To: Members of the Governance, Audit and Scrutiny Committee	**Enquiries to:** Rob Close **Email:** committeemanager@humbersidefire.gov.uk **Tel. Direct:** (01482) 393899 **Date:** 31 May 2024

Dear Member

I hereby give notice that a meeting of the **GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE** of Humberside Fire Authority will be held on **MONDAY 10 JUNE 2024 at 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

Please note: the annual work programme setting workshop will take place on the rising of the meeting

The business to be transacted is set out below.

Yours sincerely

for Lisa Nicholson
Monitoring Officer & Secretary to Fire Authority

A G E N D A

Business	Page Number	Lead	Primary Action Requested
1. Appointment of Chairperson of the Committee 2024/25	-	Monitoring Officer/ Secretary	To appoint a Chairperson
2. Apologies for absence	-	Monitoring Officer/ Secretary	To record
3. Declarations of Interest (Members and Officers)	-	Monitoring Officer/ Secretary	To declare and withdraw if pecuniary
4. Minutes of the meeting of 19 February 2024 and Action Schedule	(pages 3 - 10)	Chairperson	To approve
5. Director of Audit Opinion and Annual Report 2023/24	(pages 11 - 46)	Internal Audit (TIAA)	To receive
6. Annual Governance Statement 2023/24	(pages 47 - 56)	Area Manager of Service Improvement	To consider and make any recommendations to the HFA
7. Annual Statement of Assurance 2023/24	(pages 57 - 60)	Area Manager of Service Improvement	To consider and make any recommendations to the HFA

Business	Page Number	Lead	Primary Action Requested
8. Annual Anti-Fraud and Corruption Statement 2023/24	(pages 61 - 64)	Area Manager of Service Improvement	To consider and make any recommendations to the HFA
9. Management Accounts Period ending 29 February 2024	(pages 65 - 66)	Joint Deputy Chief Finance Officer & Deputy S.151 Officer	To receive
10. National Resilience Audit and Assurance Programme - Annual Update	(pages 67 - 70)	Area Manager of Emergency Response	To consider and make any recommendations to the HFA

HUMBERSIDE FIRE AUTHORITY

GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE

19 FEBRUARY 2024

PRESENT: Independent Co-opted Members Chris Brown, Melissa Dearey, Nigel Saxby and Gerry Wareham.

Officers Present: Steve Duffield – Area Manager of Service Improvement, Shaun Edwards – Joint Deputy Chief Finance Officer & Deputy S.151 Officer, Jon Henderson – Area Manager of Prevention and Protection, Jason Kirby – Area Manager of Emergency Response, Jamie Morris – Designate Head of Corporate Assurance, Gareth Naidoo – Senior Corporate Assurance Officer, David Robinson – Internal Audit (TIAA), Lisa Nicholson – Monitoring Officer/Secretary, and Rob Close – Committee Manager.

Councillor Briggs was in remote attendance.

The meeting was held at the Humberside Fire and Rescue Service Headquarters, Kingston upon Hull.

13/24 APOLOGIES FOR ABSENCE – No apologies for absence were received.

14/24 DECLARATIONS OF INTEREST – No declarations of interest were made with respect to any items on the agenda.

15/24 MINUTES – **Resolved** – That the minutes of the meeting held on 22 January 2024 be confirmed as a correct record.

16/24 INTERNAL AUDIT REPORTS – The Committee received a report of TIAA, the Authority's internal auditors, detailing the Summary Internal Controls Assurance. The Committee was advised that, since the last meeting of the GAS Committee, three audits had been completed on Procurement, IT Management Controls, and National Operating Guidance, receiving substantial, limited and advisory assurance respectively. Two final further audits were scheduled before the end of the year on Key Financial Controls and the End of Year Follow Up. There were no proposed changes to the plan and no fraud had been reported.

The Committee was verbally updated on the IT Management Controls audit. A system called Fresh Works was used to identify the extent of which IT devices were in operation by the Service.

Resolved – That the recent internal audit reports into Procurement, IT Management Controls and National Operational Guidance be submitted at the next scheduled meeting of the GAS Committee.

17/24 DRAFT INTERNAL AUDIT PLAN 2024/25 – The Committee received a report of TIAA, the Authority's internal auditors, detailing the draft internal audit plan for 2024/25.

The Annual Plan set out the assignments that would be carried out in 2024/25, the planned times and the high-level scopes for each of these assignments. Six topics were proposed as part of the Internal Audit Plan 2024/25:

(1) Management of Statutory Building and Licensing Consultations;
(2) Application and Management of Disciplinary Procedures;
(3) Firefighter Development Pathway (FFDP);
(4) Staff Forums and EDI Steering Group;
(5) Application and Management of Tactical Plans;
(6) Training Records

The draft plan was produced through extensive engagement with the Service's Strategic Leadership Team (SLT). The Plan also included the following standard subjects:

- Key Financial Controls;
- ICT Management Controls;
- Follow-up (Mid-year)
- Year-End Follow Up;
- Annual Planning;
- Annual Report; and
- Audit Management,

Seeking further detail into the rational of the internal audit topics, the Committee asked how the Service identified proposed areas of audit. Officers responded that the topics proposed were areas identified under the Service Improvement Plan (whether they be formed from past His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection or other report recommendations or from other channels such as the Fire Standards or Maturity Models), to test compliance/effectiveness against specific HMICFRS inspection criteria or other areas that the Service had identified required further improvement. .

Recommended to the Fire Authority – That the Internal Audit Annual Plan 2024/25 be approved.

18/24 TREASURY MANAGEMENT AND CAPITAL EXPENDITURE PRUDENTIAL INDICATORS, TREASURY MANAGEMENT POLICY STATEMENT 2024/25 AND MINIMUM REVENUE PROVISION (MRP) FOR 2024/25 – The Committee received a report of Deputy Joint Chief Finance Officer and Deputy Section 151 Officer detailing the Prudential Indicators for Treasury Management and Capital Expenditure and the Treasury Management Policy Statement proposed for adoption for the financial year 2024/25.

The report also outlined the recommended policy to be adopted in respect of creating the Minimum Revenue Provision (MRP) for 2024/25, in line with the statutory requirements set out in The Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2008 and 2017.

The Committee was advised that indictor one gave a summary of the Authority's capital expenditure plans, indictor two summarised the Authority's Capital Financing Requirement (CFR), the third, and new, prudential indicator for 2024/25 was the Liability Benchmark (LB), the forth detailed the ongoing impact on investments through core funds and expected investment balances, indicator five demonstrated the limit beyond which external debt was not normally expected to exceed, and indicator six summarised a control on the maximum level of borrowing.

The Committee questioned how these indicators fed into a wider picture on the financial robustness of the Service. Officers explained that the assumptions made in the Medium-Term Resource Strategy (MTRS) were informed by the prudential indicators and, provided those assumptions were reasonably accurate, the Service should operate under appropriate financial management. It was added that officers felt confident that even in instances of unexpected capital costs the Service would continue to operate soundly because of its robust financial management.

Noting the significant increase in capital expenditure from 2023/24 to 2024/25, the Committee questioned the source of this. It was explained that year the 2023/24 financial year operated with a significant surplus in addition to the inclusion of Private Financial Initiative (PFI) arrangements.

While commending the move to a five year plan, the Committee asked how horizon scanning was incorporated into financial planning in such a unpredictable period. Officers

explained that the Service's Community Risk Management Plan (CRMP) took into account changes in risk and new and arising risks, such as flooding and wildfires, and use of Artificial Intelligence (AI) into analytics; incorporating these into the ongoing five year financial plans.

Resolved – That the report be received.

19/24   SCRUTINY ITEM: NATIONAL FIRE CHIEFS COUNCIL (NFCC) MATURITY MODELS – The Committee received a report of the Area Manager of Service Improvement detailing the NFCC Maturity Models. The Committee was advised that the NFCC Workforce Good Practice Framework and Maturity Models were based on the principles of the recognised Deloitte methodology. Each Maturity Model was a diagnostic tool for Fire and Rescue Services to assess and benchmark practice against the following subject themes:

- Leadership
- Learning Organisation
- Performance Management
- Employee Recognition
- Development Recruitment
- Talent Management
- EDI
- Wellbeing
- HR Analytics
- Blended Learning

Management for each of the maturity models was completed through the following measures:

(i) **Assessment:** Determine the current level of Service maturity for each subject.
(ii) **Determine:** How far the wishes to develop its maturity through achievable outcomes.
(iii) **Identify Gaps:** Based on a four-stage model identification of the gaps needed to enable progression.
(iv) **Create a Development Plan:** Actions needed to address the identified gaps.

Managed by Corporate Assurance, in collaboration with key function stakeholders, an initial assessment of the Service's current level of maturity, for each of the 10 maturity models, was conducted to create an initial benchmark. Based on an initial assessment and gap analysis, a plan was developed to close the gaps and move towards enhanced compliance with the NFCC Maturity Models. This involved implementing new processes and systems, which notably incorporated the following:

(i) Creation and application of a dedicated portal page to record, publish and monitor progression against each of the Maturity Models;
(ii) Transition of the Maturity Model format into Excel to improve the management, tracking and evidence gathering of material;
(iii) Introduction of the Service Improvement Officer in Corporate Assurance to manage the facilitation of evidence gathering, quality assurance and collaboration;
(iv) Alignment of applicable Maturity Models with related Fire Standard(s) in regard of evidence and compliance;
(v) Integration of the Maturity model reviews into the 2024-2025 Business Planning framework;
(vi) Maturity Models subject to independent assessment by the NFFC during 2024-2025.

Monitoring of progress was managed through the Service Improvement Officer within Corporate Assurance ensuring compliance with the NFCC Maturity Models. Maintenance of compliance would be achieved through the Business Planning Framework 2024-2025, including periodic assessments, ongoing training, and continuous improvement efforts aligned to the Service Improvement Plan as applicable.

The Committee then considered the following aspects:

- **Relevance to Staff** – While not immediately of direct relevance to the entire workforce, the maturity models were currently engaged with by staff who owned specific amounts of work in pertinent areas. It was thought increased promotion would extend the buy in across the service and embed the maturity models further by making them relevant in day to day activities. Ultimately, the maturity models were a management tool targeted primarily at heads of function and above..

- **Quantifying Improvement** – While the Service had completed its own self-assessment it would be subject to a peer assessment from the NFCC. Officers believed the self-assessment to be accurate and honest with continuing ongoing reviews to help maintain the baseline and increase its level of maturity in the respected subjects.

- **Red, Amber and Green Ratings** – The Service provided an honest assessment against each maturity model, with each reflecting various levels of maturity through a Red, Amber and Green (RAG) rating. Those that displayed area for improvement and development would be used to inform the internal audit plan.

- **Comparisons with Other Services** – While the Service had adapted the maturity models to an interactive spreadsheet, the standards remained the same. Thus, comparisons to other services were not at any disadvantage. Currently, approximately half of Fire and Rescue Services in England had adopted the maturity models and Humberside Fire and Rescue was encouraging the NFCC to adopt the spreadsheet format.

- **Strategic Leadership Development** – It was noted that a significant amount of support given to staff was not necessarily accounted for within the self-assessment. However, it was officers' opinion that that support offered by the Service likely exceeded the maturity model standard.

Resolved – That the Authority takes assurance that the Service has effectively adopted the Maturity Models and manages their progression through robust evidence gathering and monitoring processes.

20/24 GAS COMMITTEE SCRUTINY PROGRAMME 2023/24 - The Committee Manager submitted a report summarising the Committee's Scrutiny Programme 2023/24.

Resolved - That the scope for the Committee's remaining scrutiny item 'HMICFRS Values and Culture in Fire & Rescue Services' be approved.

Meeting	Date	Agenda Item	Minute Number	Resolution/Action	Officer to Action	Complete/Update
GAS Committee	22 January 2024	GAS Committee Scrutiny Programme 2023/24	11/24	Resolved - That the Committee receive the Service's Values and Culture Action Plan in response to the recommendations made HMICFRS in its report 'Values and culture in fire and rescue services' as its final scrutiny topic of its 2023/24 Work Programme.	Gareth Naidoo – Senior Corporate Assurance Officer	**Complete –** Draft scope added to the Committee's Work Programme for considering at its meeting on 19 February 2024.
GAS Committee	22 January 2024	Scrutiny Item: Control Exercise and Debrief	8/24	Recommended – (b) That the Committee receive a further update as part of its 2024/25 Scrutiny Work Programme.	Rob Close – Committee Manager/ Gareth Naidoo – Senior Corporate Assurance Officer	**Complete -** To be determined further at the Committee's Scrutiny Work Programme Setting Workshop on 8 Aoril 2024 when determining its scrutiny topics for 2024/25.
GAS Committee	22 January 2024	Review of Anti-Fraud Related Policies	7/24	Recommended - (a) That 'volunteers' also be included in the introductory section of both the Anti-Bribery and Anti-Money Laundering policies when stating that the Authority "will not tolerate fraud or corruption by its Members (which includes Independent Co-opted Members), employees, suppliers, contractors, partners, or service users." (b) That, under Section 9. *Disclosure Procedure* of the Anti-Money Laundering Policy, further commentary be added to remind staff not to communicate in any way to the individual their intention to report, or subsequent reporting, the matter to the MLRO. (c) That, under Section 9. *How to raise a concern* of the Whistleblowing Policy, a dedicated email address for the Chair of the GAS Committee be included under the Alternative Contacts.	(a) & (b) Shaun Edwards – Deputy Chief Finance Officer/S.151 Officer (c) Gareth Naidoo – Senior Corporate Assurance Officer	**Complete –** (a) Wording of introductory section to both policies now amended to include 'volunteers' – "the Authority will not tolerate fraud or corruption by its Members (which includes Independent Co-opted Members), employees, suppliers, contractors, partners, *volunteers*, or service users." (b) The following wording has now been added to the end of Section 9. Disclosure Procedure of the Anti-Money Laundering Policy – *"An officer must not communicate in any way to the individual their intention to report, or subsequent reporting, the matter to the MLRO."* (c) New email address for the Chair of the GAS Committee now included under the Alternative Contacts under Section 9 How to Raise a Concern - ChairpersonGAS@humbersidefire.gov.uk
GAS Committee	22 January 2024	Annual Accounts 2022/23 Revised	5/24	Recommended – (a) That a link to the bi-annual or annual performance report be included in the Service Performance Indicator section of the report in future.	Martyn Ransom – Exec. Director of Finance/S.151 Officer/ Shaun Edwards – Deputy Chief Finance Officer/Deputy S.151 Officer	Future Annual Accounts reports will include a link to the relevant bi-annual or annual performance report for a further explanation of the service performance indicators.
GAS Committee	13 November 2023	Internal Audit Reports	48/23	Resolved – (a) That the mid-year follow up review be scheduled at the most appropriate point in the year to ensure a more timely update on the progression of recommendations;	Jamie Morris – Designate Head of Corporate Assurance/ Andrew McCulloch - Internal Audit (TIAA)	**Complete –** The mid-year follow-up will be scheduled at the most appropriate point in the year in future, based on the audit plan schedule, to ensure a timelier update on the progression of recommendations is made.
GAS Committee	4 September 2023	Minutes & Action Schedule	42/23	Resolved - (b) That the Committee receive an update to the scrutiny item on grievance procedures in January 2024.	Anne Stott - Head of HR	**Complete –** added to GAS Committee Work Programme for 22nd January 2024 meeting
GAS Committee	4 September 2023	Internal Audit Reports	44/23	Action - The Committee were interested to know how the field work for the audits was conducted. The internal auditors	Jamie Morris – Designate Head of Corporate Assurance/ Andrew McCulloch - Internal Audit (TIAA)	**Complete –** Members sent as a reminder the agreed internal audit plan (attached) as approved and

Meeting	Date	Agenda Item	Minute Number	Resolution/Action	Officer to Action	Complete/Update
				agreed to give some further detail of this outside of the meeting.		issued in March 2023 (specifically pages 2, 5 & 6) which covers the overarching arrangements and methodology. In addition each Internal Audit report the Committee receives sets out the specific methodology applied for each audit.
GAS Committee	3 July 2023	Scrutiny Item: Grievance Procedures	34/23	**Resolved** – (b) that Officers consider including an additional Member on the panel for the formal hearing formal stages; (c) that Officers consider the inclusion of a Fire Authority Member on the panel for a Stage 3 hearing, and (d) that Officers consider reviewing the Grievance Policy Equality Impact Analysis (EIA) to help inform the Policy.	Anne Stott - Head of HR	**Complete** (b) This was fully explored. Regretfully, there are inevitably challenges around availability owing to the shift patterns, etc which if the panel numbers increased, may delay the matter further. In addition, as it is the hearing officer who makes the decision, two hearing officers may be unable to reach an agreed outcome, thus requiring a third hearing officer to ensure a majority decision was able to be taken. Three hearing managers at Station Manager level or above, would be a challenge in terms of availability and in terms of efficient use of senior management time. HR's attendance is to provide guidance on process and policy, it does not offer a view as to the outcome hence is able to provide an objective and impartial view of the procedure which includes the decision-making process. (c) Having considered the matter, it was agreed that as the decision is made by the hearing officer, it may not be possible for two panellists to reach an agreed outcome. This would then necessitate a third panellist, again producing a challenge in terms of availability and efficient use of time. (d) Reviewed, revised and published.
GAS Committee	20 February 2023	GAS Committee Scrutiny Programme 2022/23	20/23	**Resolved -** (a) That an item considering Equality, Diversity and Inclusion Staff Forums be brought to the 3 April 2023 meeting of the Committee.	Committee Manager	**Complete**
GAS Committee	20 February 2023	Scrutiny Item – General Data Protection Regulation (GDPR) Compliance	19/23	**Resolved -** (b) That a copy of the Data Protection Guide for Staff be circulated to the Committee for information upon publication.	Senior Corporate Assurance Officer	**Complete**
GAS Committee	20 February 2023	Treasury Management and Capital Expenditure Strategy 2023/24	18/23	**Resolved –** (b) That an update be given by the Joint Estates Manager on fleet replacement during the next municipal year;	Committee Manager	(b) **Complete** – Placed on Member Day Programme for 2023/24

Meeting	Date	Agenda Item	Minute Number	Resolution/Action	Officer to Action	Complete/Update
				(c) That new members of Committee be offered training on Link.		(c) **Complete** – in process of being arranged
GAS Committee	5 September 2022	GAS Committee Scrutiny Programme 2022/23	69/22	**Resolved -** That the item titled 'Emergency Response Business Continuity' be deferred with a view to consider it at a later date.	Committee Manager	**Complete**

Humberside Fire and Rescue Service

Internal Audit Annual Report

2023/24

April 2024

Internal Audit Annual Report

Introduction

This is the 2023/24 Annual Report by TIAA on the internal control environment at Humberside Fire and Rescue Service. The annual internal audit report summaries the outcomes of the reviews we have carried out on the organisation's framework of governance, risk management and control.

Our approach is based on the International Standards for the Professional Practice of Internal Auditing which have been developed by the Institute of Internal Auditors (IIA) and incorporate the Public Sector Internal Audit Standards (PSIAS). In 2022, TIAA commissioned an External Quality Assessment (EQA) of its internal audit service. The independent EQA assessor was able to conclude that TIAA 'generally conforms to the requirements of the Public Sector Internal Audit Standards and the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF).' 'Generally conforms' is the highest rating that can be achieved using the IIA's EQA assessment model. Ongoing quality assurance work was carried out throughout the year and we continue to comply with ISO 9001:2015 standards.

> **HEAD OF INTERNAL AUDIT'S ANNUAL OPINION**
>
> **TIAA is satisfied that, for the areas reviewed during the year, Humberside Fire and Rescue Service has reasonable and effective risk management, control and governance processes in place.**
>
> **This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by Humberside Fire and Rescue Service from its various sources of assurance.**

Internal Audit Planned Coverage and Output

The 2023/24 Annual Audit Plan approved by the Governance, Audit and Scrutiny Committee was for 65 days of internal audit coverage in the year.

The planned work that has been carried out against the plan and the status of work completed is set out at Annex A.

There was one extra audit carried out which was in addition to the work set out in the Annual Audit Plan. This was for a review of Procurement and was requested by the Governance, Audit and Scrutiny Committee.

Assurance

TIAA carried out nine reviews, which were designed to ascertain the extent to which the internal controls in the system are adequate to ensure that activities and procedures are operating to achieve Humberside Fire and Rescue Service's objectives. For each assurance review an assessment of the combined effectiveness of the controls in mitigating the key control risks was provided. Details of these are provided in Annex A and a summary is set out below.

Assurance Assessments	Number of Reviews	Previous Year
Substantial Assurance	4	0
Reasonable Assurance	4	5
Limited Assurance	1	3
No Assurance	0	0

The areas on which the assurance assessments have been provided can only provide reasonable and not absolute assurance against misstatement or loss and their effectiveness is reduced if the internal audit recommendations made during the year have not been fully implemented.

We made the following total number of recommendations on our audit work carried out in 2023/24. The numbers in brackets relate to 2022/23 recommendations.

Urgent	Important	Routine
1 (0)	15 (32)	10 (9)

Audit Summary

Control weaknesses: There was one area reviewed by internal audit (ICT Management Controls) where it was assessed that the effectiveness of some of the internal control arrangements provided 'limited' assurance. Recommendations were made to further strengthen the control environment in these areas and the management responses indicated that the recommendations had been accepted.

Recommendations Made: We have analysed our findings/recommendations by risk area and these are summarised below.

Risk Area	Urgent	Important	Routine
Directed			
Governance Framework	0	0	3
Risk Mitigation	0	0	2
Compliance	1	12	4
Delivery			
Performance Monitoring	0	3	1
Sustainability	0	0	0
Resilience	0	0	0

Operational Effectiveness Opportunities: One of the roles of internal audit is to add value and during the financial year we provided advice on opportunities to enhance the operational effectiveness of the areas reviewed and the number of these opportunities is summarised below.

Operational
1 (2)

Independence and Objectivity of Internal Audit

There were no limitations or restrictions placed on the internal audit service which impaired either the independence or objectivity of the service provided.

Performance and Quality Assurance

The following Performance Targets were used to measure the performance of internal audit in delivering the Annual Plan.

Performance Measure	Target	Attained
Completion of Planned Audits	100%	100%
Audits Completed in Time Allocation	100%	100%
Final report issued within 10 working days of receipt of responses	95%	100%
Compliance with IIA Internal Audit Standards	100%	100%

Release of Report

The table below sets out the history of this Annual Report.

Date Report issued:	18th April 2024

Annexes

Actual against planned Internal Audit Work 2023/24

System	Type	Planned Days	Actual Days	Assurance Assessment	Comments
Bullying, Harassment and Discrimination	Assurance	6	6	Reasonable	Final report issued
Mobile Data Terminals (Performance)	Assurance	6	6	Reasonable	Final report issued
Effectiveness of systems (used to learn from operational incidents)	Assurance	6	6	Reasonable	Final report issued
Staff Development	Assurance	6	6	Substantial	Final report issued
Service Absolutes / Heat Maps	Assurance	6	6	Substantial	Final report issued
National Occupational Guidance	Advisory	5	5	N/A	Final report issued
Enforcement Powers and Priorities	Assurance	6	6	Substantial	Final report issued
ICT Management Controls	Assurance	4	4	Limited	Final report issued
Procurement	Assurance	0	6	Substantial	Final report issued
Key Financial Controls	Assurance	7	7	Reasonable	Final report issued
Mid-year Follow Up	Follow Up	2	2	N/A	Final report issued
End of Year Follow Up	Follow Up	2	2	N/A	Draft report issued
Annual Planning	Planning	2	2	-	Annual Plan issued
Annual Report	Reporting	1	1	-	Draft Annual Report issued
Audit Management	-	6	6	-	-
Total Days		**65**	**71**		

Humberside Fire and Rescue Service

Assurance Review of Procurement

2023/24

January 2024

Executive Summary

OVERALL ASSESSMENT

SUBSTANTIAL ASSURANCE

SUBSTANTIAL ASSURANCE
REASONABLE ASSURANCE
LIMITED ASSURANCE
NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

It is important that procurement throughout the organisation is adequately co-ordinated, is guided through an appropriate strategy and supporting policy and procedure, meets legal requirements and is done in a way that is transparent and minimises the risk of fraud.

KEY STRATEGIC FINDINGS

	The Procurement Policy provides robust guidance for procuring goods and services.
	Testing did not identify any inappropriate procurement practices.
	Contracts are in place for all suppliers with significant expenditure and these are logged on the Contracts Register.
	Appropriate contract and performance monitoring arrangements were evidenced for the sample of contracts reviewed.

GOOD PRACTICE IDENTIFIED

	A list of procurement waivers is presented to the GAS committee at each meeting.

SCOPE

The review considered the processes and guidance in place for procuring goods and services and the application of the organisation's procurement policy and delegated powers, the identification of procurement routes and frameworks, compliance with relevant legislation and how value for money is considered in the context of larger scale procurement activity. The review also considered the measures in place to mitigate against fraud.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	0	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
No recommendations were made.							

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
3	ROUTINE	Control issue on which action should be taken.

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments
No operational effectiveness matters were identified.				

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	-	-

Other Findings

The Procurement Policy was initially produced in 2018 and was last reviewed and updated in August 2023. This makes reference to the relevant legislation and appropriate associated documents. The Policy also details the procurement thresholds and sets out the responsibilities of the officer procuring the goods or services and the Procurement Team (the Hub) who provide advice and support in relation to writing the tender/quotation specification, identifying the most appropriate route to market, the tender evaluation, contract award and post procurement appraisals.

The Policy is supported by the Pre-Procurement Consideration Policy Delivery Guidance, also last reviewed in August 2023. This explains what information is required to be documented prior to the procurement commencing and includes the scope, objectives and deliverables, estimated contract value, budget and funding source, stakeholders and the key risks. Additional information requirements are the completion of an Equality Impact Analysis (EIA), the business continuity arrangements and the sustainability and social value considerations.

The previous internal audit of the procurement arrangements was carried out in July 2019. The follow up audits undertaken since that date provided confirmation that all recommendations had been implemented.

Other Findings

The Procurement Policy contains details of a number of circumstances whereby the agreed procurement rules may not apply. These include urgent repairs and the purchase of goods, works or services where there is only one supplier. Requests for a waiver from the procurement rules must be documented, setting out the reason for the request, and presented to the Principal Officer to approve, in consultation with the Executive Director of Finance and S.151 Officer. All approved waivers are subsequently reported as "Contracts Awarded Outside of the Constitution" within the Management Accounts that are presented to the Governance, Audit and Scrutiny (GAS) Committee at each meeting.

A review of a sample of procurement waivers processed showed that these had been appropriately authorised and had been reported to the GAS Committee at their next meeting.

A spend analysis report was provided that showed the total expenditure for each supplier over the previous three full years and the current year-to-date. A review was undertaken of this data and a sample of suppliers were selected, the criteria being where there had been a significant increase in the value of payments made during 2023/24 compared to 2020-23. This established that each of the suppliers tested were recorded on the contracts register, with a small number of exceptions for which valid explanations were provided by the Procurement Officer.

A review of the actual expenditure showed that this accorded with the anticipated contract spend as recorded on the contracts register. For information, this exercise is undertaken by the Service every three to four months.

A total of seven contracts that had been awarded in 2023 were also reviewed. This demonstrated that the appropriate procurement route had been used, authorised Decision Records were held, a signed contract was in place and the tender opportunity and award notices had been published.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

The Procurement Policy makes clear that the responsibility for supplier relationship following the award of a contract lies with the officer involved in the procurement. An exercise was undertaken to establish whether appropriate and regular contract monitoring arrangements were in place. This involved obtaining details of the meetings undertaken with the supplier, key performance indicators in place and whether associated performance reports had been received and discussed. It was noted that ongoing reviews and/or contract meetings are utilised to monitor performance, and where relevant, briefing documents and newsletters and/or updates are provided by the supplier. Three of the six contract managers within the testing sample responded to confirm that they were aware of what KPIs are contained within the contract.

The Service has recently amended the arrangements for undertaking ongoing financial checks of key suppliers. Previously, an Equifax financial check would be carried out annually of all suppliers with expenditure over £100k. The current process now utilises Credit Safe with two supplier portfolios being set up (expenditure over £50k and over £100k) and notifications are received in relation to changes relating to the financial viability of the supplier. For information, this process is also utilised to verify any supplier bank account change requests received.

Scope and Limitations of the Review

1.　The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

2.　The matters raised in this report are only those that came to the attention of the auditor during the course of the review, and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management's use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Effectiveness of arrangements

3.　The definitions of the effectiveness of arrangements are set out below. These are based solely upon the audit work performed, assume business as usual, and do not necessarily cover management override or exceptional circumstances.

In place	The control arrangements in place mitigate the risk from arising.
Partially in place	The control arrangements in place only partially mitigate the risk from arising.
Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4.　The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5.　We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6.　The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	18th August 2023	25th August 2023
Draft Report:	11th January 2024	17th January 2024
Final Report:	18th January 2024	

Client:	Humberside Fire & Rescue		
Review:	Procurement		
Type of Review:	Assurance	Audit Lead:	David Robinson

Outline scope (per Annual Plan):	The review will consider the processes and guidance in place for procuring goods and services. The review will consider the application of the organisation's procurement policy and delegated powers, the identification of procurement routes and frameworks, compliance with relevant legislation and how value for money is considered in the context of larger scale procurement activity. The review will also consider the measures in place to mitigate against fraud

	Directed	Delivery
Detailed scope will consider:	Governance Framework: There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Performance monitoring: There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.
	Risk Mitigation: The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Sustainability: The impact on the organisation's sustainability agenda has been considered.
	Compliance: Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Resilience: Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.

Planned Start Date:	27th November 2023	Exit Meeting Date:	19/12/2023	Exit Meeting to be held with:	Head of Procurement, Deputy Chief Finance Officer, Service Improvement Supervisor

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	N
Are there any particular matters/periods of time you would like the review to consider?	N

![tiaa]

Humberside Fire & Rescue

ICT Review of ICT-Management Controls

2023/24

January 2024

Executive Summary

OVERALL ASSESSMENT

LIMITED ASSURANCE

- SUBSTANTIAL ASSURANCE
- REASONABLE ASSURANCE
- LIMITED ASSURANCE
- NO ASSURANCE

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

SROAR/2019/043 - Cyber Security Arrangements.

KEY STRATEGIC FINDINGS

A more formalised and robust process for starters, movers and leavers is required to ensure access controls are appropriately managed.

There is a lack of accountability regarding the ownership of issued devices.

The new service desk software provides an enhanced level of oversight of the status of devices, however, 85 devices have not registered activity for over 90 days.

GOOD PRACTICE IDENTIFIED

Managed Detection and Response Security Services are provided by Grant Thornton to provide detection, investigation, escalation, recommendations, response actions and support for security events.

Arrangements for third party contractors are robust.

SCOPE

The review considered the arrangements for: access security; back up retention periods; email/ internet policy and enforcement; licence monitoring, upgrade controls and protocols for communicating with third parties. The scope of the review did not include consideration of the training needs; or the appropriateness of file sharing.

ACTION POINTS

Urgent	Important	Routine	Operational
1	2	2	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	The 85 devices referenced in Recommendation 3 represent a risk to the Service as it is unknown if they are in storage, lost, stolen or damaged.	Each missing device be investigated for return to the IT Team.	1	• *Create a ticket for each missing device Chase up and Recover.*	*31/12/23 Completed*	*Technical Manager*
3	Directed	Freshworks' Freshdesk service desk software is used to maintain a list of assets. Whilst this system has only recently been put in place and is 'bedding in', a lack of accountability is evident. Each laptop and desktop is installed with an agent which 'checks in' when a network connection is established. From this, the IT Team can see the status of the device and the last logged on user. A report shows 85 assets which have not checked in the last 90 days of which 51 have not logged in for 180 days. As the last logged in user does not necessarily denote the person responsible for the device and no asset owner is recorded, it is difficult to make anyone accountable. Assets missing for 90 days are disabled on Active Directory and those missing for 180 days are soft deleted.	A formal process be put in place to record the asset owner of any issued devices who will be ultimately responsible for the device or devices.	2	• *Change the auto populations field in freshworks to not mark current owner as the last logged in user* • *Implement a robust procedure for handing out equipment making individuals accountable* • *Improve the hand over and upgrade / replacement process (old device back before new device issued).*	*31/12/23 Completed*	*Technical Manager*

PRIORITY GRADINGS

1	**URGENT**	Fundamental control issue on which action should be taken immediately.
2	**IMPORTANT**	Control issue on which action should be taken at the earliest opportunity.
3	**ROUTINE**	Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	A comparison was made between a list of known employees from HR and a list of Active Directory (AD) network accounts, resulting in the identification of 115 names on the HR list, but not on AD and 110 AD accounts with no corresponding HR listing. A sample of ten of these discrepancies was chosen resulting in the identification of a weakness in the current process: temporary workers are not added to Firewatch, the contracts live with the external recruiters and when temporary workers leave, HR or the ICT Team are not informed.	A formalised and robust process for starters, movers and leavers be put in place to ensure access controls are appropriately managed.	2	*Temporary on/offboarding process setup as part of the service catalogue in freshworks.* *Catch net process setup in the form of powershell reports - for users not logged in in X time.* *Safe guard check with firewatch to rule out false positives (longterm sick / maternity etc).* *Temporary Measure Discussed in line with the HR and Peoples System Migration / Upgrade.* *We anticipate newly adopted safeguards will change / improve as the new HR system is implemented and the drive to become more of an automated process is been investigated.*	*31/12/23* *Part Complete*	*Technical Manager*

PRIORITY GRADINGS

1	**URGENT**	Fundamental control issue on which action should be taken immediately.

2	**IMPORTANT**	Control issue on which action should be taken at the earliest opportunity.

3	**ROUTINE**	Control issue on which action should be taken.

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	The Password Policy is dated 1st December 2020 and covers the creation, management and protection of passwords. The policy advises that passwords should be a minimum of eight characters long which aligns with current Cyber Essentials requirements providing multi-factor authentication (MFA) is in place to provide an additional level of protection. If MFA is not in place for the relevant system, a minimum length password of 12 characters should be enforced. It is noted that Active Directory (AD) network accounts must be a minimum of 14 characters, enforced by Group Policy, however, for clarity, the policy requires review and update to ensure all systems with password protection align to Cyber Essentials requirements.	The Password Policy be reviewed and updated to ensure passwords for all systems have the appropriate length to satisfy Cyber Essentials requirements.	3	• *Password policy has been updated to reflect our actual process.* • *MFA -is scheduled as a project deliverable for 2024.*	*08/12/23* *Part Completed*	*Assurance Manager*
2	Directed	An ICT Risk Register including cyber risks would provide an opportunity to individualise specific risks such as phishing, malware and DDoS attack. Each cyber risk can then document mitigations, accepted risks or pending actions to address risk.	An ICT Risk Register including cyber risks be developed.	3	• *ICT Specific Risk Register to be created implemented (31-03-24).*	*31/03/24*	*Assurance Manager*

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.	2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.	3	ROUTINE	Control issue on which action should be taken.

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments	
No Operational Effectiveness Matters were identified.					

ADVISORY NOTE

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Partially in place	2	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	3, 4, & 5	-

Other Findings

Humberside Fire and Rescue Service (HFRS) has an Information Security Policy in place, last reviewed March 2023 and next due for review in March 2024. The aim and objectives of the Policy are:

"To make sure the Service's information security is effective, follows industry standards and is compliant with relevant legislation, through:

- Establishing a management structure for information security that follows good practice guidance and has controls in place balancing cost and risk. Where any question arises over the primacy of policies, the requirements for Information Security shall take precedence;

- Ensuring employees are aware of security risks and their responsibilities to minimise threats;

- Identifying and countering possible threats to the information security and standards; and

- Controlling individual's access to systems they require for their role."

Other Findings

Coverage includes:

- Security Management;
- Security Responsibilities;
- Risk Management;
- User Access Control;
- Housekeeping;

- Data Backup;
- Data Validation;
- Software Protection; and
- Disaster / Recovery Planning.

An Internet, Email and Instant Messaging Policy is in place, last reviewed October 2023 and next due for review in October 2024 to:

- Provide clear guidance to users on actions and behaviour that is acceptable and that which is not;
- Inform users of the manual and technical solutions which are deployed to assist in protecting the Digital Infrastructure environment; and
- Inform users about the requirements of relevant legislation.

Risk SROAR/2019/043 - *Cyber Security Arrangements* is recorded in the Strategic Risk Register to ensure the risk receives regular scrutiny.

Accounts for temporary third-party contractors are carefully controlled with access granted for the period the work is scheduled to take place with network accounts set to expire at the end of the planned work. Additionally, access is granted to a jump server to restrict access to only the relevant system.

Organisations are often exposed to cyber-crime risks not just because of failures in technology but because of problems with people, processes and behaviour. To provide mitigations against user error, cyber security training is mandatory for all staff with compliance at 96.08%. Phishing exercises also take place to test users' ability to identify suspicious emails.

The Group Policy Password Policy enforces network accounts to have passwords with a minimum length of 14 characters with accounts locked out after 10 invalid logon attempts to mitigate against brute force attacks.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	**Performance Monitoring**	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
S	**Sustainability**	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	**Resilience**	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Out of scope	-	-

Other Findings

Emails received from outside the humbersidefire.gov.uk domain have a prominent banner at the top reading "CAUTION: This email originated from outside of the organization. Be cautious of links and attachments unless you recognise the sender." to ensure users treat such emails with additional caution.

Managed Security Services (Managed Detection and Response) are provided by Grant Thornton to provide detection, investigation, escalation, recommendations, response actions and support for security events within the devices covered by the managed services.

Scope and Limitations of the Review

1.	The definition of the type of review, the limitations and the responsibilities of management in regard to this review are set out in the Annual Plan. As set out in the Audit Charter, substantive testing is only carried out where this has been agreed with management and unless explicitly shown in the scope no such work has been performed.

Disclaimer

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Effectiveness of arrangements

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Not in place	The control arrangements in place do not effectively mitigate the risk from arising.

Assurance Assessment

4.	The definitions of the assurance assessments are:

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5.	We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6.	The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	20th November 2023	20th November 2023
Draft Report:	5th December 2023	19th January 2024
Final Report:	19th January 2024	

AUDIT PLANNING MEMORANDUM

Client:	Humberside Fire & Rescue		
Review:	ICT-Management Controls		
Type of Review:	Assurance	Audit Lead:	Simon Butterfield

Outline scope (per Annual Plan):	The review considers the arrangements for: access security; back up retention periods; email/ internet policy and enforcement; licence monitoring, upgrade controls and protocols for communicating with third parties. The scope of the review does not include consideration of the training needs; or the appropriateness of file sharing.
Detailed scope will consider:	The review will set out to provide assurance to the GAS Committee that the Fire Service has robust controls in relation to the arrangements for accessing the ICT systems and applications: • The policy and procedures are up-to-date and clearly define the process for the management controls relating to ICT. • Risk relating to ICT systems and use of systems have been considered and mitigating actions and controls are operating. • Systems are regularly updated in regard to application and users. • Appropriate controls are operating for the administration of the systems. • Appropriate budgets are allocated for ICT systems in accordance with the Service's strategy. • Regular reporting is provided to senior management and/or Board in relation to ICT performance.
Requested additions to scope:	(if required then please provide brief detail)
Exclusions from scope:	

Planned Start Date:	20/11/2023	Exit Meeting Date:	24/11/2023	Exit Meeting to be held with:	Hazel Bullen, Daniella Thorpe, Richard Jacques, Gary Sivewright

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	N
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	N
Have there been any significant changes to the process?	Y – new service desk software solution implemented.
Are there any particular matters/periods of time you would like the review to consider?	N

Humberside Fire and Rescue Service

Operational Review of National Operational Guidance

2023/24

January 2024

Executive Summary

OVERALL ASSESSMENT

ADVISORY REVIEW

Adequate & effective governance, risk and control processes

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

We do not have an acceptable level of assurance that our crews are applying guidance effectively or that we are communicating NOG to front end resources.

KEY STRATEGIC FINDINGS

The audit focused on establishing staff understanding of, and their opinions relating to, training and the communication of National Operational Guidance (NOG) information.

Comments received from Station, Watch and Crew Managers were obtained and are contained within the report.

An additional resource has been requested to ensure that NOG related information provided to fire crews remains up to date, accessible and user friendly.

GOOD PRACTICE IDENTIFIED

With the exception of one module, mandatory pdrPro NOG training completion rates exceed 90%.

SCOPE

The audit considered the effectiveness of NOG implementation against the plan, including staff training and guidance, communication of plans and understanding among staff.

ACTION POINTS

Urgent	Important	Routine	Operational
0	0	2	0

Assurance - Key Findings and Management Action Plan (MAP)

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Directed	Comments made by staff in relation to NOG guidance included that they are too long, and key information may be at the bottom of the page.	NOG guidance be streamlined where possible and key information be prominently placed.	3	A series of App based incident guidance flashcards being developed by Emergency Preparedness. The app will be introduced over three phases to enable adaptation and corrections where needed. The first phase release will be January 2024 with the full rollout before the end of March 2024.	March 2024	G M Dan Head of Emergency Preparedness
2	Directed	Staff asked whether there could be different versions of NOG training for new staff as opposed to experienced staff, and could this be undertaken as a collective exercise for each watch and for the session to be interactive. The Station Manager Emergency Preparedness, however, commented that station staff have the autonomy to undertake training in whatever format they feel is appropriate.	The format of NOG training be reviewed in order to identify the most appropriate delivery method.	3	Training material is developed by OD and training, the delivery method is the remit of the Training section. NOG training is not specific to NOG but formed from NOG and is the core training all operational personnel carry out and as such is often done without the concept that training is indeed NOG. Covered under reviewed and amended Emergency Preparedness Exercises Policy.	Feb 2024	G M Dan Head of Emergency Preparedness

PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.		2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.		3	ROUTINE	Control issue on which action should be taken.

Operational - Effectiveness Matter (OEM) Action Plan

Ref	Risk Area	Finding	Suggested Action	Management Comments	
No operational effectiveness matters were identified.					

Operational Effectiveness Matters need to be considered as part of management review of procedures.

Findings

Directed Risk:

Failure to properly direct the service to ensure compliance with the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	1 & 2	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	-	-

Other Findings

A suite of documents are in place including the Project Management Plan, Communication Plan, Engagement Plan and Report and the Post Implementation Plan. These were in relation to the initial implementation and integration of National Operational Guidance (NOG) across the Service from 2020 onwards and were evaluated within the previous internal audits carried out in 2021.

NOG has now been incorporated into daily routines and is regarded as business as usual within the Emergency Preparedness team. However, it has been identified that there are a number of additional actions that are required in order to ensure that the information remains up to date, accessible and user friendly. A proposal has subsequently been submitted by the Station Manager (Emergency Preparedness) to establish a temporary secondment position to focus on the review of Strategic and Tactical actions and a dedicated Watch Manager post within Emergency Preparedness to focus on NOG and procedural guidance.

A report is to be presented to the Tactical Leadership Team (TLT) on the next steps to be taken. This NOG "Plan on a Page" contains the four priorities of:

- Align with National Operational Guidance;
- Meet requirements of Emergency Preparedness Fire Standard;
- Provide safe and effective response at incidents; and
- Assure guidance is used and fit for purpose.

Details of how these will be achieved, the targets and timescales and what success looks like, aligned to each of the priorities, have been identified.

Other Findings

The following risk is included within the Risk Register: "We do not have an acceptable level of assurance that our crews are applying guidance effectively or that we are communicating NOG to front end resources". Controls identified include:

- Reality testing to establish current knowledge levels;
- Improvement Plan;
- Regional liaison for best practice;
- Software solution; and
- NFCC off-line strategic gap analysis tool.

Previous internal audits on NOG, undertaken in February 2021 and August 2021, considered whether it had become fully embedded into operational activity. Follow up audits have subsequently confirmed that all recommendations raised had been implemented. It was requested that this audit focused on staff understanding, training and the communication of information.

A series of discussions were undertaken with Station, Watch and Crew Managers in order to ascertain their opinions on how user friendly and accessible NOG procedural updates are. The comments made are detailed below and associated recommendations are detailed within the management action plan.

Do you feel the accessing of procedural information at the point of need is good enough and user friendly?

- Poor – on the previous system it used to give us the relevant SOPs that are aligned to the call. Now we have to search for the guidance, which is time consuming. Whilst the headings are generic, they are not specific enough and there are too many. An example mentioned was in relation to fires in vessels at sea – details of the type of vessel, name of vessel, what it was carrying and where it was birthed should be the first thing available, however it is now the last option. They are too long winded and clumsy. We used to have aide memoire, but these are now not available. Very little information on solar panels.
- Not user friendly and too onerous. Too much information to go through to get to what you need. The important information may be at the bottom of the page. Could make better use of index and sub-headings.
- Not very good and too long winded/difficult to find what you need very quickly. Cannot find some information, for example cordon distances, whilst on route. Too generic. Comprehensive if you have the time to look through it. Likes the risk information box. Not needed for the day-to-day jobs (house fires, RTCs). More useful for unusual jobs. Likes the OIN (operational information).
- Very difficult to do it on-route to a job. Too much information in it.

Do you know where to get the information from?

- Yes, but it not user friendly in an operational situation.
- Yes - use the MDT or the National Fire Chiefs Council (NFCC) website.
- Can access these through his work phone.
- Through MDT and CAT phone and main HFRS portal intranet website. Would like a separate tablet on each crew to access the information and to take it away from the vehicle.

Other Findings

What is your opinion of the pdrPro training?

- Too much information. Cannot see the wood for the trees. It appears that someone has just decided to put everything in it rather than deciding what is important, however, they are a very good study aid.
- Good. There is an appropriate amount of information.
- A bit long winded. NOG scenarios are too big. The member of staff asked whether there could be different versions for new staff as opposed to experienced staff who could do a refresher version of the training. Suggested to do the training as a collective exercise for each watch and for the session to be interactive.
- Would prefer to print out the training, make his own notes and deliver the training to the rest of the watch.

Do they use or would like to use flash cards?

- Not aware of any in use relating to NOG but would be useful. Aide memoire folder on site but not used.
- Taken off the pump so not in use but did prefer them.
- Not in use but would like to use them if available, however, this may be a step backwards if these were hard copy on the appliance.
- Only used the one specific to water rescue. Did like the old aide memoires.

Delivery Risk:

Failure to deliver the service in an effective manner which meets the requirements of the organisation.

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Out of scope	-	-
S	Sustainability	The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

Other Findings

There are a number of mandatory NOG modules that are to be completed by all Firefighters and Watch Managers. These were released from 2020 onwards, initially one subject per month, however, after six months this was reduced to one module every two months. All subjects are to be completed over a four-year period with every package being reviewed annually to ensure that it remains in line with the most up to date NOG guidance.

Data provided by the Watch Manager (Learning & Development Manager) showed that the NOG training completion rates exceed 90%, with the exception of one module (incidents involving animals), which is at 82%.

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Scope and Limitations of the Review

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No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

Acknowledgement

5.   We would like to thank staff for their co-operation and assistance during the course of our work.

Release of Report

6.   The table below sets out the history of this report.

Stage	Issued	Response Received
Audit Planning Memorandum:	31st July 2023	7th August 2023
Draft Report:	1st November 2023	17th January 2024
Final Report:	17th January 2024	

AUDIT PLANNING MEMORANDUM

Client:	Humberside Fire and Rescue Service		
Review:	National Operational Guidance		
Type of Review:	Assurance	Audit Lead:	David Robinson

Outline scope (per Annual Plan):	The audit reviewed the effectiveness of NOG implementation against the plan, including staff training and guidance, communication of plans and understanding among staff.
Detailed scope will consider:	The review will set out to provide assurance to the Governance, Audit and Scrutiny Committee that the organisation has robust controls in relation to the implementation of NOG. • The policy and procedures are up-to-date, clearly define responsibilities and are available to staff. • A gap analysis has been undertaken and an appropriate action plan developed. • Progress is monitored and reported to committee/senior management and the Authority. • Appropriate staff training has been provided.

Planned Start Date:	11/10/2023	Exit Meeting Date:	17/10/2023	Exit Meeting to be held with:	Station Manager Emergency Preparedness, Service Improvement Supervisor

SELF ASSESSMENT RESPONSE

Matters over the previous 12 months relating to activity to be reviewed	Y/N (if Y then please provide brief details separately)
Has there been any reduction in the effectiveness of the internal controls due to staff absences through sickness and/or vacancies etc?	Yes, due to removal of temporary posts.
Have there been any breakdowns in the internal controls resulting in disciplinary action or similar?	No
Have there been any significant changes to the process?	No
Are there any particular matters/periods of time you would like the review to consider?	No

ANNUAL GOVERNANCE STATEMENT 2023/24

1.   SUMMARY

1.1   It is a requirement of the Fire Authority to publish an Annual Governance Statement (AGS) on a yearly basis.

1.2   The report sets out the draft Annual Governance Statement (AGS) in respect to 2023/24 (Appendix 1). Given the content of the Statement, it is felt desirable that the Authority should specifically review the AGS separately from the Annual Accounts, although the AGS will form part of the Annual Accounts, the draft of which will be submitted to the Authority in July 2024.

1.3   The draft AGS is submitted to the GAS Committee for its consideration and the making of any recommendations to the Fire Authority prior to its approval.

2.   MATTERS FOR CONSIDERATION

2.1   The Committee is requested to review the draft Annual Governance Statement 2023/24, as set out at Appendix 1, and may wish to endorse its approval to the Fire Authority.

3.   BACKGROUND

3.1   Regulation 4 of the Accounts and Audit Regulations 2003 required the Humberside Fire Authority to conduct an annual review of the effectiveness of its system of internal control and publish a Statement of Internal Control (SIC) up until 2006/07.

3.2   From 1 April 2007 the SIC was replaced by the AGS. Guidance was issued by the Chartered Institute of Public Finance and Accountancy (CIPFA) Finance Advisory Network in respect to the production of the AGS. In addition, guidance has also been set out in the CIPFA/Solace (Society of Local Authority Chief Executives) good governance framework.

3.3   The CIPFA/Solace good governance framework brought together a number of governance principles and requirements, including replacing the previous Statement of Internal Control with a new Annual Governance Statement (AGS) from 2007/08.

3.4   The AGS takes account of CIPFA Bulletin 06 issued 11 February 2021 providing guidance relevant for the annual review of the system of internal control and publication of the Annual Governance Statement (AGS). This guidance concerns the requirements of the Delivering Good Governance in Local Government Framework 2016 CIPFA and Solace (the Framework). It also takes into account the introduction of the CIPFA Financial Management Code 2019 (FM Code) during 2020/21.

4.   REPORT DETAIL

4.1   The six key principles of good governance as laid down in the 2007 framework have been reviewed within the 2016 framework and re-issued as seven key principles:

(i)   Behaving with integrity, demonstrating strong commitment to ethical values. And respecting the rule of law.

(ii)   Ensuring openness and comprehensive stakeholder engagement.

(iii) Defining outcomes in terms of sustainable economic, social, and environmental benefits.

(iv) Determining the interventions necessary to optimise the achievement of the intended outcomes.

(v) Developing the entity's capacity, including the capability of its leadership and the individuals within it.

(vi) Managing risks and performance through robust internal control and strong public financial management.

(vii) Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

4.2 The Authority's governance framework comprises the systems and processes, culture and values, by which the HFA is directed and controlled. The framework demonstrates how the HFA accounts to, engages with and leads within the community. It enables the HFA to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

4.3 The Constitution of the Authority, published on the Authority's website, includes:

- Committee Membership and Terms of Reference
- Scheme of Delegation to Officers
- Financial Procedure Rules
- Contract Procedure Rules
- Members' Code of Conduct
- Officer/Employees' Code of Conduct
- Protocol for Member and Officer Relationships
- Code of Corporate Governance.

4.4 In essence the AGS is the formal Statement (signed by the Chairperson of the Fire Authority, the Chief Fire Officer & Chief Executive and other Statutory Officers) that recognises, records and publishes the governance arrangements of the Fire Authority. The AGS is much broader than the SIC, although the overall assurance process remains. The AGS must reflect the governance framework.

4.5 The assurances in respect to the AGS derive from the following:

- External Audit – through assessment
- Internal Audit
- Members
- Section 151 Officer
- Secretary/Monitoring Officer
- Strategic Leadership
- Third parties, including partnership arrangements.

4.6 There is no model AGS, but rather the Guidance sets out best practice in developing an AGS.

4.7 The production of the AGS dovetails strongly with corporate risk management and the Annual Audit Report from Internal Audit.

Legal implications

4.8 This AGS ensures that the Fire Authority complies with regulation 4(2) of the Accounts and Audit Regulations 2003 as amended 2006 and 2011.

Linkages to the Strategic Plan

4.9   This report underpins good governance arrangements, which is an enabler of the current Strategic Plan.

5.   EQUALITY IMPLICATIONS

5.1   There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6.   CONCLUSION

6.1   The AGS ensures that the Fire Authority complies with regulation 4(2) of the Accounts and Audit Regulations 2003 as amended 2006 and 2011.

6.2   The draft AGS 2023/24 is attached at Appendix 1 for the Committee's consideration and for making any recommendations to the Fire Authority prior to its approval.

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Area Manager of Service Improvement

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Background Papers

None

Glossary/Abbreviations

AGS	Annual Governance Statement
CIPFA	Chartered Institute of Public Finance and Accountancy
FM	Financial Management Code
SIC	Statement of Internal Control
SOLACE	Society of Local Authority Chief Executives

ANNUAL GOVERNANCE STATEMENT 2023/24

Scope of Responsibility

1.   The Humberside Fire Authority (HFA) is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The HFA also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

2.   In discharging this overall responsibility, the HFA is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

3.   The HFA has approved and adopted a code of corporate governance applicable to Members, which is consistent with the principles of the Chartered Institute of Public Finance and Accountancy (CIPFA)/ Society of Local Authority Chief Executives (Solace) Delivering Good Governance in Local Government Framework 2016 Edition. A copy of the code can be obtained from the Secretary to the Fire Authority.

4.   The HFA has approved and adopted the National Fire Chiefs Council (NFCC) Core Code of Ethics for Fire and Rescue Services for employees to abide by.

5.   This statement explains how the HFA has complied with the code of corporate governance and also meets the requirements of regulation 4(3) of the Accounts and Audit (England) Regulations 2011 in relation to the publication of an Annual Governance Statement.

The Purpose of the Governance Framework

6.   The governance framework comprises the systems and processes, culture and values, by which the HFA is directed and controlled. The framework demonstrates how the HFA accounts to, engages with and leads within the community. It enables the HFA to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

7.   The system of internal control is a significant part of the governance framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

8.   The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the HFA's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

9.   The governance framework has been in place at the HFA for the year ending 31 March 2023 and up to the date of approval of the Statement of Accounts.

The Governance Framework 2023/24

10.   The key elements of the HFA's governance framework included:

(a)   The Constitution of the Authority which includes:

(1) Committee Membership and Terms of Reference;
(2) Scheme of Delegation to Officers;

(3) Financial Procedure Rules;
(4) Contract Procedure Rules;
(5) Members' Code of Conduct;
(6) Employees' Code of Conduct;
(7) Protocol for Member and Officer relationships;
(8) Code of Corporate Governance.

(b)   The Governance, Audit and Scrutiny (GAS) Committee, as well as the HFA itself, received regular reports on the Service's performance arrangements.

(c)   An approved Corporate Risk and Opportunity Policy.

(d)   An approved 'Local Code of Corporate Governance' in accordance with the CIPFA/SOLACE Framework for Corporate Governance.

(e)   The designation of the Chief Fire Officer as Chief Executive responsible to the HFA for all aspects of operational management.

(f)   The designation of the Executive Director of Finance and S.151 Officer (Local Government Act 1972) in accordance with Section 112 of the Local Government Finance Act 1988 and conforming with the governance requirements of the CIPFA Statement on the role of the Chief Financial Officer in Local Government (2010).

(g)   The designation of the Secretary as Monitoring Officer with the requirement to report to the full HFA if it is considered that any proposal, decision or omission would give rise to unlawfulness or maladministration.

(h)   The Executive Board has considered a strategic overview of the HFA control environment, including the response to external audit, performance management, strategic planning and scrutiny of Risk and Opportunity Management.

(i)   The production of quarterly Management Accounts which are distributed to all Members of SLT and are considered at the GAS Committee meetings and the HFA.

(j)   The Service and Finance Planning process.

(k)   In accordance with the Service Business Planning Framework the Strategic Plan and Community Risk Management Plan (CRMP) for 2021-25 ensure a three-year plan, linked to the Medium Term Resource Strategy.

(l)   The Strategic Plan 2021/24 includes strategic objectives and Directorate responsibilities. The Strategic Plan 2021-25 was approved by HFA in December 2020 following consultation.

(m)   The Community Risk Management Plan (CRMP) 2021-25 takes account of the requirements of the 2018 Fire and Rescue National Framework for England, providing a detailed assessment of the risks facing our communities and personnel and the measures taken to mitigate those risks. .

(n)   Current Anti-Fraud and Corruption, Anti-Bribery and Anti-Money Laundering Policies. We publish these and other such Policies, associated data and information on the HFRS Website under Data Transparency.

(o)   The Authority is committed to the highest possible standards of integrity, openness, fairness, inclusivity, probity and accountability. HFA aims to provide a positive and supportive culture to enable employees to raise their concerns.

A [Whistleblowing Policy](#) and subscription to the services of the whistleblowing charity, Protect, were in place. Staff are informed of this service via Siren and the Whistleblowing Policy which is published on the external website.

The Authority has also introduced a 'Freedom to Speak up Guardian' role through the new Wellbeing Manager in Occupational Health, providing another independent reporting route for staff to raise concerns.

(p)   A Service Improvement Plan has been developed to ensure that improvement areas across the Service, including any actions arising from His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Inspection, are documented, evidenced and regularly reviewed.

(q)   Member and Officer Development Programmes. During 2023/24 Officers undertook facilitated supportive leadership development. Access to the T2Hub of Management and Leadership Self Development resources, Continual Professional Development through the Leadership Forum and Guest Speakers and Officers completing the Executive Leadership Programme.

(r)   Scheduled Member Days throughout the year support Member development and awareness of developing agenda for the Service and across the Sector as a whole.

(s)   An approved Treasury Management Policy and Prudential Indicators.

(t)   A Protective Marking Scheme (based upon the His Majesty's Government Security Framework).

(u)   Implementation of a [Public Sector Equality Duty (PSED) action plan](#) to implement its priorities. Actions within this plan have been fully integrated within the LGA FRS Equality Framework Self-assessment/action planning process and Priorities following consultation.

(v)   Aligned service delivery with our four Local Authorities (Hull, East Riding, North Lincolnshire and North East Lincolnshire) through District management teams, is helping partnership work and assists us to be closer and more accountable to local communities.

(w)   Bi-Annual Performance Reports to HFA are published on our [website](#).

(x)   A Pension Board, as required under The Firefighters' Pension Scheme (Amendment) (Governance) Regulations 2015, was formed in 2015 to oversee compliance in the operation of the Firefighters' Pension Scheme (FPS). The Pension Board met twice during 2023/24.

(y)   The Executive Director of People and Development chairs a Joint Consultative Committee attended by all Representative Bodies to discuss any matters relating to staff terms and conditions.

(z)   Member Champions continue to support functional areas and are invited to attend local District performance meetings and to meet with Area Managers and Executive Directors.

(aa) Consultation on our Council Tax Precept for 2023/24 drew many responses (1356) from our community. This allowed Fire Authority Members to make an informed decision on the setting of the precept.

(bb) In line with legislative requirements HFRS published its Gender, Ethnicity and Disability Pay Gap Report by the end of March 2024. Any arising actions are included within the report to HFA.

(cc) Emergency Preparedness for significant events is assured through provision of a fulltime team, established and tested Business Continuity Plans and a lead role within the Humber Local Resilience Forum (LRF).

(dd) Policies relating to compliance, management and administration of information governance, under the General Data Protection Regulation (GDPR) are published on the website.

Review of Effectiveness

10. The HFA has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the Authority who have responsibility for the development and maintenance of the governance environment, the head of internal audit's annual report, and also by comments made by the external auditors and other review agencies and inspectorates.

11. The GAS Committee has continued its scrutiny programme during 2023/24, including the scrutiny of:

   - Fire Standards
   - Procurement
   - Equality, Diversity and Inclusion (EDI) - Equality Impact Analysis
   - General Data Protection Regulation (GDPR) Compliance
   - EDI Staff Forums.

   The induction of new Members and continuing training of all Members (via Member Days and Member Champion meetings) during 2023/24 has further enabled Members to discharge the functions of the HFA.

12. During the 2023/24 financial year, the HFA and its committees met as follows:

   - HFA - nine occasions
   - GAS Committee - seven occasions
   - Pension Board - two occasions

13. Members of the Pension Board receive reports against a number of key workstreams designed to ensure that the Board operates in compliance with the Pension Regulator's Code of Practice for Pension Boards, this encompasses three broad areas: Governance, Administration and Communication.

14. The review of the effectiveness of the system of internal control is informed by:

   - The work of Senior Officers
   - The work of Internal Audit
   - Corporate Risk and Opportunity
   - Performance information
   - The Authority's External Auditor, in their Auditor's Annual Report, Audit Completion Report, Annual Audit Letter and other reports.

15.   Internal Audit has undertaken a number of reviews during 2023/24. The following areas were covered:

- Bullying, Harassment and Discrimination
- Enforcement Powers and Priorities
- Effectiveness of Systems (used to learn from operational Incidents)
- National Operational Guidance (NOG)
- Service Absolutes Process
- Staff Development
- Mobile Data Terminals (MDT) performance
- ICT Management Controls
- Key Financial Controls

16.   The Authority is fully compliant against the CIPFA Financial Management Code. Full compliance against the code became mandatory from 1 April 2022.

17.   The Head of Internal Audit annual opinion for the period 1 April 2023 to 31 March 2024 was satisfied that, for the areas reviewed during the year, the Service has reasonable and effective risk management, control and governance processes in place. The Authority proactively utilises Internal Audit as an effective tool to receive independent assessment and assurance in targeted areas of work as identified by the Service Improvement Framework.

18.   The effectiveness of the governance framework is considered throughout the year by SLT, the GAS Committee and HFA. Much of this is discharged through internal reports such as Management Accounts and Performance Reports as well as the work of Internal and External Audit. Any significant issues are captured via the risk management system and considered by the Fire Authority where appropriate.

Governance Update 2023/24

19.   There were no significant governance issues during 2023/24.

20.   Members are assured that the Service has appropriate arrangements in place should use of the powers under the Regulation of Investigatory Powers Act (RIPA) 2000 be necessary. There was no use of RIPA or requests for covert surveillance during 2023/24.

21.   The Police & Crime Act 2017 places a statutory duty upon Fire and Rescue, Police and Ambulance services to collaborate.

22.   We continue to proactively identify collaborative opportunities with the Police, Ambulance services and other bodies. This has included:

- A joint Emergency Service Fleet Management workshop with the Humberside Police.
- A joint Estates (Operational and Strategic) function with Humberside Police.
- Provision of a medical First Responder scheme in partnership with Yorkshire Ambulance (YAS), East Midlands Ambulance Service (EMAS).
- A Falls, Intervention Response, Safety Team (F.I.R.S.T) in partnership with NHS partners, Hull City Council and East Riding of Yorkshire Council.
- An agreement with Yorkshire Ambulance Service (YAS) for them to provide Service wide Clinical Governance.
- Memorandums of Understanding with Humberside Police and Ambulance Trusts to support response activities including:
  - Fire Investigation
  - Forced Entry for Medical Rescues

- Drone
- Bariatric
- An Integrated Health Centre incorporating a Full-Time fire station, in partnership with Humber, Coast and Vale ICS.
- A Fire and Police Transformation Board continues to review collaboration opportunities where they are beneficial and practicable.
- Shared provision of a Health and Safety function with Humberside Police, managed by HFRS.
- HFRS providing Financial Management support to Humberside PCC.
- 'Don't Cross the Line' campaign to support stopping attacks on Emergency Service Workers.

23. The Service was last inspected by HMICFRS at the end of 2021 into 2022 which rated the Service as 'Good' across all three pillars (Effectiveness, Efficiency and People). The Service Improvement Plan addresses any findings from the inspection and is used to prepare the Service for its next inspection, due to take place later in 2024. Performance monitoring against the Service Improvement Plan is undertaken through a Strategic Leadership Team performance meeting held every other month.

The Service was chosen as one of the 10 fire services to undergo a Thematic Inspection into the handling of misconduct. The inspection took place over a three week period in November 2023 and will culminate in a report which is set to be published in the summer of 2024. The report will include outcomes from all 10 Services involved in the inspection.

24. The Appointments Committee met once during 2023/24 to appoint to the following Executive post:

- Executive Director of Finance & Section 151 Officer

25. One Whistleblowing complaint was received during 2023/24 and was dealt with in accordance with the Whistleblowing Policy. No case was found to be answered.

26. In its response to its consultation on the White Paper *Reforming our Fire and Rescue Service* on 12 December 2023, the Government committed to the following areas:

- Introducing a professional College of Fire and Rescue to oversee standards and strengthen leadership.
- Developing the provision for Chief Fire Officers (CFOs) to have operational independence.
- Tasking the National Joint Council to review pay negotiation mechanisms.
- Addressing issues around integrity and culture through improved training, more open recruitment practices, and working towards a statutory code of ethics for FRS employees.

Proposals for mandatory transfers to the Police, Fire and Crime Commissioner (PFCC) model, boundary changes to make areas between different public services match geographically, and for a Fire and Rescue Service (FRS) oath were dropped. The Service will continue to monitor national progress against the agreed reforms, providing updates on their evolving status as required.

Strategic Risk and Opportunity Register

27. The Service has in place a Strategic Risk and Opportunity Register which enables it to understand, monitor and mitigate against the Service's overall risk profile. The Service can use a range of techniques for identifying specific risks that may

potentially impact on one or more objectives. The top critical Strategic Risks for 2023/24 were as follows:

- Public Confidence in Working Culture
- Financial Constraints Around National Grant Funding

Conclusions

28.　This Annual Governance Statement for 2023/24 provides Members with a high level of assurance for the Authority's governance arrangements.

Signed

Chair of the Fire Authority　　　　　**Chief Fire Officer & Chief Executive**

Section 151 Officer　　　　　**Secretary & Monitoring Officer to the Fire Authority**

ANNUAL STATEMENT OF ASSURANCE 2023/24

1.   SUMMARY

1.1   The Fire and Rescue National Framework for England sets out a requirement for Fire and Rescue Authorities to provide annual assurance on financial, governance and operational matters and show they have had due regard to the expectations set out in their Community Risk Management Plan (CRMP) and the requirements included in the Framework.

1.2   The Statement of Assurance covers the following areas:

- financial assurance
- governance assurance
- operational assurance

1.3   The Statement of Assurance for 2023/24 is set out at Appendix 1 for Members' consideration and approval.

2.   MATTERS FOR CONSIDERATION

2.1   The Committee is requested to consider the Annual Statement of Assurance 2023/24, as set out at Appendix 1, and may wish to endorse its approval to the Fire Authority.

3.   BACKGROUND

3.1   The Fire and Rescue National Framework for England sets out a requirement for Fire and Rescue Authorities to provide annual assurance on financial, governance and operational matters and show they have had due regard to the expectations set out in their Community Risk Management Plan (CRMP) and the requirements included in the Framework.

3.2   The content of the Authority's Statement of Assurance is based upon the former Department for Communities and Local Government *Guidance on Statements of Assurance for Fire and Rescue Authorities in England (2013)*.

4.   REPORT DETAIL

4.1   The Statement of Assurance, as set out at Appendix 1 covers the following areas:

- financial assurance
- governance assurance
- operational assurance

4.2   Due regard has been paid to the requirements placed upon the Authority through the National Framework and other governance and financial frameworks.

4.3   Once approved, the Statement of Assurance will be published on the Authority's [website](#).

5.   EQUALITY IMPLICATIONS

5.1   There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6. CONCLUSION

6.1 This Statement demonstrates compliance with The Fire and Rescue National Framework for England (Revised 2018) and supports the achievement of the Authority's Strategic Plan objectives.

6.2 The Committee is requested to consider the Annual Statement of Assurance, as set out at Appendix 1, prior to its submission to the Fire Authority for approval.

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Background Papers

None

Glossary/Abbreviations

CRMP	Community Risk Management Plan
GAS	Governance, Audit and Scrutiny Committee

HUMBERSIDE FIRE AUTHORITY

ANNUAL STATEMENT OF ASSURANCE 2023/24

Introduction

1. The Fire and Rescue National Framework for England sets out a requirement for Fire and Rescue Authorities to provide annual assurance on financial, governance and operational matters and show they have had due regard to the expectations set out in their Community Risk Management Plan (CRMP) and the requirements included in the Framework.

2. The content of Humberside Fire Authority's (HFA) Statement of Assurance is based upon the former Department for Communities and Local Government *Guidance on Statements of Assurance for Fire and Rescue Authorities in England (2013)*.

Financial Assurance

3. The HFA places a great deal of emphasis on ensuring that its financial management arrangements meet the highest standards.

4. This is discharged through a number of key processes as follows:

    - The Annual Statement of Accounts is produced in line with accounting Codes of Practice, is scrutinised by the independent Governance, Audit and Scrutiny (GAS) Committee, approved by the Fire Authority and audited by independent external auditors prior to publication.
    - Management Accounts are distributed for consideration by the Strategic Leadership Team (SLT), the GAS Committee and the HFA.
    - An independent external audit view is given on an annual basis as to whether HFA is delivering a value for money service.

Governance Assurance

5. HFA has an approved 'Local Code of Corporate Governance' in accordance with the CIPFA/SOLACE Framework for Corporate Governance.

6. The Constitution of the HFA includes:

    - Committee Membership and Terms of Reference.
    - Scheme of Delegation to Officers.
    - Financial Procedure Rules.
    - Contract Procedure Rules.
    - Members' Code of Conduct.
    - Officers' Code of Conduct.
    - Protocol for Member and Officer Relationships.
    - Code of Corporate Governance.

    The Constitution is published on the Authority's website.

7. An Annual Governance Statement (AGS) is produced explaining how the HFA has complied with the Code of Corporate Governance and also meets the requirements of Regulation 4(3) of the Accounts and Audit (England) Regulations 2011. The AGS is published on the Authority's website.

Operational Assurance

8.   The Strategic Plan (SP) and CRMP have a four-year life cycle, reviewed annually in accordance with the Business Planning Framework. Both the SP and CRMP are published on the Authority's [website](#).

9.   The SP 2021-25 includes strategic objectives across the following headings:
- What we must do well.
- How we support our communities.
- We value and support the people we employ.
- We efficiently manage the Service.

10.   The CRMP 2021-25 takes account of the requirements of the National Framework, providing a detailed assessment of the risks facing our communities and firefighters and the measures taken to mitigate those risks.

11.   Mutual aid arrangements are in place with other services and agencies to provide resilience for large scale or complex incidents, or events, where additional resources need to be called on. HFRS actively contributes to local and national resilience and has made its assets available to support local and national emergencies.

12.   Business Continuity plans exist for generic, key functions and building asset risks and have been developed over many years in conjunction with partners. There is a coordinated approach to Business Continuity Management across HFA including development, training, exercising and review. Arrangements are aligned to International Standard ISO22301.

13.   A sequence of Bi-Annual Performance and Risk Reporting are provided to the HFA.

Conclusion

14.   Due regard has been paid to the requirements placed upon HFA through the National Framework and other governance and financial frameworks.

Signed

                                              Phil Shillito
Chairperson of Humberside Fire Authority   Chief Fire Officer & Chief Executive

Agenda Item No. **8**

Governance, Audit and Scrutiny Committee
10 June 2024

Report by the Area Manager of Service Improvement

ANNUAL ANTI-FRAUD AND CORRUPTION STATEMENT 2023/24

1. SUMMARY

1.1 An annual Anti-Fraud and Corruption Statement is produced in response to recommendations within an Internal Audit review of Counter Fraud Arrangements conducted during 2016/17. The Statement covers key actions taken throughout the reporting year to provide an assurance of the processes in place.

1.2 Each year (usually January time), the Committee reviews the anti-fraud related policies and make any necessary recommendations to enhance to the relevant policies.

2. MATTERS FOR CONSIDERATION

2.1 The Committee is requested to review the draft Anti-Fraud and Corruption Statement for 2023/24 and may wish to endorse its approval to the Fire Authority.

3. BACKGROUND

3.1 An annual Anti-Fraud and Corruption Statement is produced in response to recommendations within an Internal Audit review of Counter Fraud Arrangements conducted during 2016/17. The Statement covers key actions taken throughout the reporting year to provide an assurance of the processes in place.

3.2 The outcomes of the review, including a number of recommendations and agreed actions, were reported to the Committee on 10 April 2017. A specific recommendation was received that the Chief Fire Officer & Chief Executive should publish a formal statement of the Fire Authority's commitment to anti-fraud, bribery and corruption measures.

3.3 The Committee also conducted a scrutiny review of anti-fraud and corruption measures in 2018.

4. REPORT DETAIL

4.1 Related anti-fraud Service Policies are reviewed annually in conjunction with the Committee. These include:

- Whistleblowing
- Anti-Bribery
- Anti-Money Laundering
- Anti-Fraud and Corruption

4.2 Members also receive assurances through the Annual Governance Statement.

4.3 The draft Anti-Fraud and Corruption Statement for 2023/24 is set out at Appendix 1 and, subject to the Authority's approval, will be published on the Authority's website.

5. EQUALITY IMPLICATIONS

5.1 There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6. CONCLUSION

6.1 The Committee is requested to review the draft Anti-Fraud and Corruption Statement for 2023/24 and make any recommendations to the Fire Authority as necessary.

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Steve Duffield
Area Manager of Service Improvement

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Background Papers

None

HUMBERSIDE FIRE AUTHORITY

ANTI-FRAUD AND CORRUPTION STATEMENT 2023/24

Introduction

1.   Humberside Fire Authority (HFA) is committed to the highest possible standards of integrity, openness, probity and accountability. The management of the risk of fraud and corruption and ensuring that effective counter fraud arrangements are in place are key elements of Corporate Governance.

2.   Our Communities expect the HFA to conduct its affairs with integrity, honesty, openness and to demand the highest standards of conduct from those working for it.

3.   The HFA recognises that sound systems of public accountability are vital to effective management and to maintain confidence in the Service and is committed to protecting the public funds entrusted to it. This Anti-Fraud & Corruption Statement outlines the HFA's commitment to creating an anti-fraud culture and maintaining high ethical standards in its administration of public funds. A culture of honesty and openness is a key element in tackling fraud.

4.   In order to prevent, discourage and detect fraud, the Authority has in place and will continue to develop appropriate controls and procedures. These are inter-related and are designed to frustrate fraud or corruption. They cover culture, prevention, detection and training.

5.   Actions around Fraud, Corruption and Bribery form part of the Authority's commitment to robust governance arrangements.

Key Actions during 2023/24

6.   Existing policies and strategies are reviewed on an ongoing basis and annually in conjunction with the Governance, Audit and Scrutiny (GAS) Committee. The Committee considered the Anti-Fraud related policies at its meeting of 22 January 2024 and made recommendations to enhance the policies further.

7.   The policies listed below are current and published on the Authority's website:

a)   Anti-Fraud & Corruption Policy
b)   Whistleblowing Policy
c)   Anti-Bribery Policy
d)   Anti-Money Laundering Policy

As stated in the Anti-Fraud & Corruption and Whistleblowing policies the Monitoring Officer and Chair of GAS Committee are, amongst others, independent named contacts that individuals can report any concerns to.

8.   There have been two allegations of fraud brought to the Authority's attention during 2023/24 through the Complaints Policy. The first allegation was investigated and found there to be no case to answer. The second allegation is currently under investigation. The Monitoring Officer and Chair of the GAS Committee can confirm that there have been no other attempted fraud, bribery or corruption identified during 2023/24. However, the organisation remains vigilant and constantly reviews the operating environment.

Assurance

9. The Authority has comprehensive crime insurance arrangements in place. This cover is for all employees and third parties up to £500k.

10. The GAS Committee is consulted on policy development to combating fraud across the Authority.

11. Arrangements are in place to utilise Internal Audit if required to investigate suspected cases of fraud.

12. We periodically draw to the attention of staff the relevant policies. This is usually through email bulletins and entries in internal communications.

13. We maintain our knowledge, assurance and best practice to deal with current fraud risks and issues through our relationship with Internal Audit. We also receive and disseminate alerts via our Internal Auditors (TiAA).

14. We challenge ourselves through Internal and External audit provision to ensure our procedures are robust and current.

15. We continue to fully participate in the Cabinet Office's National Fraud Initiative (NFI) and receive reports on the outcomes.

16. We have appropriate arrangements in place that encourage staff to raise their concerns. The Whistleblowing Policy and distribution of literature around the Protect Service further support our internal actions.

Signed

Chair of Humberside Fire Authority   **Chief Fire Officer & Chief Executive**

Governance, Audit & Scrutiny Committee
10 June 2024

Report by the Head of Finance

MANAGEMENT ACCOUNTS 2023/24 – BASED ON PERIOD ENDING 29 FEBRUARY 2024

1. SUMMARY

1.1 This report highlights the current financial position based on information to 29 February 2024.

1.2 The end of year projections are set out at section 4.1 for the revenue budget, the capital programme and the pensions account.

2. MATTERS FOR CONSIDERATION

2.1 Members may wish to take assurance from this report and the Authority's financial position for the period ending 29 February 2024.

3. BACKGROUND

3.1 Management Accounts are reported to Members four times a year with the financial position at 30 June, 30 September, 31 December and 29 February.

4. PERIOD ENDING 29 FEBRUARY 2024

4.1 The summary estimated outturn position for the current financial year based on information to 29 February 2024 is as follows:

CATEGORY	2023/24 OUTTURN PROJECTION
HFA	
Revenue Budget	£0.296m underspend
Capital Programme	£2.089 spend against a £6.719m allocation
Pensions Account	£14.366m deficit

4.2 This is the final set of Management Accounts for the 2023/24 financial year.

4.3 Further details on all of these areas are available electronically alongside the agenda papers on the Fire Authority's website at www.humbersidefire.gov.uk/fire-authority.

5. EQUALITY IMPLICATIONS

5.1 There is no requirement to carry out an equality impact analysis as this report does not relate to a policy or service delivery change.

6. CONCLUSION

6.1 Members should take assurance from this report and the Authority's financial position for the period ending 29 February 2024.

Shaun Edwards
Head of Finance

Officer Contact

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Background Papers

2023/24 Management Accounts working papers

NATIONAL RESILIENCE ASSURANCE REPORT 2023/24

1.   SUMMARY

1.1   This report is a summary of the outcomes for information and assurance from the five National Resilience Assurance Team Reports in 2023/24 on the assets held by Humberside Fire and Rescue Service. Those assets being Chemical, Biological, Radiological and Nuclear Capability – Mass Decontamination, Chemical, Biological, Radiological and Nuclear Capability- Detection, Identification and Monitoring, Flood Capability- High Volume Pump, Flood Rescue Capability- Flood Assets (Boats) and Marauding Terrorist Attack Specialist Response.

2.   MATTER FOR CONSIDERATION

2.1   The Committee may wish to consider the outcomes from the highlighted reports and take confidence on the ongoing assurance of these capabilities by the Emergency Preparedness and Fire Control Section.

3.   BACKGROUND

3.1   Around 2004, specialised national capabilities were introduced into Fire and Rescue Services through the 'New Dimensions' implementation. The Secretary of State approved the Fire and Rescue (Emergencies) Order (England and Wales) 2007 which legislated specific provisions including the Chemical, Biological, Radiological and Nuclear capability.

3.2   Consequently, the National Coordination Advisory Framework (NCAF) was established for the management and coordination of the respective capabilities. Throughout England specific capabilities were provided to Fire and Rescue Services, including HFRS.

3.3   HFRS is provided funding from the Home Office to ensure the assets are maintained and readily available for national deployments. Subsequently, National Resilience (formally New Dimensions) was established to coordinate the assets through the National Resilience Assurance Team (NRAT) who audit the Fire and Rescue Services who hold the respective assets. HFRS undergoes an annual assurance audit by NRAT for each National Resilience asset. NRAT produce a report on HFRS performance related to each asset. The report is then sent directly to the Home Office.

3.4   Flood Rescue Capability (boats) sit outside of NCAF, meaning there is no mandated requirement for HFRS to declare any nationally available flood assets. However, within the sector, it has become custom and practice for Fire and Rescue Services with flood rescue assets, to declare them as available national assets. NRAT are subcontracted to complete the assurance of the respective capability, to establish compliance with the Department for Environment Flood and Rural Affairs, Flood Rescue Concept of Operations 2019. Although not a requirement of NCAF, the coordination of these assets follows the same process.

4.   REPORT DETAIL

4.1   Through 2023, HFRS Emergency Preparedness and Fire Control (EPFC) National Resilience leads completed five self-assessment assurance reports for the specialist assets/capabilities held by the Service. Those being:

- Chemical, Biological, Radiological and Nuclear Capability – Mass Decontamination.
- Chemical, Biological, Radiological and Nuclear Capability- Detection, Identification and Monitoring.
- Flood Capability- High Volume Pump.
- Flood Rescue Capability- Flood Assets (Boats).
- Marauding Terrorist Attack Specialist Response.

4.3   The audit style for 2023 was completed by an online submission system. The auditors issued HFRS with a question bank, which HFRS was required to answer, with supporting evidence. The questions focused on policy, procedures, finance, health and safety, equipment maintenance and testing, training, and exercising.

Chemical, Biological, Radiological and Nuclear Capability – Mass Decontamination

4.4   HFRS has been recognised by NRAT as one of the leading Fire and Rescue Services within England in relation to this capability. Consequently, HFRS has shared policies and procedures across the sector. Additionally, HFRS has retained the best asset deployment time throughout England for the past four years.

4.5   The assessment outcome resulted in HFRS receiving the following gradings.

- Zero instances of Inadequate
- Zero instances of Requires Improvement
- Nine instances of Good
- Five instances of Outstanding

Chemical, Biological, Radiological and Nuclear Capability – Detection, Identification and Monitoring

4.6   The assessment outcome resulted in HFRS receiving the following gradings.

- Zero instances of Inadequate
- Three instances of Requires Improvement
- Twenty-five instances of Good
- Zero instances of Outstanding

4.7   The three areas HFRS was graded 'requires improvement' related to succession planning and number of trained officers. The Key Performance Indicator (KPI) is to have twelve, at the time of the audit HFRS had eleven. This was due to a recent promotion. However, HFRS disagreed with the judgement with the auditor as the KPI is there to maintain the asset as available. HFRS maintains the asset 100% available with eight trained officers. The auditor agreed with the viewpoint and is set to review the assessment criteria to reflect the comments made by HFRS. The revised criteria will be based on asset availability as opposed to trained officers.

Flood Capability – High Volume Pump

4.8   The assessment outcome resulted in HFRS receiving the following gradings.

- Zero instances of Inadequate
- Six instances of Requires Improvement
- Ten instances of Good
- Zero instances of Outstanding

4.9   An action plan was produced for the six areas of requires improvement. This plan is now complete, with all areas compliant.

4.10 Equipment maintenance and testing constituted two improvement areas, this was due to incomplete documentation, which highlighted some items of equipment had not been tested within the periodic test frequency.

4.11 Policy and procedures constituted three improvement areas. This was due to some of HFRS policies and procedures referencing an outdated supporting document and not explicitly outlining that HFRS will commit to a national deployment within the KPI time.

4.12 The final area for improvement was related to training records. HFRS explained it was felt the judgment was unreasonable on this point, as the specific question was related to training records of operators and instructors. HFRS provided this evidence in one single report. However, the auditors required operators and trainers to be separated into different reports. The auditors agreed they should have highlighted this and have since made adjustments in the audit criteria to be more specific.

Flood Rescue Capability – Flood Assets (Boats).

4.13 HFRS declare two of the four power boats as nationally available assets. Consequently, it is only the two nationally declared assets which are subject to the respective audit. However, it must be noted that the respective audit provides additional assurance to HFRS, as the overarching policies and procedures for all HFRS boat capabilities meet the requirements of that for a national capability.

4.14 The assessment outcome resulted in HFRS receiving the following gradings.

- Zero instances of Inadequate
- Zero instances of Requires Improvement
- Nine instances of Good
- One instance of Outstanding

Marauding Terrorist Attack (MTA) Specialist Response Team (SRT)

4.15 HFRS declares an MTA specialist response team lite which deploys with five specialist responders with a National Inter-agency Liaison Officer and wider support to an incident. The reported stated that HFRS are proactive in our approach to training, both locally and with multiagency partners, and this collaboration ensures a resilient and adaptive approach, mitigating the impact of such incidents on public safety. Our SRT operatives are well-trained and well-equipped, and we evidenced strategic planning.

4.16 The assessment outcome resulted in HFRS receiving the following gradings.

- Zero instances of Inadequate
- Zero instances of Requires Improvement
- Twenty-six instances of Good
- One instance of Outstanding

4.17 The area of outstanding practice was that there was comprehensive evidence provided that showed an effective communications practice. Humberside uses Ultra High Frequency (UHF) radios and Airwave radios to communicate within the operational, tactical, and strategic responding team. We also use Airbox to track MTA responders on the incident ground and share missions with multi-agency partners. NR have linked with us to get the Airbox information and be part of our working group.

5. EQUALITY IMPLICATIONS

5.1 No equality implications are applicable to the purpose of this report. The respective policies and procedures have independent Equality Impact Analysis Assessments completed.

6.   CONCLUSION

6.1   HFRS was independently assured by NRAT for the national capabilities within Service. This included five different capabilities with a total of ninety-five areas of assessment. HFRS achieved the following assessment outcomes:

- Zero instances of Inadequate
- Nine instances of Requires Improvement
- Seventy-nine instances of Good
- Seven instances of Outstanding

6.2   Action plans were produced for the nine instances of Requires Improvement. All action plans have been completed and the areas are now compliant.

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Background Papers

- National Resilience Assurance Team CBRN(e)-DIM Self-Assessment Report for Humberside April 2023 - March 2024
- National Resilience Assurance Team CBRN(e)-MD Self-Assessment Report for Humberside April 2023 - September 2023
- National Resilience Assurance Team Flood Rescue Self-Assessment Report for Humberside July 2023 - September 2023
- National Resilience Assurance Team HVP Self-Assessment Report for Humberside June 2023 - September 2023
- National Resilience Assurance Team MTA Specialist Response Self-Assessment Report for Humberside June 2023 - December 2023.

Glossary/Abbreviations

EPFC	Emergency Preparedness and Fire Control
HFRS	Humberside Fire and Rescue Service
KPI	Key Performance Indicator
MTA	Marauding Terrorist Attack
NCAF	National Coordination Advisory Framework
NRAT	National Resilience Assurance Team
SPOC	Single Point of Contact
SRT	Specialist Response Team
UHF	Ultra-High Frequency