To: Chair and Members of the Joint Independent Audit Committee
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Status: For information
Executive Officer: Lisa Oldroyd, Chief Executive and Monitoring Officer
Presenting Officer: Elise Pout, Head of Standards, Scrutiny and Accountability

Annual Complaints Report 2025-26

1. Introduction

1.1 This report is to update the Chair and members of Committee on the work of the Police and Crime Commissioner's (PCC's) Resolution Team and to provide an overview of the efficiency and effectiveness of the service provided to the public.

1.2 The Resolution Team operate what is referred to as 'Model 3'. Under this model the PCC's office is responsible for the initial handling of complaints and handling suitable complaints outside of Schedule 3 to the Police Reform Act 2002 which is sometimes referred to as 'service recovery'. Under Model 3 the PCC is also responsible for keeping complainants updated on the progress and outcome of their complaints, including those recorded complaints being undertaken by Cleveland Police.

1.3 In addition, the Police and Crime Commissioner is the Appropriate Authority for the handling of complaints relating to the Chief Constable. Responsibility for discharging this function has been delegated to the Chief Executive.

2. Recommendation

2.1 Members are asked to note the content of the report and the assurance provided in respect of the delivery, performance and oversight of the PCC's complaints handling arrangements during 2025/26.

3. Building Trust and Confidence in Policing

3.1 Building trust and confidence in policing and the criminal justice system is a key priority for the Police and Crime Commissioner. As set out in the Police and Crime Plan 2024-2029, listening, hearing and acting on concerns of the public is central to the PCC's role.

3.2 In line with IOPC Statutory Guidance 2020, members of the public can make complaints via a number of channels, including via telephone, email, online forms or in person (where appropriate) and reasonable adjustments are made where necessary.

3.3 Thematic concerns highlighted through complaints about the police are included in scrutiny processes and embedded in organisational learning.

4. Resolution Team

4.1 All public police complaints are handled by the OPCC Resolution Team, which comprises of one Team Leader and six Resolution Team Advisors.

4.2 The team maintained its Customer Service Excellence Award in 2025 and is being reassessed on 24th September 2026. The award recognises the team's performance in delivering a high standard public complaints service.

5. Complaints Handling 2025-2026

5.1 As detailed at Appendix 1, during 2025-26 the Resolution Team logged 2,199 complaints relating to 3,511 allegations. This compares with 2,079 complaints and 3,169 allegations in 2024-25, representing an increase of 5.8% in complaints and 10.8% in associated allegations.

5.2 The most frequently recorded allegation category continued to be delivery of duties and service, accounting for 47% of allegations, followed by police powers, policies and procedures at 22%, and individual behaviours at 17%. These proportions were broadly consistent with the previous year.

6. Timeliness

6.2 Complainants were contacted within an average of one working day, with complaints also logged within an average of one working day. This compares favourably with Most Similar Force (MSF) averages of seven and five working days respectively, and national averages of eight and seven working days.

6.3 The majority of complaint cases continued to be handled outside Schedule 3, accounting for 81% of finalised complaint cases, compared with 84% in the previous year, 76% across the MSF group and 65% nationally.

6.4 Complaints handled outside Schedule 3 were finalised in an average of 16 working days, compared with 15 working days in 2024-25. Performance remained favourable when compared with the MSF average of 19 working days and national average of 23 working days.

6.5 Overall, despite the increase in complaint and allegation volumes during the year, strong levels of timeliness have been maintained, with performance comparing favourably with MSF and national benchmarks across a number of key measures. This positive performance is further reflected in Independent Office for Police Conduct end-of-year feedback, which continues to recognise the Resolution Team's excellent complaint handling, including the swift contact

of complainants, prompt logging of complaints and efficient resolution of matters**.**

Strong performance in complaint recording

- Average time to:
  - Contact complainants**: 1 working day**
  - Log complaints: **1 working day**
- This substantially outperforms other areas:
  - MSF averages (7 and 5 days respectively)
  - National averages (8 and 7 days respectively).

7. Reviews

7.1 The Office of the Police and Crime Commissioner (OPCC) is also responsible for undertaking reviews of complaints handled under Schedule 3 where the Local Policing Body is the relevant review body. In certain cases, including some involving death or serious injury, the Independent Office for Police Conduct (IOPC) is the relevant review body.

7.2 During 2025-26, the OPCC dealt with 81 reviews, an increase from 69 in the previous year. Of the reviews completed, 27% were upheld. Reviews are generally upheld where it is identified that an allegation has not been fully addressed or the substance of the complaint has not been fully understood or considered during the initial handling of the complaint.

7.3 The timeliness of reviews remains strong and continues to improve. The average time taken to finalise a review, from notification by the complainant, has reduced from seven days in 2025-26 to six days in 2026-27 to date. This compares favourably with the Most Similar Force average of 11 days and national average of 57 days.

Complaint Reviews

Average Days to finalise a review from notification from complainant

2026/27 – 6 days
2025/26 – 7 days
Most Similar Force – 11 days
National Average – 57 days

8. Chief Constable Complaints

8.1 During 2025-26, six complaints were received which named the Chief Constable; however, none related to the personal conduct or actions of the Chief Constable. The complaints related to a range of matters, including functions delegated to other officers or staff within Cleveland Police and matters connected with civil proceedings. Where the matters raised did not fall within the Chief Constable complaints process, they were directed to the appropriate route for consideration and handling.

9. Independent Complaints Scrutiny Panel

9.1 The OPCC has reinvigorated the Independent Complaints Scrutiny Panel, working in collaboration with Cleveland Police's Professional Standards Department to strengthen independent scrutiny and oversight of the complaints process. The Panel is independently chaired and comprises community volunteers who meet quarterly to scrutinise a sample of 10 completed complaint cases.

9.2 The Panel considers whether complaints have been handled fairly, proportionately and in accordance with relevant legislation, policies and procedures. Each case is assessed against agreed criteria, including timeliness, the quality and thoroughness of the investigation, communication with the complainant, and the reasonableness and proportionality of decisions and outcomes.

9.3 Following its assessment, the Panel assigns each case an overall red, amber or green rating. This enables the Panel to identify areas of good practice as well as areas where improvements may be required, providing constructive feedback to support organisational learning and continuous improvement in complaint handling. They assess complaints against criteria set out at Appendix 2.

9.4 Following each meeting, a Scrutiny Outcomes and Assurance Report is produced, summarising the Panel's findings, observations and recommendations. The Panel therefore provides an additional layer of independent assurance and accountability, while supporting transparency and public confidence in the complaints process.

10. Learning from Complaints

10.1 It is important that themes and trends arising from complaints are systematically identified and analysed, and that learning is shared with the Force and translated into appropriate action. The Resolution Team regularly identifies learning arising from complaints, which is shared with the Force and considered through the relevant governance arrangements.

10.2 To support this, the Head of Standards, Scrutiny and Accountability attends the Force's Strategic Organisational Learning Board, and the Resolution Team Leader attends the Tactical Organisational Learning Board, ensuring that learning and emerging issues identified through complaints are appropriately highlighted and considered.

10.3 Work is also underway to develop a complaints dashboard to strengthen the Team's ability to identify, analyse and monitor emerging themes and trends. Development has taken longer than originally anticipated and completion of the dashboard will therefore be a key priority for the Resolution Team during

2026-27.

11. Implications

11.1 Finance

There are no known financial implications arising directly from this report. Any financial implications identified through the ongoing delivery of the complaints function will be kept under review.

11.2 Diversity and Equal Opportunities

There are no specific diversity or equal opportunities implications arising directly from this report. The effective handling and scrutiny of complaints nevertheless supports fair, accessible and equitable service delivery.

11.3 Human Rights Act

There are no specific Human Rights Act implications arising directly from this report.

11.4 Sustainability

There are no specific sustainability implications arising directly from this report.

11.5 Risk

Effective complaints handling and scrutiny contribute to the management of organisational, reputational and governance risks by identifying areas of concern, supporting organisational learning and ensuring appropriate action is taken in response to issues arising from complaints.

12. Conclusion

12.1 This report provides Members with assurance on the delivery and performance of the PCC's complaints handling arrangements. Despite increased complaint volumes during 2025-26, the Resolution Team continues to deliver a timely and effective service, with appropriate oversight, scrutiny and organisational learning arrangements in place.

Appendix 1 – IOPC Complaints Statistics Q4 – 2025/26

Independent Office for Police Conduct
Police Complaints Information Bulletin
Cleveland Police

This bulletin provides year-to-date police complaints performance for Cleveland Police covering 1 April 2025 to 31 March 2026, compared with the previous year, Most Similar Forces (MSF), and national figures.

Source: Cleveland-Police-Complaints-Information-Bulletin-Q4-25-26 (3).pdf

Key Headlines

Performance Area	Key Performance Information
Complaint volumes	• 2,199 complaints logged, equating to 861 per 1,000 employees, compared with 2,079 last year. • 3,511 allegations recorded, up from 3,169 last year. • Complaint and allegation rates per employee remain significantly above MSF and national averages.
Complaint recording	• Average time to contact complainants: 1 working day. • Average time to log complaints: 1 working day. • This substantially outperforms MSF averages of 7 and 5 days and national averages of 8 and 7 days respectively.
Complaint categories	• Delivery of duties and service: 1,651 allegations (47%). • Police powers, policies and procedures: 789 (22%). • Individual behaviours: 610 (17%). • Handling/damage to property: 247 (7%). • Access/disclosure of information: 79 (2%).
Key complaint themes	Delivery of duties/service: Police action following contact (747); information provided (493); decisions made (264); general level of service (147). Police powers/procedures: Searches and seizure of property (194); use of force (168); detention in police custody (107); powers to arrest and detain (106). Individual behaviour: Impolite language/tone (272); overbearing or harassing behaviour (104); unprofessional attitude/disrespect (95).
Discrimination complaints	• 49 allegations related to discriminatory behaviour, up from 18 last year. • Most common grounds: Race (20), Disability (19), Sex (4).

Complaint handling	• 79% handled outside Schedule 3 through Service Recovery. • 21% handled under Schedule 3 through the formal complaints process, providing complainants with review rights.
Timeliness: allegations	• Outside Schedule 3: 16 working days, within the 28-day target. • Schedule 3, not investigated: 120 days. • Schedule 3 local investigation: 244 days. • Local investigation timeliness improved significantly from 354 days to 244 days.
Timeliness: complaint cases	• Outside Schedule 3: 16 days. • Schedule 3, non-investigated: 124 days. • Schedule 3, investigated, not special procedures: 157 days. • Schedule 3, investigated, special procedures: 300 days.
Outcomes: outside Schedule 3	• 94% resolved and 6% not resolved. • Most common actions: Explanation 85%, no further action 8%, other action 5% and apology 2%.
Reviews	• 81 reviews received, compared with 73 last year. • Reviews equated to approximately 18% of Schedule 3 complaint cases finalised, slightly below the MSF average.
Review outcomes	• LPB non-investigation reviews upheld: 27%. • IOPC non-investigation reviews upheld: 100% (4 cases). • IOPC investigation reviews upheld: 100% (2 cases).

Appendix 2 – Independent Complaints Scrutiny Panel Assessment Criteria

Timeliness - Did the complaint handler deal with the complaint within a reasonable timeframe, keeping the complainant updated when delays occurred and explaining why they happened?

🟥 RED - Major delays with little or no explanation.

🟧 AMBER - Some delays occurred, and explanations were limited or late.

🟩 GREEN - The process moved at an appropriate pace, with clear explanations for any unavoidable delays.

Communication and Understanding of Needs - Did the complaint handler make genuine efforts to understand what the complainant needed from the process, and did they communicate with them in a way that felt clear, respectful, and responsive? Was the response easy to follow? Did you identify any bias or discriminatory behaviour?

🟥 RED

- Communication: Poor or inconsistent contact, updates were missing or unclear.
- Understanding Needs: No meaningful attempt to understand the complainant's needs or expectations. Evidence of bias or discrimination.

🟧 AMBER

- Communication: Contact was made but may have lacked clarity, consistency, or responsiveness.
- Understanding Needs: Some effort was made to understand the complainant's needs, but it was incomplete or inconsistent.

🟩 GREEN

- Communication: The complainant received regular, clear, and respectful updates.
- Understanding Needs: The complaint handler made a genuine effort to understand and respond to the complainant's needs and expectations.

Proportionality and Reasonableness - Was the action taken by the complaint handler proportionate to the seriousness and circumstances of the complaint, and does the outcome feel fair and reasonably justified? Does the response help restore public trust? Was there a thorough evidence gathering process and fair evaluation of the evidence? Was Body Worn Video (BWV) used? Was there any learning identified and if not, should there have been?

🟥 RED - Actions taken were not reasonable or proportionate to the issues raised.

🟧 AMBER - The response was partly reasonable but may not have fully matched the seriousness or context of the complaint.

🟩 GREEN - The actions taken were fair, reasonable, and proportionate to the issues raised.