



YORK AND NORTH YORKSHIRE COMBINED AUTHORITY - POLICE

Complaints

FINAL Internal Audit Report: 2.25/26

12 January 2026

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AUDIT OUTCOME OVERVIEW

In line with our scope, included at Appendix C, the overview of our findings is detailed below.

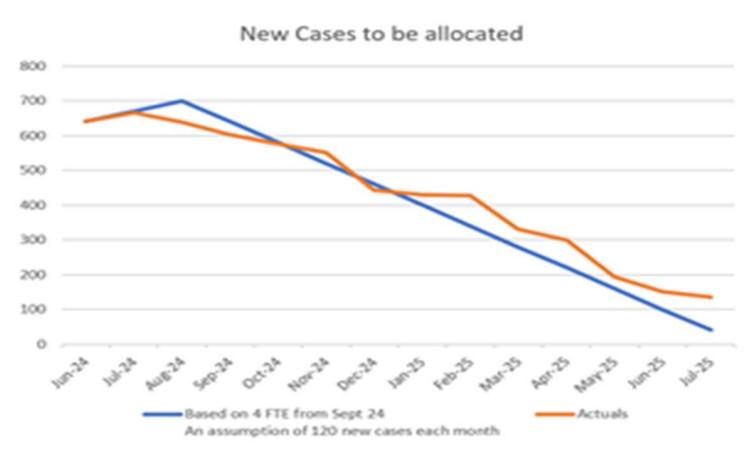
Background / Why we did the audit

The IOPC (Independent Office for Police Conduct) Statutory guidance on the police complaints system came into force on 1 February 2020. This legislation was introduced in order to simplify the complaints system, making it easier to navigate, and puts a greater emphasis on handling complaints in a reasonable and proportionate manner, along with an enhanced role for the York and North Yorkshire Deputy Mayor for Policing, Fire and Crime to strengthen independence. Under this new legislation the York and North Yorkshire Deputy Mayor for Policing, Fire and Crime has decided to take on the fullest responsibility for police complaints under model 3. Model 3 is one of the optional models available, with model 1 being the basic and mandatory option available.

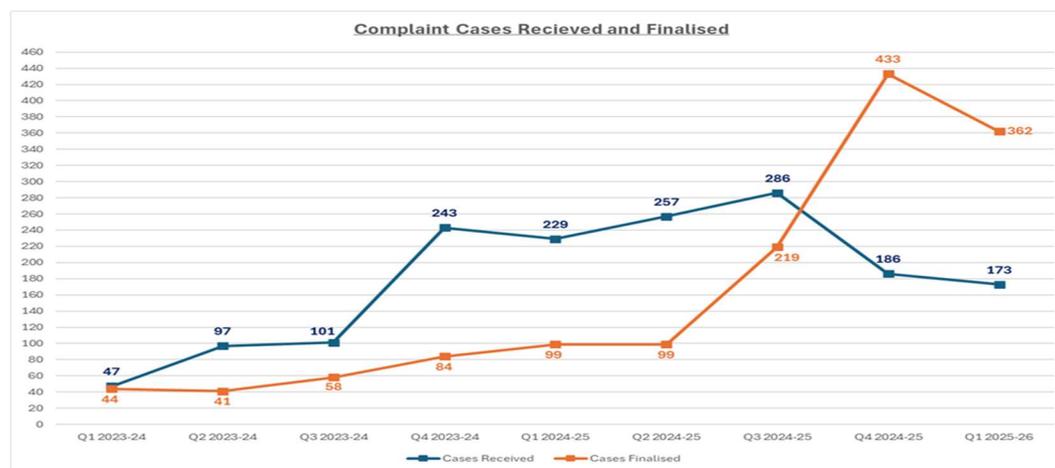
Customer Services within the Police, Crime and Fire Team (PCF) deal in the initial stages with all potential complaints received in the initial stages (including triaging) as well as resolution of 'lower-level' complaints (expressions of dissatisfaction) which sit outside of Schedule 3 of the Police Reform Act. Resolution of so-called 'Schedule 3' complaints which have been escalated and overseen by the Police's Professional Standards Department (PSD).

There was recent approval for a restructure and increased staff in both departments, although this was not complete at the time of this review reductions in the backlog had been reported. The most recent performance reports for each department are as follows, for the PFC this data shows the decreasing number in the backlog of cases waiting allocation, for the PSD the data shows the increasing numbers of finalised cases against those received.

PFC Customer Service



Professional Standards Department



Our internal audit focused on the process in place for adhering to IOPC guidance and local procedure by sample testing from the number of complaints recorded in the current year. It has not commented on the quality of responses to complaints; whether complaints have been resolved in an appropriate manner; or that appropriate actions have been captured and implemented as a result of the complaint, nor the adequacy or thoroughness of the investigation employed in addressing complaints.

Conclusion: We found that the complaints process across both organisations have had a long standing issue with backlogs in dealing with complaints, these backlogs have impacted the time taken to assess and log complaints, make contact with complainants with further impact on the time to resolve the complaint and report an outcome. We found some of those issues remain from the results of our sample testing, although we recognise backlogs have been reducing, and to assist continuing reductions the resources and team structures have been reviewed with changes implemented at the time of this audit. However we have also agreed actions in the areas of performance management and the propagation of lessons learnt to increase the effectiveness across these systems.

Internal audit opinion:

 Minimal Assurance	 Partial Assurance	 Reasonable Assurance	 Substantial Assurance	<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: Our review identified the following issues resulting in the agreement of two medium priority management actions:

- Performance Management**

A set of performance indicators had been proposed and reviewed at the Strategic Oversight Board in April 2025 covering both the PFC and PSD. Although we were informed these had been verbally agreed these had not been implemented. We also noted that timescales in contacting complainants were not included as a performance measure. Without monitoring delays there is a risk that slow action against possible future backlogs. **(2x Medium)**
- Lessons Learnt**

We found that the reporting of lessons learnt had been planned but as at the time of this review a process had not been put in place. There is a risk that complaints covering the same areas or subject could be repeated resulting in inefficiency and increasing demand on the PFC and PSD. **(Medium)**

We also agreed three low priority management actions which can be found under section two of this report.

We found the following control areas to be adequately designed and operating effectively:

- **Procedures**

We confirmed that PSD use the guidance produced by the IOPC as their standard operating procedure. However we also confirmed that PSD have a set of internal processes notes covering each stage of a complaint from receipt, investigation and closure including escalations to the IOPC. The notes include description of the process, screenshots from Centurion. They are clear, easy to follow and appear comprehensive. We also confirmed that they were aligned to IOPC guidance and actual practice.

The PFC's prime mechanism for operating procedures is also the official guidance issued by the IOPC. However they also have internal procedure documents.

There are process notes written by the Temporary Director of Public Confidence (PFC) which is a step by step guide from receipt to final outcome of a complaint with target timescales, which we confirmed reflected IOPC guidance and actual practice. Embedded documents within this give additional guidance and include/ weresupported by a Complaints and Dissatisfaction process flow chart.

- **Roles and Responsibilities**

We confirmed in discussion with the Vetting & PSD Team Leader for the PSD and the Temporary Director of Public Confidence for the PFC that there had recently been a review of the team structures.

We also received a spreadsheet setting out the revised structure for the PSD which included post titles, brief role specifications and reporting lines for a Regulations Manager and five complaints handlers.

The PFC had an establishment of five advisors, split across the roles of:

- Customer Services Manager.
- Senior Customer Service Advisor.
- Customer Services Advisor.
- Customer Services Assistant.

We noted that the structure and roles were aligned to the requirements of the complaints process and designed to make the process more effective, reduce and prevent backlogs in complaints handling. At the time of this review the restructure within the PSD was in progress and revised team within the PFC had one vacancy pending the completion of vetting.

- **Public Communication**

We reviewed the website information published by both the PFC and PSD and noted that there was clear information. Information published by the Force set out:

1. What you can complain about. This explain the types of complaint that can be made, and what a complaint cannot be made about.
2. How to complain about the police. This section explained the methods available to make a complaint and directed individuals to the OPFCC.
3. What happens to your complaint. This gave a brief description of the process, the role of the IOPC.
4. What to do if you're unhappy with the outcome of your complaint. This explained the right for a review.

The PFC website goes into further detail about the process and explained who the complaints Team are. It also explained how to make a complaint using the online form, telephone or by post.

- **PFC Oversight**

We confirmed that a report from the PFC Customer Services is received by the Delivery and Assurance Board each month.

We found that Customer Services reported to this Board for the three months reviewed for February, March and April was in a consistent format giving a summary of performance for each area of activity of the Customer Services team, including Police Complaints, with risk ratings. We confirmed that reports reviewed at these meetings were then issued to the Strategic Oversight Board.

From our review of the terms of reference we confirmed that the purpose of the SOB (Strategic Oversight Board) was to provide direction and make decisions on matters of significant public interest within Policing, Fire and Crime. The Board drives and monitors the delivery of the Police and Crime Plan and the Fire and Rescue Plan, ensuring strategic alignment and effective performance. We noted in addition to reports from Customer Services, it reviewed the demand and resources of the complaints process and proposals for improved performance reporting.

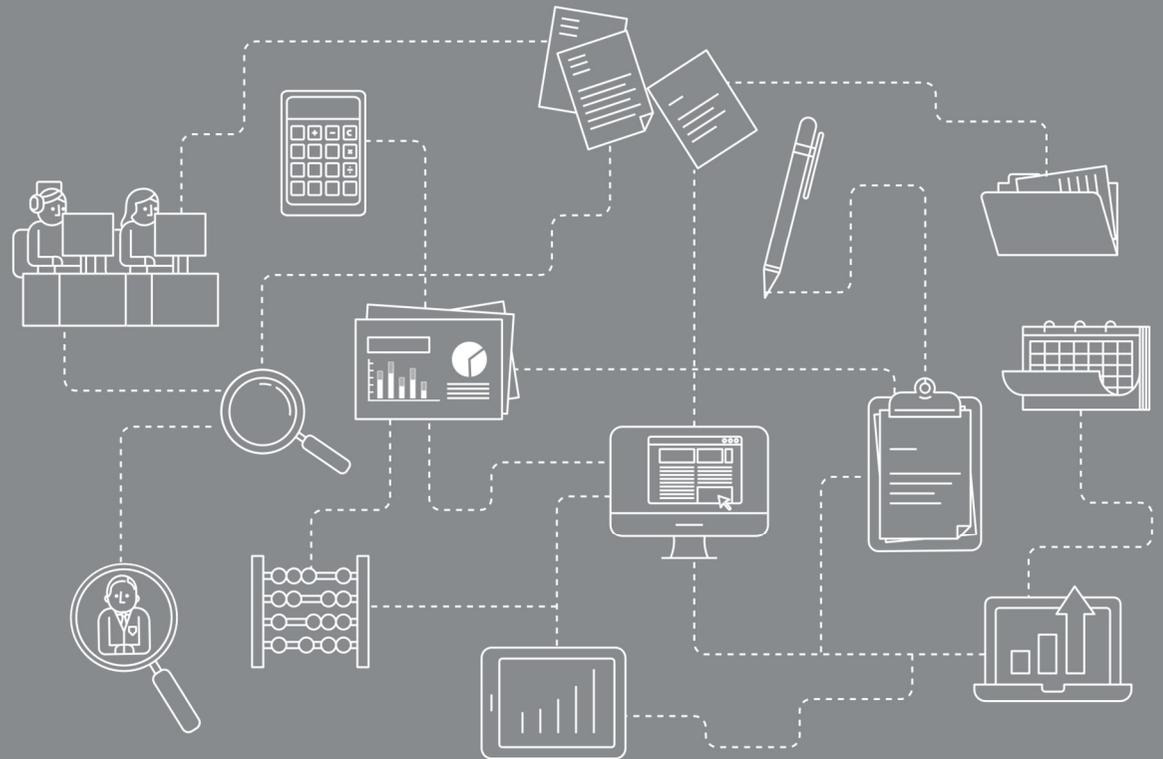
- **Training**

We confirmed in discussion within both the PFC and PSD there are no formal training packages, although training is available from external providers these are not used due to budget constraints. We were informed by the PSD only training is internally supplied based on career progression plans which includes a series of modules. There is some videos available free online, the system developers also have training, this is not used due to cost. There are some guidance notes for Centurion, the system used to manage complaints, which we reviewed. These give instructions together with screenshots of how to use the system.

We were informed that for both the PSD and PFC reliance is placed on established staff to instruct new staff using internal procedures and the statutory guidance as tools.

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	PSD and PFC will include days to first and follow up contact timelines with complainants as a performance indicator.	Medium	Customer Service Manager/ Complaints Handling Inspector/PSD Regulations Manager	1 April 2026
2	Both the PFC and PSD will report themes from complaints and specific lessons that can be learnt by the Force with actions. Where action is required there will be a mechanism to ensure actions have been complemented.	Medium	Customer Service Manager/ Complaints Handling Inspector/PSD Regulations Manager	1 April 2026
3	The terms of reference of the Delivery and Assurance Board will be reviewed. It will be dated to show when reviewed and date of next review.	Low	YNYCA Head of Public Confidence & Assurance/ Customer Service Manager	1 April 2026
4	The terms of reference of the Strategic Oversight Board will be reviewed. It will be dated to show when reviewed and date of next review.	Low	YNYCA Head of Public Confidence & Assurance/ Customer Service Manager	1 April 2026
5	A date will be set when complaints handling performance indicators will be reported against within the PFC and the Force.	Medium	Complaints Handling Inspector/PSD Regulations Manager	1 April 2026
6	A terms of reference will be established for Quality Performance Meetings and a RAID log will be used to record the meetings.	Low	Head of Professional Standards	1 April 2026

* Refer to Appendix B 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.

PFC Complaints

<p>Control</p>	<p>The Policing, Fire and Crime (PFC) Directorate, Customer Services Team triages all complaints from members of the public. A threshold is ascertained (LOW/MEDIUM/HIGH) and the complaint will be logged onto the Centurion database and then allocate it to a case handler who will log this on database.</p> <p>The case handler will send the complainant an acknowledgement which details the reference number for the complaint that has been added to the database, an outline of the complaints process and how it works. Updates will be provided every 28 days and at the end of the complaint process.</p> <p>The Customer Service Team will handle complaints assessed as service recovery, any assessed as schedule 3 will be escalated to PSD (Professional Standards).</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ×</p>
<p>Findings / Implications</p>	<p>From a report of all complaints logged on Centurion from December 2024 to May 2025 we selected a sample of 20 closed complaints and 10 open complaints.</p> <p>We confirmed from a walkthrough of the system that each stage of a complaint, inside and outside of schedule 3 is logged, assessed including escalating to PSD as schedule 3 if required. A record is retained of communications with the complainant, the investigation and individual assigned to it. There is also a record of escalation to the IOPC, outcomes and closing correspondence.</p> <p>Of the sample of ten open complaints these had been receipted and logged from December 2024 to May 2025, with an average time of making the first contact at 39 days. For the sample of 20 closed complaints the average time was ten days.</p> <p>The statutory guidance does not set a target time to contact the complainant, but local procedures do, which is to complete the assessment on day one and make contact with the complainant on day two following receipt of the complaint.</p> <p>There is a target is to update the Complainant within intervals of 28 days. From the sample of ten open complaints, three had reached an outcome and closed, four had been contacted within the last 28 days. For the remaining three the last contact was between 25 March and 5 April 2025, over the 28 day target. From the sample of 20 closed complaints all had been updated within 28 days with the exception of three where the last contact was between 25 March and 5 April 2025.</p> <p>We also reviewed when the Complainant was notified of the outcome and noted for the sample of 20 closed complaints all had been notified by telephone or email on the date the outcome was recorded.</p> <p>We did not identify any cases in our sample where there was a record that the Complainant was dissatisfied with the outcome.</p> <p>We noted that the PFC has a recovery plan to reduce the backlog with complaint handling. We reviewed a report issued to the Police, Crime and Fire Panel at their July 2025 meeting and noted the actual recovery rate was close to that planned trajectory so we have not agreed an action with Management.</p>	

PFC Complaints

We also note that the Police, Crime and Fire Panel asked for a further report in six months on success of the plan, and clearance of the backlog. However we have noted that contact with the complainant is not one of the proposed or current performance measures, as a result, without monitoring delays could increase.

Management Action	Please see action 1 below	Responsible Owner: N/A	Date: N/A	Priority: N/A
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PSD Complaints

Control	Complaints assessed as schedule 3 are escalated to PSD. PSD share the Centurion system with PFC where the complaint was originally logged and assessed. PSD will record the progress of the investigation to outcome or escalate to the IOPC for their review.	Assessment:	
		Design	✓
		Compliance	×

Findings / Implications

From a report of all complaints logged on Centurion from December 2024 to May 2025 we selected a sample of 15 which had been escalated by the PFC to the PSD as schedule 3.

Of the 15 complaints we noted all with the exception of one complaint, that the complainant had been contacted within 28 days and subject to the length of the investigation had been contacted on a number of occasions. The initial contact would have been made by the PFC Customer Service Team following their assessment and escalation to PSD.

Six of our sample had reached an outcome with a letter raised to the complainant on the same date. None had recorded dissatisfaction with the outcome or requested a further review.

We have not agreed an action with management concerning this one exception as the current restructure is designed to improve the service and reduce backlogs. However, we have noted that contact with the complainant is not one of the proposed or current performance measures. As a result, without monitoring, avoidable delays could continue to occur or the average time to respond may increase.

Management Action 1	PSD and PFC will include days to first and follow up contact timelines with complainants as a performance indicator.	Responsible Owner: Customer Service Manager/	Date: 1 April 2026	Priority: Medium
Management Action 1a	PSD will include days to first and follow up contact timelines with complainants as a performance indicator.	Responsible Owner: Complaints Handling Inspector/PSD Regulations Manager	Date: 1 April 2026	Priority: As above

Lessons Learnt

Control	There has been no process in place that captured and reported lessons from complaints across the organisation, nor a system to take and monitor actions resulting from complaints. That said, we noted as part of our audit that a process is under construction.	Assessment: Design × Compliance N/a		
Findings / Implications	<p>We noted for the PFC that a limited number of complaint themes are reported to the Delivery and Assurance Board through the monthly Customer Services Report, although a broader set of themes was proposed in a paper to the Strategic Oversight Board in April 2024. We were informed that there is currently no reporting of these themes or specific lessons for the Force to learn.</p> <p>We were informed by the PSD that a process had been agreed for schedule 3 complaints, where the PSD Analyst was to analyse organisational learning and produce a report with trends to feature within the QPM (Quarterly Performance Meetings) packs, the analysis findings would then feed back into the Prevent Officers delivery plan.</p> <p>However, we have received no evidence, other than a list from PSD, where lessons have been identified that a process for the reporting of themes and lessons is currently active.</p> <p>There is a risk that complaints relating to the same issues will be repeated if lessons are not learnt or actions taken and implemented where required to improve practice.</p>			
Management Action 2	Both the PFC and PSD will report themes from complaints and specific lessons that can be learnt by the Force with actions. Where action is required, there will be a mechanism to ensure actions have been complemented.	Responsible Owner: Customer Service Manager/	Date: 1 April 2026	Priority: Medium
Management Action 2a	PSD will report themes from complaints and specific lessons that can be learnt by the Force with actions. Where action is required, there will be a mechanism to ensure actions have been complemented.	Responsible Owner: Complaints Handling Inspector/PSD Regulations Manager	Date: 1 April 2026	Priority: As above

PFC Oversight

Control	<p>Delivery and Assurance Board</p> <p>The PFC Delivery and Assurance Board does not have a specific responsibility for complaints handling, but an overall purpose in assuring the meeting that there is a whole organisational approach to achieving the priorities set out in the delivery plan and the Police and Crime Plan and Fire and Rescue Plan. Each SMT lead, using a standard template. updates each meeting on performance against key deliverables within the Delivery Plan with RAG ratings.</p>	Assessment: Design ✓ Compliance ×		
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PFC Oversight

Findings / Implications

We confirmed that a report from the PFC Customer Services is received by the Delivery and Assurance Board each month. We were informed that although there is a terms of reference and standard agenda, these are informal management meetings that take place ahead of the Strategic Oversight Board where formal reporting and review takes place.

We found that Customer Services reported to this Board for the three months reviewed for February, March and April 2025. The report was in a consistent format giving a summary of performance for each area of activity of the Customer Services team, including Police Complaints, with risk ratings. We confirmed that reports reviewed at these meetings were then issued to the Strategic Oversight Board.

However, we noted that the 'terms of reference' are not dated to state last and next review. There is a risk that if not regularly reviewed the terms of reference will not accurately reflect the actual business of these meetings and any changes due to business need.

Management Action 3	The terms of reference of the Delivery and Assurance Board will be reviewed. It will be dated to show when reviewed and date of next review.	Responsible Owner: YNYCA Head of Public Confidence & Assurance/ Customer Service Manager	Date: 1 April 2026	Priority: Low
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PFC Oversight

Control

Strategic Oversight Board for Policing, Fire and Crime. (SOB)

The purpose of Strategic Oversight Board is to provide direction and make decisions on matters of significant public interest within Policing, Fire and Crime. The Board drives and monitors the delivery of the Police and Crime Plan and the Fire and Rescue Plan, ensuring strategic alignment and effective performance.

As part of this role it monitors complaints and the process for dealing with complaints.

Assessment:

Design	✓
Compliance	×

Findings / Implications

From our review of the terms of reference with confirmed that the purpose of the SOB (Strategic Oversight Board) is to provide direction and make decisions on matters of significant public interest within Policing, Fire and Crime. The Board drives and monitors the delivery of the Police and Crime Plan and the Fire and Rescue Plan, ensuring strategic alignment and effective performance.

The terms of reference included, objectives and frequency of meetings, reports required and membership. There was no date to show when this was last reviewed, therefore there is the risk that business requirements and actual activity may have changed since it was written.

We reviewed a report produced in April 2025 and issued to the SOB which set out an analysis of demand, resources, and performance. The paper proposed the reporting of themes and trends and a set of performance indicators against complaints handling covering:

Complaint volumes and allocations.

- New Receipts: Monthly and Year to date data.
- Non Schedule 3 allocated cases: Monthly and Year to date data.

PFC Oversight

- Schedule 3 allocated cases: Monthly and Year to date data.

CRT Performance

- Number of new cases assessed & pending.
- Age of oldest case assessed & pending.
- Number of live non schedule 3 cases.

PSD Performance

- Number of live cases within PSD.
- Number of live cases out with local commands areas.
- Age of live oldest case.

We were informed by the Temporary Director of Public Confidence that there had been verbal agreement to the proposals in the report and would be a priority for the Data Analyst to action. However, no date has been set for this to be implemented.

In the absence of reporting against performance indicators there is the risk that backlogs may grow in the future without a warning system on how effective the complaints handling process are operating.

The SOB was also presented with a 'plan on a page' detailing the recovery plan for complaints handling. This gave an analysis for actual and forecast demand of complaints classified as service recovery and schedule 3. This demonstrated how increased resources would be able to meet demand and reduce the backlog by March 2025. We have noted that the trajectory for reducing the backlog as been maintained through to the last report in July 2025.

Management Action 4	The terms of reference of the Strategic Oversight Board will be reviewed. It will be dated to show when reviewed and date of next review.	Responsible Owner: YNYCA Head of Public Confidence & Assurance/ Customer Service Manager	Date: 1 April 2026	Priority: Low
Management Action 5	A date will be set when complaints handling performance indicators will be reported against within the PFC and the Force.	Responsible Owner: Complaints Handling Inspector/PSD Regulations Manager	Date: 1 April 2026	Priority: Medium

Quarterly Performance Meetings

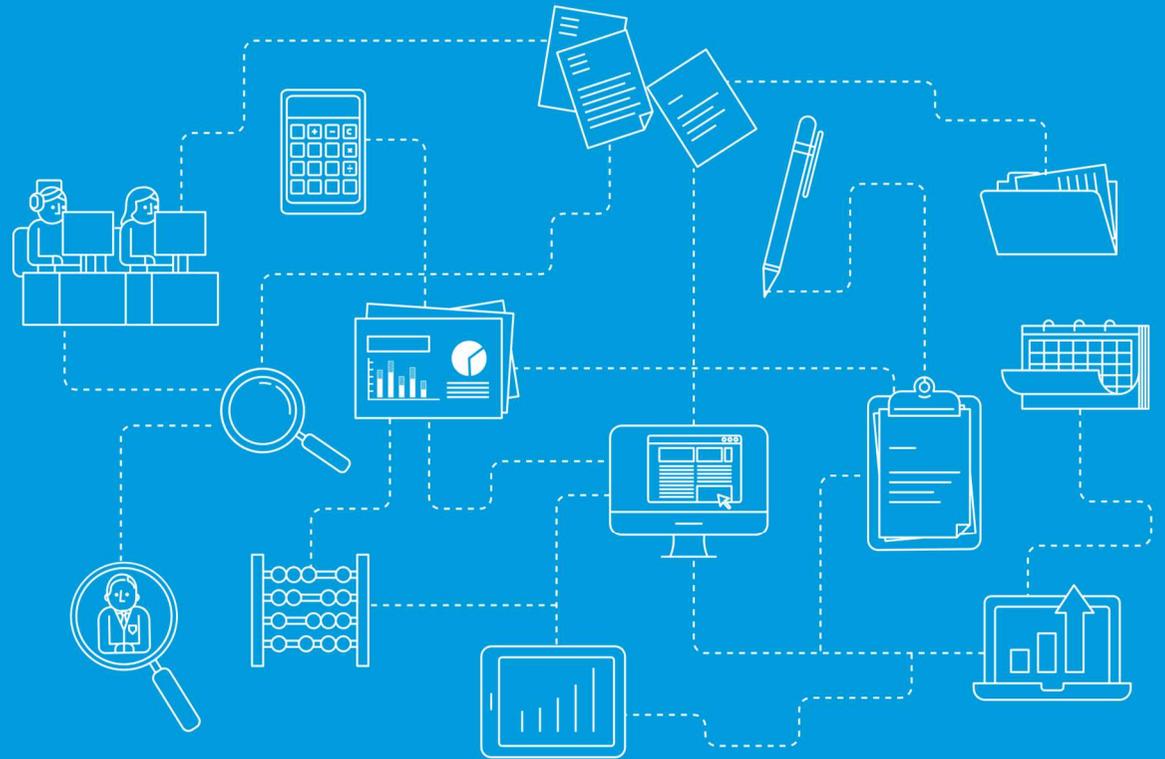
Control	Quarterly Performance Meetings are in place for individual departments to review their delivery and agree action where required.	Assessment:		
		Design		✓
		Compliance		×
Findings / Implications	<p>The Quarterly Performance Meetings do not have a terms of reference setting out the purpose and authority of these meetings. Also as there are no minutes it is not possible to determine the depth of review of performance or if there are any actions agreed in response to poor performance.</p> <p>We reviewed the report issued to the meeting for quarter 4 2024/25, and noted the report provided analysis of the complaint handling process including changes in demand, the number of days to complete an investigation, themes, together with data on the complaints inside and outside schedule 3. We were informed that the meeting for quarter one 2025/26 had a change of format and was concerned with responses to the last HMICFRS report so there was no performance reporting.</p> <p>In respect of performance measures and targets we have raised issues actions elsewhere in this report</p>			
Management Action 6	A terms of reference will be established for Quality Performance Meetings and a RAID log will be used to record the meetings.	Responsible Owner: Head of Professional Standards	Date: 1 April 2026	Priority: Low

Appeals

Control	Complaints dealt with under Schedule 3 have a right of review where the customer is not satisfied with the outcome.	Assessment:		
		Design		✓
		Compliance		×
Findings / Implications	<p>There were no appeals from complainants for a review of the outcome their complaint within our samples. However any appeals would be received by the PFC and issued to an Independent Adjudicator to review the outcome. We noted from the report issued to the Police Crime and Fire Panel in July 2025 there were 14 cases with the Independent Adjudicator and 34 in a queue waiting review with the oldest case dated 7 August 2024. We have discussed in other areas of this report the issue of backlogs and the action being taken, so we have not agreed an additional action here.</p>			
Management Action	Please see Action 1 above	Responsible Owner: N/A	Date: N/A	Priority: N/A

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 / Risk	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Complaints	1 (12)	6 (12)	3	3	0
Total			3	3	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.

APPENDIX B: INTERNAL AUDIT ASSIGNMENT OPINIONS



Minimal Assurance

Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk(s).



Reasonable Assurance

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.

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).



Partial Assurance

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).



Substantial Assurance

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Debrief held 14 August 2025
Draft report issued 2 September 2025
Revised draft report issued 17 November 2025
Responses received 8 January 2026
Final report issued 12 January 2026

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