



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

[Follow Up of Previous Internal Audit Management Actions: Visit 1](#)

Internal audit report 4.22/23

FINAL

14 September 2022

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1. EXECUTIVE SUMMARY

Background

We have undertaken a review to follow up progress made by the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland to implement the previously agreed management actions. The audits considered as part of our review included an Assurance Review of HR - Learning and Development audit conducted by the Force's previous internal auditors, in April 2020. The following are the internal audit reports carried out by RSM from which the actions covered have been sourced:

- Domestic Abuse Review (8.20/21);
- Automatic Number Plate Recognition (ANPR) (10.20/21);
- Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention) (15.20/21);
- Payroll (17.20/21);
- IT Asset Management (18.20/21);
- Evidence Led Prosecution Review (1.21/22);
- Key Financial Controls (2.21.22);
- Whistleblowing Arrangements (4.21/22);
- Complaints (5.21/22);
- Equality, Diversity and Inclusion (8.21/22);
- Seized Cash Spot Checks (11.21/22);
- Collaborations - Tactical Training Centre – Inventory Management (12.21/22);
- HMICFRS - Recommendation Tracking (14.21/22);
- Force Control Room (15.21/22); and
- Vetting (1.22/23).

A total of 35 actions had been marked as closed and we have subsequently reviewed these actions during the audit. The 35 agreed management actions comprised of one high priority, 19 medium priority (five raised by previous provider) and 15 low priority management actions (one raised by previous provider).

Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland have demonstrated **good progress** in implementing agreed management actions.

We were supplied with satisfactory evidence for 31 out of the 35 actions of the actions declared as complete by the respective action owner. Additionally, we categorised one action as being superseded, the details of which are documented under Appendix B.

Out of the remaining three actions comprising of two medium and one low priority actions, we concluded that all three actions had been partially but not fully implemented at the time of our review.

Progress on actions - Overview

The following table includes details of the status of each management action:

Implementation status by category of action	Number of actions agreed	Status of management actions			
		Implemented	Implementation ongoing	Not implemented	Superseded
<u>TIAA (Previous IA provider)</u>					
(Priority 2) / Medium	5	5	0	0	0
(Priority 3) / Low	1	1	0	0	0
<u>RSM</u>					
High	1	1	0	0	0
Medium	14	12	2	0	0
Low	14	12	1	0	1
Total:	35 (100%)	31 (88%)	3 (9%)	0 -	1 (3%)

2. FINDINGS AND MANAGEMENT ACTIONS

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

Assignment: Automatic Number Plate Recognition (ANPR) (10.20/21)

Original management action / priority	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. Priority: Low
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Audit finding / status	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. 2 - The action has been partly though not yet fully implemented.
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Management Action 1	A process will be introduced to ensure that when a camera has been in place for 12 months, a DPIA will be completed on the anniversary date (12 months) of its deployment.	Responsible Owner: ANPR Co-ordinator	Date: 31 January 2023	Priority: Low
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Assignment: Equality, Diversity and Inclusion (8.21/22)

Original management action / priority	The EDI (Equality, Diversity and Inclusion) Board will ensure the action log is fully updated and contains an estimated completion date for all actions. Priority: Medium
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Audit finding / status	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.
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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.

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.

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

Management Action 2	The EDI (Equality, Diversity and Inclusion) Board will ensure the action log is fully updated and contains an estimated completion date for all actions.	Responsible Owner: EDI Manager	Date: 31 January 2023	Priority: Medium
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Assignment: Force Control Room (15.21/22)

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

Audit finding / status 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.

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

Management Action 3	All individuals on the training needs analysis document will have all their applicable training populated.	Responsible Owner: Force Control Room Trainer	Date: 31 January 2023	Priority: Low
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APPENDIX A: DEFINITIONS FOR PROGRESS MADE

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

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

APPENDIX B: ACTIONS COMPLETED OR SUPERSEDED

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

Assignment title	Management actions
TIIA (previous IA provider actions)	
Assurance Review of HR – Learning and Development 2019/20	Status: Implemented Develop a modern recording system for all training and development requirements. Priority: (Priority 2) / Medium
Assurance Review of HR – Learning and Development 2019/20	Status: Implemented An improved method of recording training and development both given and required be implemented with assurance that all records are totally accurate and capture all training and development received. Priority: (Priority 2) / Medium
Assurance Review of HR – Learning and Development 2019/20	Status: Implemented The existing Oracle system will be reviewed and optimised as part of the Towards 2025 Change Programme. This will include linking and networking the existing HR facilities together for greater connectivity and efficiency. Priority: (Priority 2) / Medium
Assurance Review of HR – Learning and Development 2019/20	Status: Implemented Attendance and follow up of all training and development be at 100%. Priority: (Priority 2) / Medium

Assurance Review of HR – Learning and Development 2019/20

Status: **Implemented**

Management to identify how training is measured for its effectiveness and to verify that the right training is provided to the right people at the right time.

Priority: **(Priority 2) / Medium**

Assurance Review of HR – Learning and Development 2019/20

Status: **Implemented**

All training be centrally controlled to confirm that training was relevant, appropriate and that monitoring and follow up can take place.

Priority: **(Priority 3) / Low**

RSM Management Actions

Domestic Abuse Review (8.20/21)

Status: **Implemented**

The Force will establish whether there is a fundamental misunderstanding as to the purpose of MARAC by reviewing officers.

A further review will be undertaken of the public protection logs from more recent domestic abuse incidents to establish whether the development work conducted since that time has impacted positively upon this area.

Where relevant, further training will be provided to relevant Officers on the purpose of MARAC.

Priority: **High**

Automatic Number Plate Recognition (ANPR) (10.20/21)

Status: **Implemented**

The ANPR Co-ordinator will ensure that the revised Request for Support document currently being drafted, is completed and implemented. This new draft will contain sections on justification, rationale, assessment of value for law enforcement and outcome.

Priority: **Low**

Automatic Number Plate Recognition (ANPR) (10.20/21)

Status: **Implemented**

A strategic assessment will be completed for all ANPR camera deployments to ensure that the placement of an ANPR camera is appropriate and, given the circumstances of the threat/problem, proportionate.

Priority: **Medium**

Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention) (15.20/21)	<p>Status: Implemented</p> <p>The Force are making improvements to the existing Mentor Scheme from its 'traditional' form to a 'broader' mentoring format.</p> <p>The Mentoring Scheme Policy will be updated and approved once the review is completed.</p> <p>Priority: Low</p>
Positive Action (Workforce Representation, Attraction, Recruitment, Progression and Retention) (15.20/21)	<p>Status: Implemented</p> <p>The Force's Exit Policy is currently within a draft standard. The Exit Policy will be updated and finalised to account for the utilisation of Microsoft forms.</p> <p>Priority: Low</p>
Payroll (17.20/21)	<p>Status: Implemented</p> <p>The suite of payroll procedure notes will be reviewed and revised, where necessary, to ensure that the organisation has one single definitive list of procedure notes, and that they are complete and up to date. (Low)</p> <p>Priority: Low</p>
IT Asset Management (18.20/21)	<p>Status: Implemented</p> <p>Management will ensure that the security controls for managing all lost or stolen devices is formally documented and evidence is retained to verify their effective operation.</p> <p>Priority: Medium</p>
IT Asset Management (18.20/21)	<p>Status: Implemented</p> <p>Management will ensure that a consolidated IT asset inventory is maintained to include the most up to date and accurate information of staff and their equipment</p> <p>Priority: Medium</p>
Evidence Led Prosecution Review (1.21/22)	<p>Status: Implemented</p> <p>Inspectors needs to log DVPN considerations. A reminder will be sent to all Inspectors who are required to make these assessments</p> <p>Priority: Medium</p>

Key Financial Controls (2.21/22)

Status: **Superseded**

Rationale: given the cost benefit associated with reviewing the results of the IDEA testing, the Force decided against the action.

The results of the IDEA testing will be reviewed and actioned, where appropriate

Priority: **Low**

It has been agreed with the Chief Finance Officer that the time / resource required to review the IDEA test results outweighs the benefit of doing so, particularly as the audit resulted in a substantial assurance opinion. RSM are scheduled to complete another Key Financial Controls review week commencing 19 September 2022 and will cover the same remit. The decision has therefore been taken to supersede the management action.

Whistleblowing Arrangements (4.21/22)

Status: **Implemented**

The Force will update the Professional Standards Concerns and Protected Disclosure Policy with recommendations made as part of this review.

Priority: **Medium**

Whistleblowing Arrangements (4.21/22)

Status: **Implemented**

The Force will update the Reporting Professional Standards Concerns and Protected Disclosure Policy to include details of:

- who reviews concerns raised;
- who makes the decision that where a concern raised it is a whistleblowing concern; and
- where such concerns will be raised for investigation.

Priority: **Medium**

Whistleblowing Arrangements (4.21/22)

Status: **Implemented**

On conclusion of the current review/updating of the Reporting Professional Standards Concerns and Protected Disclosure Policy, the Force will run an awareness programme to make police officers and staff aware of the updated policy.

Training programmes will also be undertaken to ensure police officers and staff are aware of the policy and where appropriate what their responsibilities are in relation to whistleblowing.

Priority: **Medium**

Whistleblowing Arrangements (4.21/22)	<p>Status: Implemented</p> <p>The Force will discuss and agree where it would be most appropriate to include governance and oversight meetings relating to whistleblowing.</p> <p>Priority: Medium</p>
Whistleblowing Arrangements (4.21/22)	<p>Status: Implemented</p> <p>The Force will carry out a review of lessons learnt from whistleblowing concerns raised every three months. This will consider, but not be limited to, reviews of policies and procedures, the issue of alerts to police officers and staff and updating training needs.</p> <p>Priority: Medium</p>
Complaints (5.21/22)	<p>Status: Implemented</p> <p>We will undertake a deep-dive review of all live cases to ensure that they are ongoing investigation or can be marked as finalised.</p> <p>Priority: Low</p>
Complaints (5.21/22)	<p>Status: Implemented</p> <p>We will remind staff to keep Centurion up-to-date with progress of Independent Adjudicator reviews (i.e. meeting/exceeding 28 day deadlines).</p> <p>#Priority: Low</p>
Complaints (5.21/22)	<p>Status: Implemented</p> <p>We will request that investigating officers attach within the documents tab on Centurion evidence confirming completion of actions relating to lessons learned resulting from the investigation of a complaint.</p> <p>Priority: Low</p>
Complaints (5.21/22)	<p>Status: Implemented</p> <p>The Prevent Officer will produce monthly reports identifying trends and themes emerging from the investigation and outcomes of complaints and any lessons learned.</p> <p>These reports will be shared among the wider Force, as well as presented at the bi-monthly Tactical Coordination Group meetings.</p> <p>Priority: Medium</p>

Seized Cash Spot Checks (11.21/22)	<p>Status: Implemented</p> <p>The Property User Group will reflect on the findings of the report and consider the need for officer training in cash handling procedures.</p> <p>Priority: Low</p>
Collaborations - Tactical Training Centre – Inventory Management (12.21/22)	<p>Status: Implemented</p> <p>The Standard Operating Procedures will be reviewed and updated to ensure more clarity with regards to the annual audit and the role of the Senior Management Team.</p> <p>Priority: Low</p>
HMICFRS – Recommendation Tracking (14.21/22)	<p>Status: Implemented</p> <p>The Force will ensure that when recommendations are made at Delivery and Assurance Groups, these are clearly documented with rationale, date, and person responsible.</p> <p>Priority: Medium</p>
Force Control Room (15.21/22)	<p>Status: Implemented</p> <p>Team leaders will be reminded to fully complete the assurance form and complete audits for their team to ensure ongoing monitoring and identify any problems and training opportunities.</p> <p>Priority: Medium</p>
Force Control Room (15.21/22)	<p>Status: Implemented</p> <p>Monthly meetings will be scheduled to ensure the training needs analysis is kept up to date.</p> <p>Priority: Low</p>
Vetting (1.22/23)	<p>Status: Implemented</p> <p>The Force will ensure that notes are taken to reflect the discussion held during the Scrutiny Panel meeting and that these are saved on the Core-vet system</p> <p>Priority: Low</p>
Vetting (1.22/23)	<p>Status: Implemented</p> <p>The Force will conduct a regular six-month review of access rights within the Core-vet system to determine if users are appropriate and have the correct access level.</p> <p>Priority: Low</p>

APPENDIX C: SCOPE

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

Objective relevant to the scope of the review

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

Objective of the area under review

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

Scope of the review

The focus of this review is to provide assurance that recommendations / management actions previously reported have been fully implemented. We will consider actions that have been closed since the previous internal audit follow up review which was undertaken in March 2022.

The following limitations apply to the scope of our work:

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

Debrief held 7 September 2022
Draft report issued 13 September 2022
Responses received 14 September 2022

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