

YORK AND NORTH YORKSHIRE DEPUTY MAYOR FOR POLICE, FIRE AND CRIME, AND THE CHIEF CONSTABLE OF NORTH YORKSHIRE POLICE

Follow Up of Previous Internal Audit Management Actions: Visit 2

REVISED FINAL Internal Audit Report: 10.24/25

25 July 2025

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AUDIT OUTCOME OVERVIEW

The overview of our findings is detailed below.

Conclusion: The Risk and Assurance Team reported a total of 13 management actions as completed from the reports outlined in the below table. We agreed to follow up on all 13 management actions, comprising of 6 medium and 7 low priority actions.

We were provided with satisfactory evidence in respect of 8 management actions declared as complete by the respective action owners and have agreed that these actions have been fully implemented. We have also marked 1 action as superseeded. Details of the implemented and superseeded actions can be found under Appendix B of this report.

The remaining 4 management actions consist of medium priority actions. We have categorised two actions as 'not implemented' and two actions as 'partly but not yet fully implemented'.

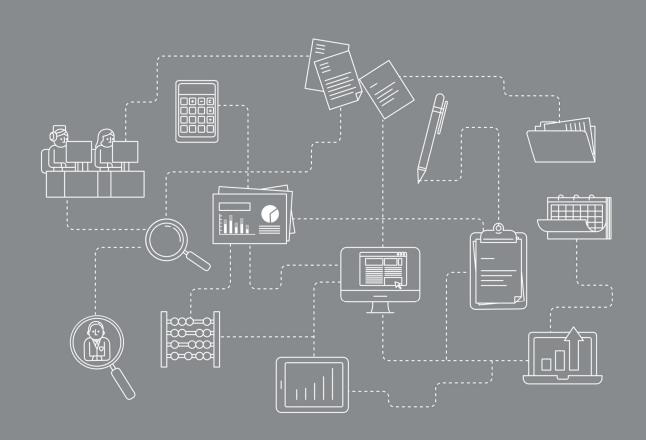
We recategorised the management actions marked as partly but not yet fully implemented as 'low' to reflect progress made by management to implement the actions, and the reduced residual risk. Full details of the ongoing management actions can be found under section two of this report.

Taking account of these findings and in line with our definitions set out in Appendix A, in our opinion the organisations have demonstrated reasonable progress in implementing agreed management actions. Please note our follow up review has only considered actions that the Force had determined as closed, up to and including the 29 January 2025.

Report			Stat	us of manageme	nt actions	
	Number of actions agreed	Implemented	Partly implemented	Not implemented	Superseded	Implemented or superseded
Freedom of Information Requests (1.23.24)	1	0	0	0	1	1
Equality and Diversity (4.23.24)	2	2	0	0	0	2
Health and Safety - Employer (5.23.24)	4	1	1	2	0	1
HR - Recruitment and Selection (8.23.24)	4	4	0	0	0	4
HMICFRS - Recommendation Tracking (9.23.24)	2	1	1	0	0	1
Total	13 (100%)	8 (62%)	2 (15%)	2 (15%)	1 (8%)	9 (70%)

Summary of action status





SUMMARY OF ACTION STATUS

The action priorities are defined as:

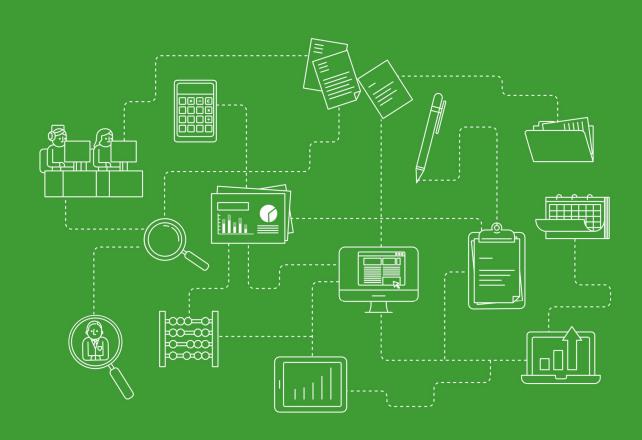
High	Medium	Low
Immediate management attention is necessary.	Timely management attention is necessary.	There is scope for enhancing control or improving efficiency.

For the actions categorised as ongoing or not implemented, we have agreed the following revised actions and priority:

Ref	Action for management	Priority	Responsible Owner	Date
1	The Force will implement refresher health and safety training on a periodic basis. The Health and Safety Team will review system capability to determine whether overarching training records for all health and safety courses can be retained in one location.	Medium	Health and Safety Manager	30 September 2026
	As a minimum, records for in-person training delivered by the Health and Safety Advisor should be retained by the team to evidence sessions delivered.			
2	The Force will review the individuals required to complete a DSE assessment. A requirement for all employees to complete an up-to-date DSE assessment will be rolled out across the Force and compliance with this requirement monitored. Annual reminders will be issued to ensure this is complied with.	Medium	Health and Safety Manager	30 September 2026
3	The Force will implement a process to prioritise the reviews of risk assessments to ensure that all risk assessments have been appropriately reviewed within the previous 12 months.	Medium	Health and Safety Manager	30 September 2026
4	The assessment template will be utilised for all recommendations and AFIs. The template will be fully completed to outline:	Low*	Inspection and Assurance Manager	31 August 2025
	 the date that the form was completed and who by, and the date of approval from the Head of Function; and the risk section will outline the risk number if aligned to a register and the title. The Force will review the risk profile and how this aligns to the organisation's strategic risk register and the potential impact on the Force. 			

^{*}re-prioritised to low based on action to date to implement and mitigate the risk

Detailed Findings and Actions



FINDINGS AND MANAGEMENT ACTIONS

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.
5	The action is not yet due.

Assignment: Health	and Safety - Employer (5.23.24)				
Original management action	The Force will implement refresher health and safety training on a periodic basis. The Health and Safety Team will review system capability to determine whether overarching training records for all health and safety courses can be retained in one location. As a minimum, records for in-person training delivered by the Health and Safety Advisor should be retained by the team to evidence sessions delivered				
Original Priority	Medium	Original Implementation Date	28 June 2024		
Findings summary	We did not receive evidence that staff are expected to undertake refresher health and safety training on a periodic basis. We therefore did not evidence any records to demonstrate that staff had received ongoing refresher training. There is a risk that where refresher health and safety training is not provided and monitored appropriately, changes in guidance are not understood or important safety protocols are forgotten over time.				
Status	3. The action has not been implement	ed.			
Management Action 1	Safety Team will review system capabilit health and safety courses can be retained	ning delivered by the Health and Safety Advisor should be	Responsible Owner: Health and Safety Manager	Date: 30 September 2026	Priority: Medium

Assignment: Health and Safet	ty - Employer ((5.23.24)
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Original management action

A requirement for all employees to complete an up-to-date DSE assessment will be rolled out across the Force and compliance with this requirement monitored.

Annual reminders will be issued to ensure this is complied with.

Original Priority

Medium

Original Implementation Date

28 June 2024

Findings summary

We were informed that the reminder to complete the annual DSE Assessment has been added to the intranet for communication with staff. We noted that the completion rates for the DSE Assessments are monitored and a summary is presented at Costal SMT meetings. We obtained the most recent report from 22 January 2025 and found that Force wide, 40% of DSE assessments were completed. We note that where completion rates are low, it is the responsibility of the District or Department managers to ensure that their team completed the annual DSE Assessment. We note that within the reported figures, the completed DSE assessment reports are also split via departments to identify areas of weakness.

For a sample of 10 staff, we reviewed the DSE module on College Learn and found that:

- In seven instances the DSE assessment was completed, and in the other three the DSE assessment was in progress.
- Three of the seven completed DSEs were completed in the last year and are therefore up to date;
- The other four were out of date, and were completed over 12 months ago, ranging from 16 to 18 months.

We note that there is currently uncertainty within the Force as to who is required to complete a DSE assessment, and therefore the accuracy of the completion rates has been challenged. As the original action agreed relates to all employees and it is not clear who should be excluded, we have determined that the action has been partly implemented.

Where DSE assessments are not completed on an annual basis, there is a risk that support for employees is not being identified and provided in a timely manner, creating a health and safety concern. Additionally, if the Force determines that not all employees require a DSE assessment, it should be made clear as to which individuals are required to complete as DSE assessment, based on their job role.

Status

2. The action has been partly though not yet fully implemented.

Management Action 2

The Force will review the individuals required to complete a DSE assessment.

A requirement for all employees to complete an up-to-date DSE assessment will be rolled out across the Force and compliance with this requirement monitored.

Annual reminders will be issued to ensure this is complied with.

Responsible Owner: Date:

Health and Safety 30 Manager Se

September 2026

Priority:

Medium

Assignment: Health and Safety - Employer (5.23.24)					
Original management action	The Force will ensure that all risk assessments have been appropriately reviewed within the previous 12 months.				
Original Priority	Medium	Original Implementation Date	30 April 2024		
Findings summary				ed in the er that the whereby	
Chatus	could cause harm, injury, or illness. This could result in legal consequences, such as fines, compensation claims, or prosecution, as well as reputational damage and loss of trust from employees, and wider members of the public.				
Status	3. The action has not been implemented.				
Management Action 3	The Force will implement a process to prioritise t risk assessments have been appropriately review	he reviews of risk assessments to ensure that all ved within the previous 12 months.	Responsible Owner: Health and Safety Manager	Date: 30 September 2026	Priority: Medium

Assignment: HMICFRS: Recommendation Tracking (9.23.24)

Original management action

The assessment template will be utilised for all recommendations, AFIs, or cause of concern. The template will be fully completed to outline:

- the date that the form was completed and who by, and the date of approval from the Head of Function; and
- the risk section will outline the risk number if aligned to a register and the title. The Force will review the risk profile and how this aligns to the organisation's strategic risk register and the potential impact on the Force.

Original Priority

Medium

Original Implementation Date

30 June 2024

Findings summary We obtained the AFI assessment template and confirmed that the template requires staff to fill out:

- The report title, the recommendation and AFI;
- A summary of the Force's current position, as well as any gaps in the process;
- The proposed action, action date and action owner;

Assignment: HMICFRS: Recommendation Tracking (9.23.24)

- Details of the risk if necessary; and
- Completion details of the IO, and date, as well as the approval dates from the HoF and SRO.

We found that the assessment template is made available to staff through the Governance and Assurance Teams site, which we confirmed through review of screenshots.

For a sample of 5 recommendations, we obtained the completed AFI assessment templates. From review, we found that:

- In all five instances the form was completed, but the 'completed by IO' section was not included, thereby we were unable to confirm when and by who the form was completed by;
- In all five instances the form was approved by the Head of Function, but was not dated therefore we were unable to confirm if the recommendations were reviewed in a timely manner;
- In all five instances the risk section was classed as not applicable, but we confirmed that the impact on the force was outlined within the 'gaps' section of the recommendation.

We were informed by the Governance and Assurance Lead that the above recommendations were recorded on the previous assessment template which did not capture all details required. We note that at the time of the audit, the Force has not undergone a full approval process of recommendations, AFIs, or cause of concerns using the updated assessment template, thus we were unable to complete further sample testing. However, we recognise that progress has been made towards ensuring that the assessment template is fully completed and have marked this action as partly implemented as a result and downgraded the action from medium to low priority.

Where the assessment template is not filled out fully, there is a risk that the key stakeholders that have involvement are not recorded throughout the investigation and post-investigation stage.

Status

2. The action has been partly though not yet fully implemented.

Management Action 4

The assessment template will be utilised for all recommendations and AFIs,. The template will be fully completed to outline:

- the date that the form was completed and who by, and the date of approval from the Head of Function: and
- the risk section will outline the risk number if aligned to a register and the title. The Force will review the risk profile and how this aligns to the organisation's strategic risk register and the potential impact on the Force.

Responsible Owner: Date: Inspection and

Assurance Manager

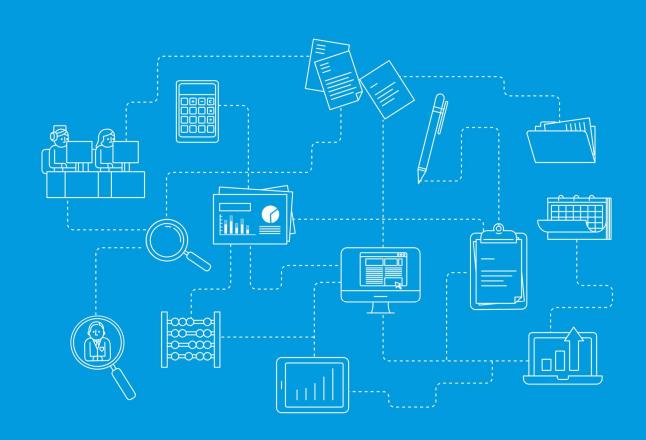
31 August

Priority: Low

2025

Appendices

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APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment.

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high priority actions	Consideration of medium priority actions	Consideration of low priority actions
Good	75% +	None outstanding.	None outstanding.	All low actions outstanding are in the process of being implemented.
Reasonable	51 – 75%	None outstanding.	75% of medium actions made are in the process of being implemented.	75% of low actions made are in the process of being implemented.
Little	30 – 50%	All high actions outstanding are in the process of being implemented.	50% of medium actions made are in the process of being implemented.	50% of low actions made are in the process of being implemented.
Poor	< 30%	Unsatisfactory progress has been made to implement high priority actions.	Unsatisfactory progress has been made to implement medium actions.	Unsatisfactory progress has been made to implement low actions.

APPENDIX B: ACTIONS COMPLETED OR NO LONGER NEEDED

From the testing conducted during this review we have found the following actions to have been fully implemented, or superseded.

Assistance at title	Management actions
Assignment title	Management actions
Assignment: Freedom of	Status: Superseded
Information Requests	The Civil Disclosure Unit will continue to ensure that all FOI requests and responses for the 2021/22 financial year are uploaded to the Force's
(1.23.24)	website in line with Force's data retention policy. (Low)
	We were informed by NYP that since FOI requests and responses are retained for two years, the 2021/22 FOI requests and responses are no
	longer required to be uploaded to the website since they are not available. We note that the Force did not complete upload of all the FOI requests
A a a i a sum a surf. E susualife a sus	and responses due to resourcing pressures. Therefore, this action is no longer needed and has been superseded.
Assignment: Equality and	
Diversity (4.23.24)	The Force will ensure the Leadership Strategy and the Recruitment and Retention Strategy 2023 - 2025 are appropriately authorised, published on the intranet and made available to officers and staff.
	Priority: Low
	Status: Implemented
	Once the Recruitment and Retention Strategy 2023 - 2025 has been approved and published, the Force will review and update the Recruitment,
	Selection and Appeals Procedure in line with the new requirements set out in the strategy.
	Priority: Low
Assignment: Health and	Status: Implemented
Safety: Employer (5.23.24	The Force will ensure that all officers and staff are made aware of the 24-hour reporting timeframe and that all RIDDOR reports are submitted in
	line with the HSE timeframes. These requirements should be added to the Health and Safety Policy and included within relevant training material.
	Where incidents are received after the 24-hour timeframe, this will be monitored by the Health and Safety Team and raised with relevant teams /
	managers, where applicable.
	Priority: Medium
Assignment: HR:	Status: Implemented
	n The Recruitment and Retention Strategy will be completed and uploaded to the Force's intranet. Evidence of approval from the Chief Officer
(8.23.24)	Team will also be sought to ensure this is on file.
	Priority: Low
	Status: Implemented
	Following the consultation deadline, the Recruitment, Selection and Promotion Procedure will be revised (if required), published on the intranet and communicated across the Force.
	Priority: Low Status: Implemented
	The Force should ensure all offer letters and contracts are signed and dated and a copy is retained on file. When contracts and offer letters are
	sent to new starters, they should not be sent until after vetting confirmation has been provided to the Talent Team.
	Priority: Low
	Status: Implemented
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Assignment title	Management actions
	The Force will implement a check on all panel members interviewing Student Officers to ensure that they have completed the relevant training module. Priority: Low
Assignment: HMICFRS: Recommendation Tracking (9.23.24)	Status: Implemented All action due dates and outcomes will be agreed in writing by the Head of Function and the ACC/ACO, and evidence will be retained and stored centrally for an effective audit trail. Priority: Medium

Debrief held	8 May 2025	Internal audit contacts	Dan Harris, Partner and Head of Internal Audit
Draft report issued	20 May 2025		Matthew Stacey, Managing Consultant
Responses received	24 July 2025		Weronika Kijewska, Consultant
Final report issued	24 July 2025	Client sponsor	Gillian Havelock, Strategy and Governance Lead
Revised final report issued	25 July 2025	Distribution	Gillian Havelock, Strategy and Governance Lead

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Our report is prepared solely for the confidential use of **York and North Yorkshire Deputy Mayor for Police**, Fire and Crime, and the Chief Constable of North **Yorkshire Police**, 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 UK 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 UK 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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