



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

Follow Up of Previous Internal Audit Management Actions: Visit 1

Final Internal Audit Report: 1.24/25

6 September 2024

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

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

CONTENTS

Audit outcome overview	3
Summary of Action Status	5

Appendices

findings and Management Actions.....	7
Appendix A: Definitions for progress made	10
Appendix B: Actions Completed	11

AUDIT OUTCOME OVERVIEW

The overview of our findings is detailed below.

Conclusion:

The Force reported a total of 17 management actions as complete from the reports outlined in the below table. We agreed to follow up on all 17 management actions, comprising of four high, two medium and 11 low priority management actions. We also considered the Force’s position in relation to one suggestion raised within the Ethical Standards (11.23/24) report.

We were provided with satisfactory evidence in respect of 16 management actions declared as complete by the respective action owners and have agreed that these actions have been fully implemented. Full details of the management actions categorised as implemented and the suggestion considered can be found under Appendix B of this report.

We have categorised the remaining action as partly but not yet fully implemented. The management action was originally raised as a high priority action within the Health and Safety (7.23/24) report and based on progress made, we have recategorised this action to medium priority. Details of the outstanding action can be found under section two of this report.

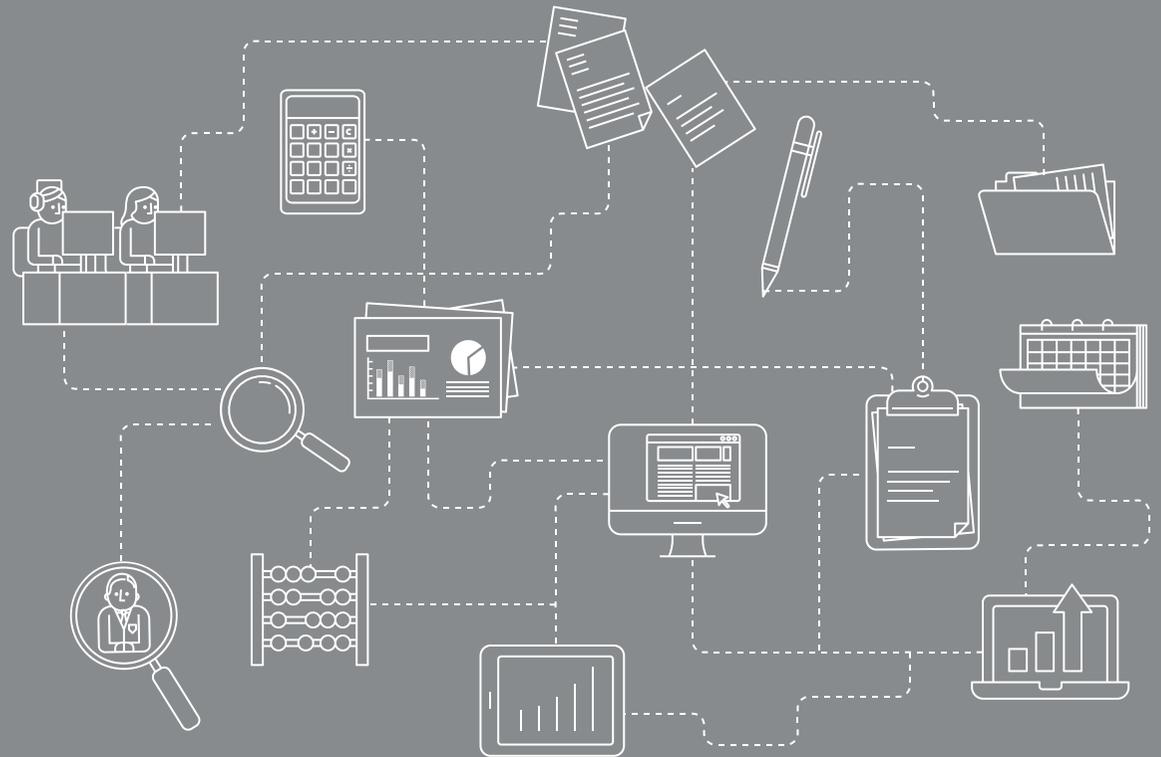
Taking account of these findings and in line with our definitions set out in Appendix A, in our opinion the Force has demonstrated **good progress** in implementing agreed management actions.

Report	Status of management actions					
	Number of actions agreed	Implemented	Partly implemented	Not implemented	Superseded	Implemented or superseded
De-collaboration: Cleveland and Durham Special Operations Unit (CDSOU) (12.22/23)	1	1	0	0	0	1
Criminal Disclosure (13.22/23)	1	1	0	0	0	1
HR Training (2.23/24)	4	4	0	0	0	4
Sickness Absence (3.23/24)	2	2	0	0	0	2
Health and Safety (7.23/24)	7	6	1	0	0	6
Ethical Standards (11.23/24)	1 ¹	1	0	0	0	1
Seized Exhibits: Firearms and Bladed Articles (8.23/24)	1	1	0	0	0	1
Total	17 (100%)	16 (94%)	1 (6%)	0 (0%)	0 (0%)	16 (94%)

¹ The suggestion considered has not been included in the above table. An update in relation to the suggestion can be found under Appendix B.

Summary of action status

01



SUMMARY OF ACTION STATUS

The action priorities are defined as*:

High

Immediate management attention is necessary.

Medium

Timely management attention is necessary.

Low

There is scope for enhancing control or improving efficiency.

For the action categorised as ongoing, we have agreed the following revised action and priority:

Ref	Action for management	Priority	Responsible Owner	Date
1	Given the resource limitations of the Health and Safety Team, the Force will review how it obtains assurance on the completion of actions identified in the Health and Safety Inspection and Fire Risk Assessment Reports and also obtains assurance on the safety of drop-in buildings. A risk-based approach would be recommended.	Medium	Health and Safety Manager	31 December 2024

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: Health and Safety (7.23/24)

Original management action	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. The Health and Safety Team will complete any required follow up inspections and prioritise any buildings deemed to be high risk.
-----------------------------------	--

Priority	High	Original Implementation Date	31 July 2024
-----------------	-------------	-------------------------------------	--------------

Findings summary We selected a sample of five buildings from the Health and Safety Inspection Programme (2023) with completed dates recorded to test whether, for each building, health and safety inspections and fire risk assessments have been completed. Testing identified no exceptions. For all five cases, we obtained copies of the Health and Safety Inspection and Fire Risk Assessment Reports to confirm their completion.

Upon further review of the reports, we confirmed that actions which have arisen from the inspections are highlighted in red, and a corresponding action plan is incorporated into the reports. Where actions are identified, there are 'by who' and 'to where' headings. During our review, we were informed by the Health and Safety Manager that the action plans are reported to the personnel involved in the inspection, such as the Superintendent in charge of the building and the Head of Estates. Additionally, the report is issued to the Chief Superintendent in charge of the quarterly health and safety meeting in which the actions are discussed.

From review of the Health and Safety Inspection Programme (2023), we also noted that the overarching document was not fully completed to evidence completion of the full inspection programme and no drop-in inspections had been recorded as complete. The Health and Safety Manager informed us that all inspections were complete, and we selected three additional inspections from those without completed dates recorded, and in all three cases, we obtained the completed Health and Safety Inspection and Fire Risk Assessment Reports. The Health and Safety Manager has since provided a completed version of the Health and Safety Inspection Programme (2023).

However, through discussions with the Health and Safety Manager, we noted that follow up or revisit inspections are not performed, largely due to limited staffing capacity involved in the process. In addition, the Health and Safety Manager outlined that they have been able to gain access to only one drop-in centre. It was explained that most drop-in centres are only open for a short period of time which can restrict access, but these premises receive inspections from their owners, rather than the Force. The Health and Safety Team aim to carry out a quick check of the drop-in centres to

Assignment: Health and Safety (7.23/24)

ensure they are at an acceptable standard for officers to use. Resourcing within the Health and Safety Team had been recognised as an issue within the original audit. We were informed that the Force is currently undergoing an assessment regarding the structure of the Health and Safety Department and are looking to increase the number of staff to more easily complete follow up inspections. However, the Force should review how it obtains assurance on the completion of actions raised from inspections where resource does not facilitate follow up or revisit inspections. We have therefore revised the management action.

If follow up inspections for high-risk buildings are not completed, there is a risk that any further health and safety issues may not be identified and the Force may not have assurance that actions have been completed.

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

Management Action 1

Given the resource limitations of the Health and Safety Team, the Force will review how it obtains assurance on the completion of actions identified in the Health and Safety Inspection and Fire Risk Assessment Reports and also obtains assurance on the safety of drop-in buildings.
A risk-based approach would be recommended.

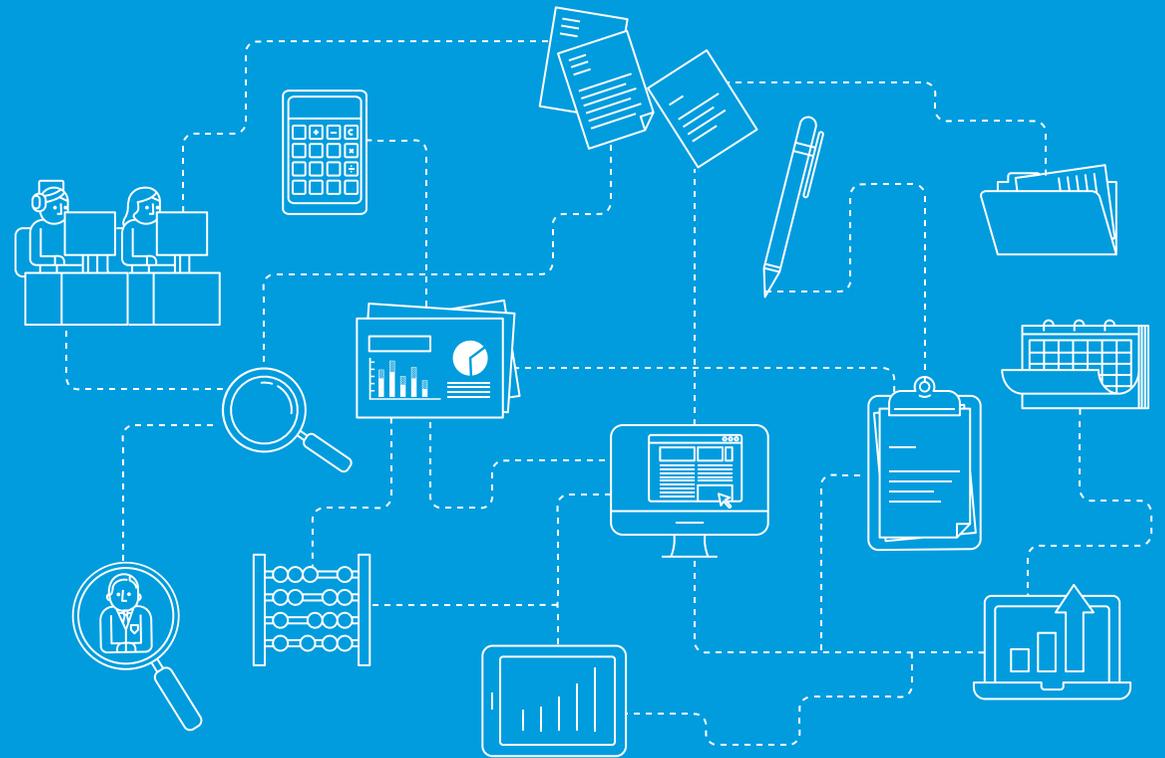
Responsible Owner:
Health and Safety Manager

Date:
31 December 2024

Priority:
Medium

Appendices

03



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

From the testing conducted during this review we have found the following actions to have been fully implemented. We have also provided an update on the suggestion raised as part of the Ethical Standards (11.23/24) review.

Assignment title	Details of management action or suggestion
Management Actions	
De-collaboration: Cleveland and Durham Special Operations Unit (CDSOU) (12.22/23)	Status: Implemented The Force will seek to finalise the Section 22a Agreement with Durham Police to ensure the continuation of operations. Priority: Low
Criminal Disclosure (13.22/23)	Status: Implemented Dip sampling to be undertaken by the Criminal Justice Unit to ascertain the scale of the problem currently, this will be communicated at the Crime Governance Board chaired by ACC Baker. Priority: High
HR Training (2.23/24)	Status: Implemented The Developing You, Learning and Development Policy or the Learning and Development Procedure will be updated to record the training that is mandatory for officers to complete and outline roles and responsibilities for managing in-person training between departments. Once the policy and procedure is approved, the documents will be made available and communicated to all officers. Priority: Low
HR Training (2.23/24)	Status: Implemented The Force will ensure the decision and approval to mandate training will be recorded for example within the relevant action and decision log. This will be included as an agenda item at the Learning and Development Governance Meeting. Priority: Low
HR Training (2.23/24)	Status: Implemented <u>Revised Action February 2024</u>

Assignment title	Details of management action or suggestion
	<p>The Driver Training Manager will send subsequent reminders to line managers if drivers are not booked onto courses and the training has expired to remind officers not to drive vehicles with blue lights (and that officers are not carrying out blue light activity without the correct training).</p> <p>Priority: Low</p>
HR Training (2.23/24)	<p>Status: Implemented</p> <p>The Force will review the Oracle system to ensure non-attendance at training triggers an automated email to the relevant officer's supervisor to inform them of non-attendance.</p> <p>Priority: Low</p>
Sickness Absence (3.23/24)	<p>Status: Implemented</p> <p>Management will review the current completion KPI for the attendance management training in August 2023, and a new KPI will be determined to capture as many people as possible and a new timescale will be agreed.</p> <p>Priority: Medium</p>
Sickness Absence (3.23/24)	<p>Status: Implemented</p> <p>The People and Development Team will undertake quarterly dip sampling on all live sickness absence records to confirm they have retained all required documentation for the sickness period and to ensure management are appropriately updating Oracle in line with the agreed timescales documented in the procedural guidance.</p> <p>Results and trends from the dip sampling will be fed through the HR Business Partners to their associated Head of Service to allow them to take the appropriate action within their teams and departments. This will also be included in the data pack presented to the Head of Service on a quarterly basis so they can monitor staff discrepancies on the attendance management process.</p> <p>Priority: Medium</p>
Health and Safety (7.23/24)	<p>Status: Implemented</p> <p>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.</p> <p>Priority: Low</p>

Assignment title	Details of management action or suggestion
Health and Safety (7.23/24)	<p>Status: Implemented</p> <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> <p>Priority: Low</p>
Health and Safety (7.23/24)	<p>Status: Implemented</p> <p>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.</p> <p>Priority: Low</p>
Health and Safety (7.23/24)	<p>Status: Implemented</p> <p>The Health and Safety Manager and chairperson will raise training non-compliance within the health and safety quarterly 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.</p> <p>Priority: Low</p>
Health and Safety (7.23/24)	<p>Status: Implemented</p> <p>Supervisors will be reminded that they are required to complete a supervisor's reporting form when an officer is injured on duty.</p> <p>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 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.</p> <p>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.</p> <p>Priority: High</p>
Health and Safety (7.23/24)	<p>Status: Implemented</p> <p>Terms of reference for the quarterly health and safety meetings will be created and approved by an appropriate body.</p> <p>Priority: Low</p>

Assignment title	Details of management action or suggestion
Ethical Standards (11.23/24)	<p>Status: Implemented</p> <p>Once the new Code of Ethics is rolled out, mandatory training will be created and made available to staff to ensure they are aware of the new changes.</p> <p>Compliance will be monitored and any instances of staff not completing training will be escalated as per the Force's training process.</p> <p>Priority: Low</p>
Seized Exhibits: Firearms and Bladed Articles (8.23/24)	<p>Status: Implemented</p> <p>The arrangements for fire safety within the exhibit store will be reported internally and reviewed to determine whether they are sufficient or whether additional work is required to address any risks to exhibits.</p> <p>Priority: High</p>
Suggestion	
Ethical Standards (11.23/24)	<p>The Force will consider the drawbacks and benefits of using a formal criteria framework to assess ethical dilemmas.</p> <p>Priority: Suggestion</p> <p><u>RSM Note:</u></p> <p><i>At the time of our review, we were informed by management that, as agreed by the Ethics and Standards Board, the Force has adopted a formal criteria framework for the assessment of ethical dilemmas. Prior to this approach, the assessment criteria of ethical dilemmas were applied on more of an ad-hoc basis and relied on the Board and other committees to consider them. Regarding a formal criteria framework, this will formalise a list of assessment criteria for consideration, such as (but not limited to) Code of Ethics, Legislation and Standards of Professional Behaviour.</i></p>

Debrief held	18 June 2024
Draft report issued	24 June 2024
Responses received	6 September 2024

Internal audit contacts	Dan Harris, Partner and Head of Internal Audit
	Phil Church, Associate Director
	Hollie Adams, Assistant Manager
	Naomi Longstaff, Senior Auditor
	John Doyle, Lead Auditor

Final report issued	6 September 2024
----------------------------	------------------

Client sponsor	HMIC Liaison Officer
Distribution	HMIC Liaison Officer

We are committed to delivering an excellent client experience every time we work with you. If you have any comments or suggestions on the quality of our service and would be happy to complete a short feedback questionnaire, please contact your RSM client manager or email admin.south.rm@rsmuk.com.

rsmuk.com

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of **the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland**, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.