PRIVATE AND CONFIDENTIAL

York and North Yorkshire Combined Authority - Police

Complaints - Phase 2

Final Internal audit report 3.26/27

16 September 2026

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Audit outcome overview

Background/ methodology

Following the complaints review undertaken in 2025/26, we have conducted a further review focusing on the logging, escalation and resolution of Schedule 3 complaints. The purpose of the review was to assess whether the York and North Yorkshire Combined (YNYCA) Authority's Police, Fire and Crime Team (PFC) and the Force's Professional Standards Department (PSD) are operating in accordance with their respective roles and responsibilities under the Model 3 complaints handling framework.

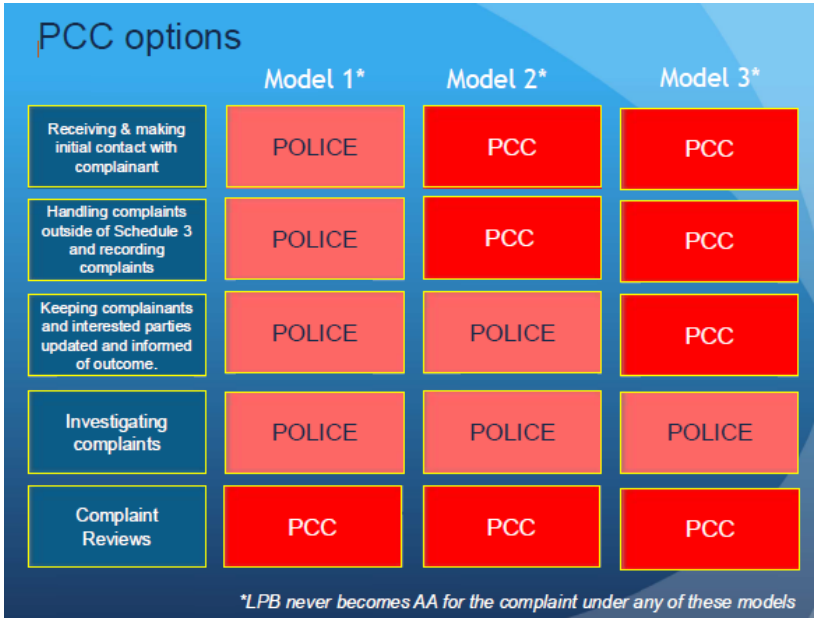


Figure 1 - PCC Complaints Model Options (for 'PCC' this relates to PFC for YNYCA)

The review considered the effectiveness of the controls in place to support the management of Schedule 3 complaints, including the accuracy and completeness of complaint records, the appropriateness of escalation processes, and whether conclusions reached were adequately supported by evidence retained on file. The review also assessed the respective roles undertaken by PSD and the Combined Authority in the management of public complaints, including whether complaints are being allocated appropriately between the two organisations and handled in line with established governance arrangements.

Internal audit opinion

Taking account of the issues identified, the organisations 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).

Conclusion

Our review found that the PFC and the PSD have established a structured framework for the management of Schedule 3 complaints. Appropriate arrangements are in place for logging complaints, maintaining complaint records, retaining supporting evidence, communicating with complainants, and reporting complaints through the relevant governance structures.

However, we identified areas for the control environment to be strengthened and improve the consistent application of the Model 3 framework. In particular, we identified areas where roles and responsibilities between PFC and PSD require greater clarity, information sharing arrangements could be strengthened, and the effectiveness of the operating model would benefit from formal review and evaluation. While we noted that the outcomes reached were supported by evidence and justifications, this required involvement by Force staff beyond their agreed responsibilities under the Model 3 framework. Therefore, a dependency risk exists which could expose the process to assurance gaps, where the Force are currently supporting in areas outside of their remit.

To address these areas, four management actions have been agreed, comprising **three medium** and **one low** priority action. The medium-priority actions focus on establishing formal operating procedures that clearly define roles and responsibilities, improving information-sharing arrangements between PFC and PSD, and implementing ongoing review mechanisms to assess the effectiveness of the Model 3 framework. The low-priority action relates to strengthening compliance with Independent Office for Police Conduct (IOPC) guidance by ensuring initial contact with complainants is consistently undertaken within the expected timescales.

Key audit themes

Our review identified the following issues in the agreement of three medium and one low priority management actions:

Complaint Model

We confirmed that the PFC and PSD operate in accordance with Model 3, as outlined in the PCC Model Options document, which sets out responsibility for each stage of the complaints process. Testing of a sample of 20 Schedule 3 complaints confirmed that the PFC receives and makes initial contact with complainants, handles complaints that fall outside Schedule 3, and manages complaint reviews. In addition, PSD is responsible for investigating complaints that are escalated to Schedule 3 and for making the final outcome decision.

However, testing identified that, once complaints are escalated to Schedule 3, PSD provides complainants with 28-day updates and communicates the final outcome rather than the PFC, which is not consistent with the responsibilities set out under Model 3. **(2 x Medium)**

In addition, testing identified instances where responsibilities during the referral process were not clearly understood, resulting in actions expected to be completed by the PFC not always being undertaken prior to escalation to PSD. **(Medium)**

Root Cause: The documented roles and responsibilities within the PCC Model 3 framework are not fully aligned to current operational practices. In addition, limitations in information sharing and access arrangements between the PFC and PSD have resulted in inconsistencies in the application of responsibilities across the complaints process.

Escalation to PSD

For a sample of 20 Schedule 3 complaints, we confirmed the following each instance, the case was received and logged on Centurion, with any available evidence saved on file and the matter had been progressed to the PSD in line with IOPC/HMICFRS guidance. In 12 instances, the PFC attempted service recovery for the complaint and in the remaining eight instances the matter was immediately progressed to the PSD.

Our testing identified five instances where complaints had initially been referred to PSD but were subsequently returned to the PFC Complaints Team, as PSD considered that the matters may be suitable for resolution through service recovery before progressing through the Schedule 3 process. If complaints are referred between the PSD and the PFC Complaints Team without clearly defined criteria and responsibilities, there is a risk of delays in progressing complaints and inconsistency in how complaints are assessed and handled. **(Action already agreed)**

Complainant Communication

Testing of a sample of 20 Schedule 3 complaints confirmed that complainants were kept informed throughout the complaints process through appropriate communication, including initial contact from the PFC and PSD, acknowledgement letters, CAP forms, final outcome letters, and regular progress updates, where required.

We also confirmed that 28-day updates were provided throughout the lifecycle of complaints. However, testing identified that, following escalation to Schedule 3, updates were provided by PSD rather than the PFC, which is not consistent with the responsibilities set out within the PCC Model 3 arrangements. Discussions with management identified that the PFC does not have access to PSD complaint folders, limiting its ability to monitor complaint progress and provide updates directly to complainants. This creates a risk that roles and responsibilities are not applied consistently, reducing transparency and accountability within the complaints handling process. **(Action already agreed)**

Timeliness of complaint handling

Testing of a sample of 20 Schedule 3 complaints, we confirmed that PSD assessments were completed within five working days of assignment in 18 cases, with one case not reaching the assessment stage and one case delayed due to communication issues with the complainant's solicitor. Acknowledgement letters were issued within 10 working days of assessment in 18 cases, while the remaining two cases reflected unique circumstances relating to service recovery activity and the complainant pausing the complaints. Initial investigator contact and CAP forms were issued within 28 calendar days in 15 cases, with three cases not reaching this stage and two cases experiencing delays due to additional investigation requirements and disagreements with complainants. While the time taken to reach a final outcome varied across cases depending on the complexity of the complaint and investigation required, we confirmed that appropriate 28-day updates were provided in all cases where these were required.

We confirmed that initial contact was made by the PFC in line with the three week IOPC guidance in 18 cases, however, we identified two instances where initial contact was made after the three weeks. If initial contact with complainants is not made promptly following the receipt of a complaint, there is a risk of delays in progressing complaint investigations. **(Low)**

Root Cause: Controls in place to monitor compliance with complaint handling timescales did not operate effectively in all instances, resulting in some complainants not being contacted within the timeframe set out in the IOPC guidance.

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

Policies and Procedures

We reviewed the complaints procedures and guidance used by both the PFC and PSD and confirmed that comprehensive documented processes are in place to support the handling of Schedule 3 complaints, covering all stages from receipt and recording through to investigation and closure. We also confirmed that the guidance aligns with IOPC requirements and current working practices.

CAP Form

For a sample of 20 Schedule 3 complaints, we confirmed that 19 CAP forms had been completed and retained on file where complaints had progressed to the relevant stage. Review of the 19 completed CAP forms confirmed that the rationale for escalation, individual allegations, investigation manager narrative, and proposed next steps had been clearly documented and approved by the PSD Head of Complaints Handling.

Complaint Logging

For a sample of 20 Schedule 3 complaints, we confirmed that all cases had been appropriately recorded on Centurion and assessed by the PSD Head of Complaints Handling, including re-assessment where complaints had initially been returned to the PFC for service recovery. Through file review and discussions with management, we also confirmed that complaints requiring further investigation were allocated to officers independent of the matters being investigated, with appropriate steps taken to maintain independence where potential conflicts of interest were identified.

Supporting Evidence on file

For a sample of 20 Schedule 3 complaints, we confirmed that, where a complaint had progressed to resolution, the PSD retained sufficient evidence on file to support the outcome reached. Evidence reviewed included witness statements, body worn video footage, dash camera footage, custody records, Computer Aided Dispatch reports, and Occurrence Enquiry Logs. In the remaining five cases, no resolution had been reached due to a lack of complainant engagement or because the complaint had not progressed to that stage of the process.

Complaint Outcome

For the 15 within our sample of complaints that progressed to the outcome stage, we confirmed that a final outcome letter or review decision was issued to the complainant in each case, clearly setting out the decisions reached in relation to the allegations raised. We also confirmed that outcomes had been reviewed by an Appropriate Authority and accurately recorded on the Centurion system. In 12 cases, no review was requested and the complaint was subsequently finalised, while the remaining three cases were subject to a review which was completed, documented on Centurion, and closed appropriately.

Review and Reporting

We reviewed the Police Complaints Information Bulletin and the Progress on Complaint Handling report presented to the Police, Fire and Crime Panel. Through review, we confirmed that comprehensive management information was reported on complaint volumes, timeliness, outcomes, Schedule 3 activity, review outcomes, referral activity, organisational learning and benchmarking against Most Similar Forces and national performance data.

Our testing of 20 Schedule 3 complaints was consistent with the information reported, confirming that complaints were appropriately assessed, investigated and reviewed, with outcomes supported by evidence and generally progressed within expected timescales. We also confirmed that complaints performance and emerging trends were reported through governance forums including the Police, Fire and Crime Panel, Strategic Oversight Board and Deputy Mayor for Policing, Fire and Crime holding-to-account meetings, providing oversight of complaint handling performance and supporting continuous improvement.

Summary of actions for management

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	Management action	Priority	Responsible owner	Date
1	The Force and PFC Directorate will establish operating procedures which clearly define roles and responsibilities for all key stages of the complaints process, including timelines and data requirements.	M	Head of Public Confidence & Assurance Policing, Fire and Crime	31 December 2026
2	Ongoing evaluation will be conducted at an interval, agreed through the operating procedures, to consider the effectiveness of the operating model and where appropriate, agree further actions to strengthen the process.	M	Head of Public Confidence & Assurance Policing, Fire and Crime	31 December 2026
3	An escalation channel will be defined to address where access to information results in a barrier to effectively responding to a complaint within the timeline required.	M	Head of Public Confidence & Assurance Policing, Fire and Crime	31 December 2026
4	Management will review all cases where initial contact is not made with the complainant within three weeks after the complaint is logged, and corrective action taken to prevent similar instances.	L	Inspector. Complaints Handling Team	31 March 2027

Detailed findings and actions

Agreed management action plan

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.

Complaint Model		Design	✓	Application	X
Control	The PFC (Police, Fire, and Crime) and PSD follow Model 3 for dealing with complaints				
Findings, risk and implications	We reviewed the PCC Model Options document. The model sets out responsibility for each stage of the complaints process as follows: • Receiving and making initial contact with the complainant – PFC responsible. • Handling complaints outside of Schedule 3 and recording complaints – PFC responsible. • Keeping complainants and interested parties updated and informed of outcomes – PFC responsible. • Investigating complaints – PSD responsible. • Complaint reviews – PFC responsible. Testing of a sample of 20 Schedule 3 complaints confirmed that the PFC receives and makes initial contact with complainants, handles complaints that fall outside Schedule 3, and manages complaint reviews. In addition, PSD is responsible for investigating complaints that are escalated to Schedule 3 and for making the final outcome decision. However, our testing identified that once a complaint has been escalated to Schedule 3, it is PSD, rather than the PFC, that provides the 28-day updates and the outcome to complainants. This arrangement is not aligned with the responsibilities set out under Model 3. We were informed that whilst the PFC and PSD can't access each other's Q Drives, the PFC can access the same public complaints on Centurion and would have the same access to the progress log to see the updates and progress these in terms of providing updates. However, where the complaint is escalated to a conduct investigation the PFC have their access restricted to Centurion. Where additional information is required, the PFC can also liaise directly with PSD supervisors and investigators. In addition, our testing identified instances where the roles and responsibilities of the PFC and PSD were not clear. These instances occurred in the initial referral of the complaint to the PSD where actions that should have been undertaken by the PFC had not been completed before escalation. If the complaints handling process does not operate in accordance with the agreed PCC Model 3 arrangements, there is a risk that accountability between the PFC and PSD becomes unclear and inconsistent. Where roles and responsibilities are not clearly defined and applied, key complaint handling activities may be delayed, duplicated, or overlooked. This could result in reduced oversight of complaint progression, inconsistent communication with complainants, and non-compliance with the agreed complaints handling model.				

Key audit theme(s)	Governance weakness				
Management action 1	The Force and PFC Directorate will establish operating procedures which clearly define roles and responsibilities for all key stages of the complaints process, including timelines and data requirements.	**Responsible Owner:** Head of Public Confidence & Assurance Policing, Fire and Crime	**Date:** 31 December 2026	**Priority**	M
Management action 2	Ongoing evaluation will be conducted at an interval, agreed through the operating procedures, to consider the effectiveness of the operating model and where appropriate, agree further actions to strengthen the process.	**Responsible Owner:** Head of Public Confidence & Assurance Policing, Fire and Crime	**Date:** 31 December 2026	**Priority**	M
Management action 3	An escalation channel will be defined to address where access to information results in a barrier to effectively responding to a complaint within the timeline required.	**Responsible Owner:** Head of Public Confidence & Assurance Policing, Fire and Crime	**Date:** 31 December 2026	**Priority**	M

Escalation to PSD	Design	Application
		

Control	All complaints received are subject to an initial assessment by the PFC against documented allocation criteria, with the rationale for referral to PSD recorded on file.
Findings, risk and implications	Complaints are initially handled by the PFC Complaints Team. Cases are received and logged on the Centurion system, with any supporting evidence saved to the relevant case file. In some instances, the PFC will attempt to resolve the complaint through service recovery by asking officers from the relevant area to address the matter locally. Where a complaint is of immediate concern, cannot be resolved through service recovery and the complainant wishes for the matter to be progressed, it is escalated to a Schedule 3 complaint and referred to the PSD for further assessment and handling. For a sample of 20 Schedule 3 complaints, we confirmed the following: • In each instance, the case was received and logged on Centurion, with any available evidence saved on file (where applicable); • In each instance the matter had been progressed to the PSD in line with IOPC/HMICFRS guidance with a supporting CAP proforma; • In 12 instances, the PFC attempted service recovery for the complaint; • In the remaining eight instances the matter was immediately progressed to the PSD. In addition, our testing identified five instances where complaints had initially been referred to PSD but were subsequently returned to the PFC Complaints Team, as PSD considered that the matters may be suitable for resolution through service recovery before progressing through the Schedule 3 process. If complaints are referred between the PSD and the PFC Complaints Team without clearly defined criteria and responsibilities, there is a risk of delays in progressing complaints and inconsistency in how complaints are assessed and handled. **See management actions under 'Complaint Model'**

Area: Complainant Communication	Design	Application
	✓	X

Control	Records of initial contact by the PFC and the PSD with the complainant are held on file. Complainants are regularly updated on a 28-day basis on the progress of their complaint.
Findings, risk and implications	Upon receipt of a complaint, the complainant is contacted by the PFC via email or telephone to acknowledge receipt. The complainant is subsequently updated when the matter is referred to PSD. Upon receipt by PSD, the complainant is contacted and issued with a Complaint Allegation Presentation (CAP) form to confirm the allegations being investigated. Once the complaint has been concluded, a final outcome letter is issued to the complainant. Throughout the process, progress updates should be provided to the complainant at least every 28 days. For a sample of 20 Schedule 3 complaints, we confirmed the following: **Initial Contact** In each instance, initial contact had been made with the complainant, however, in one instance this was done by the PSD as it was immediately referred to the department; **Acknowledgement Letter** In 19 instances, an acknowledgement letter had been issued to the complainant by the PSD. In one of these instances, this was a subjudice letter informing complainant that the complaint was being suspended. In the remaining instances, no acknowledgement letter was sent as the matter did not progress this far. **CAP Form** In 16 instances, initial contact and the CAP form had been sent by the PSD, in three instances, no CAP was sent as the matter did not progress this far. In the remaining instance, no CAP was sent as contact with the complainant had already been made as the matter was immediately progressed to PSD. **Final Outcome Letter** In the 15 instances, where the complaint progressed to the final outcome stage, a final outcome letter had been issued to the complainant including the right to review the outcome. **28-day updates provided** We identified that in all cases in our sample complainants were provided with 28-day updates throughout the complaints process. However, we identified that once the complaint had been escalated to Schedule 3 that the PSD were updating the complainant on the 28-day basis despite the Model 3 complaints basis stating that the PFC are responsible for 'keeping complainants and interested parties updated and informed of outcomes'. In addition, we were informed by the PFC that they are unable to access the complaint folders on escalation to the PSD and thus are unable to see the status of the complaint and provide accurate and timely updates to the complainant.

If the complaints updating process does not operate in accordance with the PCC Model 3 arrangements, there is a risk that roles, and responsibilities are not clearly defined or consistently applied between the PFC and PSD. This may result in inefficient working practices, duplication of effort, reduced transparency over case progression, and difficulties in demonstrating accountability for complaint handling activities.

See management actions under 'Complaint Model'

Timeliness of complaint handling	Design	Application
	✓	X

Control	Complaints are actively monitored and progressed by the PFC and PSD to ensure cases are handled promptly and without unnecessary delay. Where delays occur within the complaints process, these are identified, documented, and appropriately followed up.
Findings, risk and implications	For a sample of 20 Schedule 3 complaints, we confirmed the following: **PFC initial contact** • In 17 instances, initial contact with the complainant was made within two working days of the case being logged; • In one instance, initial contact with the complainant was made four working days after the case was logged due to national holidays; • In the remaining two instances, initial contact with the complainant was made over three weeks after the complaint had been logged. Whilst we noted these two exceptions, we confirmed with the PFC that these two complaints were from July and November 2025 and formed part of the teams complaint backlog which we confirmed has now been cleared, and that contact timelines for more recent complaints had been adhered to. If initial contact with complainants is not made promptly following the receipt of a complaint, there is a risk of delays in progressing complaint investigations. This may reduce complainant confidence in the complaints process, hinder the timely gathering of information, and contribute to extended complaint handling times **Assignment and Assessment by PSD** • In 18 instances, assessment of the complaint by the PSD Head of Complaints Handling was completed within five working days of the case being assigned; • In one instance the case did not reach the assessment stage; • In the remaining instance, there was 17 days between assignment and assessment, however, this was due to delays in communication from the complainant's solicitor. **Acknowledgement Letter** • In 18 instances, we confirmed that an acknowledgement letter had been sent to the complainant within 10 working days of assessment by the PSD Head of Complaints Handling; • In the remaining two instances, the acknowledgement letter had been sent nine and 13 days prior to assessment by the PSD as a result of delays due to attempts to service recover the complaint and the complainant pausing the complaint. **Initial contact and CAP** • In 16 instances, we confirmed that the initial contact by the investigator and the CAP proforma had been issued to the complainant within 28 calendar days in line with the IOPC updates requirement;

	• In three instances, the complaint did not reach this stage. In the remaining instance we identified a delay of 7 calendar days. We confirmed that the delay was due to the complaint going to the conduct side of the PSD which required further investigation **Final outcome** Our testing identified varying time periods between initial contact with the complainant and the issuing of the final outcome. Through testing and discussions with PSD, we confirmed that complaint resolution times can vary depending on the nature and complexity of the complaint, the extent of the investigation required, and the level of co-operation from the complainant. In all instances where 28-day updates were required, we confirmed that appropriate updates and contact had been maintained with the complainant.				
Key audit theme(s)	Non-compliance with policies / procedures				
Management action 4	Management will review all cases where initial contact is not made with the complainant within three weeks after the complaint is logged, and corrective action taken to prevent similar instances.	**Responsible Owner:** Inspector. Complaints Handling Team	**Date:** 31 March 2027	**Priority**	L

Appendices

Appendix A: Internal audit assignment opinions

Categorisation of internal audit findings

- **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 licenses or material fines.
- **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.
- **Low:** there is scope for enhancing control or improving efficiency.

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.

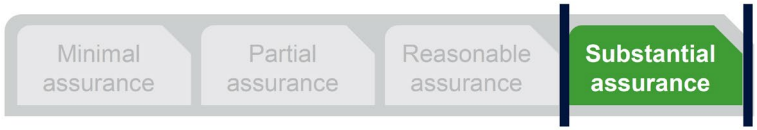
Urgent action is needed to strengthen the control framework to manage the identified risk(s).

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).

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.

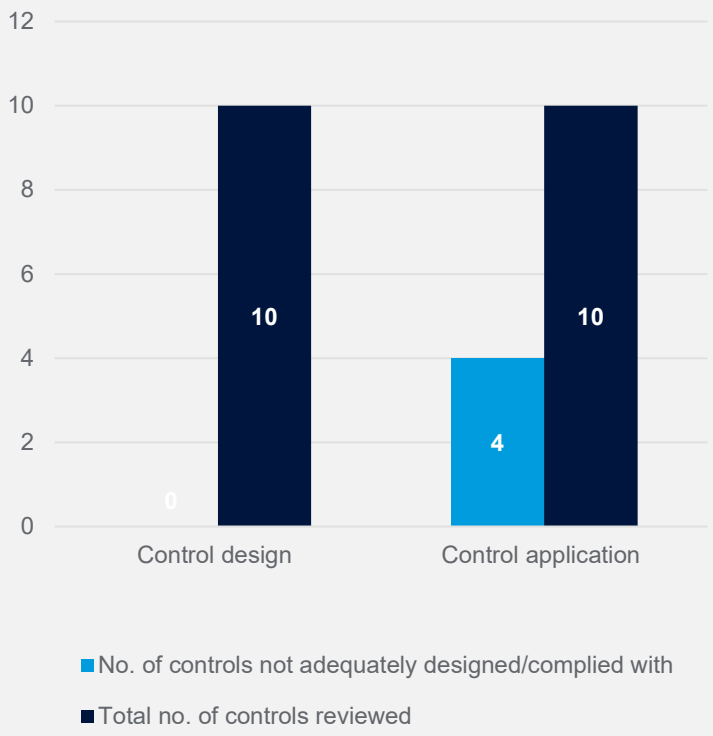
However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



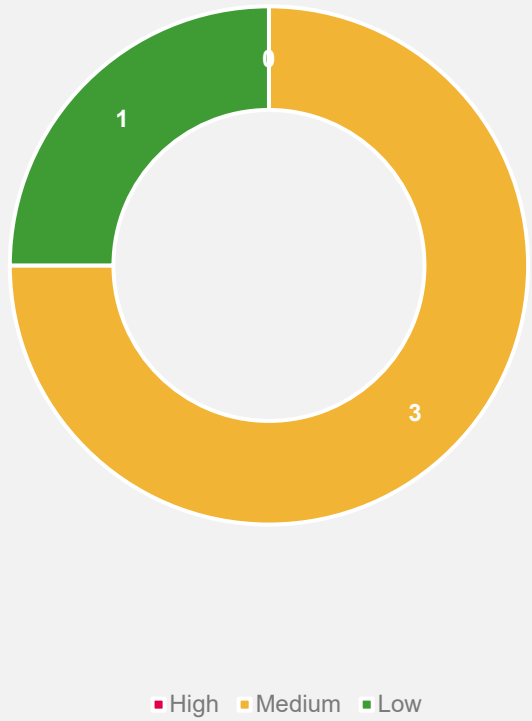
Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

Appendix B: Summary of findings

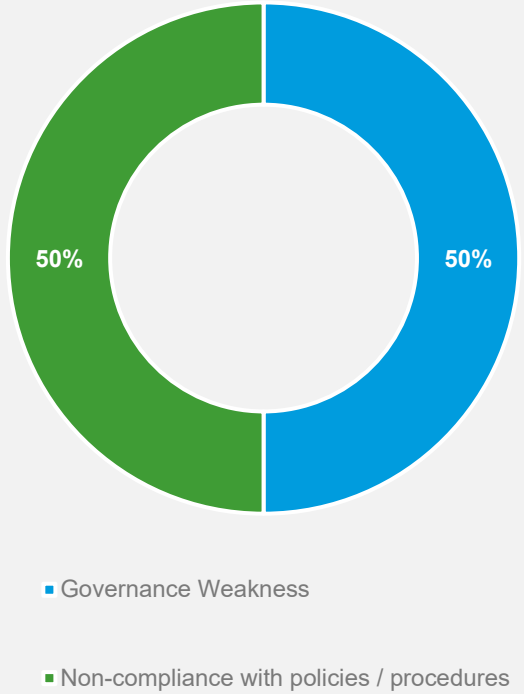
The following chart highlights the number and categories of management actions made as a result of this audit



Prioritisation of findings



Control themes analysis



Debrief held	25 August 2026	**Internal audit contacts**	Dan Harris, Head of Internal Audit Matt Stacey, Managing Consultant Alan Grisley, Principal Consultant Tom Wallis, Consultant
Draft report issued	4 September 2026		
Revised draft report issued	4 September 2026		
Responses received	14 September 2026	**Client sponsor**	T/Detective Superintendent (PSD)
Final report issued	16 September 2026	**Distribution**	Director of Policing, Fire and Crime (PFC) Inspector - Complaints Handling Team (PSD) Head of Public Confidence & Assurance (PFC)

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