

## IOPC Performance Framework 2024/25 – June 2024

### > Strategic Objective 1

#### Awareness and Confidence: People know about the complaints system and are confident to use it

| 2023/24 Actual | Key Performance Indicators   | 2024/25 Target | 2024/25 YTD Actual | 2024/25 June Actual | 2024/25 May Actual |
|----------------|--|----------------|--------------------|---------------------|--------------------|
| 67%            | Increase awareness of the IOPC to 68%  | <b>68%</b>     | NYA                | NYA                 | 68% (Q4)           |
| 39%            | Aim to achieve at least 40% of respondents who are confident that the IOPC does a good job             | <b>40%</b>     | NYA                | NYA                 | 40% (Q4)           |
| 10 WD          | Make sure the average time to resolve complaints made against the IOPC is within 20 working days (WD). | <b>20 WD</b>   | 9 WD               | 4 WD                | 14 WD              |

WD – Working days  
 NYA – Data not yet available

#### External Supporting Measures

| 2023/24 Actual | Supporting Measure  | 2024/25 YTD Actual | 2024/25 Q1 Actual | 2023/24 Q4 Actual |
|----------------|---|--------------------|-------------------|-------------------|
| 70%            | Monitor the percentage of respondents who think the IOPC is independent of the police.  | NYA                | NYA               | 72% (Q4)          |
| 37%            | Monitor the percentage of respondents from a Black, Asian or minority ethnic background who are confident that the police deal with complaints fairly | NYA                | NYA               | 42% (Q4)          |
| 36%            | Monitor the percentage of respondents from young people who are confident that the police deal with complaints fairly                                 | NYA                | NYA               | 42% (Q4)          |
| 32%            | Monitor the percentage of respondents from women who are confident that the police deal with complaints fairly  | NYA                | NYA               | 32% (Q4)          |
| 13%            | Monitor the percentage of police complaints made by people from a Black, Asian or minority ethnic background  | NYA                | NYA**             | 13% (Q4)          |
| 8%             | Monitor the percentage of police complaints made by young people  | NYA                | NYA**             | 8% (Q4)           |
| 41%            | Monitor the percentage of police complaints made by women   | NYA                | NYA**             | 40% (Q4)          |

\*\* Data collected on a quarterly lag (Next results due Aug)  
 NYA – Data not yet available

### > Strategic Objective 2

#### Accountability: The complaints system delivers evidence based, fair outcomes which hold police to account

| 2023/24 Actual | Key Performance Indicators                           | 2024/25 Target | 2024/25 YTD Actual | 2024/25 June Actual | 2024/25 May Actual |
|----------------|--|----------------|--------------------|---------------------|--------------------|
| 83%            | Complete 85% of core investigations within 12 months | <b>85%</b>     | 82%                | 71%                 | 85%                |
| 35%            | Complete 33% of core investigations within 6 months  | <b>33%</b>     | 35%                | 24%                 | 40%                |

|         |  |              |        |          |            |
|---------|--|--------------|--------|----------|------------|
| 6.57 WD | Decide on the mode of investigation for all cases referred to us within an average of 5 working days   | <b>5WD</b>   | 8.4 WD | 7.09 WD  | 10.1 WD    |
| 42 WD   | Review locally investigated DSI cases within an average of 45, 40, 35, 30 working days (Q1-4 respectively) from receipt of background papers | <b>45WD</b>  | NYA    | NYA      | NYA        |
| 119 WD  | Make sure the average time taken to complete a review is 100, 90, 80, 70 working days (Q1-4 respectively) from receipt of background papers  | <b>100WD</b> | 130 WD | 119 WD   | 140 WD     |
| 94.4%   | Aim to ensure that at least 90% of our investigators, who have been in post for at least 24 months, achieve Pearson accreditation            | <b>90%</b>   | 94%    | 94% (Q1) | 94.4% (Q4) |
| 98%     | Strive to ensure that 95% of staff have completed their mandatory training by the deadline date  | <b>95%</b>   | 91%    | 91% (Q1) | 94% (Q4)   |

WD – Working days

NYA – Data not yet available

| External Supporting Measures |   |                    |                     |                    |           |
|------------------------------|---|--------------------|---------------------|--------------------|-----------|
| 2023/24 Actual               | Supporting Measure  | 2024/25 YTD Actual | 2024/25 June Actual | 2024/25 May Actual |           |
| 43                           | Monitor the number of 'Directed/Managed' investigations started and completed   | 11                 | 8                   | 1                  | Started   |
| 44                           |   | 9                  | 2                   | 5                  | Completed |
| 480 WD                       | Monitor the average number of working days to complete 'Directed/Managed' investigations  | 348                | 386                 | 316                |           |
| 58%                          | Monitor the percentage of core investigations where the recommended outcome procedure is concluded within 12 months of our final report | 63%                | 70%                 | 62%                |           |
| 36%                          | Monitor the percentage of respondents who are confident that the police deal fairly with complaints made against them                   | NYA                | NYA                 | 36% (Q4)           |           |
| N/A                          | Monitor the percentage of communications with service users that meet our internal quality and timeliness standards                     | NYA                | NYA                 | N/A                |           |
| 28%                          | Monitor the percentage of reviews upheld by IOPC  | 32%                | 27%                 | 38%                |           |
| 22%                          | Monitor the percentage of reviews upheld by Local Policing Bodies   | NYA                | NYA**               | 25% (Q4)           |           |
| 50 WD                        | Monitor the average number of working days Local Policing Bodies take to complete Reviews   | NYA                | NYA**               | 48 (Q4)            |           |
| 140 WD                       | Monitor the average number of working days forces take to finalise complaint cases under schedule 3                                     | NYA                | NYA**               | 145 (Q4)           |           |
| 20 WD                        | Monitor the average number of working days forces take to finalise complaint cases outside of schedule 3                                | NYA                | NYA**               | 20 (Q4)            |           |

\*\* Data collected on a quarterly lag (Next results due Aug)

NYA – Data not yet available

### > Strategic Objective 3

| Leading Improvements: Our evidence and influence improves policing |  |                |                    |                   |                   |
|--|--|----------------|--------------------|-------------------|-------------------|
| 2023/24 Actual   | Key Performance Indicators   | 2024/25 Target | 2024/25 YTD Actual | 2024/25 Q1 Actual | 2023/24 Q4 Actual |
| 94%  | Achieve 80% of our para.28(a) learning recommendations that are accepted by recipients   | <b>80%</b>     | NYA                | NYA               | 100% (Q4)         |
| 60%  | Increase the percentage of policing stakeholders who think we are effective at sharing learning to improve police practice to 67%  | <b>67%</b>     | NYA                | NYA               | 60% (Q4)          |
| 59%  | Increase the percentage of policing accountability stakeholders who think we are effective at sharing learning to improve police practice to 67%                             | <b>67%</b>     | NYA                | NYA               | 59% (Q4)          |
| 44%  | Aim to achieve 46% of non-policing stakeholders who think we are effective at sharing learning to improve police practice  | <b>46%</b>     | NYA                | NYA               | 44% (Q4)          |
| N/A  | Maintain over 90% of respondents who say Learning the Lessons provides useful knowledge to supplement information received from trainings, briefings or practical experience | <b>90%</b>     | NYA                | NYA***            | N/A               |

\*\*\* Data collected annually (Next results due Apr)

NYA – Data not yet available

N/A - Not applicable

| External Supporting Measures |  |                    |                   |                   |                                    |
|------------------------------|--|--------------------|-------------------|-------------------|------------------------------------|
| 2023/24 Actual               | Supporting Measure   | 2024/25 YTD Actual | 2024/25 Q1 Actual | 2023/24 Q4 Actual |                                    |
| 23%                          | Monitor the percentage of respondents who believe the IOPC is effective in improving public confidence in policing                                   | NYA                | NYA               | 23% (Q4)          | Policing stakeholders              |
| 13%                          |  | NYA                | NYA               | 13% (Q4)          | Police accountability stakeholders |
| 26%                          |  | NYA                | NYA               | 26% (Q4)          | Non-policing stakeholders          |
| 51%                          | Monitor the percentage of respondents who believe the IOPC will help improve policing by identifying ways the police can learn from the IOPC's work. | NYA                | NYA               | 51% (Q4)          |                                    |

NYA – Data not yet available

### > Strategic Objective 4

| Leading Improvements: Our evidence and influence improves policing |  |                |                    |                     |                    |
|--|--|----------------|--------------------|---------------------|--------------------|
| 2023/24 Actual   | Key Performance Indicators   | 2024/25 Target | 2024/25 YTD Actual | 2024/25 June Actual | 2024/25 May Actual |
| No Results   | Strive to achieve a staff engagement score of 67%  | <b>67%</b>     | NYA                | NYA                 | 61% (2023)         |
| No Results   | Strive to achieve a staff survey score of at least 93% of our people believe they have the skills needed to do their job effectively | <b>93%</b>     | NYA                | NYA                 | 75% (2023)         |

|       |   |               |        |             |            |
|-------|---|---------------|--------|-------------|------------|
| 16.6% | Aim to achieve a 20% representation of Black, Asian or minority ethnic background staff, so that our workforce is more representative of the                                  | <b>20%</b>    | 15.95% | 15.95% (Q1) | 16.6% (Q4) |
| N/A   | Aim to achieve an average sickness absence rate of 8 days or less, per employee   | <b>8 days</b> | 7.6    | 6.6         | 7.61       |
| N/A   | Strive to achieve a voluntary staff turnover rate of 15% of less  | <b>15%</b>    | 11.63% | 7.51%       | 16.15%     |
| N/A   | Strive to achieve a staff survey score of at least 70% of our people who believe that our Leadership (members of the corporate leadership network) is in line with our values | <b>70%</b>    | NYA    | NYA         | 60% (2023) |
| 0.0%  | Achieve budget for the 2024/25 financial year   | <b>0.0%</b>   | 2.7%   | 2.3%        | 3.6%       |

NYA – Data not yet available

|                               |                      |                             |
|-------------------------------|----------------------|-----------------------------|
| Achieving or exceeding target | Within 15% of target | More than 15% behind target |
|-------------------------------|----------------------|-----------------------------|