Internal Audit Update Report for the Audit Committee December 2024

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

The current Open Session Force register includes 23 recommendations, with the oldest having been published in January 2024. The table below provides a 'quick' summary of the live actions:

Report	High Priority	Medium Priority	Low Priority	Comment
Health and Safety 2023		1		New action from Follow-up. Updated, awaiting outcome of the meeting on 10th December.
Victims Code	2 (2)	4 (3)	1 (1)	All but 1 action identified as complete, awaiting update re the remaining action.
HR: Performance & Capability		8 (5)		5 actions have been identified for closure. 2 are within delivery date, the last requires amendments to a force policy.
ICT Security Controls		4 (4)	3 (2)	All but 1 action identified as complete, the remaining action is expected to be complete by its delivery date in February 2025.
Total	**2 (2)**	**17 (12)**	**4 (3)**	

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

Of the 23 recommendations 17 have been identified, so far, as complete by the Force; as these have to be signed off by the auditors, they will remain on the action plan as "Closed locally awaiting sign off" until this is fulfilled.

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

The action plan below provides further details of the 'live' actions with status updates from the action owners.

It should be noted that the RAG (Red, Amber and Green) rating descriptors have been amended to reflect the completion status of the recommendation. The colour key and other details can be found at the end of the report.

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No.	Report	Action Owner	Management Action	Implementation Date		Action Progress	Delivery Group	Status
				Original	Revised			
574	Health and Safety 2024	Health and Safety Manager	**New/revised action published Sept 24** 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)** **Original 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. **(High)**	**31 December 2024** 31 July 2024		**Report Published February 2024 Presented to Audit Committee March 2024** **Update November 2023** All building assessments are to continue on an annual basis. All assessments are complete for year 2023 and all drop in centres have also been visited. At this time there is no requirement to risk assess and prioritise as all inspections are up to date. The building assessment programme spread sheet has been updated to include 'due by' dates. The record is stored and maintained on the H&S SharePoint site. Assessments are continually being completed. Action complete **July 2024 – RSM decision re closure – action partly complete and revised action, sate and risk issued. Currently being considered for push back.** **Update September 2024** An option paper has been drafted and is being presented to the EMB in October, which will give direction to the Force's approach. **Update November 2024** The proposal for the H&S assessments schedule to be 'risk based' was authorised by the Exec Management Board in October 24. The proposed schedule is to be discussed at the Force Tactical H&S Board on the 10th Dec. Once agreed it will be implemented for the year commencing April 25, until such time as departmental resourcing allows for the assessments to return to an annual schedule for all premises.		
578	Victims Code 2024	Force Victims Lead	The Force Victims Lead will work with the developers of Niche to understand how the victim of crime booklet section can be bypassed and how this can be rectified. Once this issue has been addressed, the Force will continue to monitor this through the monthly audit inspections and ensure the fields are mandatory. **(Medium)**	**31 July 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** It is believed that the section can only be bypassed by manually "crashing" NICHE. This is evidenced in other compliance areas such as recording ethnicity. The Victim and Witness contact module cannot be updated by individual forces and a change to it would have to be a national change, which can take months/years. There has been a request for a national change, however, the ongoing work around the digital case file has superseded this. The request for updates to the VWCM is to be raised at the Minerva group, request provided as evidence. **Update October 2024** As detailed above changes to NICHE can be influenced by the Force but full control sits with the Minerva group. As we are aware of this issue the performance around the Victim of Crime Booklet is measured and discussed at the Victim and Witness Tactical Delivery Group – agenda provided as evidence. Action Complete	**Victim and Witness Group**	
579	Victims Code 2024	Force Victims Lead	The Force will ensure that the victims' code module on Niche is completed for all crimes with a victim. This will be supported through a variety of measures: • the Power Bi dashboard and Inspectors' audits will continue to be used to identify instances where an officer is not completing the victims' code module. • any exceptions will be discussed with the relevant officer or staff member to ensure they are aware of their responsibilities. • any themes or trends identified will be	**31 May 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** The current compliance rate for inclusion of the Victim Code Module is 94%. This is a high level of compliance. The activity outlined in the management action is progressing: - PowerBi dashboard for Victim's module features in force IMPACT and Response policing performance indicators (screen print provided as evidence). The Inspectors audit continue to review the presence and quality of the Victim module and provide feedback to operational teams in relation to it. - Specific themes are discussed in the V&W meeting, albeit performance is at an improved level.	**Victim and Witness Group**	

			raised and discussed with the Victim and Witness Group. This includes identifying specific teams that are less likely to be completing the victims' code module; and • the Force will hold a series of training days to appropriately educate officers and staff. Whilst this will not exclusively cover the victims' code module, it will be included. **(High)**			Delivery of training to all operational Sgts has commenced, this includes guidance in relation to the victim contact module. In the coming months a bite sized video will be formulated in relation to victim care, included the same. **Update October 2024** Training to Sgts has been conducted as part of the Sgt's course. A bite sized video was not produced, it was decided it would be more appropriate to deliver it in the form of aide-memoirs that can be referred to easily. (see evidence provided for action 580) As of October 2024, compliance has increased to 95%, as reported to the IMPACT Board – slide provided as evidence.		
580	Victims Code 2024	Force Victims Lead	The Force Victims Lead will work with the Force's Corporate Communications Department to agree a series of internal communications to remind officers and staff of their requirement with regards to the Victims' Code. This will include: • the requirement to fully complete the victims' code module on Niche; • that the victims' code module should be completed when an officer is the victim; • the victim being contacted at the agreed contact frequency; and • victims being contacted at the relevant trigger points. **(High)**	**31 May 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** Through benchmarking the following pneumonic has been proposed to assist: 	V	**V**ictim needs assessment
O	**O**fficer contact details and crime number
I	**I**nformation leaflet – QR code
C	**C**ontact agreement – agree frequency and means of updates
E	**E**xplanation – what will happen next, what they should expect and outcome of investigation	 VIPS - Vulnerable, Intimidated, Persistently targeted, Serious – for victim needs assessment. Action is progressing regarding the implementation of this with Corporate Comms. **Update October 2024** Comms around the pneumonic VOICE and VIP have been circulated to all members of staff – copies of SharePoint messaging provided as evidence. These relate to all victims, which includes staff. Compliance re the victims' code module has increased to 95% as detailed above. Action Complete	**Victim and Witness Group**	
581	Victims Code 2024	Force Victims Lead	The Force will ensure all officers are recording a proportional contact frequency with victims and that this is adhered to. Where officers are not able to contact the victim at the required frequency, appropriate rationale will be documented to explain this. As well as contacting victims at the agreed frequency, officers will also ensure contact is made at each of the agreed trigger points (such as arrest and charge). This action will be supported by the measures identified in management action two and three (579, 580). **(Medium)**	**31 May 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** The inspectors audit asks a question in relation to the length of time between updates "Is this a reasonable length of time?" 72% of respondents say that it is a reasonable length of time. Of the 28% that don't, it appears a proportion of these relate to cases were the victim is not in support and so the OIC has included 999d in the update field. **Update October 2024** NICHE (via PowerBi dashboard – screen print provided) now provides data on Victims being kept up to date. At present there is 77.1% compliance. This is monitored at the V&W group and is an improving area. PowerPoint provided to show how the inspector audits have shown improvement one year on – data will differ to the figures above as the data only relates to the sample, not all cases as the PowerBi does. Action Complete	**Victim and Witness Group**	
582	Victims Code 2024	Force Victims Lead	The Force will work with the developers of Niche to identify any potential opportunities for recording data regarding the victim personal statement (VPS). In particular, this will be reviewed alongside the upcoming KPIs to ensure any options are in line with proposed performance metrics. **(Low)**	**31 July 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** NICHE digital statement has pre-defined questions around whether a VPS has been offered and taken. The data can be extracted from NICHE. The Performance Team are in the process of extracting this data and adding it to the Victim and Witness performance suite. **Update October 2024** This is now BAU and good performance can be seen in this area. A recent audit shows compliance is at 90% of victims offered to make a Victim Personal Statement. Messaging in	**Victim and Witness Group**	

No.	Audit	Owner	Recommendation	Original Date	Revised Date	Update	Monitoring Group	
						relation the VPS was sent in September and October. This continues to be monitored through the V&W group. Action Complete		🟩
583	Victims Code 2024	Supervisor - Witness Care and Central Ticket Office	The Witness Care Unit will ensure victims are contacted in a timely manner after each of the relevant stages within the court process. This will include consideration for victims that may require enhanced needs. As well as this, the new monitoring form will be introduced to better track performance metrics and ensure the correct details are recorded. **(Medium)**	**31 May 2024**	**31 December 2024**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** Head of CJ has agreed an audit regime and created a monitoring form for recording the reviews, results will be monitored over the coming months. Results will be reported by the year end.	**Victim and Witness Group**	🟧
584	Victims Code 2024	Force Victims Lead	The Force will ensure that victim needs assessments are completed and that this is done so in a timely manner. Officers will also be reminded of the importance of identifying whether the victim is entitled to enhanced needs and ensuring an initial update is provided within 24 hours. This action will be supported by the measures identified in management actions two and three (579,580). **(Medium)**	**31 May 2024**	**Complete**	**Report Published January 2024 Presented to Audit Committee March 2024** **Update May 2024** NICHE records the presence of the outcome of the Victim needs assessment in the Victim Contact Module. This data can be exported from NICHE and used for performance management and compliance purposes. The Performance Team are working to export the data at present into a suite of Victim performance metrics. The working behind how the Victim needs assessment results was arrived at is not recorded. This is an identified gap locally and nationally. The College of Policing and NPCC are formulating (by Dec 2024) guidance on what a Victim needs assessment needs to consider. In the interim, DI Specialist Crime has formulated a tasking and finish group to liaise with victim care agencies and other key stakeholders to formulate a Cleveland VNA. **Update October 2024** As stated at 579, compliance currently stands at 95%. Training and reminders are being issued and an Inspector Audit regime relating to quality is also in place – see update and evidence provided at 581 above. Action Complete	**Victim and Witness Group**	🟩
599	Performance and Capability Management	Head of Learning and Development Recruitment Manager	A register of pre-induction whereby officers are required to sign in will be retained. Documentation, including declarations, will be signed in a timely manner, scanned and sent to the HR Team for storage. **(Medium)**	**31 July 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update July 2024** Attendance prior to induction start date is not mandatory but when new recruits do attend they are asked to sign relevant declarations, If they do not attend a pre induction event, the Officers are asked to sign the declarations following their start date within the training period. The DHEP pre induction events took place on 13th and 18th of June and the tracker of attendees is provided as evidence. Copies of the relevant declarations are forwarded to HR from the L&D team for storage on files (Copies not provided as evidence due to personal information) **Evidence** • Copy of pre induction attendance on 13th June • Copy of pre induction attendance on 18th June **Action Complete**	**SWPB**	🟩
600	Performance and Capability Management	Organisational Development Manager	We will review the PDR system in place and consider how to improve the data integrity of PDR completion, ensuring that it is fit for purpose and allows mitigating controls to be implemented to identify the failures in the system. **(Medium)**	**30 September 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update August 2024** PDR system data reports are correct based on the information input to the PDR system by users. Work aligned to other performance audit actions, guidance and updates being completed will provide support, knowledge to enhance individuals and line managers use of the PDR system.	**SWPB**	🟩

						Future plans include. • Creation of E learning materials in bite size chunks including comms plan to prepare for end of year performance reviews. (See smart objectives delivery plan) • internal assurance checks based on quality of PDR completion and input. Review of the system completed, and meeting held with the PDR system team on Monday 12th August. Discussed possible efficiencies of the PDR system such as single sign on and data sharing for updating of individuals line management to reduce manual intervention for updates, this is under review with systems. **Update November 2024** Meeting held with PDR system owners, Organisation Development, systems admin and Policy to review (Copy of calendar to show meeting held in August). The data on Power BI is correct based on completion of the system other actions will address quality of completion/closure of PDRs. System maintenance is manual and discussions held to look at any improvements to support maintenance and individual users such as single sign on and update from Oracle system to PDR system. However, these are not confirmed and may include costs. However, requesting to close as the review of the system complete and data integrity is more around users which will be covered by other action points and activities. **Evidence** Copy of Meeting invite 12 August 2024. Smart Objectives Training/Coaching Delivery plan Action Complete		
601	Performance and Capability Management	Organisational Development Manager	The results of this audit will be presented to an appropriate Board to ensure they have oversight of the findings and agree a way forward to ensure the wider Force are embedding the PDR process and to highlight the importance of why the PDR process should be completed. **(Medium)**	**30 September 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** Performance excellence overview including oversight of audit findings shared at Tactical Workforce Planning Group and then into Strategic Workforce Planning Board in June 2024. Which included review compliance and quality of performance excellence and steps agreed to embed process which aligns to activities being completed within the audit actions. (SWPB slide 7 shows outputs from TWPG discussions) **Evidence** Copy of TWPG Slides and SWFB Slides **Action complete**	**SWPB**	
602	Performance and Capability Management	Organisational Development Manager	The Force will consider the quality of SMART objectives within the e-PDR system and based on the findings escalate to the Strategic Workforce Planning Board. **(Medium)**	**31 January 2025**		**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** Work has begun to create and implement training sessions in relation to setting SMART objectives to improve the quality of the SMART objectives set. This will include training to be cascaded across the force to help support and improve the quality of objectives set and monitoring and recording of performance. Plan created and included in evidence. **Evidence** Smart Objectives Training/Coaching Delivery plan	**SWPB**	
603	Performance and Capability Management	Organisational Development Manager	The Force will have a Force-wide roll out plan of performance and potential calibration ensuring consistency and fairness of performance and potential ratings. **(Medium)**	**30 September 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** The force wide plan roll out has been created and has already started implementation with sessions completed for senior leaders. The plan covers all levels of leaders in force and will	**SWPB**	

						continue into 2026. A copy of the plan is provided. These sessions include discussions around performance ratings and potential talent ratings. **E**vidence **Provided** Roll out plan for all levels. Email & attachment template sent to Leaders pre work before attendance. Copy of Overview of Talent and summary of session outputs already completed. Action Complete		
604	Performance and Capability Management	HR Policy Advisor	The Force will develop guidance outlining the process if an officer's overall end of year rating falls below 4, with suggestions on how to support and resolve underperformance. **(Medium)**	**30 September 2024**	**31 January 2024**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** A review of the current policies and Performance Excellence guides has been completed and confirmed that a new guide is not required, but existing guides/policies to be updated to enhance confirmation of the process and support available. Policies and Guidance being updated include: - A Guide to Leading Performance Excellence - Unsatisfactory Performance Procedures (UPP)	**SWPB**	
605	Performance and Capability Management	Senior HR Business Partner	All live UPP cases will be reviewed against the defined policy and procedure to assess whether they are completed as required. Where identification of incorrect procedures being followed, officers will be provided training on the UPP process. **(Medium)**	**31 December 2024**		**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** Review of all current live UPP cases underway to be completed by end of November. Results will be reviewed, and any relevant actions, feedback and training will be planned depending on outputs.	**SWPB**	
606	Performance and Capability Management	Organisational Development Manager	The Strategic Workforce Planning Board will undertake an annual review of the PDR process to identify lessons learnt and to ensure the current process is effective and identify development areas. The Force will review the current process, system, and the integration of both to understand where there are opportunities to develop and identify any lessons to be learned. **(Medium)**	**31 October 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update November 2024** Review and lessons learnt discussed within Tactical Workforce Planning Group and Tactical workforce planning group. Identified improvements required are included in other actions and activities as part of audit. **Evidence provided:** Tactical Workforce Planning Group and Strategic Workforce Planning Board Slides **Action Complete**	**SWPB**	
607	Select Key IT Security Controls	Information Security Manager	Management will adequately track the status of findings from the penetration tests and vulnerability scans findings to ensure timely remediation of vulnerabilities and ensure that adequate tooling is utilised to track all vulnerabilities to remediation. **(Medium)**	**30 September 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update July 2024** The flow chart, provided as evidence, shows a series of destinations for issues, including Cireson, the ISMS task list and the SecOps issues list. The latter is particularly important as it collates cross-team issues. Action Complete	**DDAC**	
608	Select Key IT Security Controls	Information Security Manager	Management will ensure that processes for third-party access control have been documented. **(Medium)**	**30 June 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update July 2024** The existing form is reference on SharePoint instruction (see evidence). The existing process works, so only required a short entry adding to the formal infosec document suite. Action Complete	**DDAC**	
609	Select Key IT	Information	Management will include vulnerability	**30 June 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024**	**DDAC**	

	Security Controls	Security Manager	scanning processes within the ICT Infrastructure Information Security Expectations document. **(Medium)**			**Update July 2024** This has been completed by updating several documents. (provided as evidence) This should also result in an improvement to the SyAP score for DE.CM-8 ("vulnerability scans are performed"). Action complete		🟩
610	Select Key IT Security Controls	Information Security Manager via DDAC	Management will implement processes to ensure relevant buy-in from management responsible for ensuring staff completion of information security training. **(Medium)**	**31 October 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update October 2024** Reporting is now regularly via (1) monthly report from Infosec to H/DDaT and (2) from IMU to DDaC. This shows measurement. There is a task item in the ISMS to repeatedly push messaging. This will be an ongoing matter. ISMS ticket PEP66FGD is on a weekly-repeat to consider messaging options that week and push out relevant messages. This now falls into business as usual. Action Complete	DDAC	🟩
611	Select Key IT Security Controls	Information Security Manager	Management will ensure that that incident trend tracking processes are implemented to allow for process improvements, this should include the collation, tracking, and analysis of incident data. **(Low)**	**30 September 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update October 2024** The Force is making progress. The number of incidents has reduced to 78 incidents opened before October 2024, from 150 in early September. Completion anticipated by end November. Action Complete	DDAC	🟩
612	Select Key IT Security Controls	Head of ICT Services and Operations	Management will actively track and monitor non-network connected assets as part of the asset management programme. Management will determine which assets to formally track (e.g. monitors) and which are to be classed as consumables (e.g. keyboards and mice). **(Low)**	**31 October 2024**	**Complete**	**Report Published June 2024 Presented to Audit Committee June 2024** **Update October 2024** Recommended for CLOSURE at DDaC in October 2024. Rationale: "tracking of some particular assets (e.g., monitors) will now be via Vivatrack, facilitated by ICT Support colleagues. This work has started." It is essentially business-as-usual for the ICT Support team. **Action Complete**	DDAC	🟩
613	Select Key IT Security Controls	Information Security Manager	Management will include target due dates for mitigation actions within the Information Security risk register. **(Low)**	**28 February 2025**		**Report Published June 2024 Presented to Audit Committee June 2024** **Update October 2024** This work is planned to take place in late November.	DDAC	🟧
614								🟦

Reference key to Audit Reports:

Report Title	Grading	Published	Presented to Audit Committee
Health and Safety 2024 (Follow-up)	N/A	June 2024	28/9/2024
HR Performance and Capability Management	Partial Assurance	June 2024	26/6/2024
Victims Code	Partial Assurance	January 2024	28/3/2024
Select Key IT Security Controls	Reasonable Assurance	June 2024	26/6/2024