



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 4.23/24

FINAL

5 September 2023

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

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1. EXECUTIVE SUMMARY

Background

As part of the approved internal audit plan for 2023/24, we have undertaken a review to follow up on the progress made to implement the previously agreed management actions in respect of the following internal audit reports completed by RSM:

- Automatic Number Plate Recognition (ANPR) (10.20/21);
- Complaints (5.21/22);
- Follow Up of Previous Internal Audit Management Actions – Visit 1 (6.21/22);
- Sickness Absence (including Medical Retirement) (7.21/22);
- Victims Code (9.21/22);
- Integrated Offender Management (16.21/22);
- Health and Safety (6.22/23);
- General Data Protection Regulations (7.22/23);
- Follow Up of Previous Internal Audit Management Actions – Visit 2 (11.22/23);
- Human Resources – Suspension and Restrictive Duties (10.22/23); and
- Overtime (1.23/24).

The Force has reported a total of 34 management actions as complete from the above reports, comprising of **six high** priority actions, **12 medium** priority actions, and **16 low** priority management actions.

Conclusion

We were provided with satisfactory evidence in respect of 28 management actions and therefore have agreed that these actions had been fully implemented, we were also provided with satisfactory evidence in respect of a further two management actions and considered these to be superseded and no longer applicable. In respect of four management actions, based on our discussions with action owners and supporting evidence provided, we have considered the implementation of these actions to be ongoing. All four have resulted in re-prioritisation of the actions to a lower priority given the progress made to date.

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 organisations have demonstrated **reasonable progress** in implementing agreed management actions.

Progress on actions

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

Implementation status by review	Number of actions agreed	Status of management actions				
		Impl. (1)	Impl. ongoing (2)	Not impl. (3)	Superseded (4)	Completed or no longer necessary (1) + (4)
Low	16	15	0	0	1	16
Medium	12	9	2*	0	1	10
High	6	4	2**	0	0	4
Total	34	28	4	0	2	30
	(100%)	(82%)	(12%)	(0%)	(6%)	(88%)

* re-prioritised to 'low' given progress made

** re-prioritised to 'medium' given progress made

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: Integrated Offender Management (16.21/22)

Original management action / priority	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. Priority: Medium
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Audit finding / status	<p>The Force informed us that the Terms of Reference and structure, key priorities and group membership were updated, and we were provided with copies to evidence this. From inspection of the Terms of Reference for the IOM working group, we noted these were signed and approved with a note they should next be reviewed in June 2023. We noted there was no approval date so were unable to confirm when they were last reviewed.</p> <p>The purpose of the Group is stated to ensure that the Joint Ministry of Justice and Home Office strategy to refresh IOM is implemented and operated in accordance with the strategy which focusses IOM on reducing neighbourhood crime (e.g. burglary, robbery, theft from the person and vehicle theft).</p> <p>From the structure provided by the Force developed in August 2022, we noted the IOM Working Group feeds into the Cleveland Reducing Reoffending Group and ultimately into the Cleveland and Durham Local Criminal Justice Partnership. The document also includes the Group's preliminary key priorities such as overseeing effective delivery of the IOM programme, ensure co-ordinated delivery with the Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), Cleveland Unit for the Reduction of Violence (CURV) and Problem-Solving Court and review the use of electronic tagging and wider roll-out. The Group members are documented.</p> <p>Whilst we are satisfied the Terms of Reference have been reviewed and updated, we were unable to confirm when these documents were approved and have therefore marked this action as ongoing however we have revised the priority to 'low'. Additionally, we were unable to confirm whether the subsequent review has taken place.</p> <p>2: The action has been partly though not yet fully implemented.</p>
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Management Action 1	The IOM working Group Terms of Reference will be updated on a regular basis in line with requirements.	Responsible Owner: CID Superintendent	Date: 31 December 2023	Priority: Low
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Assignment: Health and Safety (6.22/23)

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

Audit finding / status The Force informed us that health and safety meetings were reinstated from Q1 of 2023. The first meeting took place in February 2023 and we were provided with copies of the agenda and the actions raised and reviewed evidence this took place. Through inspection of the agenda, we noted there is a rolling item to discuss the rolling action and decision log.

We were also provided with a copy of the action log from February 2023's meeting and noted that each action is assigned to an action owner and updates are provided where appropriate to track progress towards completion. We also evidenced the May 2023 action log and through inspection confirmed it included all of the actions originally raised, an update on each and whether they were now closed, or still ongoing.

We are therefore satisfied that the quarterly health and safety meetings have been reinstated and that actions are being discussed, assigned and tracked however we did note that no expected completion date is recorded in the action log against each action. We queried this with the Health and Safety Manager who explained that in most instances the actions are to be completed by the next meeting or at the least an update given on each. However, if there are no expected completion dates recorded there may be a lack of accountability for ensuring the actions are implemented in a timely manner.

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

Management Action 2	An expected completion date will be agreed for each action and documented in the action log.	Responsible Owner: Chief Superintendent (Chair of Local Health and Safety Meeting)	Date: 31 October 2023	Priority: Low
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Assignment: Health and Safety (6.22/23)

Original management action / priority

The Health and Safety Team will develop a register of all risk assessments and include the following information to support tracking:

- 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.

Priority: **High**

Audit finding / status

The Force informed us that a central register of risk assessments has been developed and is maintained on the new Health and Safety SharePoint site along with the risk assessments; we walked through SharePoint with the Health and Safety Manager to confirm this. Risk assessments are available to all staff via SharePoint, and the Health and Safety Team have access to the risk assessments maintained by the previous Health and Safety Manager who previously stored all risk assessments on their personal drive. We queried whether the risk assessments accessible to the team had been reviewed and any outdated copies removed with the Health and Safety Manager who explained they would not remove the risk assessments from their health and safety drive as this forms the archive, however only up to date risk assessments are uploaded to SharePoint to ensure up to date information is available to all staff.

We evidenced a copy of the risk assessment method statement (RAMS) which shows the title of the risk assessment, the owner, their role, the date the risk assessment was reviewed, the date the next review is due, who reviewed the risk assessment, the rating and whether it has been updated on the health and safety SharePoint site. We are therefore satisfied a register of risk assessments has been developed by the Force.

We noted that there were currently 15 risk assessments included on the spreadsheet with completed information. Through discussions with the Health and Safety Manager, we confirmed that these are new risk assessments completed by the Force and we noted these had been uploaded and made available on SharePoint.

We walked through three risk assessments included on the RAMS document and noted two were created in 2023 and one in 2021. Due to the timescales, none of the risk assessments had yet been reviewed however it was clear from the RAMS the timeline of the next scheduled review date.

Assignment: Health and Safety (6.22/23)

Through inspection of the SharePoint site, we noted that there was a risk assessment for General Police Duties uploaded to SharePoint that did not appear on the RAMS and queried this with the Health and Safety Manager. We walked through the document uploaded to SharePoint and noted that it was last reviewed in 2021. The Health and Safety Manager stated that this risk assessment was reviewed recently. We reviewed the email sent to the Health and Safety Manager by the risk owner noting changes were required, however the risk assessment provided and uploaded was not the revised version.

We also reviewed another risk assessment which was reviewed recently and sent back to the Health and Safety Manager, however, was not yet available on either SharePoint or the RAMs document.

Where risk assessments are not up to date and regularly monitored, there is a risk that key risk assessments may not reflect current practices which could lead to ineffective risk mitigation.

Whilst we note the review of risk assessments is an ongoing process, due to issues noted during testing we have revised the original management action and to reflect that there is now a register of risk assessments, we have revised the priority to 'medium'.

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

Management Action 3	The Health and Safety Team will ensure updated risk assessments are uploaded to the SharePoint and updated on the RAMs document when available. Only updated risk assessments will be uploaded.	Responsible Owner: Health and Safety Manager	Date: 31 October 2023	Priority: Medium
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Assignment: Health and Safety (6.22/23)

Original management action / priority	<p>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.</p> <p>Any instances of late reporting will be followed up with relevant areas, in accordance with management action 507.</p> <p>Priority: High</p>
Audit finding / status	<p>The Force informed us that the dates incidents occur are now automatically recorded in the Injury on Duty (IOD) tracker through the completion of a Microsoft Office Form. The forms are available to all staff through the health and safety SharePoint and the Health and Safety Manager can access all completed forms and a spreadsheet summary of them. We walked through and viewed the area with the Health and Safety Manager to verify this.</p> <p>We were provided with the IOD tracker showing reports between May 2023 and June 2023 and noted that 57 IODs were reported. In each instance, there is a record of when the Microsoft Office Form was completed and submitted as well as when the accident or incident occurred. We are therefore satisfied that the date incidents occur is being recorded to provide an audit trail of any incidents when there is a reporting delay due to a delay in the form being sent to the Health and Safety Team.</p> <p>Of the incidents, 15 were RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable which can be identified through the question completed in the form 'whether the injury causes them more than 7 days off work'. When this is marked as yes in the form, the IOD tracker highlights the response in red to highlight this instance may be RIDDOR reportable.</p> <p>Of the 15 incidents, we noted three where the notes column had been utilised to confirm a RIDDOR had been submitted, one instance a RIDDOR was not submitted as the incident was illness not injury and one was not submitted as it had been more than three years since the injury.</p> <p>We walked through 10 instances to confirm whether a RIDDOR report had been submitted in a timely manner and noted the following:</p> <ul style="list-style-type: none">• in two instances no RIDDOR report was submitted, in one instance it was clearly explained this was due to the incident being a road traffic collision and no RIDDOR report being required, however in the other instance the note recorded in the spreadsheet simply stated 'No RIDDOR' without rationale on the Health and Safety Manager's updated IOD tracker;• in five instances, a RIDDOR report was submitted within 10 days or fewer of the incident; and• in three instances, there were 20 days or more between the incident and the RIDDOR report being submitted. <p>Of the three instances where the RIDDOR reporting deadline had not been adhered to, we noted that in two instances this was due to a delay in the incident being reported to the Health and Safety Team and requested evidence that this had been followed up with relevant areas. The Health and Safety Manager was unable to provide this as the emails had been sent by a separate member of the team who was on annual leave. The Health and Safety Manager demonstrated an example where they had followed up with the relevant Sergeant requesting details for the delay in reporting the incident.</p>

Assignment: Health and Safety (6.22/23)

In the remaining instance we noted there were 36 days between the incident being reported and the RIDDOR report being submitted; we therefore note an exception regarding this instance in relation to the Health and Safety Team.

Whilst we note that there are improvements made to maintaining an audit trail to determine the cause if any late reporting does occur, we noted an exception where a RIDDOR report had not been submitted in the required timescale due to delays and two instances where RIDDOR reports were not submitted due to the officer not submitting an IOD report in a timely manner evidenced on the IOD tracker. Of these two instances, the Health and Safety Manager stated that one was a duplicate of the report submitted and missed by the Health and Safety Team discussed above, it was unclear why the officer had reported the same incident twice.

Additionally, we noted an instance where the notes recorded on the IOD tracker were minimal and did not provide sufficient reasoning to verify that it was correct a RIDDOR report had not been submitted. If RIDDOR reports are not submitted in a timely manner, the Force risk non-compliance with RIDDOR legislation.

As there has been progress by the Force to create an audit trail of submission of IOD reports, we have revised the priority of the action to 'medium'.

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

Management Action 4	<p>The Health and Safety Team will ensure RIDDOR reports are submitted in a timely manner once IOD forms are received.</p> <p>Where incidents are reported late, evidence of follow up with the relevant team will be retained centrally to improve the audit trail.</p> <p>The Health and Safety Team will ensure notes on the IOD tracker recorded to state why incidents are not RIDDOR reportable are sufficiently detailed to justify this.</p>	Responsible Owner: Health and Safety Manager	Date: 31 October 2023	Priority: Medium
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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 and superseded.

Assignment title	Management actions
Automatic Number Plate Recognition (ANPR) (10.21/22)	<p>Implemented</p> <p>The installation and testing process will be revised to ensure that checks are performed in line with NASPLE, evidence of initial checks completed by the TSU team and any subsequent checks are documented and held on file for a period of two years.</p> <p>Priority: Medium</p>
Complaints (5.21/22)	<p>Implemented</p> <p>The Force and OPCC will develop an internal policy with flow diagrams to detail the processes to follow when receiving, recording and processing expressions of dissatisfaction and complaints including the respective roles and responsibilities of both organisations.</p> <p>Priority: Low</p>
Follow up of Previous Internal Audit Management Actions – Visit 1 (6.21/22)	<p>Implemented</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.</p> <p>Priority: Low</p>
Sickness Absence (including Medical Retirement) (7.21/22)	<p>Implemented</p> <p>We will review and revise where appropriate the Attendance Management Policy and present it to the Executive Board for approval at their February 2022 meeting if no significant changes are proposed to the policy.</p> <p>However, a full policy review will be undertaken in the Summer of 2022.</p> <p>Priority: Low</p>
Sickness Absence (including Medical Retirement) (7.21/22)	<p>Implemented</p> <p>We will finalise and formalise the medical retirement process flowchart.</p> <p>We will amend the section in the Attendance Management Policy around ill-health retirement and refer readers to an appendix with a redacted version of the process flowchart (see also management action one).</p> <p>Priority: Low</p>

Assignment title	Management actions
Victims Code (9.21/22)	<p>Implemented</p> <p>Once the Update to Niche is applied, the Force will monitor the issue of VCOP information to victims.</p> <p>Priority: High</p>
Victims Code (9.21/22)	<p>Implemented</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 VCMM in Niche.</p> <p>Priority: Medium</p>
Victims Code (9.21/22)	<p>Implemented</p> <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.</p> <p>Priority: High</p>
Health and Safety (6.22/23)	<p>Implemented</p> <p>The Health and Safety Policy will be reviewed and presented to the Chief Constable for approval.</p> <p>Priority: Low</p>
Health and Safety (6.22/23)	<p>Implemented</p> <p>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.</p> <p>As a minimum, guidance regarding line management responsibilities in respect of health and safety will be developed and disseminated across the Force.</p> <p>Priority: High</p>
Health and Safety (6.22/23)	<p>Implemented</p> <p>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 three.</p> <p>Priority: Low</p>

Assignment title	Management actions
Health and Safety (6.22/23)	<p>Implemented</p> <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.</p> <p>Priority: Medium</p>
Health and Safety (6.22/23)	<p>Implemented</p> <p>In conjunction with management action three, the Health and Safety Team will establish a formal process to discuss and report lessons learnt as part of quarterly meetings.</p> <p>Priority: Medium</p>
General Data Protection Regulation (7.22/23)	<p>Implemented</p> <p>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.</p> <p>Priority: Low</p>
General Data Protection Regulation (7.22/23)	<p>Implemented</p> <p>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.</p> <p>Priority: High</p> <p>We note this follow up review has only considered the first element of management action five raised during the original review as the implementation due date was 30 June 2023. The second part of this action (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) has not been considered during this review as it is not yet due to be implemented.</p> <p>We therefore do not provide any assurance regarding the second element of this management action and have only considered part of the action as stated above.</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>Following the decision to suspend a member of police staff, the Notice of Investigation will be completed and retained on Centurion.</p> <p>Priority: Medium</p>

Assignment title	Management actions
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>The Force will ensure that evidence of decisions and authorisation to suspend police officers in the form of the Regulation 11 Notice are retained on file on either the Centurion system or on a secure central drive to ensure adequate record keeping.</p> <p>Priority: Medium</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>The DSE will ensure restricted duties are clearly documented on the Regulation 17 Notice which is served to individuals.</p> <p>Priority: Medium</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>The DSE will ensure Regulation 11 Notices are retained on Centurion.</p> <p>Priority: Low</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>The DSE will ensure there is an audit trail of the date the Regulation 17 Notice is served for instance recording the date on Centurion.</p> <p>Priority: Low</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>Following a review of suspension, where it is decided to continue suspension, the police officer will be informed in writing. Evidence to confirm the individual was informed of the decision in writing will be retained.</p> <p>Priority: Low</p>
Human Resources Suspension and Restricted Duties (10.22/23)	<p>Implemented</p> <p>The DSE will ensure the memo sent across the Force to communicate restriction to police premises and police social functions (if applicable) are retained on the Centurion system.</p> <p>Priority: Low</p>
Follow Up - Visit 2 (Updated) (11.22/23)	<p>Implemented</p> <p>Management will continue with the exercise of allocating DPIAs and filling gaps and missing fields within the IAR.</p> <p>Priority: Medium</p>

Assignment title	Management actions
Integrated Offender Management (16.21/22)	<p>Superseded</p> <p>The Force will ensure that its partnership agreements are revised / re-formed to support offender management.</p> <p>Priority: Medium</p> <p>We have marked this action as superseded as we noted that the partnership agreements have been replaced with the regional agreement and the partnership agreements therefore did not require to be revised or reformed.</p>
Integrated Offender Management (16.21/22)	<p>Implemented</p> <p>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).</p> <p>Priority: Low</p>
Overtime (1.23/24)	<p>Implemented</p> <p>The Force review the Police Officer Overtime Policy and the rules built in DMS for approval of overtime to ensure this is in line with the policy.</p> <p>Priority: Medium</p>
Overtime (1.23/24)	<p>Implemented</p> <p>The Force will reiterate to police officers and authorisers to ensure they check that all overtime submissions are correct and in line with Police Regulations.</p> <p>Priority: Low</p>
Overtime (1.23/24)	<p>Implemented</p> <p>The Force will reiterate to police officers and authorisers of overtime importance of fully completing a overtime claim submission on DMS including recording a narrative for the overtime worked. This includes not authorising overtime claims where the claim submission does not record the narrative for the overtime worked, as required by the Police Officer Overtime Policy.</p> <p>Priority: Low</p>
Overtime (1.23/24)	<p>Superseded</p> <p>The Force will reiterate to police officers and authorisers of overtime the requirement to select the appropriate authoriser for approving overtime claims.</p>

Assignment title	Management actions
	<p>We noted that this action has been superseded and is no longer relevant as the Force have removed the option to select an authoriser to approve an overtime submission and the claims will automatically default to the Officer's Inspector Level Supervisor or equivalent. This action is therefore not relevant, as there is no requirement to select an appropriate authoriser as the system does it automatically.</p> <p>Priority: Low</p>
Overtime (1.23/24)	<p>Implemented</p> <p>The Force will ensure overtime is reported through the Force's governance structure and appropriate actions are put in place where appropriate.</p> <p>Priority: Low</p>

Debrief held	24 August 2023	Internal audit Contacts	Dan Harris, Head of Internal Audit
	Additional evidence provided		Philip Church, Senior Manager
	30 August 2023		Mike Gibson, Client Manager
Draft report issued	31 August 2023		Hollie Adams, Assistant Manager
Revised Draft report issued	4 September 2023		Grace Kunzler, Internal Auditor
Responses received	5 September 2023		
Final report issued	5 September 2023	Client sponsor	HMIC Liaison Officer
		Distribution	HMIC Liaison Officer

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We thank you again for working with us.

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