



OPEN SESSION Internal Audit Update Report for the Audit Committee December 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 57 recommendations (16 have been issued in the last 3 reports); 2 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. 32 actions were closed by RSM in their August 2022 Follow up Report and one suggestion has been taken on board and closed.

Of the 57 recommendations a further 25 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, this includes the 2 oldest actions from TIAA. 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 January, by which time we anticipate the number of proposals for closure 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	Delivery Group	Status
				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	Complete	<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>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>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>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</p> <p>July 2022 – previous updates removed; available through the master action plan, as the information provided is deemed too sensitive to be in the public domain</p> <p>Update November 2022 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 are documented as part of a formal test report which details test objectives, outcomes, and lessons learned and are used in updating the associated ICT DR plans and supporting documents.</p> <p>Evidence – ICT Service Recovery & Testing – attached</p> <p>The document describes the ICT infrastructure and its capability to host applications and services. Recovery falls into three basic categories. Resilience to maintain service, standby infrastructure to move services and the ability to start again by means of recovery from backup.</p> <p>Each service is listed with the infrastructure required to host it, the options we have to recover and finally a test to confirm recovery can be achieved.</p> <p>The test plan lists each test with a description of the objective, the date of the last test and the outcome. The test events log lists all the tests conducted, the date and a description of what took place and why.</p> <p>Links (Internal Intranet) are provided to supporting documents including working instructions on how to recover specific services.</p> <p>Action Complete</p>	Digital Services Group	
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</p>	30 November 2021	Complete	<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>	Digital Services Group	

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			<p>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>			<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>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.</p> <p>July 2022 – previous updates removed; available through the master action plan, as the information provided is deemed too sensitive to be in the public domain</p> <p>Update September 2022 Head of ICT Services and Operations has reviewed the system recovery procedures and has confirmed they are up to date for all key systems and services - email attached to evidence this.</p> <p>Action complete</p>		
401	<p>HR Wellbeing 2020</p> <p>Sponsor: Director of HR</p>	Interim Director of HR Head of HR	<p>Reworded action following August 2021 Follow Up Inspection:</p> <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>	31 January 2022	January 2023	<p>Report Published November 2020 Presented to Audit Committee 25/3/2021</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> <p>Update June 2022 The focus has shifted to priority aspects of the people strategy, namely attraction and retention, in response to the seismic shift in the skills and jobs market. Post Covid the number of vacancies regionally and nationally outstripped candidates and this generated an ongoing strategic risk to the Force. The position is exacerbated by the 'Great resignation' where retention rates are reducing, and Cleveland Police is affected. Attraction and Retention are core elements of the People Strategy alongside wellbeing and building capabilities and capacity of the workforce.</p>	People and Wellbeing Board	

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						<p>The Attraction Strategy will be approved by August 2022 and the wider People Strategy launched at the end of Q3. This deferred timescale will allow full inclusion of the outcomes of the recent staff survey, which achieved a very healthy 65% response rate.</p> <p>Update July 2022 The proposed attraction strategy has been developed and a draft is currently being reviewed for consultation feedback. Following any further feedback and consultation throughout August/September 2022 any amendments will be completed and we anticipate that the proposed attraction strategy will be submitted to the December 2022 Executive Management Board meeting for approval. Once approved then this will be uploaded accordingly.</p> <p>The people strategy as mentioned will be developed in due course within the plan of the end of Q3 2022.</p> <p>Update September 2022 Still on track, no change to report since the update above.</p> <p>Update Oct 2022 Plan is still in line with above, we will seek the approval of the people strategy at Executive Management Board in Dec 2022 and then Communication will be carried out following any approval in Q4 (2022/2023)</p> <p>Update November 2022 The attraction strategy has been submitted for formal consultation Nov 22. The people strategy is in development and relevant consultation and approval will be sought with the aim to seek approval from the Executive Management Board on 14th Feb 2023.</p>		
403	HR Wellbeing 2020 Sponsor: Director of HR	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	Complete	<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 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 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>	People and Wellbeing Board	

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						<p>Update May 2022 Position unchanged. Activity will be scheduled when staffing issues are resolved.</p> <p>Update Sep 2022 The self-assessment has been completed and the results were recorded and discussed at the People and Wellbeing Assurance Board on 23rd August 2022. It was agreed that an ongoing action would be that bimonthly, Wellbeing would go through updates on a particular topic (different each time) with updates on the self-assessments.</p> <p>Evidence Provided:</p> <ul style="list-style-type: none"> • Copy of People and Wellbeing Assurance Board action log • Copy of Agenda for August people and Wellbeing Assurance Board meeting. • Copy of Report discussed at PWAB in August. <p>Recommended for closure.</p>		
406	HR Wellbeing 2020 Sponsor: Director of HR	Head of HR Wellbeing Manager	<p>Reworded action following August 2021 Follow Up Inspection:</p> <p>The updated People and Wellbeing Board 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>	31 October 2021	March 2023	<p>Report Published November 2020 Presented to Audit Committee 25/3/2021</p> <p>Update February 2021 Ongoing</p> <p>Update May 2021 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>Update July 2021 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>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 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>Update February 2022 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>Update May 2022</p>	People and Wellbeing Board	

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						<p>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> <p>Update September 2022 System restrictions still exist, and system update is required to resolve. This is likely End June 2023 before available,</p> <p>Albeit it manually extracted data, until the IT catches up, a report can be provided in the meantime and will be taken to the people and wellbeing board in November.</p> <p>Update November 2022 Plan to present information at People and Wellbeing Assurance Board in November 2022, then action will be complete.</p>		
416	ANPR21 Sponsors: Det. Inspector Head / Director of Intelligence ANPR Co-ordinator	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	September 2022	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 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>Update July 2021 Policy completed and needs to be reviewed before sign off. Has already been reviewed by EDI team, needs further consultation.</p> <p>Update October 2021 Policy to be taken to ANPR strategy group by DCI for wider consultation.</p> <p>Update June 2022 Draft Policy currently going through the consultation process; looking to be approved by end September 2022.</p> <p>Update September 2022 Policy has been written to include all requirements of NASPLE and references NASPLE, this is waiting on final approval. No significant changes are anticipated and this can likely be a complete action pending final approval.</p>	Policing Operations Delivery and Assurance Group	
418	ANPR21 Sponsors: Det. Inspector Head / Director of Intelligence ANPR Co-ordinator	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)	31 January 2023	Complete	<p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 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>Update July 2021 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>Update June 2022 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</p>	Policing Operations Delivery and Assurance Group	

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						<p>countdown which shows how many days remain until the next review is due for each individual camera, which updates itself daily. Action Complete</p> <p>14th September 2022 Action considered for closure by RSM, they state: From discussions with the Force, we understand that a new process in relation to DPIA had been adopted for ANPR camera deployments. At the time of our review, all deployments under the new process were ongoing and sensitive cases. Given this, we were unable to select a sample and therefore have marked the action as ongoing. Failure to conduct a DPIA in line with the required timeframes could give rise to complaints by local residents or negative publicity. The action has been partly though not yet fully implemented. Action reiterated and new completion date given as 31st January 2023.</p> <p>Update September 2022 The evidence for submission has been updated. DPIAs are completed for the new deployments of cameras, these have been added to the spreadsheet and they also have the countdown to the anniversary date which updates daily; this shows that it is completed on the day of install and that the countdown on the spreadsheet is working, and is based on the install date, rather than them all being on the same date.</p> <p>If circumstances were to change and the camera deployment was no longer reasonable and proportionate it would be removed, and our records would be updated. Action complete</p>		
420	ANPR21 Sponsors: Det. Inspector Head / Director of Intelligence ANPR Co-ordinator	ANPR Co-ordinator	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)	31 March 2021	Complete	<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> <p>Update July 2022 The new ANPR policy is currently out for consultation, with a view to being published by the end of September. In relation to the other policies mentioned, these are generic documents covering the whole force, it would not be appropriate to cover ANPR or NASPLE in them; everything relating to that will be included in the ANPR policy.</p> <p>Update September 2022 Info Sec policy refers to Police data generically and does not reference any specific systems. It does reference that any “comply with relevant laws, policies and standards;” This would include anyone with access to ANPR data to include NASPLE as this is included in all ANPR training for any staff accessing ANPR data. These policies do not specifically reference any other standards directly as access to that data has understood rules. Action complete</p>	Policing Operations Delivery and Assurance Group	
421	ANPR21 Sponsors: Det. Inspector	ANPR Co-ordinator	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	31 March 2021	November 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</p>	Policing Operations Delivery and Assurance Group	

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	Head / Director of Intelligence ANPR Co-ordinator		of two years. (Medium)			<p>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> <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> <p>Update July 2022 The Force is looking to outsource this process and is currently following the procurement process. Going forward it will ensure we are always 100% NASPLE compliant.</p> <p>Update September 2022 The entire process for requesting, testing and deploying has been brought into our service desk system (Self Service) and includes question sets around NASPLE checks and tests. NASPLE checks are conducted on deployment, and this is recorded on the system as compliant. Any camera that does not achieve the test is altered until it does comply, or it is not deployed. The DSTL guidance is adhered to as fully as possible but checking in daylight and night-time conditions is often cost prohibitive, so a test on deployment is the only test achieved.</p> <p>Requirements for the NASPLE testing of the force's infrastructure, has gone out to tender, further update to be provided in due course.</p> <p>Also working with TSU to confirm all installation testing is taking place.</p>		
422	ANPR21 Sponsors: Det. Inspector Head / Director of Intelligence ANPR Co-ordinator	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	January 2023	<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> <p>Update July 2022 The audit is taking place on 21st July. Further details to follow after the audit.</p> <p>Update September 2022 This has been developed alongside the National standards for compliance and audit of law enforcement ANPR - September 2020. This is being worked through with the GDPR auditor. The audit plan has been developed and the procedure has been agreed, attached as evidence, which shows what will be audited. NASPLE guidelines outline that ANPR is to be audited every 12 months, and as such it has been agreed that the audit will take place annually in January so that the previous year is fully audited.</p>	Policing Operations Delivery and Assurance Group	

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						The agreed date for this taking place is 18 th January 2023.		
429	Positive Action 2021 Sponsor: Director of HR	Director of P&OD, ACC Local Policing, ACC Crime, Head of HR, Recruitment Manager	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: <ul style="list-style-type: none"> • Organisation and People; • Communities; and • Partnerships. Progress against the actions will be regularly reported to EDI Board. (Medium)	31 August 2021	Complete	<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 July 2022 The current action plan has been benchmarked across forces in relation to the gaps in our service provision.</p> <p>There are several workstreams which provide reassurance around some of the actions and work is ongoing in relation to the gaps.</p> <p>T/Ch Supt Local Policing has a meeting with ACC Local Policing about the format the plan will take moving forward.</p> <p>Update October 2022 Positive action is being led by EDI Manager working alongside our community engagement and recruitment teams. The action plans and update provided in the slide deck are provided as evidence. Updates Have been presented to the OPs Voice Gold group and ongoing further regular updates will be provided to the People and Wellbeing Assurance Board. This was due to be updated within September's board however due to abstractions the meeting was cancelled but will be on the agenda for future meetings.</p> <p>Evidence attached: Positive Action Stage 2 Action plans Positive Action Slide pack from Ops Voice Gold Group meeting Ops Voice Agenda showing positive action item</p> <p>Action Complete following inclusion in October's P&W Board</p>	People and Wellbeing Board	
430	Positive Action 2021 Sponsor: Director of HR	Head of HR Recruitment Manager	The Recruitment Manager will ensure that members of selection panels are documented. (Medium)	31 August 2022	Complete	<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>	People and Wellbeing Board	

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						<p><u>Update May/July 2022</u> 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. Copy of email circulated following recent audit provided as evidence; further checks and process notes have been introduced (copy provided) and there will be spot checks by the Recruitment Manager to evidence the process by the delivery date.</p> <p><u>Update September 2022</u> Panel members are all recorded and are spot-checked for compliance on a regular basis. This action is considered complete and ready for the Auditors to make their checks</p>		
431	Positive Action 2021 Sponsor: Director of HR	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	Complete	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p><u>Update October 2021</u> 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><u>Update February 2022</u> 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><u>Update October 2022</u> Cultural Exchange/Awareness activities are included in the EDI TNA for 2022. Focus on points:</p> <ul style="list-style-type: none"> • 6 - Community and Cultural Awareness • 17 - Faith Trail Session • 19 – Lunch and Learn Sessions. <p>Evidence Copy of the TNA 2022</p> <p>Action complete</p>	People and Wellbeing Board	
433	Positive Action 2021 Sponsor: Director of HR	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	Complete	<p>Report Published May 2021 Presented to Audit Committee June 2021</p> <p><u>Update November 2021</u> 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> <p><u>Update July 2022</u> The force has reviewed its grievance resolution policy and it will soon be going out to consultation, it will need a full EDI – it will mean that supervisors will have a greater responsibility for seeking resolution to matters that are causing angst.</p> <p>The present policy allows for people to by-pass local supervision – so local fast resolution has been a diminished option</p> <p>Work is on-going to seek greater information on protected characteristics by means of internal campaigns</p>	People and Wellbeing Board	

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				Original	Revised			
						<p>As a result of a matter that led to a grievance - changes were made to the force maternity policy, we also made some slight changes to the expenses policy to clarify a point about medical expenses that could be claimed.</p> <p>Interim review of Grievances carried out – evidence provided. A full year review will be carried out in October when more trends, if any, can be identified.</p> <p>Update September 2022 Meeting planned end of Sep to discuss the review of information for this action</p> <p>Update October 2022 Review underway to be presented at the People and Wellbeing Assurance Board in Oct or November meeting. Once evidenced action to be considered complete.</p> <p>Update November 2022 Review carried out and discussed as part of the People and Wellbeing Assurance Board on 20th October 2022. Agreed action that further reviews will be carried out 6 monthly initially with next review being held in April 2023 PWAB Board (to allow data to be included from October 2022 to March 2023.</p> <p>Evidence provided includes:</p> <p>Copy of the agenda to confirm item discussed Copy of presentation (protectively marked due to information contained) Updated Action log</p> <p>Action Complete</p>		
439	IT Asset Management 2021 Sponsors: Ch. Supt Head of IT	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	December 2022	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p>Update February 2022 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> <p>Update October 2022 Asset Management Strategy currently being revised which will be sufficient to close this action by Dec 22.</p>	Digital Services Group	
441	IT Asset Management 2021 Sponsors: Ch. Supt Head of IT	ICT Service and Operations Manager	Management will ensure that they conduct regular audits/stock checks of the IT hardware assets. (Medium)	November 2021	Complete	<p>Report Published June 2021 Presented to Audit Committee June 2021</p> <p>Update February 2022 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> <p>Update June 2022 Operational assets report back to their relevant management services real-time. For offline assets our new Asset Management staff are walking the boards and doing physical checks.</p> <p>Update October 2022 This action links to action 440 which was closed during the last follow-up inspection and 441. The ICT Services Recovery and Testing spreadsheet supplied for that review details assets being returned as staff members leave and details the checks taking place. Regular audits/spot checks take place for the hardware assets. Evidence Log of Audit events provided as evidence. Each event generates supporting documentation to record activities and findings. Construction of a dedicated SharePoint site has been completed and is currently being populated. Action Complete</p>	Digital Services Group	
442	IT Asset Management	ICT Service and Operations	Management will ensure that a formal capacity management and IT asset	November 2021	December 2022	Report Published June 2021 Presented to Audit Committee June 2021	Digital Services Group	

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	2021 Sponsors: Ch. Supt Head of IT	Manager	replacement strategy covering all IT assets is defined, approved, and implemented. (Medium)			<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> <p><u>Update October 2022</u> Asset Management Strategy currently being revised which will be sufficient to close this action by Dec 22.</p>		
446	IT Asset Management 2021 Sponsors: Ch. Supt Head of IT	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	Complete	<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> <p><u>Update June 2022</u> The DSD Asset Administrators receive a daily report as part of the leavers process. They also have access to ICT Services to check which end user assets need to be recovered before making contact with the leaver's supervision.</p> <p>This will be further refined when the Cireson Asset Management module is completed. This will take a data feed from each of the following services to collate all asset information in one place.</p> <p>Laptops, Desktops, Servers – MS SCCM Network Devices – Cisco Prime Airwave – Vivatrak Mobile Data – SOTi MobiControl & InTune Mobile Phone – EE Service Manager Terminals – Wyse Device Manager</p> <p>The individual services will remain to manage the day-to-day operation of the associated devices. Evidence: Cireson Statement of Work added to IT Asset Management folder on Huddle</p>	Digital Services Group	

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						<p>Update October 2022 This action links to action 440 which was closed during the last follow-up inspection and 441. The ICT Services Recovery and Testing spreadsheet supplied for that review details assets being returned as staff members leave and details the checks taking place. The spreadsheet is a living document, the most recent version is attached as evidence and a more up to date version can be supplied at the time of the audit.</p> <p>The Asset Administrators are in receipt of an automated daily email from the HR system informing them of any leavers, on days when there are no leavers the email states no leavers today, copy provided as evidence. Action Complete</p>		
447	<p>Data Quality Process 2021</p> <p>Sponsors: ACC</p> <p>Head of PQR</p> <p>Force Crime and Incident Registrar</p>	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	Complete	<p>Report Published June 2021 Presented to Audit Committee September 2021</p> <p>Update September 2021 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>Update October 2021 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>Update February 2022 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>Update May 2022 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.</p> <p>Update July 2022 The Force has to follow the National Crime Recording Standard (NCRS) so we wouldn't produce SOPs for crime recording per se, as there is a risk they could be out of date and not match the NCRS guidelines which are updated regularly. The department website has links to the NCRS guides for staff to follow (screenshot provided as evidence).</p> <p>The department have tried to increase knowledge and understanding of Crime Data Integrity (CDI) and crime recording rules by introducing some learning packages through College Leam; so far 67% of officers/staff involved in crime recording have completed this and they have achieved 100% in the knowledge check (data on power bi). They also have a bespoke 'Crime Recording Champions' training input for front line officers (details provided as evidence) which aims to create shift champions out on district. This will further improve data quality, victim identification and overall CDI compliance. Crime audits by the audit team suggest it's having a positive impact.</p> <p>Some guides/SOPs for staff about how the process works and different types of referrals and disposals (screenshot provided as evidence) are available on the FCMU SharePoint site. Staff are introduced to these as part of their training. Action Complete.</p>	CDI Strategic Group	
459	<p>Complaints 2021</p> <p>Sponsors: CFO, OPCC and Deputy Chief</p>	DSE Office Manager and Snr Complaints Advisor (OPCC)	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	31 December 2021	31 st August 2022	<p>Report Published September 2021 Presented to Audit Committee June 2022</p> <p>Update October 2021 Diagrams have been produced which reflect the complaints flow with respect to the new Model 3 complaints arrangements</p>	People Intelligence Board	

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	Executive Senior Complaints Advisor (OPCC) Chief Constable's Chief Finance Officer Superintendent DSE Officer Manager		the respective roles and responsibilities of both organisations. (Low)			<p>Update February 2022 Process has been completed, the live date for the OPCC taking on complaints was 31st January. All 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>Update May 2022 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> <p>Update July 2022 This work is in progress, draft documents (Process Map and Procedures) have been provided to support the work of the OPCC Resolution Team.</p> <p>Update October 2022 Spoke with DSE Office Manager the work is ongoing, slowed by staff availability to complete the work; looking to get extra resources to progress to completion.</p>		
470	Victims Code 2022 Sponsors: ACC Ch. Supt Head of Crime and CJ Chief Inspector, Response Policing South	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	Complete	<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> <p>Update July 2022 The uptake of the victim's code module has leaped from 11% compliance to 67% in three weeks which is fantastic and demonstrative of the collective effort of all leaders across the varying commands. Our next challenge is to ensure that the quality is there in terms of compliance and the Review and Assurance Team have been asked to provide some quick analysis.</p> <p>Both the agenda and current action log for the Victims and Witnesses Tactical Meeting have been provided.</p> <p>The Det. Supt. Is shaping the meeting in line with impending performance measures as indicated by the Home Office via our regional V & W meetings and is currently in the process of mapping our ability to provide data against the measures and will be feeding this in through the appropriate channels.</p> <p>Update August 2022 The current uptake of e-learning for the victim's, most operational teams are in the high 80's with "harbour police" being responsible for the lower overall figure. 90% is an achievable target as 100% will not be achievable due to issues with the way the HR system attached staff to teams who are sick, on maternity leave or suspended etc. Latest uptake snapshot provided as evidence. Action complete.</p>	Crime and Investigations Delivery and Assurance Group	
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</p>	Crime and Investigations Delivery and	

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	<p>Sponsors: ACC Ch. Supt Head of Crime and CJ</p> <p>Chief Inspector, Response Policing South</p>					<p>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> <p>Update August 2022 Report attached from a recent peer review of Hate Crime which covers the quality of victim's code updates that has been carried out by our internal Review and Assurance Team. Actions arising from this will be allocated through the Victim's & Witnesses Tactical Group, but we don't wait for the meeting for this to be circulated, allowing managers to start making improvements where necessary.</p> <p>Update October 2022 The review and assurance team provide occasional feedback as part of any internal review. The Victims and witnesses tactical group is in the process of ensuring that dip sampling of Victim Management updates forms part of ALL monthly performance reviews. There is currently no central and regular review of the quality, but the expectation is upon line managers to know their team's performance. The force satisfaction rates for follow-up should improve over time if victims are being supported correctly.</p>	Assurance Group	
472	<p>Victims Code 2022</p> <p>Sponsors: ACC Ch. Supt Head of Crime and CJ</p> <p>Chief Inspector, Response Policing South</p>	<p>FCR Crime Management Chief Inspector / Head of CID</p>	<p>The Force will record the issuing of emails and phone calls to ensure VCOP information has been issued. The Force will explore an automated reporting mechanism or use of the VCOMM in Niche. (Medium)</p>	April 2022	31 August 2022	<p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p>Update February 2022 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>Update May 2022 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 that 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> <p>Update July 2022 Stats provided from the control room to support the automatic emails and texts sent by PCIU; action complete in relation to their involvement.</p>	Crime and Investigations Delivery and Assurance Group	

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						<p>For the wider Force: this is reliant on the NICHE victim contact module being embedded and accurate data being available for monitoring.</p> <p><u>Update August 2022</u> In terms of the wider force, yes, we can review performance against the requirement to provide the victim with victim's code information and this is accessible on the force performance system Power BI/ Current performance with this is 69% since 1st April. With the hard launch around the module now having been delivered and compliance with completion of the module improving drastically, the level of compliance around this is expected to rise and will be monitored through the Victim's and Witnesses Tactical meeting.</p> <p><u>Update October 2022</u> Power BI doesn't currently show compliance with regards to victim's having been supplied with the victim information. The performance team are exploring ways to extract this performance data from the module so that we can report on compliance at the tactical group and the overarching CAID.</p>		
473	<p>Victims Code 2022</p> <p>Sponsors: ACC Ch. Supt Head of Crime and CJ</p> <p>Chief Inspector, Response Policing South</p>	T/ACC	<p>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.</p> <p>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)</p>	April 2022		<p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p><u>Update October 2022</u> The action owner and lead should be the ACC as they chair SPIB whereas I chair the tactical group.</p>	Crime and Investigations Delivery and Assurance Group	
474	<p>Victims Code 2022</p> <p>Sponsors: ACC Ch. Supt Head of Crime and CJ</p> <p>Chief Inspector, Response Policing South</p>	Detective Chief Superintendent	<p>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.</p> <p>In addition, the results of the internal audit report will be feed into the Inspection and Audit Monitoring Board.</p> <p>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)</p>	April 2022	Complete	<p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p><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.</p> <p><u>Update September 2022</u> The Victims Code report was presented to the CDI and Victims and Witness Strategic Group in May 2022 where a decision was made the Supt. CID will provide updates to the actions for the Joint Audit Committee – this is recorded on the Decision and Action Log and provided as evidence. All other actions on the log are discussed as part of the agenda and are updated at, or ahead of, each meeting. The Decision and Action log provided shows recommendations from other reports are recorded and actions issued – see point 21.</p> <p>The actions from the Victims Code report are included on the Internal Audit action plan which is presented to the, now, Audit, Inspection and Risk (AIR) Board on a monthly basis, chaired by the DCC (currently ACC), as part of the Internal Audit Highlight report (copies provided as evidence). Management Actions are discussed on an exception basis and actions issued, by the Chair, when required. Of late, focus has been around actions over a year old, however all actions are updated on a regular basis supported by the Chief Officer Team and any specific issues are reported to the meeting. Decision and Action Log provided as evidence.</p> <p>Prior to August the actions from internal audit reports were discussed at the Risk and Governance board on a bi-monthly basis. Following a review of governance this board merged with the Inspection and Audit Monitoring Board to form the AIR Board which now meets monthly, allowing discussions to be timelier. The Decision and Action Logs for the two</p>	Crime and Investigations Delivery and Assurance Group	

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						<p>meetings were also merged to form a log for the new meeting.</p> <p>All governance meetings, where minutes are not produced, have Decision and Action Logs. Which are one of the first points for discussion on the meeting agendas. The logs for both of the mentioned meetings have been provided as evidence along with an agenda to show the priority the decision and action log is given.</p> <p>Action complete</p>		
481	<p>Equality Diversity and Inclusion 2022</p> <p>Sponsors: DCC Director of HR Head of HR</p>	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	Complete	<p>Report Published February 2022 Presented to Audit Committee May 2022</p> <p>Update May 2022 PSED policy drafted and with the HR Policy Advisor to progress it to completion.</p> <p>Update July 2022 An Equality, Diversity and Inclusion policy has been created in conjunction with the EDI team which includes requirements of PSED. This is currently going through formal consultation which is due to end at the end of July.</p> <p>Feedback following consultation will then be considered and any changes made and will then be amended accordingly to be submitted for approval. Once approved this will then be uploaded to the policy site.</p> <p>Current timelines for Exec Management Board will be seeking approval in the meeting in Oct 2022.</p> <p>Update September 2022 Formal consultation of the EDI policy is due to be completed Week commencing 15th August (due to an extension request from legal). Results will then be reviewed and any amendments made. Planned to seek approval at the Exec Management board in Oct 2022.</p> <p>Update October 2022 – Request for Closure The EDI policy was approved in Executive Management Board on 4 October 2022 and subsequently published internally on SharePoint and externally on the Force website. Copy of policy and force messaging provided as evidence Action complete</p>	People and Wellbeing Board	
482	<p>Equality Diversity and Inclusion 2022</p> <p>Sponsors: DCC Director of HR Head of HR</p>	EDI Manager	The EDI Board will ensure the action log is fully updated and contains an estimated completion date for all actions. (Medium)	31 January 2023	Complete	<p>Report Published February 2022 Presented to Audit Committee May 2022</p> <p>Update May 2022 Action log to be reviewed and dates added where appropriate.</p> <p>Update July 2022 Fully completed action log submitted as evidence. Action complete.</p> <p>14th September 2022 Action submitted to RSM for closure as part of the Follow-up Review 1 of 2022 – 2023.</p> <p>They have stated: We obtained the Force's EDI Action log to confirm whether the Force have updated the document to include an action completion date for all actions stated. From analysis of the actions stated, we found that, on all occasions, the action had an estimated completion date populated. However, we did note that many of the estimated completion dates had been exceeded with no note or reference to the reasoning for this. Discussions with the HMIC Liaison Officer established that the EDI Board, which was previously owned by the Police and Crime Commissioner has moved across to the Force side and is now the EDI Group which reports into the People and Wellbeing Board and finally the Executive Management Board. We obtained the governance diagram which outlines how the new structure should function and is yet to be finalised. It is anticipated at the next review that the management action will be superseded as the action log is likely to be revised based on the changes to the governance structure. However, as this re-structure remains in draft, we have categorised the management action as ongoing and will look to supersede the action as part of the next follow up review.</p>	People and Wellbeing Board	

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						<p>Where actions taken at the EDI Board are not tracked thoroughly with updates on progress documented, there is a risk that EDI actions are not appropriately addressed by the Force.</p> <p>The action has been partly, though not yet fully, implemented. Action reiterated and new completion date set for 31 January 2023</p> <p><u>Update November 2022</u> The EDI board tracker has been updated with actions that have been completed and where actions have been closed this is due to them being covered in an alternate meeting.</p> <p>A copy of the action log is attached with the updates from the last meeting.</p> <p>Action Complete</p>		
483	<p>Follow Up Inspection 2022</p> <p>IT Asset Management</p> <p>Sponsors: Chief Finance Officer, Chief Constable HMIC Liaison Officer</p>	Head of ICT	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 (Medium)	31 st August 2022		Report Published April 2022 Presented to Audit Committee June 2022	Digital Services Group	
486	<p>Vetting 2022</p> <p>Sponsors: Temporary Chief Constable</p> <p>Head of Information Management</p>	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	Complete	<p>Report Published May 2022 Presented to Audit Committee September 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> <p><u>Update July 2022</u> Work has resumed to continue populating review dates on all MV and NPPV3 clearances. The first clearances are due to commence in Sept 22.</p> <p><u>Update September 2022</u> Plan in place and reviews being completed; evidence provided to support this. Action Complete</p>	People Intelligence Board	
488	<p>Vetting 2022</p> <p>Sponsors: Temporary Chief Constable</p> <p>Head of Information Management</p>	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.</p> <p>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 	31 August 2022	Complete	<p>Report Published May 2022 Presented to Audit Committee September 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.</p> <p>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>	People Intelligence Board	

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			backlog of vetting requests. (High)			<p>Update July 2022 A Senior Vetting Researcher is now appointed in role and interviews for the 2.5 FTE Vetting Researchers will be held early August. A business case is being considered as to temporary resourcing options to assist with clearing the backlog. An option of funding temporary resources to clear the backlog within 2 years has been recommended, focussing on the workforce vetting clearances first. Warwickshire have made an exception and said they can now offer contractor vetting to us (for NPPV2 only, and contractors only, not partner agencies). Work is underway to start identifying contractors we can refer to Warwickshire, and those we no longer use. The regular reporting of performance indicators to SMT and IAB is now in place.</p> <p>Update September 2022 The force are going ahead with a plan as documented in the Vetting Update August 2022, Resourcing the Renewals reports attached, these reports were submitted to the Chief Officer Team (COT). To summarise the plan:</p> <ul style="list-style-type: none"> - Work is underway presently with some administrative staff to undertake the reconciliation exercise to determine who still requires vetting - The clearances are being prioritised based on risk, highest risk vetting levels being reconciled and renewed first. We may use PCPI integrity check to RAG rate list of renewals identified - We will utilise Warwickshire National Contractor Vetting Service for some of the NPPV2 renewals - We will participate in the ACRO pilot, send anything that Warwickshire can't do, to ACRO. ACRO can perform some of the system vetting checks per renewal. The remaining system checks that can not be undertaken by ACRO, along with the vetting decision, will be brought back in house. - We are recruiting for 2.5 x FTE posts that should assist in some work brought back in house, but also to meet the demand renewal going forward. - A review of DSE administrative support roles has also been carried out to address the demand which will be faced for additional CCU checks as the backlog is progressed. An internal departmental adjustment moving 0.5 FTE from Complaints & Discipline to CCU is being progressed with HR. This position will be monitored and recorded within future FMS. - We have submitted a business case for temporary additional resourcing to meet the backlog demand, we await decision on this. - Regular updates are reported to COT, to Information Assurance Board and to SMT. <p>I believe this recommendation is now closed – although the renewals haven't been fully worked through, we have a plan, which meets the recommendation. The execution of the plan will continue for some time.</p>		
489	Vetting 2022 Sponsors: Temporary Chief Constable Head of Information Management	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	Complete	<p>Report Published May 2022 Presented to Audit Committee September 2022</p> <p>Update 20th May 2022 Work has already been undertaken to determine that the data retention function on Corevet 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> <p>Update July 2022 The retention functionality is still being explored and a process to populate the retention dates and deletion process. A plan is being developed to implement.</p> <p>Update September 2022 Report 'Retention, review and deletion handling' provided as evidence details how retention dates will be applied to records and steps to take when a record is identified for deletion. Some investigative work was undertaken to determine whether the data retention function on Corevet can be implemented, we can confirm it is already there and available, we simply weren't using it previously. The plan details how we will use the functionality going forwards. This recommendation is now closed – although the assigning of retention dates and reviewing records for deletion is underway, it will take some time to fully complete this. However, we have a plan, which meets the recommendation.</p>	People Intelligence Board	
492	Force Control	Force Control	Action reworded and regraded	31 January	Complete	Report Published June 2022 Presented to Audit Committee September 2022	Policing	

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	Room 2022 Sponsors: ACC Superintendent Risk Manager Business Transformation Manager	Room Trainer	<p>September 2022: All individuals on the training needs analysis document will have all their applicable training populated. (Low)</p> <p>Original Action: A reconciliation will be undertaken to ensure training records match actual training completed. Reconciliations will be carried out on a regular basis to ensure that training records remain up to date. (Medium)</p>	2023		<p>Update July 2022 The Force Control Room TNA was created in April 2020. The FCR Trainer reviewed all of the records on Oracle, compared the completed training against the key skills required to operate in the FCR and provided a colour coded grid for all FCR staff:</p> <p>Green – They have the skill Amber – In progress Red – Do not have the skill</p> <p>The document has evolved over the 2 years, taking off skills and courses that were not essential, splitting the teams up into 5 reliefs when the shift pattern changed etc.</p> <p>At the time of the inspection, due to workload the TNA hadn't recently been updated so some of the information was out of date. However, as a result of the action from the internal auditors the TNA has been refreshed. The updating of the TNA is a standard agenda item on the monthly Force Control Room Senior Leadership Team Meeting to maintain its accuracy; the TNA is a working document, constantly changing and getting updated. Action complete</p> <p>14th September 2022 Action submitted to RSM for closure as part of the Follow-up Review 1 of 2022 – 2023. They have stated: We obtained the Force's training needs analysis document. Within the document, relevant members of the Force have been stated in addition to the training in which they received, are undertaking and those in which they have not completed. From discussions with the Force Control Room Trainer, we found that since our original audit, a new spreadsheet had been constructed. The task involved confirming each member of staff's training to official training documents. To test whether or not the training records stated were correct, we selected a sample of five employees at the Force and found all results to reconcile. Additionally, we also obtained a screenshot of a reminder in the Force Control Room Trainer's diary to alert line managers to update their section of the training needs analysis document. This process is to be completed on a monthly basis and forms the regular reconciliation required as per the action raised. While we believe the current process meets the action, we found that some individuals on the training needs analysis document had not been populated. It was stated that those with missing data fields are currently in progress with their line managers being contacted to obtain and send the relevant information. Given this, we have marked the action as ongoing and have revised the action priority to reflect the ongoing progress. Where training records are not thoroughly maintained, there is a risk that individuals requiring training refreshers may not be identified and may not have the required training to full their respective roles. The action has been partly though not yet fully implemented. Action reworded and re graded: All individuals on the training needs analysis document will have all their applicable training populated. A new completion date has been set for 31 January 2023</p> <p>Update October 2022 TNA reviewed by each of the Team Leaders in the control room and their updates have been reflected on the document. This is now as up to date as possible and should give us an accurate picture of where the skills are across all the teams in the FCR.</p> <p>To ensure this document remains updated, we will be including this as a standard agenda item on each of the 5 relief's training days. This will mean that the information for each relief will be reviewed and updated every 10 weeks. Action complete</p>	Operations Delivery and Assurance Group	
494	Firearms Licencing 2022 Sponsors: A/ACC	Detective Chief Inspector	The Force will update and circulate the summary operational procedure document to relevant staff within the Force. (Low)	31 October 2022	Complete	<p>Report Published August 2022 Presented to Audit Committee September 2022</p> <p>Update September 2022 The operational procedure has been subsumed into the policy at number 497. The Force would support a policy over a separate operational procedure document as once published the incorporated procedure is formalised and has to be adhered to. Published on the policy site on</p>	Policing Operations Delivery and Assurance Group	

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	Head/Director of Intelligence					SharePoint and on the external web the Force maintains version control and changes are monitored and staff notified accordingly. Policies are accessible 24/7 via SharePoint or the internet, all are compatible with key word searches for speed when looking for a specific subject. Action Complete		
495	Firearms Licencing 2022 Sponsors: A/ACC Head/Director of Intelligence	Firearms Licencing Manager	The Force will ensure evidence of training undertaken by the Firearms Licensing Unit is retained to support the role of the Unit. (Low)	31 August 2022	Complete	Report Published August 2022 Presented to Audit Committee September 2022 <u>Update September 2022</u> The main requirements for training for the staff within the unit are domestic abuse which was part of the RIS module and NDM training. Training records for staff are downloadable from Oracle and have been provided as evidence to show the training has been completed. Action complete	Policing Operations Delivery and Assurance Group	
496	Firearms Licencing 2022 Sponsors: A/ACC Head/Director of Intelligence	Firearms Licencing Manager	The Force will provide additional training to the Firearms Licensing Unit on the process to ensure compliance with the Home Office statutory guidance. (Medium)	30 September 2022	Complete	Report Published August 2022 Presented to Audit Committee September 2022 <u>Update October 2022</u> When the new Home Office Guidance was issued the Firearms Manager contacted the team members giving an overview of the findings, shortcomings and action required. Since the audit this has been reiterated to the unit by the Manager – copy of the emails provided as evidence. Compliance with the Home Office Statutory Guidance is checked through dip sampling via the Manager and hasn't identified any problems with understanding the guidance. Evidence in the form of a Supervisor Monitoring Spreadsheet has been provided. Action complete	Policing Operations Delivery and Assurance Group	
497	Firearms Licencing 2022 Sponsors: A/ACC Head/Director of Intelligence	Detective Chief Inspector	The Force will update the Firearms Licensing Policy to outline its responsibilities with regard to compliance with data protection legislation as required by the Home Office statutory guidance. (Medium)	31 August 2022	31 October 2022	Report Published August 2022 Presented to Audit Committee September 2022 <u>Update September 2022</u> A Firearms Licensing policy has been developed which includes reference to data protection legislation. The policy in the final stages of approval; once published this action will be complete. <u>Update October 2022</u> Policy published..... In Addition, the DCI responsible for firearms licensing has created and circulated some operational guidance to the team for dissemination to operational staff as a precis of the policy to ensure the staff are focussed, while the policy has time to embed. Copy provided as evidence. Action complete as soon as the policy and supporting comms go live.	Policing Operations Delivery and Assurance Group	
498	Cyber Security Review 2022 Sponsor: Head of ICT	Information Security Manager	Management will reconfigure existing logical password configurations to meet current best practice guidance and increase robustness. It is recommended that reputable external guidance (such as that issued by the NCSC) is used as a baseline for this. In addition, management will logically enforce stronger password requirements for privileged accounts. (High)	31 August 2022	Complete	Report Published August 2022 Presented to Audit Committee September 2022 <u>Update September 2022</u> 1. Passwords Security Operating Procedure , Cleveland Police, Version: 1.1 (15 August 2022, Phil Brooke, Information Security Manager) 2. Passwords Security Operating Procedure – Rationale , Cleveland Police Version: 1.0 (16 September 2020, Phil Brooke, Information Security Manager). The AD enforced domain password policy, screen shot attached matches the requirements of 1 above. External guidance used to form policy is documented in 2 above. The domain administrators are required to follow the guidance and use password tools with regards to strong privileged accounts documented in 1 above, screen shot attached. Next test of compliance due w/c 21 st Nov ITHC. ITHC (IT Health Check) Pen Test recommendation (BR3-06) lock-out count reduction from 5 to	Digital Services Group	

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						3. Agreed 4 due to recent lengthening of the password and concerns over unnecessary lockouts. Next review due w/c 21 st Nov ITHC. Procedures and screenshots provided as evidence Action Complete		
499	Cyber Security Review 2022 Sponsor: Head of ICT	GDPR Auditor	Management will continue the exercise of allocating DPIAs and filling gaps and missing fields within the IAR. As part of this, management will include a rating on the criticality of each information asset (considering both the criticality of the asset to business operations and the criticality of the asset from a data protection perspective). (Medium)	31 August 2023	Complete	Report Published August 2022 Presented to Audit Committee September 2022 <u>Update September 2022</u> DR data incorporated into information asset register. All entries now have a criticality rating. Recommend closing this action as annual reviews with IAOs/delegates will include a review of this and other information asset records. Evidence will be via a review of the live information asset list on SharePoint which can be provided by the GDPR Auditor during the Follow-up review in January 2023.	Digital Services Group	
500	Integrated Offender Management 2022 Sponsor: Chief Superintendent and Head of Crime and Criminal Justice IOM Change Lead	CID Superintendent	The Force will ensure that its partnership agreements are revised / re-formed to support offender management. (Medium)	31 March 2023		Report Published September 2022 Presented to Audit Committee xx 2022	Policing Operations Delivery and Assurance Group	
501	Integrated Offender Management 2022 Sponsor: Chief Superintendent and Head of Crime and Criminal Justice IOM Change Lead	CID Superintendent	The Force will introduce a formalised document which clearly captures the roles, responsibilities, and lines of accountability for key staff involved within the future development of IOM practice across the Force (rather than the day-to-day management of cases). (Low)	31 March 2023		Report Published September 2022 Presented to Audit Committee xx	Policing Operations Delivery and Assurance Group	
502	Integrated Offender Management 2022 Sponsor: Chief Superintendent and Head of Crime and Criminal Justice IOM Change Lead	CID Superintendent	The IOM Working Group Terms of Reference will be reviewed and updated and approved, ensuring that its purpose, responsibilities, and reporting lines are consistent with the requirements of the project and are approved. (Medium)	31 March 2023		Report Published September 2022 Presented to Audit Committee xx	Policing Operations Delivery and Assurance Group	
503	Key Financial Controls 2022	Head of Finance and Payroll	The Force will ensure all staff are made aware of the purchase order authorisation process for any goods or services. (Low)	31 December 2022		Report Published October 2022 Presented to Audit Committee xx	Finance and Assets Board	
504	Health and Safety 2022	Operational Planning and Safety Manager	The health and safety policy will be reviewed and presented to the Chief Constable for approval. (Low)	31 December 2022		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
505	Health and Safety 2022	Health and Safety Manager	The Health and Safety Team will review the courses available through the College of Policing e-learning platform and submit a request to the Learning and Development Team to make relevant	31 July 2023		Report Published October 2022 Presented to Audit Committee xx <u>Update November 2022</u> Meeting took place between H&S Planning Manager/Ops Planning Manager and member of L&D SLT to look at a training plan in line with recommendations. It has been determined that the levels of training and potential means of delivering. There are college learn programmes	Audit, Inspection and Risk Board	

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			health and safety courses either mandatory or desirable within the platform. (High)			and there needs to be a discussion at L&D Governance group to mandate this. In addition, there need to be modules for senior leaders (Exec) and a supplier is being sourced. Chief Supt to discuss issues around mandating programmes at governance group and a discuss whether just eLearning will sufficiently meet the identified training needs as outlined in the audit report. A timeline for delivery will form part of Training Needs Analysis.		
506	Health and Safety 2022	Health and Safety Manager	(In addition to management action 506 above) The Health and Safety Manager will raise the issue of health and safety training for management with Force Chief Officers and highlight the requirements in the NPCC Guidance, or other relevant guidance. As a minimum, guidance regarding line management responsibilities in respect of health and safety will be developed and disseminated across the Force. (High)	31 July 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
507	Health and Safety 2022	Health and Safety Manager	The Health and Safety Manager will raise a request to reinstate quarterly health and safety meetings in line with the current Force structure. Within these meetings, actions arising from annual inspections will be assigned responsible officers and tracked to ensure adequate actions are taken. (Medium)	31 July 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
508	Health and Safety 2022	Health and Safety Manager	The Health and Safety Team will develop a register of all risk assessments and include the following information to support tracking: <ul style="list-style-type: none"> Responsible owner; Last review date; Who has carried out and reviewed the risk assessment; Next scheduled review date; Whether the risk assessment is still relevant at next review; Comments, where applicable, if risk assessments are no longer relevant and therefore archived; Risk assessment ratings; Whether any actions are documented on the risk assessment; and Confirmation the risk assessment has been updated on the intranet. In addition, the team will review the risk assessments currently available on the intranet to ensure these are in date and remove any that are outdated. (High)	31 March 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
509	Health and Safety 2022	Health and Safety Manager	The Health and Safety Team will record the dates that incidents occur and the dates that injury on duty forms are completed and issued on the injuries on duty tracker to ensure adequate audit trail should RIDDOR reporting be late and ensure RIDDOR reportable incidents are accurately recorded. Any instances of late reporting will be followed up with relevant areas, in accordance with management action 507. (High)	31 March 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	

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510	Health and Safety 2022	Health and Safety Manager	The Health and Safety Team will monitor any cases where seven-point plans are not initiated if an officer has been assaulted and ensure any non-compliance with this requirement is raised to the appropriate teams. This will be carried out in conjunction with management action 507. (Low)	30 September 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
511	Health and Safety 2022	Health and Safety Manager	The Health and Safety Team will retain a central list of all near miss reports received across the Force to ensure any actions can be taken, as appropriate, and common themes and trends can be identified. In addition to management action 507, the Health and Safety Team will use quarterly meetings to raise the importance of near miss reporting. (Medium)	30 September 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
512	Health and Safety 2022	Health and Safety Manager	In conjunction with management action 507, the Health and Safety Team will establish a formal process to discuss and report lessons learnt as part of quarterly meetings. (Medium)	30 September 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
513	Health and Safety 2022	Health and Safety Manager	The Health and Safety Manager will raise the issue of health and safety reporting and governance arrangements within the Force with the intention of implementing regular Force reporting on health and safety matters to an appropriate committee or Group. (High)	30 September 2023		Report Published October 2022 Presented to Audit Committee xx	Audit, Inspection and Risk Board	
514	General Data Protection Regulations 2022	Data Protection Auditor	The Force will ensure that all processing activities are reviewed at least annually to ensure that they are still relevant and up to date and there is clear audit trail of who the auditor has met with and agreed actions. (Low)	31 October 2023		Report Published November 2022 Presented to Audit Committee xx	Information Assurance Board	
515	General Data Protection Regulations 2022	Data Protection Officer	a) Earlier intervention will take place to identify asset owners to ensure they understand their responsibilities. b) Email prompts will be issued to all asset owners on a quarterly basis to identify if owners or guardians have changed. (Medium)	31 December 2022		Report Published November 2022 Presented to Audit Committee xx	Information Assurance Board	
516	General Data Protection Regulations 2022	Data Protection Officer	Upon appointment of the Information Governance Manager, there should be sufficient priority placed on the outstanding requirements outlined within the ICO Self-Assessment toolkit. (Low)	31 October 2023		Report Published November 2022 Presented to Audit Committee xx	Information Assurance Board	
517	General Data Protection Regulations 2022	Data Protection Officer	A formal internal procedure will be produced in relation to SARs and the deletion of data to ensure that individuals' expectations are met, and all members of the team are aware of their responsibilities in relation to GDPR. (Medium)	30 April 2022		Report Published November 2022 Presented to Audit Committee xx	Information Assurance Board	
518	General Data Protection Regulations 2022	Data Protection Officer	Formal guidance in respect of consent will be produced to help staff and officers support the GDPR requirements in relation to obtaining and the withdrawal of consent. (High)	30 June 2023		Report Published November 2022 Presented to Audit Committee xx	Information Assurance Board	
			Upon the appointment of the Information Governance Manager, a full review of	31 October 2023				

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			each asset owner area will be conducted to identify areas where consent is required. Following the area review, a development plan will be created to prioritise areas which require consent. (High)					
519								

Reference key to Audit Reports:

Report Title	Grading	Published	Presented to Audit Committee
Automatic Number Plate Recognition 2021	Reasonable Assurance	February 2021	25/3/2021
Complaints 2021	Reasonable Assurance	September 2021	30/6/2022
Cyber Security 2022	Reasonable Assurance	August 2021	29/9/2022
Data Quality Process 2021	Reasonable Assurance	June 2021	30/9/2021
Equality Diversity and Inclusion 2022	Reasonable Assurance	February 2022	4/5/2022
Firearms Licensing 2022	Reasonable Assurance	August 2022	29/9/2022
Follow Up Inspection 2022	Poor	April 2022	30/6/2022
Force Control Room	Reasonable Assurance	June 2022	29/9/2022
GDPR	Not graded	November 2022	
Health and Safety	Minimal Assurance	October 2022	
Human Resources – Wellbeing 2020	Reasonable Assurance	November 2020	25/3/2021
ICT Disaster Recovery 2020 TIAA	Reasonable Assurance	March 2020	29/6/2020
IT Asset Management 2021	Partial Assurance	June 2020	24/6/2021
Key Financial Controls 2022	Substantial Assurance	October 2022	
Positive Action 2021	Reasonable Assurance	May 2021	24/6/2021
Vetting 2022	Partial Assurance	May 2022	29/9/2022
Victims Code 2022	Partial Assurance	January 2022	4/5/2022

Colour Code for actions – final column	
	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