

POLICE AND CRIME COMMISSIONER FOR CLEVELAND

Health and Safety

Final Internal Audit Report: 1.26/27

4 September 2026

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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

We undertook a review of the Force's health and safety arrangements and assessed how effectively its statutory responsibilities have been discharged. As part of our audit, we examined the Health and Safety policy, training, risk assessments, premises reviews, incident reporting, near misses and governance. An incident is any unplanned event that results in harm, damage, or loss. A RIDDOR incident is a specific type of incident that must be formally reported under the UK's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). A near miss is an unplanned event that does not result in harm but had the potential to cause injury or damage.

Overall responsibility for health and safety rests with the Chief Constable and the Police and Crime Commissioner, with duties delegated as appropriate. The Force's Health and Safety Manager leads the central advisory function for health and fire safety, reporting to the Health and Safety Tactical Board quarterly and to the Executive Management Board (EMB) when required. A recently appointed Health and Safety Advisor provides additional support for day to day delivery.

The Force Tactical Health and Safety Board is in place to manage health and safety and drive compliance. Health and safety performance is also examined through a quarterly report to the EMB. Additionally, injury on duty statistics are collated and presented to the annual Joint Audit Committee (JAC), the quarterly EMB, the quarterly Health and Safety Tactical Board meetings and the Police and Crime Commissioner (if requested).

Conclusion:

We note there has been improvement since the previous review, showing positive trends which has resulted in **reasonable assurance**. We evidenced structured processes, led by the Health and Safety Manager which provided consistency in completion of key processes. However, this presented a continuity risk as responsibility for driving these processes continues to largely rest with the Health and Safety Manager. We noted that there has been a recent appointment of a Health and Safety Advisor and as part of the onboarding to the role, there are a series of training requirements to ensure they are suitably qualified to undertake their duties.

We noted that that the Health and Safety Manager relies on individual command areas to monitor risk assessment actions and does not maintain central oversight, creating a risk that overdue or incomplete actions may go unnoticed. While this could impact risk management and assurance, we have not raised a management action but have instead flagged this within our conclusion.

We confirmed that all actions arising from the previous Health and Safety review (7.23/24) were assessed as part of the follow-up audit completed in 2025/26 and, based on the testing undertaken at that time, were appropriately marked as implemented. However, during the current audit we noted further areas of improvement resulting in one medium and two low priority actions being agreed with management.

Internal audit opinion:



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).

Audit themes:

Our review identified the following issues resulting in the agreement of two medium priority management actions:

Health and Safety Training (Management)

The Health and Safety Manager confirmed that all managers must also complete the mandatory Principles of Risk Assessment eLearning package which currently sits at a completion rate of 64.2%. **Medium**

The Health and Safety Manager confirmed that 19 Chief Officers completed an IOSH Leading Safely course in 2024. Although refresher training is not required, only five of these officers remain in post. Review of the 2026/27 Training Needs Analysis (TNA) confirmed that funding has been secured for 25 staff to undertake both the IOSH Managing Safely and IOSH Leading Safely courses. **Low**

Our review identified the following controls to be adequately designed and operating effectively:

Policies and Procedures

We obtained the Health and Safety Policy and confirmed that it clearly outlines key areas and reflects current practice. We identified that the policy was last updated in April 2026 and is next due for review in April 2029. Through review of the Force SharePoint page, we confirmed that the Health and Safety Policy is accessible to all staff.

eLearning

We also noted that all employees are required to complete the mandatory college of policing elearning package on health and safety risks in policing. a range of advisory elearning modules were also available, and the health and safety department provided guidance on those most relevant to specific operational and support roles.

We reviewed the college learn platform via screenshare with the health and safety manager, to confirm mandatory modules are available to all staff. However as of 27th March 2026, the College of Policing has withdrawn all H&S eLearning packages pending moving to a new supplier. It was stated in the Business Area Update to the EMB in May 2026 that, once this supplier had been identified and courses approved, staff will be advised via messages to all.

Near misses

We confirmed that the near miss log recorded 103 entries. A sample of five confirmed timely reporting, clear narratives, and documented actions to prevent recurrence, with reporting accessible via SharePoint. One case was incorrectly classified as a near miss, but was subsequently corrected through the appropriate incident reporting process.

Non-RIDDOR Incidents

We selected a sample of 15 incidents, of which six were non RIDDOR reportable. For all six incidents, we confirmed:

- there was a completed incident report on file which reconciled to the information on the incident spreadsheet;
- a narrative of the incident had been provided; and
- the line manager of the injured individual was aware.

In one case, the incident was not reported until 56 days after it occurred. upon enquiry, we found from the email trail that it was originally reported within two days but under the wrong criteria.

RIDDOR Incidents

Of our sample of 15 incidents, we confirmed that nine met the criteria for RIDDOR reporting. For all nine RIDDOR reportable incidents, we confirmed that:

- there was a completed incident report on file;
- a narrative of the incident had been provided;
- a RIDDOR report had been submitted to HSE;
- the line manager of the injured individual was made aware; and
- in eight of the nine cases, the RIDDOR report was submitted to the HSE within the required timeframe. in the remaining instance, although the incident itself was reported promptly, the RIDDOR submission was made after 12 days as the injured individual did not initially recognise the severity of their injury.

Risk Assessments & Premises Reviews

For a sample of 10 risk assessments, we confirmed in all cases, a completed risk assessment document was held on file, in date and signed by the Health and Safety Manager and had control measures documented. We reviewed the risk assessment register held by the Force and identified that 34 out of 79 risk assessments had expired.

For a sample of five Force buildings, we verified that a signed inspection report was held on file, with actions clearly documented where identified. Two inspections had been completed within the required two year timeframe, while the remaining three were completed slightly beyond the scheduled review date due to resource constraints, though improvements are expected following the recent appointment of a Health and Safety Advisor. Low

We confirmed fire risk assessments were in place for all five buildings, with review dates, actions, and risk ratings recorded. While four aligned with the two year review cycle, one case showed a deviation. We confirmed that an action plan was in place to bring all assessments up to date.

Governance

Executive Management Board

We reviewed the quarterly Health and Safety Report issued to this Board in January and May 2026. We noted that:

- The number of both RIDDOR and non-RIDDOR incidents were reported for a 5 year period.
- There was analysis of the types of injuries and a breakdown by staff groups.
- Updates on assessments, training, risks and lessons learnt were covered.

Force Tactical Health & Safety Board

We reviewed the quarterly reporting issued to this Board in February and April 2026. We noted it covered the same areas and in a similar format as the reports to the EMB although a little more detail was included.

Risk assessment action tracking

The Health and Safety Manager relies on individual command areas to monitor risk assessment actions and does not maintain central oversight, creating a risk that overdue or incomplete actions may go unnoticed. While this could impact risk management and assurance, no recommendation has been made due to resource constraints limiting the feasibility of central tracking.

We also agreed two low priority actions detailed below.

Summary of Actions for Management

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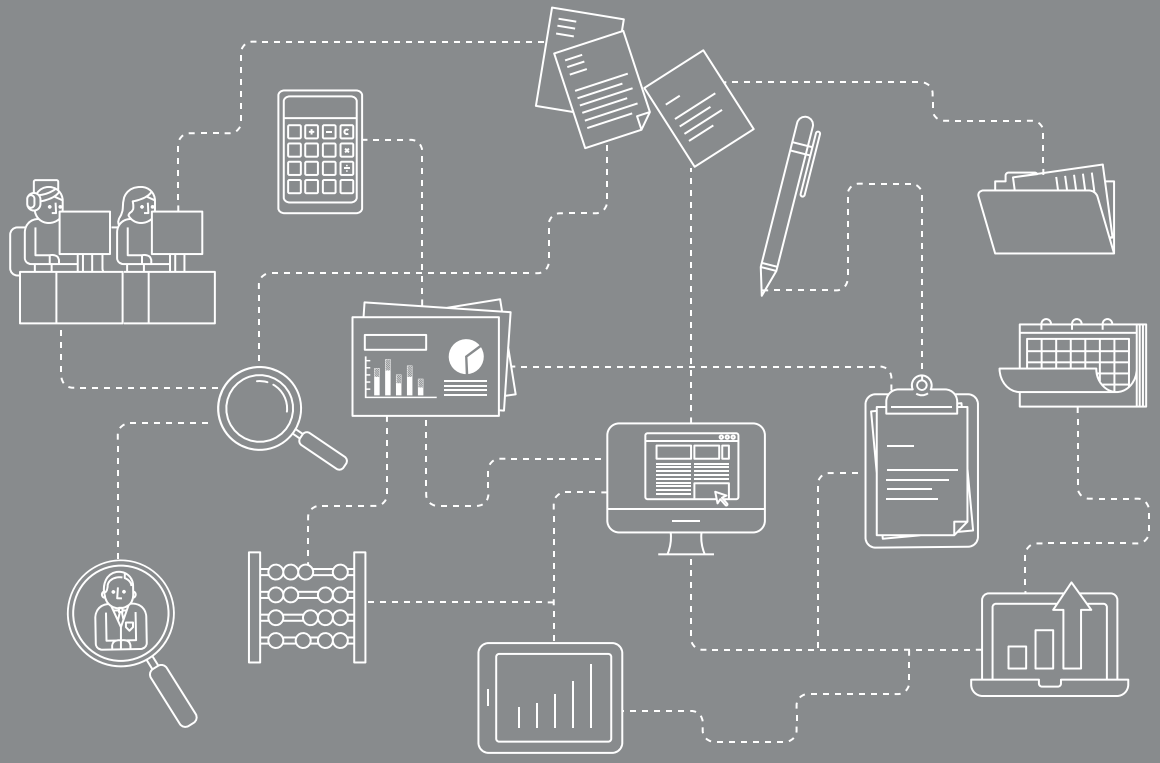

SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as*:

High	Medium	Low
Immediate management attention is necessary.	Timely management attention is necessary.	There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	The Force will introduce a rolling programme of manager IOSH training and enrolment for health and safety accreditations. Records will be checked once a year to confirm the number of new starters and accredited leavers, to inform future training needs.	Medium	Health and Safety Manager	31 December 2026
2	The Force will ensure that the IOSH Managing Safely course is rolled out to the relevant staff members.	Low	Health and Safety Manager	31 December 2026
3	Where resource constraints or other limiting factors affect the Force's ability to complete inspections on time, clear rationale will be documented on the building inspection schedule for inspections that are delayed. This could include where other buildings were higher risk and required prioritisation, or if there are other factors that provide reassurance on the building's health and safety measures.	Low	Health and Safety Manager	31 August 2026

* Refer to Appendix B for more detail

Detailed Findings and Actions

02



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.

Area: Health and Safety				
Control	All senior officers and staff members undertake health and safety training. All supervisors must complete the mandatory Principles of Risk Assessment eLearning package.	**Assessment:** **Design** ✓ **Compliance** ×		
Findings / Implications	We obtained the training presentation delivered to first line leaders within the Force. Through review, we noted that it covered the following in relation to management: • key legislation; employee responsibilities; health and safety risks in policing; risk assessment; incident reporting; and e-learning. The Health and Safety Manager confirmed that all managers must also complete the mandatory Principles of Risk Assessment eLearning package. We confirmed that the Principles of Risk Assessment training completion for this year currently sits at 64.2%. The Health and Safety Manager confirmed that 19 Chief Officers completed an IOSH Leading Safely course in 2024. Although refresher training is not required, only five of these officers remain in post. To address this, the course is being delivered again this year to include newly appointed officers, which will result in a total of 30 senior officers trained in IOSH Leading Safely. In addition, 25 places on the IOSH Managing Safely course are currently being filled, with a further course planned later in the year for mid-level managers. Review of the 2026/27 Training Needs Analysis (TNA) confirmed that funding has been secured for 25 staff to undertake both the IOSH Managing Safely and IOSH Leading Safely courses. Whilst we are aware there is work ongoing, we have raised an action to provide assurance at a later date that this training has been completed.			
Management Action 1	The Force will introduce a rolling programme of manager IOSH training and enrolment for health and safety accreditations. Records will be checked once a year to confirm the number of new starters and accredited leavers, to inform future training needs.	**Responsible Owner:** Health and Safety Manager	**Date:** 31 December 2026	**Priority:** **Medium**
Management Action 2	The Force will ensure that the IOSH Managing Safely course is rolled out to the relevant staff members.	**Responsible Owner:** Health and Safety Manager	**Date:** 31 December 2026	**Priority:** **Low**

Area: Health and Safety				
Control	Health and safety premises reports and fire risk assessments are conducted by the Health and Safety department in accordance with an agreed risk assessed building assessment schedule. A supporting fire inspection is completed at the same time as the premises reviews. Actions raised during premises reviews are monitored and chased up during quarterly health and safety meetings.	**Assessment:** **Design** ✓ **Compliance** ×		
Findings / Implications	We confirmed from a review of five buildings, a completed fire risk assessment (FRA) was held on file. Each FRA included a recorded next review date, as well as details of total actions and the overall fire risk rating. The Health and Safety Manager advised that there is no prescribed legal timeframe for completing FRAs; however, the Force aligns its review cycle with the agreed building assessment schedule. In four of the five instances, the next review date was set two years from the previous assessment, in line with this approach. In one instance (Matrix, Wynyard Park), however, the next review date was set for April 2027 despite the FRA having last been completed in April 2024, indicating a deviation from the expected review cycle. If FRAs are not completed in line with the agreed schedule, there is a risk that fire safety hazards are not identified, assessed, or mitigated in a timely manner, potentially resulting in an increased risk to building occupants. We reviewed the last five Force Tactical Health and Safety Board reports to confirm inspections are reviewed and discussed at the quarterly Force Tactical Health and Safety Board, to ensure senior oversight and compliance with recommended actions.			
Management Action 3	Where resource constraints or other limiting factors affect the Force's ability to complete inspections on time, clear rationale will be documented on the building inspection schedule for inspections that are delayed. This could include where other buildings were higher risk and required prioritisation, or if there are other factors that provide reassurance on the building's health and safety measures.	**Responsible Owner:** Health and Safety Manager	**Date:** 31 August 2026	**Priority:** **Low**

Appendices

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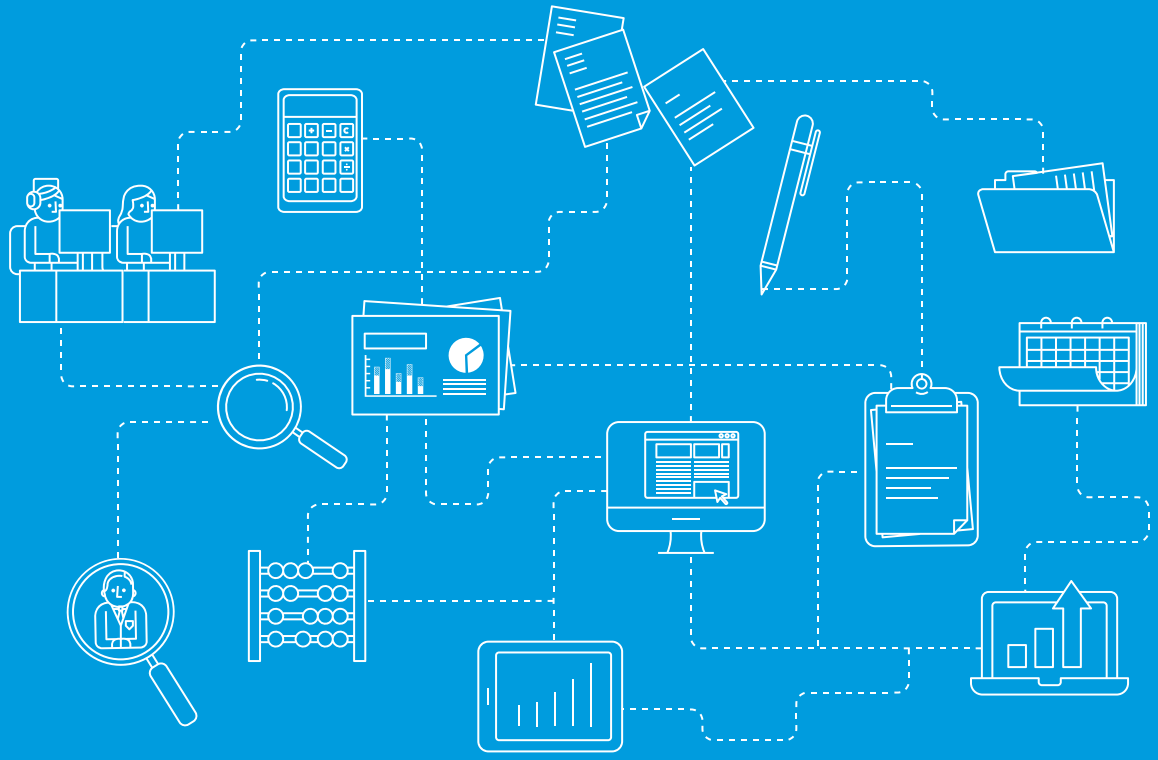

APPENDIX A: CATEGORISATION OF FINDINGS

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	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Health and Safety	0 (10)	2 (10)	2	1	0
Total			**2**	**1**	**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.

Debrief held	29 May 2026	**Internal audit Contacts**	Dan Harris, Head of Internal Audit Matt Stacey, Managing Consultant Ella Robson, Consultant
Draft report issued	12 June 2026		
Revised draft report issued	10 August 2026 / 1 September 2026		
Responses received	3 September 2026		
Final report issued	4 September 2026	**Client sponsor**	ACC Local Policing
		Distribution	ACC Local Policing Ch. Supt. Local Policing. Health and Safety Manager

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