



Internal Audit Update Report for the Audit Committee June 2023

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

The current Force register includes 23 recommendations, with the oldest having been published in November 2020. The table below provides a 'quick' summary of the live actions:

| Report | | High Priority | Medium Priority | Low Priority | Comment |
|-------------------|-----------|------------------|--------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HR Wellbeing | Nov 2020 | | | 1 | Strategy being presented to the Executive Board???? Will be complete in time to be included in August Follow-up inspection |
| ANPR | Feb 2021 | | 1 (1) | | Action identified as complete – to be included in August Follow-up inspection |
| Complaints | Sept 2021 | | | 1 (1) | Action identified as complete – to be included in August Follow-up inspection |
| Victims Code | Jan 2022 | 2 (2) | 1 (1) | | All actions identified as complete – to be included in August Follow-up inspection |
| Cyber Security | Aug 2022 | | 2 (1) | | One action complete, one still within implementation date and on track. |
| IOM | Sept 2022 | | 2 (2) | 1(1) | All actions identified as complete – to be included in August Follow-up inspection |
| Health and Safety | Oct 2022 | 4 (1) | 3 (3) | 2 (1) | Five actions have been identified for closure (1H, 3M, 1L), training action delayed as CoP have removed all training and are currently procuring new packages before republication. Remainder require new systems to be used to provide sufficient evidence for closure. |
| GDPR | Nov 2022 | 1 | | 2 (1) | One action identified for closure, others ongoing and within implementation dates. |
| Total | | 7 (3) | 9 (8) | 7 (5) | |

(*) numbers in brackets represent actions identified as complete by the Force, awaiting RSM Follow-up review.

Of the 23 recommendations 16 have been identified, so far, as complete by the Force; as these have to be signed off by the auditors, they will remain on the action plan as "Closed locally awaiting sign off" until this is fulfilled.

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

The action plan below provides further 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. | Report | Action Owner | Audit Finding | Implementation Date | | Agreed Management Action | Delivery Group | Status |
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| | | | | Original | Revised | | | |
| 401 | HR Wellbeing 2020 Sponsor: Director of HR | 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 | June 2023 | <p>Report Published November 2020 Presented to Audit Committee 25/3/2021</p> <p><u>Update February 2021</u> Wellbeing Strategy uploaded and publicised via messages to all in November 2020. Work still progressing re the People Strategy.</p> <p><u>Update May 2021</u> 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><u>September 2021</u> This action was referred to RSM as part of the Follow Up Inspection in respect of discussing the action and progress and agreeing a way forward in order to bring the action to closure. As such RSM have reworded the action and agreed a new completion date with the action owner.</p> <p><u>Update October 2021</u> 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><u>Update February 2022</u> 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><u>Update June 2022</u> 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> <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><u>Update July 2022</u> 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><u>Update September 2022</u> Still on track, no change to report since the update above.</p> <p><u>Update Oct 2022</u> 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><u>Update November 2022</u> The attraction strategy has been submitted for formal consultation Nov 22.</p> | People and Wellbeing Board | |

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| | | | | Original | Revised | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | <p>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> <p>Update December 2022 Focus Groups held with representatives from across the Force for feedback and input to the people strategy. Last focus group 6 Dec and further development of the people strategy will be completed following the meetings. Formal consultation will be sought and approval from the Executive Management Board in Feb 2023.</p> <p>Update February 2023 The Force is refreshing its strategic plan and it is important that the People Strategy is fully aligned with the overarching Force strategic priorities. The Force is introducing a new operational BCU structure and seeking to align the range of enabling services to best support; all of which will influence elements of the People Strategy. The People Strategy is at the draft stage.</p> <p>The people strategy will be in line with the new Force structure BCUs. Work continues and a draft strategy is due to be discussed (focus group) in the 23 February 2023 People and Wellbeing Board. Following this meeting any amendments, consultation and appropriate approval processes will be completed.</p> <p>The anticipated timelines for completion of the people strategy are below to seek approval in June's Executive Management Board.</p> <table><thead><tr><th>Date</th><th>Action</th></tr></thead><tbody><tr><td>23-Feb-23</td><td>Agenda item to discuss People Strategy</td></tr><tr><td>27 Feb to 20 Mar</td><td>Updating of people strategy and creation of EIA</td></tr><tr><td>20 Mar to 24 Mar</td><td>EIA Assurance from EDI team</td></tr><tr><td>27-Mar-23</td><td>Submission of proposed people strategy and EIA to Corp Services to ask for consultation.</td></tr><tr><td>3 Apr to 4 May 2023</td><td>4 weeks consultation period (have suggested slightly longer than 4 weeks as this includes Bank holidays.</td></tr><tr><td>5 May to 15 May</td><td>Any amendments completed following consultation and consultation document updated.</td></tr><tr><td>16-May-23</td><td>Submission of papers to People and Wellbeing to be added to agenda</td></tr><tr><td>23-May-23</td><td>Assurance from People and Wellbeing Board gained</td></tr><tr><td>29-May-23</td><td>Submission of papers to Corporate</td></tr><tr><td>13-Jun-23</td><td>Seek Approval from Executive Management Board</td></tr></tbody></table> <p>Update April 2023 The People Strategy will be sent for consultation during April in line with timelines to present to the People and Wellbeing Board in May and at the Executive Management Board on 13 June 2023.</p> | Date | Action | 23-Feb-23 | Agenda item to discuss People Strategy | 27 Feb to 20 Mar | Updating of people strategy and creation of EIA | 20 Mar to 24 Mar | EIA Assurance from EDI team | 27-Mar-23 | Submission of proposed people strategy and EIA to Corp Services to ask for consultation. | 3 Apr to 4 May 2023 | 4 weeks consultation period (have suggested slightly longer than 4 weeks as this includes Bank holidays. | 5 May to 15 May | Any amendments completed following consultation and consultation document updated. | 16-May-23 | Submission of papers to People and Wellbeing to be added to agenda | 23-May-23 | Assurance from People and Wellbeing Board gained | 29-May-23 | Submission of papers to Corporate | 13-Jun-23 | Seek Approval from Executive Management Board | | |
| Date | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23-Feb-23 | Agenda item to discuss People Strategy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Feb to 20 Mar | Updating of people strategy and creation of EIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Mar to 24 Mar | EIA Assurance from EDI team | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27-Mar-23 | Submission of proposed people strategy and EIA to Corp Services to ask for consultation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Apr to 4 May 2023 | 4 weeks consultation period (have suggested slightly longer than 4 weeks as this includes Bank holidays. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16-May-23 | Submission of papers to People and Wellbeing to be added to agenda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23-May-23 | Assurance from People and Wellbeing Board gained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29-May-23 | Submission of papers to Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13-Jun-23 | Seek Approval from Executive Management Board | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 421 | ANPR21 Sponsors: Det. Inspector Head / Director of Intelligence ANPR Co-ordinator | 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 of two years. (Medium) | 31 March 2021 | Complete | <p>Report Published February 2021 Presented to Audit Committee 25/3/2021</p> <p>Update April 2021 This issue is being discussed in the ANPR strategy meeting, the current capacity within TSU and ANPR does not allow a full NASPLE compliant test to be conducted due to the timescales involved with testing. Mitigation will be in place where possible, but this is an area of risk, Head of Intelligence and CI Standards and Ethics made aware. NASPLE checks are now being conducted on each site but will take a considerable amount of time to get through each location.</p> <p>Update July 2021 This will be implemented in new deployments, with some limitations as outlined above. Any new deployment will be documented, and records of maintenance recorded.</p> <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</p> | Policing Operations Delivery and Assurance Group | | | | | | | | | | | | | | | | | | | | | | | |

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

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| | | | | Original | Revised | | | |
| | | | | | | <p>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 Tactical Support Unit (TSU) to confirm all installation testing is taking place.</p> <p>Update December 2022 The NASPLE testing is currently ongoing (commenced on the 15th Nov) once the report is issued this action can be submitted for closure.</p> <p>Update January 2023 NASPLE testing must be completed to ensure the force's infrastructure is compliant with the performance standards that have been set. NASPLE testing is ongoing on the Force's ANPR cameras. This is being completed by an external company, Neology, and a member of their team attends the force every few weeks, tests several cameras and makes the ANPR Manager aware of any issues.</p> <p>Due to the time-consuming nature of the process, constraints associated with using an external company and the need to comply with RSM requirements of providing physical evidence of checks carried out, the ANPR Manager has requested an interim report from Neology to document the checks and findings carried out to date. When all the cameras have been tested, a full overarching report will be provided. This is likely to be completed in the medium term in 2023 and once received this will close this action. This data will be retained on file for two years in line with NASPLE requirements.</p> <p>Update March 2023 Initial report (excel Spreadsheet) has been provided by Neology to show the ongoing NASPLE testing. Evidence has also been provided of the documentation used where TSU/NASPLE test an install of a camera on a new site.</p> | | |
| 459 | <p>Complaints 2021</p> <p>Sponsors: CFO, OPCC and Deputy Chief Executive</p> <p>Senior Complaints Advisor (OPCC)</p> <p>Chief Constable's Chief Finance Officer</p> <p>Superintendent</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 the respective roles and responsibilities of both organisations. (Low) | 31 December 2021 | Complete | <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> <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</p> | People Intelligence Board | |

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| | | | | Original | Revised | | | |
| | DSE Officer Manager | | | | | <p>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><u>Update July 2022</u> 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><u>Update October 2022</u> 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> <p><u>Update December 2022</u> New staff have joined the team and are being trained, the policy will be developed early 2023.</p> <p><u>Update February 2023</u> A flow chart has been developed that details the process to follow when receiving, recording and processing expressions of dissatisfaction and complaints including the respective roles and responsibilities of both organisations. A policy is not required to support the process as this is detailed in the Service Level Agreement. However, the OPCC have developed a procedure document for the team (provided as evidence). Both the OPCC and the Standards and Ethics Team have accepted and are working to the process agreed in the flowchart. Evidence to support closure has been provided. Action Complete</p> | | |
| 471 | <p>Victims Code 2022</p> <p>Sponsors: ACC Ch. Supt Head of Crime and CJ</p> <p>Chief Inspector, Response Policing South</p> | Head of CID | Once the update to Niche is applied the Force will monitor the issue of VCOP information to victims. (High) | April 2022 | Complete | <p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p><u>Update March 2022</u> The NICHE victim contact module went live.</p> <p><u>Update April 2022</u> The Review and Assurance team conducted a review of the Victims code, providing stats around compliance (not however in relation to attaching the module) Report provided as evidence.</p> <p><u>Update June 2022</u> 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><u>Update November 2022</u> The review and assurance team produced a Highlight Report in relation to the victims' code showing improvements with compliance. (Provided as evidence). Dip sampling was introduced – see action on Victims and Witness Tactical Delivery Group's Action and Decision Log. (Detail of the findings provided as evidence).</p> <p><u>Update February 2024</u> A Power Bi dashboard provides current data on compliance with the Victims Code Module (currently 92.6%) (Screen shot provided as evidence). VCOP also features in the Crime Pack and is discussed at the Crime and Investigations Delivery and Assurance Group (Pack provided as evidence) and SPIB (Pack and agenda provided as evidence).</p> <p>The Force is satisfied that compliance is being monitored at various levels and recommends this action be closed.</p> | Crime and Investigations Delivery and Assurance Group | |
| 472 | <p>Victims Code 2022</p> <p>Sponsors: ACC</p> | FCR Crime Management Chief Inspector / Head of CID | 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 VCMM in Niche. | April 2022 | Complete | <p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p><u>Update February 2022</u> There has been a renewed focus on the collection of email addresses from Victims in the Force Control Room (FCR) since Sept 21. Collection of email addresses is being performance</p> | Crime and Investigations Delivery and Assurance Group | |

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| | | | | Original | Revised | | | |
| | Ch. Supt Head of Crime and CJ Chief Inspector, Response Policing South | | (Medium) | | | <p>monitored. Auto generated emails have been explored and a Victim Charter link is now in use which auto generates the Victim Charter link to the Victim. Where no email is provided the PCIU send the link to Victim's mobiles. The PCIU are also trained and instructed to use the Victim Contact Module for any contacts with Victims. This will predominately be early contact as they do not hold investigations.</p> <p><u>Update April 2022</u> The review and Assurance Team conducted an Audit of VCOP (report provided as evidence) in April 2022, the findings were provided to the VCOP Lead for cascading and have resulted in some of the improvements, detailed in the updates below.</p> <p><u>Update May 2022</u> For emails an auto generated reply is sent (see evidence attached) which shows the number of victims provided with Victims Code information. For PCIU, number of text messages to victims also provided. For the wider Force, Officers now offer support to victims via a QR code which is often recorded in free text on investigation logs making it extremely difficult to performance manage. Better recording of the use of a QR code in the Victim Contact Module will alleviate this issue and progress is linked to the renewed comms strategy.</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><u>Update July 2022</u> Stats provided from the control room to support the automatic emails and texts sent by PCIU, along with the text of the messages are provided as evidence; action complete in relation to their involvement.</p> <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 2022. 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 Victims 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> <p><u>Update April 2023</u> The Force Performance Team are now able to provide performance data on the quality of VCCM via the Power BI dashboard which is accessible by any member of staff. The below information is provided to the Tactical group meeting and via other governance meetings:</p> <p>"% of crimes with a victims' module remains stable at 91% (Live crimes only) with 1% being blank. Improving rates in the completion of the 3 main questions (<u>Live Crime and Suspects</u>)."</p> <p>The above link demonstrates that the force and every supervisor is able to identify that (at the time of writing and since 1st April 2022) there are 65 VCCMs where the victim service question has not been answered. This equates to 2.7% of all VCCMs completed and team level data is accessible for performance management purposes.</p> <p>As of 18th April 2023, Minerva have released an update to NICHE which ensures that OICs</p> | | |

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| | | | | Original | Revised | | | |
| | | | | | | <p>receive an automatic task every time a suspect is arrested, charged, bailed etc. This should further improve performance over the coming months.</p> <p>The Dip samples mentioned in 471 above show how the Force is checking that victims are being supplied with the information they need. As per the previous updates the control rooms' response is automated. During face-to-face contact with victims the information is often provided by the individual scanning a QR code which takes them to a site that provides advice and guidance.</p> <p>The Force is satisfied that the issuing of emails, text and the QR codes are being recorded. Action complete</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 | Complete | <p>Report Published January 2022 Presented to Audit Committee May 2022</p> <p>Update May 2023 As provided in the evidence for action 471 Victims code data is presented to the SPIB in the standard performance pack, which provides a direction of travel; the SPIB uses a Decision and Action log to record events in meetings. Representatives from each command attend the meeting so when performance is discussed (see performance pack) and issues are raised they can provide immediate feedback, if it is not resolved at the meeting an action is recorded and an individual tasked to come back to the next meeting with assurance or action taken, for example see item 204. The D&A Log is reviewed and updated at every meeting and forms a standing item on the agenda (provided).</p> <p>Action complete</p> | Crime and Investigations Delivery and Assurance Group | |
| 498 | <p>Cyber Security Review 2022</p> <p>Sponsor: Head of ICT</p> | Information Security Manager | <p>Revised action issued February 2023: Management will logically enforce stronger password requirements for privilege accounts. (Medium)</p> <p>Original action: 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)</p> | 31 August 2023 | | <p>Report Published August 2022 Presented to Audit Committee September 2022</p> <p>Update September 2022</p> <ol style="list-style-type: none"> Passwords Security Operating Procedure, Cleveland Police, Version: 1.1 (15 August 2022, Phil Brooke, Information Security Manager) Passwords Security Operating Procedure – Rationale, Cleveland Police Version: 1.0 (16 September 2020, Phil Brooke, Information Security Manager). <p>The AD enforced domain password policy; screen shot attached matches the requirements of 1 above.</p> <p>External guidance used to form policy is documented in 2 above.</p> <p>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 21st Nov ITHC.</p> <p>ITHC (IT Health Check) Pen Test recommendation (BR3-06) lock-out count reduction from 5 to 3. Agreed 4 due to recent lengthening of the password and concerns over unnecessary lockouts. Next review due w/c 21st Nov ITHC.</p> <p>Procedures and screenshots provided as evidence Action Complete</p> <p>February 2023 – this action was reviewed as part of the Follow-up review in January 2023. The action has been considered as partly implemented. A revised action and implementation date has been issued – detailed in the appropriate columns.</p> <p>Update April 2023 A major review of password controls is being presented to the Information Assurance Board (IAB) meeting on 26 April. This includes the recommendation to “logically enforce stronger password requirements for privilege accounts”. The stronger requirements are part of that review. ICT are reviewing technical enforcement options.</p> | Digital Services Group | |
| 499 | Cyber Security | GDPR Auditor | Revised action issued February 2023: | 31 August | Complete | Report Published August 2022 Presented to Audit Committee September 2022 | Digital | |

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| | | | | Original | Revised | | | |
| | Review 2022 Sponsor: Head of ICT | | Management will continue the exercise of allocating DPIAs and filling gaps and missing fields within the IAR. (Medium) Original action: 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) | 2023 | | Update September 2022 DR data incorporated into information asset register (IAR). 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. Update January 2023 Information Asset Register provided as evidence for the audit. February 2023 – this action was reviewed as part of the Follow-up review in January 2023. The action has been considered as partly implemented. A revised action and implementation date has been issued – detailed in the appropriate columns. Update February 2023 Management will continue the exercise of allocating DPIAs and filling gaps and missing fields within the IAR. Following the January audit further evidence has been provided to support closure of the action. Action Complete | 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 | Complete | Report Published September 2022 Presented to Audit Committee 15/12/2022 Update March 2023 A local partnership agreement was made in 2018 between NPS and what was then CRC. This was replaced in November 2022 with a regional agreement. This document replaces local IOM agreements. Document provided as evidence. Action Complete | 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 | Complete | Report Published September 2022 Presented to Audit Committee 15/12/2022 Update March 2023 This document is currently being drafted and should be complete by the end of April 2023 Update May 2023 Document finalised (provided as evidence). Action Complete | 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 | Complete | Report Published September 2022 Presented to Audit Committee 15/12/2022 Update March 2023 The Terms of Reference and Structure, Key Priorities and Group Membership have been updated and provided as evidence. Action Complete. | Policing Operations Delivery and Assurance Group | |
| 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 | Complete | Report Published October 2022 Presented to Audit Committee 15/12/2022 Update December 2022 A meeting was held with the HR Advisor – Policy on 2 nd December regarding the H&S Policy document. This is being reviewed and re-written to reflect the layout and content of other policies, prior to submission to the Chief Constable and PCC for signature. | Audit, Inspection and Risk Board | |

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

| No. | Report | Action Owner | Audit Finding | Implementation Date | | Agreed Management Action | Delivery Group | Status |
|-----|------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|
| | | | | Original | Revised | | | |
| | | | | | | <p>Update January 2023 Policy written and currently being prepared for consultation process. In the interim the Strategic statements have been rewritten and are approved by the CC and PCC.</p> <p>Update April 2023 Policy updated and ready to be published and for Comms to go out.</p> <p>Update May 2023 Updated policy published internally as well as on Force website. Comms issued in relation to the new SharePoint site. Policy, comms and details of approval (email) provided as evidence. Action complete</p> | | |
| 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 health and safety courses either mandatory or desirable within the platform. (High) | 31 July 2023 | | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update November 2022 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 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.</p> <p>Update January 2023 The COP package has been reviewed and placed into the mandatory section of E-learning and linked to the Power BI dashboard ready for reporting. PowerPoint slides for 'classroom' training are being updated.</p> <p>Update April 2023 The CoP have withdrawn their H&S packages. Digital Learning have captured the content and are developing 'eLearning for managers' and 'eLearning for staff' (CBRN is to take priority over this task. ETA 4-6 weeks)</p> <p>Update May 2023 The College of Policing has written to forces advising that they are in the process of procuring new H&S e-learning training which, when available, will be published on NCALT. It is anticipated that there will not be a significant delay therefore, rather than produce our own training package we will await the new national packages. N.B. Prior to the CoP removing the H&S for Managers package in April 2023 40% of all eligible Cleveland officers/staff had completed the package (figures available from Digital Learning team). This is a significant improvement on the <2% completion rate at the time of the Internal Audit.</p> | Audit, Inspection and Risk Board | |
| 506 | Health and Safety 2022 | Health and Safety Manager | (In addition to management action 505 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 | Complete | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update December 2022 Training Delivery Manager is obtaining information on accredited external H&S training for supervisory managers and above. These will require funding from the 2023-24 training budget and to that end she has submitted it within the TNA.</p> <p>Update January 2023 The COP package has been reviewed and placed into the mandatory section of E-learning and linked to the Power BI dashboard ready for reporting. PowerPoint slides for 'classroom' training are being updated.</p> <p>Update April 2023 The CoP have withdrawn their standard H&S packages. These are being replaced and will be rolled out once issued (action 505 relates to this training), in the meantime IOSH training is being arranged for senior managers.</p> | Audit, Inspection and Risk Board | |

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

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| | | | | Original | Revised | | | |
| | | | | | | <p>Update April 2023 The policy for 505 details the responsibilities of line managers. In addition, a new H&S SharePoint site has been developed that contains all matters relating to H&S in force and is available under 'Key Info' on the Intranet site.</p> <p>Evidence of inclusion in the Audit Inspection and Risk Board provided in the form of the reports submitted linked to the agendas.</p> <p>Update May 2023 Updated Force policy published with responsibilities. Evidence provided as per action 504. New H&S SharePoint site created and now live. Screen shots provided as evidence of site and online forms. Institution of Occupational Safety and Health (IOSH) 'Leading Safely' training for senior managers has been arranged and will be delivered on 20th June 2023.</p> | | |
| 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 | Complete | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update December 2022 Periodic tactical H&S meetings will resume from Q1 of 2023. These will initially be functionally based pending re-implementation of a BCU organisational structure.</p> <p>Update January 2023 Agenda developed (copy provided as evidence) and first meeting taking place in February. More details will follow once the meeting has been held.</p> <p>Update March 2023 The first meeting of the newly reformed H&S Quarterly meeting took place on 20th February 2022 – agenda and minutes provided as evidence which includes actions, owners and monitoring of progress. Action Complete.</p> | 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 | 31 July 2023 | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update January 2023 A central register has been developed and is housed under the new Health and Safety site on SharePoint. Risk assessments are also available from this site.</p> <p>All business areas have been tasked to review their own risk assessments and ensure they are up to date in anticipation of review by the Health and Safety team.</p> <p>Update April 2023 Existing RAMS are being reviewed and included on the register as ongoing work. Spread sheet to be completed.</p> <p>Update May 2023 Risk assessment SharePoint site created, and risk assessments are in the process of being reviewed and updated by relevant business area SMEs. The risk assessment register is also stored on the SharePoint site.</p> | 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 | 31 March 2023 | 31 July 2023 | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update December 2022 Specialist Operations and Planning Unit staff for now will continue to monitor all Injury on Duty reports of assaults to ensure that the Seven Point Plan has been initiated. This may well pass to Wellbeing which is where a new H&S Manager will be located following appointment.</p> | Audit, Inspection and Risk Board | |

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|-----|------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|
| | | | | Original | Revised | | | |
| | | | accurately recorded. Any instances of late reporting will be followed up with relevant areas, in accordance with management action 507. (High) | | | <p>An additional column has been added to the central Injury on Duty database to record the date when an A09-03 report is received. This will flag when a notification date to the Health and Safety Executive has been missed due to the late submission of an A09-03 report (notification to the HSE should be within fifteen days from the occurrence of a designated injury).</p> <p>Update January 2023 This process is in place and can be considered for closure once supporting evidence has been provided.</p> <p>Update May 2023 New IOD reporting tool launched using MS Forms. This will automatically populate a spreadsheet to provide a record of IOD reports.</p> <p>IOD analysis for 22/23 is in the process of being completed. In the meantime, an analysis of IOD reports from June '22 – Dec '22 has been completed by the Performance Team (report provided as evidence) and will be discussed at the next H&S meeting.</p> | | |
| 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 | | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update January 2023 This process is included in the spreadsheet referred to in 509, monitored by the H&S Manager, which identifies non-compliance and follow up by Special Operations and Planning Unit.</p> <p>Update May 2023 Evidence of comms around 7-point plan provided as evidence. There have been no instances of 7-point plans being missed at this time.</p> | Audit, Inspection and Risk Board | |
| 511 | Health and Safety 2022 | Health and Safety Manager | <p>a, 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.</p> <p>b, In addition to management action 507, the Health and Safety Team will use quarterly meetings to raise the importance of near miss reporting. (Medium)</p> | 30 September 2023 | Complete | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update January 2023 Originally 'near misses' were reported to central admin who recorded the details on a central register. The process has been revised and 'near miss' recording will take place via the H&S SharePoint site, the Health & Safety reporting email address or through Service desk who will direct callers to this address. The H&S Manager will administer the spread sheet.</p> <p>Update March 2023 b, the first meeting of the newly reformed H&S Quarterly meeting took place on 20th February 2022 – agenda and minutes provided as evidence which includes actions, owners and monitoring of progress. Any near miss reports will be included in the H&S highlight report presented to the meeting.</p> <p>Update April 2023 a, Near Miss reporting is included in the new H&S SharePoint site and has been disseminated across the force for information by Corp Comms. The new H&S SharePoint site automatically records the reports onto a spread sheet.</p> <p>Update May 2023 New H&S SharePoint site now live, including near miss and IOD reporting forms. Completion of the relevant 'Microsoft form' automatically populates a spreadsheet. Which as per 509 are detailed in a report and discussed in the quarterly H&S meetings. Near miss information is brought to quarterly H&S meetings for discussion and action as appropriate. This includes the identification of themes – see item 25 on the Minutes (Action Log) of meeting dated 15.05.23, provided as evidence.</p> | 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 | Complete | <p>Report Published October 2022 Presented to Audit Committee 15/12/2022</p> <p>Update January 2023 The quarterly meetings detailed at 507 have near misses as an agenda item for regular discussion.</p> <p>Update March 2023 The first meeting of the newly reformed H&S Quarterly meeting took place on 20th February</p> | Audit, Inspection and Risk Board | |

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

| No. | Report | Action Owner | Audit Finding | Implementation Date | | Agreed Management Action | Delivery Group | Status |
|---------|------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------|
| | | | | Original | Revised | | | |
| | | | | | | <p>2022 – agenda and minutes provided as evidence which includes actions, owners and monitoring of progress. Lessons Learnt were discussed from a debrief of a recent Haz/Chem Incident (report provided as evidence). Lessons Learnt will feature as a separate standing item on the agenda for future meetings rather than being captured in the standing item ‘Organisational Learning’.</p> <p>Update May 2023 Agenda updated to show Organisational Lessons Learnt as a separate standing agenda item. Anything raised will be recorded in the minutes (action log).</p> | | |
| 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 | Complete | <p>Report Published November 2022 Presented to Audit Committee 15/12/2022</p> <p>Update February 2023 Information relating to audits is stored on SharePoint, a screen shot has been provided as evidence to show current and previous audits that have taken place. Action Complete</p> | 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 | | <p>Report Published November 2022 Presented to Audit Committee 15/12/2022</p> <p>Update February 2023 The post of Information Governance Manager is currently out to advert. An update will be provided once the successful candidate is in place.</p> <p>Update April 2023 No further update to report, this action is reliant upon the Information Governance Manager who will perform and support a lot of this work. A Manager has been appointed, however is still in the pre-recruitment checks stage, so we await to confirm a start date.</p> | Information Assurance Board | |
| 518 | General Data Protection Regulations 2022 | Data Protection Officer | <p>a). A 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)</p> <p>b). Upon the appointment of the Information Governance Manager, a full review of 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)</p> | <p>30 June 2023</p> <p>31 October 2023</p> | | <p>Report Published November 2022 Presented to Audit Committee 15/12/2022</p> <p>Update February 2023 The post of Information Governance Manager is currently out to advert. An update will be provided once the successful candidate is in place.</p> <p>Update April 2023 a). The guidance is being progressed and should be complete by the delivery date of 30 June 2023. b). No further update to report, this action is reliant upon the Information Governance Manager who will perform and support a lot of this work. A Manager has been appointed, however is still in the pre-recruitment checks stage, so we await to confirm a start date.</p> | Information Assurance Board | |
| 526-535 | Commissioning | OPCC | Actions sit with OPCC and will not be reported on or updated by the Force | | | | | |

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

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 |
| GDPR | Not graded | November 2022 | 15/12/2022 |
| Health and Safety | Minimal Assurance | October 2022 | 15/12/2022 |
| Human Resources – Wellbeing 2020 | Reasonable Assurance | November 2020 | 25/3/2021 |
| Integrated Offender Management | Reasonable Assurance | September 2022 | 15/12/2022 |
| 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/received |
| | Action against the recommendation to commence |

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