



# THE POLICE AND CRIME COMMISSIONER FOR CLEVELAND

HR: Wellbeing Framework / Medical Retirement

Final Internal Audit Report 10.24/25

23 May 2025

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# AUDIT OUTCOME OVERVIEW

In line with our scope, the overview of our findings is detailed below.

## Background / Why we did the audit

As part of the approved internal audit plan for 2024/25, we have undertaken a review of the Force's wellbeing framework and the medical retirement process. Our audit has covered the wellbeing support available to staff and officers across the Force, as well as how medical retirement cases are processed and managed. In particular, we have considered the Force's self-assessment against the Blue Light Wellbeing Framework (a national framework produced by Oscar Kilo), the work undertaken to raise awareness and support officer wellbeing, the support provided to management in supporting them with absence concerns, as well as the governance structure and reporting in place to oversee wellbeing.

The Force had 12 instances of medical retirement between April 2024 and the end of February 2025 and we have reviewed all 12 as part of our sample testing. As part of the process for medical retirement, the Force Medical Advisor (FMA) is required to review the officer's case and approve the referral to the Selected Medical Practitioner (SMP). The SMP reviews each case during an appointment with the officer, and provides confirmation as to whether they are suitable for medical retirement and if so, whether they fall into the lower or upper tier (which is dependent on the severity of their medical condition). Once confirmation has been provided by the SMP, either the Chief Constable or Deputy Chief Constable (on behalf of the Police Pensions Authority) must provide final authorisation for the officer to medically retire.

**Conclusion:** Our review has identified that the Force has a clear wellbeing framework that is supported by a self-assessment against the Blue Light Wellbeing Framework, and an internal Wellbeing Delivery Plan. Alongside this, we confirmed that the Force's Wellbeing Team provides support to officers and staff, including regular presentations regarding wellbeing and health, and presentations to managers explaining the resources available to support them in managing staff and officers.

A governance structure is in place with oversight of wellbeing, with both the Tactical Workforce Planning Group (TWPG) and the Strategic Workforce Planning Board (SWPB) receiving reports at each meeting setting out the Force's work on wellbeing over the previous period. This includes a recently introduced wellbeing scorecard that contains performance indicators regarding wellbeing and usage of the Force's employee assistance programme.

Testing of all 12 instances of medical retirement identified that a comprehensive process is in place which is supported by clear guidance and documentation. We noted no instances in which documentation was missing or unsigned, and confirmed that support was provided to officers throughout. In all instances the Deputy Chief Constable has provided final approval and we have confirmed this is documented and on file. Whilst we noted that some instances of early medical retirement took longer to process than others, it should be noted that given the significance of the decision to the officer, the involvement of other third parties (such as the FMA and SMP) and the potential financial cost to the Force, this is not a process that has a set timeframe due to the associated risks.

As a result of our audit, we have agreed **two low** priority management actions.

## Internal audit opinion:



Minimal Assurance



Partial Assurance



Reasonable Assurance



Substantial Assurance

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

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**Audit themes:** Our review identified the following issues resulting in the agreement of two low priority management actions:

### Blue Light Framework (BLF) Action Plan

The Force has completed a self-assessment against the BLF and an Action Plan is in place to monitor progress against this. Of the 100 statements, approximately 67% are classed as “fully developed”, with 32% “in development”, and only one that is “underdeveloped. Clear actions are in place as well as the current position of the Force. However, we noted that there are a small number of gaps in which the plan does not appear to be up to date. It was noted that a deadline has been set for the end of March 2025 for staff to update this however, at the time of our audit (which was prior to 31 March), there were areas of the plan that were incomplete. **(Low)**

### Medical retirement appeal

Officers going through the medical retirement process can submit an appeal if the SMP does not believe they are eligible for medical retirement, or the SMP has categorised them within the lower tier and the officer believes they are more suitable for the upper tier. An officer can either go through an internal review appeal, or an appeal to the Police Medical Appeal Board (PMAB). However, we noted that the option for an internal review was not clearly documented within the Attendance Management Procedure. **(Low)**

Further details of the low priority management actions agreed can be found under section two of this report.

**We noted the following controls to be adequately designed and operating effectively:**

### Wellbeing Delivery Plan

The Force has a Wellbeing Delivery Plan that aligns with statements and objectives within the Force's People Strategy. The Wellbeing Delivery Plan contains a number of actions for development and continuous improvement, and is tracked and monitored by the Wellbeing Team.

<sup>1</sup> The term 'board' within the graphic above uses the terminology from the Global Internal Audit Standards.

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### **Wellbeing awareness**

The Wellbeing Team provides a significant amount of support and guidance including regular presentations to business areas about health and wellness, and wellbeing sessions. A wellbeing page on the SharePoint intranet is also in place and contains the information, support and guidance that staff and officers can access. This includes details about the Force's employee assistance programme that staff and officers can access at any time.

### **Support to line managers**

The Wellbeing Team present at each Sergeants Development Course to set out the expectations of a line manager and the support they can use to manage attendance and absence. Alongside this, Attendance Management Clinics have been set up within the last six months and provide key business areas with support and guidance regarding their current absence levels. An overarching Absence Delivery Group has also been implemented to enable a Force-wide discussion of absences and ensure guidance can be provided to key governance groups (such as those noted below).

### **Governance and Reporting**

Reporting on wellbeing, absence and attendance is provided to both the Tactical Workforce Planning Group (TWPG) and the Strategic Workforce Planning Board (SWPB) at each meeting. This is monthly for the TWPG, and quarterly for the SWPB. Reporting includes information on the employee assistance programme, the new wellbeing scorecard (covering a series of KPIs regarding wellbeing performance), and the work undertaken by the Wellbeing Team during the period. To ensure awareness at a senior level, the SWPB is chaired by the Deputy Chief Constable.

### **Medical retirement**

For all 12 medical retirements within the period reviewed, we confirmed the correct documentation was on file in each instance in line with procedures and an audit trail could be provided showing each stage of the process. In all cases the FMA referred the officer to the SMP, and in all but one case the SMP has agreed that the officer is eligible for medical retirement. In the remaining case, we confirmed an appeal was made by the officer, and the Police Medical Appeals Board (PMAB) confirmed that the officer was eligible for medical retirement.

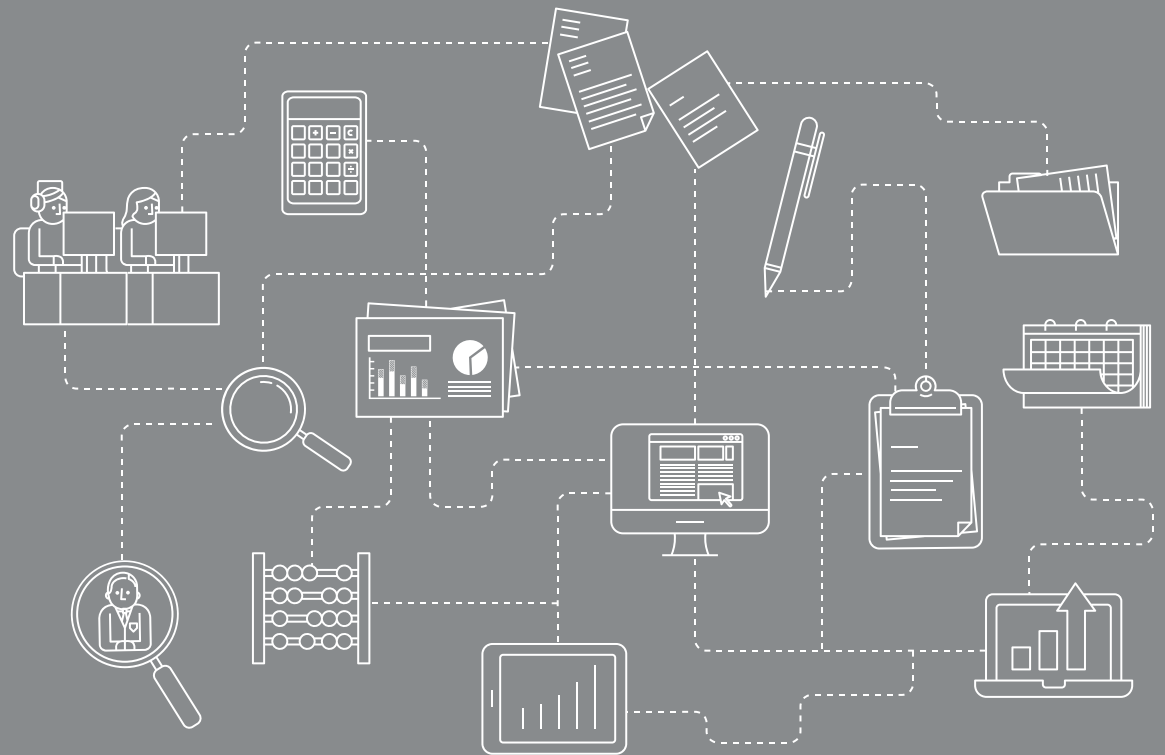
Following this, we confirmed the Deputy Chief Constable has approved the medical retirement for all 12 officers and, where appropriate, has sought additional guidance or advice (such as legal advice in one instance) where appropriate.

### **Medical retirement documentation**

All documentation concerning medical retirement is stored on the Assure HRCASE system and we verified that access has only been provided to relevant staff members currently employed by the Force. Additional access restrictions are in place and limit the ability to view documentation to certain individuals, ensuring confidential medical reports cannot be opened by staff without a business need.

# Summary of Actions for Management

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## SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as\*:

### High

Immediate management attention is necessary.

### Medium

Timely management attention is necessary.

### Low

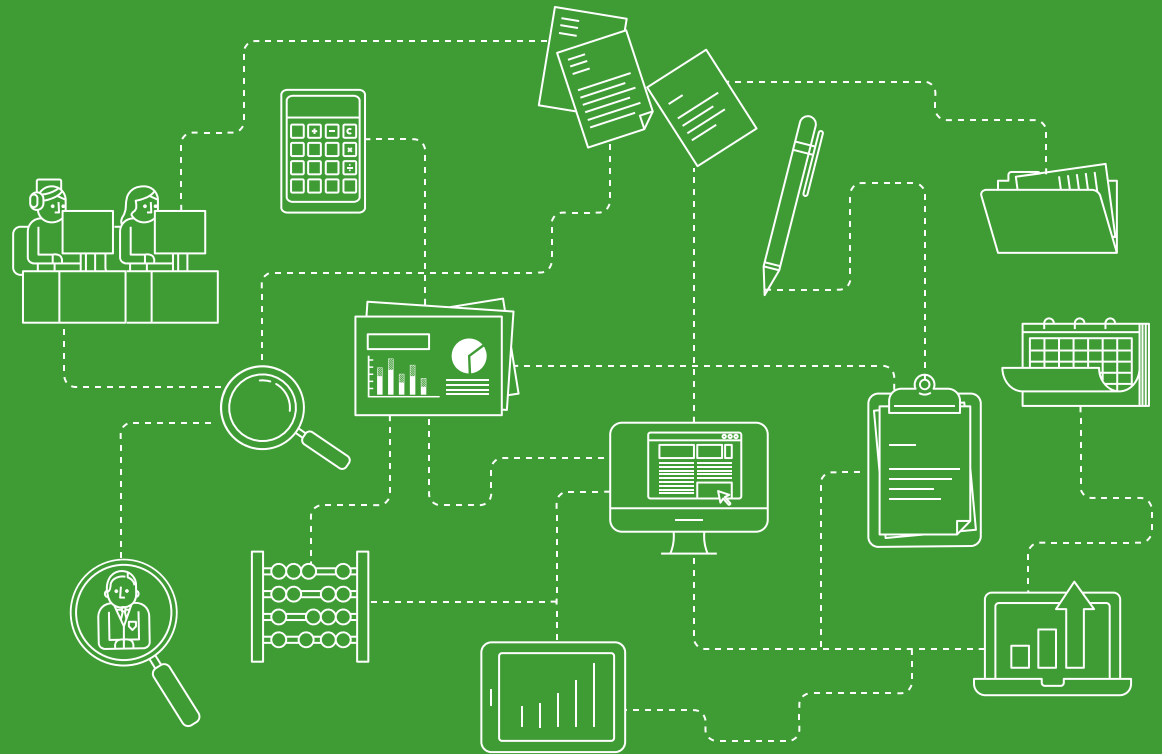
There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	The BLF Action Plan will be reviewed and updated to ensure it accurately reflects the Force's current position. As part of this review, consideration will be made as to the format of the Action Plan to ensure a consistent format is used for each section.	Low	Head of People Operations, Wellbeing Manager	31 July 2025
2	The Attendance Management Procedure and the supporting process flowchart for EMR will be reviewed and updated to outline that officers are provided with a HR contact as part of the EMR process, and that they can provide guidance and information regarding appeals.	Low	Head of People Operations, HR Policy Advisor	30 June 2025

\* Refer to Appendix A for more detail

# Detailed Findings and Actions

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## 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 audit testing undertaken.

### Risk: 1439: PD29 – The inability to deliver core services created by the impact of abstractions due to sick absence.

<b>Control</b>	<p>The Force has self-assessed themselves against the Blue Light Framework (BLF) and the results are recorded in the BLF Action Plan. The BLF Action Plan sets out the actions in place to ensure alignment with the BLF and is used to track progress and completion.</p> <p>The Force have an overarching Wellbeing Policy, with supporting policies and procedures including a Control of Contagious Disease Policy, Attendance Management Procedure and Cycle to Work Scheme Procedure.</p>	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×
<b>Findings / Implications</b>	<p>We confirmed that a BLF Action Plan is in place and aligns with the BLF produced by Oscar Kilo, and the College of Policing. It should be noted that the BLF is intended to be a self-assessment, and the BLF Action Plan is evidence of this self-assessment.</p> <p>We identified that each of the different areas within the BLF (such as leadership, absence management and mental health) has its own section, with each statement within the BLF having a corresponding section within the BLF Action Plan. We verified that each statement has an owner or subject matter expert (SME) and an overview outlining whether the Force is compliant, alongside whether it is fully developed, in development, or underdeveloped. Where additional work is required, we confirmed an activity (or action) is in place to ensure work is undertaken to align with the statement.</p> <p>For example, for the first section within the BLF (leadership), we confirmed that each of the 14 statements within the BLF has a corresponding section within the BLF Action Plan. All 14 sections have an overview explaining whether the Force are compliant, alongside an owner, and list of evidence to support compliance with the statement. However, from review of the BLF Action Plan, we have identified several areas which appear incomplete. For example, within the "creating the environment" section, most of the statements do not have a clear owner. In total, nine out of the 12 statements do not have a clear owner. Furthermore, statement 11 and 12 within this section appear incomplete and are highlighted red, with the statement "this is a new standard from March 2024. Force needs to assess how it can meet this standard" recorded against each. We understand these are in progress, but the action plan requires update for documentation.</p> <p>We verified that the BLF Action Plan contains a section covering enhanced occupational health standards, though we noted that this section also appears incomplete. The Deputy Wellbeing Manager explained that a target of the end of March 2025 has been set to ensure the full BLF Action Plan has been updated and is reflective of the Force's current position. As such, there was acknowledgement that some areas may not be fully complete. This is in-line with the Force's approach of reviewing the BLF Action Plan on a quarterly basis.</p> <p>We confirmed that the BLF Action Plan is reported at both the Strategic Workforce Planning Board and Tactical Workforce Planning Group. For example, we confirmed that the most recent Strategic Workforce Planning Board (in December 2024) contains a section looking at the progress of each statement, and whether it is fully developed, in development, or under development. Likewise, we confirmed that the enhanced occupational health standards have been reported to the Tactical Workforce Planning Group at the February 2025 meeting.</p> <p>We verified that supporting documentation and policies are in place. For example, we confirmed that the Force have an Attendance Management Procedure, Wellbeing Policy, and Control of Contagious and Infectious Diseases Policy.</p>		

**Risk: 1439: PD29 – The inability to deliver core services created by the impact of abstractions due to sick absence.**

If the BLF Action Plan is not fully up to date, there is a risk that the development of wellbeing at the Force may not be monitored to the appropriate extent.

<b>Management Action 1</b>	The BLF Action Plan will be reviewed and updated to ensure it accurately reflects the Force's current position. As part of this review, consideration will be made as to the format of the Action Plan to ensure a consistent format is used for each section.	<b>Responsible Owner:</b> Head of People Operations, Wellbeing Manager	<b>Date:</b> 31 July 2025	<b>Priority:</b> <b>Low</b>
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**Risk: 1439: PD29 – The inability to deliver core services created by the impact of abstractions due to sick absence.**

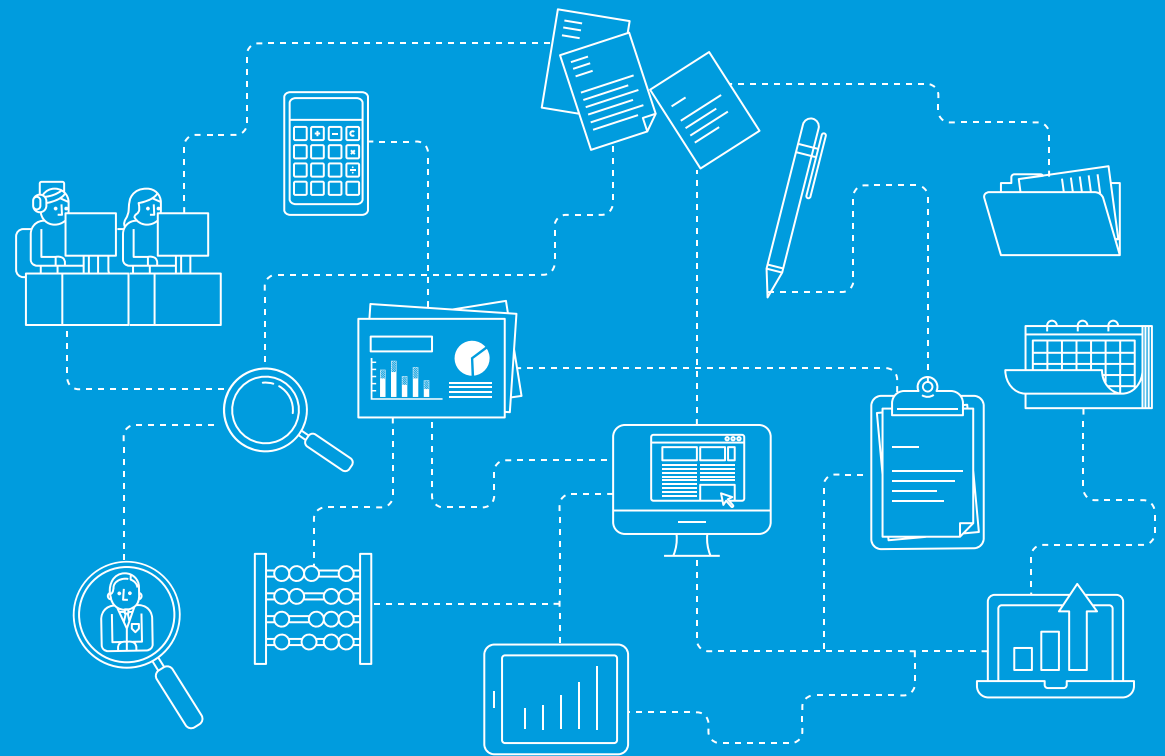
<b>Control</b>	Officers can appeal if they are not in the highest tier, or are not classed as eligible for early medical retirement (EMR). An internal review can be completed first, before escalation to the external Police Medical Appeal Board (PMAB).	<b>Assessment:</b>
		<b>Design</b> ✓
		<b>Compliance</b> ×

<b>Findings / Implications</b>	<p>We verified that reference to the EMR process is included within the Attendance Management Procedure, including reference to the appeals process and the ability for officers to appeal to the PMAB if they are not satisfied with the decision made. We also confirmed that the process flowchart that is in place and available on the Force intranet specifically references the ability for officers to appeal to the PMAB. However, we could not locate reference to the internal review that the Force can use, despite this being included within the process document used by HR. The purpose of the internal review is primarily for instances in which new evidence or information is identified, or where an officer believes certain evidence or information may not have been fully considered by the SMP.</p> <p>In particular, the Senior Business Partner noted that the cost to the Force for an internal review is significantly less than an appeal to the PMAB, and that this is also a quicker process. As such, it could be beneficial for the Force to clearly highlight the appeals process, particularly the internal review option, to ensure officers are aware of their rights and can use the internal review process first before escalating to the PMAB if required. The HR Policy Advisor did note that a decision had been made to include generic guidance within the Attendance Management Procedure, particularly given the complexity and sensitivity of EMR cases. It was also clarified that each officer is in regular contact with a member of the HR Team, who are able to discuss and inform officers of their rights with regards to appealing any decisions. This was verified during our sample testing.</p> <p>In one of our samples we noted that the officer has decided to appeal the decision made by the SMP (which was that they did not meet the criteria for EMR), and that following an appeals process with the PMAB, a decision was made that the officer did meet the criteria for EMR.</p>
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<b>Management Action 2</b>	The Attendance Management Procedure and the supporting process flowchart for EMR will be reviewed and updated to outline that officers are provided with a HR contact as part of the EMR process, and that they can provide guidance and information regarding appeals.	<b>Responsible Owner:</b> Head of People Operations, HR Policy Advisor	<b>Date:</b> 30 June 2025	<b>Priority:</b> <b>Low</b>
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# Appendices

# 03



# APPENDIX A: CATEGORISATION OF FINDINGS

## Categorisation of internal audit findings

**Low**  
There is scope for enhancing control or improving efficiency.

**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.

Risk	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Risk: 1439: PD29 – The inability to deliver core services created by the impact of abstractions due to sick absence.	0 (14)	2 (14)	2	0	0
Total			2	0	0

\* 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.

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<b>Debrief held</b>	27 March 2025
<b>Draft report issued</b>	14 April 2025
<b>Responses received</b>	22 May 2025

<b>Final report issued</b>	23 May 2025
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