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To: Members of the Governance, Audit and Scrutiny Committee	<b>Enquiries to:</b> Rob Close <b>Email:</b> <a href="mailto:committeemanager@humbersidefire.gov.uk">committeemanager@humbersidefire.gov.uk</a> <b>Tel. Direct:</b> (01482) 393899 <b>Date:</b> 30 August 2024
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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 9 SEPTEMBER 2024 at 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

The business to be transacted is set out below.

Yours sincerely



**for Lisa Nicholson**  
**Monitoring Officer & Secretary to Fire Authority**

## AGENDA

Business	Page Number	Lead	Primary Action Requested
1. Apologies for absence	-	Monitoring Officer/ Secretary	To record
2. Declarations of Interest (Members and Officers)	-	Monitoring Officer/ Secretary	To declare and withdraw if pecuniary
3. Minutes of the meeting of 10 July 2024 and Action Schedule	(pages 3 - 10)	Chairperson	To approve
4. Finance and Procurement Update – Period ending 30 June 2024	(pages 11 - 32)	Joint Deputy Chief Finance Officer & Deputy S.151 Officer	To consider and make any recommendations to the HFA
5. Internal Audit Reports Quarter 2	(pages 33 - 78)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
6. HMICFRS Standards of Behaviour – The Handling of Misconduct in Fire and Rescue Services	Verbal Update	Assistant Chief Fire Officer / Executive Director of Corporate Services	To receive
7. GAS Committee Scrutiny Programme 2023/24	(pages 79 - 84)	Monitoring Officer/ Secretary	To approve



**HUMBERSIDE FIRE AUTHORITY**

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE**

**10 JULY 2024**

**PRESENT:** Independent Co-opted Members Chris Brown (Chair), Melissa Dearey, and Gerry Wareham.

**Officers Present:** Martyn Ransom - Executive Director of Finance/Section 151 Officer, Steve Duffield – Area Manager of Service Improvement, Shaun Edwards – Head of Finance, Jon Henderson – Area Manager of Prevention, Protection, Fleet and Estates Jason Kirby – Area Manager of Emergency Response, David Robinson – Internal Audit (TIAA), Emma Appleton – Deputy Monitoring Officer/Secretary, and Rob Close – Committee Manager.

Rejoice Mapeto (Mazars) was in remote attendance.

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

**31/24 APOLOGIES FOR ABSENCE** – Apologies for absence were received from Nigel Saxby.

**32/24 DECLARATIONS OF INTEREST** – No declarations of interest were made with respect to any items on the agenda.

**33/24 MINUTES – Resolved** – That the minutes of the meeting held on 10 June 2024 be confirmed as a correct record.

**34/24 TREASURY MANAGEMENT ANNUAL REPORT 2023/24** – The Committee received a report of the Executive Director of Finance/Section 151 Officer summarising Authority's treasury management activity and Prudential Indicators for the year 2023/24. It was advised that the Authority earned £0.81m in interest in the year 2023/24 and closing Public Works Loan Board (PWLB) debt fell by £0.8m to £16.7m. The Authority's average level of borrowing was £17.5m for 2023/24 and was considered under borrowed against projections. Capital expenditure sat short of the projected sum by some £2m as a result of capital project slippage. The ratio of financing costs to net revenue stream for the current year sat at 1.45 per cent.

The Committee asked what the Authority's next steps were in order to achieve an outstanding graded financial position. It was advised that the Authority would seek to develop a greater understanding of its cost basis. While public sector finances remained in their current state, and with the limitations of a one-year settlement, the Authority expected no changes to its fiscal forecast until a comprehensive spending review had been completed. However, it was stressed that the Authority was looking to introduce zero-base budgeting in the hope of transitioning its fiscal forecast from good to outstanding.

**Resolved** – That the Committee endorse the Treasury Management Annual Report 2023/24.

**35/24 ANNUAL STATEMENT OF ACCOUNTS 2023/24 (UNAUDITED)** – The Committee received a report of the Executive Director of Finance/Section 151 Officer summarising Authority's unaudited annual statement of accounts for 2023/24. It was advised that the accounts were completed within the specified deadline, had been signed and published, and were due to have been audited by November 2024.

The Committee suggested that the Service Performance Summary 2023/24 contained comparisons to previous years for information.

**Resolved –** (a) That the Committee receive the Annual Statement of Accounts 2023/24.

(b) That the Committee recommend that the Service Performance Summary 2023/24 be amended to contain comparisons to previous years for information.

**36/24 Internal Audit Reports – Quarter One** – The Committee received a report of TIAA, the Authority's internal auditors, detailing the internal audit reports and Summary Internal Controls Assurance. One audit had been completed thus far on Staff Forums and EDI Steering Group receiving limited assurance, resulting in eight important recommendations and two routine recommendations being made.

There were no changes to the approved plan for 2024/25. Draft reports had been issued for the Application and Management of Disciplinary Procedures audit and the Training Records audit.

The Committee registered its surprise at the eight priority two actions listed against the Staff Forums and EDI Steering Group and sought further clarity on this matter. It was stressed that officers recognised that Staff Forums and EDI Steering Groups was an area that required renewed attention and noted its inclusion within the scrutiny programme for the GAS Committee. Furthermore, it was noted that, when inspected by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), the Authority improved its previous grading of Requires Improvement to a grading of Good. The Service was now in the process of recruiting a dedicated lead officer for EDI who would scrutinise the EDI plan that had developed as a result of this audit. The Committee welcomed the news of a new dedicated role focussing on EDI.

TIAA, the Authority's internal auditors, added that a number of the recommendations made could be addressed quickly.

**Resolved –** That the report be received.

**37/24 SCRUTINY ITEM: HMICFRS VALUES AND CULTURE IN FIRE AND RESCUE SERVICES** – The Committee received a report of the Area Manager of Service Improvement detailing the 'values and culture in fire and rescue services' report as published by HMICFRS in March 2023. The report made 35 recommendations across 9 themes. Chief Fire Officers had accountability for 19 of the recommendations, with the Home Office and the National Fire Chief's Council (NFCC) having accountability for the other recommendations. An action plan, with an integrated GAP analysis, was used to manage and record the Authority's progression against each of the recommendations, with information and evidence coordinated through a cross-departmental culture group. The first inspection for HFRS took place in 2018/19, the Authority's gradings were:

- Good for Effectiveness
- Good for Efficiency
- Requires Improvement for People

In 2021/22 the Authority had its second full inspection, and it's gradings were:

- Good for Effectiveness
- Good for Efficiency
- Good for People

During each inspection an assessment was made of organisational culture, against the following areas, all assessed as Good in the 2021/22 Inspection:

- Promoting the right values and culture
- Getting the right people with the right skills
- Ensuring fairness and promoting diversity
- Managing performance and developing leaders

The Authority was one of 10 subject to HMICFRS thematic misconduct inspection in November 2023. The scope of the inspection included a review of people related policies, desktop reviews, reality testing, staff forums and staff survey. Many of the areas inspected aligned with the recommendation themes detailed in the spotlight report, providing independent analysis of the Authority's position and progress. It was noted HMICFRS did not issue any graded judgment or individual report for any participating Authority, with the feedback provided through a verbal debrief, with a holistic sector report based on the findings from all 10 Fire and Rescue Services due for publication later in the summer.

RealWorldHR completed its independent staff engagement exercise of the Service with the resulting feedback and outcomes addressing related HMICFRS Spotlight report recommendations. It noted the Authority, although planned in advanced of HMICFRS report publication, purposefully awaited its release to enable both pieces of work to complement each other. The RealWorldHR independent staff engagement survey generated a 49 per cent response rate feedback mapped against HMICFRS and national report recommendations. A developed Culture Working Group with Service-wide staff representation was in place to manage and respond to each recommendation, coordinated through the Service Improvement Plan and Strategic Performance Meetings.

**Service Selection** – Authorities were selected for pilots by the NFCC. Humberside Fire and Rescue also did contributed to a pilot focussed on Grenfell Towers and offered to contribute to a future one on cyber security.

**RealWorldHR** – RealWorldHR was commissioned as an external organisation to conduct online surveys and arrange staff focus groups to identify the culture staff identified within the Service. While 49 per cent of staff responded, the Service hoped to increase that number through its own engagement works. It was stressed that, when staff were asked if they would recommend Humberside Fire and Rescue as an employer, over 80 per cent said they would do so.

**DBS Checks** – The Service was believed to be the only fire and rescue service in the country to achieve a 100 per cent DBS check for all its staff. It was stressed that unions were engaged with early on in the process.

**360 Feedback** – The Performance Development Review (PDR) process was directly informed by a 360 feedback process which was conducted at least one per year for all staff with line management responsibility. Additional to the 360-feedback exercise, staff had monthly one to ones with their line managers. The Committee encouraged the Service to support more junior managers in the 360 feedback process, suggesting that it could be onerous. Moreover, the Committee suggested that the Service consider adopting reverse monitoring as part of its PDR process.

**Resolved** – That the Committee takes assurance that the Service has effectively adopted the HMICFRS Values and Culture in Fire and Rescue Services.

**38/24 GAS COMMITTEE SCRUTINY PROGRAMME 2024/25** - The Committee Manager submitted a report summarising the Committee's Scrutiny Programme 2024/25.

**Resolved** – That the work programme for 2024/25 be approved



**ROLLING ACTION SCHEDULE OF FIRE AUTHORITY, GAS COMMITTEE & PENSION BOARD MEETINGS**

<b>Meeting</b>	<b>Date</b>	<b>Agenda Item</b>	<b>Minute Number</b>	<b>Resolution/Action</b>	<b>Officer to Action</b>	<b>Complete/Update</b>
GAS Committee	19 February 2024	Internal Audit Plan 2024/25	17/24	Recommended to the Fire Authority – That the Internal Audit Annual Plan 2024/25 be approved.	N/A	<b>Complete</b> – Recommendation adopted by HFA on 8 <sup>th</sup> March 2024 (Minute 24/24 refers)
GAS Committee	19 February 2024	Internal Audit Reports	16/24	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.	Rob Close – Committee Manager/ David Robinson (TIAA)	<b>Complete</b> – Added to Agenda of 8 <sup>th</sup> April 2024
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	<b>Complete</b> – 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	<b>Complete</b> - To be determined further at the Committee's Scrutiny Work Programme Setting Workshop on 8 April 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. <i>Disclosure Procedure</i> 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. <i>How to raise a concern</i> 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	<b>Complete</b> –  (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, <i>volunteers</i> , 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 – " <i>An officer must not communicate in any way to the individual their intention to report, or subsequent reporting, the matter to the MLRO.</i> "  (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 - <a href="mailto:ChairpersonGAS@humbersidefire.gov.uk">ChairpersonGAS@humbersidefire.gov.uk</a>
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	<b>Complete</b> - 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)	<b>Complete</b> – 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

**ROLLING ACTION SCHEDULE OF FIRE AUTHORITY, GAS COMMITTEE & PENSION BOARD MEETINGS**

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						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	<b>Complete</b> – added to GAS Committee Work Programme for 22 <sup>nd</sup> 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 agreed to give some further detail of this outside of the meeting.	Jamie Morris – Designate Head of Corporate Assurance/ Andrew McCulloch - Internal Audit (TIAA)	<b>Complete</b> – Members sent as a reminder the agreed internal audit plan (attached) as approved and 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	<b>Resolved</b> – (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	<b>Complete</b> (b) This was fully explored. Regrettably, 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.



**ROLLING ACTION SCHEDULE OF FIRE AUTHORITY, GAS COMMITTEE & PENSION BOARD MEETINGS**

<b>Meeting</b>	<b>Date</b>	<b>Agenda Item</b>	<b>Minute Number</b>	<b>Resolution/Action</b>	<b>Officer to Action</b>	<b>Complete/Update</b>
GAS Committee	20 February 2023	GAS Committee Scrutiny Programme 2022/23	20/23	<b>Resolved</b> - (a) That an item considering Equality, Diversity and Inclusion Staff Forums be brought to the 3 April 2023 meeting of the Committee.	Committee Manager	<b>Complete</b>
GAS Committee	20 February 2023	Scrutiny Item – General Data Protection Regulation (GDPR) Compliance	19/23	<b>Resolved</b> - (b) That a copy of the Data Protection Guide for Staff be circulated to the Committee for information upon publication.	Senior Corporate Assurance Officer	<b>Complete</b>
GAS Committee	20 February 2023	Treasury Management and Capital Expenditure Strategy 2023/24	18/23	<b>Resolved –</b> (b) That an update be given by the Joint Estates Manager on fleet replacement during the next municipal year;  (c) That new members of Committee be offered training on Link.	Committee Manager	(b) <b>Complete</b> – Placed on Member Day Programme for 2023/24  (c) <b>Complete</b> – in process of being arranged
GAS Committee	5 September 2022	GAS Committee Scrutiny Programme 2022/23	69/22	<b>Resolved</b> - That the item titled 'Emergency Response Business Continuity' be deferred with a view to consider it at a later date.	Committee Manager	<b>Complete</b>



**FINANCE AND PROCUREMENT UPDATE 2024/25  
BASED ON PERIOD ENDING 30 JUNE 2024**

**1. SUMMARY**

- 1.1 This report highlights the current financial position based on information to 30 June 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. RECOMMENDATIONS**

- 2.1 It is recommended that the GAS Committee takes assurance of the Authority’s financial position for the period ending 30 June 2024.

**3. BACKGROUND**

- 3.1 The Quarterly Finance and Procurement Update replaces the Management Accounts that have been produced in previous years.
- 3.2 These will be reported to Members four times a year with the financial position at 30 June, 30 September, 31 December and 28 February.

**4. PERIOD ENDING 30 JUNE 2024**

- 4.1 The summary estimated outturn position for the current financial year based on information to 30 June 2024 is as follows:

CATEGORY	2024/25 OUTTURN PROJECTION
HFA	
Revenue Budget	£0.299m underspend
Capital Programme	On budget against a £10.921m allocation
Pensions Account	£16.404m deficit

- 4.2 This is the first Quarterly Finance and Procurement Update for the 2024/25 financial year and updates will be brought to the GAS Committee based on the periods ending 30/09/23, 31/12/23 and 28/02/24.
- 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](http://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 30 June 2024.

**Martyn Ransom**  
**Executive Director of Finance/S.151 Officer**

### **Officer Contact**

Martyn Ransom – Executive Director of Finance/S.151 Officer

✉ [mransom@humbersidefire.gov.uk](mailto:mransom@humbersidefire.gov.uk)

### **Background Papers**

2024/25 Quarterly Finance and Procurement Update working papers



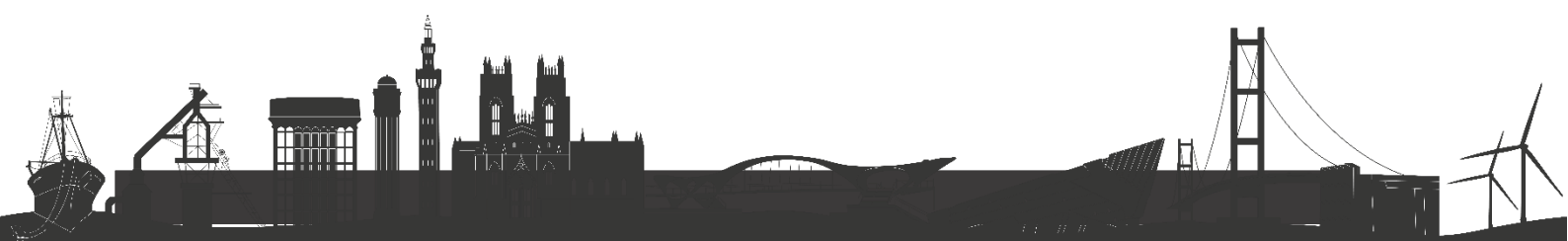
**HUMBERSIDE**  
Fire & Rescue Service

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# QUARTERLY FINANCE AND PROCUREMENT UPDATE

For the period ending 30<sup>th</sup> June 2024

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Safer communities, safer firefighters

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# Finance

## Revenue

The table below shows the actual and committed expenditure as at 30<sup>th</sup> June 2024 for revenue, compared to the 2024/25 profiled budget for the same period. The table also shows the forecasted outturn for the full year based on current levels of income and expenditure plus any known variances to the end of the financial year.

2024/25 Revenue Monitoring Summary 1 April 2024 to 30th June 2024 (Period 3)									
	Original Budget £'000	Revised Budget £'000	30 June 2024		Full Year			Status	Notes
			Profiled Budget £'000	Actual and Committed £'000	Projection £'000	Variance £'000 %			
Pay	48,748	48,748	11,654	11,203	48,599	(149)	(0.31)	Green	1-2
Non Pay	10,089	10,089	3,303	3,276	10,089	-	-	Green	
Income	(3,548)	(3,548)	(2,480)	(2,481)	(3,548)	-	-	Green	
Interest Receivable	(250)	(250)	(63)	(220)	(400)	(150)	60.00	Green	3
Capital Financing	3,077	3,077	128	128	3,077	-	-	Green	
Transfers to / (from) Reserves	(34)	(34)	-	-	(34)	-	-	Green	
<b>Net Budget Requirement</b>	<b>58,082</b>	<b>58,082</b>	<b>12,542</b>	<b>11,906</b>	<b>57,783</b>	<b>(299)</b>	<b>(0.51)</b>	<b>Green</b>	

## Notes

The following details the reasons for the projected variances that are shown in the table above:

1. This projected variance is due to:
  - a. lower employer contributions into the Firefighters' Pension Scheme due to staff that aren't in the scheme; and
  - b. lower rates of pay due to the split between trainee, development and competent rates of pay.
  
2. This projected variance is due to:
  - a. lower employer contributions into the Local Government Pension Scheme due to staff that aren't in the scheme; and
  - b. an actual vacancy factor of 7.10% for the first quarter compared to a budgeted annual assumption of 3.00%.  
The above underspends are offset by:
  - c. the latest pay offer for 2024/25 has been rejected by one of the trade unions. It is expected that the agreed pay award will be higher than the budgeted 4%.
  
3. A higher rate of interest on our investments and higher cash balances have created this projected variance.

The table below shows a further breakdown of the data that is shown in the table on page 3:

2024/25 Revenue Monitoring Detail									
1 April 2024 to 30th June 2024 (Period 3)									
	Original Budget £'000	Revised Budget £'000	30 June 2024		Full Year			Status	Note
			Profiled Budget £'000	Actual and Committed £'000	Projection £'000	Variance £'000 %			
<b>Employees</b>									
Wholetime Firefighters	31,528	31,528	7,752	7,525	31,322	(206)	(0.65)	Green	1
On-Call Firefighters	6,090	6,090	1,316	1,305	6,090	-	-	Green	
Non-Uniformed	9,076	9,076	2,269	2,064	9,133	57	0.63	Red	2
Other Employee Expenses (Training, Occ Health, Insurances etc.)	2,054	2,054	317	309	2,054	-	-	Green	
<b>Total Pay and Pensions</b>	<b>48,748</b>	<b>48,748</b>	<b>11,654</b>	<b>11,203</b>	<b>48,599</b>	<b>(149)</b>	<b>(0.31)</b>	<b>Green</b>	
<b>Non Pay Expenditure</b>									
Premises	3,832	3,832	1,668	1,693	3,832	-	-	Green	
Transport	1,953	1,953	488	438	1,953	-	-	Green	
Supplies and Services	4,259	4,238	1,065	1,078	4,238	-	-	Green	
Support Services	330	330	82	67	330	-	-	Green	
Non Pay Efficiency Savings	(285)	(264)	-	-	(264)	-	-	Green	
<b>Total Expenditure</b>	<b>58,837</b>	<b>58,837</b>	<b>14,957</b>	<b>14,479</b>	<b>58,688</b>	<b>(149)</b>	<b>(0.25)</b>	<b>Green</b>	
<b>Income</b>	<b>(3,548)</b>	<b>(3,548)</b>	<b>(2,480)</b>	<b>(2,481)</b>	<b>(3,548)</b>	-	-	<b>Green</b>	
<b>Net Expenditure (Excluding Capital Charges)</b>	<b>55,289</b>	<b>55,289</b>	<b>12,477</b>	<b>11,998</b>	<b>55,140</b>	<b>(149)</b>	<b>(0.27)</b>	<b>Green</b>	
<b>Interest Payable</b>	614	614	128	128	614	-	-	Green	
<b>Interest Receivable</b>	(250)	(250)	(63)	(220)	(400)	(150)	60.00	Green	3
<b>Capital Financing</b>	2,463	2,463	-	-	2,463	-	-	Green	
<b>Transfers to / (from) Reserves</b>	(34)	(34)	-	-	(34)	-	-	Green	
<b>Net Budget Requirement</b>	<b>58,082</b>	<b>58,082</b>	<b>12,542</b>	<b>11,906</b>	<b>57,783</b>	<b>(299)</b>	<b>(0.51)</b>	<b>Green</b>	



## Non-Pay Efficiency Savings

The National Fire Chiefs Council (NFCC) and the Local Government Association (LGA) have proposed that across Fire and Rescue Services (FRS) in England, the sector could create 2% non-pay efficiency savings whilst increasing productivity by 3%.

FRS's are required to produce an annual Productivity and Efficiency Plan which provides detail of the efficiency and productivity progress against the national goals. The 2024/25 Productivity and Efficiency Plan for Humberside can be found [here](#).

The finance team work closely with budget holders to identify and monitor any efficiencies that arise within their area of responsibility.

The table below shows the efficiencies that have been identified in the year to date compared to the efficiency target of £285k which was included when setting a balanced budget for 2024/25:

Non-Pay Efficiency Savings 1 April 2024 to 30th June 2024 (Period 3)		
Efficiency	Amount £'000	Detail
IT Contracts	21	A review of IT contracts has generated an efficiency saving.
<b>Total Efficiency Savings Identified</b>	<b>21</b>	
Non Pay Budget (as per Productivity and Efficiency Plan)	10,972	
Efficiency Target (£'000)	285	
Efficiency Target (%)	2.60%	

The finance team will continue to work with budget holders throughout the year to drive efficiencies within the Service.

## Capital

The table below shows the actual and committed expenditure as at 30<sup>th</sup> June 2024 for Capital, compared to the 2024/25 profiled budget for the same period. The table also shows the forecasted outturn for the full year based on current levels of expenditure plus any know variances to the end of the financial year.

2024/25 Capital Monitoring Summary 1 April 2024 to 30th June 2024 (Period 3)									
	Original Budget £'000	Revised Budget * £'000	30 June 2024		Full Year			Status	Note
			Profiled Budget £'000	Actual and Committed £'000	Projection £'000	Variance £'000 %			
<b>Building Works</b>									
New Station Builds	1,200	1,200	300	1	1,200	-	-	Green	
Training Infrastructure	500	606	152	-	606	-	-	Green	
Station Refurbishments	1,468	2,066	520	120	2,066	-	-	Green	
Electrical Vehicle Charging Infrastructure	60	120	30	-	120	-	-	Green	
	<b>3,228</b>	<b>3,992</b>	<b>1,002</b>	<b>121</b>	<b>3,992</b>	-	-		
<b>Vehicles</b>									
Operational Vehicles	980	2,530	633	652	2,530	-	-	Green	
Support Vehicles	156	1,133	283	54	1,133	-	-	Green	
	<b>1,136</b>	<b>3,663</b>	<b>916</b>	<b>706</b>	<b>3,663</b>	-	-		
<b>Equipment</b>	800	1,414	354	3	1,414	-	-	Green	
<b>ICT Equipment</b>	450	582	146	57	582	-	-	Green	
<b>Breathing Apparatus</b>	-	1,270	318	-	1,270	-	-	Green	
	<b>5,614</b>	<b>10,921</b>	<b>2,736</b>	<b>887</b>	<b>10,921</b>	-	-		

\*The revised budget includes slippage from 2023/24 which will be taken to the Fire Authority in July for formal approval.

## Firefighters' Pension Fund

The Firefighters' Pension Fund is administered by each Fire and Rescue Service with any deficit on the fund being met with a top-up grant by the Home Office. The grant will be received in July of this year which covers 80% of the estimated deficit for the year plus the balancing amount of the previous year.

The revised budgeted deficit for 2024/25 is £16.404 which is broken down in the following table:

2024/25 Pensions Account Summary								
1 April 2024 to 30th June 2024 (Period 3)								
	Revised Budget	30 June 2024		Full Year			Status	Note
		Profiled Budget	Actual and Committed	Projection	Variance			
	£'000	£'000	£'000	£'000	£'000	%		
<b>Expenditure</b>								
Payments to Pensioners	22,081	7,110	7,081	22,081	-	-	Green	
Commutations	4,968	1,242	1,472	4,968	-	-	Green	
Transfer Values	100	25	-	100	-	-	Green	
<b>Total Pensions Expenditure</b>	<b>27,149</b>	<b>8,377</b>	<b>8,553</b>	<b>27,149</b>	<b>-</b>			
<b>Income</b>								
Employer Pension Contributions	(7,790)	(1,948)	(1,940)	(7,790)	-	-	Green	
Employee Pension Contributions	(2,740)	(685)	(670)	(2,740)	-	-	Green	
Ill Health Pension Contributions	(115)	(29)	-	(115)	-	-	Green	
Transfer Values	(100)	(25)	-	(100)	-	-	Green	
<b>Total Pensions Income</b>	<b>(10,745)</b>	<b>(2,687)</b>	<b>(2,610)</b>	<b>(10,745)</b>	<b>-</b>			
<b>Net Pensions Deficit/(Surplus)</b>	<b>16,404</b>	<b>5,690</b>	<b>5,943</b>	<b>16,404</b>	<b>-</b>			

## Investments and Borrowing

The Authority must ensure that:

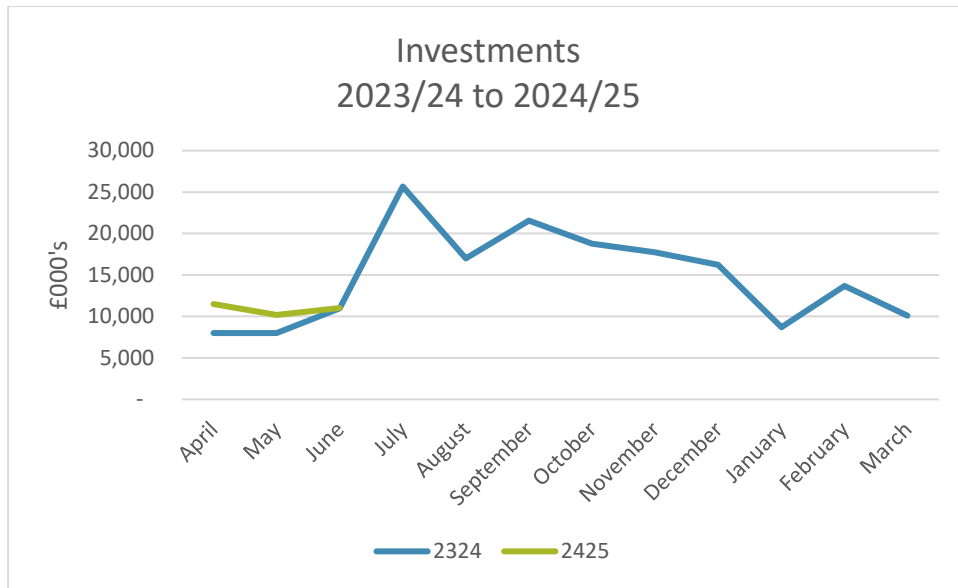
- its cash flow is adequately planned, with cash being available when it is needed. Surplus monies are invested in low-risk counterparties or instruments commensurate with the Authority's low-risk appetite, providing liquidity initially before considering investment return.
- It understands its borrowing need in terms of funding its capital plans. This management of longer-term cash may involve arranging long or short-term borrowing.

### Investments

This statement shows the level of investments that the Service holds as at 30<sup>th</sup> June 2024 as well as the investments that have been returned during the period:

2024/25 Investing Activities 1 April 2024 to 30th June 2024						
Counterparty	Amount (£)		Date		Rate %	Interest (£)
	Invested	Returned	Invested	Returned		
<b>Money Market Funds</b>						
Deutsche Managed Sterling Fund	-					
Aberdeen Liquidity Fund	1,510,000					
Goldman Sachs Liquid Reserve Fund	-					
<b>Investments</b>						
<b>Current Investments</b>						
Hull City Council	2,000,000	-	04/04/2024	04/07/2024	5.30	26,427.40
Blackpool Council	2,000,000	-	09/04/2024	09/07/2024	5.25	26,178.08
Kirklees Council	2,000,000	-	10/04/2024	10/07/2024	5.25	26,178.08
Bank of Scotland	1,500,000	-	21/06/2024	23/09/2024	5.22	20,164.93
Cheltenham Borough Council	1,000,000	-	21/06/2024	23/12/2024	5.08	25,747.95
Cornwall Council	1,000,000	-	24/06/2024	08/01/2025	5.07	27,503.01
<b>Total Amount Invested as at 30 June 2024</b>	<b>11,010,000</b>		<b>Total Interest Due on Current Investments</b>			<b>152,199.45</b>
<b>Investments Returned During the Period</b>						
Hull City Council	2,000,000	2,000,000	04/03/2024	04/04/2024	6.00	10,191.78
London Borough of Newham	2,000,000	2,000,000	20/12/2023	05/04/2024	5.50	32,246.58
DMO	1,700,000	1,700,000	05/04/2024	09/04/2024	5.19	966.90
Cheltenham BC	2,000,000	2,000,000	10/01/2024	10/04/2024	5.45	27,175.34
City of Bradford MDC	1,000,000	1,000,000	15/01/2024	15/05/2024	5.50	18,232.88
BOS	1,500,000	1,500,000	21/05/2024	21/06/2024	5.30	6,752.05
<b>Total Amount Returned During the Period</b>	<b>10,200,000</b>		<b>Total Interest Received During the Period</b>			<b>95,565.53</b>
<b>Summary of Interest Receipts</b>						
	Budget	Actual & Due	Under/(Over)			
	£	£	£	%		
Interest Receipts to 30 June 2024	62,500	220,258	(157,758)	(252.41)		

The following graph shows our level of investments during the year to date compared to the previous financial year:

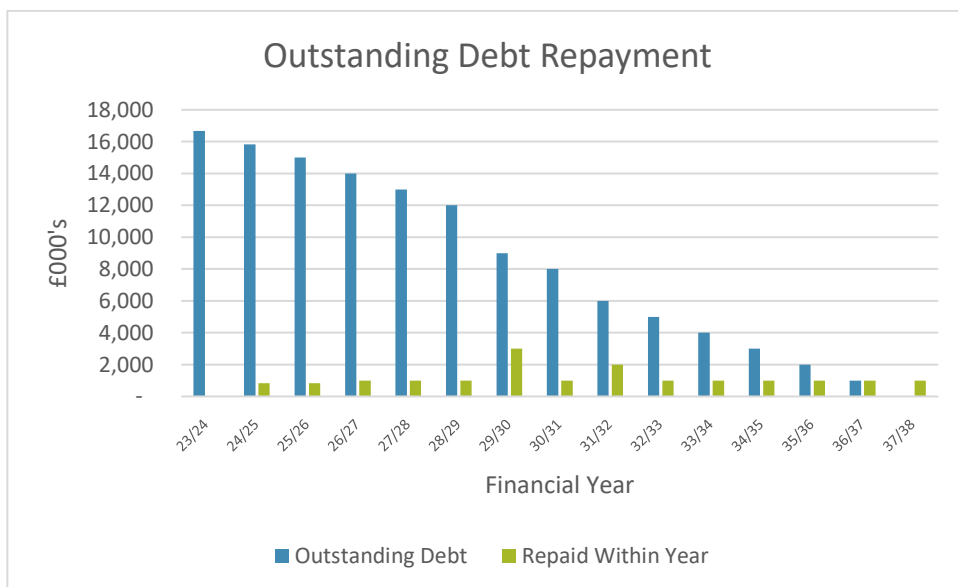


The Authority receives the Firefighters Pension Fund grant in July of each year which allows a higher level of investments to be held until the grant is fully utilised.

### Borrowing

The current level of borrowing that the Service holds as at 30<sup>th</sup> June 2024 is £16.9m.

The graph below shows the level of borrowing that the Authority currently holds at the end of each financial year and how this reduces over time as the debt matures:



There hasn't been any long-term borrowing taken during the year to date but this will be closely monitored by the S.151 Officer.

## Reserves

The Authority retains a number of revenue reserves that can be used to fund expenditure.

The table below shows the movement on these reserves for the period 1st April 2024 to 30<sup>th</sup> June 2024 and also what the projected balance will be as at 31<sup>st</sup> March 2025 based on the projections in Revenue Monitoring table that can be found on page 3:

2024/25 Movement in Reserves 1 April 2024 to 30th June 2024 (Period 3)			
	As at 1 April 2024	In Year Movements	Projected Balance as at 31 March 2025
	£'000	£'000	£'000
<b>General Reserve</b>	6,000	265	6,265
<b>Earmarked Reserves</b>			
Insurance	500		500
National Flood Resilience	1,000		1,000
Capital Programme	4,735		4,735
Business Continuity	500		500
ESMCP	215		215
Grenfell and Protection	10	(10)	-
East Coast & Hertfordshire Control Room Consortium	1,000		1,000
Pay and Prices	600		600
Strategic Transformation Fund	500		500
Environmental	30		30
	<b>15,090</b>	<b>255</b>	<b>15,345</b>

## Budget Virements

The following budget virements have been processed during the period to 30<sup>th</sup> June 2024:

2024/25 Contracts Awarded Outside of Constitution 1 April 2024 to 30th June 2024			
Budget Vired From	Budget Vired To	Detail of Budget Virement	Virement Value £'000
Supplies and Services	Non-Pay Efficiency Savings	Identification of Non-Pay Efficiency savings (See Efficiency section on page 5)	21

# Procurement

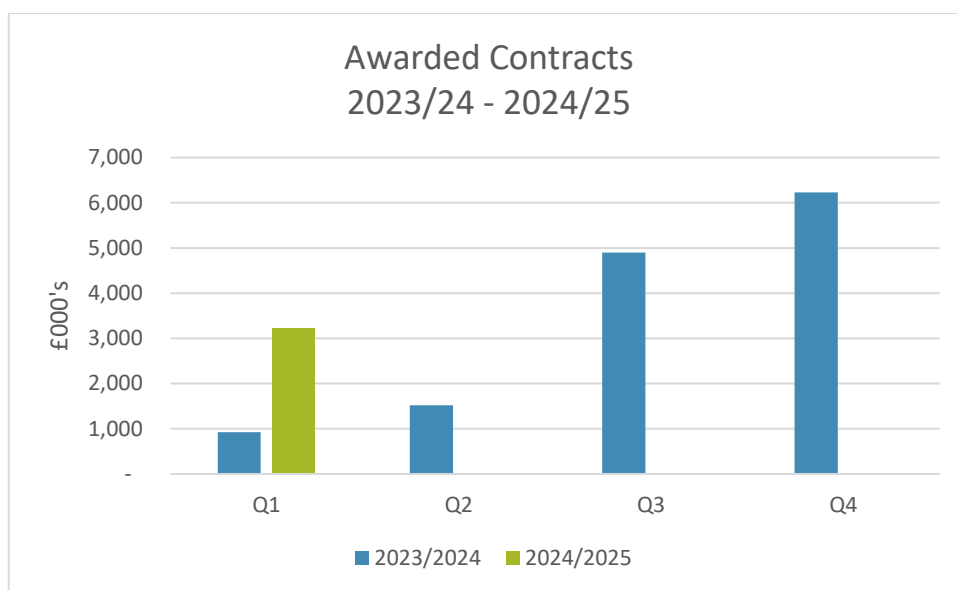
## Contracts

### Contracts Awarded

The table below shows the contracts that have been awarded during the quarter to 30<sup>th</sup> June 2024:

2024/25 Contracts Awarded 1 April 2024 to 30th June 2024			
Contract Title	Contract Start Date	Contract End Date	Contract Value £'000
SCBA Replacement	01/05/2024	30/04/2029	1,900
Aerial Appliance	13/05/2024	31/05/2025	799
Retrofitting of 4 appliances to 'Clean Cab'	01/04/2024	31/03/2025	145
MDT Software Maintenance and Support	01/05/2024	30/04/2025	39
ESRI Annual Maintenance 24/25	01/05/2024	30/04/2025	29
Conference Room Multi Media Refurb	03/06/2024	02/06/2025	29
Treasury Management Services	01/04/2024	31/03/2027	28
Secretariat Services	01/04/2024	31/03/2025	26
Insurance Brokerage	01/04/2024	31/03/2027	23
Holik FF Gloves x360	29/04/2024	31/05/2024	21
Tranman Fleet	01/05/2024	30/04/2025	18
Franking Machine	01/06/2024	31/05/2030	18
CIPFA Publications and Stats	01/04/2024	31/03/2027	17
Chemdata Annual License, Maintenance and Support	01/04/2024	31/03/2025	16
Cadet Uniform	01/04/2024	31/03/2026	15
Gas Tight Suits	01/04/2024	31/05/2024	11
Executive Leadership Course	24/06/2024	01/05/2025	11
On-Line Training Knowledge Database Licenses & Support	01/04/2024	31/03/2025	10
Cadet Helmets	01/05/2024	30/06/2024	9
Barbour Subscription Service	01/04/2024	31/03/2025	8
NFRC Subsidy Control Roadmap - Legal Advice	26/04/2024	25/04/2025	8
Fire Hoods x400	29/04/2024	31/05/2024	7
SRTA-W & SRTI Open Autumn 2024	01/06/2024	31/12/2024	7
Telecom Management Fees 24-25	01/04/2024	31/03/2025	6
New Laptops for Training Dept	31/05/2024	30/06/2024	6
Leadership and Management Behaviour Change	11/06/2024	20/06/2024	6
Airwave Radio Recharge Costs	01/04/2024	31/03/2025	5
Working at Height Platform	05/04/2024	04/07/2024	5
Livery works x2 – 1 new & 1 refresh	27/06/2024	31/07/2024	5
<b>Total Amount of Contracts Awarded Within The Period</b>			<b>3,227</b>

The graph below shows the cumulative value of contracts that have been awarded in 2024/25 to date as well as in the previous financial year:



### Contract Management

A review of the Services contracts has been undertaken using a supplier segmentation and analysis tool which is used to identify the risk to Service. The following contracts have been identified as having the highest strategic importance rating:

2024/25 Contract Management High Strategic Risk Rating			
Service Area	Contract Title	Contract Start Date	Contract End Date
Digital Services	Maintenance of the Alcatel Phone System	30/11/2018	30/11/2024
Emergency Preparedness	SAN J Swap	05/03/2024	31/12/2024
Fleet and Estates	Firefighter Helmets	15/12/2021	31/12/2024
Digital Services	Mobile Voice and Data	03/02/2022	02/02/2025
Finance	Financial Management System	01/04/2008	31/03/2025
Fleet and Estates	Aerial Appliance	13/05/2024	31/05/2025
Digital Services	Station end equipment – Annual Maintenance	01/07/2024	30/06/2025
Emergency Preparedness	Fire Investigation Dogs	01/08/2023	31/07/2025
Fleet and Estates	Laundry and Aftercare Services	01/08/2021	31/07/2025
Fleet and Estates	Fire Appliances	01/11/2023	31/10/2025
Digital Services	Airwave Services	01/11/2006	31/10/2025
Fleet and Estates	Allstar Fuel Cards	22/03/2024	21/03/2026
Fleet and Estates	Supply of Liquid Fuels	01/04/2022	31/03/2026
Digital Services	WAN, Firewall, Internet and Co-Location Services	15/07/2019	14/07/2026
Fleet and Estates	SCBA Replacement	01/05/2024	30/04/2029
Fleet and Estates	Supply of Structural PPE	01/06/2021	30/06/2029
Fleet and Estates	ESFM Fleet Maintenance	01/04/2015	31/03/2030
Fleet and Estates	Underlease of Premises at the Jean Bishop ICC	11/07/2017	10/07/2042



Following on from the identification of the risk rating of each contract, the Procurement team will work closely with contract owners to implement the appropriate contract management measures required for each contract. This will allow for contract review meetings to be scheduled for the remainder of the financial year and beyond.

### Contracts Awarded Outside of the Constitution

The following contracts have been awarded outside the process detailed within part 4 section E of the constitution during the quarter ending 30<sup>th</sup> June 2024:

2024/25 Contracts Awarded Outside of Constitution 1 April 2024 to 30th June 2024				
Contract Description	Justification	Responsible Officer	Contract End Date	Contract Value £'000
Retrofitting of four appliances to 'Full Clean Cab'	It is the opinion of the Service that having the work undertaken by the original contractor that built the bodywork of the vehicles and therefore have readily available the mechanical and electrical drawings, would provide the most optimum solution in terms of time, quality and cost	Head of Fleet	31/03/2025	145
Tactical Fire Instructor Courses	Fire Service College provide training that is aligned to our policies, procedure and standards of delivery, which now incorporates breathing apparatus instructor with compartment fire behaviour training and tactical ventilation. Using another supplier would create inconsistencies in instructor approaches and therefore training delivered to crews	Head of Training	31/12/2024	59
Station End Equipment Annual Maintenance	Due to the agree and technical configuration of the equipment, Telent is the only supplier that is able to offer best endeavour maintenance and support cover for all of the current station end equipment	Head of Digital Services	30/06/2025	44
MDT Software Annual Maintenance & Support	Continuation of Maintenance and Support contract. A procurement exercise to be conducted before the end of this term so the Service can ensure value for money and compliance moving forwards	Head of Digital Services	30/04/2025	40
Aptos Financial Management System	It is essential that the Financial Management System is continued and accessible to provide the Finance and Procurement function the ability to perform their roles. Finance and Procurement team are aware of the necessity to complete a procurement exercise for the provision of a Financial Management System in the near future	Head of Finance	31/03/2025	35
ESRI System	Continuation of Maintenance and Support contract. A procurement exercise to be conducted before the end of this term so the Service can ensure value for money and compliance moving forwards	Head of Digital Services	30/04/2025	30
Secretariat Provision	Continuation of existing arrangement between Humberside Fire and Rescue Service and East Riding of Yorkshire Council in accordance with the constitution and resulting governance arrangements established	Head of Corporate Assurance	31/03/2025	26
Annual Maintenance and Support of OCT Service Desk	Continuation of existing maintenance and support contract with the aim to conduct a relevant procurement exercise within the next year	Head of Digital Services	31/03/2025	18

## **Procurement Workstreams for the remainder of the year**

The next quarter should see the award of the Control Mobilising contract. There will be multiple tender processes beginning, including the procurement of an Incident Command Management system, the provision of fire boots and conversion of five vehicles to ensure the services' water response service capability is upheld.

Following on from the updated Contract Management Policy, we will be liaising with Contract Owners/Heads of Function regarding their departments procurement pipeline with the aim of planning and preparing for upcoming procurement exercises more efficiently.

# Treasury Management

## Prudential Indicators

The Prudential Indicators to 30<sup>th</sup> June 2024 are as follows:

### Indicator 1 – Capital Expenditure

The estimated capital expenditure for the current year compared to the original estimate, together with estimates of expenditure to be incurred in future years are shown below:

	2023/24 Actual £'000	2024/25 Original £'000	2024/25 Revised £'000	2025/26 Estimate £'000	2026/27 Estimate £'000	2027/28 Estimate £'000
Total Capital Expenditure	1,994	10,921	10,921	4,050	3,990	4,440

### Indicator 2 – Capital Financing Requirement

The capital financing requirement for 2024/25 and estimates for future years are as follows:

	2023/24 Actual £'000	2024/25 Estimate £'000	2025/26 Estimate £'000	2026/27 Estimate £'000	2027/28 Estimate £'000
Capital Financing Requirement	17,404	25,773	26,132	27,463	29,077
Other Long Term Liabilities	1,095	1,072	1,047	1,020	990
<b>Total Capital Financing Requirement</b>	<b>18,499</b>	<b>26,845</b>	<b>27,179</b>	<b>28,483</b>	<b>30,067</b>

The capital financing requirement measures the Authority's need to borrow for capital purposes. In accordance with best professional practice, the Humberside Fire Authority does not associate borrowing with particular items or types of expenditure. The Authority has, at any point in time, a number of cash flows both positive and negative, and manages its treasury position in terms of its borrowings and investments in accordance with its approved Strategy. In day to day cash management, no distinction can be made between revenue cash and capital cash. External borrowing arises as a consequence of all the financial transactions of the authority and not simply those arising from capital spending. In contrast, the capital financing requirement reflects the Authority's underlying need to borrow for a capital purpose.

A key indicator of prudence under the Prudential Code is: -

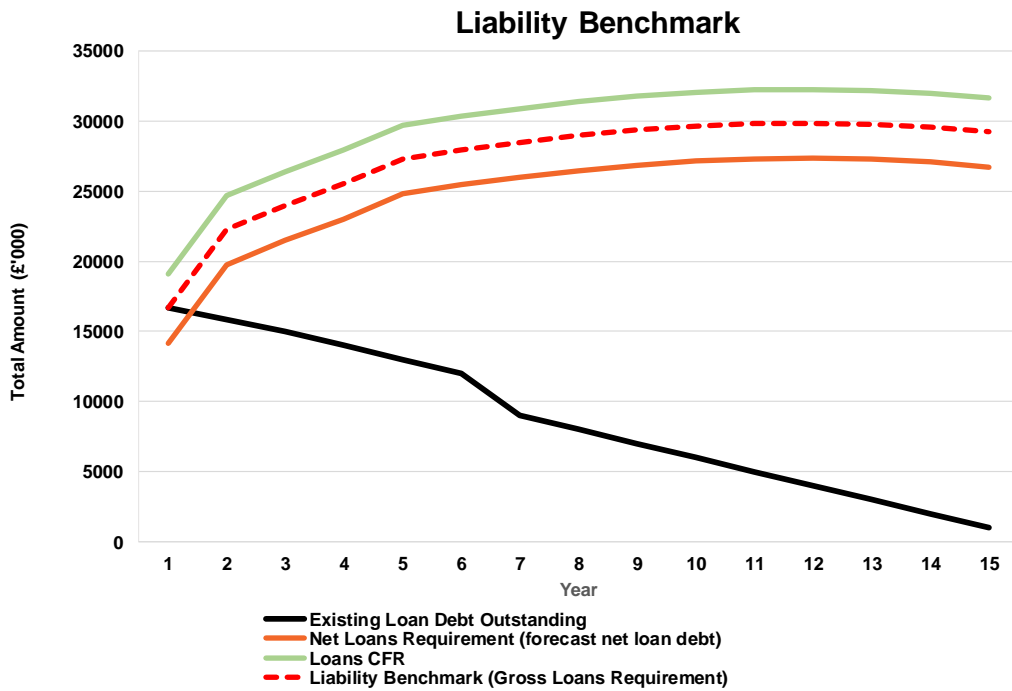
"In order to ensure that over the medium-term net borrowing will only be for a capital purpose, the local authority should ensure that net external borrowing does not, except in the short term, exceed the total of the capital financing requirement in the preceding year plus the estimates of any additional capital financing requirement for the current and next two financial years".

The S151 Officer reports that the Authority has had no difficulty meeting this requirement during the course of this financial year and no difficulties are envisaged in future years. This takes into account current commitments, existing plans and the proposals contained in the Medium Term-Resource Strategy.

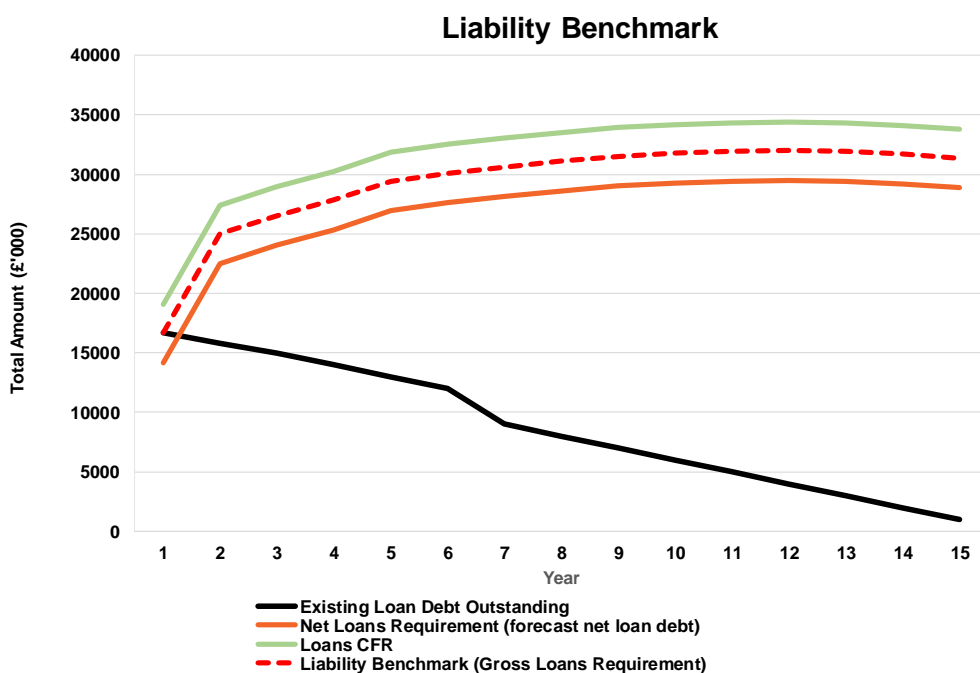
### Indicator 3 – Liability Benchmark

The Authority is required estimate and measure the Liability Benchmark for the forthcoming year and the following two years as a minimum.

The following graph shows what the Liability Benchmark was estimated to be for 2024/25 onwards as set in the Treasury Management Strategy 2024/25:



The Liability Benchmark has been updated to show revised estimates for 2023/24 onwards and is show in the graph below:



## Indicator 4 – Core Funds and Expected Investment Balances

The table below shows the estimates of the year-end balances for each resource and anticipated day-to-day cash flow balances.

	2024/25		2025/26	2026/27	2027/28
	Original £'000	Revised £'000	Estimate £'000	Estimate £'000	Estimate £'000
Total Core Funds	<u>13,925</u>	<u>16,025</u>	<u>11,024</u>	<u>9,977</u>	<u>8,847</u>
Expected Investments	<u>3,680</u>	<u>4,580</u>	<u>(608)</u>	<u>(2,986)</u>	<u>(5,730)</u>

The actual total investments held as at 30<sup>th</sup> June 2024 is £11.0m. This is higher than the expected investments due to cash flow fluctuations through the year.

## Indicator 5 – Operational Boundary for External Debt

The proposed operational boundary for external debt is based on the same estimates as the authorised limit but reflects directly the S151 Officer's estimate of the most likely, prudent but not worst-case scenario, without the additional headroom included within the authorised limit to allow for example for unusual cash movements, and equates to the maximum of external debt projected by this estimate. The operational boundary represents a key management tool for in year monitoring by the S151 Officer.

	2024/25 Boundary £'000	30-Jun-24 Actual £'000	2025/26 Boundary £'000	2026/27 Boundary £'000	2027/28 Boundary £'000
Borrowing	31,500	16,669	31,500	31,500	31,500
Other Long Term Liabilities	<u>3,500</u>	<u>1,072</u>	<u>3,500</u>	<u>3,500</u>	<u>3,500</u>
<b>Total Capital Financing Requirement</b>	<b><u>35,000</u></b>	<b><u>17,741</u></b>	<b><u>35,000</u></b>	<b><u>35,000</u></b>	<b><u>35,000</u></b>

The S151 Officer confirms that borrowing in the year has not exceeded the operational boundary at any point within the year to date and is not expected to do so over the course of the next period based on information currently available.

## Indicator 6 – Authorised Limit for External Debt

The table below shows the Authorised limit for External Debt for 2024/25 and subsequent three-year period as approved by Members, compared to the actual level of borrowing as at 30 June 2024.

	2024/25 Boundary £'000	30-Jun-24 Actual £'000	2025/26 Boundary £'000	2026/27 Boundary £'000	2027/28 Boundary £'000
Borrowing	36,500	16,669	36,500	36,500	36,500
Other Long Term Liabilities	<u>3,500</u>	<u>1,072</u>	<u>3,500</u>	<u>3,500</u>	<u>3,500</u>
<b>Total Capital Financing Requirement</b>	<b><u>40,000</u></b>	<b><u>17,741</u></b>	<b><u>40,000</u></b>	<b><u>40,000</u></b>	<b><u>40,000</u></b>

The Authorised Limit reflects the Authority’s projected long- and short-term borrowing requirements, together with any other long-term liabilities it may have. The figures are based on the estimate of most likely, prudent but not worst-case scenario, with sufficient headroom over and above this to allow for operational management of, for example unusual cash movements.

The S151 Officer confirms that the Authorised Limit has not been approached at any point during the first three months of the year, nor is it likely to during the remaining nine months of 2024/25.

### Indicator 7 – Ratio of Capital Financing Costs to Net Revenue Stream

The ratio of financing costs to net revenue stream for the current year and estimates for future years are as follows:

	2023/24 Actual %	2024/25 Original %	2024/25 Revised %	2025/26 Estimate %	2026/27 Estimate %	2027/28 Estimate %
Ratio of Financial Costs to Net Revenue Stream	1.45	2.28	2.11	2.99	3.22	3.54

These ratios indicate the proportion of the net budget of the Authority that is required to finance the costs of capital expenditure in any year. Estimates of financing costs include current commitments and the proposals contained in the capital programme of the Authority.

In calculating the ratio, Net Revenue Streams in any year have been taken to exclude any element of the net budget requirement that is intended to provide reserves for the Authority.

The projected increase in the ratio over the period reflects the increase in capital financing costs resulting from the capital allocations approved as part of the medium-term financial plan.

### Indicator 8 – Upper and Lower Limits for the Maturity Structure of Borrowings

This indicator seeks to ensure the Authority controls its exposure to the risk of interest rate changes by limiting the proportion of debt maturing in any single period. Ordinarily debt is replaced on maturity and therefore it is important that the Authority is not forced to replace a large proportion of loans at a time of relatively high interest rates.

“The Authority will set for the forthcoming financial year both upper and lower limits with respect to the maturity structure of its borrowings. The prudential indicators will be referred to as the upper and lower limits respectively for the maturity structure of borrowing and shall be calculated as follows:

Amount of projected borrowing that is fixed rate maturing in each period expressed as a percentage of total projected borrowing that is fixed rate;

Where the periods in question are:

- Under 12 months
- 12 months and within 24 months
- 24 months and within 5 years
- 5 years and within 10 years
- 10 years and above”

	Actual 30-Jun-24 %	Upper Limit %	Lower Limit %
Under 12 months	5.05	15	0
12 months and within 24 months	4.97	15	0
24 months and within 5 years	18.00	30	0
5 years and within 10 years	47.99	60	0
10 years and above	24.00	80	0

The S151. Officer confirms that the maturity structure of external debt as at 30/06/24 is within the upper and lower limits approved by the Authority.







Humberstone Fire and Rescue Service

Summary Internal Controls Assurance (SICA) Report

July 2024

Final

# Summary Internal Controls Assurance

## Introduction

1. This summary controls assurance report provides the Governance, Audit and Scrutiny Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Humberside Fire and Rescue Service as at 28<sup>th</sup> August 2024.

## TIAA Ltd becomes a Certified B Corporation

2. TIAA Ltd has achieved its certification as a B Corporation (or B Corp), joining a growing movement of companies that are reinventing business for the benefit of all people and our shared planet. Verified by B Lab, the not-for-profit behind the B Corp movement, the achievement demonstrates that TIAA Ltd meets high standards of social and environmental performance, transparency, and accountability alongside a commitment to goals beyond shareholder value.

The news comes as the ongoing climate crisis and widening social inequality continue to pose urgent challenges to our economy. B Corp Certification assesses the entirety of a business' operations and currently covers five main impact areas: Governance, Workers, Community, Environment and Customers. The certification process is rigorous, with companies required to reach a score of 80 points in the B Impact Assessment while providing evidence of responsible practices relating to energy supplies, waste and water use, worker compensation, diversity, and corporate transparency. A business must also legally embed their commitment to purpose as well as profit in their company articles.

TIAA Ltd is now part of a growing community of over 8,000 businesses globally that have certified as B Corps. The B Corp community in the UK is one of the largest and fastest-growing in the world, with over 1,700 companies spanning a range of different industries and sizes. Names include The Guardian, Innocent Drinks, Patagonia, Tony's Chocolonely, The Big Issue, Finisterre, Elemis, and Sipsmith Gin.

## Audits completed since the last SICA report to the Audit Committee

3. The table below sets out details of audits finalised since the previous meeting of the Governance, Audit and Scrutiny Committee.

*Audits completed since previous SICA report*

Review	Evaluation	Key Dates			Number of Recommendations			
		Draft issued	Responses Received	Final issued	1	2	3	OEM
Application and Management of Tactical Plans	Substantial	17/07/2024	22/07/2024	22/07/2024	0	0	2	0
Management of Statutory Building and Licensing Consultations	Reasonable	12/07/2024	19/07/2024	22/07/2024	0	1	2	0
Application and Management of Disciplinary Procedures	Reasonable	21/05/2024	28/05/2024	28/05/2024	0	2	2	0
Training Records	Reasonable	27/06/2024	07/07/2024	08/07/2024	0	1	0	0

4. There are no issues arising which would require the annual Head of Audit Opinion to be qualified.

**Progress against the 2024/2025 Annual Plan**

5. Our progress against the Annual Plan for 2024/25 is set out in Appendix A.

**Changes to the Annual Plan 2024/25**

6. There have been no changes to the approved plan.

**Progress in actioning priority 1 & 2 recommendations**

7. We have made no Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA.

**Frauds/Irregularities**

8. We have not been advised of any frauds or irregularities in the period since the last SICA report was issued.

**Other Matters**

9. We have issued a number of briefing notes and fraud digests, shown in Appendix B, since the previous SICA report.

**Responsibility/Disclaimer**

10. 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. The matters raised in this report not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. 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.

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## Appendix A: Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Management of Statutory Building and Licensing Consultations	1	Final report issued	
Application and Management of Disciplinary Procedures	1	Final report issued	
Firefighter Development Pathway (FFDP)	1	Draft report issued	
Staff Forums and EDI Steering Group	1	Final report issued	
Application and Management of Tactical Plans	2	Final report issued	
Training Records	2	Final report issued	
Follow-up (Mid-year)	2	Site work completed	
Contingency	4		
Key Financial Controls	4	Confirmed 3 <sup>rd</sup> February 2025	
ICT Management Controls	4	Start date to be agreed	
Year-End Follow Up	4	Confirmed 17 <sup>th</sup> March 2025	

**KEY:**

	To commence		Site work commenced		Draft report issued		Final report issued
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## Appendix B: Briefings on Developments in Governance, Risk and Control

TIAA produce regular briefing notes to summarise new developments in Governance, Risk, Control, Counter Fraud and Security Management which may have an impact on our clients. These are shared with clients and made available through our Online Client Portal. A summary list of those briefings issued in the last three months which may be of relevance to Wirral Methodist Housing Association is given below:

### Summary of recent Client Briefings and Alerts

Date Issued	Briefing Type	Subject	Web Link	TIAA Comments
4 <sup>th</sup> June 2024	Data Protection Alert	The Data Protection And Digital Information Bill Failed	<a href="#">The Data Protection and Digital Information Bill Failed - TIAA</a>	The Data Protection and Digital Information Bill has failed to complete its legislative passage in the necessary time frame before the General Election. It is understood that late amendments added by the Department of Work and Pensions are what caused the Bill to fail.
25 <sup>th</sup> June 2024	Podcast	Ageing Workforce Podcast	<a href="#">Ageing Workforce Podcast - TIAA</a>	People are living longer and working longer. Naturally, that brings its own set of challenges for managers and business owners. In this Podcast, Ruth Wragg-Jones from Fitzgerald HR and David Foley, Advisory Director at TIAA, talk about the complexities of the Ageing workforce, considerations to identify and explore and how to put a plan in place to help ensure your workforce remains effective and successful.
25 <sup>th</sup> June 2024	TIAA Article	As featured in The Saturday Telegraph – Impact of Artificial Intelligence and the future of Internal Audit	<a href="#">As Featured In The Saturday Telegraph - Impact of Artificial Intelligence and the Future of Internal Audit - TIAA</a>	Our fifth article published in the Saturday Telegraph, talks about the impact of artificial intelligence and the future of Internal Audit.
15 <sup>th</sup> July 2024	Client Briefing	Cyber Security Threats	<a href="#">Cyber Security Threats - TIAA</a>	The National Cyber Security Centre (NCSC) has published an alert of a significant risk to IT systems and infrastructure. Attackers are exploiting vulnerable Small Office and Home Office (SoHo) devices at organisations to leverage attacks. Typically, SoHo devices (broadband routers etc) do not feature the advance security protection of enterprise level IT systems, thus making them an easy target.
26 <sup>th</sup> July 2024	Client Briefing	The Economic Crime and Corporate Transparency Act 2023	<a href="#">The Economic Crime and Corporate Transparency Act 2023 - TIAA</a>	Learn about the Economic Crime and Corporate Transparency Act 2023, aimed at boosting the UK's efforts to combat economic crime and improve corporate transparency. Discover the Act's key points and requirements.

Date Issued	Briefing Type	Subject	Web Link	TIAA Comments
26 <sup>th</sup> July 2024	Data Protection Alert	New Digital Information and Smart Data Bill	<a href="#">New Digital Information and Smart Data Bill - TIAA</a>	<p>The UK government is introducing a Digital Information and Smart Data Bill (DISD), distinct from the previous government’s failed Data Protection and Digital Information Bill in several ways. Learn more about this new bill and the actions to take to keep your data protected.</p>



Humberside Fire and Rescue Service

Assurance Review of Application and Management of Tactical Plans

July 2024

Final

# Executive Summary

## OVERALL ASSESSMENT



## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The introduction of Tactical Plans enables a consistent performance management approach and ensures that the objectives of the Strategic Plan are prioritised and achieved.

## SCOPE

The audit provided assurance relating to the application and management of directorate functions tactical plans, including how these are used to direct and inform work aligned to the Strategic Plan and CRMP.

## KEY STRATEGIC FINDINGS

- Tactical Plans have been developed by Service Functions to support the Strategic Plan and the Community Risk Management Plan.
- There are 16 Tactical Plans within the Service across the five directorates. These are all published on the Service's website.
- Testing identified that the Tactical Plans are used to direct and inform work to achieve the objectives set in the Strategic Plan and the Community Risk Management Plan.
- A sample of 10 objectives from five Tactical Plans showed these were measurable objectives and are being achieved

## GOOD PRACTICE IDENTIFIED

- Apart from Tactical Plans, there are Service Plans and Strategies in place within the different functions. A link to all plans, including strategies, is included within the Service's website.

## 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	Testing identified that there is no risk recorded relating to the failure of the application of the Tactical Plans. Whilst Management confirmed that there is no organisational risk to the practice of using the Tactical Plans, the audit established through targeted testing partial compliance in relation to how Tactical Plans are managed. This could lead to failure and outcomes / objectives of the Strategic Plan not being met if not effectively monitored	Given the likelihood of objectives and outcomes of the Strategic Plan not being achieved as a result of failure of management of Tactical Plans, this be added as a risk on the Service's Directorate Risk Register for effective monitoring.	3	<i>Risk added into the risk register with suitable management controls.</i>	05/08/24	HoF Corp Assurance.
2	Directed	Testing was undertaken in relation to the application and management of the tactical Plans across the five directorates to ascertain consistency and to ensure that workstream information recorded through Microsoft Planner was accurate and could be validated. Testing showed partial compliance in relation to management of Tactical Plans in three of the five directorates. The application of Tactical Plans was seen to be complete in that, the template developed was complied with and clear objectives that could be measured set. In terms of workstream information being accurate and being validated through Microsoft Planner, this was again a partial compliance for three of the five directorates tested. Issues found include, notes not being updated, status of work not being selected, attachments or links not being uploaded, and in one case, objectives not being transferred over from the Tactical Plan. In one directorate where partial compliance was evidenced, it was found that the Microsoft Planner is not being effectively utilised according to expected process. Testing identified a spreadsheet in place which holds all the information such as tasks and evidence, similar to what is it be held on the Planner.	Heads of Functions or relevant staff be reminded of the need to accurately record workstream information on Microsoft Planner and ensure that the functionalities within the planner are used accurately to validate the work being carried out. Where this cannot be achieved, or where there is any deviation from this, this be agreed by Corporate Assurance in the first instance.	3	<i>Update to HoF through CLT meeting group.</i>	<i>Reoccurring monthly commencing August.</i>	HoF Corp Assurance.

### 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	<b>Governance Framework</b> There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	Partially in place	1	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	2	-

## Other Findings

- 

To support the Service's Strategic Plan and Community Risk Management Plan (CRMP), Tactical Plans have been developed. The Tactical Plan outlines key areas of focus for the different functions within the Service ensuring that the Service can deliver on all its Strategic Objectives. These plans are published on the Service's website. Policies that provide additional support to the Tactical plan, directing the process and delivery, include the Service Improvement Framework Policy and its Delivery Guidance and the Emergency Response Planning Policy and its Delivery Guidance.
- 

The Head of Corporate Assurance, together with the Corporate Assurance Team, lead on ensuring Tactical Plans are completed by all functions using the template and guidance provided. The Area Managers/ relevant Senior Leadership Team Lead, with the support of the relevant Head of Functions, have responsibility for managing the plans including implementation of the plans. Upon completion, these are sent to the Corporate Assurance Team who sense checks the plans, ensuring they align to the Strategic Plan and CRMP, and then publishes it on the Service's website.
- 

It was noted that the tactical plans were re- introduced in the year 2023/24 and are currently in the second year of implementation. The Corporate Assurance Team, upon the initiation of tactical plans, held presentations to various members of staff within the service including members of the SLT and CLT to discuss the tactical plans, the importance and the aim, including providing guidance on how to complete them for consistency. In terms of context, it was confirmed, there is no interference from the Corporate Assurance Team as this is solely driven by the relevant directorate or function. It was further confirmed that whilst the tactical plans are to be annually refreshed, some are refreshed at a higher frequency than others depending on several factors, for example legislative changes or where new ways of workings are identified.

## Other Findings



There are 16 Tactical Plans within the Service. These plans are split between the five Service Directorates. For the purpose of the audit, five of the 16 Tactical Plans were evaluated in terms of application, management and consistency. All five reviewed were cut across all Service Directorates. Testing identified, each of the Tactical Plans are linked to the individual objectives from the Strategic Plan. They are also linked to standards (policies), in some cases fire standards and further detail how delivery and performance will be assessed.



The Service's Strategic Plan is linked to the CRMP as it deals with outcomes from the CRMP, ensuring that the Service can deliver on and achieve all its objectives having identified and assessed all fire and rescue related risks to ensure that the communities and Fire Fighters are safe, including contributing to the emergency response capabilities of the United Kingdom. The Strategic Plan has 15 individual objectives linking to four overarching main objectives which are "What we must do well", "How we support our communities"; "We value and support the people we employ" and "We efficiently manage the Service. These objectives are monitored through the Tactical Plans and other Service Plans or strategies that underpin individual Tactical Plans. Testing found that Service Plans and strategies help to achieve objectives of the Tactical Plan.



Testing found there is no clear guidance on how to prioritise work importance on Microsoft Planner. Management confirmed that there is no blanket approach to completing this as this would be down to the different functions to determine, taking into account the nature and scope of their work.



Testing of a total sample of 10 objectives from all five directorates showed that the objectives have been achieved and, in only one case, was this nearing completion. This objective was however seen to be achievable. Testing further confirmed all five Tactical Plans have been recently refreshed.



A review of the Microsoft Planner showed that it allows tasks to be set and assigned to relevant members of staff including providing several checklists to be completed for the task to be fully completed and the objective achieved.



**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	<b>Performance Monitoring</b> 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	<b>Sustainability</b> The impact on the organisation's sustainability agenda has been considered.	Out of Scope	-	-
R	<b>Resilience</b> Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

**Other Findings**



The Head of Corporate Assurance confirmed that performance in relation to the application and management of tactical plans is discussed at the monthly SLT performance meeting by exception.



There are several other plans and strategies in place within the Service in addition to the Tactical Plan that underpin the Strategic Plan and the CRMP. They include the Workforce Plan, People Strategy, the Fire Authority Productivity and Efficiency Plan, Estates Strategy, Fleet and Equipment Strategy, Digital Service Digital and Data Plan and Prevention and Protection Strategy.



A link to all the Service's Tactical Plans is referenced on the Service's website.

**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.

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

**Assurance Assessment**

4. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	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.
<b>Limited Assurance</b>	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.
<b>No Assurance</b>	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
<b>Audit Planning Memorandum:</b>	2 <sup>nd</sup> April 2024	9 <sup>th</sup> April 2024
<b>Draft Report:</b>	17 <sup>th</sup> July 2024	22 <sup>nd</sup> July 2024
<b>Final Report:</b>	22 <sup>nd</sup> July 2024	



Humberside Fire and Rescue Service

Assurance Review of Management of Statutory Building  
and Licensing Consultations

July 2024

Final

# Executive Summary

## OVERALL ASSESSMENT



## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Due to low numbers of qualified staff and a significant increase in the number of consultations received, there is a risk that some may not be completed on time. This would mean the Service is not meeting a statutory duty required in legislation.

## SCOPE

The audit reviewed the effectiveness of resource management to fulfil statutory obligations and the monitoring, reporting against (service dashboard) and evaluating the consultation processes with identifiable learning outcomes.

## KEY STRATEGIC FINDINGS



A Prevention and Protection Strategy is in place. This details how the Service will ensure that the public and businesses stay safe whilst complying with building regulations.



Testing of a total of 10 completed consultations across two districts in May 2024, showed that all consultations were completed in line with the statutory timeframes and recorded on the relevant system with a letter issued.



Testing identified discrepancies between consultation outcomes held on the Service Dashboard and the centralised spreadsheet. Whilst appropriate reasons were provided, this could not be accounted for all the discrepancies.



In the year ending March 2024, a total of 1,303 consultations were completed. 8.44% of these consultations were completed outside the statutory timeframes. Reasonable explanations were provided, the data could however not be verified.

## GOOD PRACTICE IDENTIFIED



The Service's Protection Strategy is built around three main areas which include business engagement including building regulation consultation

## ACTION POINTS

Urgent	Important	Routine	Operational
0	1	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)
2	Delivery	It was identified through a review of the Service Dashboard that between April and May 2024, 74 consultations were completed for two of the four Districts. When compared with the spreadsheet used for monitoring, discrepancies were noted. This showed a total of 63 consultations. Management confirmed one of the reasons for discrepancies is as a result of the same job being listed twice where a Development Inspector and a Competent Inspector have both undertaken the work. It could however not be verified that this was the reason for all the discrepancies.	A review of the centralised spreadsheet be undertaken to ensure that it aligns with the Service Dashboard. Where there are discrepancies, this be highlighted within the spreadsheet and a reason for the discrepancy clearly detailed.	2	<i>Work has already begun with colleagues within the data and applications team to look into this issue. We are working closely with Digital Solutions on a new CFMIS Protection module, with an expected implementation date of March 2025. This new module will provide the data to the dashboard, which should result in a more accurate picture across both formats. In the fullness of time, it is expected that this module can replace the local spreadsheet. In the shorter term, a cross reference will be undertaken in the next quarter to clarify the data.</i>	Q3 2024/25  Full implementation of new module: March 2025	Head of Protection.

### 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	Through deep dives and the quality assurance process, issues or gaps relating to building and licensing consultations including learnings are identified. An example of this was seen during the audit where it was identified that the Service dashboard was seen to mis-count days when measuring consultation outcomes. This finding was established where the dashboard started to show that consultations were being completed outside of statutory timeframes. Further investigation confirmed this was not the case as bank holidays were being counted towards the number of days that Inspectors had to complete consultations. This error is understood to have been identified two months ago, and it was confirmed during the audit that this error is still outstanding and not yet solved. Management confirmed that there has been no further development/resolution from IT in relation to this error, and no timescale has been provided by the IT Function to rectify the counting error. It is understood that changes cannot be made to the dashboards by the Protection Team and there is currently no interim measure to rectify it.	It be ensured that the system error be re-reviewed by the IT Team with a timescale obtained for when this would be fully resolved as this continues to impact overall numbers.	3	<p><i>As mentioned, work is already ongoing with the data and applications team to rectify this issue.</i></p> <p><i>Dashboard accuracy across the service is being proactively monitored. In an effort to support Digital Services, we will continue to ensure localised administration enter accurate information. For this particularly niche issue, where bank holidays are involved, we will look to ensure dates are manually entered.</i></p>	01/12/24	Head of Protection.

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)
3	Delivery	Data provided during the audit showed a total of 1,303 activities relating to consultations completed from April 2023 to the end of March 2024. 91.5% of consultations were seen to be completed within the statutory time frame with 8.5% completed outside the expected timeframe. Discussions with management confirmed that reasons for the 8.5% over the deadline are due to issues such as: waiting for further information from the control body, information being entered incorrectly by the Inspectors when closing the job on the relevant system, system errors and inspectors missing deadlines due to other workloads. It was noted that most of these causes have been analysed and measures put in place over the last year to prevent re-occurrences. These measures were noted during the audit. The only outstanding issue remains the system error which is being looked at by the IT Team. Evidence was provided during the audit to show the measures in place have improved results as consultations are now being completed quicker. Testing was however unable to verify the accuracy and validity of the data for the 8.5% consultations exceeding 15 days. This data was requested during the audit but was not provided.	Data relating to consultations exceeding the statutory timeframe be maintained to ensure and validate that they have been progressed and completed.	3	<i>Although performance in this area has improved (24/25 currently 96%, with July 24 at 98%) this is still an area of focus for local Protection Managers. Performance is discussed at a central meeting, and within local performance meetings. Where a consultation timeframe is exceeded, local managers already establish this but do not document it. We will introduce a method of recording on district spreadsheets the reason for non-completion. This will allow us to identify trends and offer a more robust solution to future audits.</i>	01/10/24	Head of Protection.

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	<b>Governance Framework</b> There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	1	-

### Other Findings



Humberside Fire and Rescue Service has a legal obligation to ensure the safety of persons through licencing, event safety, housing and public health, as well as caring in the community. The Service supports other regulatory bodies in maintaining the above and are statutory consultees with regards to building regulations through several routes such as the Local Authority or through an approved Inspector. A consultation process has been developed and is in place where the Service meets with the building control bodies to ensure that buildings are safe for intended occupiers on completion. This is facilitated through coordination with other regulatory bodies where appropriate. Any advice or requirements provided by the Service will be shared with the relevant building control body, down to the applicant, and is aimed at ensuring that the developers are compliant with building regulations throughout the duration of the build and compliant with relevant legislation i.e. the Regulatory Reform (Fire Safety) Order 2005 on completion and on occupation. Details of how the Service will ensure that the public and businesses stay safe whilst complying with building regulations are contained within the Community Risk Management Plan (CRMP) 2020-2025, the Protection Tactical Plan- (Compliance and Enforcement) and the Prevention and Protection Strategy which relates to the period 2023-2025.



The Area Manager for Prevention and Protection has lead responsibility for the management of statutory building and licensing consultations. They are supported by the Head of Protection, District Protection Managers covering the different districts, Watch Managers, Station Managers, Inspectors and District Administrators.

## Other Findings



It was identified, there is no current risk relating to the management of statutory building and licensing consultations within the Directorate Risk Register. This was included previously in June 2022 and closed in March 2023 following recommendations from the Strategic Leadership Team. The risk in this area is however monitored through the Service Improvement Plan (SIP), which details findings and recommendations from the HMICFRS review in 2021/22. The recommendation was to ensure that the Service allocates enough resources to respond effectively and in time to statutory building control consultations. A review of the SIP confirmed actions have since been taken following the recommendation, to ensure compliance.



Each month there is a Protection Leadership Group meeting that is made up of Protection Managers, including Watch Managers and Station Managers, where matters relating to licencing and building consultations are discussed, particularly where there are gaps, or where statutory timeframes are not being adhered to leading to targets not being achieved. It was noted that ahead of this meeting, relevant Protection Mangers will review the core Management Information System (MIS) / centralised spreadsheet where the jobs are logged to identify any anomalies with a view to drilling down and investigating. A copy of the standing agenda for the meeting held in June 2024 was seen during the audit. This confirmed consultations was on the agenda.



The Service has created a centralised spreadsheet that holds information relating to the management of statutory building and licensing consultations for all the Service's districts. This spreadsheet is saved on SharePoint within the Prevention and Protection Hub and is accessible by each District, monitored by the Protection Managers, Station Managers and Watch Managers to ensure compliance with statutory timeframes through regular quality assurance carried out and to ensure appropriate distribution of work for effective resource management. It was confirmed, where a district is under or over capacity, this is managed within the spreadsheet to ensure Inspectors are adequately allocated to carry out the required work.



The Service Dashboard / Power BI dashboard is used to monitor and measure performance relating to completed consultations to ensure compliance with regulations. It was noted that the Service's MIS system is linked to this dashboard, which helps with accurate reporting. A review of the dashboard for completed consultations for all districts between April 2024 and May 2024 showed a total of 591 protection activities undertaken, with 219 of those activities relating to consultations (96 in April and 123 in May). 8.2% of consultations were over the 15 working days' timeframe in all districts over the two months reviewed



Testing of a total of 10 completed consultations from the data provided for two districts was undertaken. This showed the consultations completed in line with the statutory timeframe from the data received and accurately recorded on the relevant system. A letter following the consultation was also issued.



A review of the spreadsheet for recording consultations was undertaken for two of the four districts. Testing identified that, in both districts, completed dates had been recorded incorrectly. Management confirmed these were due to formatting issues as the spreadsheet has used the American formatting. These were rectified during the audit. 11 consultations are yet to be completed, testing found they have recently been logged and are still in date within the timescales.







**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	<b>Performance Monitoring</b> 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.	Partially in place	2, & 3	-
S	<b>Sustainability</b> The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	<b>Resilience</b> Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

**Other Findings**

-  The Strategic Leadership Team meet monthly to discuss performance within the Service through a review of the Service dashboard. During this meeting, where there are matters identified and to be addressed relating to the scope of the audit, the Service Dashboard is reviewed in detail and explanations provided by the Area Manager Prevention and Protection or relevant Head.
-  "How we support our communities" is one of the strategic objectives of the Service. In meeting this strategic objective, one of the aims is to help the public and business stay safe. The outcomes are to responding effectively to meet current risks, timely interventions to reduce fire related fatalities and casualties and supporting the community through proportionate advice, intervention and enforcement where necessary, including completing fire safety visits at home within time scales. These outcomes are measured by several metrics one of which is ensuring statutory consultations are completed on time.
-  The quality assurance process for consultation is undertaken by the Protection Manager through completion of an MS Form that details a number of specific questions relating to required checks that needed to be undertaken, including checking whether timescales were adhered to.
-  The Service's Protection Strategy is built around three main areas which include, business engagement including building regulation consultation

**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.

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

**Assurance Assessment**

4. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	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.
<b>Limited Assurance</b>	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.
<b>No Assurance</b>	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
<b>Audit Planning Memorandum:</b>	2 <sup>nd</sup> April 2024	9 <sup>th</sup> April 2024
<b>Draft Report:</b>	12 <sup>th</sup> July 2024	19 <sup>th</sup> July 2024
<b>Final Report:</b>	22 <sup>nd</sup> July 2024	





Humberside Fire & Rescue

Assurance Review of Application and Management of Disciplinary Procedures

May 2024

Final

# Executive Summary

## OVERALL ASSESSMENT





## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Public Confidence in Working Culture.



## SCOPE

The review considered the effectiveness of the disciplinary policy in its application, the validity and completeness of the investigation report, supporting evidence and records management. The review also considered the recording and learning arising from disciplinary cases alongside the communication of outcomes.

## KEY STRATEGIC FINDINGS

-  The Service Human Resources (HR) department has significant senior leadership support and is provided a platform to discuss and improve trends within the disciplinary procedures.
-  Disciplinary process notes are retained and detailed with investigation officers receiving HR support and supplementary training to ensure competency.

## GOOD PRACTICE IDENTIFIED

-  HR maintains a case register which includes an element of equality, diversity and inclusion data to help identify potential discrimination trends.
-  The support network for staff undergoing disciplinary action is well structured and is subject to regular review to ensure its continued effectiveness and suitability.

## ACTION POINTS

Urgent	Important	Routine	Operational
0	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)
1	Directed	<p>The Service has a robust welfare system in place to support staff that are undergoing disciplinary investigation. They will have support from their line manager and can also be referred to occupational health if the staff member feels they require support. In addition, there is an employee assistance programme where staff can discuss any concerns they have within this programme, and they can be assigned a Welfare Officer for further support.</p> <p>The Head of Human Resources confirmed that a review of this offering will be conducted in the summer of 2024 due to changes across the Service. One aspect being looked at is the role of the Welfare Officer. It was identified that although details about welfare are included in the disciplinary letters it is not documented formally in policy. Discussions with the Head of Human Resources led to their agreement that this should be the case.</p>	A policy or guidance document be created and stored centrally to outline the welfare support on offer to staff.	2	<p><i>The Head of OH&amp;W is to create a policy outlining the welfare available to HFRS employees for all matters including Death in Service, Ill Health Retirement, etc. This will be with support from the Head of HR and the Head of Finance.</i></p> <p><i>The Disciplinary Policy has been reviewed and details around the role of the Welfare Officer have been included. The Policy is being sent for consultation on 30 May and, subject to all parties' agreement, will then be formally published on 21 July 2024.</i></p>	<p>30/06/24</p> <p>21/06/24</p>	<p>Head of OH&amp;W</p> <p>Head of HR</p>

### 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)
2	Directed	The Service does maintain a Professional Standards Equality and Inclusion Policy for its equality, diversity, and inclusion efforts. Whilst this policy does not reference disciplinary processes it does outline what the service deems unacceptable behaviour and lists what would lead to disciplinary action. It was noted that there is an inconsistency within the Policy under the Aim and Objectives and "What does this mean" sections. The Service correctly confirms that the Equality Act 2010 protects sexual orientation however under "what does it mean" it states that the Service "will not tolerate bi-phobic, homophobic, transphobic, racist or sexist behaviour or any other unjust or unfair unlawful discrimination". To promote inclusivity the policy can be updated to replace specific references to bi-phobic and homophobic with sexual orientation.	Update the Professional Standards Equality and Inclusion Policy to ensure consistency and inclusivity by replacing specific orientations with the term "sexual orientation" to align with the Equality Act 2010 and promote inclusivity.	2	<i>The Policy is owned by Organisational Development and this action has now been completed.</i>	28/05/24	Head of OD

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)
3	Directed	The Professional Standards Disciplinary Procedure Policy confirms all stages of the disciplinary procedure. This includes, but is not limited to, the formal stages, representation, criminal offences, and suspension. Discussions with the Head of Human Resources during audit testing confirmed that disciplinary hearings do not always take place in certain circumstances which was reflective in four individuals' cases. Whilst the explanation provided was justified the policy does not include a section on exceptions to the process and this was raised within the appeals made. An inclusion of any exceptions to the disciplinary procedure should be included within the policy. This should include personnel with authority to approve an exception.	An exceptions section be included within the Professional Standards Disciplinary Procedure Policy.	3	<i>The Disciplinary Policy has been reviewed and an Exceptions Section has been included. The Policy is being sent for consultation and, subject to all parties' agreement, will then be formally published on 21 June 2024.</i>  <i>Please note that the right to appeal will always be afforded to the individual.</i>	21/06/24	Head of HR

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)
4	Directed	<p>A sample of nine cases were selected for testing to confirm that the disciplinary procedure has been followed correctly by the Service. Evidence provided included a confirmation of what the disciplinary was regarding, investigation and hearing transcripts, outcome letters and, where applicable, appeals and the response. The Service was able to evidence all aspects of the disciplinary process. There were examples of investigation and hearing notes being handwritten which in specific cases might be the only viable option at the time, however an effort to keep everything digitalised within the disciplinary process should be maintained.</p> <p>Digitising investigations improves efficiency, accuracy, accessibility, data analysis, security, and integration by enabling quicker record creation and access, reducing errors, facilitating collaboration, enabling deeper analysis, ensuring data security, and integrating with other systems. It was also identified that a number of interview notes did not have signatures approving the accuracy of the recorded transcripts.</p>	Hearing and investigation notes be recorded digitally and signed by all attendees to ensure accuracy and limit challenge.	3	<i>This has been noted and the team advised with immediate effect. In future, all meetings will be recorded digitally, negating the need for transcripts to be typed and thus expediting matters further. Recordings will be sent, sanitised, to the individual for them to circulate to their companion as they deem appropriate. Although individuals are asked to sign and return their transcripts, there are occasions when the individual fails to do so. To address this, each recording will be accompanied by a caveat which advises that in the absence of a response within 7 calendar days, the Service will consider the recording has been accepted as a true and accurate reflection of the meeting.</i>	30/05/24	Head of HR

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	<b>Governance Framework</b> There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	1, 2, & 3	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	In place	4	-

## Other Findings

-  The Service maintains a Professional Standards Disciplinary Procedure Policy that was written in October 2016 and is reviewed on a three-year cycle. The policy was most recently reviewed in September 2023 and is version controlled. The Service has a robust and well evidenced process for tracking changes made to policies across the organisation.
-  Segregation of duties is maintained within the disciplinary procedure. There are three formal stages to the procedure which are split into investigation and conduct hearing / take action stages. Each stage involves four individuals; two for investigation and two for the hearing and actions, which removes sole dependency and allows for appropriate scrutiny.
-  The Head of Human Resources confirmed that resourcing has not been an issue and procedures have not been impacted.
-  It was confirmed that only Human Resources staff have access to personnel records which include any disciplinary data.
-  The Professional Standards Disciplinary Procedure Policy outlines which level of personnel is suitable for each formal stage of the investigation. These investigating officers are supported by a member of the Human Resources team throughout the process. HR is currently in the process of creating some additional training to provide managers with additional guidance when conducting investigations. In addition to HR support and training, the investigating officer holding a meeting is provided an approved script must be adhered to in all cases. The script contains details of the investigation so far. Current training offered to Investigating Officers includes Trans2 Performance, Chartered Management Institute courses in addition to the Service's E-Learns.



## Other Findings



A Casework Tracker is maintained and used to track all ongoing cases. An equality, diversity, and inclusion section is included within the tracker which is monitored for any trends. Discussions with Human Resources confirmed that a trend of three incidents in twelve months would warrant an investigation. There has been no cause for concern in those which have been reviewed.



The Service does not have a strategic risk specifically for disciplinary however this procedure is incorporated within the risk "Public Confidence in Working Culture" as an internal control.



Six investigating officers were identified during testing case reviews, and the Service was asked to evidence that those officers had evidence of training. Five of the six officers had evidence of completed Disciplinary and Grievance packages provided; the sixth officer had recently retired, and their training record has been removed.



**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	<b>Performance Monitoring</b> 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	<b>Sustainability</b> The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	<b>Resilience</b> Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Out of scope	-	-

**Other Findings**



The Head of HR provides a monthly report to the Executive Board which outlines any live disciplinary matters. Details provided for discussion includes the case number, allegation, level, status and next steps. Further discussions with the Head of Human Resources confirmed that the Senior Leadership Team are very supportive of the Head of HR department, ensuring they are granted ample time in the monthly meetings to ensure all issues are discussed. This example of engagement from the Board re-enforces the efforts made to ensure integrity of the Service.



During testing it was confirmed that no areas of learning were identified in any of the cases reviewed. Discussions with the Head of HR confirmed that if any learnings or areas of improvement are identified during the disciplinary process then these will be included in the final outcome letter and implemented for use in future investigations.

**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**

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<b>Not in place</b>	The control arrangements in place do not effectively mitigate the risk from arising.

**Assurance Assessment**

4. The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	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.
<b>Limited Assurance</b>	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.
<b>No Assurance</b>	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
<b>Audit Planning Memorandum:</b>	30 <sup>th</sup> April 2024	30 <sup>th</sup> April 2024
<b>Draft Report:</b>	21 <sup>st</sup> May 2024	28 <sup>th</sup> May 2024
<b>Final Report:</b>	28 <sup>th</sup> May 2024	





Humberside Fire and Rescue Service

Assurance Review of Training Records

July 2024

Final

# Executive Summary

## OVERALL ASSESSMENT



## ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

PD/2024/085/ FF Development Programme

## SCOPE

The review evaluated whether the actions from the Service Improvement Plan were achieved. The audit also included a review of the training needs analysis and the validity of training records.

## KEY STRATEGIC FINDINGS



A Training Policy is in place. This details the obligations placed on the Service in educating and training staff to ensure that staff are continually developed and motivated to be their best.



The Service has a comprehensive process for identifying training needs and requirements for all employees across all staff groups.



The actions from the Service Improvement Plan (SIP) relating to training have been achieved. The SIP is regularly reviewed by Heads of Function at their Directorate meetings.



Testing identified gaps in the completion of mandatory training of seven employees across 20 that were tested.

## GOOD PRACTICE IDENTIFIED



Based on individual role analysis and job specifications, core skills are identified through selection of risk critical elements of a role of specialist function.

## ACTION POINTS

Urgent	Important	Routine	Operational
0	1	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)
1	Directed	Testing of the completion of mandatory training was undertaken for 20 staff members. These were tested across grey book and green book staff. Of the 20 tested, six employees were found to be not up to date with their mandatory training according to the stipulated frequency in the Role Specific Training Outline (RSTO). In one case, the employee is currently on long term sickness and in two cases, whilst the deadline was originally missed, these were being completed during the audit. It was however noted that the RSTO in two other cases, were incorrectly detailed. This is currently being rectified.	All employees be reminded of the need to complete their mandatory training as detailed within their RSTO according to the adopted frequency. All RSTO's be reviewed to ensure accuracy of the role specific training	2	<p><i>All information has been received and acknowledged and the following processes put in place to embed the recommendations:</i></p> <p><i>1. A monthly absence report generated and cross referenced with PDR Pro to ensure all records and dashboards are up to date. Correctly recording personnel who are long term absent.</i></p> <p><i>2. A monthly report generated and sent out to CLT detailing all mandatory learning enabling them to ensure their staff are completing learning modules as required.</i></p> <p><i>3. Incorrect RSTOs identified during the audit have been rectified.</i></p> <p><i>4. All RTSOs are in the process of being reviewed as Fire Staff transfer over to Workforce Pro. This requires all Heads of Function to review all RSTOs and work with OD and L&amp;D to support the transfer of personnel within their section. This has been placed on the agenda for CLT.</i></p>	<p>30<sup>th</sup> June 2024</p> <p>31<sup>st</sup> July 2024</p> <p>30<sup>th</sup> June 2024</p> <p>01 May 2024 ongoing approx. timeline 6 months.</p>	<p>Micheila Collins – Training Administrator</p> <p>Micheila Collins – Training Administrator</p> <p>Josh Turner</p> <p>Lindsey Bentley under the guidance of Michelle Steel</p>

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	<b>Governance Framework</b> There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	<b>Risk Mitigation</b> The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b> Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	1	-








## Other Findings



Humbreside Fire & Rescue Service (HFRS) aims to ensure that all staff are provided with the right tools to enable them to develop and to become competent and to maintain the competency throughout their career. Several policies relating to training and competencies have been developed considering this. The policies include the Training Policy, Competence Policy, Incident Command Training Policy, Learner Training Agreement Policy, Organisational Learning Policy, and Professional Standards - Performance and Capability Policy.

Each Policy details the obligations placed on the Service in educating and training staff to ensure that staff are continually developed and motivated to be their best. It also highlights how training is delivered and support materials available. The Professional Standards - Performance and Capability Policy details the support available to employees who are not maintaining or achieving a satisfactory standard of work performance with the aim of providing a fair and consistent process to support them where their performance has become a cause for concern. All policies were found to be in date as at the time of the audit. The Training Policy and the Competence Policy are, however, nearing their review date which is May 2024. They are supported by a Service Improvement Framework Policy that details the Service’s approach to the corporate management of risk including opportunities, performance, compliance, and improvement through a managed process, a Maintenance of Training and Proficiency Programme document that provides further guidance on the maintenance of training and proficiency to ensure all functions within the Service are adequately trained and are able to maintain competency to perform their duties effectively and a Service Training Plan relating to the period (2021-2024) that outlines how the Service will meet the requirements of its Strategic Plan in relation to training and the Community Risk Management Plan (CRMP), whilst also highlighting the training delivery and training program.

## Other Findings

-  The Head of Training has lead responsibility regarding the education and training of staff and ensuring that there is an inclusive learning environment so that staff are engaged in their development and are competent and confident in their ability. This position is supported by Learning and Development, Organisational Development and other members of staff such as Station Managers and Watch Managers. The Training Policy further lists the roles and responsibilities of the Training Team/Function.
-  The Service's policies reference the Fire Service Act 2004 which places a duty on HFRS to provide education and training, and national guidance such as the National Operating Guidance (NOG) for competency and training, National Fire Chief's Council (NFCC) – Staff Training & Development in the delivery of training.
-  The Service's current Strategic Risk Register was reviewed during the audit. One of the identified People and Development Risk's includes "Fire Fighter Development Programme (FFDP)". This risk is linked to the Service's Strategic Objective, "we value and support the people we employ". It was noted, there is no full risk description for this risk, and this is due to the absence of the risk owner. Measures in place include completion of training to reduce risk levels and additional resources in place for the FFDP programme. The risk was last reviewed in June 2024.
-  Discussions with the Head of Training confirmed that training arrangements are discussed as part of the People and Development Directorate meeting, which is held monthly with relevant Heads of Function in attendance and is chaired by the Executive Director of People and Development. Any significant issues regarding training are discussed at this meeting to ensure that the Service can meet its training obligations.
-  The Service has developed a process to identify training requirements for all staff. This includes the development of a Training Matrix, also known as Training Needs Analysis (TNA)/ Role Specific Training Outline, that sets out training required for each job role. This is for the Grey Book Staff and Green Book staff. Maintenance of the Training and Proficiency Programme supports this process as it lists the activities that need to be undertaken to ensure competency, which includes initial training, revalidation training and assessments and the frequency in which they need to be undertaken.  
  
There are several Learning Management Systems (LMS) utilised by the Service to manage and record training activities. They include pdrPro and LearnPro. They are used as recording systems and provide guidance and information to staff of which training activities are to be completed to achieve and maintain competency. The training activities/programme are created within the system by the Service in pdrPro. It also holds training course records for each staff through the Course Management System (CMS). Training syllabus for each role within the Service is summarised on each staff's pdrPro homepage. Learn Pro is utilised by the Service as an online learning platform for online learning packages. Assessments are undertaken at the end of each module to confirm understanding of the module. It was noted that the modules have been identified by the assessment of core functions for each role and the risks within the Service linking to the Service's CRMP. Samples of 11 TNA's were seen during the audit. All the 11 TNA's have been recently updated with training needs recently analysed and hold appropriate information relevant to the role and type of training. No anomalies were identified.
-  Testing was undertaken for 15 Fire Fighters to ascertain the validity of their training records. Several anomalies were identified, and they included reviews not been undertaken and forms not been updated. This was however not further investigated as management advised this will be reviewed further during the Fire Fighters Developmental Pathway audit scheduled for July 2024.
-  Testing identified that the provision of training is included within the Community Risk Management Plan (CRMP) and within the Service's Strategic Plan/Outcomes which is "We Value and Support the people we employ".

## Other Findings



The Service works together with a number of training providers to help with development, acquisition, maintenance of competence and revalidation. These include Katherine Lamb Associates (KLA) who help with Level 1, 2 and 3 Incident Command training, Dr Shaun Green Risk Assessments who assists with hazardous material training and the Fire Service College provided by Capita who provides instructor qualifications in Breathing Apparatus, Tactical Ventilation training and Compartment Fire Behaviour Training. Evidence was provided during the audit to confirm one of the training providers was procured through a tender process. Management confirmed that where external providers are awarded contracts, the training courses are planned by the Training Function who liaise with the providers for specific dates and exact needs for course delivery and candidate learning. These courses are then placed on the Service's LMS, and all details are sent through to the staff member through this system and attendance and completion is recorded. Samples of completed training courses with external providers were seen during the audit.



A general induction programme is held for each of the Service's newly employed members of staff. Details of which are covered in an induction booklet issued to all new starters. Depending on the role that they are recruited to, a more tailored session is held over a period of days and lesson plans developed to guide each day. It was confirmed training i.e. mandatory training is discussed as part of induction with a Learning and Development/Training session held where e-learning, and how to use pdrPro is explored including discussing the NOG framework with the New Fire Fighters and Control Staff. Samples of induction materials, including recruit training materials, were seen during the audit. There were no anomalies identified.



**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	<b>Performance Monitoring</b> 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	<b>Sustainability</b> The impact on the organisation's sustainability agenda has been considered.	Out of scope	-	-
R	<b>Resilience</b> Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	In place	-	-

**Other Findings**



The Strategic Leadership Team is regularly appraised of training activities and arrangements by way of reports prepared by the Head of Training. One of such reports was evidenced during the audit. The report, dated April 2024, provided an update concerning the Service's status in meeting the NFCC Fire Standard relating to Emergency Response Driving. The paper also provided recommendations for discussions and consideration. Following the presentation of the paper, the SLT/Executives requested that the Service explore more opportunities for collaboration. It was also noted that the Governance, Audit and Scrutiny Committee (GAS) also has oversight on training / learning and development arrangements on a cyclical basis as and when required. A copy of the GAS minutes for the meeting held in November 2023, was seen during the audit. This showed On-call Staff Learning and Development being discussed and challenged by the Committee. A further review of the meeting minutes confirmed that the Committee endorsed the Service's continuing commitment to learning and development for On-Call Fire Fighters. It was however noted that for the year 2024/25 training is not included in the proposed schedule for GAS scrutiny.



A number of frameworks i.e. National Operational Guidance Framework and NFCC Competency Framework are used by the Service to direct and inform training programmes including role specific training. The Service has also developed a Core Skills Framework that helps to support consistency and transparency in staff development. This is made up of the technical and non-technical skills, knowledge and training requirements expected from all staff within the Service.

## Other Findings



Compliance with training is monitored through the Power BI dashboard at all management levels within the Service. This information is fed through from the Service's LMS. Management confirmed where non-compliance is identified, discussions are held at appropriate levels and in some cases the Performance and Capability Policy is activated. A review of the current overall compliance rate for mandatory e-learning/training showed training uptake for Core Learning to be 86.1%. Group Learning has an uptake of 89.3% and Critical Updates 89.9%. It is understood that this is broken down this way so learning can be achieved depending on the training topic. Some operational topics are best achieved through group learning with confirmation of understanding undertaken individually. Core learning are packages that need to be done individually and critical updates are generally operational ones that need to be sent out. Non-Operational Staff and Station Managers were seen to have the lowest uptakes with overall figures of 78.1% and 79.5% and Firefighter Control having the highest percentage of 94.8%. It was confirmed that the Service's target for completion of training is 95%. Discussions with management confirmed all employees have two months to complete their mandatory training and these were only released for completion in May.



The requirements of the CRMP include ensuring that training is aligned to national standards, including ensuring that there is operational training and service training through Learning and Development. Testing confirmed that all staff within the Service are trained in line with the training delivery in the Service Training Plan using the most appropriate methods.



A Service Improvement Plan (SIP) is in place. This contains the findings from HMICFRS reviews and actions undertaken by the Service to improve on gaps found. A review of the SIP was undertaken during the audit to establish that actions from the SIP relating to training have been achieved. The SIP spreadsheet showed all 16 actions linked to the two main findings have been completed. An outline of how the actions were achieved were included within the spreadsheet. It was confirmed that the SIP is discussed with the relevant Head of Function at Directorate meetings and updated where applicable. One such meeting where the SIP was discussed was seen during the audit. Further testing was carried out on four of the 16 actions to confirm that the actions have been implemented. Testing showed the four actions have been achieved/ implemented.



Based on individual role analysis and job specification, core skills are identified through selection of risk critical elements of a role of specialist function. This is determined through several ways such as NOGs, Approved Codes of Practice (ACOP), Skills for Justice (SFJ), National Competency Framework National Occupational Standards (NOS) and the Service's specific training needs and competency requirements.



Ticket System is accessible to all personnel who can raise a ticket regarding any element of training, which can include problems with course material, access issues, etc. The ticket system is also used to request support and assistance from a District Based Trainer.



A number of preparations were made for 2024/25 to enhance training delivery within the Service. These include revision of the Training Need Analysis. The Service is also developing another LMS called Workforce Pro, which will be tailored to capture training records for green book staff.

**Scope and Limitations of the Review**

- 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**

- 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**

- 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.

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

**Assurance Assessment**

- The definitions of the assurance assessments are:

<b>Substantial Assurance</b>	There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved.
<b>Reasonable Assurance</b>	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.
<b>Limited Assurance</b>	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.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls requiring immediate action.

**Acknowledgement**

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

**Release of Report**

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

Stage	Issued	Response Received
<b>Audit Planning Memorandum:</b>	30 <sup>th</sup> April 2024	7 <sup>th</sup> May 2024
<b>Draft Report:</b>	27 <sup>th</sup> June 2024	07 <sup>th</sup> July 2024
<b>Final Report:</b>	08 <sup>th</sup> July 2024	

## **GAS COMMITTEE SCRUTINY PROGRAMME AND WORKSTREAMS 2023/24**

### **1. SUMMARY**

- 1.1 This paper summarises the Governance, Audit and Scrutiny (GAS) Committee's Scrutiny Programme and work streams for 2023/24. Each year, the Committee will programme a number of specific, defined scrutiny items complete with scopes in order that relevant officers can focus their reports.
- 1.2 Appendix 1 to this report will serve as a point of reference for report-writers and as a 'living document' during the year for the Committee as it considers the scopes for its scrutiny items.

### **2. MATTER FOR CONSIDERATION**

- 2.1 The Committee to receive approve its scrutiny programme as necessary.
- 2.2 The Committee to note it's work streams.

### **3. BACKGROUND**

- 3.1 Public scrutiny is a corporate process undertaken by the Committee, appointed by the Fire Authority for its breadth of professional experience.

### **4. REPORT DETAIL & OPTIONS/PROPOSALS**

- 4.1 Appendix 1 of this report sets out the topics and scopes for consideration and review as necessary.
- 4.1 Appendix 2 to this report sets out a forward plan of items to be considered by the GAS Committee for the year 2023/24.

### **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 receive any updates and approve changes to its scrutiny programme as necessary.

**Lisa Nicholson**  
Secretary & Monitoring Officer

#### **Officer Contact**

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☎ 01482 393899  
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#### **Background Papers**

None

#### **Glossary/Abbreviations**

GAS	Governance, Audit and Scrutiny Committee
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**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2024/25**

Date of Meeting	Topic	Background and Scope	Lead
<p align="center"><b>Wednesday, 10<sup>th</sup> July 2024</b></p> <p align="center">[Deadline: 9am, Friday 28<sup>th</sup> June 2024]</p>	<p align="center"><b>HMICFRS Values and Culture in Fire &amp; Rescue Services</b></p> <p align="center">[Deferred from 8<sup>th</sup> April 2024]</p>	<p><u>Background Context</u></p> <p>On 30 March 2023 HMICFRS published its report <i>Values and culture in fire and rescue services</i>. This report focuses on the values and culture of all 44 fire and rescue services (FRSs) in England and draws on the evidence collected through the inspections of FRSs since 2018. In response to this, all 44 FRSs have to have an action plan in place to implement the 35 recommendations made in the report.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Background into Values and Culture work being undertaken by HMICFRS</li> <li>• Review of HFRS Values and Culture Action Plan</li> <li>• Compliance status against Service led recommendations made by HMICFRS</li> <li>• Governance arrangements for continual implementation and monitoring of recommendations and actions</li> </ul>	<p align="center"><b>Jamie Morris - Head of Corporate Assurance</b></p>
<p align="center"><b>Monday, 11<sup>th</sup> November 2024</b></p> <p align="center">[Deadline: 9am, Wednesday 30<sup>th</sup> October 2024]</p>	<p align="center"><b>Estates Strategy</b></p>	<p><b>Background context - HMICFRS Assessment Criteria</b></p> <p>The FRS estate and fleet plans have clear links to the risk management plan. The FRS actively considers how changes in fleet and estate provision and status and future innovation may affect risk, and the FRS exploits opportunities presented by changes in fleet and estate to improve efficiency and effectiveness.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Effectiveness of estate and fleet plans aligned to the CRMP.</li> <li>• How are the plans effectively performance managed, including evaluation.</li> <li>• How changes to the plans could affect risk.</li> <li>• How the plans and changes can measurably improve efficiency and effectiveness.</li> </ul>	<p align="center"><b>Jon Henderson – Area Manager of Prevention, Protection, Fleet and Estates</b></p> <p align="center">&amp;</p> <p align="center">Andy Day - Head of Estates &amp; Fleet</p>

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2024/25**

Date of Meeting	Topic	Background and Scope	Lead
<p align="center"><b><u>BRIEFING NOTE</u></b></p> <p align="center">[Deadline: Wednesday 8<sup>th</sup> January 2025]</p>	<p align="center"><b><u>BRIEFING NOTE</u></b></p> <p align="center"><b>Fire Control - Exercises and Debrief - Update</b></p>	<p><u>Background Context</u> The Committee received an initial report on Control's involvement in exercises and debriefs at its meeting of 22 January 2024 (Minute 8/24 refers). The Committee subsequently requested a further update on this topic as part of its 2024/25 work programme.</p> <p><b>Scope</b> - To provide an update on:</p> <ul style="list-style-type: none"> <li>• the processes and procedures in place to ensure the inclusion of control room staff in exercise and debrief activities</li> <li>• How exercise and debrief activities are recorded to register Fire Controls involvement in the process.</li> <li>• Mechanisms in place to capture learning and actions for Fire Control to address, including evidence of their application and learning outcomes.</li> <li>• How the outcomes and leaning from exercises and debriefs are effectively communicated amongst Fire Control staff and other key stakeholders as applicable.</li> </ul>	<p align="center"><b>Dan Meeke - Head of Emergency Preparedness &amp; Control</b></p> <p align="center">Graeme Dickson - Station Manager (Control)</p>
<p align="center"><b>Monday, 20<sup>th</sup> January 2025</b></p> <p align="center">[Deadline: 9am, Wednesday 8<sup>th</sup> January 2025]</p>	<p align="center"><b>HR</b></p>	<p><b>Background Context - HMICFRS Thematic Inspection</b></p> <p>The Service provides training for staff in conducting complaint and disciplinary investigations.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Effectiveness of training provided to staff to conduct investigations.</li> <li>• Effectiveness of related policies and processes used to manage disciplinary procedures.</li> <li>• Performance management of investigation processes, including trend analysis.</li> <li>• Learning and development from investigation outcomes.</li> </ul>	<p align="center"><b>Anne Stott - Head of HR</b></p>
<p align="center"><b>Monday, 20 January 2025</b></p> <p align="center">[Deadline: 9am, Wednesday 8<sup>th</sup> January 2025]</p>	<p align="center"><b>Joint Exercise Programme</b></p>	<p><b>Background Context - HMICFRS Assessment Criteria</b></p> <p>The FRS carries out a joint exercise programme to test arrangements for major and multi-agency incidents. The FRS uses the learning to improve its capabilities and inform local and national developments.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Management of joint exercise programme including requirements, types, frequency and links to risk management planning.</li> <li>• Recording processes used to capture exercises.</li> <li>• Alignment to JESIP principles.</li> </ul>	<p align="center"><b>Dan Meeke - Head of Emergency Preparedness &amp; Control</b></p>

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2024/25**

Date of Meeting	Topic	Background and Scope	Lead
<p align="center"><b>Monday, 17<sup>th</sup> February 2025</b></p> <p align="center">[Deadline: 9am, Wednesday 5<sup>th</sup> February 2025]</p>	<p align="center"><b>Financial Plans</b></p>	<p><b>Background Context - HMICFRS Assessment Criteria</b></p> <p>FRS plans are built on sound planning assumptions, including scenario plans. The plans are subject to informed external independent challenge and meet financial requirements. The FRS has an affordable workforce model that provides the right skills and capabilities, linked to its risk management plan and priorities. The FRS's financial plans help it to make sure it can provide a sustained service to the public and continuously improve, as well as result in a balanced budget. The FRS has financial controls and financial risk control mechanisms in place to reduce the risk of inappropriate use of public money.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Effectiveness of the medium-term financial strategy and productivity and efficiency plan aligned to the CRMP.</li> <li>• Intelligence led information used to inform and manage scenario planning.</li> <li>• Processes of scrutiny and audit used to inform and validate planning assumptions.</li> <li>• Alignment of plan to workforce planning arrangements.</li> </ul>	<p align="center"><b>Shaun Edwards - Head of Finance</b></p>
<p align="center"><b>Monday, 7<sup>th</sup> April 2025</b></p> <p align="center">[Deadline: 9am, Friday 26<sup>th</sup> March 2025]</p>	<p align="center"><b>Prevention Strategy</b></p>	<p><b>Background context – HMICFRS Assessment Criteria</b></p> <p>HFRS has developed and implemented an ambitious prevention delivery plan which is informed by local risk and complies with statutory requirements. The FRS prevention plan clearly sets out where the greatest risks lie within its area and has a clear rationale for the level of activity to prevent fires and other risks. The FRS uses findings from prevention, protection, and response activity to adapt its prevention plan. FRS prevention activity meets community expectations, and its core functions are sustained regardless of other discretionary priorities for the FRS.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Information / data sources used to inform the purpose and objectives of the delivery plan.</li> <li>• Performance measures and management of the plan.</li> <li>• Evaluation and outcomes achieved.</li> <li>• Learning and outcomes used to inform activities.</li> <li>• Effectiveness of policies used to implement and manage the plan.</li> </ul>	<p align="center"><b>Sarah Wilkinson - Head of Prevention</b></p>

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2024/25**

Date of Meeting	Topic	Background and Scope	Lead
<p align="center"><b>Monday, 7<sup>th</sup> April 2025</b></p> <p align="center">[Deadline: 9am, Friday 26<sup>th</sup> March 2025]</p>	<p align="center"><b>Protection Engagement</b></p>	<p><b>Background context - HMICFRS Assessment Criteria</b></p> <p>FRS staff engage with local businesses or large organisations and share information and expectations on compliance with fire safety regulations. The FRS has a system to help all local businesses to have easy and timely access to clear guidance on how to comply with fire safety regulations.</p> <p><b>Scope</b></p> <ul style="list-style-type: none"> <li>• Effectiveness of current engagement activities</li> <li>• Methodology used to provide information holistically and / or targeted at businesses.</li> <li>• Methods used to engage with business including different communication platforms.</li> <li>• Performance management of engagement activities including evaluation against related indicators.</li> <li>• Validation of information provided against legislation and related policies.</li> </ul>	<p align="center"><b>Dominic Purchon - Head of Protection</b></p>