



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

Complaints

REVISED FINAL Internal Audit Report: 2.24/25

3 October 2024

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# AUDIT OUTCOME OVERVIEW

In line with our scope, the overview of our findings is detailed below.

**Conclusion:** There are effective procedures and training mechanisms in place to facilitate the receiving, recording and resolving of expressions of dissatisfaction from the public. Processes enable escalation to the Department of Standards and Ethics (DSE), and an independent adjudicator, should individuals not be satisfied with responses received. The Complaints Resolution Team is undergoing a Centre for Assessment (CFA) Customer Service Excellence Assessment, which considers a 24-month period from September 2023 to 2025. The CFA has provided an initial report identifying strengths and areas for development in the current processes, and a continuous improvement approach is being adopted by implementing suggestions raised, such as the adoption of the Complaints Scrutiny Panel. We did however also identify some instances where complaints had not been documented, progressed and communicated in line with procedures, and there is not currently a clear mechanism in place to measure complainant satisfaction and incorporate feedback into performance reporting to further strengthen a lessons learned approach.

**Internal audit opinion:**

 <b>Minimal Assurance</b>	 <b>Partial Assurance</b>	 <b>Reasonable Assurance</b>	 <b>Substantial Assurance</b>	<p>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.</p> <p>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).</p>
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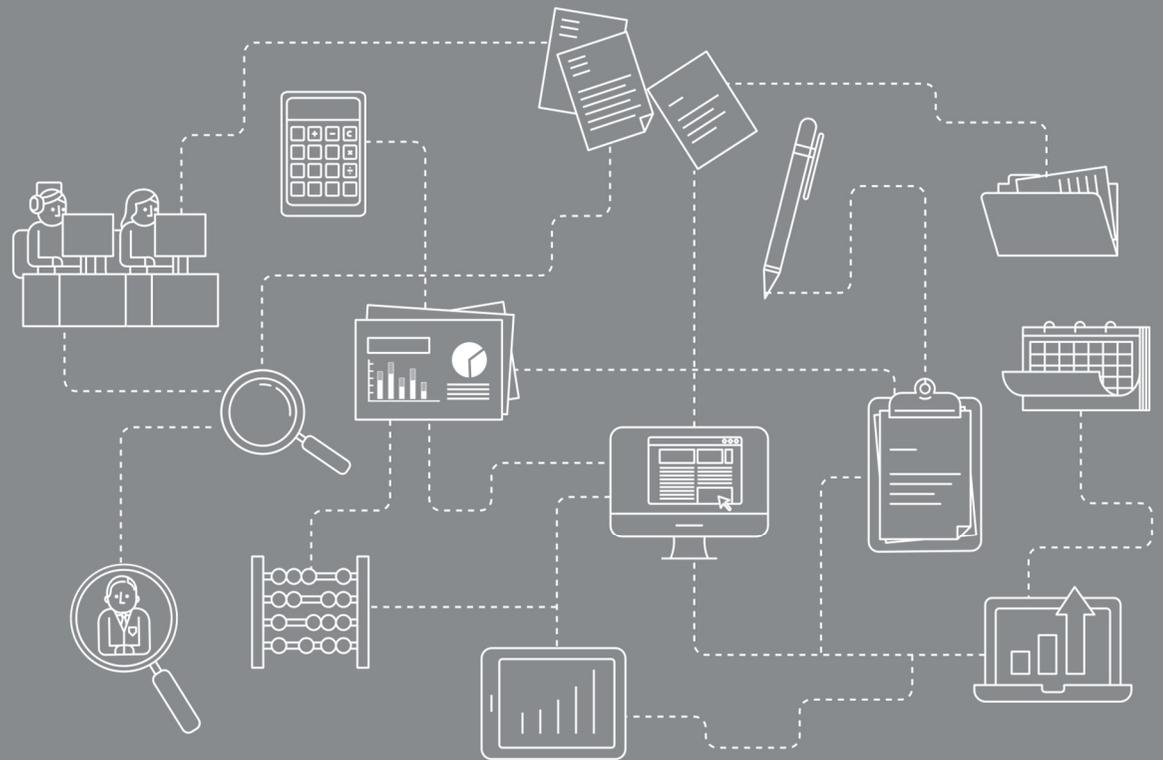
**Audit themes:**

- Procedures:** The Service Level Agreement (SLA) and Standard Operating Procedure (SOP) between the Police and Crime Commissioner (PCC) and Chief Constable outlines the roles and responsibilities for handling complaints made under the Police (Complaints and Misconduct) Regulations 2020. However, the document has not been reviewed in line with the annual review cycle, with the last review carried out in July 2022.
- Complaints management:** Complaints are acknowledged in writing as soon as possible, or within two working days of receipt. The Complaints Resolution Team will investigate the allegation, and complete a policy log detailing updates relating to the investigation, any communications issued to the complainant or actions taken. The Complaints Resolution Team try to complete and close complaints within 28 days, and updates are provided to the complainant if this is not possible. Where a complainant remains dissatisfied with the outcome of their complaint, the complaint case is escalated to the DSE. From sampling our sampling of cases, we noted minor instances of non-compliance with procedure.
- Performance reporting:** Complaints KPI statistics are reported quarterly to the Independent Office for Police Conduct (IOPC) and the Tactical Tasking and Coordination Group. The Complaints Resolution Team has also developed a feedback survey to understand what they are doing well, in terms of complaint management, and identify areas of improvement. However, the current survey only accommodates complainants with email access. This limitation may prevent comprehensive feedback from a broader public. There is also no mechanism within the governance structure to share these results and holistically review feedback to ensure a lessons learnt approach.

<sup>1</sup> The term 'board' within the graphic above uses the terminology from the Global Internal Audit Standards.

# Summary of Actions for Management

# 01



# SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as\*:

## High

Immediate management attention is necessary.

## Medium

Timely management attention is necessary.

## Low

There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	Management will ensure that the SLA and SOP is reviewed and approved in line with the annual review requirement.	Low	Head of Policy, Partnerships and Delivery	30 July 2024
2	The Complaints Resolution Team will be reminded of the requirement to ensure all complaints are acknowledged in writing as soon as possible, or within two working days of receipt.	Low	Team Leader – Resolution Team	30 September 2024
3	The Complaints Resolution Team will be reminded of the requirement to ensure all complaints are fully documented via a policy log, and recorded on Centurion. We will also ensure that where complaints have been put on hold, these are revisited every six months to identify if the complaint can now be progressed.	Low	Team Leader – Resolution Team	30 September 2024
4	A process will be implemented to ensure that complaint investigations are monitored for progression, and prioritised where this is not the case, allowing complaints to be updated within 28 days, where possible.	Low	Team Leader – Resolution Team	30 September 2024
5	Where complaints escalated to the DSE are still undergoing investigation after 28 days, complainants will be contacted to advise them.	Low	Office Manager – Department for Standards and Ethics Team Leader – Resolutions Team	30 September 2024
6	Consideration will be given to whether it would be beneficial to expand their customer feedback survey, to allow complainants who do not have email access to provide feedback.	Suggestion	N/A	N/A
7	A reporting and review mechanism will be implemented to allow for the customer feedback survey results to be collated, reviewed, and reported through a suitable governance structure, to allow for the effective identification and remediation of any dissatisfaction trends, where necessary.	Medium	Team Leader – Resolution Team	31 December 2024

\* Refer to Appendix A 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.

### Background / Why we did the audit

The Independent Office for Police Conduct (IOPC) states that an effective police complaints system is crucial. How complaints, conduct matters, and incidents involving death or serious injury are handled significantly impacts public confidence in the police. Proper handling can restore trust, drive policing improvements, and prevent repeat mistakes. Conversely, poor handling damages confidence in both the police force and the complaints system. The goal should be to enhance the police service and individual performance through learning, while maintaining accountability at both individual and force levels.

To adhere to these requirements, the Force has developed an SLA, which outlines the collaboration between the Office of the Police and Crime Commissioner for Cleveland (OPCC) and the Chief Constable of Cleveland Police. The purpose of the SLA is to establish an effective, efficient, transparent, and customer-focused process for handling complaints against Cleveland Police. When a complaint has been made about the police, the Complaints Resolution Team will assess the nature and seriousness of the complaint, and should the reasons for the complaint be clear and no further investigation is necessary, the team will aim to promptly provide complainants with information or an explanation. Complaints can also be escalated to the Force's Department of Standards and Ethics (DSE) for more serious complaints, including action (or lack of action) that led to a person's death or serious injury; serious assault; serious sexual offence; or serious corruption.

From 31 January 2022, the OPCC took responsibility for the logging and initial handling of all expressions of dissatisfaction received by the organisations. Our audit was completed in order to consider how the OPCC manages the complaints handling process to support timely and fair resolution.

### Risk References: 1490 and 1720 (PCC)

<b>Control</b>	There is an SLA and SOP in place between the PCC for Cleveland and the Chief Constable for Cleveland Police for customer service delivery (model three) in respect of expressions of dissatisfaction against the police force.	<b>Assessment:</b>
		<b>Design</b> ✓
		<b>Compliance</b> ×
<b>Findings / Implications</b>	Discussions with the Team Leader – Complaints Resolution Team confirmed that the key responsibilities of the Complaints Resolutions Team can be found within the SLA and SOP document. Through review of the document, we identified that the responsibilities of the service provider (the OPCC and the Complaints Resolution Team) have been clearly outlined and includes responsibility for complying and working within the Police (Complaints and Misconduct) Regulations 2020 and the IOPC Statutory Guidance 2020.	
	The document also outlines the responsibilities of Cleveland Police and the DSE, which includes 'contributing to a whole system of effective, efficient and customer focused delivery of the complaints service' and 'providing all reasonable assistance and support services as requested to the OPCC Resolution Team to enable delivery of an effective and efficient complaints service to the public of Cleveland'.	

**Risk References: 1490 and 1720 (PCC)**

Whilst the document aligns to the processes and arrangements described during the audit, we were unable to evidence that the SLA and SOP had been reviewed and updated in line with its annual review cycle, as specified within the document. The last review was carried out in July 2022 and referred to on the document. A lack of regular review risks elements of the agreement being outdated.

<b>Management Action 1</b>	Management will ensure that the SLA and SOP is reviewed and approved in line with the annual review requirement.	<b>Responsible Owner:</b> Head of Policy, Partnerships and Delivery	<b>Date:</b> 31 July 2024	<b>Priority:</b> <b>Low</b>
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**Risk References: 1490 and 1720 (PCC)**

<b>Control</b>	Complaints are acknowledged in writing as soon as possible, or within two working days of receipt.	<b>Assessment:</b>
		<b>Design</b> ✓
		<b>Compliance</b> ×

**Findings / Implications** We sample tested 20 complaints made within the previous 12 months. From our sample, in 19 instances, we were able to evidence that the complaint had been acknowledged via written communication (letter or email) or via telephone communication if the complaint was received over the phone (these communications are logged via a STORM report and issued to the Complaints Resolution Team). These acknowledgements advise the complainant that the complaint has been received and notifies them of the next steps and timeframes to be expected in relation to investigation of the complaint.

However, in one instance we were unable to evidence that the complainant had received communication to acknowledge their complaint. Instead, acknowledgement of the complaint was issued with the complaint resolution letter, 28 days after the complaint was received. Should complaints not be appropriately acknowledged, this can lead to increased frustration and dissatisfaction among service users. When complaints are left unaddressed, complainants may feel unheard, potentially leading to reputational damage.

<b>Management Action 2</b>	The Complaints Resolution Team will be reminded of the requirement to ensure all complaints are acknowledged in writing as soon as possible, or within two working days of receipt.	<b>Responsible Owner:</b> Team Leader – Resolution Team	<b>Date:</b> 30 September 2024	<b>Priority:</b> <b>Low</b>
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## Risk References: 1490 and 1720 (PCC)

<b>Control</b>	<p>All complaints are logged within the Centurion system. Serious complaints are recorded as soon as possible (within one working day), and no later than 10 working days following receipt of a complaint.</p> <p>Upon receipt of a complaint, the Complaints Resolution Team will investigate the allegation, and complete a policy log detailing any updates in relation to the investigation and document any communication issued to the complainant, to ensure that a record is maintained of all contact with the complainant and any actions taken.</p> <p>Where practicable, the Complaints Resolution Team try to complete and close complaints within 28 days. Updates are provided to the complainant on the status of their complaint every 28 days, where this is not possible.</p>	<b>Assessment:</b>  <b>Design</b> ✓  <b>Compliance</b> ×
<b>Findings / Implications</b>	<p>We sample tested 20 complaints made within the previous 12 months. All 20 complaints had been logged within the Centurion system no later than 10 working days following receipt of a complaint. In four instances, the complaint was not investigated by the Complaints Resolution Team, as either the complainant requested this be instantly escalated to the DSE, or due to the nature of the complaint, the Complaints Resolution Team escalated this to the DSE. We have considered these cases under the control below – see management action five.</p> <p>From the remaining 16 cases, we noted from our testing of the investigation commencement:</p> <ul style="list-style-type: none"><li>• in 12 instances, the Complaints Resolution Team began investigating the complaint within two working days of the complaint being received, and a policy log had been completed and uploaded to Centurion to document the investigation outcomes and progress;</li><li>• in another instance, the complaint could not be investigated due to ongoing criminal investigations taking place. In this instance, we were able to evidence that the complainant had been written to advise them of this; and</li><li>• in three instances, the complaint took between 25 and 31 days for the Complaints Resolution Team to begin investigating the complaint, due to staffing resources within the team, which risks the 28-day complaint target being missed, leading to complainant dissatisfaction. From further review of the three instances, we noted:<ul style="list-style-type: none"><li>○ in two of these instances, the Complaints Resolution Team was unable to get in touch with the complainant despite numerous attempts, meaning one instance was closed as the investigation suggested no further action required. In the second of these instances, the complainant was sent an outcome letter to explain the result of the investigation, which resulted in the complaint being escalated to the DSE; and</li><li>○ in the final instance, the complainant was contacted after the investigation commenced, but after the 28-day target; however, notes on file were not thoroughly recorded and the complainant requested the case be escalated to the DSE (raised below).</li></ul></li></ul> <p>From our testing of the investigation completion, we noted:</p> <ul style="list-style-type: none"><li>• in four instances, the complaint was still undergoing investigation after 28 days. In these instances, we were able to evidence that correspondence had been provided to the complainant, advising them that the complaint was still undergoing investigation;</li><li>• in 10 instances, the Complaints Resolution Team completed their investigations within 28 days, and the complainant was provided with a complaint outcome letter. Review of this letter evidenced that complainants were advised on how they were able to take further action to escalate their complaint, should they not be satisfied with this resolution;</li></ul>	

**Risk References: 1490 and 1720 (PCC)**

- in another instance (instance referred to above on late investigation commencement), we were unable to evidence that full notes had been documented to record all contact and discussion outcomes with the complainant, which risks the complaint not being managed following correct procedures, which could lead to complainant dissatisfaction if not handled appropriately; and
- in the final case, the complaint had been put on hold due to ongoing criminal investigations. However, no review or update had been undertaken since November 2023 to identify if the complaint should still be on hold. Whilst the complainant was informed that the complaint could not be investigated, where a further review is not completed, required action may not have been taken.

<b>Management Action 3</b>	The Complaints Resolution Team will be reminded of the requirement to ensure all complaints are fully documented via a policy log and recorded on Centurion and ensure that where complaints have been put on hold, these are re-visited every six months to identify if the complaint can now be progressed.	<b>Responsible Owner:</b> Team Leader – Resolution Team	<b>Date:</b> 30 September 2024	<b>Priority:</b> <b>Low</b>
<b>Management Action 4</b>	A process will be implemented to ensure that complaint investigations are monitored for progression, and prioritised where this is not the case, allowing complaints to be updated within 28 days, where possible.	<b>Responsible Owner:</b> Team Leader – Resolution Team	<b>Date:</b> 30 September 2024	<b>Priority:</b> <b>Low</b>

**Risk References: 1490 and 1720 (PCC)**

<b>Control</b>	Where a complainant remains dissatisfied with the outcome of their complaint, the complaint case is escalated to the Office Manager, Standards and Ethics Department (DSE).	<b>Assessment:</b>
		<b>Design</b> ✓
		<b>Compliance</b> ×

**Findings / Implications** From our sample, there were 14 complaint cases that were escalated to the DSE (including the four referenced above, which were immediately escalated). One of the complaints was on hold due to ongoing criminal investigations, therefore no further action could be taken by the DSE at the time of the audit, and one was a property case, therefore was resolved with no further action required by the OPCC before being escalated to the DSE.

From the remaining 12 cases, we noted the following in our testing of complaint escalation:

- in 11 instances, the complaint was escalated to the DSE, and the DSE began investigations within 28 days of receiving the complaint case; and
- in another instance, the case was escalated immediately to an independent adjudicator review due to the nature of the complaint.

From the 11 cases which were escalated to the DSE (excluding those escalated to an independent adjudicator review and where no action was taken), we confirmed in all cases that correspondence was issued to the complainant to advise them that their complaint had been escalated to the DSE and explaining the investigation steps to be taken by the DSE.

**Risk References: 1490 and 1720 (PCC)**

From the 11 cases, we noted from review of the investigation records that:

- in five cases, the complaint was still under investigation at the time of our audit, therefore no further action was due at the time of our audit; however, in two of these cases, we were unable to see that any updates had been provided to the complainant by the Investigating Officer after 28 days, which risks complainants not being adequately updated on the progress of their complaints; and
- in six instances, the complaint had been reviewed and resolved by the DSE, and the complainant had been notified in writing regarding the outcome of the complaint.

Where complaint escalations are not managed in a timely and agreed manner, this provides a risk of damaged reputation and personal stress for complainants.

The Officer Manager (DSE) has informed us that the findings of the review have been raised with all Investigating Officers within the DSE by the Detective Sergeants and the requirement to ensure 28 reviews are conducted and recorded on file will be included within performance reviews. An email will also be issued to all Investigating Officers to remind them of this requirement.

<b>Management Action 5</b>	Where complaints escalated to the DSE are still undergoing investigation after 28 days, complainants will be contacted to advise them.	<b>Responsible Owner:</b> Office Manager – Department for Standards and Ethics Team Leader – Resolutions Team	<b>Date:</b> 30 September 2024	<b>Priority:</b> <b>Low</b>
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**Risk References: 1490 and 1720 (PCC)**

<b>Control</b>	<b>Partially Missing Control</b> - A feedback survey is sent out via email and letter to complainants who have had a complaint logged and managed by the Complaints Resolution Team. However, there is no defined governance structure to report and holistically analyse feedback.	<b>Assessment:</b>	
		<b>Design</b>	x
		<b>Compliance</b>	-

<b>Findings / Implications</b>	<p>Through discussion with the Team Leader – Resolution Team we identified that the Complaints Resolution Team has developed a feedback survey to understand what they are doing well in terms of complaint management and identify any areas of improvement.</p> <p>This survey is issued to complainants via email and letter and directs them to an online survey. Review of the online survey identified the following questions are considered:</p> <ul style="list-style-type: none"> <li>• I found making a complaint against Cleveland Police really easy;</li> </ul>
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## Risk References: 1490 and 1720 (PCC)

- I was contacted quickly about my complaint;
- I felt I was listened to and understood; and
- I was informed about how my complaint was going to be dealt with.

Each question is rated on a five-point scale from 'strongly agree', to 'strongly disagree'. A final question 'How was your overall experience with the Complaints Resolution Team?' is also asked, and again is rated on a five-point scale from 'very satisfied' to 'very dissatisfied'.

A free text box is also provided at the bottom of the survey to allow complainants to comment on anything they felt the Complaints Resolution Team could do better.

However, currently the survey mechanism only allows for complainants who have email access and have provided an email when logging their complaint to provide feedback, which risks feedback not being obtained on the complaints management process from a wider representation of the public. We have raised a suggestion in relation to this.

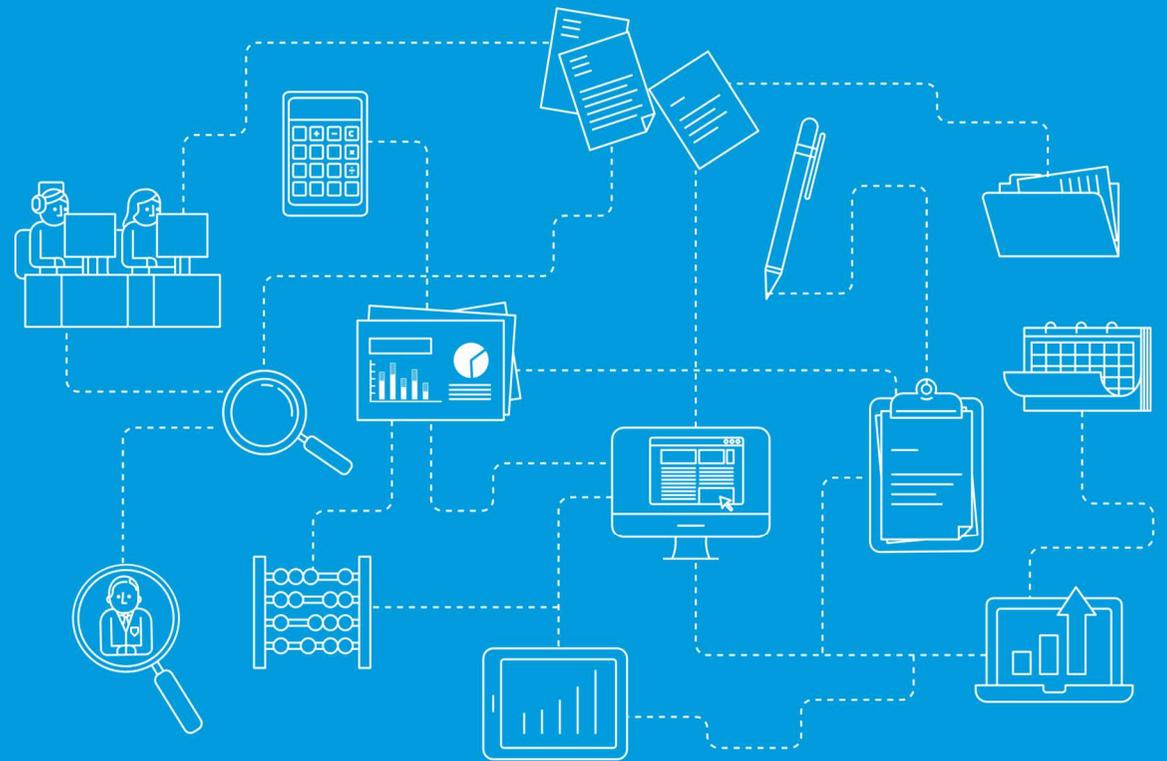
Furthermore, although we were advised that the Complaints Resolution Team collates the results of the surveys, at present, the survey results are not shared through the Force's governance structure, and we were unable to identify any mechanism (for example, a quarterly forum) to allow for ongoing trend analysis and review of the survey results to enable the team to enhance or remediate processes, where identified.

This results in a risk that the complaints feedback is not effectively analysed to identify any issues and ensure a lessons learnt approach is adopted.

<b>Suggestion 1</b>	Consideration will be given to whether it would be beneficial to expand their customer feedback survey, to allow complainants who do not have email access to provide feedback.	<b>Responsible Owner:</b> N/A	<b>Date:</b> N/A	<b>Priority:</b> <b>Suggestion</b>
<b>Management Action 6</b>	A reporting and review mechanism will be implemented to allow for the customer feedback survey results to be collated, reviewed, and reported through a suitable governance structure, to allow for the effective identification and remediation of any dissatisfaction trends, where necessary.	<b>Responsible Owner:</b> Team Leader – Resolution Team	<b>Date:</b> 31 December 2024	<b>Priority:</b> <b>Medium</b>

# Appendices

# 03



# APPENDIX A: CATEGORISATION OF FINDINGS

## Categorisation of internal audit findings

### Low

There is scope for enhancing control or improving efficiency.

### Medium

Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.

### High

Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non-compliance with controls*	Agreed actions			
			Low	Medium	High	Suggestion
Complaints	1 (11)	5** (11)	5	1	0	1
<b>Total</b>			<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>

\* 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.

\*\* More than one management action raised against one control.

**Debrief held** 20 June 2024  
**Draft report issued** 28 June 2024  
**Revised draft report issued** 10 September 2024  
**Responses received** 13 September 2024  
**Final report issued** 16 September 2024  
**Revised final report issued** 3 October 2024

**Internal audit contacts** Dan Harris, Head of Internal Audit  
Phil Church, Associate Director  
Hollie Adams, Assistant Manager  
Stephanie Alexander, Senior Auditor

**Client sponsor** Chief Finance Officer for the OPCC  
Head of Standards, Scrutiny and Accountability  
**Distribution** Chief Finance Officer for the OPCC  
Head of Standards, Scrutiny and Accountability

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