



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

[Follow Up of Previous Internal Audit Management Actions: Visit 2](#)

Internal audit report 13.21/22

FINAL

26 April 2022

This report is solely for the use of the persons to whom it is addressed.

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1. EXECUTIVE SUMMARY

Background

We have undertaken a review to follow up progress made by the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland to implement the previously agreed management actions. These are in respect of the following internal audit reports:

- Domestic Abuse Review (8.20/21);
- Automatic Number Plate Recognition (ANPR) (10.20/21);
- Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention) (15.20/21);
- IT Asset Management (18.20/21);
- Data Quality Process (Crime Recording) – Force Audit and Monitoring Mechanisms (3.21/22);
- Evidence Led Prosecution Review (1.21/22);
- Whistleblowing Arrangements (4.21/22);
- Complaints (5.21/22); and
- Seized Cash Spot Check (11.21.22).

A total of 28 actions have been marked as closed and we have subsequently reviewed during the audit. Of the 28 agreed management actions, 12 comprised of low priority, 10 medium priority and six high priority management actions.

Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland have demonstrated **poor** progress in implementing agreed management actions. We were supplied with satisfactory evidence for 13 out of the 28 actions of the actions declared as complete by the respective action owner with a further two actions being superseded. Out of the remaining 13 actions, we concluded four have been partially but not fully completed with a further nine actions having not been implemented. Out of the nine actions concluded to have not been implemented, eight can be attributed to a lack of information received.

Progress on actions - Overview

The following table includes details of the status of each recommendation:

Implementation status by category of action	Number of actions agreed	Status of recommendations			
		Implemented	Implementation ongoing	Not implemented	Superseded
High	6	5	1	0	0
Medium	10	2	2	6	0
Low	12	6	1	3	2
Total:	28 (100%)	13 (47%)	4 (14%)	9 (32%)	2 (7%)

Progress on actions – Detailed Summary

Implementation status by review	Number of actions agreed	Status of recommendations			
		Implemented	Implementation ongoing	Not implemented	Superseded
Domestic Abuse Review (8.20/21) (Report date: 12.01.21)					
<ul style="list-style-type: none"> ACTION 1: Domestic abuse incidents are reviewed by a supervisor ACTION 2: Body worn footage is attached to domestic violence incidents ACTION 3: Review and training of officers regrading MARAC ACTION 5: Clare's and Sarah's Law 	4	3	1	0	0
Automatic Number Plate Recognition (ANPR) (10.20/21) (Report Date: 22.02.21)					
<ul style="list-style-type: none"> ACTION 2: Strategic assessment for all ANPR camera deployments 	3	0	0	3	0

- ACTION 3: DPIA complete on a camera's 12-month anniversary date
- ACTION 4: Revised Request for Support document

Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention) (15.20/21) (Report Date: 11.05.21)

- | | | | | | |
|--|---|---|---|---|---|
| • ACTION 2: Members of selection panels are documented | 2 | 0 | 2 | 0 | 0 |
| • ACTION 6: Reporting structure for exit information | | | | | |

IT Asset Management (18.20/21) (Report Date: 7.06.21)

- | | | | | | |
|---|---|---|---|---|---|
| • ACTION 5: Record and review the risk of not having IT maintenance | 2 | 2 | 0 | 0 | 0 |
| • ACTION 6: Ensuring disposal forms are signed | | | | | |

Data Quality Process (Crime Recording) – Force Audit and Monitoring Mechanisms (3.21/22) (Report Date: 29.06.21)

- | | | | | | |
|--|---|---|---|---|---|
| • ACTION 2: Updates to the Incident Registrar | 3 | 3 | 0 | 0 | 0 |
| • ACTION 3: Reminder to all officers on which crimes should be referred to the DDM | | | | | |
| • ACTION 4: Development of an NCALT package for crime recording | | | | | |

Evidence Led Prosecution Review (1.21/22) (Report Date: 3.08.21)

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|---|---|---|---|---|---|
| • ACTION 1: Continue random sample themed audits and the examination of case findings | 3 | 1 | 1 | 0 | 1 |
| • ACTION 2: Victims needs assessment training | | | | | |
| • ACTION 3: Logging of DVPN consideration | | | | | |

Whistleblowing Arrangements (4.21/22) (Report Date: 26.08.21)

- ACTION 1: Update to the professional Standards Concerns and protected Disclosure Policy
- ACTION 2: Update the Reporting Professional Standards Concerns and Protected Disclosure Policy
- ACTION 3: Addition of awareness and training programmes to make police officers and staff aware of the updated policy
- ACTION 4: review of lessons learnt from whistleblowing concerns
- ACTION 5: Discussion regarding the implementation governance and oversight meetings relating to whistleblowing

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Complaints (5.21/22) (Report Date: 24.09.21)

- ACTION 1: Updated internal policy and flow diagrams
- ACTION 2: Complaints handling training
- ACTION 3: Updated service recovery letter
- ACTION 5: Reminders to staff regarding the documentation of complainant contact
- ACTION 6: Reminders to staff regarding complainants are to be contacted every 28 days

5 3 0 1 1

Seized Cash Spot Check (11.21.22) (Report date: 27.01.22)

- ACTION 2: Reconciliation between the Niche system and cash items

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2. FINDINGS AND MANAGEMENT ACTIONS

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.
5	The action is not yet due.

Assignment: Domestic Abuse Review

Original management action / priority	<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.</p> <p>Where relevant, further training will be provided to relevant Officers on the purpose of MARAC.</p> <p>Priority: High</p>
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Audit finding / status	<p>We held talks with the Force's Detective Chief Inspector for domestic abuse to understand whether the Force had implemented our recommendation regarding MARAC and the public protection logs. From our calls, we discovered that the Force are currently subject to a Safe Lives matter review. While this review began in February, the Force's Detective Chief Inspector for domestic abuse outlined that the review was still in progress. Although the review continues, we did note that the Force have implemented a Strategic MARAC improvement plan which involves various actions with some of the actions supported by implementation dates and owners. In addition to this, we found that, in October 2021, the Force had appointed a MARAC Coordinator. While we obtained the mentioned evidence, we failed to receive evidence that confirmed, the occurrence of a public protection log review, whether the Force had established a misunderstanding as to the purpose of MARAC or any training applicable to MARAC; of which, the Force's Detective Chief Inspector for Domestic Abuse stated that no training had occurred. Although no training had taken place at the time of our review, we did find that outlined within the Force's action plan from the strategic MARAC meeting, MARAC training had been scheduled.</p> <p>2. The action has been partly though not yet fully implemented.</p>
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Management Action 1	<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.</p> <p>Where relevant, further training will be provided to relevant Officers on the purpose of MARAC.</p>	Responsible Owner: Detective Chief Inspector for Domestic Abuse	Date: 31 August 2022	Priority: High
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Assignment: Automatic Number Plate Recognition (ANPR)

Original management action / priority	<p>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.</p> <p>Priority: Medium</p>			
Audit finding / status	<p>We failed to receive any evidence in relation to the action.</p> <p>3. The action has not been implemented.</p>			
Management Action 2	<p>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.</p>	Responsible Owner: ICT Support Manager	Date: 31 August 2022	Priority: Medium

Assignment: Automatic Number Plate Recognition (ANPR)

Original management action / priority	<p>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.</p> <p>Priority: Low</p>			
Audit finding / status	<p>We failed to receive any evidence in relation to the action.</p> <p>3. The action has not been implemented.</p>			

Assignment: Automatic Number Plate Recognition (ANPR)

Management Action 3	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.	Responsible Owner: ICT Support Manager	Date: 31 August 2022	Priority: Low
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Assignment: Automatic Number Plate Recognition (ANPR)

Original management action / priority	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. Priority: Low			
Audit finding / status	We failed to receive any evidence in relation to the action. 3. The action has not been implemented			
Management Action 4	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.	Responsible Owner: ICT Support Manager	Date: 31 August 2022	Priority: Low

Assignment: Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention)

Original management action / priority	The Recruitment Manager will ensure that members of selection panels are documented. Priority: Medium			
Audit finding / status	To understand whether members of selection panels are appropriately documented, we took a sample of five recruitment panels, reconciling the information regarding the Panel Chair, Second Panel Member and Independent Panel Member against the interview results form which is produced following each interview. From our sample test, on three out of five occasions, we could reconcile all the panel members between both documents. However, within an interview for a Digital Forensic Technician, the Second Panel Member and Independent Panel Member differed. In addition to this, we found that within an interview for a Juvenile Liaison Officer, the Second Panel Member also differed between the documents. While the Force recognised these discrepancies and have subsequently corrected the master sheet of selection panels, we have marked the action as ongoing given the outlined discrepancies. 2. The action has been partly though not yet fully implemented			

Assignment: Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention)

Management Action 5	The Recruitment Manager will ensure that members of selection panels are documented.	Responsible Owner: Head of HR	Date: 31 August 2022	Priority: Medium
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Assignment: Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention)

Original management action / priority	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. Priority: Low			
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Audit finding / status	The Exit Policy, originally referenced within our action, has now been complete to a draft standard however the team are currently looking to make adjustments to the policy based upon the utilisation of Microsoft forms. As the policy is currently within draft condition, we have marked the action as ongoing in order to capture the policy's finalisation within an upcoming follow up review.			
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Regarding the further work to be completed to support those with protected characteristics from leaving the Force, the Employer Relations Senior Business Partner looks for trends in relation to a disproportionate number of people with protected characteristics with reference being made on the current exit form; this is complete on an annual basis. Given this exercise, we believe that the Force demonstrated that key information in relation to protected characteristics was both assessable and utilised.

2. The action has been partly though not yet fully implemented

Management Action 6	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.	Responsible Owner: Head of HR	Date: 31 August 2022	Priority: Low
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Assignment: IT Asset Management

Original management action / priority	Management must ensure that all disposal forms are signed to verify that checks have been made to make sure that appropriate preparations have been made to dispose of IT equipment. Priority: High			
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Audit finding / status	<p>We obtained the master list of collected IT assets constructed by the asset collector in addition to the entirety of the Force's asset disposal forms since March 2021. From the provided information, we conducted a sample test of 10 IT disposals completed since our action was raised. We aimed to understand whether the Force's asset disposal forms had been appropriately signed both by the preparer and the individual confirming the asset had been prepared correctly. While we originally looked to select a sample from the master list, reconciling the reference number to the corresponding asset disposal form, this testing strategy was infeasible, given the disposal forms had not been documented within a chronological order, rather, the forms were presented on a random basis within a group of PDF files. Due to this limitation, we adjusted our testing to randomly selecting asset disposal forms directly from the PDF file provided. From our sample of 10, we noted that, on all occasions, the asset disposal form had been signed by both the preparer and the confirmer. However, we did note a timeliness issue from our sample. Out of the 10 disposal forms sampled, three exceeded a three-day time frame regarding the preparation and confirmation signatures. The differences, in days, were as follows:</p> <ul style="list-style-type: none"> • 227; • 223; and • 55. <p>While we believe that a new action should be raised to account for the timeliness issues identified, the Head of ICT at the Force outlined that the manual, paper-based process of IT asset disposals has now come to a close and will be replaced with an 'online form'. We have therefore raised a new action with consideration to the updated process to ensure that the timeliness issues identified within our sample are ratified upon its implementation</p> <p>1. The entire action has been fully implemented.</p>			
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Management Action 7	New Action	Responsible Owner:	Date:	Priority:
	Upon the implementation of online IT asset disposal forms, the Force will ensure that confirmation checks regarding an asset's preparation and relocation to a designated disposal area are complete within a timely basis	Head of ICT	31 August 2022	Medium

Assignment: Evidence Led Prosecution Review

Original management action / priority	<p>Inspectors need to log DVPN considerations. A reminder will be sent to all Inspectors who are required to make these assessments.</p> <p>Priority: Medium</p>
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Assignment: Evidence Led Prosecution Review

Audit finding / status Through discussions with the Detective Chief Inspector for domestic abuse, we found that Inspectors were informed of the requirement to log DVPN considerations verbally. While this communication may have taken place, we were unable to evidence its occurrence and given this, we have marked the action incomplete.

2. The action has been partly though not yet fully implemented

Management Action 8	Inspectors need to log DVPN considerations. A reminder will be sent to all Inspectors who are required to make these assessments	Responsible Owner: Detective Chief Inspector for Domestic Abuse	Date: 31 August 2022	Priority: Medium
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Assignment: Whistleblowing Arrangements

Original management action / priority The Force will update the Professional Standards Concerns and Protected Disclosure Policy with recommendations made as part of this review.
Priority: **Medium**

Audit finding / status During the audit we did not receive evidence as confirmation that this action has been closed.
3. The action has not been implemented

Management Action 9	The Force will update the Professional Standards Concerns and Protected Disclosure Policy with recommendations made as part of this review.	Responsible Owner: Head of Counter Corruption	Date: 31 August 2022	Priority: Medium
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Assignment: Whistleblowing Arrangements

Original management action / priority The Force will update the Reporting Professional Standards Concerns and Protected Disclosure Policy to include details of:

- 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.

Priority: **Medium**

Audit finding / status During the audit we did not receive evidence as confirmation that this action has been closed.
3. The action has not been implemented

Management Action 10	<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. 	Responsible Owner: Head of Counter Corruption	Date: 31 August 2022	Priority: Medium
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Assignment: Whistleblowing Arrangements

Original management action / priority	<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.</p> <p>Priority: Medium</p>
Audit finding / status	<p>During the audit we did not receive evidence as confirmation that this action has been closed.</p> <p>3. The action has not been implemented</p>

Management Action 11	<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.</p>	Responsible Owner: Head of Counter Corruption	Date: 31 August 2022	Priority: Medium
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Assignment: Whistleblowing Arrangements

Original management action / priority	<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.</p> <p>Priority: Medium</p>
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Assignment: Whistleblowing Arrangements

Audit finding During the audit we did not receive evidence as confirmation that this action has been closed.

/ status

3. The action has not been implemented

Management Action 12	The Force will carry out a review of lessons learnt from whistleblowing concerns raised every three months. 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.	Responsible Owner: Head of Counter Corruption	Date: 31 August 2022	Priority: Medium
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Assignment: Whistleblowing Arrangements

Original management action / priority The Force will discuss and agree where it would be most appropriate to include governance and oversight meetings relating to whistleblowing.
Priority: **Medium**

Audit finding During the audit we did not receive evidence as confirmation that this action has been closed.

/ status

3. The action has not been implemented

Management Action 13	The Force will discuss and agree where it would be most appropriate to include governance and oversight meetings relating to whistleblowing.	Responsible Owner: Head of Counter Corruption	Date: 31 August 2022	Priority: Medium
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Assignment: Complaints

Original management action / priority 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.
Priority: **Low**

Audit finding We interviewed the Force's Office Manager within Directorate of Standard and Ethics who stated that a policy and flow diagrams are yet to be constructed. The Office Manager within Directorate of Standard and Ethics outlined that due to a recent process change undertaken on 31 January 2022 which has seen a select group of over 50 inspectors charged with the responsibility for dealing with low level complaints, additional time is required to complete the action with the team's resources being directed towards more prioritised activities since the recent process implementation. It was outlined that the official process has been shared with the OPCC and that the process map outlining this information will be constructed by 31 August 2022.

3. The action has not been implemented

Management Action 14	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.	Responsible Owner: Office Manager within Directorate of Standard and Ethics	Date: 31 August 2022	Priority: Low
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APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment.

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high priority actions	Consideration of medium priority actions	Consideration of low priority actions
Good	75% +	None outstanding.	None outstanding.	All low actions outstanding are in the process of being implemented.
Reasonable	51 – 75%	None outstanding.	75% of medium actions made are in the process of being implemented.	75% of low actions made are in the process of being implemented.
Little	30 – 50%	All high actions outstanding are in the process of being implemented.	50% of medium actions made are in the process of being implemented.	50% of low actions made are in the process of being implemented.
Poor	< 30%	Unsatisfactory progress has been made to implement high priority actions.	Unsatisfactory progress has been made to implement medium actions.	Unsatisfactory progress has been made to implement low actions.

APPENDIX B: ACTIONS COMPLETED OR SUPERSEDED

From the testing conducted during this review we have found the following actions to have been fully implemented or superseded.

Assignment title	Management actions
Domestic Abuse	Status: Implemented All domestic abuse incidents will be reviewed by a supervisor who will ensure that a DASH assessment has been completed. Priority: High
Domestic Abuse	Status: Implemented Supervisors will ensure body worn footage is attached to domestic violence incidents. The Force will review incidents from October 2020 to ensure this issue is now resolved. Priority: High
Domestic Abuse	Status: Implemented The Force will perform a full process review into Clare's Law and Sarah's Law from application through to disclosure to identify blockages and challenges. Where required remedial action will be taken and full process notes will be developed. Priority: High
IT Asset Management	Status: Implemented Management will formally record and review the risk of not having IT maintenance plans in place to ensure that it remains within risk tolerance levels. Priority: Low

IT Asset Management	<p>Status: Implemented</p> <p>Management must ensure that all disposal forms are signed to verify that checks have been made to make sure that appropriate preparations have been made to dispose of IT equipment.</p> <p>Priority: High</p>
Data Quality Process	<p>Status: Implemented</p> <p>The Force Crime and Incident Registrar will consider the findings of our testing and revise audit processes to ensure a consistent approach is adopted. This will include but not limited to outlining requirements for equality of information and the detailed feedback sheet.</p> <p>The Force Crime and Incident Registrar will further determine how quality assurance reviews are documented within the crime audit workbooks to ensure there is a sufficient audit trail where changes to findings have been made.</p> <p>Priority: Medium</p>
Data Quality Process	<p>Status: Implemented</p> <p>The Force Crime and Incident Registrar will issue a reminder to all officers on the instances in which crimes should be referred to the DDM.</p> <p>Priority: Low</p>
Data Quality Process	<p>Status: Implemented</p> <p>The Force Crime and Incident Registrar is liaising with the Learning and Development Department on the development of an NCALT package for crime recording, which would enable online and continuous access to training materials. Given the demands on the Learning and Development Department, the Force Crime and Incident Registrar will continue to review the bi-monthly audits to identify any areas of concerns and raise any future training needs, as appropriate.</p> <p>Priority: Low</p>

Evidence Led Prosecution

Status: **Superseded (part management action)**

Rationale: The team responsible for outcome 16 closure audits has since been reduced from five to two. Given the lack of resources, the audits are no longer completed.

Force Response: The Force already undertakes random sample themed audits re outcome 16 closures. They will continue with this activity.

Priority: **High**

Evidence Led Prosecution

Status: **Implemented (part management action)**

Regarding this specific review, the findings will be given to the “Raising Investigative Standards Programme” where each case will be examined to understand whether there is further activities required to support the victim and/or there is learning for the individual officers and supervisors including any wider force learning.

In addition, the Raising Investigative Standards Programme will also examine the two cases where there is no body worn evidence to provide direct feedback to officers.

Priority: **High**

Evidence Led Prosecution

Status: **Superseded**

Rationale: The training was not revisited as the issue flagged within our original audit was identified as an administrative issue. This concerned staff failing to log victims as either vulnerable or intimidated rather than a lack of knowledge of what constitutes either one of the classifications. Reminders of Force Policy were issued to staff to ensure victims are classified where appropriate.

Victims needs assessment training to be revisited in terms of DA and responsibilities in terms of the code.

Priority: **Low**

Complaints

Status: **Implemented**

Attendance at training courses in relation to complaints handling will be recorded on internal employee training records.

Priority: **Low**

Complaints	<p>Status: Superseded</p> <p>Rationale: The option to reject a service recovery within a service recovery letter was found not to be a legal requirement and therefore the Force rejected our recommendation.</p> <p>We will update the service recovery letter template to make it clear to complainants their option to reject service recovery and for their matter to be formally recorded under schedule three.</p> <p>Priority: Low</p>
Complaints	<p>Status: Implemented</p> <p>We will remind staff to ensure they clearly document any contact with the complainant during the initial investigation stage including consent from the complainant to either resolve through service recovery or escalate under schedule three.</p> <p>Priority: Low</p>
Complaints	<p>Status: Implemented</p> <p>We will remind staff to ensure that complainants are contacted every 28 days of open schedule three complaints, even if not allocated to an Investigating Officer.</p> <p>Priority: Medium</p>
Seized Cash	<p>Status: Implemented</p> <p>The next CCT audit will include a full reconciliation between the Niche system record details and the details present on each cash items. Discrepancies identified will be logged on the Niche system, actions taken, and officers tasked, where applicable.</p> <p>Priority: Low</p>

APPENDIX C: SCOPE

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

Objective relevant to the scope of the review

The internal audit assignment has been scoped to provide assurance on how the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland manage the following area.

Objective of the area under review

To ensure that agreed recommendations / management actions raised by internal audit have been actioned by management in a timely manner

Scope of the review

The focus of this review is to provide assurance that recommendations / management actions previously reported have been fully implemented. We will consider actions that have been closed since the previous internal audit follow up review which was undertaken in September 2021.

The following limitations apply to the scope of our work:

- The review will only cover audit recommendations / management actions previously made, and we will not review the whole control framework. Therefore, we will not provide assurance on the entire risk and control framework.
- We will ascertain the status of recommendations / management actions through discussion with management and review of the recommendation tracking.
- Where the indication is that recommendations / management actions have been implemented, we will undertake limited testing to confirm this.
- Where testing has been undertaken, our samples will be selected over the period since actions were implemented or controls enhanced.
- Our work does not provide any guarantee or absolute assurance against material and/or other errors, loss or fraud.

Debrief held	28 March 2022	Internal audit Contacts	Dan Harris, Head of Internal Audit
Draft report issued	7 April 2022		Philip Church, Senior Manager
Responses received	26 April 2022		Mike Gibson, Client Manager
			James Butler, Auditor
Final report issued	26 April 2022	Client sponsor	Chief Finance Officer, Chief Constable
			HMIC Liaison Officer
		Distribution	Chief Finance Officer, Chief Constable
			HMIC Liaison Officer

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