



POLICE AND CRIME COMMISSIONER FOR CLEVELAND

HMICFRS: Tracking and Monitoring

Final Internal Audit Report: 1.25/26

10 September 2025

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AUDIT OUTCOME OVERVIEW

In line with our scope, included at Appendix C, the overview of our findings is detailed below.

Background: As part of the agreed internal audit plan for 2025/26 we have assessed how recommendations and areas for improvement (AFIs) from His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) are tracked, assigned, monitored, and implemented in a timely manner.

Police, Efficiency, Effectiveness and Legitimacy (PEEL) inspections from HMICFRS are completed as part of a rolling two-to-three-year cycle on a regular basis for each police force across the country with national and thematic reports also conducted multiple times per year. National and thematic inspections typically focus on areas that are relevant to all forces nationally, with recent examples including police integrity arrangements and child protection.

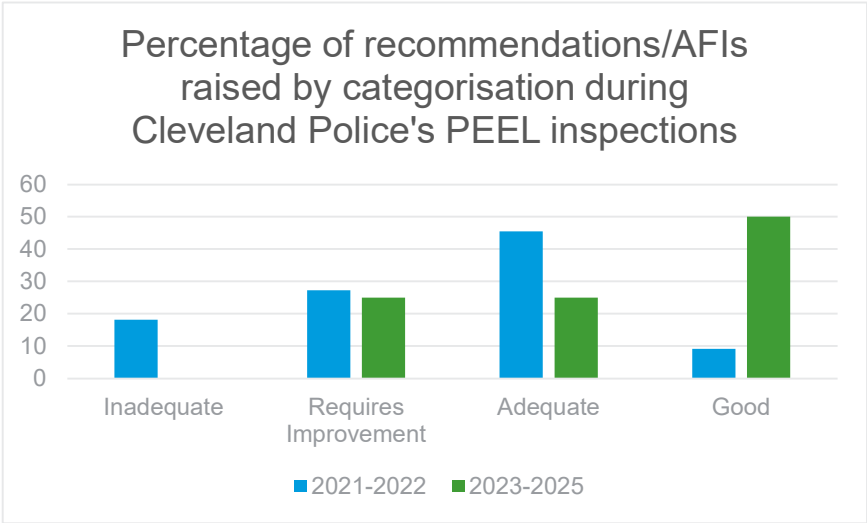
HMICFRS undertook a PEEL inspection of Cleveland Police in 2024, the results of which were published in April 2025. The inspection assessed how well the Force performed in eight areas of policing, which resulted in graded judgements being provided in those areas. From this review, areas for improvement (AFIs) were identified around the Force's performance with investigating crime and protecting vulnerable people, resulting in those two areas receiving a "Requires Improvement" rating, and four AFIs being issued. AFIs were also issued in other areas, such as "Responding to the Public" and "Leadership and force management".

There were no areas marked as "inadequate" showing an improvement from 2021-22 where there were two, and there were only two areas marked as "requires improvement", rather than the three areas previously. There are also more areas marked as "good" than previously.

After reports from PEEL inspections are published, HMICFRS's inspection report outlines the recommendations and AFIs, from which the Force develop improvement plans to address them. Recommendations from HMICFRS are rated as level three or two. Level three recommendations are closed by the HMICFRS when they are satisfied they have been addressed, level two recommendations can be closed as completed by the Force when the required action has been completed and supporting evidence provided.

Alongside this review, RSM has also been undertaking a Vulnerability internal audit review which covered the Force's approach to managing vulnerability, particularly with respect to missing persons and domestic abuse cases. These were areas that were listed as "requires improvement" on the most recent PEEL inspection, so while this review has taken into account PEEL inspections more generally, the Vulnerability review has taken a deep dive into the issues identified in those specific areas.

It should be noted that neither of these RSM reviews provided assurance that actions/recommendations were closed correctly. We focused on ensuring the right mechanisms are in place to track and monitor actions, and the Force only closes these on the basis of sufficient supporting evidence.



Conclusion: Overall, the controls in place governing the receiving, recording, monitoring, reporting, and closure of recommendations issued by HMICFRS were found to be well designed and consistently complied with by the teams involved. The Force's approach to managing the recommendations is split into a multi-step process, all of which is overseen by the HMICFRS Liaison Officer from the Force, and the Force Liaison Lead from HMICFRS.

We confirmed that on the Force's Strategic Action and Recommendation Tracker (StART) system, adequate information for each recommendation/AFI was recorded including frequent progression updates, action owners, inspection of origination, planned implementation dates, status, initial position, and a unique identifier code. The Force effectively track each recommendation/action through this system, and the system provides the ability to request additional updates from the action owners if there has not been an update for an extended time. Furthermore, upon action completion for level two recommendations/AFIs, a closure letter is produced by the Force for HMICFRS with details of the action taken by the Force to address the recommendations.

We also confirmed that where relevant, risks associated with actions that are provided are transferred onto the Force's Strategic Risk Register. Our testing has shown that the Force has a constructive relationship with HMICFRS, with frequent communications with their Force Liaison Lead.

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.

Audit themes: We found the following control areas to be well designed, and consistently enforced across the organisation:

- **Identification and Recording of Recommendations:**
We confirmed from a walkthrough of the HMICFRS portal system and a sample of ten AFIs, that actions issued by HMICFRS had been transferred onto the Force's StART system.
- **Assignment of Recommendation Owners and Actions:**
Sample testing of ten AFI's confirmed that initial actions are established in Plenary meetings, and then added onto the Force's StART system.
- **Monitoring and Reporting of Progress against Recommendations:**
From the same sample we confirmed that recommendations had regular status updates in the Force's StART system, and the system allows the Review and Assurance Team to request an update from the recommendation owner. This is a well designed and complied with control.

- **Review and Closure of Level 2 Recommendations:**

We took a sample of five level 2 recommendations at different stages of completion, and for each item, the evidence showed that sufficient information was captured to justify the position, and clear timelines documented for the next step in the process, and closing the open recommendations reviewed.

The Force was effectively using StART to track recommendations and actions, and closure letters were available in all relevant circumstances. Additionally, the HMICFRS portal was correctly showing the status in all circumstances.

- **Review and Closure of Level 3 Recommendations:**

Similar to the closure of Level 2 recommendations, our sample of five showed that in each circumstance the closure letter was available where relevant, and the StART system was up to date with the status of the recommendations/AFIs. We noted that two recommendations were in progress, one was ready for sign off, one superseded by HMICFRS and one had been closed.

The superseded and closed actions were correctly noted on both StART and the HMICFRS portal system.

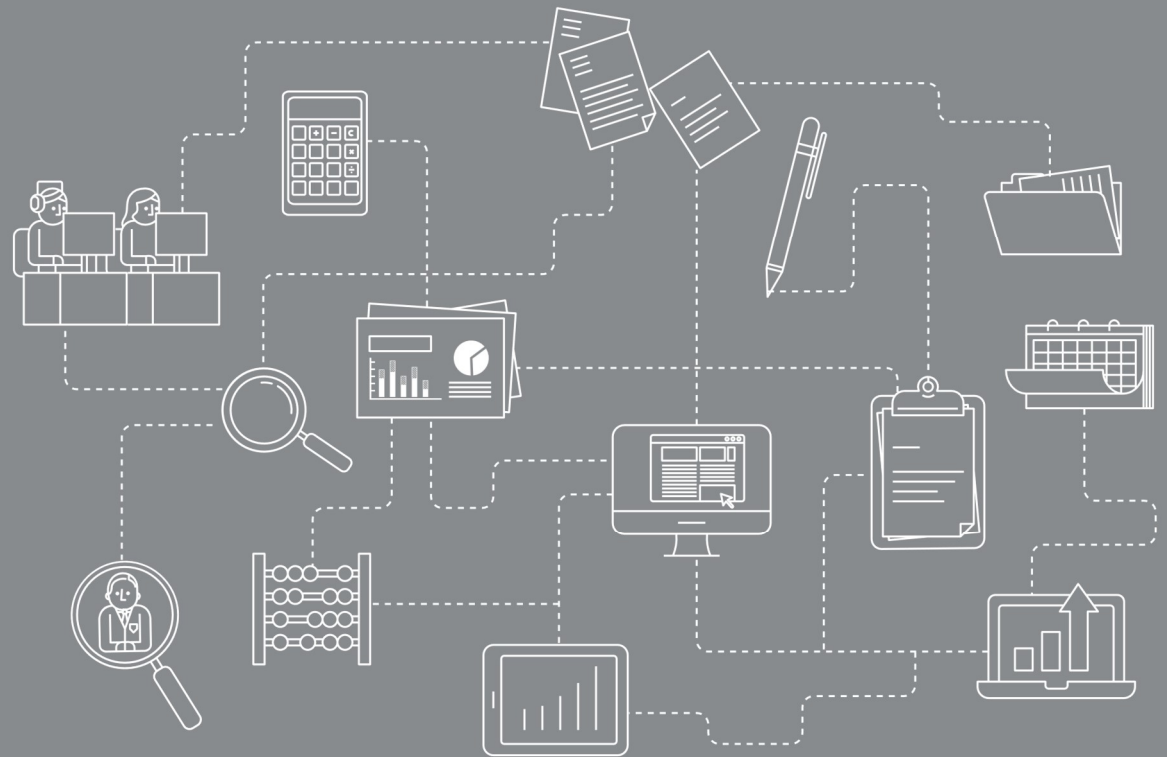
- **Relationship between HMICFRS and the Force:**

We confirmed that HMICFRS and the Force communicate regularly, as the Force have a Liaison Lead from HMICFRS where regular communications occur. We also confirmed that the Force occasionally contacts HMICFRS about confirmation for actions, and for visits to close level 3 recommendations, showing a constructive relationship.

We identified no management actions from this review.

Summary of Actions for Management

01



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.
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No management actions were identified as part of this review.

* Refer to Appendix B for more detail

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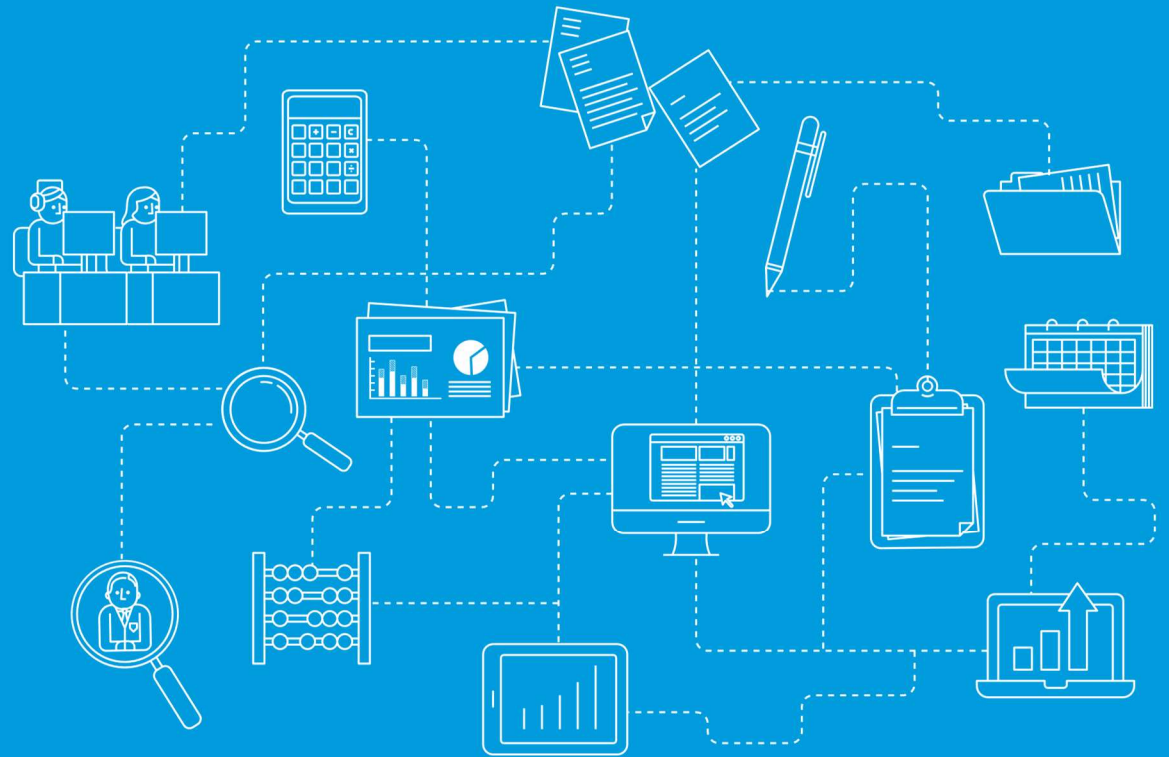
DETAILED FINDINGS AND ACTIONS

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.

No management actions were identified as part of this review

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.

Area / Risk	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
HMICFRS: Tracking and Monitoring	0	0	0	0	0
Total			0	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.

APPENDIX B: INTERNAL AUDIT ASSIGNMENT OPINIONS



Minimal Assurance

Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk(s).



Reasonable Assurance

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

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



Partial Assurance

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

Action is needed to strengthen the control framework to manage the identified risk(s).



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.

APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following objective:

Objective of the risk under review

Our review will consider how recommendations raised by the HMICFRS are tracked and implemented in a timely manner. We will also consider if decisions are made not to implement a recommendation are formally documented and approved. We will also challenge the process to ensure that recommendations are embedded.

When planning the audit, the following were agreed:

The following areas will be considered as part of the review:

- The Force has a consistent framework in place for the identification, monitoring and reporting on HMICFRS recommendations / AFIs regardless of there source. This will consider amalgamation of actions and recommendations from different sources. We will examine the Force's process for level 2 recommendations, which are closed down internally.
- Assignment of recommendations / AFIs owners and agreement of implementation dates. We will also consider the framework in place when recommendations / AFIs are not accepted and how this is approved / communicated with the HMICFRS.
- Outcomes / measures to address recommendations / AFIs are SMART and measurable. We will consider where these items are closed, what mechanisms are in place to prevent repeat issues in future inspections.
- Review and on-going monitoring of recommendations / AFIs through the organisation's governance structure / lead officers including the check and challenge of the data i.e. performance indicators.
- Review of how performance and progress informs the risk profile of the organisations.
- How sources of assurance from other providers impact on the closure of actions.
- Review and closure of recommendations / AFIs through the organisation's governance structure and on the HMICFRS Monitoring Portal, including challenge of the process to ensure that recommendations are embedded. We will consider the evidence supporting this decision and the longevity of the data to support improved change / performance.
- Interaction between the Force and HMICFRS.

The following limitations apply to the scope of our work:

- We will not comment on the appropriateness of the action / response documented by the Force and whether this is sufficient to address the risk.
- We will not confirm all actions raised by the HMICFRS through national or local reviews are captured'. We will only confirm that those actions recorded on the HMICFRS Monitoring Portal reconcile to the Force.
- Our review will not guarantee any future inspection grades.
- The review will only cover the actions raised by the HMICFRS, and we will not review the whole control framework. Therefore, we will not provide assurance on the entire risk and control framework.
- Testing will be completed on a sample basis so we will not confirm that all actions in progress or closed are supported by appropriate evidence.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

To minimise the risk of data loss and to ensure data security of the information provided, we remind you that we only require the specific information requested. In instances where excess information is provided, this will be deleted, and the client sponsor will be informed.

Please note that the full scope of the audit can only be completed within the audit budget if all the requested information is made available at the start of the audit, and the necessary key staff are available to assist the audit process during the audit. If the requested information and staff are not available, we may have to reduce the scope of our work and/or increase the audit budget. If this is necessary, we will agree this with the client sponsor during the audit.

**Debrief held / last
information received**

9 June 2025

Draft report issued

1 July 2025

**Revised Draft report
issued**

18 July 2025

Responses received

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