



Cumbria Shared Internal Audit Service
Internal Audit report for Cumbria Constabulary
Audit of OPCC Complaint Review Process

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Audit Report Distribution

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Audit Committee:	The Joint Audit Committee which is due to be held on 17 th November 2021 will receive the report.

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Executive Summary

Background

This report summarises the findings from the audit of **The Office of the Police and Crime Commissioner (OPCC) Complaint Review Process**. This was a planned audit assignment which was undertaken in accordance with the 2021/22 Audit Plan.

The Policing and Crime Act 2017 (the Act) and supporting regulations made significant changes to the police complaints and disciplinary systems. It introduced a number of changes designed to achieve a more customer-focused complaints system. From 1 February 2020, the Act placed a mandatory requirement upon Local Policing Bodies to review the outcome of police complaints when this is requested by a complainant. This change is aimed at making the system clearer and more accessible for complainants, while maintaining their rights to have decisions about their complaints reviewed.

The complaint review considers whether the handling of the complaint or the outcome is reasonable and proportionate. The review is not a reinvestigation of the complaint. Where the relevant review body finds that the outcome of the complaint is not reasonable and proportionate it will uphold the outcome of the review.

The OPCC can only deal with complaint reviews where they have been identified as the Relevant Review Body. This is for those complaints which were Recorded but where No Investigation has taken place.

Audit Approach

Audit Objectives and Methodology

Compliance with the mandatory Public Sector Internal Audit Standards requires that internal audit activity evaluates the exposures to risks relating to the organisation's governance, operations and information systems. A risk-based audit approach has been applied which aligns to the five key audit control objectives. Detailed findings and recommendations are set out within the Management Action Plan.

Audit Scope and Limitations

The Audit Scope was agreed with management prior to the commencement of this audit review. The Client Sponsor for this review was Joanne Head, Governance Manager (OPCC). The agreed scope of the audit was to provide assurance over management's arrangements for governance, risk management and internal control in the following areas:

- **Communication of the complaint review procedure** – The audit will consider the arrangements in place to ensure that there is a clearly defined complaint review procedure which is visible to the public, officers and staff
- **Compliance with the procedure** - Arrangements in place to ensure that the complaint review procedure defined by the OPCC is complied with.

Assurance Opinion

Each audit review is given an assurance opinion, and this provides the Joint Audit Committee and Officers with an independent assessment of the overall level of control and potential impact of any identified system weaknesses. There are 4 levels of assurance opinion which may be applied. The definition for each level is explained in **Appendix A**.

From the areas examined and tested as part of this audit review, we consider the current controls operating within the OPCC Complaint Review Process provide **Substantial Assurance**.

Note: as audit work is restricted by the areas identified in the Audit Scope and is primarily sample based, full coverage of the system and complete assurance cannot be given to an audit area.

Summary of Audit Findings and Recommendations

Controls were operating effectively in the following areas:

- The OPCC complaint review process is readily accessible on the PCC's website. The 'Police Complaint Reviews' webpage sets out the date from which the Police and Crime Act 2017 placed a mandatory requirement upon Local Policing Bodies to carry out reviews of the outcome of police complaints when requested by a complainant. It includes links to the statutory regulations and frequently asked questions.
- The OPCC has developed a complaint review process, which has been clearly set out in a procedures document. The procedure, which is also available on the OPCC website, provides background on the complaint review process and sets out what individuals requesting a review can expect from the OPCC. The procedure was approved by the OPCC Executive Team in February 2020 and was reviewed by them in January 2021.

- In addition to the Public version of the Complaint Review Procedure, which is published on the website, there is also an internal version of the procedure. This includes additional information on the different stages of the review process that the OPCC Governance Manager and Governance Officer need to carry out (such as responsibility for requesting information from Professional Standards Department, updating the Centurion case management system and informing any officers or staff involved in the original complaint, that a review is underway).
- The options available to the OPCC for reviewing complaints were reviewed and considered and the Police and Crime Commissioner took the decision to use an independent review officer (who is external to the OPCC and Constabulary) to carry out reviews of complaints to ensure openness and transparency in the process.
- Arrangements are in place to ensure that the Independent Review Officer has access to all relevant information pertaining to the complaint, and a data protection impact assessment has been undertaken to ensure the security of the information provided to them. This includes obtaining confirmation from the Independent Review Officer that all documentation has been deleted from their systems upon completion of their determination.
- The Independent Review Officer's determination report is subject to a quality review by the Governance Manager before being passed to the OPCC's Appropriate Authority for consideration and sign off.
- The OPCC Appropriate Authority for complaint reviews is identified in the OPCC Scheme of Delegation.
- The outcome of the complaint reviews and any recommendations made by the Independent Review Officer are recorded on the OPCC internal tracking spreadsheet and on Centurion (the Constabulary's case management system).
- Arrangements are in place for a further independent review should the OPCC not agree with the Independent Review Officer's determination or feel that the recommendations being made may cause harm or distress to a victim or witness. The outcome of any second review is final.
- The Ethics and Integrity Panel receive a six-monthly report on Complaints and Quality of Service and Policing Issues. The report, which is prepared by the OPCC's Governance Manager, also includes information on complaint reviews.

- The Ethics and Integrity Panel undertake dip sampling of the OPCC complaint review files in accordance with their annual programme of work.

The recommendations arising from this review can be summarised as follows:

High	Medium	Advisory	Total
0	0	2	2

The three levels of audit recommendation are defined in **Appendix A**.

Areas for development: Improvements in the following areas are necessary in order to strengthen existing control arrangements:

High Priority Issues:

- No High Priority Issues identified

Medium Priority Issues:

- No Medium Priority Issues identified

Advisory issues:

- The Memorandum of Understanding and Data Sharing agreement between the OPCC and Sancus Solutions, who employ the Independent Review Officer (IRO), references duties to be undertaken as a Custody Visitor, rather than as the IRO.
- OPCC internal procedures sets out that if a complaint review is not complete, an update will be provided to the complainant after 28 days. The method used to calculate the number of days taken to carry out a complaint review is not always consistent.

OPCC Chief Executive / Head of Communication and Business Services Comments

I welcome the comprehensive Internal Audit report. The OPCC has worked diligently to ensure the establishment of the Complaint Review process and to ensure that it has been implemented properly and fairly. This report confirms the processes are correct and working according to the legislation.

The advisory recommendations have already been implemented.

This is an important area of work for the OPCC and members of the public.

Management Action Plan

Advisory

Audit finding	Management response
<p>Memorandum of Understanding</p> <p>There is a Memorandum of Understanding (MoU), between the OPCC and Sancus Solutions which has been prepared to highlight the main areas of the Independent Review Officer's (IRO) role when carrying out reviews of public complaint files and the security of information. The MoU covers roles and responsibilities, system access, confidentiality of information, Code of Conduct, Equality and Diversity & Personal Data.</p> <p>The MoU was updated to include the OPCC's expectations regarding retention of data as a result of the COVID-19 restrictions and the way in which the IRO would gain access to the complaint information.</p> <p>Examination of the latest MoU, signed in March 2021, noted that section 4. Code of Conduct, makes reference to carrying out duties of the "Custody Visitor", rather than duties of the Independent Review Officer.</p>	<p>Agreed management action:</p> <p>The Memorandum of Understanding has been updated. References to the Custody Visitor have been removed and have been replaced with the Independent Reviewing Officer.</p> <p>The updated MoU has been signed by the OPCC Chief Executive and the Director - Sancus Solutions.</p>
<p>Recommendation 1:</p> <p>The reference to carrying out duties of the Custody Visitor in the Memorandum of Understanding with Sancus Solutions should be updated to refer to the duties of the Independent Review Officer and the MOU should be re-signed.</p>	<p>Responsible manager for implementing: Governance & Business Services Manager</p> <p>Date to be implemented: Implemented on 16th September 2021</p>
<p>Risk exposure if not addressed:</p> <ul style="list-style-type: none"> Lack of accountability as all duties of the Independent Review Officer are not effectively reflected in the Memorandum of Understanding 	

Advisory Issue

Audit finding	Management response
<p>Monitoring compliance with OPCC Complaint Review Procedures</p> <p>The OPCC’s complaint review procedure includes an internal timescale of 28 days for updating the complainant on the progress of the case if it is not complete. Statutory guidance does not place any time limit on the OPCC to complete a complaint review.</p> <p>The complainant is advised of the 28 day update timescale in the procedure document published on the website and in the acknowledgement letter, issued by the OPCC on receipt of the review request.</p> <p>An internal tracking spreadsheet was prepared by the OPCC in 2020, to record the complaint reviews and key dates in the review process.</p> <p>As time has progressed and reviews have taken place, the spreadsheet has been developed and updated with additional information being captured. Details recorded now include the date the review request was received; and the number of working days taken to complete the review.</p> <p>The point at which the 28 day timescale begins has also changed over time. It was initially taken to be the date the information was passed to the Independent Review Officer but was later changed to the date the review request was received by the OPCC.</p> <p>Sample testing on the number of days recorded on the 2021 spreadsheet identified that there were some inconsistencies in the way they were calculated. For example, some</p>	<p>Agreed management action:</p> <p>The spreadsheet record has been updated to include an additional column showing the date that the 28-day update is due.</p> <p>The Centurion progress log is also being used to provide a prompt for the OPCC after 21 days. The system produces a task which serves as an alert so that progress with the review can be followed up and arrangements can be made to update the complainant within 28 days if required.</p>

included the start and end dates in the calculation others did not, some included bank holidays where others did not.

Since the 'complaint review received date' was added to the spreadsheet most of those tested used this as the start date, but two of the sample tested still used the date the review was sent to the Independent Review Officer at Sancus Solutions as the start date.

At the time of the audit, the 2021 spreadsheet indicates that 37 reviews had been requested since January 21. It shows that only one exceeded 28 days, taking 34 days to complete.

The Governance Manager informed us that no update was provided in this case as she was aware that the review was nearing completion, so felt a 28-day update at this point was unnecessary.

When recalculating the number of days for a sample of complaints from the 2021 spreadsheet (using the date received as the start date and excluding bank holidays), audit testing identified a further two cases that marginally exceeded the 28 days without an update being provided.

In order to effectively monitor compliance with the 28 day timescale for updating the complainant on progress there is a need to consistently apply the method of calculation.

Recommendation 2:

The method used to calculate the number of days a review is active should be agreed and consistently applied.

Risk exposure if not addressed:

- Compliance with OPCC internal procedures cannot be demonstrated because they are not consistently applied.

Responsible manager for implementing:

Governance & Business Services Manager

Date to be implemented:

Implemented on 6th September 2021

Appendix A

Audit Assurance Opinions

There are four levels of assurance used, these are defined as follows:

Assurance Level	Definition
Substantial	Sound frameworks of governance, risk management and internal control are in place and are operating effectively. Recommendations, if any, will typically be no greater than advisory.
Reasonable	Frameworks of governance, risk management and internal control are generally sound with some opportunities to further develop the frameworks or compliance with them. Recommendations will typically be no greater than medium priority.
Partial	Weaknesses in the frameworks of governance, risk management and/or internal control have been identified or there are areas of non-compliance with the established control framework which place the achievement of system / service objectives at risk. Recommendations will typically include high and medium priority issues.
Limited	There are significant gaps in the governance, risk management and/or internal control frameworks or there are major lapses in compliance with the control framework that place the achievement of system / service objectives at significant risk. Recommendations will include high priority issues.

Grading of Audit Recommendations

Audit recommendations are graded in terms of their priority and risk exposure if the issue identified was to remain unaddressed. There are three levels of audit recommendations used; high, medium and advisory, the definitions of which are explained below:

Grading	Definition
High	A recommendation to address a significant gap in governance, risk management or internal control frameworks or to address significant non-compliance with controls in place.
Medium	A recommendation to address a gap in governance, risk management or internal control frameworks or to address aspects of non-compliance with controls in place.
Advisory	A recommendation to further strengthen governance, risk management or internal control frameworks or to improve compliance with existing controls.