



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

[HMICFRS: Recommendation Tracking](#)

Internal audit report 16.20/21

Final

12 May 2021

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1. EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit / assignment and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test the control framework.

Why we completed this audit

The outcome of a Police Effectiveness, Efficiency, and Legitimacy (PEEL) inspection by the HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services) in 2018/19 resulted in the Force performance being assessed as inadequate and resulted in the Force being placed into the national oversight process. To address these concerns, the Force has undertaken an overhaul of its governance and monitoring framework as part of its 'Toward 2025 – the Road to Improvement' programme. A report was recently published by the HMICFRS on the back of a review into the progress made by the Force in responding to the open recommendations specific to how the Force protects vulnerable people. The inspection found that the Force had made progress in most areas relating to protection of vulnerable people, but further improvements were needed in some areas of its operations to achieve an overall good standard of practice.

As at 22 February 2021 according to the HMICFRS Monitoring Portal the Force had 20 open causes of concern, 147 open recommendations and 24 open areas for improvement (AFIs), and had six closed causes of concern, 141 closed recommendations and six closed AFIs (collectively named 'actions' in the below report). The Force has implemented six workstreams within its Service Improvement Team to manage its causes of concern and any related recommendations/AFIs (which have been aligned to six common themes: Understanding Demand; Vulnerability; Public Confidence and Engagement; Investigation; Problem Solving and Prevention; and Culture, Leadership, and Engagement). Those AFIs/recommendations which are not aligned to one of the aforementioned 'cause of concerns' are managed through business-as-usual (BAU).

In March 2020, The Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland received a limited assurance opinion from their previous internal audit provider, TIAA. As part of this review, one 'urgent', one 'important', four 'routine' and one 'operational' recommendations were raised. The 'urgent' action related to a difference between the Force's Road to Improvement map and the HMICFRS Monitoring Portal. Following this review, the Head of Corporate Services provided the Joint Audit Committee with a report on how the Force identifies, manages and monitors the implementation of HMICFRS areas for improvement and recommendations. The report highlighted the difference between the Force's tracking records and that of the HMICFRS Monitoring Portal and reasons for this.

Our review focussed on providing assurance that the Force has an appropriate framework in place for monitoring the implementation of causes of concerns, recommendations and Afs and closures on the Monitoring Portal are supported by appropriate evidence.

Conclusion

Our review has considered the framework in place to identify and continually monitoring HMICFRS actions (local and nationally), We have concluded through discussions with management, sample testing and review of documents that the Force has implemented a governance and monitoring framework for its HMICFRS actions (causes for concern, recommendations and AFIs) and that significant progress has been made in progressing and closing its recommendations, AFIs and cause of concern.

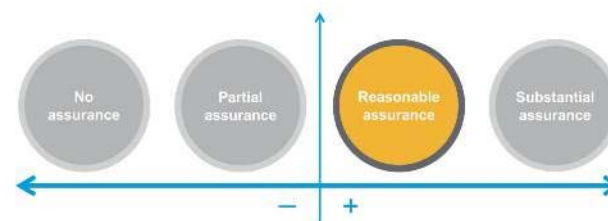
It should be noted that the level of work undertaken by the Force in implementing actions (causes for concern, recommendations and AFIs) is not reflected on the Monitoring Portal but this is outside of the Force's control and has been raised with the HMICFRS Force Liaison Lead.

We have agreed two medium priority management actions in relation to areas for improvement, namely ensuring updates against all causes of concern/AFIs/recommendations are received and the dates are logged on the internal tracker, as well as recording the dates of closure (either required or aspirational i.e. Force-determined) as well as internal assessment of status (i.e. to reflect those actions determined by the Force as being completed but yet still show as 'Live' on the HMICFRS Monitoring Portal).

Internal audit opinion:

Taking account of the issues identified, the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland 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.



Key findings

Our audit identified the following exceptions resulting in two medium priority actions:



Review of the internal tracker noted that a target date for closure of the causes of concern/AFIs/recommendations is not recorded (whether as required in the respective report or an aspirational date determined internally), beyond inclusion in the narrative as determined by the HMICFRS (ie 'We recommend that within 12 months'). Similarly the Force's own assessment of the status of the cause of concern/AFI/recommendation (as indicated by the RAG-rating for BAU-actions in the respective Inspection and Audit Monitoring Board Progress Report) is not recorded on the tracker. **(Medium)**



Review of the internal tracker also noted that there had not been a date recorded in the 'Last Update received' column against each action, while some updates dated back to August 2020. **(Medium)**

In addition, we have raised a suggestion which can be found in section 2 of this report.

Our audit review identified that the following controls are suitably designed, consistently applied, and are operating effectively:



It was noted in our discussions with management that actions can arise from either inspections specific to Cleveland or through national thematic reviews. Notification of actions relevant to the Force come either from their HMICFRS Force Liaison Lead or directly from central HMICFRS. When new reports are published, the outcomes are presented to the Force's Inspection and Audit Monitoring Board. It was noted in our sample of open actions, as selected from the HMICFRS Monitoring Portal, a recommendation resulting from a recent PEEL Inspection report into 'Regional Organised Crime Units, we confirmed the findings of which were accepted and ownership of recommendations allocated (as noted in the decision and action log, and confirmed to the internal HMICFRS action tracker, maintained by the Force Liaison Officer). Progress of actions is monitored internally using this tracker.



Currently, causes of concern from the 2019 IPA inspection (and the majority of the related recommendations, as noted by the Force Liaison Officer) are managed through the Force's Service Improvement Team (SIT) who report into the Service Improvement Board. We obtained copies of each of the six SIT workstreams progress update reports for the most recent Board meeting (January 2021). From our sample of 10 open AFIs and recommendations, we confirmed for those relevant (as noted in the internal action tracker column 'Action being address in [forum]') that they were specifically referred by their internal reference within the respective workstream report in the section 'HMIC Areas For Improvement directly supported by the project'. Ongoing monitoring of the causes of concern is achieved through the respective SIT workstream Delivery and Assurance Group, which each have their individual decision and action logs in which progress against recommendations is maintained. Again, we confirmed for those open AFIs and recommendation in our sample which are being addressed through SIT that there has been ongoing monitoring of their progress at the respective Delivery and Assurance Group.



Ownership of actions is determined at the Inspection and Audit Monitoring Board. Currently causes of concern from the 2019 Integrated PEEL Assessment are managed through SIT. As noted in the Force's report, Towards 2025 – the Road to Improvement, from October 2019, in which is outlined the Force's strategic vision, priorities and 'enablers', the Force has aligned each of the causes of concern with its own priorities and allocated a Chief Officer lead. Each of the causes of concern are aligned to one of the Force's six SIT workstreams:

- Understanding Demand;
- Vulnerability;
- Public Confidence and Engagement;
- Investigation;
- Problem Solving and Prevention; and
- Culture, Leadership, and Engagement.

The Force has implemented a management hierarchy, Gold, Silver, Bronze, whereby each level corresponds with a rank of seniority within the Force. Gold is Chief Officer level; Silver is Senior Leadership (Force Leads); and Bronze is subject-matter experts (Delivery Leads). Each of the six SIT workstreams has assigned leads at Gold, Silver and Bronze levels.



The six SIT workstreams provided progress update reports to the relevant Delivery and Accountability, in which they outline the status of the workstream (RAG-rated) (nb this is a consolidated view taking into account all relevant actions), the HMICFRS Areas for Improvement 'directly supported by the project', progress made within the reporting period (i.e. the intervening period between reports to the Board), the planned activity in the next reporting period, and an action plan with: Action, Output, Milestone and/or Delivery date, Responsible for delivery, and RAG rating. The SIT put forward recommendations to the Service Improvement Board for decision included in which are expected deadlines for completion/implementation of actions which will progress closing of relevant HMICFRS actions. From our review of the SIT Progress Reports we can confirm that implementation across the six workstreams is being progressed on the whole in line with expectations and is supported by relevant evidence.



The Force has implemented a SIT Governance Schematic which shows how the four Delivery and Assurance Groups feed into Programme Management which itself feeds into the Strategic Performance and Improvement Board (of which there are two additional Boards: Everyone Matters Board and Standards and Ethics Boards). Scrutiny and External Assurances which feed into the Strategic Performance Improvement Board (and Standards and Ethics Board) are: Joint Audit Committee; HMICFRS Reality Testing; PPOG (Policing Performance Oversight Group); PCC formal scrutiny; and CoP (College of Policing) peer support – transformational change. Each Delivery and Assurance Group is assigned responsibilities for delivering on one (or part of one) of the six PID (Programme/Project Initiation Document) (nb copies of each PID were provided in the PPOG 'the road to improvement' update 3 paper from April 2020). Each PIDs relates to one of the causes of concern (as reflected in the below).

- Local Policing Delivery and Assurance Group: responsible for Understanding Demand (Local Policing Functions and Duties Management); and Prevention, Problem Solving and Engagement;
- Crime and Investigation Delivery Assurance Group: responsible for Investigation; and Understanding Demand (Investigations);
- Safeguarding and Vulnerability Delivery and Assurance Group: responsible for Vulnerability; and Understanding and Managing Demand (Vulnerability); and
- People and Wellbeing Delivery and Assurance Groups: responsible for Leadership and values; and Ethics and equality.

Each Group has defined monthly progress reporting, and how it is scrutinised and externally assured. We obtained and reviewed the SIT workstream progress reports to the Service Improvement Board and the decision and action logs from the workstreams Delivery and Assurance Groups which confirmed monitoring of the HMICFRS actions is happening in practice with evidence of challenge.



Actions which fall outside of the remit of the SIT are monitored through 'business-as-usual' (BAU) and it is recorded in the internal action tracker who the Force Lead (Silver) and Delivery Lead (Bronze) is against each action as well as the 'proposed governing board' at which closer monitoring of the action occurs (mainly the Delivery and Assurance Group, where applicable to the action). The Delivery Lead produces an Inspection and Audit Monitoring Board Progress Report for each action which is assigned to them, in which they record the local reference (i.e. per the internal action tracker), the AFI/recommendation itself, the current position, the 'improvement journey' (i.e. how the current position has been achieved), supporting evidence (which is often embedded into the reports), the 'next steps' with defined actions (what), impact (so what) and completion dates (when), and a delivery assessment, made either by the owner (Delivery Lead) or the Board, which assesses the progress made to date against the AFI/recommendation.

These progress reports are presented to the Inspection and Audit Monitoring Board for oversight and challenge. We confirmed for the open AFIs and recommendations in our sample which are being managed through BAU that there was progress report in place, except for the aforementioned recommendation from the 'Regional Organised Crime Units: An inspection of the effectiveness of the Regional Organised Crime Unit' report which had only been presented at the 19 February 2021 meeting of the Inspection and Audit Monitoring Board.



The six causes of concern are monitored through a specific framework, the measures in which were agreed with the HMICFRS. Performance against the respective measures are reported on a monthly basis to the Strategic Performance Improvement Board by the Head of Performance. Each cause of concern has a number of Outcomes (i.e. goals) and performance metrics which each have a directional benchmark ('where we were'), delivery benchmark (national service standard; most similar Force group average; England & Wales average); target; and target date.

The tracker records performance data on a monthly basis as well as the data definition (i.e. what is being measured, the data points used and any exclusions), source (of data) and frequency of data.



For those actions which are not assigned to a cause of concern, outcomes are determined by the respective leads (Chief Officer, Force and Delivery) in liaison with the Force Liaison Officer and recorded and monitored in the respective progress report. In its internal action tracker, the Force has aligned its actions to one or more of the questions as outlined in the PEEL Assessment Framework (PAF), against which 'characteristics of good' (i.e. outcomes) have been determined by the HMICFRS. Of the seven open AFIs/recommendations in our sample, we confirmed to the respective progress reports that measurable outcomes were recorded and substantiated with supporting evidence. For example, recommendation 7041/261: 'Within six months, all chief constables should establish arrangements for the effective monitoring and audit of their firearms licensing procedures, as required by the Authorised Professional Practice.' Per the progress report, dated 06 January 2021, there is ongoing dip sampling audits in the Firearm Licencing Unit (FLU) with the results recorded and that work is quality assured i.e. the supervisors process the work from the Clerk and Field Enquiry Officers, checking it for accuracy and compliance prior to issuing a certificate. The FLU Manager dip samples the work of the supervisors on a monthly basis (four grants/renewals per month). After an initial period of review no issues have been raised; the workflow and process are all satisfactory this process will be subject of continuing review. In support of this assertion, evidence of dip sampling audits and individual case documentation was appended to the report.



It was noted in discussion with management that the Force was in the process of re-establishing its previous governance framework and had recently concluded an exercise of reviewing all its AFIs/recommendations to establish where the Force is with achieving the respective outcomes, a progress update on which went to the Joint Audit Committee at its 17 December 2020 meeting. Per the respective Chief Constable's report, point 3.4: 'a detailed review of all other outstanding areas (those non-prioritised areas, i.e. causes of concern) is now underway with update reports requested from all delivery leads to capture the following information:

- where the Force currently stands in relation to delivery against the area for improvement or recommendation;
- how the current position has been achieved i.e. the activities undertaken (what has been done) and the associated impact (what difference this has made);
- details of any documentation which can be used to evidence that the improvement activity undertaken and impact described above has taken place e.g. policy and guidance documents, evaluation reports, meeting records etc; and.

- details of any actions which are currently ongoing or are yet to be started together with the anticipated impact and expected completion date.'

It was noted accordingly in the Inspection and Audit Monitoring Board decision and action log an action marked as 'open' where 'all [are] to respond to request from the Force Liaison Officer regarding HMICFRS feedback, specifically some of the files with identified improvements to help inform updates/challenges.'



The Force has added the six causes of concern to its Strategic Risk Register which is presented to the Risk and Assurance Board at least every quarter. For those AFIs/recommendations in our sample which had been aligned to one of the causes of concern we confirmed to a copy of the Strategic Risk Register, dated January 2021, that the respective action had been included against one of the risks on the register as an action required (AFI 10310/473 and risk 1655, and recommendation 10273/549 and risk 1656 respectively). There is also a risk on the register, 1661, specific to 'The Force's ability to deliver the scale of change required by HMICFRS'. It was noted in discussions with management that risks relating to any actions which sit outside of these causes of concern are monitored at the relevant Delivery and Assurance Group and would be raised to the Risk and Assurance Board for discussion and potential inclusion on the Strategic Risk Register.



The Force implemented a SIT Programme Stage Plan in which risks 'in proximity' were identified. These risks are:

- Operational Capacity and Capability; senior sick rate, expectations, ability to deliver, key skill gaps;
- Culture; Working in silo's, improving constructive challenge, and taking people with us;
- Recruitment capacity and workforce planning; impacts all workstreams and Uplift;
- Unknown funding requirements and affordability;
- Keeping partners and the public with us; currently inward looking, feedback is not formalised;
- FUSION - enabling services capacity and stability; and
- Impact of Covid-19.

The Force's SIT Programme Stage Plan divides its approach to resolving the respective causes of concern into four stages:

- Stage 0 - Immediate Response & Stability through COVID-19 June 19 - Sept 20;
- Stage 1 Understand, Define & Plan Nov 20 - May 2021;
- Stage 2 Develop and Deliver June 2021 - Dec 2021 To review with FMS (Force management statement) process; and
- Stage 3 - Continuously Improve Jan 2022 - June 2022 To review with FMS process.

An End-Stage Review is to be undertaken at each stage in order to 'update and re-confirm plan' along with progress reviews mid-stage. A copy of a review of Stage 1 as at January 2021 was provided, in which the End-Stage Review outcomes for Stage 0 were also noted. SIT Programme Progress Reports provided a consolidated overview of the progress of all six of the SIT workstreams with decisions for the Board. Of particular note, in the November SIT Progress Report, was an overview of Outcomes/Impact from Stage 0, with a decision for the Board to approve closure of Stage 0 and approve the Stage 1 deliverables and time frames (which run until the end of May 2021).



SIT Programme Progress Reports are provided on a bi-monthly basis, included in which are updates on the programme risks. Of note, in the January report, was a summary of the risks in proximity which were currently impacting the workstreams.

For example: in relation to risk, 'Operational Capacity and Capability; expectations, ability to deliver, key skill gaps', capacity was impacting four out of the six workstreams, therefore options to mitigate were to be discussed within the Futures Board. Similarly, capability gaps were being addressed as part of the programme delivery and assurance.

The SIT Programme Progress Reports are prefaced with a table in which the status of the programme is RAG-rated against the following criteria:

- TIME (is the project on schedule to be delivered on time)
- SPEND (is the project on schedule to be achieved within budget).
- RISK (Are the risks in proximity being managed effectively to ensure the project is delivered successfully).
- BENEFITS (will the organisation still be able to achieve the business case benefits from the capabilities delivered from the project).



We selected at random 10 open AFIs/recommendations from the HMCIFRS Monitoring Portal. Our results confirmed the following:

There were current Inspection and Audit Monitoring Board Progress Reports in place for those seven applicable AFIs/recommendations. The content of the Progress Reports agreed to the in-force assessment as noted in the internal action tracker; however, it did not match with the information on the HMCIFRS Monitoring Portal as management noted that this is not maintained by the Force but rather the HMCIFRS Force Liaison Lead and that it has been raised that the statuses on the portal often are behind the Force's assessment. We also noted ongoing monitoring of the AFIs/recommendations in the decision and action log of their respective governing body (where applicable).

For the two AFIs/recommendations which were aligned to one of the six causes of concern, we confirmed their inclusion in the January SIT Progress Update Report to the Board. We also confirmed their inclusion on the Strategic Risk Register as well as monitoring at the respective Delivery and Assurance Group (AFI 10310/473 and People and Wellbeing, and recommendation 10273/549 and Local Policing respectively).

For the remaining recommendation, presented at the 19 February 2021 meeting of the Inspection and Audit Monitoring Board, and the findings of respective report (of which this recommendation was one) were accepted and ownership of recommendations allocated (as noted in the decision and action log). As such, a Progress Report has yet to be compiled by the respective Leads.



We obtained a copy of the 'Update report on Areas for Improvement made by HMICFRS' which went to the 17 December 2020 meeting of the Joint Audit Committee. In the report, the Chief Constable (who prepared the report) outlined the number of causes of concern, AFIs and recommendations against the related HMICFRS inspection activity (Local PEEL, National PEEL, National DA (Domestic Abuse) PEEL Thematic, National Child Protection Inspection, Crime Data Integrity, and Other national thematic inspections) as recorded on the Force's internal action tracker (register) against the numbers on the Monitoring Portal, with explanations for any discrepancies. The report outlines the process for managing and monitoring the progress of the actions, the governance and scrutiny arrangements in place within the Force as well as the external inspection activity from the HMICFRS. The report also provided a copy of the PEEL Assessment Framework, 12 questions (i.e. risks) with respective topic areas (i.e. controls) and characteristics of good, which the Force has aligned its actions against in its internal action tracker.



We selected at random 10 closed AFIs/recommendations from the HMICFRS Monitoring Portal.

We confirmed for seven actions in our sample that there had been routine reporting to the Joint Audit Committee of their progress and that they had been closed once their respective outcomes had been achieved, with evidence of approval from the Force DCC (nb the actions in our sample pre-dated the use of the Progress Reports to the Inspection and Audit Monitoring Board). It should be reminded that the Force can only recommend to the HMICFRS through their Force Liaison Lead when they believe an action has been closed. The HMICFRS Force Liaison Lead requires senior approval before she can mark an action as closed on the portal. This often results in a delay between the Force's assessment and the HMICFRS's assessment.

While for the remaining three actions, the Force Liaison Officer noted that these actions were published in the report as Next Steps; however, HMICFRS added them to the portal as AFIs. Following complaints from a number of forces about misrepresentation the HMICFRS removed the AFIs; however, Cleveland decided to keep them 'live' on their internal action tracker (register) under the category of 'not on portal' (column PAF Question). The Force originally completed a Progress Update for each (copies of which were provided), but subsequently the actions have moved to the SIT and are managed through the Delivery and Assurance Groups.

This narrative agrees to the latest updates on the Monitoring Portal for all three actions, which state: In July 2020, HMICFRS published a PEEL spotlight report covering police contact management through call handling and control rooms in which were discussed the next steps the services should take to improve performance in this key area. Rather than allocate each Force with an AFI, each next step has been included within the PEEL methodology. Each next step will be assessed in 2021/22 and, if required, an AFI will be issued if services are not sufficient after that inspection (updated by PEEL Portfolio Team, 03 September 2020).



As is required by the HMICFRS for those forces deemed as requiring improvement, the Force has quarterly Policing Performance Oversight Group (PPOG) meetings attended by representatives from the Home Office, HMICFRS (including the Force Liaison Lead), and the Force (including the Chief Constable and Deputy Chief Constable). We obtained copies of the PPOG 'the road to improvement' reports for January, April, and July 2020, of note in which included presentation of the PIDs (Programme/Project Initiation Document) in the April report. As well as the overall Programme Plan containing the critical sequencing of improvement / change required. The January report outlined the Force's changes to its Service Improvement approach, while the April report detailed its cause of concern performance monitoring framework.

The July report noted that all but one of the six workstreams was, at that time, on track to deliver by the end of September 2020 and that delivery of the exception, Understanding Demand, had been extended to the end of December 2020. In support of the assessment, a report was provided for each of the six workstreams showing: Progress made since last reporting period; Performance outcomes; and Planned delivery within the next reporting period.



Day-to-day management of the relationship is maintained by the Force's Force Liaison Officer and the HMICFRS Force Liaison Lead assigned to Cleveland. The two parties routinely reconcile their records of the statuses of causes of concern/AFIs/recommendations. We obtained an example of their routine communication whereby the Force Liaison Lead emailed the Force Liaison Officer on 11 February 2021 with a spreadsheet of recommendations from the portal with her assessment of the statuses, and included a number of 'old' AFIs that are still marked as open on her end but are not shown on the portal. Her email also noted there were another couple of recommendations, which were identified in a previous reconciliation exercise, which were from older national PEEL reports but neither of which are on the portal.

We confirmed that the Force had retained these recommendations on their internal tracker and had marked them accordingly as 'not on portal' but were still progressing their implementation.



It was noted that the Force Liaison Officer and Force Liaison Lead have weekly meetings to facilitate the current year's continuous assessment approach, and that going forward the SIT Programme Manager will be attending the last meeting of month to include update from SIT. Management also noted that they were in the process of reintroducing a formal monthly meeting between the Force Liaison Lead at HMICFRS and the Force's Deputy Chief Constable (who has ultimate responsibility for the HMICFRS action).

2. 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 internal audit testing undertaken.

Area: HMICFRS Recommendation Monitoring				
Control	The Inspection and Audit Monitoring Board is responsible when new reports are published for identifying any relevant recommendations for Cleveland and assigning these appropriately for monitoring and reporting purposes.		Assessment:	
			Design	✓
			Compliance	x
Findings / Implications	<p>It was noted in our discussions with management that actions can arise from either inspections specific to Cleveland or through national thematic reviews. Notification of actions relevant to the Force come either from their HMICFRS Force Liaison Lead or directly from central HMICFRS.</p> <p>When new reports are published, the outcomes are presented to the Force's Inspection and Audit Monitoring Board. It was noted in our sample of open actions, as selected from the HMICFRS Monitoring Portal, a recommendation resulting from a recent PEEL Inspection report into 'Regional Organised Crime Units An inspection of the effectiveness of the Regional Organised Crime Units' had been accepted by the Inspection and Audit Monitoring Board and ownership of recommendations allocated (as noted in the decision and action log, and confirmed to the internal HMICFRS action tracker, maintained by the Force Liaison Officer). Progress of actions are monitored internally using the tracker.</p> <p>Review of the internal tracker noted that a target date for closure of the causes of concern/AFIs/recommendations is not recorded (whether as required in the respective report or an aspirational date determined internally), beyond inclusion in the narrative as determined by the HMICFRS (i.e. we recommendation that within 12 months'). Similarly the Force's own assessment of the status of the cause of concern/AFI/recommendation (as indicated by the RAG-rating for BAU-actions in the respective Inspection and Audit Monitoring Board Progress Report) is not recorded on the tracker.</p> <p>There is risk that timely completion of causes of concern/AFIs/recommendations is not being achieved or recorded.</p>			
Management Action 1	<p>a. We will include a column to record a required or aspirational target for closure.</p> <p>b. We will include on the internal tracker an indicator for internal assessment (RAG) regardless of the status on the HMICFRS Monitoring Portal.</p>	Responsible Owner:	Date:	Priority:
		Force Liaison Officer	30 April 2021	Medium

Area: HMICFRS Recommendation Monitoring

Control	<p>Causes of concern are monitored using their own framework, the PEEL Assessment Framework (PAF), which incorporates outcomes and performance metrics against benchmarks.</p> <p>Recommendations/AFI which fall outside of the causes of concern are assigned individual outcomes by the respective leads as documented in the respective progress report.</p> <p>In its internal action tracker, the Force has aligned its actions to one or more of the questions as outlined in the PEEL Assessment Framework (PAF), against which 'characteristics of good' (i.e. outcomes) have been determined by the HMICFRS.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance x</p>
Findings / Implications	<p>The six causes of concern are monitored through a specific framework, the measures in which were agreed with the HMICFRS. Performance against the respective measures are reported on a monthly basis to the Strategic Performance Improvement Board by the SIT Programme Manager.</p> <p>Each cause of concern has a number of outcomes (i.e. goals) and performance metrics which each have a directional benchmark ('where we were'), delivery benchmark (national service standard; most similar Force group average; England and Wales average); target; and target date.</p> <p>The tracker records performance data on a monthly basis as well as the data definition (i.e. what is being measured, the data points used and any exclusions), source (of data) and frequency of data. For those actions which are not assigned to a cause of concern, outcomes are determined by the respective Force and Delivery Leads in liaison with the Force Liaison Officer and recorded and monitored at the respective governing body.</p> <p>Of the seven open AFIs/recommendations in our sample, we confirmed to the respective progress reports that measurable outcomes were recorded and substantiated with supporting evidence. For example, recommendation 7041/261: 'Within six months, all chief constables should establish arrangements for the effective monitoring and audit of their firearms licensing procedures, as required by the Authorised Professional Practice.' Per the progress report, dated 06 January 2021, there is ongoing dip sampling audits in the Firearm Licensing Unit (FLU) with the results recorded and that work is quality assured i.e. the supervisors process the work from the Clerk and Field Enquiry Officers, checking it for accuracy and compliance prior to issuing a certificate. The FLU Manager dip samples the work of the supervisors on a monthly basis (four grants/renewals per month). After an initial period of review no issues have been raised; the workflow and process are all satisfactory and this process will be subject of continuing review. In support of this assertion, evidence of dip sampling audits and individual case documentation was appended to the report.</p> <p>We confirmed for a sample of closed AFIs/recommendations that there had been routine reporting to the Joint Audit Committee of their progress and that they had been closed once their respective outcomes had been achieved (nb the actions in our sample pre-dated the use of the progress reports to the Inspection and Audit Monitoring Board which came in 2019 as part of the 'Road to Improvement' process changes).</p>	

Area: HMICFRS Recommendation Monitoring

It was noted in discussion with management that the Force was in the process of re-establishing its previous governance framework and had recently concluded an exercise of reviewing all its recommendations/AFls to establish where the Force is with achieving the respective outcomes, a progress update on which went to the Joint Audit Committee at its December 2020 meeting. Per the respective Chief Constable's report, point 3.4:

'a detailed review of all other outstanding areas (those non-prioritised areas, i.e. causes of concern) is now underway with update reports requested from all delivery leads to capture the following information:

- where the Force currently stands in relation to delivery against the area for improvement or recommendation;
- how the current position has been achieved i.e. the activities undertaken (what has been done) and the associated impact (what difference this has made);
- details of any documentation which can be used to evidence that the improvement activity undertaken and impact described above has taken place e.g. policy and guidance documents, evaluation reports, meeting records etc; and
- details of any actions which are currently ongoing or are yet to be started together with the anticipated impact and expected completion date.'

It was noted accordingly in the Inspection and Audit Monitoring Board decision and action log an action marked as 'open' where 'all [are] to respond to request from the Force Liaison Officer regarding HMICFRS feedback, specifically some of the files with identified improvements to help inform updates/challenges.' Review of the internal tracker noted that there had not been a date recorded in the 'Last Update received' column against 43 causes of concerns, AFls or recommendations, while some updates dated back to August 2020.

There is a risk that the Force is not proactively identifying actions which have been implemented with evidence of sustained and improvement and thus should be referred to the HMICFRS for closure on the portal.

Management Action 2	As part of the ongoing action, we will ensure an update against each cause of concern/AFl/recommendation is received and the tracker updated accordingly with the date of review.	Responsible Owner: Force Liaison Officer	Date: 30 April 2021	Priority: Medium
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Area: HMICFRS Recommendation Monitoring

Control	The Joint Audit Committee are provided with regular updates against the management, monitoring and sign off of HMICFRS areas for improvement and recommendations.		
Findings / Implications	<p>The Force has implemented a SIT Governance Schematic which shows how the four Delivery and Assurance Groups feed into Programme Management which itself feeds into the Strategic Performance and Improvement Board (of which there are two additional Boards: Everyone Matters Board and Standards and Ethics Boards). Scrutiny and external assurances which feed into the Strategic Performance Improvement Board (and Standards and Ethics Board) include the Joint Audit Committee.</p> <p>An 'Update report on Areas for Improvement made by HMICFRS which went to the 17 December 2020 meeting of the Joint Audit Committee also outlined the number of causes of concern, AFIs and recommendations against the related HMICFRS inspection activity (Local PEEL, National PEEL, National DA (Domestic Abuse) PEEL Thematic, National Child Protection Inspection, Crime Data Integrity, and Other national thematic inspections) as recorded on the Force's internal action tracker (register) against the numbers on the HMICFRS Monitoring Portal, with explanations for any discrepancies. The report outlines the process for managing and monitoring the progress of the actions, the governance and scrutiny arrangements in place within the Force as well as the external inspection activity from the HMICFRS. The report also provided a copy of the PEEL Assessment Framework, 12 questions (i.e. risks) with respective topic areas (i.e. controls) and characteristics of good, which the Force has aligned its actions against in its internal action tracker.</p> <p>We selected at random 10 closed AFIs/recommendations from the HMICFRS Monitoring Portal.</p> <p>We confirmed for seven actions in our sample that there had been routine reporting to the Joint Audit Committee of their progress and that they had been closed once their respective outcomes had been achieved, with evidence of approval from the Force DCC (nb the actions in our sample pre-dated the use of the progress reports to the Inspection and Audit Monitoring Board). It should be reminded that the Force can only recommend to the HMICFRS through their Force Liaison Lead when they believe an action has been closed. The HMICFRS Force Liaison Lead requires senior approval before she can mark an action as closed on the portal. This often results in a delay between the Force's assessment and the HMICFRS's assessment.</p>		
Suggestion 1	The Joint Audit Committee should receive a periodic and overall view of the Force's performance towards the implementation of causes for concern, AFIs and recommendations.	-	-
		Priority: Suggestion	

APPENDIX A: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
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 management actions		
					Low	Medium	High
HMICFRS recommendation monitoring	0	(7)	2	(7)	0	2	0
Total					0	2	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: SCOPE

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

Objective and risk relevant to the scope of the review

The internal audit assignment has been scoped to provide assurance on how the Police and Crime Commissioner for Cleveland and the Chief Constable of Cleveland manages the following risks.

Objective of the area under review	Risks relevant to the scope of the review	Source
The Force has an appropriate framework in place to monitor and report on progress / completion of HMICFRS recommendations and areas for improvement (AFIs).	Risk 1486 HMICFRS risk register	Commissioner's risk register Chief Constable's HMICFRS risk register

Scope of the review

In 2019, the HMICFRS performed the Force's fifth PEEL (police effectiveness, efficiency, and legitimacy) assessment of Cleveland. The Force was graded as inadequate in each of the three pillars: the extent to which the force is effective at reducing crime and keeping people safe is **inadequate**; the extent to which the force operates efficiently and sustainably is **inadequate**; and the extent to which the force treats the public and its workforce legitimately is **inadequate**. In March 2020, an internal audit report was provided by TIAA that highlighted discrepancies between the Force's 'Road to Recovery Plan' and the HMICFRS Monitoring Portal resulting in a limited assurance opinion. Our review will focus on the following areas:

- The Force has a consistent framework in place for the identification, monitoring and reporting on HMICFRS recommendations / AFIs regardless of their source i.e. PEEL, CDI, thematic review.
- 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, measurable and drive activity going forward.

- Review and on-going monitoring of recommendations / AFIs through the organisations' governance structure / lead officers including the check and challenge of the data i.e. performance indicators.
- Review of how performance and progress inform the risk profile of the organisations.
- Review and closure of recommendations / AFIs through the organisations' governance structure and on the HMICFRS Monitoring Portal. We will consider the evidence supporting this decision and the longevity of the data to support improved change / performance.
- Interaction between the Force, OPCC 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, this is the responsibility of HMICFRS who are the subject matter expert to check that the right action has been taken to address areas for improvement.
- We will not confirm all actions raised by the HMICFRS through national or local reviews are captured on the 'Road to Improvement Plan'. We will only confirm that those actions recorded on the HMICFRS Monitoring Portal reconcile to the 'Road to Improvement Plan'.
- Our review will not guarantee or seek to influence any future inspection grades, this review is independent from the HMICFRS process.
- We will not confirm evidence supporting the closure of HMICFRS actions are operating in practice or are embedded over the long term.
- Our review will focus on those areas of concern, recommendations and AFIs recorded in the PEEL and CDI assessments.
- 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.

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Responses received	11 May 2021
Final report issued	12 May 2021

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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 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 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 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.

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

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