



**POLICE AND CRIME COMMISSIONER FOR
NORTH YORKSHIRE AND CHIEF
CONSTABLE OF NORTH YORKSHIRE**

Complaints

FINAL

Internal Audit Report: 10.16/17

3 January 2017

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Debrief held	1 December 2016	Internal Audit team	Dan Harris, Head of Internal Audit
Draft report issued	16 December 2016		Angela Ward, Senior Manager
Responses received	30 December 2016		Philip Church, Manager
			Eddie Ndhlovu, Senior Auditor
			Evgeni Dimov, Internal Auditor
Final report issued	3 January 2017	Client sponsor	Maria Taylor, Head of PSD
		Distribution	Paul Kennedy, Acting Deputy Chief Constable
			Maria Taylor, Head of PSD

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

1 EXECUTIVE SUMMARY

1.1 Background

An audit of the handling of complaints by North Yorkshire Police Force (the Force) and the Police and Crime Commissioner for North Yorkshire (PCC) was undertaken as part of the approved internal audit plan for 2016/17.

As part of this review, we have audited against the Statutory Guidance to the Police Service on the Handling of Complaints, written by the Independent Police Complaints Commission (IPCC), amended May 2015, which describes:

'A complaint is an expression of dissatisfaction by a member of the public about the conduct of a person serving with the police. This could, for example, be about the way the person has been treated or the service he or she has received. A complaint does not need to be communicated in writing nor does it need to say explicitly it is a complaint. It can simply be a statement of dissatisfaction.'

The most common source through which complaints are received are:

- Online form on the Force website (most frequently used method)
- Directly via the Professional Standards Department (PSD) email
- Letter
- Over the telephone
- In person
- Social media
- Approaching a police officer

If a person's complaint can be dealt with there and then, to the satisfaction of the person making the complaint, there is no need to record a complaint under the Police Reform Act 2002, provided he or she confirms that he or she is withdrawing the complaint. In all other circumstances the complaint should be recorded unless it falls within the exemptions listed in the IPCC guidance.

To improve the independence of the complaints system, the Government has proposed to enable a greater role for directly-elected PCCs. The proposal is due to be implemented in May 2018.

The proposed changes will broaden the current definition of complaints to make it clear that complaints can be about customer service and policing practice issues, not just conduct matters. This means that all complaints will be treated in the same way. The changes in the complaints definition will potentially mean an increase in complaints being recorded by forces and PCCs.

Centurion is the system which PSD use to record all complaints received from the public and progress of investigation are maintained on a workflow register by the relevant investigator. The OPCC use the Case Management Information System (CMIS) for recording any general matters that do not fall within the scope for a complaint. Complaints are usually passed on to PSD if they relate to operational police officers and to the Chief Executive Officer if they relate to complaints against the Chief Constable. Complaints against the Chief Constable are monitored through a complaints spreadsheet tracker by the OPCC and the Chief Executive Officer.

In accordance with the IPCC guidance, a complaint must be assessed by an appropriate authority and the decision thereof must be documented and communicated to the complainant. The delegated appropriate authority for operational police complaints within the Force PSD is the Investigations Manager. The Chief Executive Officer is the delegated appropriate authority for all Chief Constable and OPCC staff complaints.

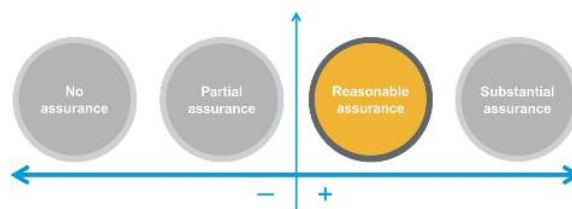
1.2 Conclusion

We have concluded that the Force and the PCC have in place a sound process for capturing, investigating and reporting of complaints. However, we have identified some areas for improvement which have contributed to our reasonable assurance opinion. Four medium priority management actions were agreed which relate to:

- The lack of a plan in place to ensure that the Force and the PCC are compliant with IPCC complaints reforms;
- The lack of internal targets for dealing with triage complaints;
- The lack of terms of reference for complaints that are investigated; and
- The lack of a clear audit trail for complaints investigated within Centurion and the workflow register.

Internal Audit Opinion:

Taking account of the issues identified, the Chief Constable and the PCC can take **reasonable assurance** that the controls in place to manage this area are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area.



1.3 Key findings

The key findings from this review are as follows:

- Testing of 20 complaints (Force) received through various sources confirmed that they had been recorded appropriately and accurately within the Centurion system. Furthermore, we found the time taken from the receipt of the complaint to the time it was sent to the Investigation Manager to be assessed was between one to two days.
- From a sample of five PCC complaints, we confirmed that all had evidence of the decision made by the Chief Executive Officer. In each cases they have been dealt with in accordance with the IPCC guidance, contained a full audit trail of documentation and the complaints spreadsheet had been updated accordingly / on a regular basis. No complaints had been investigated within the sample we selected.
- Testing of 10 triage and 10 local resolution complaints confirmed that an assessment form had been completed for each complaint by the appropriate authority. In each instance, the complaint was confirmed to be compliant with the relevant section of the IPCC guidance (section three). For 10 local resolution complaints we confirmed that the decision to record had been communicated with the complainant within 10 working days.
- Testing of 30 complaints confirmed that in each case an investigating officer had been appointed, and this had been documented as required within the IPCC guidance.

- Review of the complaints performance reports for August, September and October 2016 confirmed that these had been prepared by the PSD team. This was reported to the Performance Team on a monthly basis. Discussions with the Business Planning Coordinator found that the performance reports were currently not reported to any other board / committee / group due to an on-going review of information reported in the organisation. We however found that the Head of PSD met with the Deputy Chief Constable on a monthly basis to discuss the PSD performance reports.
- We confirmed through testing of investigations that had been undertaken that lessons to be learnt were identified during an investigation were shared with the alleged officer / supervisor. Furthermore, an organisational learning bulletin was issued on a regular basis (every five to six weeks) to all staff and this was available via the Force and PCC intranet.
- Testing of 10 investigations (2016/17) found that one had been fully completed and other nine were still ongoing. Through testing it was confirmed that a report had been produced and approved by the Head of PSD and the Investigation Manager. We also confirmed that this had been clearly documented.

We however agreed **four medium priority** management actions as following (which are detailed in section two and three of this report):

- We found through discussion with the Chief of Staff for the PCC and Head of PSD that there were currently no plans in place for ensuring that the Force and the PCC were working towards being compliant with the new complaints reforms. Furthermore, we identified that there were currently three systems used between the PSD and the PCC. Although, this was ideal in the current model we concluded that this may potentially be unworkable going forward.
- Through testing we identified significant delays in resolving low level complaints. We also found that there are no internal targets for dealing with these types of complaints; although, a triage process had been set up to ensure that such complaints are dealt with in a timely manner.
- We found in three instances out of a sample of 10 there was no evidence of a terms of reference for the investigation as required by the IPCC.
- We found cases where there was no evidence that the complainant had been updated on the investigation. We also found that the Centurion system was also not being used to keep an audit of the cases and the workload register was not being updated.

1.4 Additional information to support our conclusion

Area	Control design*	Compliance with controls*	Agreed actions		
			Low	Medium	High
Complaints	0 (11)	4 (11)	0	4	0
Total			0	4	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.

2 DETAILED 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.

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.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
Area: Complaints						
1	Once a complaint has been received, it is forwarded to the PSD inbox. The inbox is monitored every two hours by a dedicated administration team. The team place all complaints received in a tray where it is ready to be assessed by the Investigations Manager. The assessment by the Investigations Manager is usually	Yes	No	<p>Testing of 20 complaints found that they had been assessed by the Investigations Manager within one to two working days.</p> <p>We however identified that the OPCC and the PSD use three different systems for recording, processing and keeping an audit trail of complaints. With impending complaints reforms, this was found not to be ideal to provide a complete audit trail, working efficiently and henceforth allowing better trend analysis of all complaints.</p> <p>Discussions with the caseworker for the PCC identified that complaints received through the PCC office were forwarded to the PSD, if this related to operational policing matters. We also identified that other general matters not related to operation policing were dealt with straightaway by the caseworker, this was subsequently recorded on CMIS. It was possible that information recorded within</p>	Medium	<p>The Force and PCC will undertake the following:</p> <ul style="list-style-type: none"> • Ensure that a plan is in place to address legislation changes / complaints reforms. • Ensure there is increased communication

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management																														
	<p>undertaken within one working day although this is not formally monitored.</p> <p>Following the assessment by the Investigations Manager the complaints are sent back to the administration team for recording. The complaints are then recorded by the team on the Centurion system.</p> <p>Complaints and other matters can also be received into the PCC office in Harrogate. If it is a complaint, it is sent to the appropriate department for recording on the CMIS system before being passed on to PSD for formal recording.</p>			<p>the CMIS system was recordable as complaints within the current and future definition of complaints as per the IPCC guidance therefore there it would be desirable to have all complaints be recorded within the same system.</p> <p>We also noted through discussion with the Investigations Manager that very few complaints were received from the PCC's office. The broadening of the complaints definition along with other reforms to complaints handling due in 2018 have the potential to increase complaints being recorded. We identified through discussion with the appropriate authority and Deputy Police and Crime Commissioner that there was currently no plans in place to ensure that Force would be compliant and be prepared for the adopting of a future new model.</p> <table border="1"> <thead> <tr> <th colspan="3">Risk Exposure*</th> <th colspan="3">Root causes</th> </tr> </thead> <tbody> <tr> <td colspan="3">There is a risk that the Force is not in a position or does not have the capacity to implement a future new model. There is also a risk of data loss / lack of a robust audit trail due to using various systems for recording complaints leading to a breach of legislation.</td> <td colspan="3">Lack of a documented plan for ensuring compliance with the impending legislation changes.</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">Lack of a single system/ process for recording complaints.</td> </tr> <tr> <th>Probability</th> <th>Financial</th> <th>Reputational</th> <th>Operational</th> <th>Legal</th> <th>Rating</th> </tr> <tr> <td>Probable</td> <td>Negligible</td> <td>Significant</td> <td>Significant</td> <td>Significant</td> <td>3:13</td> </tr> </tbody> </table>	Risk Exposure*			Root causes			There is a risk that the Force is not in a position or does not have the capacity to implement a future new model. There is also a risk of data loss / lack of a robust audit trail due to using various systems for recording complaints leading to a breach of legislation.			Lack of a documented plan for ensuring compliance with the impending legislation changes.						Lack of a single system/ process for recording complaints.			Probability	Financial	Reputational	Operational	Legal	Rating	Probable	Negligible	Significant	Significant	Significant	3:13		<p>between the OPCC and the PSD.</p> <ul style="list-style-type: none"> Consider the benefits of using a single system for recording all complaints. <p>Responsible Officers:</p> <p>Maria Taylor, Head of PSD</p> <p>Will Naylor, Deputy Police and Crime Commissioner</p> <p>Implementation Date:</p> <p>31st March 2017</p>
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2	When the Investigations Manager has assessed the complaint, he completes an assessment yellow form and passes the form to administration team for action.	Yes	No	<p>Testing of 10 triaged complaints found that that the time taken to formally communicate with the complainant had taken over 10 days in six cases and in two cases which took over 80 days.</p> <p>Discussions with the Head of PSD found that the triage process had been introduced to enable low level complaints, which were not recordable, to be dealt with in a timely manner.</p>	Medium	The Force will ensure that low level complaints, which go through the triage process, are dealt with in a timely manner by having an																														

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
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If a decision has been made to record the complaint formally the administration team send an acknowledgement email to the complainant detailing that the complaint has been formally recorded and that an investigating officer will contact them.

Where a complaint falls under section 3.19 of the IPCC guidance and has not been recorded, it is sent for triage to be resolved informally with the complainant. The complainant is sent an acknowledgement which details that a member of the PSD team will be in touch.

The administration team then have the responsibility of informing the complainant of the decision (what is going to happen with the complaint) and to ensure that it goes to the relevant investigating officer.

We identified that no internal target had been set to ensure that complaints suitable for triage could be dealt with in a timely manner.

We identified in another force that low level complaints, which form the majority of complaints, were dealt with within 48 hours.

Risk Exposure*			Root causes		
There is a risk that complainants are left dissatisfied and therefore increasing the risk of subsequent complaints / appeals being made against the Force.			Lack of internal targets for dealing with triage complaints.		
Probability	Financial	Reputational	Operational	Legal	Rating
Probable	Negligible	Significant	Significant	Minor	3:13

internally agreed timescale. To enable this, a member of staff within the PSD will be utilised to deal with all triage complaints.

Responsible Officer:
Steve Fincham,
Appropriate Authority/
Investigations
Manager

Implementation Date:
31st January 2017

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management																								
3	<p>Terms of reference will vary according to the complexity of an investigation. In straightforward investigations which are not subject to special requirements they may be as simple as a summary of the complaint being investigated.</p> <p>Every investigation must be supported by a terms of reference and this is communicated with the complainant.</p>	Yes	No	<p>We obtained a list of investigations that had commenced in the current financial year (April 2016) which identified the following:</p> <ul style="list-style-type: none"> • Out of the 10 investigations, one investigation that had been fully completed as at the time of the audit. • All other investigations were live / ongoing as at the time of the audit and as such reporting on them could not be tested. • In seven cases we found a generic terms of reference was in place. • In three cases where a terms of reference was required we identified that there was no evidence that this had been completed. 	Medium	<p>The PSD will ensure that a set of terms of reference are drawn up and agreed for every investigation undertaken. A new form will be created and this will ensure that terms of reference have been created and shared with the complainant.</p> <p>Responsible Officer:</p> <p>Steve Fincham, Appropriate Authority/ Investigations Manager</p> <p>Implementation Date:</p> <p>31st January 2017</p>																								
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4	<p>Per the Statutory Guidance to the police service on the handling of complaints:</p> <ul style="list-style-type: none"> • The first update must be provided promptly and within 28 calendar days of the start of the 	Yes	No	<p>Testing on the communication and correspondence timeliness for a sample of investigations identified the following:</p> <ul style="list-style-type: none"> • In two cases communication evidence could not be provided to support the requirement for complainants to be provided with updates on a 28 day basis. • In addition, one further case was identified where the last evidenced 	Medium	<p>All PSD staff will be fully trained on the Centurion case management system, implemented will begin in January 2017.</p>																								

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management																														
	<p>investigation.</p> <ul style="list-style-type: none"> Subsequent updates must be provided at least every 28 calendar days after that. <p>Progress on the case is documented within the workload register and Centurion case management system.</p> <p>The workload register is a live document which details the allocated work and progress of each investigation.</p>			<p>communication was August 2016 with the investigation stated as ongoing.</p> <p>We also found that neither the workload register or the Centurion systems were being updated to provide for a full audit trail. This was due to the investigating officers not having access to the Centurion system as a result of limited system licences.</p> <p>We were advised by the Head of PSD that due to the lack of funding only the administration team have been trained on the Centurion case management system.</p> <p>The Centurion system is a fundamental component in keeping an audit trail and should be used to provide updates of activity with complainants. Although we acknowledged that files were kept on the shared folder / drive, we identified during our testing that the audit trail was not easy to follow or to find.</p>		<p>Responsible Officer</p> <p>Maria Taylor, Head of PSD</p> <p>Implementation Date:</p> <p>31st December 2017</p>																														
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APPENDIX A: SCOPE

Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. The scope was planned to provide assurance on the controls and mitigations in place relating to the following area:

Objective of the area under review

This review focused on the process for capturing, investigating and reporting complaints. It also considers the timeliness of dealing with complaints.

Areas for consideration:

All areas were reviewed in line with the Independent Police Complaints Commission's Statutory Guidance to the police service on the handling of complaints.

Capturing

- Reviewed the different sources for receiving complaints and considered how these are collated and recorded.
- Reviewed whether complaints are prioritised.
- Reviewed the process for deciding whether a complaint is to be formally recorded or managed through local resolution.

Investigating

- The appointment of an investigator is documented, for example recorded on the Force database.
- Terms of reference are created for each investigation.
- During an investigation the investigating officer has updated the claimant at least every 28 days.

Reporting

- Performance monitoring and trends analysis of complaints are reported.
- Reviewed whether any targets in relation to complaints have been set, and, if so, are these reported against.
- Lessons learnt are identified during investigations, reported and changes made where necessary.

Timeliness

- Complainants are informed in writing when the investigation in to the complaint has finished.
- Reviewed the timeliness of handling complaints.

Additional

- We selected a sample of complaints and complete a walkthrough tested to ensure these have been handled in line with the guidance.

Limitations to the scope of the audit assignment:

- All testing completed was on a sample basis only and focussed on the current financial year (2016/17).
- We did not review whether staff have been appropriately trained or have appropriate knowledge of the relevant complaints guidance.
- We have not provided assurance that records of complaints are complete.
- We have not considered the appeals or disapplication process as part of this audit.
- We have not tested that the IPCC has received the complaints where guidance requires a referral to be completed.
- We have not confirmed as part of this review that lessons learnt have been fully implemented, only that they have been identified and escalated for consideration.
- Our review does not comment on the appropriateness of the work undertaken, although the methodology has been considered.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Superintendent Maria Taylor, Head of PSD
- Detective Inspector Steve Fincham, Investigations Manager
- Rhiannon Wright, Vetting and Professional Standards Admin Coordinator
- Kirsty Bewick, Assistant / Senior Support Officer to the Chief Executive Officer
- Will Naylor, Chief of Staff to the Police and Crime Commissioner for North Yorkshire
- Sheree Evans, Caseworker to the Police and Crime Commissioner for North Yorkshire
- Tom Stirling, Digital Communications Manager
- James Adair, Business Planning Coordinator

Documentation reviewed during the audit:

- Performance Board Report August 2016 to October 2016
- Annual Performance Board Report, 2015/16
- Triage flowchart
- Structure of PSD
- Workload register (closed and live cases)
- Organisational learning bulletin, October 2016
- Performance and Scrutiny Board minutes
- IPCC Guidance, May 2015
- Improving police integrity: reforming the police complaints and disciplinary systems 2015

FOR FURTHER INFORMATION CONTACT

Dan Harris, Head of Internal Audit

Tel: 07792 948767

Daniel.Harris@rsmuk.com

Angela Ward, Senior Manager

Tel: 07966 091471

Angela.Ward@rsmuk.com

Philip Church, Client Manager

Tel: 07528 970082

Philip.Church@rsmuk.com