland Police. (Low)	31 March 2022	August 2022	<p>Report Published June 2021 Presented to Audit Committee September 2021</p> <p><u>Update September 2021</u> The FCMU pilot is underway and awaiting the decision to make it permanent. This action will be actioned once the decision has been made.</p> <p><u>Update October 2021</u> The creation of a new FCMU has been signed off and recruitment will start soon. We aim to go live with the team at the end of Feb 2022 (after recruitment and training). All crime recording SOPS are being worked on and will be in place ahead of training.</p> <p><u>Update February 2022</u> FCMU - first recruitment has taken place; second advert is now live. First training input delivered, and plans are underway to secure further training for next intake of staff.</p> <p>Following consultation with existing staff, a shift pattern has been agreed however staff will be working 12 weeks notice before changing to new pattern - go live has been pushed back until 18/4/22.</p> <p>Performance Framework is being developed and will be in place for go live.</p> <p><u>Update May 2022</u> Second recruitment has taken place and new operators plus team leader start on 11/7/22 for 6 weeks of training. FTE will then be 2 T/L and 19.02 operators. Performance framework finalised; this along with the SOP booklet to be provided as evidence.</p>	
454	Whistle	Superintendent	The Force will update the Professional	Complete		Report Published August 2021 Presented to Audit Committee September 2021	

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	Blowing 2021	DSE	Standards Concerns and Protected Disclosure Policy with recommendations made as part of this review. (Medium)			<p>Update October 2021 The report has been to the independent ethics committee who have requested the final draft policy be presented. The policy has been sent for consultation to staff networks and appropriate partners and appropriate amendments made. It has been reviewed by HR who have made a number of recommendations. The EDI team have been provided with an initial assessment. It will need further amendments and to be signed off by the EDI team before completion.</p> <p>Update January 2022 The EDI assessment has been completed and signed off. The Guidance document is now updated and complete; it will be discussed at the next independent ethics board in February. Before publication. Action Complete</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 The Reporting Professional Standards Concerns and Protected Disclosure Policy (Whistleblowing policy) has been to exec board, approved and was published on 7th April 2022 both internally and externally on the Force website along with the EIA. It includes the details listed within the RSM Management Action. Action Complete – policy available, both internally and externally, for viewing; also uploaded onto the RSM Huddle after some initial problems during the inspection.</p>	
455	Whistle Blowing 2021	Superintendent DSE	<p>The Force will update the Reporting Professional Standards Concerns and Protected Disclosure Policy to include details of:</p> <ul style="list-style-type: none"> • who reviews concerns raised; • who makes the decision that where a concern raised it is a whistleblowing concern; and • where such concerns will be raised for investigation. (Medium) 	Complete		<p>Report Published August 2021 Presented to Audit Committee September 2021</p> <p>Update October 2021 The Policy now details that on receipt of a referral the receiving department will review and refer into CCU. CCU will hold a specific case conference with Legal Services and HR to confirm that the disclosure meets the criteria for a protected disclosure. Once the protected disclosure has been confirmed the meeting will consider the most appropriate department/person to conduct the investigation if necessary. The worker will be notified within 28 days of the outcome and informed of their right and legal protection with supporting documentation if appropriate.</p> <p>Update January 2022 The Guidance includes the information as described. Action complete</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 The Reporting Professional Standards Concerns and Protected Disclosure Policy (Whistleblowing policy) has been to exec board, approved and was published on 7th April 2022 both internally and externally on the Force website along with the EIA. It includes the details listed within the RSM Management Action. Action Complete – policy available, both internally and externally, input provided to the Complaints and Discipline Staff; also uploaded onto the RSM Huddle after some initial problems during the inspection.</p>	
456	Whistle Blowing 2021	Superintendent DSE	<p>On conclusion of the current review/updating of the Reporting Professional Standards Concerns and Protected Disclosure Policy, the Force will run an awareness programme to make police officers and staff aware of the updated policy.</p> <p>Training programmes will also be undertaken to ensure police officers and staff are aware of the policy and were appropriate what their responsibilities are in relation to whistleblowing. (Medium)</p>	31/12/2021	31 st August 2022	<p>Report Published August 2021 Presented to Audit Committee September 2021</p> <p>Update August 2021 The CCU prevent officer will incorporate the policy in briefings to staff. We will look to identify any current eLearning in relation to whistle blowing. Arrangement to be made with training about incorporating this policy into student training. This will commence once the policy has been signed off and ready for circulation.</p> <p>Update September 2021 DSE will receive a presentation to ensure that should they become aware of a protected disclosure they are aware of the process that needs to be followed. SB to deliver an input to DSE.</p> <p>Update October 2021 DSE have received whistleblowing presentation. Suitable safeguards will be in place to ensure that supervision review all disclosures against the policy. This will be captured on centurion before being referred into CCU. MC has identified a suitable qualified SME. The SME will be commissioned to provide a suitable training VLOG for the workforce. Once completed CCU prevent officer to ensure delivery into</p>	

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						<p>the force and host on the DSE site. Further SME presentation will be organised by MC to be delivered to the dedicated decision makers.</p> <p>Update January 2022 Once the Guidance is published the prevent officers will engage with Corporate Communications to arrange delivery to the force. Action Complete</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 Work has progressed by the prevent officer raising awareness of the policy within presentations to student officers/transferees etc. Wider dissemination is being planned by the Counter Corruption Sgt with a feature in the Force Team Brief. A whistle Blowing leaflet has been created and is handed out to those who attend the presentations.</p>	
457	Whistle Blowing 2021	Superintendent DSE	<p>The Force will carry out a review of lessons learnt from whistleblowing concerns raised every three months.</p> <p>This will consider, but not be limited to, reviews of policies and procedures, the issue of alerts to police officers and staff and updating training needs. (Medium)</p>	31/12/2021	31 st August 2022	<p>Report Published August 2021 Presented to Audit Committee September 2021</p> <p>Update October 2021 The CCU analyst will incorporate Whistleblowing referrals at the DSE TCG. The lessons learnt from whistleblowing allegations will be discussed and lessons learned actioned and reviewed for themes/trends. The lessons learnt will be disseminated to the force for incorporation into policy reviews and procedures.</p> <p>Protected disclosures will feature every 3 months in the closed session of the PIB. CCU analyst will prepare an update of current protected disclosures and lessons learnt which will feed into the Ethical Standards Board.</p> <p>Update January 2022 This will be featured into the February DSE TCG. Action complete</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 Whistleblowing now features in the agenda for DSE TCG and the PIB (redacted section showing its inclusion provided as evidence); the prevent officers will collate lessons learnt which will be reviewed at the DSE TCG meeting to ensure there are actioned and monitored. The lessons learnt will then be placed on the force system (managed by the Insp. Review and Assurance). Urgent lessons learnt will continue to be brought to the attention of supervision for quick dissemination before following the above process.</p>	
458	Whistle Blowing 2021	Superintendent DSE	<p>The Force will discuss and agree where it would be most appropriate to include governance and oversight meetings relating to whistleblowing. (Medium)</p>	Complete		<p>Report Published August 2021 Presented to Audit Committee September 2021</p> <p>Update October 2021 DSE Supt will feature Protected disclosures every 3 months in the closed session of the PIB, which will feed into the Ethical Standards Board. Action complete</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection, action not implemented – no supporting evidence received – management action reiterated and new delivery date set.</p> <p>Update May 2022 Whistleblowing has been added to the agenda for the DSE TCG and the People Intelligence Board (PIB) as agreed by the Supt. Head of DSE and the Senior Management Team; any analytical data, trends and lessons learnt to be discussed during these meetings and further disseminated as appropriate. Action Complete</p>	
459	Complaints 2021	DSE Office Manager and Snr Complaints Advisor (OPCC)	<p>The Force and OPCC will develop an internal policy with flow diagrams to detail the processes to follow when receiving, recording and processing expressions of dissatisfaction and complaints including the respective roles and responsibilities of both organisations. (Low)</p>	31 December 2021	31 st August 2022	<p>Report Published September 2021 Presented to Audit Committee xxx 2021</p> <p>Update October 2021 Diagrams have been produced which reflect the complaints flow with respect to the new Model 3 complaints arrangements</p> <p>Update February 2022 Process has been completed, the live date for the OPCC taking on complaints was 31st January. All</p>	

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						<p>complaints are held on Centurion which DSE and OPCC staff have access to. There will be weekly meetings to discuss the embedding process, and to highlight any issues.</p> <p>May 2022 – reviewed by RSM as part of the Follow-up inspection and found not to be implemented – management action reiterated and new delivery date set.</p> <p><u>Update May 2022</u> Following the implementation of the new OPCC Resolution Team on 31 January 2022 we are currently drafting new processes. When the auditors carried out the audit we were working under the old working model and we may need to change this action to reflect these changes. This work has started and will be prioritised throughout June – expected completion will be August 2022.</p>	
462	Complaints 2021	DSE Office Manager	We will undertake a deep-dive review of all live cases to ensure that they are ongoing investigation or can be marked as finalised. (Low)	Complete		<p>Report Published September 2021 Presented to Audit Committee xxx 2021</p> <p><u>Update October 2021</u> The performance framework has covered this action, the DSE Office Manager is satisfied everything that should be no longer live is in a queue awaiting closer; which in the next month she is confident will have progressed.</p> <p><u>Update February 2022</u> Due to staffing issues, we have not been able to close all cases, however we have conducted another performance meeting this week and low level complaints going back to command is showing a positive impact. We have reduced the finalise queue from 400 to 144, our focus for the next two weeks is to clear the queue. I am confident we will be in a positive place in the coming weeks.</p> <p><u>Update May 2022</u> We are up to date with all cases; we have no back log to close. We have had the queue at 0 for several months and this is part of our performance framework. (attached evidence of the queue with no back log) Action complete</p>	
465	Complaints 2021	DSE Office Manager and Snr Complaints Advisor (OPCC)	We will remind staff to keep Centurion up-to-date with progress of Independent Adjudicator reviews (i.e. meeting/exceeding 28 day deadlines). (Low)	Complete		<p>Report Published September 2021 Presented to Audit Committee xxx 2021</p> <p><u>Update October 2021</u> Training will be provided to new staff and existing staff will be reminded to maintain updates in relation to reviews</p> <p><u>Updated February 2022</u> DSE admin have supported the review process since it was taken in February 2021, discussed with the OPCC office in regards to getting the review member set up with a laptop which will make it much more efficient for him, but will also support that DSE admin will no longer need to send files through email.</p> <p><u>Update May 2022</u> We continue to monitor this through performance framework, also the Inspector reviews all live cases and ensures the IO has completed their 28-day reviews. A reminder was sent to all staff. (Evidence provided)</p>	
466	Complaints 2021	DSE Office Manager	We will request that investigating officers attach within the documents tab on Centurion evidence confirming completion of actions relating to lessons learned resulting from the investigation of a complaint. (Low)	31 December 2021	31 July 2022	<p>Report Published September 2021 Presented to Audit Committee xxx 2021</p> <p><u>Updated October 2021</u> All staff have been advised when a lessons learnt is added to centurion this should not be closed until we have confirmed that the action was carried out. This will be finalised once Admin are satisfied the action is completed, it will also form part of the prevent officers role in DSE.</p> <p><u>Update February 2022</u> Prevent officer will continue with lessons learnt once in post, DSE Office Manager has agreed to support this function into they are in role.</p> <p><u>Update May 2022.</u> Until the prevent Officer arrives the Office manager helps with any learning which is highlighted. This is added to the organisational learning portal. Once the prevent officer arrives in post this will be their task to continue.</p>	
467	Complaints 2021	Prevent Officer	The Prevent Officer will produce monthly reports identifying trends and themes	31 December 2021	31 August 2022	<p>Report Published September 2021 Presented to Audit Committee xxx 2021</p>	

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			emerging from the investigation and outcomes of complaints and any lessons learned. These reports will be shared among the wider Force, as well as presented at the bi-monthly Tactical Coordination Group meetings. (Medium)			<p>Updated October 2021 A meeting is being set up to identify, as a department, how lessons learned will be collated and distributed to the wider force, which will include the identification of trends. External lessons learned will be passed to the Review and Assurance team Inspector to share with the Force; this will include IOPC recommendations.</p> <p>Update February 2022 DSE have now set up a process to collate all lessons learnt at the conclusion of investigations. The prevent officers/Office managed will collate lessons learnt which will be reviewed at the DSE TCG meeting to ensure there are actioned and monitored. The lessons learnt will then be placed on the force system (managed by Insp Milsom). Urgent lessons learnt will continue to be brought to the attention of supervision for quick dissemination before following the above process. The CCU analyst will review any themes/trends every 3 months and bring them to the DSE TCG for discussion before dissemination to the wider force.</p> <p>Update May 2022 A monthly report is produced and presented at the DSE TCG; which is discussed to identify themes and trends. Commands are provided with a further redacted report covering complaints in their area. This information can also be used to formulate prevent work and lessons learnt.</p>	
468	Key Financial Controls 2021	Head of Financial and Payroll Services	The Force will update the month-end procedure document once it is next reviewed at the end of October 2021 (Suggestion)	Complete		<p>Report Published October 2021 Presented to Audit Committee xxx 2021</p> <p>Update February 2022 The document is updated as minor changes take place in the process; latest version provided as evidence. Action Complete</p>	
469	Key Financial Controls 2021	Finance Business Partner	The results of the IDEA testing will be reviewed and actioned, where appropriate (Low)	31 December 2021	June 2022	<p>Report Published October 2021 Presented to Audit Committee xxx 2021</p> <p>Update February 2022 Results of the IDEA testing have never been shared to be able to evaluate them. RSM asked for more detail. RSM confirmed they are in the Huddle folder awaiting download.</p>	
470	Victims Code 2022	Head of CID	An action plan and timetable will be set out to increase training compliance to an agreed level closer to the overall 100% target, with due allowance for staff absence and other unavailability. (Medium)	March 2022	31 August 2022	<p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p>Update February 2022 This training need has now been picked up, prioritised and driven by the Learning and Development Governance Group as part of the RIS/Service Improvement Programmes.</p> <p>Update June 2022 Current performance in terms of Victim's Code Compliance stands at 80.6% which is a significant improvement on the position 6 months ago but there is still room for improvement. Training is delivered online, and the force is currently at 74.2% compliance. Compliance with the Victim's Code is monitored by the Victims and Witnesses Tactical Group Meetings. Agenda and action log provided as evidence.</p>	
471	Victims Code 2022	Head of CID	Once the update to Niche is applied the Force will monitor the issue of VCOP information to victims. (High)	April 2022	31 August 2022	<p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p>Update February 2022 The changes required to count the various elements of the Victims' Code as required will need the involvement of the IT Department. They have the intention to prioritise similar work for Use of Force, Missing from Home and Stop and Search before looking at this element. The update is due to take place on 28th February and the first set of IT work will commence after that. Further consultation with IT is needed for accurate timescales.</p> <p>Update June 2022 The NICHE victim contact module is in place but the communication strategy that went with it hasn't delivered. The introduction of the NICHE Victim Contact Module has had some issues and the "soft launch" has not landed with staff, as the force had hoped. We are in the process of designing a "hard launch" and detailed comms plan to be delivered over the next few weeks. Of 1445 crimes recorded in April 2022, only 10.1% had the module attached. Compliance is still evident elsewhere in the NICHE logs but the force will have more accurate performance data once the module is fully utilised by investigators. The force tactical working group is monitoring compliance.</p>	
472	Victims Code	FCR Crime	The Force will record the issuing of emails	April 2022	31 August	Report Published January 2022 Presented to Audit Committee May 2022	

Summary of All Outstanding Internal Audit Recommendations – Oldest Implementation Date First

	2022	Management Chief Inspector / Head of CID	and phone calls to ensure VCOP information has been issued. The Force will explore an automated reporting mechanism or use of the VCMM in Niche. (Medium)		2022	<p><u>Update February 2022</u> There has been a renewed focus on the collection of emails from Victims in the Force Control Room (FCR) since Sept 21. Collection of emails is being performance monitored. Auto generated emails have been explored and a Victim Charter link is now in use which auto generates the Victim Charter link to the Victim. Where no email is provided the PCIU send the link to Victim's mobiles. The PCIU are also trained and instructed to use the Victim Contact Module for any contacts with Victims. This will predominately be early contact as they do not hold investigations.</p> <p><u>Update May 2022</u> For emails an auto generated reply is sent (see evidence attached) which shows the number of victims provided with Victims Code information. For PCIU number of text messages to victims also provided. For the wider Force, Officers now offer support to victims via a QR code which is often recorded in free text on investigation logs making it extremely difficult to performance manage. Better recording of the use of a QR code in the Victim Contact Module will alleviate this issue and progress is linked to the renewed comms strategy. The force has recently undertaken an internal audit identifying further areas for improvement all of which will be raised and monitored through the tactical working group.</p> <p>Some areas of good practice have been identified. 28 and 56 day reviews show up constantly in OELs, and supervisors are taking an active interest in the quality and quantity of updates provided to victims. Domestic Abuse have a Victim Needs Assessment template can be attached to the OEL. The purpose of this template is to document that victim needs are reassessed; this catches some misidentified victims and can account for changing circumstances.</p>	
473	Victims Code 2022	T/ACC	The Strategic Performance Improvement Board, led by the ACC, will review processes for recording actions and follow up. The CDI Victims and Witnesses Strategic Group will provide assurance to the ACC on the improvement of response rates. As part of the transfer of ownership to the ACC the Risk, Action, Issues and Decision log will be reviewed as part of this process. (High)	April 2022	July 2022	Report Published January 2022 Presented to Audit Committee May 2022	
474	Victims Code 2022	Detective Chief Superintendent	The Crime Data Integrity Victims and Witness Strategic Governance Group will ensure recommendations within reports submitted to them are recorded and followed up. This will be undertaken by the Chair of the Group. In addition, the results of the internal audit report will be feed into the Inspection and Audit Monitoring Board. Consideration will also be given to the introduction of a Risk, Action, Issues and Decision log to more accurately reflect the activity within each meeting. (Medium)	April 2022	July 2022	Report Published January 2022 Presented to Audit Committee May 2022 <u>Update May 2022</u> The audit report formed part of discussions at the May 22 Governance Group. Det Supt Davies is the tactical lead for delivery of these and there is now a rolling agenda item included to ensure activity is focused on the recommendations and they are being progressed. These will be recorded in the action and decision log. There are established mechanisms in place to review progress. The chair of the V and W Strategic Governance Group will report into the IAMB and VCOP and CDI from a wider perspective is included in the strategic performance report and assessed through the Strategic Performance Board.	
479	Seized Cash 2022	Temporary Chief Superintendent Local Policing	The Property User Group will reflect on the findings of the report and consider the need for officer training in cash handling procedures. (Low)	31 March 2022	July 2022	Report Published January 2022 Presented to Audit Committee May 2022	
481	Equality Diversity and Inclusion 2022	Head of HR	The Force should develop a policy that uses the Force's strategic objectives to set out the requirements of the PSED. (Low)	31 March 2022	July 2022	Report Published February 2022 Presented to Audit Committee May 2022 <u>Update May 2022</u> Policy drafted and with the HR Policy Advisor to progress it to completion.	
482	Equality Diversity and Inclusion 2022	EDI Manager	The EDI Board will ensure the action log is fully updated and contains an estimated completion date for all actions. (Medium)	31 December 2022		Report Published February 2022 Presented to Audit Committee May 2022 <u>Update May 2022</u> Action log to be reviewed and dates added where appropriate.	
483	Follow Up Inspection	Head of ICT	Upon the implementation of online IT asset disposal forms, the Force will ensure that	31 st August 2022		Report Published April 2022 Presented to Audit Committee June 2022	

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	2022		confirmation checks regarding an asset's preparation and relocation to a designated disposal area are complete within a timely basis (Medium)				
484	Collaborations Tactical Training Centre 2022	Chief Firearms Instructor	The Standard Operating Procedures will be reviewed and updated to ensure more clarity with regards to the annual audit and the role of the Senior Management Team. (Low)	31 st March 2022		<p>Report Published April 2022 Presented to Audit Committee June 2022</p> <p><u>Update May 2022</u> Training SOPs have been amended in line with the recommendation (amendments to SOP are done bi-annually as part of my (Chief Firearms Instructor) PSQMS submission to the College of Policing- due on 31 March '22.)</p> <p>The SOP now reflects a requirement for a member of the Senior Leadership Team to quality assure the annual 100% weapons and ammunition audit. Action complete.</p>	
485	Vetting 2022	Director of Standards and Ethics	The Force will ensure that notes are taken to reflect the discussion held during the Scrutiny Panel meeting and that these are saved on the Core-vet system. (Low)	Complete		<p>Report Published May 2022 Presented to Audit Committee June 2022</p> <p><u>Update 20th May 2022</u> The two members of DSE who would consider appeals and hold Scrutiny Panel meetings are aware of this both through receipt of the RSM audit report (10th May and 17th May) and follow up email from Force Vetting Manager (18th May). Since the action was documented, there has only been one panel held, and the notes have been stored on applicant's vetting file ref ID 17582. Action completed</p>	
486	Vetting 2022	Vetting Team Leader	The Vetting Team will ensure all individuals with MV and NPPV-3 clearance have a 28 and 56 month review scheduled on the Corevet system and these are completed in a timely manner. (Medium)	31 August 2022		<p>Report Published May 2022 Presented to Audit Committee June 2022</p> <p><u>Update 20th May 2022</u> The vetting team have commenced assigning the 28 and 56 month reviews to MV holders. The work has temporarily paused, as some of those reviews will shortly become due. Until the additional resourcing is brought into the team, the reviews won't commence. It is pointless spending time populating review dates for those who will not be reviewed. Work will re-commence to populate the remaining MV reviews and to undertake the reviews, once additional resource joins the team. In progress.</p>	
487	Vetting 2022	Vetting Team Leader	The Force will conduct a regular six-month review of access rights within the Core-vet system to determine if users are appropriate and have the correct access level (Low)	Complete		<p>Report Published May 2022 Presented to Audit Committee June 2022</p> <p><u>Update 20th May 2022</u> The Vetting Supervisor completed a review of the access permissions during April and start of May, resulting in a handful of users being removed from having systems access. Future 6-monthly reviews have been scheduled in for October 22 and April 23. Action completed.</p>	
488	Vetting 2022	Director of Standards and Ethics	<p>The Force will ensure that the resources approved as part of the resource paper are recruited to address the backlog of expired vetting and upcoming expiring vetting. The Force will:</p> <ul style="list-style-type: none"> • Undertake a reconciliation exercise of the vetting backlog to determine whether vetting requests are still required; • develop an action plan to address the vetting backlog, including prioritisation of vetting requests using a risk-based • approach to ensure the backlog is methodically approached; and • provide regular reporting to SMT on the progress in addressing the backlog of vetting requests. (High) 	31 August 2022		<p>Report Published May 2022 Presented to Audit Committee June 2022</p> <p><u>Update 20th May 2022</u> Recruitment activity is underway:</p> <ul style="list-style-type: none"> - We are underway with an 'expression of interest' exercise to appoint a team member into the Senior Vetting Researcher post, due to close 3rd June. - The adverts for the 2.5 FTE Vetting Researchers are due to go out at beginning of June once the role has been graded correctly on 27th May. <p>The plan to tackle the backlog of expired clearances will be worked through mid-June, likely prioritising MV and NPPV3 expired clearances. It is likely that when commencing a renewal, a check will be done to determine whether the vetting is still required. It is pointless undertaking an exercise to work through a long list of expired clearances to establish if the vetting is still needed, this could take months to complete, and would be out of date before the exercise is complete. Some performance indicators have been drafted to report on progress towards clearing the backlog, these will be reported to IAB and SMT quarterly. In progress.</p>	
489	Vetting 2022	Vetting Team Leader	Discussions will be undertaken to determine whether the data retention function on Core-vet can be implemented. If it can, then a plan will be created outlining how this will be implemented (Medium)	30 September 2022		<p>Report Published May 2022 Presented to Audit Committee June 2022</p> <p><u>Update 20th May 2022</u> Work has already been undertaken to determine that the data retention function on <u>Corevet</u> can be implemented. Mid-June, we will look to establish a process to populate retention dates on records in future, and also plan to tackle retention dates of existing records. In progress.</p>	

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Reference key to Audit Reports:

Reference	Report Title	Published	Presented to Audit Committee
ANPR21	Automatic Number Plate Recognition RSM	February 2021	25/3/2021
C21	Complaints	September 2021	
CDSOU21	Cleveland and Durham Specialist Operations Unit 2021 RSM	April 2021	24/6/2021
CTTC	Collaboration Tactical Training Centre	April 2021	
DA21	Domestic Abuse Review RSM	January 2021	25/3/2021
DQP21	Data Quality Process RSM	June 2021	30/9/2021
EDI22	Equality Diversity and Inclusion 2022	February 2022	4/5/2022
FUI22	Follow Up Inspection 2022	April 2022	
HRW20	Human Resources – Wellbeing RSM	November 2020	25/3/2021
ICTDR20	ICT Disaster Recovery TIAA	March 2020	29/6/2020
ITAM21	IT Asset Management RSM	June 2020	24/6/2021
KFC21	Key Financial Controls RSM	October 2021	
L&D20	Learning and Development TIAA	April 2020	29/6/2020
P21	Payroll 2021 RSM	May 2021	24/6/2021
P&CC20	Purchases and Credit Cards RSM	November 2020	25/3/2021
SA22	Sickness Absence RSM	January 2022	4/5/2022
SC22	Seized Cash RSM	January 2022	4/5/2022
V22	Vetting RSM	May 2022	
VC22	Victims Code RSM	January 2022	4/5/2022
W21	Whistleblowing Arrangements RSM	August 2021	30/9/2021

	Complete; awaiting sign off by the auditors
	Recommendation being progressed
	New Action – first update not yet requested
	Action against the recommendation to commence

TIAA levels	
Priority 1	Urgent
Priority 2	Important
Priority 3	Routine

RSM Priorities	
High	Immediate management attention
Medium	Timely management attention
Low	Scope for improvement