

Cumbria Shared Internal Audit Service  
Internal Audit Report for Cumbria Constabulary



## Audit of Trauma Risk Incident Management (TRiM)

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## Audit Report Distribution

For Action:	Lisa Hogan (Superintendent People Department) Jon Sherlock (Chief Inspector CJU & Partnerships)
For Information:	Stephen Kirkpatrick (Director of Corporate Support) Mark Pannone (Superintendent Ops HQ)
Audit Committee	The Joint Audit Committee, which is due to be held on 18 <sup>th</sup> March 2020, will receive the report.

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## Cumbria Shared Internal Audit Service

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Monument (Market Cross), Jason Friend, The Courts (Citadel), Jonathan Becker



# Executive Summary

## 1. Background

- 1.1 This report summarises the findings from the audit of Trauma Risk incident Management (TRiM). This was a planned audit assignment which was undertaken in accordance with the 2019/20 Audit Plan.
- 1.2 TRiM is important to the organisation because it contributes directly to overall Constabulary performance. It ensures that the organisation is proactively taking steps to reduce the impact on staff of dealing with traumatic incidents. It is designed to reduce long term mental health issues and absences from work, thereby contributing to the efficient and effective delivery of frontline policing to the people of Cumbria and the achievement of strategic objectives.
- 1.3 TRiM originated within the UK military in the late 1990s and is now used widely across a range of public organisations such as the emergency services. It is a peer based system of structured risk assessment and support designed to assist in the management of traumatic events by identifying people in difficulty and making referrals for medical support where necessary.
- 1.4 TRiM is not a mandatory service but is used widely by police forces to help fulfil their duty of care to employees exposed to traumatic events. Staff volunteer for TRiM positions to support colleagues in need.

## 2. Audit Approach

### 2.1 Audit Objectives and Methodology

- 2.1.1 Compliance with the mandatory Public Sector Internal Audit Standards requires that internal audit activity evaluates the exposures to risks relating to the organisation's governance, operations and information systems. A risk based audit approach has been applied which aligns to the five key audit control objectives which are outlined in section 4; detailed findings and recommendations are reported within section 5 of this report.

### 2.2 Audit Scope and Limitations

- 2.2.1 The Audit Scope was agreed with management prior to the commencement of this audit review. The Client Sponsor for this review was the Director of Corporate Support. The agreed scope of the audit was to provide assurance over management's arrangements for governance, risk

management and internal control in the following areas:

- Governance, co-ordination and oversight of TRiM arrangements.

2.2.2 There were no instances whereby the audit work undertaken was impaired by the availability of information.

### 3 Assurance Opinion

- 3.1 Each audit review is given an assurance opinion and these are intended to assist Members and Officers in their assessment of the overall level of control and potential impact of any identified system weaknesses. There are 4 levels of assurance opinion which may be applied. The definition for each level is explained in **Appendix A**.
- 3.2 From the areas examined and tested as part of this audit review, we consider the current controls operating around TRiM provide **partial** assurance.

*Note: as audit work is restricted by the areas identified in the Audit Scope and is primarily sample based, full coverage of the system and complete assurance cannot be given to an audit area.*

### 4 Summary of Recommendations, Audit Findings and Report Distribution

- 4.1 There are three levels of audit recommendation; the definition for each level is explained in **Appendix B**.
- 4.2 There are **4** audit recommendations arising from this audit review and these can be summarised as follows:

Control Objective	No. of recommendations		
	High	Medium	Advisory
1. <b>Management</b> - achievement of the organisation's strategic objectives (see section 5.1.)	1	-	-
2. <b>Regulatory</b> - compliance with laws, regulations, policies, procedures and contracts (see section 5.2.)	1	-	-
3. <b>Information</b> - reliability and integrity of financial and operational information (see section 5.3)	-	1	-
4. <b>Security</b> - safeguarding of assets	-	-	-
5. <b>Value</b> - effectiveness and efficiency of operations and programmes (see section 5.4)	-	-	1
<b>Total Number of Recommendations</b>	<b>2</b>	<b>1</b>	<b>1</b>

4.3 **Strengths:** The following areas of good practice were identified during the course of the audit:

- The Constabulary have chosen to provide TRiM, which is not a mandatory requirement, to support the workforce.
- TRiM practitioners are volunteers who contribute their time, energy and skills to the support of their peers following traumatic events. Their commitment and proactivity is clearly demonstrated and is an important and integral part of the Constabulary's wider support offering.

4.4 **Areas for development:** Improvements in the following areas are necessary in order to strengthen existing control arrangements:

4.4.1 *High priority issues:*

- Governance arrangements in respect of TRiM have not been defined, documented and communicated with clear lines of responsibility.
- Decisions taken around TRiM recruitment are based on geography and two day training rather than an interview and selection process and refresher training arrangements for TRiM practitioners do not meet national TRiM standards.

4.4.2 *Medium priority issues:*

- Up to date TRiM information is not readily accessible and arrangements are not in place to maintain data quality.

4.4.3 *Advisory issues:*

- Feedback is not currently sought from staff who have participated in TRiM processes to inform improvement activity.

**Comment from the Director of Corporate Support:**

I note that this review of the provision of the Trauma Risk Incident Management (TRiM) service provided within the Constabulary has achieved a Partial level of assurance with a number of recommendations being made as to how the service can be improved.

The provision of TRiM services is not a mandatory requirement, however it is noted positively within the report that the Constabulary has chosen to voluntarily provide TRiM services in order to support the wellbeing its workforce following traumatic events.

It is further recognised that the services provided by voluntary practitioners is of a high standard and is of clear benefit when utilised as an important and integral part of the Constabulary's wider support offering. That said, the report correctly recognises that the governance and coordination around service provision could be significantly improved which is reflected across the 4 recommendations made.

The first, and highest priority recommendation, focuses on improving the governance of the TRiM process. It is fair to observe that there has been a lack of clarity of ownership of the TRiM process since introduced. Additionally, due to the voluntary nature of the service, the resourcing to lead and administer has also been lacking at times. The Constabulary fully accept this recommendation and have taken steps to ensure clarity of ownership by the Superintendent People Department, with a nominated Chief Inspector taking operational responsibility for the service. The Constabulary are content that oversight will now be maintained through the Health & Wellbeing Board, chaired by the DCC, and are developing plans regarding how best to resource the administration of the service. The further recommendations are all accepted and are being addressed by the Constabulary.

In summary, I am content that the report has helped greatly in validating the Constabulary's understanding and has also helped provide increased focus in order to improve the coordination and governance around what is already a very valuable support service.

# Management Action Plan

## 5 Matters Arising / Agreed Action Plan

### 5.1 Management - achievement of the organisation's strategic objectives.

● High priority

Audit finding	Management response
<p><b>(a) Governance</b></p> <p>Governance arrangements in respect of TRiM have not been defined, documented and communicated with clear lines of responsibility. The following issues were highlighted by the audit review:-</p> <p><u>Management Oversight</u></p> <p>We were unable to identify whether a senior management group / body has been designated with responsibility for TRiM. As a result, clear direction and oversight of TRiM arrangements have not been provided. The Wellbeing Focus Group, chaired by the Deputy Chief Constable, recently tasked a HQ Superintendent to review the current TRiM arrangements, map current processes, identify any gaps and to look across the service and record other arrangements in place to see what initiatives could be co-ordinated and incorporated. Terms of reference are not in place for the Wellbeing Focus Group so it is unclear if this group is formally responsible for overseeing TRiM.</p> <p><u>Reporting Lines</u></p> <p>The absence of clear reporting lines around TRiM created difficulties and delays for the Advanced TRiM Practitioners when they were organising and seeking funding for the last TRiM Assessor training event.</p> <p><u>Roles and Responsibilities</u></p> <p>The role and responsibilities of a TRiM Co-ordinator have not been clearly defined and documented.</p> <p>The role of 'TRIM Co-ordinator' was allocated to the Community Safety Inspector who was absent</p>	<p><b>Agreed management action:</b></p> <p>Responsibility for TRiM has been assigned to the People Department, reporting into the Health and Wellbeing Board chaired by the Deputy Chief Constable. The Superintendent People Department is the deputy Chair.</p> <p>At an operational level the Chief Inspector CJU &amp; Partnerships oversees three area Advanced TRiM Practitioners.</p> <p>A paper to Chief Officer Group is currently being drafted within the People Department to recommend the creation of a new post. The new post will include responsibility for TRiM co-ordination, administration and support, reporting to the Chief Inspector CJU &amp; Partnerships.</p>

from work for a period of time towards the end of 2018 and into 2019 and it took several months for the role to be re-allocated to the Chief Inspector CJU and Partnerships. The re-allocation was not communicated to the wider TRiM team and one of the Advanced TRiM Practitioners continued to pick up Co-ordinator duties during this time on an informal basis. There is no evidence of any risks around this extended period of absence being brought to the attention of management for action and monitoring.

Arrangements are not in place to give management assurance that TRiM processes are being fully and effectively delivered and support the needs of the Constabulary.

#### **Recommendation 1:**

Governance and oversight of TRiM arrangements should be formally established and communicated. Consideration should be given to the arrangements for:

- Management oversight
- Reporting lines
- Roles and responsibilities.

#### **Risk exposure if not addressed:**

- Failure to achieve strategic objectives because of poor leadership, direction and oversight.
- Misunderstandings and inefficiency due to a lack of clarity around roles and responsibilities and reporting lines.
- Actions not taken to address risks because risks are not being identified and managed.

**Responsible manager for implementing:**

**Superintendent People Department**

**Date to be implemented:**

**29/02/2020**

## **5.2 Regulatory - compliance with laws, regulations, policies, procedures and contracts.**

● **High priority**

<b>Audit finding</b>	<b>Management response</b>
<b>(a) Recruitment, selection &amp; training</b>	Agreed management action:

At the time of the audit review SharePoint showed a TRiM team of 22 staff operating across the Force. However a formal assessment to inform the resources required has not been undertaken and the audit review highlights a number of issues around recruitment, selection and training arrangements:-

#### Recruitment

The TRiM Co-ordinator initiates recruitment drives periodically, the last was undertaken in 2018. The decision to recruit is not informed by management information because arrangements are not in place to capture and record TRiM referrals and assessments centrally. This makes it difficult for the TRiM Co-ordinator to monitor the level of demand and establish the workload of individual TRiM Assessors so that recruitment decisions can be made and adequate provision maintained. It is understood that responsibility for ensuring referrals are picked up rests with individual Assessors resulting in some picking up regularly and others picking up infrequently or not at all.

TRiM Assessors are expected to flag when personal or work circumstances impact on their ability to participate in TRiM processes. In addition to this, National TRiM guidance states that TRiM Co-ordinators should look for instances where TRiM Assessors have reached their personal threshold for carrying out assessments to safeguard their health and wellbeing. In the absence of adequate management information for monitoring purposes there is a risk that Assessors may be overloaded and suffer as a result.

#### Selection

There are currently three Advanced TRiM Practitioners in the Force trained to be involved in the selection and training of TRiM Assessors. Selection is based primarily on location, to provide consistent coverage across Cumbria and thereafter attempts are made to secure a cross-section of departments and ranks. An interview / assessment process is not in place to determine skills, motivation to undertake the role or emotional resilience. Reliance is placed on the initial two day TRiM Assessor training event to assess suitability. There is a risk that practitioners are appointed who may not be suited to the role and end up delivering poor quality trauma support.

A new TRiM support post (if approved) will address capacity issues and meet the requirement for more effective co-ordination, record keeping, recruitment and resourcing arrangements.

Refresher training for TRiM Practitioners is scheduled to take place on 25/03/20, a venue has been booked and funding has been secured. The event will provide an opportunity to explore issues such as who / how TRiM referrals are picked up and the balance of work across the TRiM team.

### Training

A representative of the force is required to attend an annual two day TRiM CPD event to maintain the annual operating licence. This requirement was not met in 2018 but it should be noted that two members of staff are booked to attend the November 2019 event.

National TRiM standards require practitioners to carry out refresher training every two years, or every year if they carry out less than three TRiM risk assessments in a year to remain 'in date'. Management information is not currently available to determine refresher training requirements and arrangements are not in place to provide refresher training in accordance with national TRiM Standards. Again, there is a risk that trauma patterns may not be addressed or worsen because of poor quality support from inadequately trained practitioners.

### **Recommendation 2:**

- a) A formal and informed assessment of resources should be undertaken and approved.
- b) Selection arrangements should be put in place to ensure TRiM practitioners have clear and reasoned motives, demonstrate professionalism and sensitivity and are emotionally resilient.
- c) Refresher training arrangements to meet the requirements of the national TRiM standards and annual TRiM operating licence should be in place.

### **Risk exposure if not addressed:**

- Inadequate TRiM provision because information is not available to support resourcing decisions.
- Trauma patterns may not be addressed or worsen because poor quality support is delivered.

**Responsible manager for implementing:**

**Superintendent People Department**

**Date to be implemented:**

**29/02/2020**

## 5.3 Information - reliability and integrity of financial and operational information.

● Medium priority

Audit finding	Management response
<p><b>(a) Management Information</b></p> <p><u>Record Keeping</u></p> <p>Arrangements are not currently in place to centrally capture and record TRiM referrals, assessments undertaken (including those declined) and the outcomes of assessments. A TRiM Action Plan developed by the previous TRiM Co-ordinator includes an action around document storage and makes reference to a spreadsheet of cases. There is no evidence that this action has been progressed.</p> <p><u>Data Quality</u></p> <p>Arrangements for maintaining accurate and up to date TRiM information lapsed during the absence of the previous TRiM Co-ordinator. The audit identified the following data quality issues:-</p> <ul style="list-style-type: none"> <li>• Leaflets and posters used to raise awareness and understanding of TRiM processes are out of date.</li> <li>• Information published on SharePoint to explain TRiM processes and provide contact details are out of date. As a result of this hyperlinks to the SharePoint site are no longer embedded in emails offering staff TRiM assessments.</li> <li>• Arrangements are not in place to ensure that TRiM Assessor or Advanced Practitioner status is recorded in the Origin HR systems and maintained thereafter.</li> <li>• A 2014 version of a national TRiM document is in use when a 2018 version has been released. It is a requirement of the TRiM operating licence that previous versions of supplied materials are disposed of and not used under any circumstances.</li> </ul>	<p><b>Agreed management action:</b></p> <p>A new TRiM support post would include responsibility for ensuring that TRiM information is readily accessible and maintained accurately and up to date.</p>

The collation and analysis of TRiM information could be used to inform decision making around resources, training plans and the overall welfare provision within the Force to ensure that support services are delivered effectively to meet the needs of the Constabulary. It is crucial that the data informing decisions around TRiM is maintained accurately and up to date and only the latest versions of national publications are available to staff.

**Recommendation 3:**

Arrangements should be in place to ensure that TRiM information is readily accessible and maintained accurately and up to date.

**Risk exposure if not addressed:**

- Flawed decision making because information is unavailable, inaccurate and out of date.
- Reputational damage arising from a failure to meet TRiM operating licence requirements.

**Responsible manager for implementing:**

**Superintendent People Department**

**Date to be implemented:**

**29/02/2020**

## 5.4 Value - effectiveness and efficiency of operations and programmes.

● **Advisory Issue**

Audit finding	Management response
<p><b>(a) Improvement Activity</b></p> <p>Feedback is not currently sought from staff who have been exposed to traumatic events and subsequently participated in TRiM processes. Feedback could help to demonstrate that staff benefit from the process and that it contributes to the maintenance of a resilient workforce. It can also help inform changes and improvements.</p>	<p><b>Agreed management action:</b></p> <p>A new TRiM support post would include responsibility for collecting feedback from TRiM participants and identifying any improvements and learning going forwards.</p>
<p><b>Recommendation 4:</b></p> <p>Feedback should be sought to identify any learning that can be taken forward as part of a</p>	

commitment to continuous improvement.	
<p><b>Risk exposure if not addressed:</b></p> <ul style="list-style-type: none"><li>• Failure to identify shortcomings in the TRiM process.</li><li>• Opportunities not taken to make improvements.</li></ul>	<p><b>Responsible manager for implementing:</b> <b>Superintendent People Department</b></p> <p><b>Date to be implemented:</b> <b>29/02/2020</b></p>

## Appendix A

# Audit Assurance Opinions

There are four levels of assurance used; these are defined as follows:

	<b>Definition:</b>	<b>Rating Reason</b>
<b>Substantial</b>	There is a sound system of internal control designed to achieve the system objectives and this minimises risk.	<p>The controls tested are being consistently applied and no weaknesses were identified.</p> <p>Recommendations, if any, are of an advisory nature in context of the systems and operating controls &amp; management of risks.</p>
<b>Reasonable</b>	There is a reasonable system of internal control in place which should ensure that system objectives are generally achieved, but some issues have been raised which may result in a degree of risk exposure beyond that which is considered acceptable.	<p>Generally good systems of internal control are found to be in place but there are some areas where controls are not effectively applied and/or not sufficiently developed.</p> <p>Recommendations are no greater than medium priority.</p>
<b>Partial</b>	The system of internal control designed to achieve the system objectives is not sufficient. Some areas are satisfactory but there are an unacceptable number of weaknesses which have been identified and the level of non-compliance and / or weaknesses in the system of internal control puts the system objectives at risk.	<p>There is an unsatisfactory level of internal control in place as controls are not being operated effectively and consistently; this is likely to be evidenced by a significant level of error being identified.</p> <p>Recommendations may include high and medium priority matters for address.</p>
<b>Limited / None</b>	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes the system objectives to an unacceptable level of risk.	<p>Significant non-compliance with basic controls which leaves the system open to error and/or abuse.</p> <p>Control is generally weak/does not exist. Recommendations will include high priority matters for address. Some medium priority matters may also be present.</p>

## Grading of Audit Recommendations

Audit recommendations are graded in terms of their priority and risk exposure if the issue identified was to remain unaddressed. There are three levels of audit recommendations used; high, medium and advisory, the definitions of which are explained below.

Definition:		
<b>High</b>	●	Significant risk exposure identified arising from a fundamental weakness in the system of internal control
<b>Medium</b>	○	Some risk exposure identified from a weakness in the system of internal control
<b>Advisory</b>	■	Minor risk exposure / suggested improvement to enhance the system of control

### Recommendation Follow Up Arrangements:

- High priority recommendations will be formally followed up by Internal Audit and reported within the defined follow up timescales. This follow up work may include additional audit verification and testing to ensure the agreed actions have been effectively implemented.
- Medium priority recommendations will be followed with the responsible officer within the defined timescales.
- Advisory issues are for management consideration.