

# THE CHIEF CONSTABLE OF CLEVELAND

Health and Safety

Internal audit report 7.23/24

FINAL

13 February 2024

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# 1. EXECUTIVE SUMMARY

## Why we completed this audit and background

We have undertaken a review of the Force's health and safety arrangements to provide assurance that controls are in place to effectively manage health and safety arrangements and that these have been strengthened and improved over the past 12 months to address findings from the previous RSM report. RSM undertook a health and safety review (6.22/23) in September 2022, which resulted in a minimal assurance opinion. In total, five high, three medium and two low priority management actions were agreed. This review has been commissioned as part of the 2023/24 internal audit plan, and we have assessed the current procedural arrangements for health and safety to determine whether controls process improvements have been implemented. As part of our audit, we have considered health and safety policies and guidance, the process for reporting injuries on duty and near misses, training provided to both operational staff and officers and management, annual premises inspections, risk assessments and reporting arrangements.

The Force's health and safety function is led by the Health and Safety Manager, who is supported by two part-time officers (both Operational Planner and Safety Officers) who assist with the injury and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reporting process. The current Health and Safety Manager is undertaking the role on an interim basis whilst the Force is recruiting a permanent full-time Health and Safety Manager. Whilst the position has been advertised for approximately six months, the Force has yet to recruit anyone for this role. The current Health and Safety Manager also has a second role and is not a full-time Health and Safety Manager. Health and safety resources are reviewed annually as part of the Force Management Statement process.

The Health and Safety Team monitors all reported injuries submitted by staff or officers and is responsible for determining whether any incidents should be submitted to the Health and Safety Executive (HSE) in line with RIDDOR requirements. Alongside injury reporting, near miss reporting is completed and actioned by the Health and Safety Team as well as an annual programme of premises reviews. This programme sees all buildings reviewed by the Health and Safety Manager if they are owned or used by members of the Force. Actions are identified during these reviews and required to be completed by the appropriate building owner and tracked as part of the Force's new quarterly health and safety meetings.

## Conclusion

As a result of our audit, we have identified and agreed **two high** and **five low** priority management actions. Whilst we have still identified some significant control weaknesses, there has been an improvement from our previous health and safety review (Sept 2022) and all actions agreed as part of that audit have either been completed or partially completed.

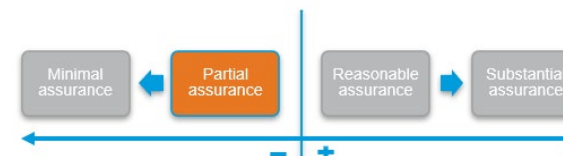
In particular, we identified discrepancies regarding the injury reporting form and supervisors reporting form and that these had either not been completed or had not been completed in a timely manner. This resulted in one instance where a RIDDOR report has not been submitted in a timely manner after an accident. Testing of the premises reviews conducted by the Health and Safety Manager also identified that all premises reviews are either overdue or had been completed after the set deadline.

We identified one weakness relevant to this review, that had already been identified and actions agreed as part of another RSM audit. We have therefore referenced the relevant action within this report (and they are separate from the two high and five low priority actions). The referenced action is a low priority management action from the HR – Training (2.23/24) report.

#### Internal audit opinion:

Taking account of the issues identified, the Chief Constable of Cleveland can take **partial assurance** that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified area.



## Key findings

We identified the following areas of weakness resulting in two high priority management actions:



### Premises Reviews

We confirmed a health and safety inspection programme has been developed covering all properties used by the Force which require a premises review and supporting fire inspection review. Properties on the inspection programme are split between a 'full' inspection and a 'drop in' inspection and have a set due date. Properties requiring a full inspection are buildings used by the Force on a regular or daily basis, whereas those requiring a drop in are used only several times a year (if at all).

We noted that 29 buildings require a full inspection; however, at the time of the audit in September 2023, only 13 reviews had been undertaken. Of the 16 that have yet to be completed, 10 have exceeded the due date on the inspection programme and were overdue. Of the 13 completed inspections, only one had been completed before the due date.

23 buildings require a drop in inspection; however, we identified that none of these had been completed in 2023.

If premises reviews are not completed in line with the inspection programme, there is a risk that unsafe buildings could go unnoticed and pose a safety risk to staff, officers and the public. **(High)**



### Injury Reporting

When staff and officers are injured, they are required to submit an injured person reporting form either on the day of the injury or the following day. A supporting supervisor's reporting form is also required to be submitted by their supervisor. Both forms detail the injury, the impact on the injured person, whether the injury is RIDDOR reportable and any investigation carried out into the incident.

We sampled 10 injured person reporting forms and confirmed only three had been submitted on the same day or the day after the injury and had been reported in a timely manner. The remaining seven had not been submitted in a timely manner and this ranged from five days after the injury to a full month.

We verified that a corresponding supervisor's reporting form was on file for eight injuries of the 10 reported injuries. In the remaining two cases, we could not locate a supervisor's reporting form. This form is required to confirm the supervisor is aware of the injury and has investigated the incident to identify any lessons learned to either the injured person or the Health and Safety Team. Reviewing the eight submitted supervisor's reporting forms, we identified that six had not been submitted on the day of the injury or the following day and were therefore not timely. The remaining two had been submitted either on the same day or the following day and were timely.

We also noted that, in total, 139 injured person reporting forms have been submitted compared to only 97 supervisor's reporting forms. This indicates that supervisors are not reporting injuries in line with the Health and Safety Policy and procedures. If injured person reporting forms and supervisor's reporting forms are not being submitted and reported in a timely manner, there is a risk that incidents or accidents are not being reviewed and actioned to prevent similar injuries occurring in the future. Failure to report injuries in a timely manner can also result in RIDDOR reports not being submitted in a timely manner to the HSE. **(High)**

For details of the five low priority management actions, please see section two of this report.

**Our audit review identified the following controls are suitably designed, consistently applied, and are operating effectively:**



We confirmed a Health and Safety Policy is in place and available to officers and staff on the Force intranet and also the Force website. Whilst the copy on the Force website is partially redacted, the only information that has been removed is reference to Force employees' names and job titles. We reviewed the policy and confirmed it was last reviewed in April 2023 and is up to date. We confirmed a roles and responsibilities section is in place setting out all individuals involved in the health and safety process and how they should be supporting and implementing the Force's approach to health and safety. We noted a joint statement by the Chief Constable and the Police and Crime Commissioner is also included as an introduction to the policy and sets out the importance of health and safety within the Force.



We confirmed 19 senior staff members completed a one-day training session called 'Leading Safety' on 20 June 2023. This is an Institution of Occupational Safety and Health (IOSH) training course and saw all 19 members receive a qualification to confirm they have completed the training. We confirmed attendees to this session included:

- the Chief Constable;
- the Deputy Chief Constable;
- the Head of Legal;
- the Head of HR; and

- the Health and Safety Manager.

We verified that a certificate was on file for all 19 attendees and noted this includes senior members from both the Force and the Office of the Police and Crime Commissioner (OPCC).



Risk assessments are available on the Force intranet and can be accessed on the dedicated health and safety page alongside guidance documents, the Health and Safety Policy and other relevant reporting forms. We verified that currently there are only 21 risk assessments and cover a range of topics from driving and pursuits to the use of body worn cameras. We confirmed a risk assessment log has been produced by the Health and Safety Manager and covers all 21 assessments as well as their owner and next review date. We noted that the number of risk assessments is significantly lower than when we undertook our health and safety audit (6.22/23) in September 2022.

We confirmed that old risk assessments have been retained and are available to the Health and Safety Team in a shared archive folder. We noted in total that 118 risk assessments have been archived and this is due to them being out of date and having not been reviewed recently. The Force is working through reviews of risk assessments. We have therefore not raised an action as it is clear that the Health and Safety Manager has been processing and updating risk assessments available to the Force and only publishing assessments that are in date and accurate.



We verified a near miss reporting form is in place and available on the Force intranet. From a review of the near miss log, we noted that 49 near miss reports have been submitted; however, 45 of these relate to a missed meal break or rest break. The Head of Health and Safety explained that the Police Federation has asked officers and staff members to report missed meals or rest breaks to ensure this is being recorded. This has been raised internally and the Head of Local Policing confirmed they have spoken with the Police Federation who have agreed to ask staff and officers not to submit these issues through the near miss form. Of the four near miss reports that relate to an actual health and safety near miss incident, we confirmed these have been reviewed by the Health and Safety Manager and a record of the action taken has been documented. We verified all four near misses have been actioned with either the risk being removed entirely or a control implemented to fix the problem. We note that four near misses across the Force is likely to be a low amount and we would therefore query how well aware officers and staff are of the near miss reporting process. However, as a medium priority management action was agreed as part of the previous report (6.22/23) for implementation by 30 September 2023 and the process has been embedded, we have not agreed a further management action. The Health and Safety Team should review the level of near miss reporting to determine if the process is being effectively followed.



An annual report is produced by the Health and Safety Manager and presented to the Joint Audit Committee for review and discussion. We confirmed a 2023 health and safety report is on file and was completed on 9 June 2023. From review of the 29 June 2023 minutes of the Joint Audit Committee, we confirmed the report was presented to the committee for discussion. We reviewed data within the report and confirmed that the number of RIDDOR reports has slightly decreased from 25 in 2021 / 2022 to 24 in 2022 / 2023.



The Health and Safety Manager has started to report to the quarterly Executive Management Board regarding health and safety matters. The first and most recent meeting that the Health and Safety Manager reported to was the 8 August 2023 meeting where an introduction to health and safety was provided alongside a summary of progress against the actions raised as part of the RSM health and safety audit in September

2022. We noted the report submitted as part of the meeting contains a list of health and safety priorities for the upcoming period as well as a set of key updates from the previous period.

Prior to this, we noted that a Health and Safety Gold Group was in place and was chaired by the Head of Local Policing. We confirmed an action log was retained for this meeting and covered the actions raised as part of the RSM Health and Safety audit in September 2022. All actions had been assigned a target completion date and an update column to track progress.

## 2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception, therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Area: Health and Safety				
<b>Control</b>	A set of guidance documents are available on the health and safety intranet page covering relevant areas to health and safety.		<b>Assessment:</b>	
			<b>Design</b>	✓
			<b>Compliance</b>	×
<b>Findings / Implications</b>	<p>We noted that there is additional guidance documentation available on the Force intranet. Upon review, we noted that this includes guidance on stress and trauma management, display screen equipment information (regarding the set up of computers and laptops) and the Force's seven-point plan (covering instances where an officer is assaulted). We also identified copies of the presentations that the Health and Safety Manager delivers to new starters are also available on the intranet. From review of these documents, we confirmed these are generic guidance documents that provide advice and tips relating to the area the document covers (for example, how best to set up display screens, how to manage stress etc).</p> <p>Whilst some guidance is available, we noted this is not comprehensive and does not provide officers or staff with sufficient guidance regarding health and safety matters. In particular, we noted no guidance documentation was available for when officers receive an injury whilst on duty or for when a near miss is identified. Whilst a short summary is available on the same intranet page as the injured person form and the near miss form, this is limited and could be expanded upon through the creation of a guidance document to clearly outline what officers should be doing, the timeframes for doing this and who they need to inform. Producing additional guidance document would ensure a comprehensive library is available to officers and staff to assist them if they have any health and safety concerns or are unsure on what to do in the event of an injury.</p> <p>During discussions with the Health and Safety Manager, it was noted that they had considered creating a flowchart setting out the process for reporting an injury on duty. Developing a flowchart covering this procedure and other relevant processes (such as for near misses or for reporting a health and safety concern), could allow officers and staff to be made more aware of health and safety and their roles and responsibilities. If additional guidance is not available, in particular the creation of a injury on duty flowchart, there is a risk that officers and staff may be incorrectly reporting health and safety problems or failing to report these at all. This could result in the Force not being aware of key health and safety issues that could pose a risk to the safety of staff, officers and the public.</p>			
<b>Management Action 1</b>	Further guidance documentation will be created and made available to officers and staff to ensure they are given sufficient support to discharge their health and safety duties and responsibilities. In particular, the Force will develop a flowchart covering the process for reporting injuries on duty.	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 30 April 2024	<b>Priority:</b> <b>Low</b>

## Area: Health and Safety

<b>Control</b>	<p>All officers and staff are required to complete the mandatory health and safety module on the College of Policing website.</p> <p>Training is monitored by the relevant supervisor or manager to ensure they have completed all mandatory training. Officers and staff are provided with a health and safety induction by the Health and Safety Manager.</p>	<p><b>Assessment:</b></p> <p><b>Design</b> ✓</p> <p><b>Compliance</b> ×</p>
<b>Findings / Implications</b>	<p>We confirmed that the Health and Safety Manager and the Learning and Development Team has been working with the College of Policing to ensure that all Force staff and officers are signed up to undertake a mandatory health and safety training module on the College of Policing e-learning system (titled Health and Safety in the Workplace). The training has recently been set up and, from review of the e-learning system, we confirmed that the mandatory training is in place and available to staff and officers. We noted that the date the training was published as mandatory was 21 September 2023, though the Health and Safety Manager explained that the training was available earlier but was withdrawn by the College due to issues regarding accessibility (the course content remained the same). This issue was resolved and the training was re-published in early September and made mandatory on 21 September 2023 for all officers and staff. We received a copy of the completion report for the mandatory health and safety module (as at 3 October 2023) and noted:</p> <ul style="list-style-type: none"> <li>• 132 staff members and officers have completed and passed the module;</li> <li>• one individual has completed the module but has failed. They are required to re-complete the training;</li> <li>• 144 staff members and officers have started but not completed the module. These individuals have been marked as incomplete; and</li> <li>• four staff members and officers have been marked as "not attempted" and have not completed the training.</li> </ul> <p>We queried the number of staff and officers on this report as only 281 individuals are recorded on the completion report. A member of the Digital Learning and Design Team confirmed that all staff and officers are required to complete the training and this total is 2,587. This results in a completion rate of only 10.9%. As such, there is a significant number of staff and officers that have yet to complete the mandatory training. Whilst it is expected that not all staff and officers will have completed the training module as it only went live again on the e-learning system in early September 2023 and was made mandatory on 21 September 2023, completion rates should be monitored to ensure all staff and officers have completed the training within a reasonable timeframe. The HMIC Liaison Officer has provided since the audit that the training compliance has increased to 33.4% (evidence received on 2 November 2023), showing an increase in compliance rates since the audit. We recognise that the training has only been available approximately two months and that compliance rates are therefore expected to be low, whilst officers and staff complete the training.</p> <p>We have also not agreed an action for staff and officers to be chased up and ensure they complete mandatory training as this has already been identified during the RSM HR - Training (2.23/24) internal audit. A management action was agreed (11) within that report which sets out that the e-learning compliance reports will be reviewed and to identify officers who have not completed mandatory training or refresher training. Once identified, this will be cascaded down to the relevant teams and supervisors to be actioned.</p>	

## Area: Health and Safety

During discussions with the Learning and Development Co-Ordination Manager, it was explained that automatic reminders are not sent out to staff and officers and it is the line manager's responsibility to ensure training has been completed. Furthermore, there is currently no deadline in place for the module to be completed though it was explained that this was due to the training having been recently re-introduced. The Health and Safety Manager clarified that mandatory training should be discussed between individuals and their supervisors during their regular professional development review (PDR) meetings and staff and officers are reminded to ensure they are completing training in a timely manner. Furthermore, the Learning and Development Co-Ordination Manager confirmed that the sponsor for the training (the Head of Local Policing) would also be responsible for monitoring training completion and reminding their supervisors to ensure training is completed. Training non-compliance should be raised and discussed during health and safety quarterly meetings to ensure management are aware and are chasing staff and officers that have not completed the relevant training modules. We confirmed that officers and staff have access to a PowerBI dashboard through the e-learning system and can input their collar number to see what training they have or have yet to complete.

We also noted that refresher training has not yet been set up and, whilst the training has only recently been made available, a refresher frequency should be established and implemented on the e-learning system. This is the responsibility of the sponsor of the training module (in this case the Chief Superintendent and Head of Local Policing) in conjunction with the Force's Learning and Development Team. Where refresher training has not been set up and implemented, there is a risk that staff may not re-complete health and safety training and may be unaware of key health and safety information and their roles and responsibilities.

There is currently only one mandatory training module required to be completed by all operational officers and staff. A separate module is available for supervisors and management and has been covered in a separate control. The Health and Safety Manager noted that discussions are underway with the College of Policing to add new training modules as mandatory; however, a decision was made to delay this to avoid overwhelming officers and staff with several training modules at once. The Health and Safety Manager in conjunction with the Learning and Development Team will be making additional training compulsory either later in 2023 or in early 2024. Whilst it is currently not mandatory, we confirmed officers and staff can access additional health and safety training on the e-learning system though there is no requirement or monitoring of this completion.

The Health and Safety Manager confirmed that they undertake a presentation to new staff and officers covering health and safety at the induction stage. We confirmed a presentation is on file covering health and safety and the responsibilities of officers and confirmed that attendance had been recorded to track those officers and staff members that had attended the training.

<b>Management Action 2</b>	The sponsor in charge of the 'Health and Safety in the Workplace' training module will agree a frequency for training to be refreshed and communicate this to the Learning and Development Team to ensure this is reflected on the e-learning system.	<b>Responsible Owner:</b> Head of Local Policing	<b>Date:</b> 30 April 2024	<b>Priority:</b> <b>Low</b>
<b>Management Action 3</b>	The Health and Safety Manager and chairperson will raise training non-compliance within the health and safety quarterly	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>

**Area: Health and Safety**

meetings to ensure management are aware of officers and staff are not completing training and that it is their responsibility to chase outstanding training to increase compliance. This could be undertaken via a standing agenda item at each meeting.

Health and Safety Manager

30 April 2024

**Low**

**Management  
Action**

*See HR - Training (2.23/24) - management action 11.*

**Responsible Owner:**

-

**Date:**

-

**Priority:**

-

## Area: Health and Safety

<b>Control</b>	<p>All senior officers and staff members undertake Institution of Occupational Safety and Health (IOSH) training.</p> <p>All staff or officers that have a line management responsibility are required to undertake a risk assessment training module.</p>	<p><b>Assessment:</b></p> <p><b>Design</b> ✓</p> <p><b>Compliance</b> ×</p>
<b>Findings / Implications</b>	<p>The Health and Safety Manager confirmed that a one-day training session was delivered to senior officers and staff on 20 June 2023. This covered the 'Leading Safety' training course and is an approved and validated IOSH course covering the responsibilities of executive management for health and safety. Upon completion of the session, all officers and staff enrolled were awarded the leading safety IOSH certificate which certified that they had completed the training.</p> <p>In total, 19 officers and staff members completed the training and from review of the attendance sheet we identified these contained a significant number of senior members across the Force and the OPCC. In particular, we noted the session was attended by:</p> <ul style="list-style-type: none"> <li>• the Chief Constable;</li> <li>• the Deputy Chief Constable;</li> <li>• the Head of Legal;</li> <li>• the Head of HR;</li> <li>• the Head of Performance;</li> <li>• the Health and Safety Manager;</li> <li>• the PCC Chief Executive; and</li> <li>• the PCC Head of Policy, Partnerships and Delivery.</li> </ul> <p>We confirmed certificates were awarded to all 19 attendees with each certificate being validated by IOSH. We confirmed all 19 certificates were on file and have been retained by the Health and Safety Manager. The Health and Safety Manager confirmed this is a one-off course and a life-long qualification and is not required to be refreshed. However, it was noted during discussions with the Health and Safety Manager that this training could be ran every three years and provide the qualification for new senior members within the Force and for those staff members that may not have completed the course within the first cohort. It was highlighted that there is a cost element associated with the course and that consideration should also be given to the time taken (a full day) by senior management to undertake this training and this will need to be considered by the Force.</p> <p>All supervisory staff are also required to undertake a risk assessment training module (titled The Principals of Risk Assessment) which explains the process and requirements for completing a risk assessment. This is available on the College of Policing e-learning platform and is a mandatory module for all staff that supervise staff or officers. We reviewed a copy of the completion report and noted that for 59 members of staff that are required to complete the module, 44 have completed and passed the module. For the remaining 15, we noted that:</p> <ul style="list-style-type: none"> <li>• 14 staff members have been marked as incomplete and have not finished the module; and</li> </ul>	

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- one staff member is marked as "not attempted" and has yet to formally begin the training.

We queried the number of staff that have been assigned the course as it was expected that there would be more individuals than 59. A member of the Digital Learning and Design Team confirmed that every supervisor and manager at the Force is required to complete this training and this is currently 446 individuals. It was explained that any individual that has not engaged with the training module will not be recorded on the completion report. Given these numbers, the current completion rate is only 9.9% (based on 44 completions). However, we did note that training has only recently been made active and formally communicated to individuals on 19 September 2023. As such, a lower completion rate is not unexpected.

The member of the Digital Learning and Design Team also highlighted that another training module 'Health and Safety for Managers' was replaced by the Principals of Risk Assessment Training. A decision had been made to mark those managers who had completed the Health and Safety for Managers module as having completed the Principals of Risk Assessment training due to the large overlap of content. We confirmed 292 staff members had completed the Health and Safety for Managers module before it had been replaced by the Principals of Risk Assessment module and, adding this to the 44 staff members that had completed the risk assessment module, the completion rate is raised to 75%. Whilst this is significantly higher, there is still a quarter of individuals having not completed the mandatory training module.

Similarly to the previous control, we have not raised an action for management to be chased up and ensure they complete mandatory training as this has already been identified during the RSM HR - Training (2.23/24) internal audit. This was raised as management action 11 which sets out that the e-learning compliance reports will be reviewed to identify officers and staff who have not completed mandatory training or refresher training. Once identified, this will be cascaded down to the relevant teams and supervisors to be actioned.

<b>Management Action</b>	<i>See management action 3</i>	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
		-	-	-
<b>Management Action</b>	<i>See HR - Training (2. 2023/2024) - management action 11.</i>	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
		-	-	-

## Area: Health and Safety

<b>Control</b>	<p>Premises reviews are required to be completed for each building that Force officers or staff work in. This is completed by the Health and Safety Manager and a representative from the Estates Team.</p> <p>A supporting fire inspection is completed at the same time as the premises reviews.</p> <p>Actions raised during premises reviews are monitored and chased up during quarterly health and safety meetings.</p>	<p><b>Assessment:</b></p> <p><b>Design</b> ✓</p> <p><b>Compliance</b> ×</p>
<b>Findings / Implications</b>	<p>All buildings where staff or officers are based are required to have a premises review and supporting fire inspection review completed. The Health and Safety Manager confirmed that they are responsible for completing these and are accompanied by a representative from the Estates Team for assistance if required. A health and safety inspection programme has been established and documented and contains all of the buildings that require the review and inspections. All buildings where officers or staff members work undertake a full inspection that involves a detailed walkthrough of the building to identify any health and safety or fire safety risks. There are also buildings that may occasionally be used by staff or officers for drop-in sessions or meetings such as churches, community centres or libraries. These buildings are not used full time and may only be used a few times a year (if at all). However, as Force employees may use them, the Health and Safety Manager has decided that a drop-in inspection will be conducted to identify any obvious issues. Drop-in inspections are not as detailed or as in-depth as the full inspections which are prioritised given they are used on a daily basis by a significant number of employees.</p> <p>We reviewed the inspection programme for 2023 and identified that there are 29 buildings in total that require a full inspection and a further 23 that require a drop in. Each building has a clear description on whether it requires a full time inspection or a drop in and also contains the due date month and the actual date of the review and inspections. From review of the programme, we identified that only 13 of the 29 buildings that require a full inspection have been undertaken and no drop-in inspections have been completed for the 2023 calendar year. For the 13 premises reviews that have been completed, we noted only one had been completed before their due date with the remaining 12 having been completed afterwards. For instance, we noted a premises review was due to be completed at Redcar Town Police Station in March 2023 but was not completed until 13 May 2023.</p> <p>Of the 16 buildings that have yet to undertake an inspection, we noted 10 had exceeded their due date and were supposed to have been completed earlier in the year. We queried this with the Health and Safety Manager who explained that due to limited resources, they have not been able to complete these inspections yet but they are planning to complete all by the end of the year and will be setting aside a week to complete these. The Health and Safety Manager should ensure all buildings are reviewed and inspected before the end of the calendar year. If the inspections are not undertaken, there is a risk that unsafe buildings could go unnoticed and pose a risk to staff and officer safety.</p> <p>We identified that the health and safety inspection programme does not record the date of the last inspection. Recording this information would allow the Health and Safety Manager to more effectively monitor inspections and prioritise those buildings that have not received an inspection for at least a year. This is particularly important if they are behind on inspecting properties as the Health and Safety Manager</p>	

## Area: Health and Safety

can prioritise the building that has had the longest time between last being checked. If a last date is not added to the programme, there is a risk that buildings may not receive an inspection on an annual basis.

Each premises review and fire inspection has a supporting report that is completed by the Health and Safety Manager. This documents the findings of the audit and any actions that are required to be completed. We selected a sample of five of the 13 inspections and requested copies of the health and safety report and the fire risk assessment to confirm these were on file and the completion dates matched the inspection programme. The health and safety report and the fire risk assessment were provided for all five samples and we confirmed these had been completed and signed off by the Health and Safety Manager. Dates on the reports matched those on the health and safety inspection programme. However, we did note all five reviews were late and had not been completed before the due date in the inspection programme.

We noted that the health and safety inspection programme has a column for a follow up to be completed. The Health and Safety Manager confirmed that a follow up inspection would be used to re-visit the building and confirm any actions identified during the initial inspections have been resolved. Whilst the actions are monitored and scrutinised during the quarterly health and safety meetings, confirmation that an action has been completed is only provided verbally by the relevant building manager. A follow up visit by the Health and Safety Manager provides additional assurance that the action has been resolved and there are no further discrepancies.

From review of the health and safety inspection programme, we identified no follow up reviews have been completed in 2023. The Health and Safety Manager explained that this was due to the current resources and demand on the Health and Safety Team and that the team has prioritised completing a full inspection for all buildings before moving on to follow up inspections. It was highlighted that the actions raised during the initial inspections are discussed, challenged and reviewed during the quarterly health and safety meetings by the chairperson and confirmation is received by the relevant senior officer or staff member responsible for the building, that the issue has been resolved. The Health and Safety Manager noted that given the current resources they have, it is not possible to complete these follow up reviews. Whilst we have identified that completing the follow ups would provide further assurance to the Force that actions identified during premises reviews are being completed, we recognise that this is a limitation given the current situation with regards to the health and safety function and available resources.

Whilst actions are followed up at each quarterly health and safety meeting, we noted no master record of actions is maintained. We raised this with the Health and Safety Manager who highlighted that actions are clearly identified and documented in each premises review, are followed up during the quarterly health and safety meetings and that creating such a log would only result in a duplication of work. We have confirmed that, where actions have been raised, these are clearly documented and they have been challenged and chased up during health and safety meetings. Given this information, we have not raised a management action for creating a master log of all raised actions; however, we would suggest that this be considered to ensure a central record is held and maintained by the Health and Safety Manager.

Through review of the Local Policing and Crime health and safety quarterly meeting action logs, we confirmed that actions identified during premises reviews have begun to be chased by the chairperson (either the Head of Local Policing or the Head of Forensic Investigation) and updates recorded at each meeting. However, our testing for this has been limited due to only 13 premises reviews

## Area: Health and Safety

being completed and only three meetings having been held for both the Local Policing and Crime health and safety meetings. Whilst there were limited examples of these being chased we have confirmed that there is a mechanism in place to monitor the completion of outstanding actions and staff responsible for buildings are being chased to confirm they have completed the identified actions.

<b>Management Action 4</b>	<p>The inspections that are overdue on the health and safety inspection programme will be completed. The drop-in buildings will be risk assessed with those that are used more often or where an existing inspection has not been completed prioritised.</p> <p>The Health and Safety Team will complete any required follow up inspections and prioritise any buildings deemed to be high risk.</p>	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 July 2024	<b>Priority:</b> <b>High</b>
<b>Management Action 5</b>	<p>The date of last inspection will be recorded on the inspection programme to ensure health and safety inspections and fire risk assessments are completed at least once per year.</p>	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 30 April 2024	<b>Priority:</b> <b>Low</b>

## Area: Health and Safety

<b>Control</b>	<p>All incidents and injuries are required to be reported by officers or staff on the day of the incident or injury. Officers and staff are required to complete the injured person reporting form on the intranet.</p> <p>The relevant supervisor is required to submit a supervisor's reporting form detailing the incident and outlining what work has been undertaken to address the injury.</p> <p>All incidents and injuries are logged by the Health and Safety Manager on an incident register to ensure injuries can be tracked and identified if appropriate for RIDDOR reporting.</p>	<p><b>Assessment:</b></p> <p><b>Design</b> ✓</p> <p><b>Compliance</b> ×</p>
<b>Findings / Implications</b>	<p>We confirmed an injured person reporting form and supervisor's reporting form is available to all staff members on the Force's health and safety intranet page. We completed a walkthrough with the Health and Safety Manager and confirmed that the form was easy to navigate and contained clear and relevant questions.</p> <p>Our testing indicated that staff and officers are not submitting the injured person reporting form in a timely manner. From our sample of 10 submitted injury person reporting forms, we noted only three had been completed either the same day as the injury or the day after (this is due to shift patterns and officers working night shift). Of the remaining seven, we noted these ranged from five days after the injury to a full month later. Officers and staff should be reminded that they must be completing and submitting the injured persons reporting form in a timely manner after being injured. If this is not possible, supervisors should be completing the form on their behalf. If forms are not submitted in a timely manner, there is a risk that the Health and Safety Manager may be unaware of any injuries and accidents and fail to appropriately submit a RIDDOR report if appropriate. Furthermore, if reports are not completed, existing hazards or risks that caused an injury could go unresolved and potentially injure another member of staff, officer or member of the public.</p> <p>As part of our testing of 10 injured persons forms, we identified that three officers had been assaulted and the seven-point plan should have been enacted. The seven-point plan is a pledge by the Chief Constable to ensure those officers are appropriately supported and given the resources required. For the three instances where the officer had been assaulted, we confirmed they had reported that the seven-point plan initiative had been enacted and followed.</p> <p>Using the same sample of 10 injured person report forms that had been completed, we checked to determine whether a corresponding supervisor's reporting form had been completed by the supervisor. For our 10 samples, we confirmed a corresponding report had been submitted by the supervisor in eight instances. For the remaining two samples, we could not locate a corresponding supervisor's reporting form that detailed the injury that the officer had sustained. For the eight samples with supporting forms, we confirmed that the details on both forms matched (including the name of the injured officer and the day of injury) and then compared the date that the supervisor's form was submitted to determine whether it had been submitted in a timely manner after the injury. Of the eight supervisor's reporting forms, we identified:</p> <ul style="list-style-type: none"> <li>• one form had been submitted on the same day as the injury and was timely;</li> <li>• one form had been submitted the day after the injury and was timely;</li> </ul>	

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- one form had been submitted five days after the injury and was not timely;
- one form had been submitted six days after the injury and was not timely;
- two forms had been submitted 10 days after the injury and were not timely; and
- the remaining two forms had been submitted approximately two weeks after the injury, and therefore were not timely.

We noted that there have been 139 injured person reporting forms submitted since April 2023 but only 97 supervisor's reporting forms completed in the same period. This discrepancy corresponds with our testing and that some supervisors are not completing the required form when an officer is injured. If supervisors are not completing the supervisor's reporting form and this is not in a timely manner, there is a risk that incidents or accidents are not being reported correctly and actions may not be taken to prevent similar injuries from reoccurring.

Each supervisor is required to undertake an investigation into the injury to determine the cause and whether additional training or actions should be raised. This is reviewed by the Health and Safety Manager when they receive the supervisor's form and determine whether an investigation has been completed and whether this sufficiently covers the injury and any similar incidents in the future. For the eight instances where a supervisor's form has been completed, we identified an investigation had been completed by the supervisor in all eight cases. Of the eight, we noted:

- two injuries related to an officer being stabbed whilst apprehending a suspect. The supervisor confirmed the officer could not have avoided this as they were apprehending the suspect. In both cases, we noted that the suspect was subsequently charged with assault;
- five injuries relate to an officer being injured whilst chasing a suspect. In all five cases, the supervisor confirmed that the investigation indicated that the injury could not have been avoided and was due to the officer tripping and falling and was received when undertaking normal officer duties; and
- in the final instance, the officer was injured whilst apprehending a suspect. The supervisor confirmed that the investigation clearly showed the officer acting in line with procedure and could not have been avoided.

In all eight cases, we noted that no action had been undertaken by the Health and Safety Manager or reported to the quarterly health and safety meetings as no advice or guidance could be provided to officers that was not already in place. All injuries were either in line with procedure (such as those where an officer was assaulted or where they had injured themselves by falling whilst apprehending a suspect).

<b>Management Action 6</b>	Supervisors will be reminded that they are required to complete a supervisor's reporting form when an officer is injured on duty.  Officers and staff will be reminded to complete the injured person reporting form as soon as possible if they are injured. If this is not possible, supervisors should be completing the form	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 March 2024	<b>Priority:</b> <b>High</b>
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## Area: Health and Safety

on behalf of the officer to ensure a record is on file and the Health and Safety Manager can complete a RIDDOR report if appropriate.

Both injured person reporting forms and supervisor's forms will be reviewed by the Health and Safety Manager and escalated to health and safety quarterly meetings if they are not submitted in a timely manner. This will ensure RIDDOR reporting can be completed within the set timescales.

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## Area: Health and Safety

Control	The Health and Safety Manager is required to submit a RIDDOR report within 15 days of the incident if an employee is away from work for more than seven days or the employee requires hospital treatment.	Assessment:		
	The Health and Safety Manager submits a RIDDOR if the injured person reporting form indicates that the employee is away from work for seven days or more.	Design	✓	
		Compliance	×	
Findings / Implications	We selected a sample of 10 injuries that had been reported to the Health and Safety Manager in 2023. Of the 10 samples, all 10 should have a RIDDOR report submitted to the HSE as the injured officer has stated that they have either been hospitalised or will be out of work for more than seven days.			
	From our sample, we confirmed nine RIDDOR reports had been submitted. We queried the one instance where a RIDDOR report had not been submitted and identified that this was a car accident and was therefore not RIDDOR reportable. We reviewed each of the nine RIDDOR reports and confirmed that the injuries matched the injury reported by the officer on the injured person reporting form. Following this, we reviewed the date of the RIDDOR report being submitted against the date of the injury to determine whether this had been completed in a timely manner. Of the nine reports, we confirmed eight had been submitted within 15 days and the final report had been submitted more than a month after the injury. For the one discrepancy where the RIDDOR report was not submitted in a timely manner after the incident, we confirmed this was because the officer and the supervisor had not informed the Health and Safety Manager in a timely manner by completing the relevant reporting forms. We confirmed that, once the appropriate form had been submitted, the RIDDOR report was submitted in three days of the form being received by the Health and Safety Team.			
	To ensure RIDDOR reports can be submitted in a timely manner, staff and officers should be reminded to submit an injured person reporting form as soon as possible. If this is not possible, the supervisor should be submitting the form on their behalf. If reports are not submitted in a timely manner, there is a risk that RIDDOR reports may not be submitted within the 15-day deadline.			
	We confirmed all RIDDOR reports are saved as a PDF documents by the Health and Safety Manager in a secure folder that is only accessible to them and two other staff members who assist the Health and Safety Manager in submitting RIDDOR reports (though both staff members only work on this on a part-time basis).			
Management Action	See management action 6.	Responsible Owner:	Date:	Priority:
		-	-	-

## Area: Health and Safety

<b>Control</b>	The quarterly health and safety meetings are used to disseminate lessons learned that have been identified by the Health and Safety Manager.	<b>Assessment:</b>		
		<b>Design</b>	✓	
		<b>Compliance</b>	x	
<b>Findings / Implications</b>	<p>We confirmed quarterly health and safety meetings have resumed with the first meeting taking place in February 2023. We confirmed that four separate quarterly health and safety meetings have been created and cover the same agenda but for different areas of the Force. These areas include Local Policing (the first meeting to begin in February 2023), Crime, Prevent (also called Harm Reduction) and the Tactical Training Centre (TTC). The Health and Safety Manager noted that the Specialist Operations function were in discussions with being incorporated into the Crime meetings instead.</p> <p>The Health and Safety Manager noted that the Local Policing health and safety meetings have been ongoing since February 2023 and have a number of agendas available and a supporting action log. This meeting is chaired by the Head of Local Policing with attendees from Estates, Tascor (a third party contractor in charge of the Force's stores) and the Health and Safety Manager. We were provided with the agendas for the February, May and August 2023 meetings and confirmed that topics included lessons learnt from near misses, injuries on duty, any actions raised from premises reviews and any general health and safety issues. From review of the supporting action log, we confirmed actions raised included discussions regarding the premises reviews and associated actions, near miss reporting and the issue regarding missed meal breaks and a reminder to staff to ensure risk assessments are undertaken and sent to the Health and Safety Manager.</p> <p>We confirmed that the Crime health and safety meetings have also begun and use the same agenda as the Local Policing meetings. We were supplied with the agenda for the May and September 2023 meetings and confirmed this was identical (but with a different chairperson). The Crime meetings are chaired by the Head of Forensic Investigation and attended by representatives from the Estates Team and facility management as well as the Health and Safety Manager.</p> <p>For the Prevent and TTC health and safety meetings, the Health and Safety Manager noted that they had only just started in the previous weeks and therefore no action log or agenda has yet been completed.</p> <p>Whilst meetings have begun and are chaired by senior officers, we noted terms of reference for these meetings are not in place. Establishing a set of terms of reference will ensure the health and safety meetings are given a set of clear responsibilities and the appropriate importance within the organisation to influence health and safety. If terms of reference are not in place, there is a risk that the appropriate individuals may not attend these meetings and actions agreed may not receive the appropriate importance required for health and safety matters.</p>			
<b>Management Action 7</b>	Terms of reference for the quarterly health and safety meetings will be created and approved by an appropriate body.	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 30 April 2024	<b>Priority:</b> <b>Low</b>

## APPENDIX A: PREVIOUSLY AGREED MANAGEMENT ACTIONS

The following is a summary of findings from review of the management actions agreed from the Health and Safety (6.22/23) review, completed as part of the 2022 / 2023 internal audit plan. Whilst these management actions have been formally reviewed as part of our follow up audits, we have included the below table to identify where we have covered them during this review.

Ref	Previously agreed management action	Original priority	Control
1	The health and safety policy will be reviewed and presented to the Chief Constable for approval.	Low	Implemented
2	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	Implemented
3	(In addition to management action 2 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	Implemented
4	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.  <a href="#">This action was followed up within the RSM – Follow Up of Previous Internal Audit Management Actions: Visit 1 (4.23/24) and was categorised as partly implemented. We agreed a revised low priority management action as a result of this work, as follows:</a>  An expected completion date will be agreed for each action and documented in the action log. (Low)  <a href="#">We have been provided with evidence to confirm this has since been fully completed.</a>	Medium	Implemented
5	The Health and Safety Team will develop a register of all risk assessments and include the following information to support tracking:	High	Implemented

Ref	Previously agreed management action	Original priority	Control
	<ul style="list-style-type: none"> <li>Responsible owner;</li> <li>Last review date;</li> <li>Who has carried out and reviewed the risk assessment;</li> <li>Next scheduled review date;</li> <li>Whether the risk assessment is still relevant at next review;</li> <li>Comments, where applicable, if risk assessments are no longer relevant and therefore archived;</li> <li>Risk assessment ratings;</li> <li>Whether any actions are documented on the risk assessment; and</li> <li>Confirmation the risk assessment has been updated on the intranet.</li> </ul> <p>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.</p> <p>This action was followed up within the RSM – Follow Up of Previous Internal Audit Management Actions: Visit 1 (4.23/24) and was categorised as partly implemented. We agreed a revised medium priority management action as a result of this work, as follows:</p> <p>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. <b>(Medium)</b></p> <p>We identified no issues in this area as a result of the testing completed as part of this review, therefore management can consider this action to be implemented.</p>		
6	<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 4 (see report).</p> <p>This action was followed up within the RSM – Follow Up of Previous Internal Audit Management Actions: Visit 1 (4.23/24) and was categorised as partly implemented. We agreed a revised medium priority management action as a result of this work, as follows:</p>	High	<p>Implemented</p> <p>New action agreed in relation to incident reporting – see management</p>

Ref	Previously agreed management action	Original priority	Control
	<p>The Health and Safety Team will ensure RIDDOR reports are submitted in a timely manner once IOD (incident on duty) forms are received. Where incidents are reported late, evidence of follow up with the relevant team will be retained centrally to improve the audit trail. 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. <b>(Medium)</b></p> <p>We confirmed within our review that the Health and Safety Team is retaining audit trail of follow up with the relevant individuals or supervisors where IOD forms are not received in a timely manner. Whilst we have agreed a new management action in relation to IOD reporting (see management action 6 of this report), management can consider this action as implemented as the Health and Safety Team has strengthened its audit trail to evidence follow on where reports are submitted late.</p>		action 6 of this report.
7	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 4.	Low	Implemented
8	<p>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>In addition to management action 4, the Health and Safety Team will use quarterly meetings to raise the importance of near miss reporting.</p>	Medium	Implemented
9	In conjunction with management action 4, the Health and Safety Team will establish a formal process to discuss and report lessons learnt as part of quarterly meetings.	Medium	Implemented
10	The Health and Safety Manager will raise the issue of health and safety reporting and governance arrangements within the Force with the intention of implementing regular Force reporting on health and safety matters to an appropriate committee or Group.	High	Implemented

## APPENDIX B: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings	
Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non Compliance with controls*	Agreed actions		
			Low	Medium	High
Health and Safety	0 (14)	5** (14)	5	0	2
<b>Total</b>			<b>5</b>	<b>0</b>	<b>2</b>

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

\*\* More than one action raised against one control.

<b>Debrief held</b>	4 October 2023	<b>Internal audit Contacts</b>	Dan Harris, Head of Internal Audit
	10 October 2023		Phil Church, Associate Director
<b>Draft report issued</b>	26 October 2023		Hollie Adams, Assistant Manager
<b>Revised draft report issued</b>	13 November 2023		Oliver Gascoigne, Senior Auditor
<b>Responses received</b>	12 February 2024		
<b>Final report issued</b>	13 February 2024	<b>Client sponsor</b>	Chief Superintendent, Head of Local Policing
			Health and Safety Manager
			Assistant Chief Constable
		<b>Distribution</b>	Chief Superintendent, Head of Local Policing
			Health and Safety Manager
			Assistant Chief Constable

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