

Fire & Rescue Service Headquarters Summergroves Way Kingston upon Hull HU4 7BB
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To: Members of the Governance, Audit and Scrutiny Committee	Enquiries to: Samm Campbell Email: committeemanager@humbersidefire.go.uk Tel. Direct: (01482) 393205 Date: 28 January 2022
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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, 7 FEBRUARY 2022 at 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

Public and press attendance at meetings

Seating in the public gallery is limited, therefore **places must be booked in advance** by contacting the Committee Manager on the contact details above.

The business to be transacted is set out below.

Yours sincerely



Mathew Buckley
Monitoring Officer & Secretary to Fire Authority

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A G E N D A

Business	Page Number	Lead	Primary Action Requested
<u>Procedural</u>			
1. Apologies for absence	-	Monitoring Officer/ Secretary	To record
2. Declarations of Interest (Members and Officers)	-	Chairperson	To declare and withdraw if pecuniary
3. Minutes of the meeting of 15 November 2021	(pages 1 - 11)	Chairperson	To approve
4. Matters arising from the Minutes, other than on the Agenda	-	Chairperson	To raise

Business	Page Number	Lead	Primary Action Requested
<u>Governance</u>			
5. Update: Matters Arising/ Feedback from Fire Authority	Verbal	Chairperson and Monitoring Officer/ Secretary	To consider and make any recommendations to the HFA
<u>External Audit</u>			
6. Auditor's Annual Report 2020/21	(pages 12 - 29)	External Audit (Mazars)	To consider and make any recommendations to the HFA
<u>Finance and Performance</u>			
7. 2021/22 Annual Accounts Closedown Timetable	(pages 30 - 33)	Head of Finance	To consider and make any recommendations to the HFA
8. Public Sector Audit Appointments	(pages 34 - 37)	Head of Finance	To consider and make any recommendations to the HFA
9. Review of Anti-Fraud Related Policies	(pages 38 - 99)	Director of Service Improvement	To consider and make any recommendations to the HFA
10. HMICFRS Inspection Update	Verbal	Director of Service Improvement	To consider and make any recommendations to the HFA
<u>Internal Audit</u>			
11. Internal Audit Update	(pages 100 - 104)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
<u>Scrutiny Programme</u>			
12. Management of Risk at On-Call Fire Stations	(pages 105 - 163)	Director of Service Delivery	To consider and make any recommendations to the HFA
13. GAS Committee Scrutiny Programme 2021/22	(pages 164 - 168)	Monitoring Officer/Secretary	To approve
14. Any Other Business	-	All Members	To raise

HUMBERSIDE FIRE AUTHORITY
GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE

15 NOVEMBER 2021

PRESENT: Independent Co-opted Members Mr D Chapman (Chairperson), Mr J Doyle, Mr A Smith and Mrs M Thomlinson.

Councillor Briggs and Councillor Green attended as observers.

Phil Shillito - Deputy Chief Fire Officer/Executive Director Service Delivery, Niall McKiniry - Assistant Chief Fire Officer, Jason Kirby - Temporary Director of People and Development, Paul McCourt - Director of Service Delivery, Simon Rhodes - Temporary Director of Service Improvement, Steve Topham - Director of Service Delivery Support, Martyn Ransom - Head of Finance, Lour Marritt - Apprenticeships and Learning & Development Manager, Ros Barbour - Communications Supervisor, Mathew Buckley - Monitoring Officer/Secretary, and Samm Campbell - Committee Manager were also present. Andy McCulloch - Internal Audit (TIAA) and Ross Woodley (Mazars) attended remotely.

The meeting was held at the Humberside Fire and Rescue Service Headquarters, Kingston upon Hull. Meeting commenced at 10.00 a.m.

PROCEDURAL

87/21 APOLOGIES FOR ABSENCE - Apologies for absence were received from Mrs P Jackson

88/21 DECLARATIONS OF INTEREST - There were no declarations of interest.

89/21 MINUTES - *Resolved* - That the minutes of the meeting of the Committee held on 6 September 2021 be confirmed as a correct record.

90/21 MATTERS ARISING FROM THE MINUTES, OTHER THAN ON THE AGENDA -

Minute 84/21 - Promotion within Uniformed Roles - The Committee had been updated in accordance with its recommendations.

Minute 86/21 - Upcoming GAS Committee Vacancies - The three GAS Committee vacancies had been advertised and interviews were due to be conducted in December 2021.

GOVERNANCE

91/21 UPDATE: MATTERS ARISING/FEEDBACK FROM FIRE AUTHORITY - The Monitoring Officer/Secretary provided feedback on items considered by the Fire Authority at its meetings of 24 September and 22 October 2021.

Resolved - That the update be received.

Audit

92/21 INTERNAL AUDIT UPDATE - Andy McCulloch (TIAA) presented a report updating the Committee on progress in relation to the internal audit process.

Since the Committee's previous meeting, three audit reports (Minute 79/21 refers) had been finalised: Shift Productivity; National Operational Guidance Phase 3 and 4; and

Grievance Arrangements. TIAA was on course to conclude its remaining audit activities in accordance with the plan presented in its report.

Resolved - That the update be received.

FINANCE AND PERFORMANCE

93/21 HMICFRS INSPECTION UPDATE - The Temporary Director of Service Improvement provided the Committee with a verbal update in relation to Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service's (HMICFRS).

The first tranche of HMICFRS's second full round of inspections was due to be published in the coming weeks. These would be useful to the Service as it prepared for its own second inspection which was due to be undertaken across a six-week period starting on 13 December 2021. Details of the Inspectorate's survey of the Service's workforce would also be made available as part of the inspection process.

Resolved - That the update be received.

94/21 MANAGEMENT ACCOUNTS - PERIOD ENDING 30 SEPTEMBER 2021 - The Head of Finance presented the Management Accounts for the period ending 30 September 2021.

The Service projected a slight underspend of £298,000 by the end of the 2021/22 financial year. Delays in the progress of some of the ongoing capital schemes had meant that the Service was expected to spend £5.006m of capital funding by the end of the 2021/22 financial year compared to the planned £7.029m. As always, the Pension Fund Account deficit (£12.940m) was due to be settled by the Home Office.

A Member queried whether a new site had been identified for the ARK project. The business case was in the process of being reviewed by the University of Hull, and the project's location would be considered as part of the review.

Resolved - That the Management Accounts for the period ending 30 September 2021 be received.

95/21 TREASURY MANAGEMENT MID-YEAR REPORT 2021/22 - The Head of Finance presented a report summarising the Service's treasury management activities during the first half of the 2021/22 financial year.

By the end of September 2021, the Service had £15.5m in temporary investments. Low rates of return in recent months had made it increasingly difficult for the Service to invest its money in the short-term without negative interest rates. The Service had not borrowed any money so far during the 2021/22 financial year, but would continue to borrow at opportune moments.

Resolved - (a) that the report be received, and

(b) that an update session in relation to treasury management be scheduled for the Committee in April 2022.

96/21 CIPFA FINANCIAL MANAGEMENT CODE RISK ASSESSMENT - The Head of Finance presented the Service's CIPFA Financial Management Code risk assessment.

The Service would need to be fully compliant with CIPFA's Financial Management Code by 1 April 2022, and its risk assessment showed that the Service would be fully compliant by the target date. However, the Service had sought some clarity from CIPFA in

relation to the requirement to use “...independent objective quantitative measures to assess the risks to financial sustainability”, which, as a Member had noted, was not an entirely clear instruction.

Resolved - That the CIPFA Financial Management Code risk assessment be received.

SCRUTINY PROGRAMME

97/21 IMPLEMENTATION OF THE NFCC CORE CODE OF ETHICS - The Temporary Director of People and Development submitted a report in response to the scope within the Committee’s Scrutiny Programme for 2021/22.

The National Fire Chiefs Council (NFCC) had developed its Core Code of Ethics (hereafter, ‘the Code’) in response to a recommendation of Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The Code was launched nationally on 18 May 2021 alongside the more particular Core Code of Ethics Fire Standard (hereafter, ‘the Fire Standard’), which was published by the Fire Standards Board (FSB). The Service had decided to proactively adopt and promote the Code.

The five ethical principles of the Code were:

- (i) **Putting our communities first** – we put the interest of the public, the community and service users first.
- (ii) **Integrity** – we act with integrity including being open, honest, and consistent in everything we do.
- (iii) **Dignity and respect** - making decisions objectively based on evidence, without discrimination or bias.
- (iv) **Leadership** – we are all positive role models, always demonstrating flexibility and resilient leadership. We are all accountable for everything we do and challenge all behaviour that falls short of the highest standards.
- (v) **Equality, diversity, and inclusion (EDI)** – We continually recognise and promote the value of EDI both within the FRSs and the wider communities in which we serve. We stand against all forms of discrimination, create equal opportunities, promote equality, foster good relations, and celebrate difference.

And the Code set out employees’ responsibilities in four distinct tiers:

- (i) **All Staff** – all staff should have an understanding of the Core code and maintain high standards of ethical behaviour within their working life.
- (ii) **Supervisory and middle managers** – additionally it is incumbent on supervisory and middle managers to understand the impact of the Core Code on their specific responsibilities.
- (iii) **Senior managers** – Senior managers within the FRS must have an in-depth understanding of the contents of the Core Code. Senior managers include corporate management board members, area managers, heads of departments and heads of service.
- (iv) **Fire Authority** – Those who govern FRSs will demonstrate their commitment to the Core Code by championing its use. This may include utilising the Core Code to inform FRS values and vision; monitoring and supporting its development and progress through effective scrutiny.

The Fire Standard used firmer language than the Code, stating that the Service *must*:

- (i) Adopt and embed the Core Code to demonstrate that the service is fully committed and compliant at both an individual and corporate level.
- (ii) Ensure the attitudes, professional behaviours and conduct described within the core code are reflected in its decision-making, policies, procedures, processes, and associated guidance that govern how the service manages and supports its workforce.
- (iii) Provide training and support to all those who work for, or on behalf of, a service to achieve their understanding of the Core Code and an appreciation of their responsibilities in adhering to it.
- (iv) Not detract from the Core Code.

And that the Service's leaders, and those who worked for, or on behalf of, the Service *must*:

- (v) Understand, respect, and follow the principles of the Core Code and demonstrate this by their commitment to it and their responsibility for upholding it.
- (vi) Conduct themselves in accordance with the Core Code.

While those responsible for the governance of the Service *must*:

- (vii) hold the Chief Fire Officer to account for the implementation of the Core Code at a local level;
- (viii) play a proactive role in challenging behaviour inconsistent with the Core Code; and
- (ix) ensure strategies, policies and performance measures are in place to promote and embed a positive and inclusive culture.

And that the Service *should*:

- (x) Designate a senior leader who is responsible for promoting the Core Code throughout the service and ensuring that all those who work for, or on behalf of, the service understand its contents and what is expected of them.

Prior to the implementation of the Code, an analysis of the Service's existing principles and behaviours documents had shown many similarities with the Code. During its first inspection of the Service in 2018, HMICFRS had concluded that the Service's principles and behaviours were well-embedded, which led the Service to feel confident about the implementation of the Code. The Strategic Leadership Team (SLT) had identified the Deputy Chief Fire Officer as the lead officer for the implementation of the Code.

The Service had undertaken a Gap Analysis in relation to its compliance with the Fire Standard and the Code (a summary of which had been appended to the report), which would be used to develop an ongoing and detailed action plan that would be monitored by Strategic and Tactical Leadership Teams. The Service had developed a mandatory electronic-learning programme for staff members to ensure that they were aware of the Code's requirements. Interactive guides had also been prepared for managers within the service to support the roll-out of the electronic-learning and other campaign materials. The Service's talent pipeline process (Minute 84/21 refers) had also been adapted to incorporate the Code, with prospective managers required to deliver presentations on how it affected their conduct. As HMICFRS had observed previously, the preceding principles and behaviour documents were well-embedded among the Service's staff, which meant that replacing existing communications campaigns had been a natural and well-received process. During 2022, the

Service would launch its updated personal development review (PDR) process, which would also incorporate the Code.

A Member asked how confident the Service was that, having promoted it extensively across the workforce, the Code would have an effect on staff members' behaviour. The pipeline and PDR processes were the most important to the proper embedment of the Code. Through these processes, the Service would be able to ensure that individual members of staff both understood and abided by the Code. Other policies and processes would also contribute to the monitoring of the Code's implementation, including the grievance and disciplinary processes. The Service was also keen to ensure that staff members felt able to report potential breaches of the Code. While the Code itself did not include the means to address breaches, the Service's other policies would.

A Member queried whether the Chief Fire Officer would be ultimately accountable for the implementation of the Code, and was informed that he would be. The Fire Authority was updated with regard to the implementation of the code at its meeting of 25 June 2021, with further information provided at the Member Day held on 9 July 2021. The Committee was keen to see the Chief Fire Officer's role in the implementation of the Code displayed prominently and recommended, because of the summary nature of the point, that it be moved to the top of the Gap Analysis. The Committee also wanted to ensure that a regular reporting process was established to monitor the implementation and effectiveness of the Code, and recommended that such reports be received by the Fire Authority every six months.

Resolved - (a) That the Committee be updated on the Service's progress on the implementation of the Core Code of Ethics in six months, including comparative data and feedback from staff;

(b) that the criterion relating to the Chief Fire Officer in the Gap Analysis for the implementation of the Code be moved to the top of the list of criteria, and

(c) that regular update reports detailing the Service's progress in implementing the Code, and the effectiveness of the Code, be submitted to the Fire Authority every six months.

98/21 GAS COMMITTEE SCRUTINY PROGRAMME 2021/22 - The Committee Manager submitted a report summarising the Committee's Scrutiny Programme 2021/22.

Resolved - That the Programme be received.

99/21 ANY OTHER BUSINESS - EXTERNAL AUDIT - Ross Woodley (Mazars) explained to the Committee that Mazars had presented its completion report to the Fire Authority, having received the Pension Fund assurance. While this had been one of the earliest external audit reports signed off by Mazars in 2021, it had yet to issue its final opinion. The Committee would be updated at the meeting due to be held on 24 January 2022.

Date	Item	Minute	Resolution	Responsible	Brief summary of outcome
13 July 2020	Internal Audit Update	49/20	Resolved - (b) that the Committee be updated in relation to TIAA's assessment of key financial controls at a future meeting.	TIAA	The Committee received the report relating to key financial controls at its meeting held on 25 January 2021.
13 July 2020	Draft Annual Performance Report 2019/20	51/20	Resolved - b) that the report be revised, taking into account the Committee's suggested amendments, prior to its receipt by the Fire Authority on 24 July 2020.	Director of Service Improvement	The report was updated prior to its receipt by the Fire Authority on 24 July 2020.
13 July 2020	LGA Consultation on Draft Code of Conduct	54/20	Resolved - That the Committee respond to the consultation collectively through Mandy Tomlinson.	Mandy Tomlinson	The consultation was responded to as planned.
13 July 2020	GAS Committee Scrutiny Programme 2020/21	56/20	Resolved - That the Scrutiny Programme 2020/21 be approved subject to the addition of scoping questions agreed by the Committee.	Committee Manager	Scrutiny Programme updated.
13 July 2020	AOB - Action Schedule	58/20	Resolved - That the Committee receive an action schedule tracking its recommendations at future meetings.	Committee Manager	Action schedule created.
7 September 2020	Internal Audit Progress Update	68/20	Resolved - that the TIAA briefing note, Cyber Threats using the COVID-19 Pandemic, be circulated to the Committee.	TIAA	The briefing note was circulated to the Committee following the meeting.
7 September 2020	Performance Reporting Update	70/20	Resolved - that, in future, changes of this calibre be communicated to the Committee further in advance.	Director of Service Improvement	ONGOING
7 September 2020	Absence Management Q1	72/20	Resolved - that the Service seek further feedback from its employees in relation to its anti-bullying campaign.	Director of People and Development	The Committee received a report on the Anti-Bullying Campaign at its meeting held on 5 July 2021.
7 September 2020	Effectiveness of the Protection Risk-Based Targeting Strategy	77/20	Resolved - (c) that the Committee be updated in six months in relation to the uptake of fire safety inspection training among on-call firefighters, and (d) that the Committee be updated in six months in relation to the Service's work with the University of Hull.	Director of Service Delivery Support	

7 September 2020	Update in relation to the Emergency Medical Response Cost Recovery Model (Scrutiny Programme 2019/20)	78/20	Resolved - That the updates be received.	Director of Service Delivery	Rescheduled for further update.
16 November 2020	Performance and Risk Report - Second Quarter 2020/21	88/20	Resolved - (b) that the Service consider publishing details of the complaints it receives on its website.	Director of Service Improvement	A summary of complaints was uploaded to the Service's website.
16 November 2020	Absence Management - Second Quarter 2020/21	90/20	Resolved - (b) that the Temporary Director of People and Development update Members with the costs related to the delivery of the Employee Assistance Programme.	Temporary Director of People and Development	The Committee was provided an update on 30 November 2020.
16 November 2020	Treasury Management Mid-Year Update Report 2020/21	91/20	Resolved - (b) that the Service facilitate a session for the Committee on long-term treasury management issues.	Head of Finance	The session was held on 26 April 2021.
16 November 2020	Development and Delivery Plans to Support the Health and Wellbeing of Staff	94/20	Resolved - (b) that a verbal update be provided to the Committee in around three months.	Head of Occupational Health	Updates in relation to the Employee Assistance Programme were received at the Committee's meeting held on 5 July 2021.
16 November 2020	Update in relation to the Emergency Medical Response Cost Recovery Model (Scrutiny Programme 2019/20)	95/20	Resolved - (b) that the matter of the Emergency Medical Response Cost Recovery Model be considered resolved.	Director of Service Delivery	The cost recovery programme in relation to the Emergency Medical Response service was aligned across the Service's area.
25 January 2021	Internal Audit Update	8/21	Resolved - (b) that the audit report relating to health and safety be circulated to the Committee prior to its next meeting, and (c) that the Committee be informed of the final topic for the 2020/21 internal audit programme.	(b) Committee Manager (c) Head of Corporate Assurance	(b) The health and safety audit report was circulated on 2 February 2021 and included on the agenda for the 22 February 2021 meeting. (c) The decision was taken to move this slot into

					<p>2021/22 and await further guidance regarding the focus of the HMICFRS inspection before deciding on the topic. The following topic was also due to be proposed to the Committee for scrutiny in 2021/22:</p> <p>Business Continuity – Response to Covid Pandemic: Evaluation of lessons learned and the adoption of new working practices.</p>
25 January 2021	Protection Engagement with the Commercial and Business Community	13/21	<p>Resolved - (a) That an update on the Service's protection engagement be received during the 2021/22 scrutiny programme;</p> <p>(b) that the Committee be assured that the new Risk-Based Inspection Programme methodology enables the Service to prioritise and target engagement activities effectively, and</p> <p>(c) that the Committee note the ongoing impacts of both the Grenfell Tower fire and the Covid-19 pandemic, including the positive changes arising from them.</p>	Committee Manager/ Director of Service Support	<p>(a) The Committee approved its work programme at the meeting held on 14 June 2021;</p> <p>(b) N/A;</p> <p>(c) N/A.</p>
25 January 2021	GAS Scrutiny Programme 2020/21	14/21	<p>Resolved - (b) that the Workforce Plan be added as a matter for consideration as part of the scrutiny item due to be heard on 12 April 2021, Diversity and Recruitment - Progress and Plans.</p>	Committee Manager	The Programme was updated and included on the agenda for the 22 February 2021 meeting.
22 February 2021	Draft Internal Audit Plan 2021/22	23/21	<p>Resolved - (b) that the Committee's scrutiny of diversity and recruitment (due to be considered at the meeting to be held on 12 April 2021) be taken</p>	TIAA	The Committee received TIAA's report on equality, diversity and inclusion at its meeting held on 5 July 2021.

			into consideration during TIAA's audit of equality, diversity and inclusion as part of its Internal Audit Plan 2021/22.		
22 February 2021	GAS Committee Scrutiny Work Programme 2020/21	26/21	Resolved - (b) that a workshop be held in April 2021 to consider items for the 2021/22 Scrutiny Programme.	Committee Manager	The workshop was held on 20 May 2021 in order for the Programme to be considered for approval at the Committee's meeting due to be held on 14 June 2021.
12 April 2021	Draft Annual Governance Statement	37/21	Resolved - (b) that the draft Annual Governance Statement be updated to incorporate recent changes to the Committee's membership, and (c) that the Chair of the HFA and the Monitoring Officer consider an appraisal process for the GAS Committee.	Director of Service Improvement	(b) The Annual Governance Statement was updated prior to its receipt by the Fire Authority.
12 April 2021	Diversity and Recruitment - Progress and Plans	39/21	Resolved - (a) That the Service's future Positive Action Strategy and Framework be applied consistently; (b) that the Service ensure that its employees fully understand its Positive Action Strategy and Framework; (c) that the Service gather improved data in order to understand the makeup of its workforce in comparison to local demographics and other fire and rescue services; (d) that the Service improve its exit interview process to understand why employees leave the Service, and (e) that the Committee be updated about to the Service's progress in relation to the revision of its workforce plan and the recommendations of the associated internal audit report.	Temporary Director of People and Development	

14 June 2021	Annual Statement of Accounts (Unaudited)	51/21	Resolved - (b) that the Annual Statement of Accounts for 2020/21 be updated in response to the Committee's recommended amendments.	Head of Finance	The Annual Statement of Accounts for 2020/21 was updated prior to its receipt by the Fire Authority.
14 June 2021	Draft GAS Committee Scrutiny Programme 2021/22	55/21	Resolved - (a) That the Programme be approved subject to the addition of a reference to feedback on promotion processes received through exit-interviews on the scope of the item due to be heard on 6 September 2021.	Committee Manager	The scope was updated and received at the meeting held on 5 July 2021
5 July 2021	Anti-Bullying Campaign	70/21	Resolved - (a) That the Service use its exit interviews and appraisals process to develop a clearer understanding bullying and changes to its organisational culture; (b) that initial feedback on the progress of recommendation (a) be reported during the follow-up anti-bullying campaign item due to be heard on 11 April 2022; (c) that the Service obtain high-quality data through a survey of staff in order to develop a clearer understanding of bullying and organisational culture than that afforded by the HMICFRS surveys of 2018 and 2020, and (d) that the report for the follow-up anti-bullying campaign item contain feedback from the relevant unions.	Temporary Director of People and Development	
5 July 2021	GAS Committee Scrutiny Programme 2021/22	71/21	Resolved - (a) That the Programme be updated in accordance with Minute 70/21.	Committee Manager	The Programme was updated and received at the meeting held on 6 September 2021.
6 September 2021	Internal Audit Reports	79/21	Resolved - (b) That TIAA report on the progress made in relation to the Risk-Based Inspection Programme in spring 2022.	TIAA	

6 September 2021	Promotion within Uniformed Roles	84/21	<p>Resolved -</p> <p>(a) That the Committee be provided with details of the number of applications to the talent pipeline process for each role, the number of successful promotions, and the number of applicants who had needed to reapply, and</p> <p>(b) that the Committee reconsider promotion within uniformed roles as part of a future scrutiny programme.</p>	<p>(a) Temporary Director of People and Development</p> <p>(b) Committee Manager</p>	(a) The Committee was provided with the update prior to the meeting held on 15 November 2021
15 November 2021	Treasury Management Mid-Year Report 2021/22	95/21	<p>Resolved -</p> <p>that an update session in relation to treasury management be scheduled for the Committee in April 2022.</p>	Head of Finance	
15 November 2021	Implementation of the NFCC Core Code of Ethics	97/21	<p>Resolved -</p> <p>(a) That the Committee be updated on the Service's progress on the implementation of the Core Code of Ethics in six months, including comparative data and feedback from staff;</p> <p>(b) that the criterion relating to the Chief Fire Officer in the Gap Analysis for the implementation of the Code be moved to the top of the list of criteria, and</p> <p>(c) that regular update reports detailing the Service's progress in implementing the Code, and the effectiveness of the Code, be submitted to the Fire Authority every six months.</p>	Executive Director of Human Resources	

Auditor's Annual Report

Humberside Fire Authority – year ended
31 March 2021

January 2022



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Our reports are prepared in the context of the 'Statement of responsibilities of auditors and audited bodies' issued by Public Sector Audit Appointments Ltd. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the Authority. No responsibility is accepted to any member or officer in their individual capacity or to any third party.

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01

Section 01: **Introduction**

1. Introduction

Purpose of the Auditor’s Annual Report

Our Auditor’s Annual Report (AAR) summarises the work we have undertaken as the auditor for Humberside Fire Authority (‘the Authority’) for the year ended 31 March 2021. Although this report is addressed to the Authority, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice (‘the Code’) issued by the National Audit Office (‘the NAO’). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 3 November 2021. Our opinion on the financial statements was unqualified.



Value for Money arrangements

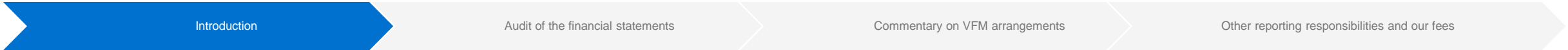
In our audit report, issued on the 3 November 2021, we reported that we had not completed our work on the Authority’s arrangements to secure economy, efficiency and effectiveness in its use of resources and had not identified significant weaknesses in those arrangements at the time of reporting. Section 3 confirms that we have now completed this work and provides our commentary on the Authority’s arrangements. No significant weaknesses in arrangements were identified and there are no recommendations arising from our work.



Wider reporting responsibilities

We have not yet received group instructions from the National Audit Office and we are unable to issue our audit certificate until this is formally confirmed.

The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounting records of the Authority and to consider any objection made to the accounts. We did not receive any questions or objections in respect of the Authority’s financial statements.



02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

The scope of our audit and the results of our opinion

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Authority and whether they give a true and fair view of the Authority's financial position as at 31 March 2021 and of its financial performance for the year then ended.

Our audit report, issued on 3 November 2021 gave an unqualified opinion on the financial statements for the year ended 31 March 2021.

Qualitative aspects of the Authority's accounting practices

We reviewed the Authority's accounting policies and disclosures and concluded that they comply with the 2020/21 Code of Practice on Local Authority Accounting, appropriately tailored to the Authority's circumstances.

Draft accounts were received from the Authority on 24 June 2021 and both the accounts and supporting working papers were of a good quality. We substantially completed the audit on schedule in September 2021, but had to wait for assurance from the pension fund auditor, which we received on 1 November 2021, before we could issue our opinion. The main reason for the delay was the pension fund auditor encountered difficulties getting confirmation of asset values from custodians for a sample of investments.

Significant difficulties during the audit

We did not encounter any significant difficulties during the course of the audit and we have had the full co-operation of management.

03

Section 03:

Commentary on VFM arrangements

3. VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Authority plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Authority ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Authority uses information about its costs and performance to improve the way it manages and delivers its services

At the planning stage of the audit, we undertake work so we can understand the arrangements that the

Authority has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements. Where we identify significant risks, we design a programme of work (risk-based procedures) to enable us to decide whether there is a significant weakness in arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Where our risk-based procedures identify actual significant weaknesses in arrangements, we are required to report these and make recommendations for improvement.

The table below summarises the outcomes of our work against each reporting criteria. On the following page we outline further detail of the work we have undertaken against each reporting criteria, including the judgements we have applied.

Reporting criteria	Commentary page reference	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability	9	No	No
Governance	11	No	No
Improving economy, efficiency and effectiveness	13	No	No

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

How the Authority identifies significant financial pressures that are relevant to its short and medium-term plans

We have reviewed the Authority’s overall governance framework, including Fire Authority and Governance, Audit and Scrutiny Committee reports, the Annual Governance Statement, and the Annual Report and Accounts for 2020/21. These confirm that the Authority undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Authority’s service users.

The Authority receives assurance on all aspects of financial management and operational performance through reports to the Governance, Audit and Scrutiny Committee. This includes:

- overseeing and assuring financial and operational performance;
- considering the risks associated with any material financial transactions;
- considering the financial and operational risks involved in the Authority’s business and how they are controlled and monitored by management; and
- taking action needed to address issues raised or to make improvements.

Our review of supporting papers confirmed that it did so effectively throughout 2020/21.

The Authority’s 2020/21 financial plan was designed to achieve break-even after allowing for £1M non-recurring funding necessary to compensate for the financial impact of COVID-19. The plan did not require any further operational savings or contributions from reserves.

The Authority monitors its financial performance closely and forecast small underspends consistently through the year. Audited accounts show this was achieved with a £571K surplus for the year to 31 March 2021.

The Governance, Audit and Scrutiny Committee receives quarterly management accounts providing detailed commentary of performance against budget, including explanations of significant variances. The financial position was challenged at these meetings and the reasons for the surplus were clearly articulated.

Budget Preparation commences the September before the forthcoming year. Pressures are logged and notified to the Head of Finance so the budget , Medium Term Resource Strategy and management accounts forecasts can take them into account. The Medium Term Resource Strategy is regularly updated and reported to members as financial forecasts change.

How the Authority plans to bridge funding gaps and identifies achievable savings

The Authority has a history of meeting its financial targets with savings of £11M delivered in the last 10 years in response to a reduction in funding of 40% in that period.

The Authority has consistently reported a year-end outturn very close to budget. When a significant overspend has been projected mid-year the Authority has undertaken remedial recovery action that has brought it back to or close to break-even. In 2019/20 management accounts forecast a £0.4M overspend at Q1, £0.2M overspend at Q2 and the outturn was a £0.1M underspend. Small underspends were consistently forecast in 2020/21 and the outturn was close to these forecasts.

The Authority’s positive track record in terms of delivering savings and keeping within budget has allowed it to maintain a general reserve of £6.4M at 31 March 2021, which is marginally above the minimum level determined by the Authority’s risk assessment and about 8 per cent of expenditure. In addition, the Authority has earmarked reserves of £7.4M set aside to meet expected pressures over the period of the Medium Term Financial Strategy.

The Medium Term Resource Strategy covers a rolling four year programme and is deigned to maintain the general reserve at the minimum level determined by the Executive Director of Corporate Service’s risk assessment, without the need for operational savings or a contribution from reserves other than some minor smoothing between the four years. The Strategy includes an annual 3.5% non-pay savings target (£0.25M) to offset the impact of inflation.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria - continued

How the Authority plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities

Resources follow priorities through the Medium Term Resource Strategy. The Strategy is sustainable over the four year period whilst maintaining a prudent general minimum reserve which is risk assessed annually and reported to the Authority. The Authority is relatively well placed to support the sustainable delivery of services and the 2020/21 Annual Performance Report indicates that performance was stable or improving for all key performance indicators.

We have critically assessed the underlying assumptions used in the Medium Term Resource Strategy and consider them to be appropriate. The Local Government Finance Settlement relates to a single year and allows for a modest increase in grant funding to meet rising costs. The Strategy initially assumed no change in funding due to the public sector pay pause but when a pay award was agreed the employees costs and funding assumptions for 2022/23 onwards were revised upwards by 2% and 3% respectively.

How the Authority ensures that its financial plan is consistent with other plans

The MTFS is underpinned by workforce planning and capital programmes and takes account risks arising during the year and planning assumptions within the Integrated Risk Management Plan (IRMP).

The Authority has added flexibility because its budget includes about £1M per annum of revenue contributions to its capital programme and the Authority is able to re-phase and refinance its capital programme to deliver instant revenue savings.

We have not identified any inconsistency between the various plans in prior years or from our review of the new IRMP.

How the Authority identifies and manages risks to financial resilience

The Authority undertakes substantial work to understand possible future impacts on the budget. The medium term budget projections consider various budget pressures, such as pay and price increases, the revenue implications of the capital programme and other pressures including the implications of Covid-19. The risk register contains a critical risk and remedial action regarding the financial position and is monitored quarterly.

For several years the Home Office have indicated that the formula for distributing grant between fire and rescue authorities is to be revised and a three year settlement agreed to provide greater certainty but in 2021 this has again been postponed. However, in February 2021 the Authority updated its scenario planning exercise to model the impact of potential reductions in funding of up to 30% (£5.1M). Management have considered options for savings to cover each of the scenarios, scored and ranked against operational impact. The 2 highest scoring options were taken forward for further research and the analysis is expected to be completed in January 2022.

It is clear from a review of the Medium Term Resource Strategy and the scenario planning that the Authority is closely monitoring the progress against plan to date, is fully aware of where the risks lie and continues to identify mitigating actions to address these risks.

Conclusion

Given the above, we are satisfied there are no significant weaknesses in the Authority’s arrangements in relation to the financial sustainability reporting criteria.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria

How the Authority monitors and assesses risk and how the Authority gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud

The Authority has a comprehensive risk management system in place which is embedded into the governance structure of the organisation. The processes are supported by the Authority's Corporate Risk and Opportunity Policy and the Authority leadership plays a key role in implementing and monitoring the risk management process.

The Governance and Audit Scrutiny Committee have overarching responsibility for risk management and considers the content of the Corporate Risk Register quarterly. The Corporate Risk Register takes account of any changes in the entity's internal and external environments. The register is completed with senior management input and they are pro-active in evaluating the risks. We are satisfied that the management team have appropriate industry and regulatory knowledge. A summary is included in the quarterly performance reports to the Governance and Audit Scrutiny Committee.

The Senior Leadership Team discuss the risk register at each meeting, consider the mitigating measures in place and agree on a risk score. Risk registers are updated following the meeting. During the meetings, horizon scanning takes place to identify new or emerging risks for the Authority. Appropriate action is taken following these discussions. We have confirmed through attendance at Governance, Audit and Scrutiny Committee meetings that detailed discussion and challenge has taken place on high level risks. The risks are clearly linked to the Strategic Aims of the Authority and are included in operational performance reports, providing a thread from operational to strategic risk management.

In order to provide assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud, the Authority has outsourced internal audit and local counter fraud work to TIAA. Work plans are agreed with management in advance of the start of the financial year and reviewed by the Governance, Audit and Scrutiny Committee prior to final approval.

We have reviewed the Internal Audit Plans for 2020/21 and 2021/22 and confirmed planned work addresses the expected areas with annual coverage of key financial controls. Progress reports are presented to each Governance, Audit and Scrutiny Committee meeting including follow up reporting of recommendations not fully implemented by agreed due dates. This allows the Committee to effectively hold management to account on behalf of the Authority.

Our attendance at Governance, Audit and Scrutiny Committees throughout the period confirms the significance placed on internal audit findings. Members of the committee actively request management attendance at committees to discuss findings from internal audit reports.

Internal audit gave a reasonable assurance opinion on financial controls in 2020/21 with no significant governance weaknesses identified for reporting in the Annual Governance Statement.

How the Authority approaches and carries out its annual budget setting process

The Authority's Medium Term Financial Strategy includes the identification and evaluation of risks to the Authority's finances and is developed in parallel to the budget for the following year and setting of the precept. We have reviewed the budget setting arrangements through observation and discussions with officers. No matters have been identified indicating a significant weakness in arrangements.

Overall, the Authority is aware of the financial pressure it faces. We confirmed that scenario plans are in place to identify the potential financial impact of risks occurring.

How the Authority ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed

Responsibilities of budget holders are clearly set out in the Budget Monitoring procedures note and they are required to provide explanations for variances in their quarterly budget reports. Budget holders have access to the general ledger and are encouraged to review progress between the formal quarterly reports.

Budget reports are usually available by the 1st day of the month following quarter end. They show the actual expenditure and income compared to what was budgeted and highlight any variances. The budget holders then update their year-end forecasts within 5 days of receiving the reports.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

Performance against targets and prior years was reported quarterly to Governance, Audit and Scrutiny Committee in 2020/21. The reports detail the Authority’s performance against the target for all standards, as well as highlighting the key concerns, and the mitigating actions to show how performance will be improved where necessary. The performance reports are discussed at the same meeting as management accounts and officers describe the relationship between the two. An annual performance report is prepared and published on the Authority’s website.

How the Authority ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency

The Authority has an established governance structure in place, which is set out within its Annual Governance Statement. This is supported by the Authority’s Constitution and scheme of delegation. Executive Directors have clear responsibilities linked to their roles and the structure in place at the Authority allows for effective oversight of the Authority’s operations and activity.

We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Authority’s arrangements in place and were fully operational. Governance, Audit and Scrutiny Committee members are appropriately skilled to undertake their role and provide appropriate challenge to Management and Internal and External Audit. All are independent Members and are recruited and trained to provide a range of skills and collectively provide effective scrutiny.

How the Authority monitors and ensures appropriate standards are maintained

The Authority completed a self-assessment versus the CIPFA Financial Management Code in June 2020 and March 2021, areas for improvement were identified and documented and plans implemented to meet the code in full during 2021/22 were considered by the Governance, Audit and Scrutiny Committee in April 2021.

The Authority ensures that registers of interests are maintained and published and when an issue arose in 2020/21 the Authority moved swiftly to commission an Internal Audit investigation that found no impropriety but scope to improve governance. All recommendations have been accepted.

The Authority expects the highest standards of conduct from both its members and officers. The Governance Framework is reviewed and updated regularly by management. Management are committed to integrity and ethical behaviour and this is evident from our attendance of Committee’s and meetings with management. The Authority has a separate Anti-Fraud and Corruption Policy which sets out detailed policies and procedures to prevent and detect fraud. The latest version of the policy was updated in December 2020.

Conclusion

Given the above, we are satisfied there are no significant weaknesses in the Authority’s arrangements in relation to the governance reporting criteria

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

How financial and performance information has been used to assess performance to identify areas for improvement

One of the Authority’s four strategic plan objectives is ‘*to efficiently manage the service*’. This includes making appropriate use of public money and delivering value for money.

During 2020/21 information on operational performance was reported to the Governance, Audit and Scrutiny Committee on a quarterly basis. The reports were then presented to the next meeting of the full Fire Authority. Minutes from these meetings were comprehensive and there is evidence that actions were taken in response to issues raised. The reports included monitoring of performance against target for key performance indicators and the reports were supplemented by more detailed reports on priority areas such as sickness absence and unwanted fire signals.

Internal Audit reviewed performance management in 2020/21 and awarded a ‘*substantial assurance*’ rating with no recommendations and two areas of good practice. We have reviewed the performance information provided to the Authority as part of our review of agenda papers and minutes. Through this we have confirmed that the Authority effectively hold managers to account where performance improvements are required.

How the Authority evaluates the services it provides to assess performance and identify areas for improvement

The Governance, Audit and Scrutiny Committee selected four subjects to review in 2020/21, which were clearly related to areas that HMICFRS identified for improvement in its first full inspection of Humberside Fire Authority reported in June 2019. We witnessed appropriate challenge of improvement plans in these areas through our attendance at Governance, Audit and Scrutiny Committee meetings.

The Authority received a thematic inspection in 20/21 focused on its response to the pandemic. HMICFRS reported that the Authority “*adapted and responded to the pandemic effectivity and continued to maintain its statutory functions throughout.*” They noted that the Authority undertook several additional roles such as delivering medicines, food and personal, protective equipment and training care home staff. HMICFRS did not make any recommendations specific to Humberside Fire Authority and its judgements for this inspection were not scored.

In the last full inspection the Authority was rated ‘*good*’ for efficiency and effectiveness but ‘*requires improvement*’ for people. The Authority prepared a Service Improvement Plan with actions against all 17 recommendations and regularly reported on progress during 2020/21.

In 2020/21 the Authority performed very well against its key performance indicators with all targets and response standards met. There was a 10% reduction in emergency incidents.

The Authority’s arrangements for effective partnership working

The Authority has developed shared services in several areas with Humberside Police and some of these arrangements predated the Police and Crime Act’s requirement for closer collaboration between Police and Fire services. The main partnerships are:

- Emergency Services Fleet Management (Humberside) Limited (ESFM), which is a joint arrangement that provides vehicle maintenance to both authorities;
- A shared service for estates management;
- A shared health and safety team; and
- Two senior finance posts shared between the two authorities.

Some properties are shared and reports show opportunities for further sharing are being explored.

Partnerships appear to be working well as evidenced by the performance monitoring reports. Partnerships are risk-assessed before being entered into and an established framework exists. The collaborations are primarily designed to improve service resilience but some economies of scale have been achieved. Contributions to ESFM have only increased by 0.5% in the seven years since it was established. In October 2020 the Authority received a report formally evaluating the sharing of senior finance posts and identified a saving of £53,000 per annum with suitable governance and the intended resilience benefits.

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

The Authority’s arrangements for commissioning services

The Authority has an in-house procurement team with suitable qualifications and experience that are responsible for producing the Procurement Policy in use by the Authority. The procurement team use established national and regional procurement frameworks to maximise purchasing power and participate in national benchmarking exercises, which have not identified any scope for significant savings.

Outsourcing has been limited to a few support services where it is not economic to provide the degree of specialist support required in house (e.g. legal services and treasury management) and these are managed via service level agreements with councils.

There is no evidence that procurement is likely to expose the Authority to significant financial loss or failure to deliver efficiency and performance improvements.

Conclusion

Given the above, we are satisfied there are no significant weaknesses in the Authority's arrangements in relation to the improving economy, efficiency and effectiveness reporting criteria.

04

Section 04:

**Other reporting responsibilities and
our fees**

4. Other reporting responsibilities and our fees

Matters we report by exception

The Local Audit and Accountability Act 2014 provides auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest;
- make statutory recommendations that must be considered and responded to publicly;
- apply to the court for a declaration that an item of account is contrary to the law; and
- issue an advisory notice.

We have not exercised any of these statutory reporting powers.

The 2014 Act also gives rights to local electors and other parties, such as the right to ask questions of the auditor and the right to make an objection to an item of account. We did not receive any such objections or questions.

Reporting to the NAO in respect of Whole of Government Accounts consolidation data

The NAO, as group auditor, requires us to complete the WGA Assurance Statement in respect of its consolidation data.

At the time of preparing this report we have not yet received instructions from the NAO on what procedures are required. As such this work is outstanding. Until this work is concluded we cannot issue our audit certificate.

4. Other reporting responsibilities and our fees

Fees for work as the Authority's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Governance, Audit and Scrutiny Committee in February 2021. Having completed our work for the 2020/21 financial year, we can confirm that our fees are as follows:

Area of work	2019/20 fees	2020/21 fees
Planned fee in respect of our work under the Code of Audit Practice	£24,561	£24,561
Recurring increases in the base audit fee arising from regulatory pressures	£4,966	£4,966
One-off fee increases for 2019/20 specific issue	£2,052	0
Additional fees in respect of the new VFM approach (see note 1)	0	£5,000
Additional fees in respect of the revised ISA540 (see note 1)	0	£1,900
Total fees	£31,579	£36,427
Note 1: PSAA indicated the range of additional fees expected to apply from 2020/21 to reflect the additional work required at all fire and recue authorities. We have set our 2020/21 additional fees at the minimum of this range.		https://www.psaa.co.uk/additional-information-for-2020-21-audit-fees/page/3/? sm_byp=iVVrRH4tQsPrR1PF

All fees are subject to VAT. All additional fees are subject to Public Sector Auditor Appointments (PSAA) approval.

Fees for other work

We confirm that we have not undertaken any non-audit services for the Authority in the year.

Gavin Barker, Director – Public Services

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

2021/22 ANNUAL ACCOUNTS CLOSEDOWN TIMETABLE

SUMMARY

1. The Fire Authority is required by statute to produce accounts on an annual basis; this report includes the timetable to ensure the Fire Authority produces accounts for 2021/22 on an efficient and timely basis. The draft Annual Accounts (signed by the S.151 Officer) need to be made available by 30th September 2022. The Final (Audited) Annual Accounts are required to be approved by the Fire Authority by 30th November 2022.

RECOMMENDATIONS

2. That the GAS members note that the attached timetable gives assurance that the Fire Authority has robust plans in place to produce the Annual Accounts by the required deadlines.

ANNUAL ACCOUNTS 2021/22

3. The attached timetable sets out the key tasks that will be undertaken on the 2021/22 Annual Accounts between January 2022 and November 2022.
4. Regular meetings will also be held with the Authority's external auditor, Mazars. These meetings will be held from early in 2022 through to the completion of the audit in the autumn of 2022.
5. The Authority is required by statute to produce its 2021/22 audited Annual Accounts by 30 November 2022.
6. The Authority has continued to liaise closely with our external auditors and plans to produce the Authority's Annual Accounts by the required deadline.

STRATEGIC PLAN COMPATIBILITY

7. No direct issues arising.

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

8. The Annual Accounts are a key document that ensures the Fire Authority is recording and reporting the transactions it enters into in an appropriate manner and reporting in line with the CIPFA Code of Practice for Local Authority Accounts.

LEGAL IMPLICATIONS

9. The Authority is required by statute to provide Annual Accounts.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

10. No direct issues arising from this report.

CORPORATE RISK MANAGEMENT IMPLICATIONS

11. No direct issues arising but timely and accurate Annual Accounts are a cornerstone of good governance.

HEALTH AND SAFETY IMPLICATIONS

12. No direct issues arising.

COMMUNICATION ACTIONS ARISING

13. No direct issues arising.

DETAILS OF CONSULTATION

14. No direct issues arising.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

15. None.

RECOMMENDATIONS RESTATED

16. That the attached timetable gives assurance that the Fire Authority has robust plans in place to produce the Annual Accounts by the required deadlines.

M RANSOM

Officer Contact: Martyn Ransom
Head of Finance

☎ 01482 567176

Humberside Fire & Rescue Service
Summergroves Way
Kingston upon Hull

MR/JP
11 January 2022

HUMBERSIDE FIRE & RESCUE SERVICE
CLOSEDOWN TIMETABLE 2021/22

<u>Target Date</u>	<u>Task</u>	<u>Completed By</u>	<u>Date Completed</u>
28/01/2022	Roll Forward previous year Balances on Aptos	DL/SE	
28/01/2022	Review previous year audit report and adjust for non material errors where necessary	MR/SE/AB	
28/01/2022	Produce Skeleton Accounts with prior year Comparatives	MR/SE/AB	
28/01/2022	Complete CIPFA Disclosure Checklist	MR/SE/AB	
28/01/2022	Provide FF pensions Commissioning letter for GAD	DL/WYPA/SK	
28/01/2022	Review Accounting Policies	MR/SE/MR	
11/02/2022	Send email to spending officers re year end purchase orders	SE/AB	
01/03/2022	Send email to spending officers re closedown	SE/AB	
04/03/2022	Provide Pensions cashflow and Member data to GAD	DL/SE/MR	
31/03/2022	Stocktake to be completed	AD/NH/Stores	
31/03/2022	Request Third Party Assurance Letters from Hull CC/ERYC/WYPA	SE/DL/AB/SK	
31/03/2022	Arrange final PWLB draw down with Hull City Council	SE/AB	
08/04/2022	Agree list of dated cheques and credit amounts back to ledger.	SE/AB	
08/04/2022	Post cash receipts and inter account transfers to 31 March	AB	
08/04/2022	Post all non cheque items to 31/03 to cash account	AB	
08/04/2022	Complete Financial Instrument Return for Sector	SE/AB	
08/04/2022	Send confirmation letters to counterparties after requesting list from Hull CC	SE	
08/04/2022	Account for petty cash balances	SE/AB	
08/04/2022	Bank reconciliation to 31 March	AB	
08/04/2022	Adjust for April Pensions paid in advance.	SE/SK	
08/04/2022	Complete FF Pension Analysis	SE/AB	
08/04/2022	Run provisional Trial Balance for the year.	MR/SE	
08/04/2022	Deadline for receipt of Property Valuations	MR/SE/AB	
14/04/2022	Deadline for debtors lists	SE/AB	
14/04/2022	Deadline for creditors lists	SE/AB	
22/04/2022	Agree outstanding debtor's provisions and post to Aptos	SE/AB	
22/04/2022	Agree outstanding creditors provisions and post to Aptos	SE/AB	
22/04/2022	Complete Asset revaluation journals	SE/SK	
22/04/2022	Reconcile Capital Spending and Funding	SE/SK	
22/04/2022	Reconcile interest receipts to list supplied from Hull City Council and provided for interest due	SE/AB	
22/04/2022	Reconcile interest payments to P.W.L.B. and accrue for interest due at 31 March	SE/SK	
22/04/2022	Reconcile Finance Lease adjustments for the year.	SE	
22/04/2022	Prepare and post capital financing journals.	SE/SK	
22/04/2022	Reconcile VAT Account	SE/AB	
22/04/2022	Reconcile Payroll Balancing Account	SE/AB	
22/04/2022	Post debtor's Write offs	SE	
22/04/2022	Clear suspense accounts and or reconcile any balances to carry forward to 2019/19	SE/AB	
22/04/2022	Agree stock in hand @ 31/03	SE/AB	
22/04/2022	Pensions information re IAS 19 - Support Staff	SE/AB	
22/04/2022	Pensions information re IAS 19 - Fire Fighter's	SE/AB	
22/04/2022	Receive draft accounts from ESFM Ltd	ESFM Ltd	
22/04/2022	Provide for Retained Fire Fighters' pay paid in arrears.	SE/AB	
22/04/2022	Fair Value Statements from Sector	SE	

HUMBERSIDE FIRE & RESCUE SERVICE
CLOSEDOWN TIMETABLE 2021/22

<u>Target Date</u>	<u>Task</u>	<u>Completed By</u>	<u>Date Completed</u>
03/05/2022	Run provisional trial balance	SE	
03/05/2022	Produce Financial Outturn and use for Foreword	SE	
03/05/2022	Run Final Revenue ledger.	MR/SE	
06/05/2022	Annual Governance Statement	SR	
06/05/2022	Ask Executive Director Service Support/Coporate Planning for foreword update	KW/SR	
06/05/2022	Deadline for Narrative report including performance numbers	KW/SR	
06/05/2022	Receive Collection Fund Balances from the Local Authorities and complete journals	SE/AB	
06/05/2022	Receive audited accounts from ESFM Ltd	ESFM Ltd	
TBC	Produce statement of accounts	MR/SE	
TBC	Notice for Right to inspect Accounts	KW/MR	
TBC	Accounts to be published on the Authority Website	MR/SE	
TBC	Commencement of right to inpect Accounts Period	KW/MR	
TBC	Commencement of External Audit fieldwork - TBC	MR/SE/Mazars	
TBC	Deadline for submission of Papers forGAS Committee	MR/KW	
TBC	Deadline for submission of Papers for Fire Authority	MR/KW	
TBC	Governance, Audit and Scrutiny Committee	MR/KW	
TBC	Completion of Whole Government Accounts	SE	
TBC	Fire Authority	MR/KW	
TBC	Deadline of for Submission of Papers for GAS Committee	Audit/MR/KW	
TBC	Governance, Audit and Scrutiny Committee	Audit/MR/KW	
TBC	Conclusion of right to inspect Accounts period	KW/MR	
TBC	Deadline for submission of Papers for Fire Authority	Audit/MR/KW	
TBC	Fire Authority	Audit/MR/KW	
TBC	Notice for Conclusion of the Audit	KW/MR	

Officers

MR = Martyn Ransom

DL = Dave Lofthouse

SE = Shaun Edwards

AB = Amie Brown

KW = Kevin Wilson

SR = Simon Rhodes

PC/AD/Stores = Paul Clucas/Andy Day

ESFM Ltd = ESFM (Humberside) Ltd JV Co

Auditors

Mazars

PUBLIC SECTOR AUDIT APPOINTMENTS

SUMMARY

1. The purpose of this report is to seek the Authority's approval to allow Public Sector Auditor Appointments (PSAA) to act on the Authority's behalf in selecting and appointing its external auditor.

RECOMMENDATIONS

2. Members are asked to note the report and make any comments to HFA as appropriate.

BACKGROUND

3. Public Sector Audit Appointments Limited (PSAA) is an independent company limited by guarantee incorporated by the Local Government Association in August 2014.
4. The current auditor appointment arrangements cover the period up to and including the audit of the 2022/23 accounts. The Authority opted into the 'appointing person' national auditor appointment arrangements established by PSAA for the period covering the accounts for 2018/19 to 2022/23.
5. PSAA is now undertaking a procurement for the next appointing period, covering audits for 2023/24 to 2027/28. Before 11 March 2022 all local government bodies need to decide about their external audit arrangements from 2023/24. They have options to arrange their own procurement and make the appointment themselves or in conjunction with other bodies, or they join and take advantage of the national collective scheme administered by PSAA.
6. To opt into the national scheme the Authority needs to return the PSAA completed opt-in documents by this deadline.

THE NATIONAL AUDITOR APPOINTMENT SCHEME

7. PSAA is specified as the 'appointing person' for principal local government bodies under the provisions of the Local Government Audit & Accountability Act 2014 (the "Act") and the Local Audit (Appointing Person) Regulations 2015. PSAA let five-year audit service contracts in 2017 for the first appointing period, covering audits of the accounts from 2018/19 to 2022/23. It is now undertaking the work needed to invite eligible bodies to opt in for the next appointing period, from the 2023/24 audit onwards, and to complete a procurement for audit services. PSAA is a not-for-profit organisation whose costs are around 4% of the scheme with any surplus distributed back to scheme members.
8. In summary the national opt-in scheme provides the following:
 - 8.1 The appointment of a suitably qualified audit firm to conduct audits for each of the five financial years commencing 1 April 2023;
 - 8.2 Appointing the same auditor to other opted-in bodies that are involved in formal collaboration or joint working initiatives to the extent this is possible with other constraints;
 - 8.3 Managing the procurement process to ensure both quality and price criteria are satisfied. PSAA has sought views from the sector to help inform its detailed procurement strategy;
 - 8.4 Ensuring suitable independence of the auditors from the bodies they audit and managing any potential conflicts as they arise during the appointment period;

- 8.5 Minimising the scheme management costs and returning any surpluses to scheme members;
- 8.6 Consulting with authorities on auditor appointments, giving the Authority the opportunity to influence which auditor is appointed;
- 8.7 Consulting with authorities on the scale of audit fees and ensuring these reflect scale, complexity, and audit risk; and
- 8.8 Ongoing contract and performance management of the contracts once these have been let.

Pressures in the current local audit market and delays in issuing opinions

- 9. Much has changed in the local audit market since audit contracts were last awarded in 2017. At that time the audit market was relatively stable, there had been few changes in audit requirements, and local audit fees had been reducing over a long period. 98% of those bodies eligible opted into the national scheme and attracted very competitive bids from audit firms. The resulting audit contracts took effect from 1 April 2018.
- 10. During 2018 a series of financial crises and failures in the private sector led to questioning about the role of auditors and the focus and value of their work. Four independent reviews were commissioned by Government: Sir John Kingman's review of the Financial Reporting Council (FRC), the audit regulator; the Competition and Markets Authority review of the audit market; Sir Donald Brydon's review of the quality and effectiveness of audit; and Sir Tony Redmond's review of local authority financial reporting and external audit. The recommendations are now under consideration by Government, with the clear implication that significant reforms will follow. A new audit regulator (ARGA) is to be established, and arrangements for system leadership in local audit are to be introduced. Further change will follow as other recommendations are implemented.
- 11. The Kingman review has led to an urgent drive for the FRC to deliver rapid, measurable improvements in audit quality. This has created a major pressure for audit firms to ensure full compliance with regulatory requirements and expectations in every audit they undertake. By the time firms were conducting 2018/19 local audits during 2019, the measures they were putting in place to respond to a more focused regulator were clearly visible. To deliver the necessary improvements in audit quality, firms were requiring their audit teams to undertake additional work to gain deeper levels of assurance. However, additional work requires more time, posing a threat to the firms' ability to complete all their audits by the target date for publication of audited accounts. Delayed opinions are not the only consequence of the FRC's drive to improve audit quality. Additional audit work must also be paid for. As a result, many more fee variation claims have been needed than in prior years.
- 12. This situation has been accentuated by growing auditor recruitment and retention challenges, the complexity of local government financial statements and increasing levels of technical challenges as bodies explore innovative ways of developing new or enhanced income streams to help fund services for local people. These challenges have increased in subsequent audit years, with Covid-19 creating further significant pressure for finance and audit teams.
- 13. None of these problems is unique to local government audit. Similar challenges have played out in other sectors, where increased fees and disappointing responses to tender invitations have been experienced during the past two years.

The Invitation

- 14. PSAA is now inviting the Authority to opt in for the second appointing period, for 2023/24 to 2027/28, along with all other eligible authorities. Based on the level of opt-ins it will enter into contracts with appropriately qualified audit firms and appoint a suitable firm to be the Authority's auditor.

The next audit procurement

15. The prices submitted by bidders through the procurement will be the key determinant of the value of audit fees paid by opted-in bodies. PSAA will:
 - 15.1 seek to encourage realistic fee levels and to benefit from the economies of scale associated with procuring on behalf of a significant number of bodies;
 - 15.2 continue to pool scheme costs and charge fees to opted-in bodies in accordance with the published fee scale as amended following consultations with scheme members and other interested parties (pooling means that everyone within the scheme will benefit from the prices secured via a competitive procurement process – a key tenet of the national collective scheme);
 - 15.3 continue to minimise its own costs, around 4% of scheme costs, and as a not-for-profit company will return any surplus funds to scheme members. In 2019 it returned a total £3.5million to relevant bodies and in 2021 a further £5.6million was returned.
16. PSAA will seek to encourage market sustainability in its procurement. Firms will be able to bid for a variety of differently sized contracts so that they can match their available resources and risk appetite to the contract for which they bid. They will be required to meet appropriate quality standards and to reflect realistic market prices in their tenders, informed by the scale fees and the supporting information provided about each audit. Where regulatory changes are in train which affect the amount of audit work suppliers must undertake, firms will be informed as to which developments should be priced into their bids.
17. The scope of a local audit is fixed. It is determined by the Code of Audit Practice (currently published by the National Audit Office)¹, the format of the financial statements (specified by Chartered Institute of Public Finance and Accountancy/Local Authority Scotland Accountants Advisory Committee (CIPFA/LASAAC)) and the application of auditing standards regulated by the FRC. These factors apply to all local audits irrespective of whether an eligible body decides to opt into PSAA's national scheme or chooses to make its own separate arrangements. The requirements are mandatory; they shape the work auditors undertake and have a bearing on the actual fees required.
18. There are currently nine audit providers eligible to audit local authorities and other relevant bodies under local audit legislation. This means that a local procurement exercise would seek tenders from the same firms as the national procurement exercise, subject to the need to manage any local independence issues. Local firms cannot be invited to bid. Local procurements must deliver the same audit scope and requirements as a national procurement, reflecting the auditor's statutory responsibilities.

The way forward

19. PSAA will commence the formal procurement process in early February 2022. It expects to award contracts in August 2022 and will then consult with authorities on the appointment of auditors so that it can make appointments by the statutory deadline of 31 December 2022. Whilst there have been issues around the timeliness of audits for the reasons outlined above, it is felt that the most robust way forward is to sign-up to the PSAA process. The following factors also support this conclusion:
 - Some bodies that undertook their own procurement last time have still had late audit opinions, mainly as a result of late Pension Fund Audit opinions which is the very issue that delayed the HFA opinion for its 2020/21 Accounts;
 - Timescales for 2022/23 Accounts have been pushed back to 30 September for the draft Accounts to be produced and 30 November for the completion of the Audit. This gives more opportunity for resource planning. For the years 2023/24

¹ MHCLG's Spring statement proposes that overarching responsibility for Code will in due course transfer to the system leader, namely ARGA, the new regulator being established to replace the FRC.

onwards the Audit of Accounts is moved back to 30 September not the 31 July deadline that was in place in previous earlier years.

STRATEGIC PLAN COMPATIBILITY

20. The robust appointment of the Authority's external auditors is a cornerstone of good governance and strong financial management.

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

21. There is a risk that current external audit fee levels could increase when the current contracts end. The audit scale fee has been driven too low in the market in recent years and it is clear that the scope of audit has increased, requiring more audit work. There are also concerns about capacity and sustainability in the local audit market.
22. Opting into a national scheme provides maximum opportunity to ensure fees are as realistic as possible, while ensuring the quality of audit is maintained, by entering into a large-scale collective procurement arrangement.
23. If the national scheme is not used some additional resource may be needed to establish an auditor panel and conduct a local procurement. Until a procurement exercise is completed it is not possible to state what, if any, additional resource may be required for audit fees from 2023/24.

LEGAL IMPLICATIONS

24. The Authority must appoint external auditors for 2023/24 onwards by 31 December 2022.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

25. No direct issues arising.

CORPORATE RISK MANAGEMENT IMPLICATIONS

26. The principal risks are that the Authority:
 - 26.1 fail to appoint an auditor in accordance with the requirements and timing specified in local audit legislation; or
 - 26.2 does not achieve value for money in the appointment process.
27. These risks are considered best mitigated by opting into the sector-led approach through PSAA.

HEALTH AND SAFETY IMPLICATIONS

28. No direct issues arising.

COMMUNICATION ACTIONS ARISING

29. No direct issues arising.

DETAILS OF CONSULTATION AND/OR COLLABORATION

30. The Governance Audit and Scrutiny Committee considered this report at their 24 January 2022 meeting.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

31. Public Sector Audit Appointments' website and related Briefings on the next appointment process.

RECOMMENDATIONS RESTATED

32. Members are asked to note the report and make any comments to HFA as appropriate.

M Ransom

Officer Contact: Martyn Ransom ☎ 07725 579827
Joint Deputy Chief Finance Officer

Humberside Fire & Rescue Service
Summergroves Way
Kingston upon Hull

KW/MAS
20 December 2021



HUMBERSIDE FIRE AND RESCUE SERVICE

Finance

Anti-Fraud and Corruption Policy

Owner	Executive Director of Service Support/ S151 Officer
Responsible Person	Head of Finance
Date Written	December 2018
Date of Last Review	December 2020
Date of next review	December 2023

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1. INTRODUCTION

Humberside Fire Authority (HFA) (including Humberside Fire and Rescue Service, HFRS) is committed to the highest possible standards of integrity, openness, probity and accountability. The management of the risk of fraud and corruption and ensuring that effective counter fraud arrangements are in place are key elements of Corporate Governance. This document outlines the approach for dealing with the threat of fraud and corruption and makes clear to all concerned that appropriate and decisive action will be taken against those committing or attempting to commit, fraudulent or corrupt acts against the Authority and/or HFRS. A Fraud Response Plan is included (Part B) which gives more detailed guidance on how to deal with allegations of fraud and corruption.

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

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

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

This Policy should be read in conjunction with HFA's [Constitution](#) and other relevant policies, for example, HFA's Whistleblowing Policy and Anti-Bribery Policy

2. AIM AND OBJECTIVES

This Policy aims to:

- Avoid the consequences of fraud and corruption, which are costly, time consuming, threaten morale and ultimately damage the standing and reputation of HFA;
- Encourage confidence in raising concerns of fraud or corruption;
- Reassure employees that if they raise any concerns in good faith and reasonably believe them to be true, they will be protected from possible reprisals or victimisation; and
- Provide an effective mechanism for members of the public to raise genuine and serious concerns.

3. EQUALITY AND INCLUSION

HFRS has a legal responsibility under the Equality Act 2010 and a commitment to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

4. INTERFACE WITHIN OTHER POLICIES

Issues of Member Conduct are matters which are dealt with through HFA's Governance, Audit and Scrutiny Committee. Please refer to the Authority's website www.humbersidefire.gov.uk ([Complaints about Members](#)) for further information or speak to HFA's Monitoring Officer on (01482) 393100.

Humberside Fire and Rescue Service operates a Complaints Policy and Procedure. This enables members of the public to raise any questions or make complaints about the performance of the Service. It also has a Whistleblowing Policy which encourages staff to raise concerns in good faith. The Whistleblowing Policy can be found at www.humbersidefire.gov.uk. Members of the public are not precluded from using the Whistleblowing Policy but should only do so where they feel that the Complaints Policy is not appropriate to the concern they wish to raise.

There is significant similarity for employees in respect to the Whistleblowing Policy and this Anti-Fraud and Corruption Policy. The procedure is almost identical, as is the protection afforded to an employee raising a genuine concern in good faith. In essence the Whistleblowing Policy is much broader and relates to significant concerns. Fraud is a protected disclosure under that policy.

5. WHO IS COVERED BY THIS POLICY?

This Policy applies to all employees of HFA, whether temporary or permanent. It also applies to all Members (including Independent Co-opted Members), Consultants, contractors, agents, partner organisation, suppliers, and the users of our Service.

In addition, HFA also expects our communities to be honest in their dealings with the Authority.

6. WHAT IS FRAUD, CORRUPTION AND BRIBERY?

Fraud is: Theft, willful and quite distinct from accidental error or negligence. For practical purposes, fraud can be defined as dishonest conduct with the intention to make gain, or cause loss or the risk of a loss to another.

Fraud may involve one or several people, whether from within or external to HFRS. Fraud is defined in the Fraud Act 2006.

Examples of fraud include:

- Unlawfully obtaining money or property belonging to HFRS
- Forgery;
- Falsification of records for personal gain;
- Deliberate falsification of facts or manipulation of management information, including personal expenses;
- Abuse of position;
- Failure to disclose information when there is a legal duty to do so.

Corruption is offering, giving, soliciting or acceptance of an inducement or reward to defraud Humberside Fire and Rescue Service. Corruption normally involves two or more people.

Bribery - The Bribery Act 2010 created four criminal offences:

- a general offence covering offering, promising or giving a bribe;
- a general offence covering requesting, agreeing to receive or accepting a bribe;
- a separate offence of bribing a foreign official to obtain or retain business;
- a strict liability offence for commercial organisations where they fail to prevent bribery of those acting on their behalf (section 7 of the Act).

The Act includes severe penalties; individuals can receive unlimited fines and a ten-year sentence, organisations can receive unlimited fines. Senior officers can also be convicted of an offence where they are deemed to have given their consent or connivance to giving or receiving a bribe or bribing a foreign public official.

The Authority has in place an Anti-Bribery Policy.

7. CULTURE AND STANCE AGAINST FRAUD AND CORRUPTION

Responsibility for an anti-fraud culture is a shared duty of all those involved in giving political direction, leadership, determining policy and management.

Both Members and Officers will lead by example, ensuring that the adopted Constitution is adhered to. This Policy supports a culture to enable concerns to be raised.

HFA has the Governance, Audit and Scrutiny Committee in place whose monitoring roles are important to the effectiveness of this Policy. The Committee comprises Independent Co-opted Members. More information concerning the Governance, Audit and Scrutiny Committee can be found at www.humbersidefire.gov.uk.

HFA believes that the maintenance of a culture of honesty and openness is a key element in tackling fraud. The Code of Conduct for Members and staff are based on the Nolan Principles of Standards in Public Life which can be viewed on the government website [here](#).

8. CORPORATE FRAMEWORK AND CULTURE

HFA has a range of interrelated policies and procedures that provide a corporate framework to counter fraudulent activity. In addition to this Policy, these have been formulated in line with appropriate legislative requirements, and include:

- Constitution;
- Code of Corporate Governance;
- Risk Management Policy;
- Codes of Conduct for Members and Officers;
- Accounting procedures and records;
- Sound internal control systems;
- Effective internal audit, provided by TIAA;
- Effective recruitment and selection procedures;
- Disciplinary Procedure;
- Whistleblowing Policy;
- Anti-Bribery Policy;
- Anti-Money Laundering Policy;
- The Regulation of Investigatory Powers Act (RIPA) Procedure;
- Complaints Procedure;
- Training.

9. PREVENTION

9.1 Generally

HFA recognises that fraud and corruption are costly, both in terms of reputational risk and financial losses. The Authority has a Risk Management Policy and an established risk management process to identify and assess potential strategic risks. The risk of fraud and corruption must be considered as part of this process and appropriate controls put in place to mitigate the risk. The prevention of fraud is therefore a key objective of the Authority and respective roles and responsibilities are outlined below.

In order to combat fraud and corruption, it should be prevented from happening in the first place. It is essential that there are clear rules and procedures, within which Members, employees and others associated with the Authority and HFRS can work. A number of these are documented in [Section 8](#).

The Authority and HFRS aim to have sound systems and procedures in place, which incorporate efficient and effective controls. Special arrangements will apply where employees are responsible for cash handling or are in charge of financial systems and systems that generate payments. Managers must ensure that relevant training is provided for employees and that formal documented procedures are in place. Suitable levels of internal checks must be included in working procedures and maintained, particularly financial procedures, and it is important that duties are organised so that no one person can carry out a complete transaction without some form of checking process being built into the system (i.e. separation of duties).

Managers must ensure that computer system access is set at the relevant level for each employee.

Fraud and corruption risks should be considered within all new systems, policies and procedures to remove apparent weaknesses.

As part of HFA's overall arrangements to deter the occurrence of financial irregularities Internal Audit will target specific risk areas. In addition, the Internal Audit Strategy provides for regular reviews of system financial controls and specific fraud and corruption tests, where appropriate intelligence led audits are undertaken.

Regularity audits of functions aim to ensure compliance with HFA's Constitution and interrelated policies and procedures. The scope of Internal Audit's work has been extended into governance areas including codes of conduct and policy review procedures.

External Audit (Mazars) is required to give an opinion of the Authority's accounts which involves the assessment of the systems of financial control and the legality of transactions. They have a responsibility to review the Authority's arrangements for preventing and detecting fraud and irregularities, and those which are designed to limit the opportunity for corrupt practices.

Partners and all other stakeholders are expected to have strong Anti-Fraud and Corruption measures in place, with appropriate policies and procedures. They should provide HFA with full access to their financial records and their staff will be required to assist fully with any investigation. Agreements or contracts should include these conditions and appropriate risk assessments should be undertaken before entering into an agreement.

There are confidential lines of communication available for individuals to provide information that may prevent fraud and corruption. These include the Authority's Whistleblowing Policy and the Authority's Complaints Procedure. See the [Fraud Response Plan at Part B](#).

9.2 Employees

A key preventative measure in the fight against fraud and corruption is to take effective steps at the recruitment stage. These will be to establish, as far as possible, the previous record of potential staff in terms of their honesty and integrity. In this regard, temporary staff should be treated in the same manner as permanent officers.

Staff recruitment will be undertaken in accordance with HFA's policies for Recruitment and Selection. Whenever possible, written references should be obtained regarding the known honesty and integrity of potential members of staff, before formal employment and offers are made.

All staff must abide by HFA's Code of Conduct for Employees, which sets out requirements on personal conduct. All staff are expected to follow the codes of conduct laid down by their respective professional institutes.

HFA recognises that staff are often the first line of defence in preventing fraud. The responsibility for fraud prevention rests with all employees. Staff should therefore be alert to the possibility of fraud and to report any concerns.

HFA has in place disciplinary procedures for all employees. Those found to have committed any acts of impropriety will be dealt with in accordance with these procedures. Where criminal activity is suspected or found, the matter will be referred to the police for investigation and possible prosecution, in accordance with the Criminal Acts Procedure. In addition, restitution will be sought from those who are found to have perpetrated fraudulent acts.

All staff must operate within Section 117 of the Local Government Act 1972, regarding the disclosure of pecuniary interests in contracts relating to the Authority, of the non-acceptance of any fees, gifts, hospitality or any other rewards, other than their proper remuneration. These requirements are set out in HFA's Code of Conduct for Employees. The Monitoring Officer will also seek annual returns from more senior staff in respect to financial dealings.

9.3 Members

All Members and Independent Co-opted Members are required to operate within:

- Code of Conduct
- Humberside Fire Authority's Constitution

These matters and other guidance are specifically brought to the attention of Members at the induction course for new Members and are in each Member's Reference File. They include rules on the declaration and registration with the Monitoring Officer of potential areas of conflict between Members' Fire Authority duties and responsibilities and any other areas of their personal or professional lives.

HFA have adopted an Anti-Fraud and Corruption Policy. Members are expected to play an important role through leading by example and being seen to support it.

All Members are required to give a written undertaking to comply with the Code of Conduct.

9.4 Internal Control

HFA has a Constitution, which includes financial regulations, contract regulations and accounting procedures.

The Executive Director of Corporate Services /S.151 Officer is the designated officer having a statutory responsibility under Section 151 of the Local Government Act 1971 to ensure proper arrangements are made for the Authority's financial affairs. In addition, under the Accounts and Audit Regulations 2003, the Authority is required to maintain an adequate and effective internal audit of its financial records and systems of internal control.

HFA Secretary is the designated Monitoring Officer under the Local Government and Housing Act 1989.

The Authority has developed systems and procedures that incorporate effective and efficient internal controls. All the Authority's employees are required to ensure that these controls are properly maintained. In particular, employees are responsible for the maintenance of controls within their own jurisdiction. The Authority's internal and external auditors independently monitor compliance with the overall control environment and advise upon the continuing effectiveness and appropriateness of these controls.

The Authority's formal Annual Governance Statement is a key document which is approved annually and included within its financial accounts.

9.5 Combining with others to Prevent and Fight Fraud

There are a variety of arrangements in place which facilitate the regular exchanges of information between HFA and other local authorities and agencies for the purpose of preventing and detecting fraud. These involve national, regional and local networks of investigators such as internal auditors, trading standing officers, housing benefits investigators etc.

HFA operates a Verification Framework; data matching will also be undertaken. This is recognised as an important tool in the prevention and detection of fraud and is used by many other local authorities. The Audit Commission has drawn up a Code of Data Matching Practice for its National Fraud Initiative (NFI), which is recognised by the Information Commissioner as complying with Data Protection legislation.

10. DETECTION AND INVESTIGATION

The Fraud Response Plan provides direction and guidance to employees in dealing with suspected cases of theft, fraud and corruption. It also gives direction to others wanting to report matters of concern. The Response Plan is set out in Part B of this Policy and should be read in conjunction with this section.

Internal Audit and the Executive Director of Corporate Services have in place liaison

arrangements for the sharing of information and joint working where appropriate for investigating irregularities and system weaknesses within HFRS.

All the Authority's control systems have been designed to deter and detect any fraudulent activity, but they can never provide a complete protection against fraud or corruption. It is often the alertness of employees and/or the public that detects fraud or corruption and enables appropriate remedial action to take place. Members and employees must notify an Authorised Officer as soon as possible if fraud or corruption is suspected. This process is covered more fully below and in Part B of this Policy.

All allegations of fraud or corruption will be investigated. The Police will decide upon criminal prosecutions and the Authority's internal disciplinary procedures will be implemented in addition. In appropriate cases, the Authority or its insurers will take civil action to recover losses arising from financial impropriety.

11. TRAINING AND AWARENESS

The Authority recognise that the success and credibility of this Policy will depend largely on how effectively it is communicated throughout the Authority, HFRS and beyond and are committed to raising fraud awareness. It will be provided to Members as part of the Constitution, included on induction programmes and published on the Authority website and intranet.

The Authority provides induction and follow-up training for all Members and employees which covers this Policy and the concepts of internal controls. A special emphasis will be placed on employees involved in internal control systems to ensure that their particular responsibilities and duties are regularly highlighted and reinforced.

Where appropriate, Internal Audit and the Executive Director of Corporate Services will publicise the results of any investigation to promote awareness, to deter, and to demonstrate the need for preventative measures.

12. GIFTS & HOSPITALITY

It is important that Members and employees avoid generating the impression or suspicion that they have a conflict of interest. They must not give the impression that they have been or may be influenced by any gift, hospitality or other consideration to show favour or disfavour to any person or organisation while acting in an official capacity. Members and employees must not encourage any gift, reward

or benefit from any member of the public or organisation with whom they have been brought into contact through their official duties.

Guidance is issued upon the declaration of gifts and hospitality and registers exist for both Members and employees. Members and employees must always seek advice before accepting any gifts or hospitality.

13. ASSURANCES FOR EMPLOYEES MAKING DISCLOSURES UNDER THIS POLICY

If you do report a suspected fraud, you will **not** be at risk of losing your job or suffering any form of retribution as a result, provided that:

- your disclosure is made in good faith;
- you reasonably believe that information, and any allegation contained in it, is substantially true; and
- you are not acting for personal gain.

The Public Interest Disclosure Act 1998 protects employees against detrimental treatment or dismissal. This Policy has been introduced in accordance with the Act. For further information upon the Act please contact the Director of Service Support. Alternatively, please go to Public Concern at Work (www.whistleblowing.org.uk).

14. ANONYMOUS ALLEGATIONS OF SUSPECTED FRAUD OR CORRUPTION

HFA encourage employees to disclose their names when reporting a suspected fraud. Concerns expressed anonymously are much less powerful and are often more difficult to investigate or substantiate. Feedback cannot be provided.

In considering whether to investigate an anonymous allegation, particular consideration will be given to:

- the seriousness of the issues raised;
- the credibility of the concern;
- the likelihood of substantiation from other sources;
- the ability to discover the facts; and
- the justification for maintaining anonymity.

15. CONFIDENTIALITY

HFA will treat all reports of suspected fraud in a confidential and sensitive manner. The identity of the individual may be kept confidential provided this does not hinder or frustrate any investigation. However, there will be occasions where the identity of the individual needs to be revealed. For example, where the individual is required to give a witness statement or give evidence at a formal hearing, where allegations of misconduct or criminal activity are involved. Serious fraud will be referred to the Police for criminal investigation.

16. UNTRUE ALLEGATIONS OF FRAUD

If allegations are made in good faith, but are not confirmed by the investigation, no action will be taken against the Complainant. Employees are protected by HFA's Whistleblowing Policy. If however, malicious, vexatious, mischievous or reckless allegations are made then other action may be considered if the Complainant is an employee.

17. HOW TO REPORT A SUSPECTED FRAUD

As a first step, you should normally raise concerns with your immediate line manager. This depends, however, on the seriousness and sensitivity of the issues involved and any potential conflicts of interest.

Alternatively, you may raise a concern directly with:

- Chief Fire Officer & Chief Executive – tel: (01482) 567417*
- Executive Director of Corporate Services /S.151 Officer - tel: (01482) 567183*
- Director of Service Improvement – tel: (01482) 567416*
- The Head of Internal Audit (TIAA) – tel: 0845 300 3333. This is a private, independent organisation who are employed to audit HFA.
- The Chairperson of the Fire Authority.
Contact details via the PA to the Chief Fire Officer – tel: (01482) 567417
- HFA Monitoring Officer - committeemanager@humbersidefire.gov.uk.
This is the Secretary to the Fire Authority.
- Any Director of HFRS*

*These are Authorised Officers under the Procedure set down in [Part B](#). Your immediate Manager will consult with an Authorised Officer.

Contact may be by telephone or face to face, but serious concerns are better raised in writing. Postal addresses can be found in Appendix 1. Those making a report of a suspected fraud are asked to set out the background and history of their concern, giving names, dates and places where possible, and the reason why they are particularly concerned about the situation. The earlier the concern is expressed, the easier it is to take action.

Concerns of a suspected fraud may be put in writing or raised initially orally, and then confirmed in writing. Written allegations should include:

- All relevant background;
- The nature of the fraud and corruption that is alleged;
- Relevant dates where possible;
- The names of individuals against whom the allegations are made; and
- Any supporting evidence, including documentation.

Is Proof of Fraud Needed?

When raising a concern, you will not be expected to provide proof beyond reasonable doubt of an allegation, but you will need to be able to demonstrate that

there are reasonable grounds for your concerns. Where possible notes should be kept of what the individual has seen, heard or felt. Notes should be dated, and copies of all relevant information kept.

18. ALLEGATION CONCERNING THE CHIEF FIRE OFFICER & CHIEF EXECUTIVE

Where an allegation is made concerning the Chief Fire Officer & Chief Executive, then you should raise this with either the Authorised Officers, the Head of Internal Audit or the Chairperson of HFA .

19. HOW THE AUTHORITY WILL RESPOND – THE ANTI-FRAUD RESPONSE PLAN

Please refer to Part B of this Policy which outlines the procedure which will be followed.

20. RAISING CONCERNS EXTERNALLY

You are encouraged to raise any concerns internally. However, in certain circumstances the Public Interest Disclosure Act 1998 provides protection to employees who make certain disclosures outside Humberside Fire Authority. You can find out more information from HFA's Whistleblowing Policy. In brief an employee may consider this route, for example when they have a justifiable concern that their disclosure would not be dealt with properly by the Authority, or that the Authority may be constrained in its statutory powers to address the concern adequately. The protection relates to financial malpractice, impropriety or fraud, a failure to comply with a legal obligation, criminal activity or a miscarriage of justice.

Mazars are the external auditors of the Authority. As such, in the first instance, is the most likely body to be considered in instances of Fraud, Corruption and misuse/abuse of public funds or powers. Their local contact details are:

Mazars
Salvus House
Aykley Heads
Durham
DH15TS
Tel: 0191 3836300

Any employee who is considering making an external disclosure is encouraged to first take advice to ensure that the disclosure falls within the provisions of the legislation, and that all internal avenues have been fully explored. If an employee does decide to take the matter outside the Authority, they should ensure they do not disclose any confidential information.

21. FURTHER ADVICE AND GUIDANCE

A process flow diagram (Appendix 2) and a check list of Do's and Don'ts is provided as a quick reference for employees at the end of this policy (Appendix 3).

22. WHO CAN PROVIDE SUPPORT OR ADVICE (TO EMPLOYEES)?

- A colleague or friend;
- A trade union representative;
- The Humberside Fire Authority Counselling Service, available to employees.

Further guidance is set out under the Whistleblowing Policy.

23. REVIEW OF POLICY

The S.151 Officer and HFA will ensure the continuous review and amendment of this policy document, to ensure that it remains compliant with good practice, national public sector standards, primarily CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption and the Local Government Fraud Strategy – Fighting Fraud Locally and meets the needs of HFA.

If you require any further guidance / information regarding this document, please contact Head of Finance.

APPENDIX 1

Postal Addresses for person's listed in [Section 17](#).

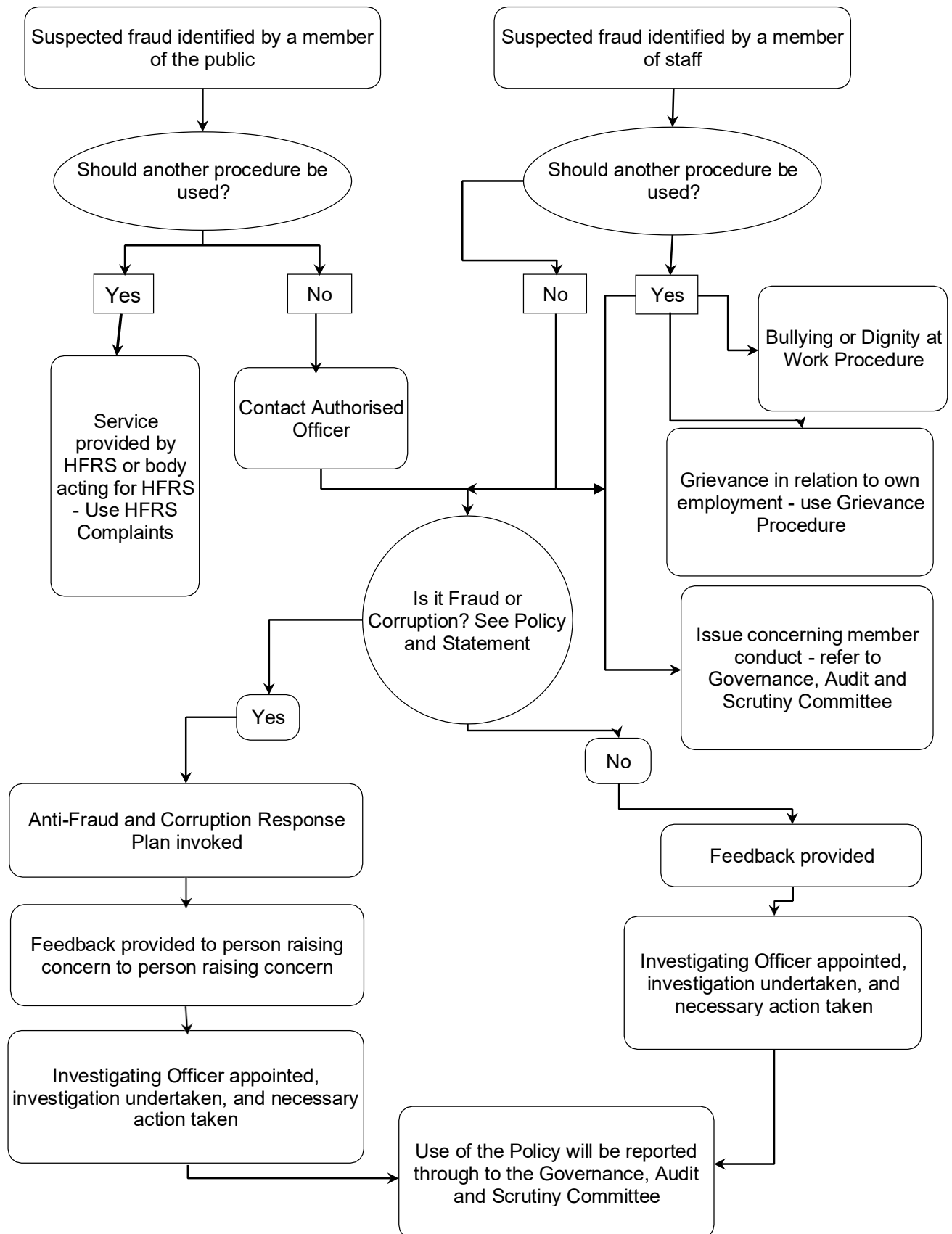
For persons 1-5 (Fire Authority and Service personnel)

Humberside Fire and Rescue
Service Headquarters
Summergroves Way
Hull
East Riding of Yorkshire
HU4 7BB
Tel: 01482 567333

For person 6 (Head of Internal Audit)

TIAA Ltd
Artillery House
Fort Fareham
Newgate Lane
Fareham
PO14 1AH
Tel: 0845 300 3333

APPENDIX 2 - ANTI-FRAUD AND CORRUPTION POLICY – FLOW CHART



APPENDIX 3 - CHECKLIST OF DO'S AND DON'TS

Do

- (a) Make dated notes of your concerns and retain them.
- (b) Think about the risks and outcomes before you act.
- (c) Follow the guidance provided and contact the appropriate officer.
- (d) Deal with the matter promptly if you feel your concerns are warranted.

Don' t

- (a) Do nothing.
- (b) Be afraid to raise your concerns.
- (c) Approach or accuse any individuals directly.
- (d) Try to investigate the matter yourself.
- (e) Use the Anti-Fraud and Corruption Policy (or Whistleblowing Policy) to pursue a personal grievance.

PART B

ANTI-FRAUD AND CORRUPTION POLICY (FRAUD RESPONSE PLAN)

1. HOW TO REPORT A SUSPECTED FRAUD

Any suspicion of fraud or corruption will be treated seriously.

Your suspicion should be reported to your Line Manager or Authorised Officer. If you are not an employee then your suspicion should be reported to an Authorised Officer. Please refer to Part A, particularly [Section 17](#).

Before reporting a suspected fraud, you should read the Anti-Fraud and Corruption Policy (Part A), particularly the guidance and flow chart ([Appendix 2](#)).

2. WHAT WILL HAPPEN UPON DISCLOSURE?

The Authorised Officer will:

- Acknowledge receipt in writing within 10 working days;
- Make a record of the details of any oral disclosure and confirm these in writing to the Complainant within 10 days;
- The Authorised Officer will consult Internal Audit (unless the disclosure is made directly to Internal Audit, in which case Internal Audit shall consult with a further Authorised Officer).
- The Authorised Officer may determine that:
 - The disclosure should be investigated by Internal Audit;
 - The disclosure should be progressed under a different Humberside Fire and Rescue Service procedure;
 - The disclosure is of such seriousness to refer to the Police;
 - The disclosure should be referred to the External Auditors;
 - The disclosure should be the subject of an inquiry;
 - The disclosure is in accordance with the Anti-Fraud and Corruption Policy;
 - The disclosure can be resolved without investigation; and
 - The disclosure can be dismissed upon substantive grounds, for example the inability to investigate;
 - The disclosure should be referred to the Humberside Fire Authority's insurers.

3. INVESTIGATING OFFICER

Subject to paragraph 2 above, the Authorised Officer will identify an appropriate person (the Investigating Officer) to carry out any investigation, according to the nature of the issue. This will normally be a member of the Internal Audit Service.

Where, however, the Authorised Officer considers that the suspected fraud is of such seriousness to warrant referral to the Police, then an Investigating Officer may not be appointed.

4. ROLE OF THE INVESTIGATING OFFICER (WHERE APPOINTED)

The Investigating Officer will conduct an investigation into the suspected fraud, which will normally include:

- Hold a formal meeting with the Complainant to discuss the disclosure;
- Arrange interviews with relevant witnesses;
- Ensure the complainant and any witnesses have the right to be accompanied by a representative/colleague at any meeting;
- Establish the facts/obtain statements/collect all evidence;
- Maintain detailed records of the investigation process;
- Report findings in writing to the Authorised Officer;
- Make any recommendations for action; and
- Act as a witness at any subsequent disciplinary hearing if required.

(For complaints involving the Chief Fire Officer & Chief Executive the report will be to the Chairperson of the Humberside Fire Authority)

The Investigating Officer will confirm in writing to the Complainant:

- How the matter will be dealt with;
- The names of any other investigating officers;
- An estimate of the timescale for responding to the concerns raised;
- Whether the Complainant will be required to attend an investigatory interview and the right to be accompanied by a trade union representative or work colleague;
- Any further information or evidence that the discloser is required to provide;
- Details of employee support mechanisms and where further advice on the procedure can be obtained.

5. WITNESSES

Where the investigation involves interviews with any witnesses, it will be the responsibility of the Investigating Officer to write to them confirming details of:

- The allegations under investigation;
- The procedure under which the investigation will be conducted;
- The right to be accompanied by a trade union representative or colleague at any investigation interview;
- Details of employee support mechanisms.

Action	Timescale	By Whom
Written acknowledgement of disclosure	10 working days	Authorised Officer
Notice to attend investigation interview	At least 5 working days	Investigating Officer
Investigation interviews	Within 20 working days of receipt of complaint	Investigating Officer
Report of Findings/ Communicate outcome to Complainant	30 days of receipt of complaint	Investigating Officer

Whilst the Investigating Officer will need to adhere to the timescales indicated, the nature of some serious concerns may require the investigation to take longer than a month. Some matters can be dealt with more speedily. The Complainant will be kept informed as to progress.

6. LIAISON WITH EXTERNAL AUDIT AND THE POLICE

External Audit

The Authority has a duty to report all significant frauds to the External Auditors.

Police

Where criminal activity is suspected or known, particularly if it is on a more than petty level, the Police must be involved and dependent on the severity and scale of the offence, will carry out investigations and institute criminal prosecutions. It is the policy of the Police to welcome early notification of suspected fraud. They will also advise on the most appropriate means of investigation. Initial contact with the Police will be undertaken by one of the Authority's statutory or principal officers, as may be appropriate in each individual case. This will be determined by the Chief Fire Officer & Chief Executive, the S.151 Officer and the Secretary.

If the Police decide that formal investigation is necessary, all Members and employees must co-operate fully with any subsequent requestor recommendations. All contact with the Police will usually be via the Investigating Officer.

Police investigation does not preclude internal disciplinary procedures. Co-ordination is essential to avoid prejudicing either and to optimise use of resources.

7. REPORT OF INVESTIGATING OFFICER

As soon as the initial stage of the investigation has been completed, the Investigating Officer shall report to the Authorised Officer. This may lead to the Authorised Officer taking additional steps under [Section 2](#).

A final report in writing shall be submitted by the Investigating Officer to the Authorised Officer as soon as reasonably practicable. The report shall be confidential and shall set out:

- Background to the allegations
- Key facts established
- Procedure followed
- Key findings and conclusions
- Recommendations

The report will be reviewed by Internal Audit, the Chief Fire Officer & Chief Executive, S.151 Officer and Secretary/Monitoring Officer.

In particular, consideration will be given to appropriate next steps as indicated in paragraphs 8 to 13 below. The report will be kept confidential to the Fire Authority, unless disclosure is required for legal reasons.

8. DEALING WITH THE OUTCOME OF THE INVESTIGATION

Misconduct

Where the investigation concludes that there is a case of misconduct to answer against an employee, then the Disciplinary Procedure shall be invoked.

If the disclosure is found to be malicious and not in good faith, then the Investigating Officer may recommend that the Disciplinary Procedure be invoked.

Legal Proceedings

Where a fraud or corruption is proven, then a likely outcome may be criminal prosecution and/or civil proceedings against the perpetrator(s).

If the Case is Groundless

If it is decided that the disclosure was groundless, the Investigating Officer will explain this to the person who made the disclosure.

Governance, Audit and Scrutiny Committee

A summary of the findings of all investigations under this process will be reported to the Committee.

Communicating the Outcome

The aim of this Policy is to assure employees that their concerns are properly addressed. The Authorised Officer will inform the person who made the disclosure of the outcome of the investigation, any action taken and their right of appeal.

In addition, actions arising from a Whistleblowing investigation will be made available to all staff in order to further promote and build trust and confidence in the process. Such information will not identify the person who made the disclosure, or the employee concerned.

Learn from Past Experience

Where a fraud has occurred, then arising from the investigation process and an Audit report to Members, there will be an action plan to ensure that the Authority learns from experiences of fraud and corruption.

9. SUPPORT DURING AND AFTER AN INVESTIGATION

Support

Where necessary and appropriate, Humberside Fire Authority will provide support, counselling or mediation to any person affected by an investigation in order to ensure normal working relationships are resumed as effectively as possible.

10. APPEAL

If the person who made the disclosure is dissatisfied with the investigations outcome, they may request that the Authorised Officer review the findings. This request must be in writing within 10 working days of the notification of the findings being published. The Authorised Officer will consider the request and respond in writing within 10 working days, setting out whether or not sufficient grounds exist for the disclosure to be investigated further.



HUMBERSIDE FIRE AND RESCUE SERVICE

Corporate Services

Anti-Money Laundering Policy

Owner	Executive Director of Corporate Services / S151 Officer
Responsible Person	Head of Finance
Date Written	December 2017
Date of Last Review	December 2019
Date of next review	December 2021

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1. INTRODUCTION

This Statement sets out the policy of Humberside Fire Authority (HFA), including Humberside Fire and Rescue Service (HFRS), to money laundering.

HFA advocates **strict adherence** to its anti-fraud framework and associated policies. Whilst individual circumstances of each case will be carefully considered, in the majority of cases there will be **a zero-tolerance approach to fraud and corruption (including bribery and money laundering)** in all of its forms. HFA will not tolerate fraud or corruption by its Members (which includes Independent Co-opted Members), employees, suppliers, contractors, partners or service users and will take all necessary steps to investigate all allegations of fraud or corruption and pursue sanctions available in each case, including removal from office, disciplinary action, dismissal, civil action for recovery and/or referral to the Police and/or other agencies. HFA's general belief and expectation is that those associated with it (employees, members, service users, contractors and voluntary bodies) will act with honesty and integrity.

This Anti-Money Laundering Policy is supplementary to HFA's wider Anti-Fraud and Corruption Policy which sets out what actions HFA proposes to take over the medium-term future to continue to develop its resilience to fraud and corruption. The Anti-Fraud and Corruption Policy sets out the key responsibilities with regard to fraud prevention, what to do if fraud is suspected and the action that will be taken by management.

2. EQUALITY AND INCLUSION

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

3. AIM AND OBJECTIVES

HFA takes its responsibilities to protect the public purse very seriously and is fully committed to the highest ethical standards, in order to ensure the proper use and protection of public funds and assets. HFA has an ongoing commitment to continue to improve its resilience to fraud, corruption (including bribery and money laundering) and other forms of financial irregularity.

The Proceeds of Crime Act 2002, the Terrorism Act 2000 and the Money Laundering Regulations 2007 place obligations on HFA and its employees to establish internal procedures to prevent the use of their services for money laundering.

4. WHAT IS MONEY LAUNDERING?

Money laundering is the term used for a number of offences involving the proceeds of Crime or terrorism funds. The following constitute the act of money laundering:

- Concealing, disguising, converting, transferring criminal property or removing it from the UK (section 327 of the 2002 Act); or
- Entering into or becoming concerned in an arrangement which you know or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person (section 328); or
- Acquiring, using or possessing criminal property (section 329);
- Becoming concerned in an arrangement facilitating concealment, removal from the jurisdiction, transfer to nominees or any other retention or control of terrorist property (section 18 of the Terrorist Act 2000).
- These are the primary money laundering offences and thus prohibited acts under the legislation. There are also two secondary offences: failure to disclose any of the primary offences and tipping off. Tipping off is where someone informs a person or people who are, or are suspected of being involved in money laundering, in such a way as to reduce the likelihood of their being investigated or prejudicing an investigation.
- Potentially any member of staff could be caught by the money laundering provisions if they suspect money laundering and either become involved with it in some way and/or do nothing about it. This Policy sets out how any concerns should be raised.
- Money laundering is the process of channelling 'bad' money into 'good' money in order to hide the fact the money originated from criminal activity. Money laundering often occurs in three steps: first, cash is introduced into the financial system by some means ("placement"), the second involves a financial transaction in order to camouflage the illegal source ("layering"), and the final step entails acquiring wealth generated from the transactions of the illicit funds ("integration"). An example is where illicit cash is used (placed) to pay for the annual non-domestic rates on a commercial premises (possibly also a large overpayment), and then within a very short time the property is vacated (layering). A refund is made to the individual from the Authority, 'integrating' the source of the money.
- Most money-laundering offences concern far greater sums of money since the greater the sum of money obtained from a criminal activity, the more difficult it is to make it appear to have originated from a legitimate source or transaction.
- Whilst the risk to HFA of contravening the legislation is low, it is extremely important that all employees are familiar with their legal responsibilities: serious criminal sanctions may be imposed for breaches of the legislation. **A key requirement is for employees to promptly report any suspected money laundering activity to the Money Laundering Reporting Officer (MLRO).**

5. SCOPE OF THE POLICY

This Policy applies to all employees of HFA (including HFRS) and aims to maintain the high standards of conduct which currently exist within HFA by preventing criminal activity through money laundering. The Policy sets out the procedures which must be followed (for example the reporting of suspicions of money laundering activity) to enable HFA to comply with its legal obligations.

The Policy sits alongside HFA's suite of documents governing counter fraud, including the Whistleblowing Policy, Employee Code of Conduct, Members' Code of Conduct and Anti-Fraud and Corruption Policy.

Failure by a member of staff to comply with the procedures set out in this Policy may lead to disciplinary action being taken against them. Any disciplinary action will be dealt with in accordance with HFA's Disciplinary Policy.

6. WHAT ARE THE OBLIGATIONS ON THE HUMBERSIDE FIRE AUTHORITY?

Organisations conducting “relevant business” must:

- appoint a Money Laundering Reporting Officer (“MLRO”) to receive disclosures from employees of money laundering activity (their own or anyone else’s);
- implement a procedure to enable the reporting of suspicions of money laundering;
- maintain client identification procedures in certain circumstances; and
- maintain record keeping procedures.

Not all of HFA’s business is “relevant” for the purposes of the legislation. It is mainly accountancy and financial; and company and property transactions undertaken by Legal Services. However, the safest way to ensure compliance with the law is to apply it to all areas of work undertaken by HFA; therefore, all staff are required to comply with the reporting procedure set out in sections 18, 19 and 20 below.

7. THE MONEY LAUNDERING REPORTING OFFICER

The officer nominated to receive disclosures about money laundering activity within HFA is the Head of Finance, Corporate Finance and Procurement Section who can be contacted as follows:

Head of Finance
Corporate Finance & Procurement Section
Humberside Fire and Rescue Service
Headquarters Summergroves Way
Kingston Upon Hull
HU4 7BB
Email: mransom@humbersidefire.gov.uk
Telephone: 01482 567176

In the absence of the MLRO, the Senior Finance Officer, is authorised to deputise. (Telephone: 01482 567476).

8. DISCLOSURE PROCEDURE

Cash Payments

No payment to HFA should automatically be accepted in cash (including notes, coins or traveller's cheques in any currency) if it exceeds £5,000. This does not, however, mean that cash transactions below this value will be valid and legal and should not arise any suspicion. Professional scepticism should remain at all times.

Staff who collect cash payments are asked to provide the details of any cash transaction over £5,000 to the MLRO so that precautionary checks can be performed.

HFA, in the normal operation of its services, accept payments from individuals and organisations. If an employee has no reason to suspect or know that money laundering activity is taking/has taken place and if the money offered is less than £5,000 in cash as payment or part payment for goods/services offered by the Authority then there is no need to seek guidance from the MLRO.

If a member of staff has reasonable grounds to suspect money laundering activities or proceeds of crime, or is simply suspicious, the matter should still be reported to the MLRO. If the money offered is £5,000 or more in cash then payment must not be accepted until guidance has been received from the MLRO even if this means the person has to be asked to wait.

Any officer involved in a transaction of this kind should ensure that the person provides satisfactory evidence of their identity personally, through passport/photo driving licence plus one other document providing evidence of current address in the form of a bank statement, credit card statement, mortgage or insurance details or a utility bill. Where the other party is a company, this can be done through company formation documents or business rate bill.

9. REPORTING TO THE MONEYLAUNDERING REPORTING OFFICER (MLRO)

Any employee who becomes concerned that their involvement in a matter may amount to a prohibited act under the legislation, must disclose this promptly to the MLRO or deputy. **The disclosure should be at the earliest opportunity of the information coming to your attention, not weeks or months later. Should you not do so, then you may be liable to prosecution.**

The employee must follow any subsequent directions from the MLRO or deputy and must not make any further enquiries themselves into the matter. Additionally, they must not take any further steps in the transaction without authorisation from the MLRO or deputy.

The employee must not disclose or otherwise indicate their suspicions to the person(s) suspected of money laundering. They must not discuss the matter with others or note on a file that a report has been made to the MLRO in case this results in the suspect becoming aware of the suspicion.

10. CONSIDERATION OF THE DISCLOSURE BY THE MONEY LAUNDERING REPORTING OFFICER

The MLRO or deputy must promptly evaluate any disclosure to determine whether it should be reported to the National Crime Agency (NCA).

The MLRO or deputy must, if they so determine, promptly report the matter to the NCA on their standard report form and in the prescribed manner. Up to date forms can be downloaded from the NCA website at:

- <http://www.nationalcrimeagency.gov.uk/> (main NCA website)
- [https://www.ukciu.gov.uk/\(osvifg55vxdphzrs40eqnj45\)/saronline.aspx](https://www.ukciu.gov.uk/(osvifg55vxdphzrs40eqnj45)/saronline.aspx) (a direct link to the NCA's electronic referral form)

All disclosure reports referred to the MLRO or deputy and reports made to the NCA must be retained by the MLRO in a confidential file kept for that purpose, for a minimum of five years.

The Money Laundering Disclosure Form (Appendix 1) should be used by the MLRO to facilitate the recording of any action taken.

The MLRO or deputy will commit a criminal offence if they know or suspect, or have reasonable grounds to do so, through a disclosure being made to them, that another person is engaged in money laundering and they do not disclose this as soon as practicable to the NCA.

11. RECORD KEEPING

The MLRO will keep a record of all referrals made to him and of any action taken/ not taken. The precise nature of these records is not set down in law but should be capable of providing an audit trail during any subsequent investigation.

12. GUIDANCE AND TRAINING

In support of this Policy, HFA will:

- make all staff aware of the requirements and obligations placed on HFA and of themselves as individuals by the anti-money laundering legislation; and,
- give targeted training to those most likely to encounter money laundering.

13. RISK MANAGEMENT AND INTERNAL CONTROL

The risk to HFA of contravening the anti-money laundering legislation will be assessed on a periodic basis and the adequacy and effectiveness the Anti-Money Laundering Policy will be reviewed in light of such assessments.

14. FURTHER INFORMATION

Further information can be obtained from the MLRO and the following sources:

- National Crime Agency (NCA) - www.nationalcrimeagency.gov.uk
- CIPFA www.cipfa.org/membership/practice-assurance-scheme/anti-money-laundering
- CCAB - Anti-Money Laundering (Proceeds of Crime and Terrorism) – Guidance for Accountants – www.ccab.org.uk (main site) or www.ccab.org.uk/documents/20140217%20FINAL%202008%20CCAB%20guidance%20amended%202014-2-17pdf.pdf (direct link)
- The Law Society-Anti-Money Laundering Guidance and Advice: www.lawsociety.org.uk/advice/anti-money-laundering/

15. POLICY REVIEW

The S.151 Officer and HFA will ensure the continuous review and amendment of this policy document, to ensure that it remains compliant with good practice national public sector standards, primarily CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption and the Local Government Fraud Strategy – Fighting Fraud Locally, and meets the needs of HFA.

Responsible Officer: Head of Finance (Money Laundering Reporting Officer).

If you require any further guidance / information regarding this policy, please contact Head of Finance.

APPENDIX 1

MONEY LAUNDERING DISCLOSURE FORM

***THE FOLLOWING PART OF THIS FORM IS FOR COMPLETION BY THE
MONEY LAUNDERING REPORTING OFFICER (MLRO)***

Date report received:

Date receipt of report acknowledged:

CONSIDERATION OF DISCLOSURE:

Action Plan:

OUTCOME OF CONSIDERATION OF DISCLOSURE:

Are there reasonable grounds for suspecting money laundering activity:

If there are reasonable grounds for suspicion, will a report be made to the NCA?

Yes/No (please select the relevant option)

**If yes, please confirm date of report to the NCA:
and complete the box below:**

Details of liaison with NCA regarding the report:

Notice Period: To

Moratorium Period: To

Is consent required from the NCA to any ongoing or imminent transactions which would otherwise be prohibited acts?

Yes/No (please select the relevant option)

If yes, please enter full details in the box below:

Date consent received from NCA:

Date consent given by you to employee:

If there are reasonable grounds to suspect money laundering but you do not intend to report the matter to NCA, please set out below the reason(s) for non- disclosure:

[Please set out reasons for non-disclosure]

Date consent given by you to employee for any prohibited act transactions to proceed

Other relevant information:

Signed:

Dated:.....

THIS REPORT IS TO BE RETAINED FOR AT LEAST FIVE YEARS.



HUMBERSIDE FIRE AND RESCUE SERVICE

Finance

Anti-Bribery Policy

Owner	Executive Director of Corporate Services / S151 Officer
Responsible Person	Head of Finance
Date Written	July 2016
Date of Last Review	December 2019
Date of next review	December 2021

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1 INTRODUCTION

This Statement sets out the policy of Humberside Fire Authority (HFA), including Humberside Fire and Rescue Service (HFRS), in relation to bribery.

HFA takes its responsibilities to protect the public purse very seriously and is fully committed to the highest ethical standards, in order to ensure the proper use and protection of public funds and assets. To achieve the objectives set out within HFA's Strategic Plan, HFA needs to maximise the financial resources available to it. In order to do this, the Council has an ongoing commitment to continue to improve its resilience to fraud, corruption (including bribery) and other forms of financial irregularity.

HFA advocates **strict adherence** to its anti-fraud framework and associated policies. Whilst individual circumstances of each case will be carefully considered, in the majority of cases there will be **a zero-tolerance approach to fraud and corruption (including bribery)** in all of its forms. HFA will not tolerate fraud or corruption by its Members (which includes Independent Co-opted Members), employees, suppliers, contractors, partners or service users and will take all necessary steps to investigate all allegations of fraud or corruption and pursue sanctions available in each case, including removal from office, disciplinary action, dismissal, civil action for recovery and/or referral to the Police and/or other agencies. The required ethical standards are included in both the Members' Code of Conduct and Officers' Code of Conduct, both documents forming part of the overall Constitution of the Fire Authority.

HFA fully recognises its responsibility for spending public money and holding public assets. The prevention, and if necessary, the investigation, of fraud and corruption (including bribery) is therefore seen as an important aspect of its duties which it is committed to undertake. The procedures and also the culture of HFA are recognised as important in ensuring a high standard of public life.

HFA's general belief and expectation is that those associated with it (employees, Members, service users, contractors and voluntary bodies) will act with honesty and integrity. In particular members and employees are expected to lead by example and will be accountable for their actions.

HFA will take steps to help ensure high standards of ethical behaviour are adopted in partnerships to which HFA is a member. This will be done through applying appropriate elements of this document to all partnership working, where it is relevant to do so. With regard to partnership working, responsibility for Codes of Conduct and policies of this nature (and so for enforcement action for breach of those codes or policies) generally lies with the relevant individual organisation in the partnership. Where appropriate, HFA will draw the attention of the partner organisation to its concerns.

This Anti-Bribery Policy is supplementary to HFA's wider Anti-Fraud and Corruption Policy, which sets out what actions HFA proposes to take over the medium-term future to continue to develop its resilience to fraud and corruption. The Policy sets out the key responsibilities with regard to fraud prevention, what to do if fraud is suspected and the action that will be taken by management.

2 EQUALITY AND INCLUSION

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

3. AIM AND OBJECTIVES

This policy provides a coherent and consistent framework to enable HFA's employees (and other 'relevant persons') to understand and implement arrangements enabling compliance. In conjunction with related policies and key documents it will also enable employees to identify and effectively report a potential breach.

HFA requires that all relevant persons, including those permanently employed, temporary staff, agency staff, consultants, contractors, volunteers, partners and Members:

- Act honestly and with integrity at all times and to safeguard HFA's resources for which they are responsible.
- Comply with the spirit, as well as the letter, of the laws and regulations of all jurisdictions in which HFA operates, in respect of the lawful and responsible conduct of activities.

4. SCOPE OF THIS POLICY

This policy applies to all of HFA's activities. For partners, joint ventures and suppliers, it will seek to promote the adoption of policies consistent with the principles set out in this policy.

Responsibility to control the risk of bribery occurring resides at all levels of the organisation. It does not rest solely within assurance functions, but in all business units and corporate functions.

This policy covers all personnel, including all levels and grades, those permanently employed, temporary agency staff, contractors, non-executives, agents, Members, volunteers and consultants.

5. WHAT IS BRIBERY?

Bribery is an inducement or reward offered, promised or provided to gain personal, commercial, regulatory or contractual advantage.

There are four key offences under the Bribery Act 2010:

- Bribery of another person (section 1)

- Accepting a bribe (section 2)
- Bribing a foreign official (section 6)
- Failing to prevent bribery (section 7)

The Bribery Act 2010 makes it an offence to offer, promise or give a bribe (Section 1).

It is also an offence to request, agree to receive, or accept a bribe (Section 3).

Section 6 of the Act creates a separate offence of bribing a foreign public official with the intention of obtaining or retaining business or an advantage in the conduct of business. There is also a corporate offence under Section 7 of failure by a commercial organisation to prevent bribery that is intended to obtain or retain business, or an advantage in the conduct of business, for the organisation. An organisation will have a defence to this corporate offence if it can show that it had in place adequate procedures designed to prevent bribery by or of persons associated with the organisation.

6. PENALTIES

An individual guilty of an offence under sections 1, 2 or 6 is liable:

- On conviction in a magistrates court, to imprisonment for a maximum term of 12 months, or to a fine not exceeding £5,000, or to both.
- On conviction in a crown court, to imprisonment for a maximum term of ten years, or to an unlimited fine, or both.
- Organisations are liable for these fines and if guilty of an offence under section 7 are liable to an unlimited fine.

7. PUBLIC CONTRACTS AND FAILURE TO PREVENT BRIBERY

Under the Public Contracts Regulations 2006 (which gives effect to EU law in the UK), a company is automatically debarred from competing for public contracts where it is convicted of a corruption offence, including bribery. HFA will, in such cases, exclude organisations convicted of any such offences from participating in tenders for public contracts with it.

8. POLICY STATEMENT – ANTI-BRIBERY

Bribery, either directly between two parties or using a third party as a conduit to channel bribes to others, is a criminal offence. HFA (including HFRS) does not, and will not, pay bribes or offer an improper inducement to anyone for any purpose, nor does it or will it, accept bribes or improper inducements or engage indirectly in or otherwise encourage bribery. HFA is committed to the prevention, deterrence and detection of bribery. It has a zero-tolerance approach towards bribery. HFA aims to maintain anti-bribery compliance “business as usual”, rather than as a one-off exercise.

9. HUMBERSIDE FIRE AUTHORITY'S COMMITMENT TO ACTION

HFA commits to:

- Setting out a clear Anti-Bribery Policy and keeping it up to date.
- Making all employees aware of their responsibilities to adhere strictly to this policy at all times.
- Training all employees so that they can recognise and avoid occurrences of bribery by themselves and others.
- Encouraging its employees to be vigilant and to report any suspicions of bribery, providing them with suitable channels of communication and ensuring sensitive information is treated appropriately.
- Rigorously investigating instances of alleged bribery and assisting police and other appropriate authorities in any resultant prosecution.
- Taking firm and vigorous action against any individual(s) involved in bribery
- Provide information to all employees to report breaches and suspected breaches of this policy.
- Include appropriate clauses in contracts to prevent bribery.

10. BRIBERY IS NOT TOLERATED

It is unacceptable to:

- give, promise to give, or offer a payment, gift or hospitality with the expectation or hope that a business advantage will be received, or to reward a business advantage already given;
- give, promise to give, or offer a payment, gift or hospitality to a government official, agent or representative to "facilitate" or expedite a routine procedure;
- accept payment from a third party where it is known or suspected that it is offered with the expectation that it will obtain a business advantage for them;
- accept a gift or hospitality from a third party where it is known or suspected that it is offered or provided with an expectation that a business advantage will be provided by the Council in return;
- retaliate against or threaten a person who has refused to commit a bribery offence or who has raised concerns under this policy.
- engage in activity in breach of this policy.

11. GIFTS AND HOSPITALITY

This policy is not meant to change the requirements of HFA's Gifts and Hospitality policy. This makes it clear that:

- Nominal gifts and hospitality up to a financial value of £25 are often acceptable, depending upon the circumstances;

- Reasonable, proportionate gifts and hospitality made in good faith and that are not lavish are often acceptable.

In general terms, however, an employee must:

- Treat any offer of a gift or hospitality if it is made to them personally with extreme caution;
- Not receive any reward or fee other than their salary;
- Never accept monetary gifts of any kind;
- Always refuse offers of gifts or services to them (or their family members) from organisations or persons who do, or might, provide work, goods or services, to HFA or who require a decision from HFA;
- Always report any such offer to their line manager.

When deciding whether or not to accept an offer of a gift, the context is very important. An offer from an organisation seeking to do business with or provide services to HFA or in the process of applying for permission or some other decision from HFA is unlikely ever to be acceptable, regardless of the value of the gift.

12. STAFF RESPONSIBILITIES

The prevention, detection and reporting of bribery and other forms of corruption are the responsibility of all those working for the organisation or under its control. All staff are required to avoid activity that breaches this policy.

As individuals you must:

- ensure that you read, understand and comply with this policy;
- raise concerns as soon as possible if you believe or suspect that a conflict with this policy has occurred or may occur in the future.

As well as the possibility of civil legal action and criminal prosecution, staff that breach this policy will face disciplinary action, which could result in dismissal for gross misconduct.

13. RAISING A CONCERN

HFA is committed to ensuring that there is a safe, reliable, and confidential way of reporting any suspicious activity, and wants each and every member of staff to know how they can raise concerns.

All have a responsibility to help detect, prevent and report instances of bribery. If you have a concern regarding a suspected instance of bribery or corruption, please speak up – your information and assistance will help. The sooner it is brought to attention, the sooner it can be resolved.

There are multiple channels to help raise concerns. Please refer to HFA's Whistleblowing Policy and Flow Chart and determine the favoured course of action. Preferably the disclosure will be made and resolved internally (e.g. to a line manager or head of department). Secondly, where internal disclosure proves inappropriate, concerns can be raised with HFAs Monitoring Officer/Secretary), the Executive Director of Corporate Services/Section 151 Officer or the External Auditor (Mazars). Raising concerns in these ways may be more likely to be considered reasonable than making disclosures publicly (e.g. to the media).

Concerns can be anonymous. In the event that an incident of bribery, corruption, or wrong doing is reported, HFA will act as soon as possible to evaluate the situation. It has clearly defined procedures for investigating fraud, misconduct and non-compliance issues and these will be followed in an investigation of this kind. This is easier and quicker if concerns raised are not anonymous.

Staff who raise concerns or report wrongdoing, including those staff who reject an offer made to them that could be perceived as bribery, could understandably be worried about the repercussions. HFA aims to encourage openness and will support anyone who raises a genuine concern in good faith under this policy, even if they turn out to be mistaken.

HFA is committed to ensuring nobody suffers detrimental treatment through refusing to take part in bribery or corruption, or because of reporting a concern in good faith.

14. OTHER RELEVANT POLICIES

Further information on relevant HFA policy and practice can be found in the following internal documents:

- The [Constitution](#) includes
 - Financial Procedure Rules,
 - Contract Procedure Rules,
 - Members' Code of Conduct and
 - Officers' Code of Conduct);
- Anti-Fraud and Corruption Policy;
- Whistleblowing Policy
- Gifts & Hospitality Policy;
- Anti-Money Laundering Policy.

15. USEFUL LINKS

- [The Bribery Act 2010](#)
- Bribery Act [Guidance](#)
- [CIPFA 's Code of Practice on Managing the Risk of Fraud and Corruption](#)
- [Local Government Fraud Strategy – Fighting Fraud Locally](#)

16. POLICY REVIEW

HFA's Chief Financial Officer (S.151 Officer) and HFA will ensure the continuous review and amendment of this policy document, to ensure that it remains compliant with good practice national public sector standards, primarily CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption and the Local Government Fraud Strategy – Fighting Fraud Locally and meets the needs of Humberside Fire Authority.

If anyone requires any further guidance / information relating to this document, please contact Head of Finance



HUMBERSIDE FIRE AND RESCUE SERVICE

Service Improvement

Whistleblowing Policy

Owner	Director of Service Improvement
Responsible Person	Head of Corporate Assurance
Date Written	July 2016
Date of Review	May 2021
Date of next review	September 2023
EIA Completed	July 2021



What we must
do well



How we support our
communities



We value and support
the people we employ



We efficiently manage
the Service

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1. INTRODUCTION

Employees are often the first to realise that there may be something wrong within the Authority. However, they may decide not to express their concerns because they feel that speaking up would be disloyal to their colleagues, to their representative body or to the Authority. They may also fear harassment, reprisal or victimisation. In these circumstances it may be easier to ignore the concern rather than report what may be only a suspicion of malpractice.

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

This Whistleblowing Policy is intended to encourage and enable employees to raise serious concerns within HFA without fear of reprisal, rather than tolerating a problem or pursuing their concerns externally. Members of the public are also encouraged to raise genuine serious concerns in accordance with this Policy.

This Policy has been discussed with the relevant representative bodies and has their support.

Core Code of Ethics

HFRS has adopted the Core Code of Ethics for Fire and Rescue Services. The Service is committed to the ethical principles of the Code and strives to apply them in all we do, therefore, those principles are reflected in this Policy.

National Guidance

Any National Guidance which has been adopted by HFRS, will be reflected in this Policy.

2. EQUALITY & INCLUSION

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees and service users.

3. AIM AND OBJECTIVES

This Policy aims to:

- Encourage employees to feel confident in raising serious concerns;

- Provide ways for employees to raise those concerns and receive feedback on any action taken as a result;
- Reassure employees that if they raise any concerns in good faith and reasonably believe them to be true, they will be protected from possible reprisals or victimisation;
- Provide an effective mechanism for members of the public to raise genuine and serious concerns.

4. ASSOCIATED DOCUMENTS

- [Equality Impact Analysis](#)
- Legal References
There are no specific legislative requirements relevant to this policy.
- National Guidance Reference
There is no specific National Guidance relevant to this policy.

5. INTERFACE WITHIN OTHER POLICIES AND PROCEDURES

If issues are in respect of Member Conduct, these are dealt with through the Governance, Audit and Scrutiny Committee of Humberside Fire Authority. Please refer to www.humbersidefire.gov.uk ([Complaints about Members](#)) for further information or speak to the Monitoring Officer on (01482) 393100.

HFA operates a Complaints Policy and Procedure. This enables members of the public to raise any questions or make complaints about the performance of the Service. Members of the public are not precluded from using this Whistleblowing Policy but should only do so where they feel that the Complaints Policy is not appropriate to the concern that they wish to raise.

There are other avenues for employees to raise concerns, for example the Anti-Fraud and Corruption Policy, the Grievance Procedure, the Dignity at Work Policy, the Disciplinary Policy and the Performance and Capability Policy.

Where possible if a staff member has concerns about their personal working situation or circumstances, the policies and procedures mentioned above should be used in the first instance. However, if the individual feels that their circumstances are exceptional and that they feel unable to use the normal route to raise their personal complaint or issue, the Whistleblowing policy may be used.

This Whistleblowing Policy is not an alternative to other HFA policies or to be used as a mechanism for appealing against the outcome of other procedure.

Who is covered by the Policy?

All employees of HFA, whether temporary or permanent. Members of the public may also make use of this Policy.

What matters does the Policy cover?

The Policy is primarily aimed at encouraging employees to raise major concerns over

any wrong doing, particularly in relation to unlawful or unethical conduct, unfair practices, risk to health and life or financial malpractice. (This list is not exclusive) Members of the public may do so in the same way.

Specific examples of improper conduct or unethical behaviour could include:

- Criminal offence (e.g. fraud, corruption or theft);
- Public funds are being used in an unauthorised manner;
- The Constitution (including the Procurement and Financial Rules);
- Serious conflict of interest without disclosure;
- Serious / sustained harassment of an individual or group
- Professional malpractice;
- Endangering health and safety of employees or the public or damage to the environment;
- Failure to comply with legal obligation.

Assurances for employees making disclosures under this Policy

If you do raise a concern under this Policy, you will not be at risk of losing your job or suffering any form of retribution as a result, provided that:

- your disclosure is made in good faith;
- you reasonably believe that information, and any allegation contained in it, is substantially true, and
- you are not acting for personal gain.

The Public Interest Disclosure Act 1998 protects employees against detrimental treatment or dismissal. This Policy has been introduced in accordance with the Act. For further information upon the Act please contact the Executive Director of Corporate Services, contact details are at Section 8. Alternatively, please go to Public Concern at whistle@protect-advice.org.uk

Definition of a protected disclosure

The types of **disclosure** that are eligible for protection against detrimental treatment or dismissal are known as '**qualifying disclosures**'. These are where the worker reasonably believes that the **disclosure** is being made in the public interest and at least one 'relevant failure' is currently happening, took place in the past or is likely to happen in the future.

6. ANONYMOUS ALLEGATIONS

HFA encourage employees to disclose their names when raising concerns. Concerns expressed anonymously are much less powerful and are often more difficult to investigate or substantiate. Feedback cannot be provided without contact details.

In considering whether to investigate anonymous allegation, particular consideration

will be given to:

- the seriousness of the issues raised;
- the credibility of the concern;
- the likelihood of substantiation from other sources;
- the ability to discover the facts; and
- the justification for maintaining anonymity.

7. CONFIDENTIALITY

HFA will treat all disclosures in a confidential and sensitive manner. The identity of the individual may be kept confidential provided this does not hinder or frustrate any investigation. However, there will be occasions where the identity of the individual needs to be revealed. For example, where the individual is required to give a witness statement or give evidence at a formal hearing, where allegations of misconduct or criminal activity are involved.

8. UNTRUE ALLEGATIONS

If allegations are made in good faith, but are not confirmed by the investigation, no action will be taken against the Complainant. If, however, malicious, vexatious, mischievous or reckless allegations are made then disciplinary action may be taken, if the Complainant is an employee.

9. HOW TO RAISE A CONCERN UNDER THIS POLICY

As a first step, you should normally raise concerns with your immediate manager. This depends, however, on the seriousness and sensitivity of the issues involved and any potential conflicts of interest.

Alternatively, you may raise a concern directly with:

1. Executive Director of Corporate Services / S.151 Officer*
telephone: (01482) 567183
2. Director of Service Improvement*
telephone: (01482) 567416
3. Chief Fire Officer & Chief Executive*
telephone: (01482) 567417
4. Any Director of the HFRS*
5. The Chairperson of the Fire Authority
Contact details via the PA to the Chief Fire Officer telephone (01482) 567417
6. The Chairperson of the Governance Audit and Scrutiny Committee
Contact details via the PA to the Chief Fire Officer: telephone (01482) 567417
7. HFA Monitoring Officer. This is the Secretary to the Fire Authority.
committeemanager@humbersidefire.gov.uk
8. The Head of Internal Audit, TIAA

telephone: (0845) 3003333

This is a private, independent organisation who are employed to audit HFA.

* These are Authorised Officers under the Procedure set down in Part B. Your immediate Manager will consult with an Authorised Officer.

This contact may be by telephone or face to face, but serious concerns are better raised in writing. Email addresses for all Authorised Officers are available here: <https://humbersidefire.gov.uk/contact/corporate-management-team>. Postal addresses can be found in [Appendix 1](#). Those making disclosure are asked to set out the background and history of their concern, giving names, dates and places where possible, and the reason why they are particularly concerned about the situation. The earlier the concern is expressed, the easier it is to take action

10. IS PROOF OF MALPRACTICE NEEDED?

When raising a concern, you will not be expected to provide proof beyond reasonable doubt of an allegation, but you will need to be able to demonstrate that there are reasonable grounds for your concerns. Where possible notes should be kept of what the individual has seen, heard or felt. Notes should be dated, and copies of all relevant information kept.

11. ALLEGATION CONCERNING THE CHIEF FIRE OFFICER & CHIEF EXECUTIVE

Where an allegation is made concerning Executive Directors, or the Chief Fire Officer & Chief Executive, then you should raise this with either the HFA Monitoring Officer, Head of Internal Audit or Chairperson of HFA. Contact details at Section 8. The Monitoring Officer has dispensation to appoint an external party to carry out this role when the allegations impinge on the roles of the key governance monitoring posts.

12. HOW THE AUTHORITY WILL RESPOND

Please refer to [Appendix 4 - Part B](#) which outlines the procedure to be followed once a disclosure is made in accordance with this Policy.

13. RAISING CONCERNS EXTERNALLY

You are encouraged to raise any concerns internally. However, in certain circumstances the Public Interest Disclosure Act 1998 provides protection to employees who make certain disclosures outside the Humberside Fire Authority. An employee may consider this route, for example when they have a justifiable concern that their disclosure would not be dealt with properly by the Authority, or that the Authority may be constrained in its statutory powers to address the concern adequately. The protection relates to financial malpractice, impropriety or fraud, a failure to comply with a legal obligation, criminal activity or a miscarriage of justice.

You must remember that disclosures must be:

- in good faith;

- in the belief that the information shows malpractice;
- made to an appropriate regulator with responsibility for the matter raised.

Examples of prescribed regulators include the Health and Safety Executive, Environment Agency and External Auditors.

Under the 1998 Act, staff making “protected disclosures” are protected from detrimental action, unfair dismissal and redundancy, and can complain to an employment tribunal.

A full list of persons or bodies which have been prescribed for receiving disclosures on particular matters is set out in the Public Interest Disclosure Act 1998 at www.pcaw.co.uk/law/lawregulatorses.htm.

Mazars are the external auditors of the Authority. As such, in the first instance, is the most likely body to be considered in instances of fraud, corruption and misuse/abuse of public funds or powers. Their local contact details are:

Mr G Barker
Mazars,
Salvus House
Aykley Heads
Durham
DH1 5TS
Tel: 0191 3836300

Any employee who is considering making an external disclosure is encouraged to first take advice to ensure that the disclosure falls within the provisions of the legislation, and that all internal avenues have been fully explored. If an employee does decide to take the matter outside the Authority, they should ensure that they do not disclose any confidential information.

Further advice on making a disclosure is available from Public Concern at Work, an independent charity that provides free advice for employees who wish to express concerns about fraud or other serious malpractice. Their contact details are:

- www.whistleblowing.org.uk
- or Telephone 020 7404 6609
- or E-mail: helpline@pcaw.co.uk

A process flow diagram ([Appendix 2](#)) and a check list of do's and don'ts ([Appendix 3](#)) is provided as a quick reference for staff at the end of this policy.

14. WHO CAN PROVIDE SUPPORT OR ADVICE?

- A colleague;
- A trade union representative;
- The Humberside Fire Authority Counselling Service;
- Public Concern at Work.

You may wish to discuss the concern with a colleague or trade union representative first and may find it easier to raise the matter if there are other colleagues who share the same concerns. A trade union representative or work colleague may accompany a member of staff at any meetings or interviews in connection with the concerns raised.

If you require any further guidance / information in relation to this policy, please contact the Head of Corporate Assurance.

APPENDIX 1.

Postal Addresses for person's listed in Section 8

For persons 1-7 (Fire Authority and Service Personnel)

Humberside Fire and Rescue Service
Service Headquarters
Summergroves Way Hull
East Riding of Yorkshire
HU4 7BB

For person 8 (Monitoring Officer)

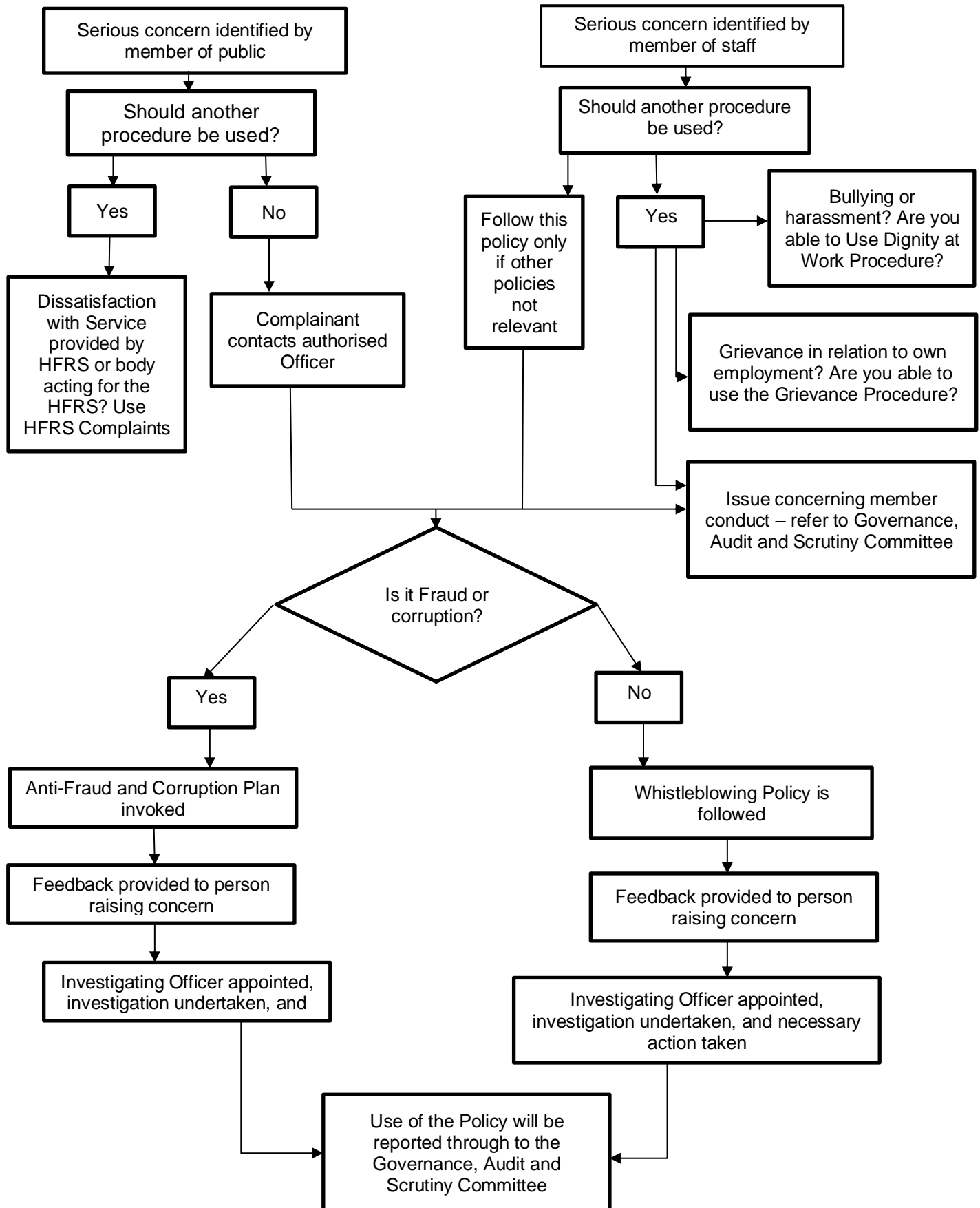
The Monitoring Officer
Humberside Fire Authority
Fire and Rescue Service Headquarters
Summergroves Way
Kingston upon Hull
HU4 7BB

For person 9 (Head of Internal Audit)

TIAA
Artillery House
Fort Fareham
Newgate Lane
Fareham
PO14 1AH

T. 0845 300 3333
E. enquiries@tiaa.co.uk

APPENDIX 2 - WHISTLEBLOWING POLICY – FLOW CHART



APPENDIX 3

CHECKLIST OF DO'S AND DON'TS

Do's

- (a) Make dated notes of your concerns and retain them.
- (b) Think about the risks and outcomes before you act.
- (c) Follow the guidance provided and contact the appropriate officer.
- (d) Deal with the matter promptly if you feel your concerns are warranted

Don' t

- (a) Do nothing.
- (b) Be afraid to raise your concerns.
- (c) Approach or accuse any individuals directly.
- (d) Try to investigate the matter yourself.
- (e) Use a Whistleblowing procedure to pursue a personal grievance.

APPENDIX 4

PART B – WHISTLEBLOWING PROCEDURE

Handling a Disclosure under the Whistleblowing Policy

1. DISCLOSURE

The disclosure must be made in accordance with the Whistleblowing Policy.

The Policy sets out to whom disclosure should be made. Please refer to the Policy and act accordingly.

2. WHAT WILL HAPPEN UPON DISCLOSURE?

The Authorised Officer will:

- a. Acknowledge receipt in writing within 10 working days;
- b. Make a record of the details of any oral disclosure and confirm these in writing to the Complainant within 10 working days;
- c. The Authorised Officer will normally consult with a further Authorised Officer and determine whether:
 - The disclosure should be investigated by an Investigating Officer or Internal Audit;
 - The disclosure should be progressed under a different HFRS procedure;
 - The disclosure is of such seriousness to refer to the Police;
 - The disclosure should be referred to External Audit;
 - The disclosure should be the subject of an inquiry;
 - The disclosure is in accordance with the Policy;
 - The disclosure can be resolved without investigation;
 - The disclosure can be dismissed upon substantive grounds, for example the inability to investigate.

3. INVESTIGATING OFFICER

Subject to paragraph 2(c), the Authorised Officer will identify an appropriate person (the Investigating Officer) to carry out any investigation, according to the nature of the issue. This will normally be a member of the Internal Audit Service.

Where, however, the Authorised Officer considers that the suspected fraud is of such seriousness to warrant referral to the Police, then an Investigating Officer may not be appointed.

4. ROLE OF THE INVESTIGATING OFFICER

The Investigating Officer will:

- Hold a formal meeting with the Complainant to discuss the disclosure;
- Arrange interviews with relevant witnesses;
- Ensure the Complainant and any witnesses are given the option to be accompanied by a representative/colleague at any meeting;
- Establish the facts/obtain statements/collect documentary evidence;
- Maintain detailed records of the investigation process;
- Report findings in writing to the Authorised Officer;
(For complaints involving the Chief Fire Officer & Chief Executive the report will be to the Chairperson of the Humberside Fire Authority)
- Make any recommendations for action;
- Act as a witness at any subsequent disciplinary hearing if required.

The Investigating Officer will confirm in writing to the Complainant:

- How the matter will be dealt with;
- The names of any other investigating officers;
- An estimate of the timescale for responding to the concerns raised;
- Whether the complainant will be required to attend an investigatory interview and the right to be accompanied by a trade union representative or work colleague;
- Any further information or evidence that the discloser is required to provide;
- Details of employee support mechanisms and where further advice on the procedure can be obtained.

5. WITNESSES

Where the investigation involves interviews with any witnesses, it will be the responsibility of the Investigating Officer to write to them confirming details of:

- The allegations under investigation;
- The procedure under which the investigation will be conducted;
- The right to be accompanied by a trade union representative or colleague at any investigation interview;
- Details of employee support mechanisms.

Action	Timescale	By Whom
Written acknowledgement of disclosure	10 working days	Authorised Officer
Notice to attend investigation interview	At least 5 working days	Investigating Officer
Investigation interviews	Within 20 working days of receipt of complaint	Investigating Officer
Report of Findings/ Communicate outcome to complainant	30 working days of receipt of complaint	Investigating Officer

Whilst the Investigating Officer will need to adhere to the timescales indicated, the nature of some serious concerns may require the investigation to take longer than a month. Some matters can be dealt with more speedily. The Complainant will be kept informed as to progress.

6. DEALING WITH THE OUTCOME OF THE INVESTIGATION

Misconduct

Where the investigation concludes that there is a case of misconduct to answer against an employee, then the Conduct and Performance Procedure shall be invoked.

If the disclosure is found to be malicious and not in good faith, then the Investigating Officer may recommend that the Conduct and Performance Procedure be invoked against the Complainant.

If the case is groundless

If it is decided that the disclosure was groundless, the Investigating Officer will explain this to the person who made the disclosure.

Governance, Audit and Scrutiny Committee

A summary of the findings of all investigations under this process will be reported to the Committee.

Communicating the Outcome

The aim of this Policy is to assure employees that their concerns are properly addressed. The Authorised Officer will inform the person who made the disclosure of the outcome of the investigation, any action taken and their right of appeal.

In addition, actions arising from a Whistleblowing investigation will be made available to all staff in order to further promote and build trust and confidence in the process. Such information will not identify the person who made the disclosure, or the employee/s concerned.

7. SUPPORT DURING AND AFTER AN INVESTIGATION

Support

Where necessary the Humberside Fire Authority will provide support, counselling or mediation to any person affected by an investigation in order to ensure normal working relationships are resumed as effectively as possible.

Appeal

If the person who made the disclosure is dissatisfied with investigations outcome, they may request that the Authorised Officer review the findings. This request must be in writing within 10 working days of the notification of the Findings being published. The Authorised Officer will consider the request and respond in writing within 10 working days, setting out whether or not sufficient grounds exist for the disclosure to be investigated further.

NOTE:

Nothing shall prevent the person concerned from making representations to the External Auditors (a prescribed 'person' under the Public Interest Disclosure Act).

The Policy sets out the contact details for ease of reference.

Humberside Fire and Rescue Service

Summary Internal Controls Assurance (SICA) Report

2021/22

January 2022

Summary Internal Controls Assurance

Introduction

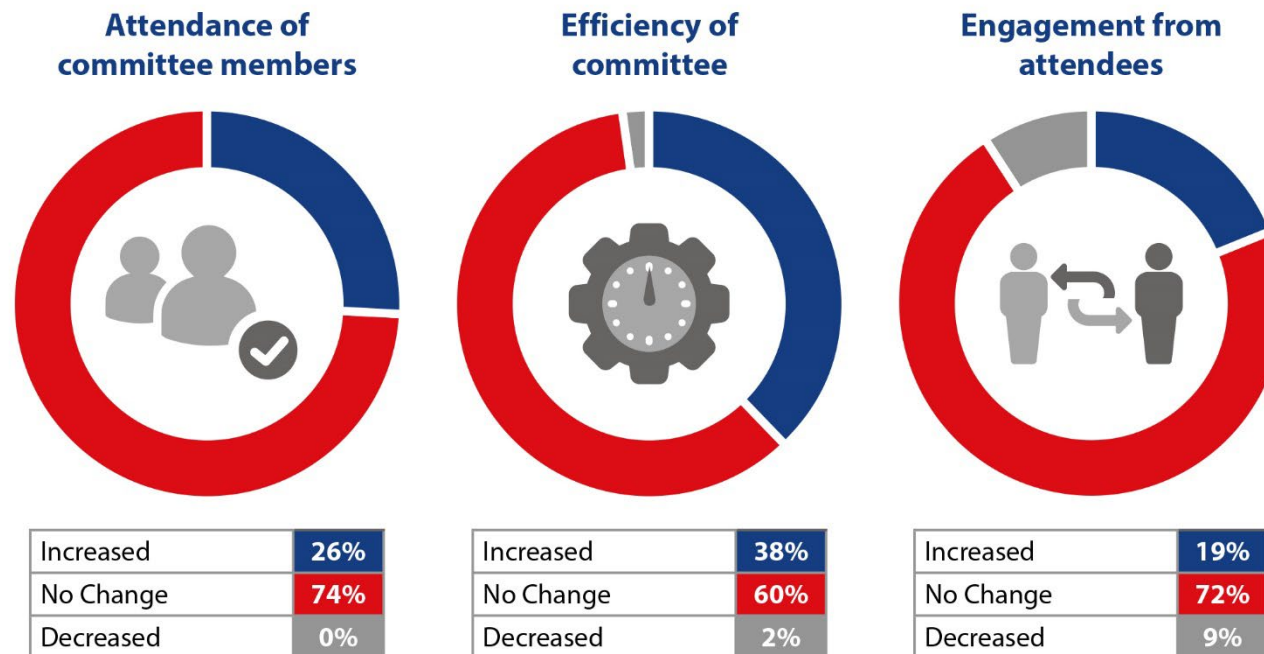
1. This summary controls assurance report provides the Governance, Audit and Scrutiny Committee with an update on the emerging Governance, Risk and Internal Control related issues and the progress of our work at Humberside Fire and Rescue Service as at 14th January 2022.

Emerging Governance, Risk and Internal Control Related Issues

2. In our recent 'Post-Lockdown Working Practices Briefing', we explored the results of our survey of clients to ascertain how organisations are planning to deliver some of their functions going forward. We asked a number of questions regarding Audit Committee meetings and their effectiveness since the pandemic started and gained thoughts on how these will take place once restrictions are eased.

The experience of remotely held Audit Committee meetings has been positive with the majority of respondents recording no change in or increased attendance, efficiency and engagement at meetings.

Post Lockdown Audit Committee Attendance



Audits completed since the last SICA report to the Governance, Audit and Scrutiny 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
Data Quality – Risk Information Enforcement	Reasonable	03/11/2021	19/11/2021	22/11/2021	0	3	3	0
Out of Hours Arrangements	Substantial	01/11/2021	19/11/2021	22/11/2021	0	0	3	0
Shift System Productivity Follow Up	Reasonable	27/10/2021	30/11/2021	01/12/2021	0	1	1	0

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

Progress against the 2021/22 Annual Plan

5. Our progress against the Annual Plan for 2021/22 is set out in Appendix A.

Changes to the Annual Plan 2021/22

6. There are no proposed changes to the plan other than the additional Shift Productivity Follow Up audit which was requested by management and was resourced from the contingency days in the original plan.

Progress in actioning priority 1 recommendations

7. We have made no Priority 1 recommendation (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.

Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Equality, Diversity and Inclusion	1	Completed	Final Report Issued
Productivity – Shift System	1	Completed	Final Report Issued
NOG Phase 3 and 4	1	Completed	Final Report Issued
Enforcement	1	Completed	Final Report Issued
Out of Hours Arrangements	2	Completed	Final Report Issued
Data Quality – Risk Information	2	Completed	Final Report Issued
Grievance Arrangements	3	Completed	Final Report Issued
Shift System Productivity Follow Up	3	Completed	Final Report Issued
Key Financial Controls	4	Start date 28/02/2022	
Contingency (targeted on inspection outcomes)	3 - 4		
Follow-up	4	Start date 21/02/2022	




KEY:

	To be commenced		Site work commenced		Draft report issued		Final report issued
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Briefings on developments in Governance, Risk and Control

TIAA produces regular briefing notes to summarise new developments in Governance, Risk and Control, 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 CBNs issued in the last three months which may be of relevance to Humberside Fire and Rescue Service is given below. Copies of any CBNs are available on request from your local TIAA team.

Summary of recent Client Briefing Notes (CBNs)

CBN Ref	Subject	Status	TIAA Comments
CBN - 21042	Fraudulent Emails and Purchase Orders	For Information Only	Action Required Procurement teams and suppliers to your organisation should be made aware of this scam
CBM - 21044	Guidance to Prevent use of Vehicles as Weapons in Terror Attacks		Action required where applicable Audit Committees and Boards/Governing Bodies are advised to assess their arrangements in light of the risks if applicable and take appropriate remedial action
CBN - 21046	Procurement: Updated Thresholds for January 2022 Published	For Information Only	
CBN - 21047	Protect Duty; Public places to ensure preparedness for and protection from terrorist attacks		Action required: Organisations are advised to review their security arrangements in line with their legal requirements and take appropriate remedial action
CBN - 21048	Amazon will no longer accept UK-issued Visa credit cards as a payment method from the 19th January 2022		Potential Urgent Action Required Clients are advised to establish whether they make any online purchases from Amazon and if so, whether these purchases currently use a Visa credit and/or procurement card. If this type of card is in use, then clients are advised to put alternative arrangements in place before 19th January 2022

Governance, Audit and Scrutiny Committee
24 January 2022

Report by the Director of Service Delivery

Management of risk at on-call Fire Stations.

REPORT EXECUTIVE SUMMARY

This report highlights Humberside Fire & Rescue Service (HFRS) proactive processes in identification, recording, reviewing and validating operational risk information across on-call operational stations. The current methodology for the management of operational risk is in line with published national best practice and has been internally audited by TIAA with an outcome of 'reasonable assurance'.

This report will look to answer the following questions.

- What processes are used to maintain accurate risk information by On-Call fire stations?
- How is the Service assured that these processes are in line with best practice?

RECOMMENDATIONS

1. The GAS committee takes assurance that:

- The current processes within HFRS for the identification, recording, reviewing and validating of operational risk is robust and aligned with current national fire and rescue service operational guidance.
- That a consistent approach to managing, processing and using operational risk information is embedded within the Service and this is reflected in Service Policy (appendices 1, 3).
- The processes for the provision of operational risk information are identical for On Call and Fulltime Staff. Also, that parity of On Call management responsibilities exists (with those of Full-Time staff), that supports ready and available access to timely, accurate and relevant operational risk information.
- Assurance systems are in place for the Service to ensure the alignment of the management of operational risk information to existing national (best) practises (appendix 3)

- The 2021/22 TIAA audit report (appendix 2) concluded 'Reasonable Assurance' for the quality assurance of recording processes for Site Specific Risk Information, 7(2)(d) and Protection activities.

REPORT DETAIL

2. Outlined in the Service Delivery Operational Risk Management Policy (appendix 1), Humberside Fire & Rescue Service has a statutory duty under the Fire and Rescue Services Act 2004 and the Civil Contingencies Act 2004 to gather, assess and share risk information to mitigate the impact of emergency incidents.

The Service is proactive in identifying, obtaining, assessing, recording, and disseminating operational risk information to all 31 fire stations including 19 on call only stations.

The adopted approach follows nationally developed protocols from Fire and Rescue National Operational Guidance, Provision of Operational Risk Information Systems (PORIS).

Operational Risk Information Management

3. Humberside Fire & Rescue Service ensures the efficient and effective gathering and dissemination of operational risk information to operational staff (full time and on call) that in turn supports a safe and effective systems of work during an emergency response to an identified site.

In doing so HFRS operates to National Operational Guidance and:

- Provides timely, accurate and relevant risk information to all crews including on call staff and to neighbouring Fire & Rescue Services.
- Ensures the completion and maintenance of Site-Specific Risk Information (SSRI) records.
- Generates the correct risk rating determined by Severity x Likelihood tables drawn from Fire & Rescue Service National Operational Guidance (PORIS).
- Provides the correct pre-determined attendance (PDA) - number and type of appliances and staff, relevant to the identified risk on the site or premises. This includes changes to PDA's in response to dynamic changes to a site's risk and subsequent change in PORIS risk assessment.
- Enables the timely provision of information of an urgent nature to all crews including on call staff – through mobile data terminals (MDT's) located on all operational appliances.
- Recognises the differences between commercial and domestic risks and effectively deals with each type of risk from capture, audit, and review perspectives.
- Obtains information from central sources to assist in validation (3rd party, organisational records; Local Unitary Authorities, Oxygen cylinder providers, Trading Standards, Agricultural organisations, Local asbestos registers, etc).
- Where appropriate, develops and maintains operational pre-plans to mitigate against the identified operational risk. In doing so increasing the tactical efficiency of Incident Commanders, the safety of Firefighters and onsite personnel.

- Provides information and pre-planning for large scale events taking place within HFRS area (e.g. Hull Fair, Brigg Christmas Market etc).
- Considers and implements the inclusion of salvage and/or disaster plans (e.g. heritage, COMAH sites etc).

Operational Risk Management Processes

4. The processes for operational risk gathering, its subsequent review and application into operational plans are identical for both on call and full-time staff.
- NB. District Management Teams have the autonomy to deploy full time stations outside of their local station area to support the gathering of operational risk information within on call station areas.

Under the Fire Service Act 2004, the Service has a duty gather information through the Inspection of sites or premises that HFRS deem of interest or present a risk. Such visits are named 7(2)(d) and are named from the section of the act that requires this duty, as illustrated below:

7. Fire-fighting	
(1)	A fire and rescue authority must make provision for the purpose of: <ol style="list-style-type: none"> extinguishing fires in its area, and protecting life and property in the event of fires in its area.
(2)	In making provision under subsection (1) a fire and rescue authority must in particular <ol style="list-style-type: none"> secure the provision of the personnel, services and equipment necessary efficiently to meet all normal requirements; secure the provision of training for personnel; make arrangements for dealing with calls for help and for summoning personnel; make arrangements for obtaining information needed for the purpose mentioned in subsection (1); make arrangements for ensuring that reasonable steps are taken to prevent or limit damage to property resulting from action taken for the purpose mentioned in subsection (1).

Regardless of duty system application, 7(2)d visits are essential to assist with Service planning and exercising which ultimately improves:

- HFRS emergency response preparedness through preplanning and site familiarity
- Firefighter safety
- A reduction of operational and societal risk – where advice can be provided and acted upon.

The Service also has a duty to visit sites that fit a particular criterion, examples are, COMAH sites, Critical National Infrastructure (CNI) sites and Sites of Special Scientific Interest (SSSI). All of which will have been identified as significant premises/locations by national organisations.

The process for gathering risk information follows the PORIS national guidance rating system provided in the Operational Risk Management Policy (appendix 1, Section 6). Each site is graded according to risk to identify the frequency of reinspection using this methodology.

The PORIS national guidance also provides reference examples of premise types for Site Specific Risk Information (SSRI) capture.

SSRI Gradings using PORIS

- The initial grading of a site's 'risk' is produced on successful completion of the SSRI form in the Service's risk management software CFRMIS. This grading determines the frequency of visits by operational staff and if an Operational Pre-Plan is required. All operational staff are trained to utilise the CFRMIS data entry platform.

The local Station Manager, with assistance from the local on-call Watch Manager, will then determine the final risk rating once all elements of PORIS have been considered.

PORIS has the following elements:

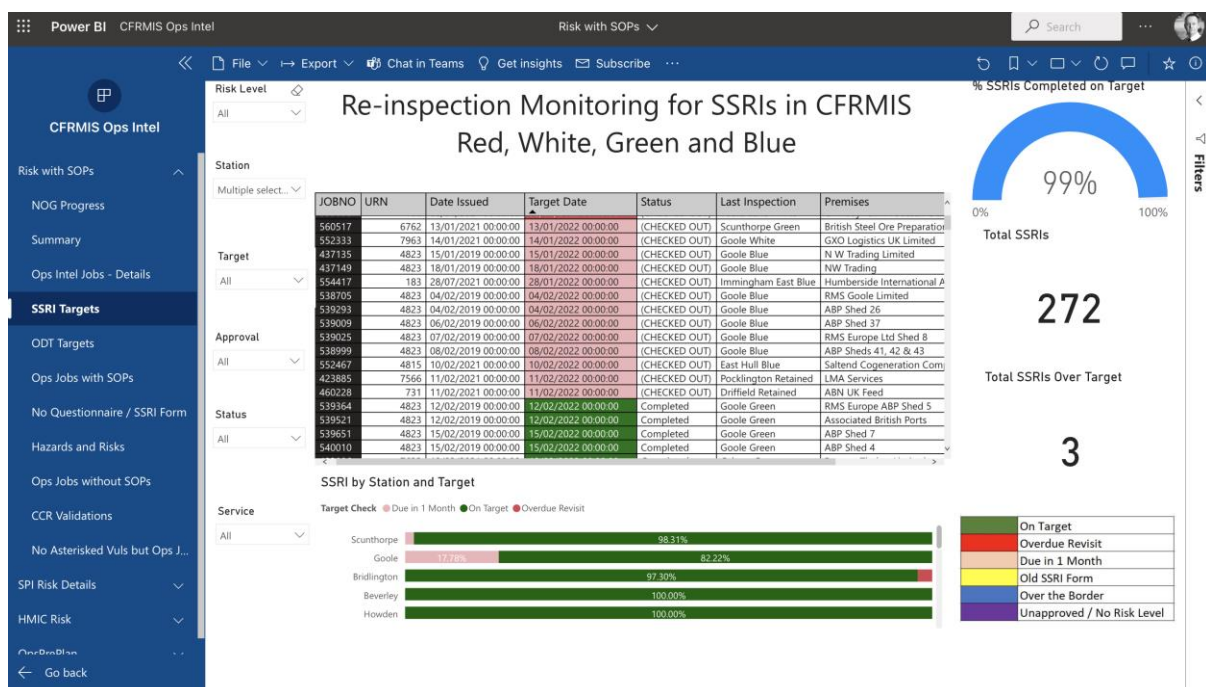
- Fire Fighter Risk
- Economic Risk
- Community Risk
- Environmental Risk
- Individual and Societal Risk
- Heritage Risk

Site Specific Risk Information, Creation, Review and Audit

- The overall responsibility for creation and reviewing of SSRI information lies with station based (On-Call) Watch Managers and are further supported by the "Watch Manager absolutes" drawn from the Service Delivery Planning Policy (Standard Delivery Guidance) that is available on the Service intranet (appendix 3).

Watches on each Station currently review SSRIs as identified within the SSRI Targets reflected on the CFRMIS Ops Intel Power BI dashboard, which is accessible for all on-call and full-time stations.

A screen shot of the Power BI Dashboard can be seen below:



The dashboards are auditable by all levels of Service management and is also used as a tool by Directorate, District and Station line management teams to assure that Operational Risk Information is assured and up to date.

On-call stations may create an SSRI if one does not already exist for an identified risk, or if a new risk premises emerges. This is created instantly on CFRMIS and uploaded onto all appliance MDT's as "*unapproved*" data.

The use of the "*unapproved*" flag on the MDT's tells Firefighters that the information has been identified by a visiting crew, but not yet formally verified by a Station Manager. This ensures that new or emerging risks are captured and presented to operational staff and incident commanders without delay across the full fleet of MDT's.

Data capture is available to staff 24/7/365, whilst verification may take some time to qualify with the site responsible persons (e.g. the designed duration of a new permanent or temporary chemical installation).

Station Managers are responsible for the approval of SSRI once completed by on-call station personnel. Once approved the SSRI's are overwritten as "*approved*" and appear on the corporate and local station dashboards and sequenced for 'check out' and review (as illustrated in the power bi dashboard).

The verification target for each level of risk for all stations (irrelevant of duty systems) are:

- Very High: One visit every six months
- High: One visit per year
- Medium: One visit every two years

All visits to sites must be arranged to the mutual satisfaction of the occupier of the premises and the on-call officer in charge.

- NB. Sometimes this can present delays to accessing, reviewing and verifying sites (e.g. in the event of a site shutdown or avoidance of contact by the site owners).

On such occasions, Watch Officers, Station Managers and District Managers have the ability to exercise the powers of the Fire Authority under the duty of The Fire Services Act 2004, Section 7(2)(d), as described previously.

Exercising Knowledge and Understanding

7. Desktop exercises are carried out by all on call stations, for Very High and High Premises within their station area and form part of the well-established Directorate Exercise Programme.

- NB. The aim of the desktop exercise is to ensure a tactical understanding of what is at the site, the associated risks and hazards, and anything specifically unique, relating to that site.

Desktop exercises are carried out utilising all types of media e.g. Google Earth etc. Also using existing information already held within the Service, e.g. SSRI presentations, existing Operational Pre-plans and National Operational Guidance.

Exercises are carried out on an annual programme and linked to core competencies in the maintenance of Firefighter operational skills.

Utilising the Power BI dashboards, Districts identify premises with outstanding visits, and work in conjunction with the exercise matrix, enabling several development activities to be completed simultaneously (e.g. improved/refresh of site knowledge and application of core skills to deal with hazardous materials).

This information is recorded in the competency software 'PdrPro' under 'Training Exercises' onto individual staff accounts and forms part of the skills assurance process. The On Call Officer in Charge (OiC) of the exercise will complete the team group training instance.

In this way the On-Call Watch Management Team can identify any crew members who have not received the learning and development and follow up with an individual refresh of knowledge and skills.

Exercising is also provided with multiple stations for familiarisation of risks in different areas of the Service. It is a regular occurrence for On Call stations to exercise with Full Time stations at risk sites that are outside of their own locality. Particularly if they are identified be called to through a pre-determined attendance in an Operational Pre-Plan.

In exceptional circumstances, where visits cannot be carried out 'on site' validation of SSRI's can be completed by telephone. The method of validation will be recorded on the SSRI and, as soon as practicable, a site visit will be arranged in order to maintain accurate records. This example has been successfully carried out during the recent restrictions applied for the Covid -19 outbreak and was noted by HMICFRS as good practice during pandemic conditions.

Operational Pre Plans Review and Audit

8. Operational Pre-Plans are required for 'Very High-risk' premises, and COMAH Sites. 'High risk' premises and 'low tier' COMAH Sites will be considered for a Pre-Plan by the Station Manager. Determining if the premises present exceptional risk to life, danger to the environment or exceptional risk of fire. This determination for an Operational Pre-Plan includes Critical National Infrastructure Sites (CNI), such as North Sea gas terminals, Oil Refineries, NHS Major Trauma Centres etc.

The Plan covers all anticipated areas of operational resourcing. Following a suitable and sufficient site survey - (7(2)(d) & SSRI. Details are added into an Operational Pre-Plan can include CAD drawings and diagrams. More in-depth Operational Considerations, Specific Tactics and other Specialist Information are also included, such as CNI impact potential etc.

Whilst SSRIs give the attending Officer in Charge, information that may make a difference to the Dynamic Risk Assessment on route to a site, Operational Pre-Plans are more suitable to a large scale or serious incident at high or very high-risk sites.

Operational Pre-Plans also assist remote Commanders that are situated in Bronze, Silver (TCG) or Gold (SCG) Command locations.

On Call Stations play an equally important role in the maintenance of Operational Risk Information and Operational Pre-Plans for these purposes.

Assurance of competencies for Operational Risk recording

9. A mandatory training package is located on HFRS online LearnPro system and is accessible to all operational staff including the on-call stations. The training package provides an overview of SSRI data capture and is mandatory for all operational staff, irrelevant of duty system. Completion and recording is required on an annual basis.

Assurances, Oversight and Responsibilities

Station Responsibilities

10. Full time, (fire station-based) Station Managers (SM's) are responsible for the oversight, management and assurance of operational risk and hazard information for their designated (On Call) station areas. They are also accountable for the correct local recording of risk information on the CFRMIS recording software.
 - NB. The same responsibility and process is applied for both full time and on call stations.

Station Managers hold monthly performance management meetings with On Call Watch Management Teams. The Power BI Dashboard is a tool to ensure that SSRI information and subsequent Operational Pre-plans are maintained and up to date.

The Station Managers hold responsibility for performance management and the assurance of Operational Risk is embedded in the daily "Station Manager absolutes" (appendix 3) implemented under the delivery guidance for the Service Delivery Planning Guidance (identified Service Delivery Planning Policy Station Routines1-7).

The responsibilities for the collation of risk information, the subsequent creation of site-specific risk information (SSRI), its recording and review resides with the local (on Call) Watch Manager and Watch Management Team. Approval of the SSRI is the responsibility of the local (full time) Station Manager.

The generation of Operational Pre-Plans, resulting from the collation of risk information and approved SSRI's are the responsibility of the local Station Manager and are in turn approved by the District Group Manager.

Directorate Oversight

Centrally, the Operational Data Team are responsible for the oversight and dissemination of Operational Risk Information to Mobile Data Terminals (MDTs) which are situated on frontline on-call fire appliances.

They also ensure that all SSRI information and Operational Pre-Plans for all risk sites are available to every operational member of staff and administer the database that sequences the review of risk information via Power BI dashboards.

District Assurances

Through monthly District Performance Meetings, local Station Managers are accountable to the District Managers for the performance and quality management of station level Operational Risk Information.

Directorate Assurances

Through monthly Directorate Performance meetings, the District Group Managers are accountable to the Director of Service Delivery for the performance and quality management of district level Operational Risk Information (Power BI dashboard).

Strategic Assurances

Through monthly SLT Performance meetings, the Director of Service Delivery is accountable to the Strategic Management Team for the performance of Service wide PORIS and its review currency.

Strategic Oversight

The Directorate Management Team additionally report weekly into the Strategic Briefing and (by exception) monthly into the SLT Performance Meeting.

Internal Audit

11. To provide independent strategic assurance, an internal audit was commissioned through the GAS Committee during the 2021/22 audit schedule.

TIAA's internal audit review considered the quality assurance of recording processes for Site Specific Risk Information, 72d and Protection activities prior to the transition into a new recording system.

The content of this audit was discussed as an earlier item on the GAS Agenda and returned several learning points for the Directorate that are included alongside a management action plan within the report (appendix 2). TIAA independently returned a conclusion of 'Reasonable assurance' concluding with the following good practice being identified:

A clear schedule of crew visits is maintained and monitored, to ensure that premises with known risks are reviewed on an agreed frequency.

A wide range of validation activities are routinely undertaken to review the quality of risk data from internal and external sources.

Further to TIAA's report, the work with the software development provider; Chameleon has been ceased. The Service are now pursuing the opportunity of alternate arrangements for a new recording system to ensure the long-term progression and improvement of the existing operational risk management arrangements. This work is not anticipated to impact on the current application of PORIS as described in this report and TIAA's internal audit.

STRATEGIC PLAN COMPATIBILITY

12. Strategic Plan Key areas 1.1-1.3 -1.4 -2.1 -2.2 -2.3
Integrated Risk Management Plan 2021-2024

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

13. None resulting from this report

LEGAL IMPLICATIONS

14. Fire and Rescue Services Act 2004
Civil Contingencies Act 2004
Health & Safety at Work Act 1974

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

15. None identified

CORPORATE RISK MANAGEMENT IMPLICATIONS

16. Reasonable Assurance for 2021/22 has been received from the internal audit providers (TIAA), for the quality assurance of recording processes for the Provision of Operational Risk Information Systems. With three important and 3 routine action Points identified.

HEALTH AND SAFETY IMPLICATIONS

17. None resulting from this report

COMMUNICATION ACTIONS ARISING

18. None resulting from this report

DETAILS OF CONSULTATION AND/OR COLLABORATION

19. TIAA internal audit providers.
Service Delivery Directorate Management Teams
Service Delivery Support Management Teams

BACKGROUND PAPERS AVAILABLE FOR ACCESS

20. TIAA Assurance Review of Data Quality – Risk Information

RECOMMENDATIONS RESTATED

21. The GAS committee takes assurance that:
 - The current processes within HFRS for the identification, recording, reviewing and validating of operational risk is robust and aligned with current national fire and rescue service operational guidance.
 - That a consistent approach to managing, processing and using operational risk information is embedded within the Service and this is reflected in Service Policy (appendices 1, 3).
 - The processes for the provision of operational risk information are identical for On Call and Fulltime Staff. Also, that parity of On Call management responsibilities exists (with those of Full-Time staff), that supports ready and available access to timely, accurate and relevant operational risk information.
 - Assurance systems are in place for the Service to ensure the alignment of the management of operational risk information to existing national (best) practises (appendix 3)
 - The 2021/22 TIAA audit report (appendix 2) concluded 'Reasonable Assurance' for the quality assurance of recording processes for Site Specific Risk Information, 7(2)(d) and Protection activities.

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Director Service Delivery

Humberside Fire & Rescue Service
Summergroves Way
Kingston upon Hull

PM/PL

January 2022

Appendix 1. Operational Risk Management (SSRI) Policy
Appendix 2. TIAA. Assurance Review of Data Quality – Risk Information
Appendix 3. Station Manager Absolutes & Watch Manager Absolutes (Standard Delivery
Guidance, Service Delivery Planning Policy 1-7)



HUMBERSIDE FIRE AND RESCUE SERVICE

Service Delivery

Operational Risk Management (SSRI) Policy

Owner	Director of Service Delivery
Responsible Person	Head of Service Delivery (Districts)
Date Written	June 2018
Date of Last Review	November 2021
Date of next review	November 2022
EIA Completed	



What we must
do well



How we support our
communities



We value and support
the people we employ



We efficiently manage
the Service

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1. INTRODUCTION

Humberside Fire & Rescue Service (HFRS) are proactive in identifying, obtaining, assessing, recording, and disseminating operational risk information. Fire station-based Station Managers are responsible for the overall management of operational risk and hazard information within their station areas.

The ICT-Operational Data Team are responsible for disseminating the information to the operational crews on the Mobile Data Terminals (MDTs). A link between the Site-Specific Risk Information (SSRI) document and the relevant address within the mobilising system is created for the risk information to be presented on the MDT at the time of mobilisation. Station Managers, in liaison with the IC Operational Data Team, ensure that appropriate records are established and maintained.

Any Service Personnel should ensure that:

- Any piece of risk information that they are made aware of is accurately recorded via relevant documents/processes.
- Amendments within existing documents are identified and recorded.
- Identify any new risks relevant within the Service Area, including those identified post incident.

‘Timely, Relevant and Accurate’ information is provided to firefighters and operational partners for their safety. The collation, provision, and management of information via external agencies is the responsibility of the ICT Operational Data Team.

Risk Information is split into three categories:

- Commercial Premises
- Domestic Premises
- Information provided from ICT Operational Data Team.

Each category of information has a different process for data gathering, automation and validation.

SSRIs are available to be viewed on MDTs by Operational Crews and on the Service Intelimap for all other Service Personnel. No paper copies should be kept, ensuring validity.

Core Code of Ethics

HFRS has adopted the Core Code of Ethics for Fire and Rescue Services. The Service is committed to the ethical principles of the Code and strives to apply them in all we do, therefore, those principles are reflected in this Policy.

National Guidance

Any National Guidance which has been adopted by HFRS, will be reflected in this Policy.

2. EQUALITY AND INCLUSION

HFRS has a legal responsibility under the Equality Act 2010, and a commitment, to ensure it does not discriminate either directly or indirectly in any of its functions and services nor in its treatment of staff, in relation to race, sex, disability, sexual orientation, age, pregnancy and maternity, religion and belief, gender reassignment or marriage and civil partnership. It also has a duty to make reasonable adjustments for disabled applicants, employees, and service users.

3. AIM AND OBJECTIVES

Aim:

To ensure that efficient and effective strategies are employed to support obtaining and dissemination of Operational Information to relevant stakeholders in support of a safe and effective system of work.

To ensure that the data captured is graded following the principles provided under PORIS.

Objectives:

Provide risk information to operational crews that is *'Timely, Accurate and Relevant'*.

- Provide guidance to crews to complete and maintain SSRI records
- Generate the correct risk rating determined by Severity x Likelihood tables identified in the Fire & Rescue Service Operational Guidance (PORIS)
- Provide the correct pre-determined attendance relevant to risk premises
- Enable the provision of information of an urgent nature to operational crews
- Recognise differences between commercial and domestic risks and effectively deal with each type of risk from capture, audit, and review perspectives
- Obtain information from central sources assist in validation
- To develop and maintain operational pre-plans where appropriate
- Provide information on large scale events taking place in Service area
- Consider including Salvage and/or disaster plans

4. ASSOCIATED DOCUMENTS

- Equality Impact Analysis
- Legal References
 - Section 45 of the Fire Services Act
- National Guidance
 - [National Operational Guidance: Operations](#)

5. 7(2)(d) visits

For the purposes of Section 7(2)(d) inspections, Section 45 of the Fire Services Act covers the powers of entry for the purposes of obtaining information and investigating fires. In summary, any authorised officer may at any reasonable time enter premises for the purpose of obtaining information needed for the discharge of a Fire and Rescue Authority's functions under Section 7, 8 or 9.

Inspections to sites or premises that we deem of interest or present a risk. These visits assist with FRS preplanning and exercising which therefore improves:

- Preparedness
- Fire Fighter Safety
- Reduces Risk

HFRS have requirements to visit sites following certain criteria. The criteria for site visits are explained in Appendix A. Within this list certain types of premises are identified - COMAH Sites, along with CNI sites, and SSSI sites, all of which National Organisations have deemed such premises as significant.

This list is not exhaustive. Some professional judgement will need to be applied when determining whether SSRI creation is required.

Each site is graded according to risk to identify the frequency of reinspection. This grading follows the national guidance rating which is known as PORIS (Provision of Operational Risk Information System). This national guidance document also gives examples of premises types for SSRI data capture.

6. SITE SPECIFIC RISK INFORMATION GRADING – (PORIS)

Risk information will be presented on the MDTs in an 'unapproved' state with an 'unapproved' icon until the completion of the approval process, including the PORIS grading.

Whilst CFRMIS will not accept an incomplete SSRI, the Station Manager has responsibility to quality assure the information provided by the crews, rejecting the SSRI back to the originator if necessary.

The initial grading of the risk is produced on successful completion of the SSRI in CFRMIS. This grading determines the frequency of visits by operational staff and if an Operational Pre-Plan is required.

The Station Manager, with assistance from the Watch Manager, will then determine the final risk rating once all elements of PORIS have been considered:

PORIS has several elements:

- Fire Fighter Risk
- Environmental Risk
- Heritage Risk

- Individual & Societal Risk
- Community Risk
- Economic Risk

Where a premises comes out as a *low fire fighter* risk but has a significant risk in one of the other 5 elements (Environment, Heritage, Individual and Societal, Community, Economic) then the Station Manager must consider if the frequency of visits is adequate for the other risks identified. Justification must be provided as to what the original Fire Fighter Risk score was and why it has been increased, for the risk to take on a new risk level.

[Appendix B](#) shows the Risk Assessment Matrix.

Therefore, as an example, in the justification box it will state 'Fire Fighter Risk comes out at Low but due to the high Environmental Risk the visits will still need to be 6 monthly therefore the Fire Fighter risk is changed to Very High.

The Operational Data team will then ensure that the Management Level on the SSRI is changed to Very High – to ensure the correct icon is displayed on the MDT.

The 'approved' SSRI then goes out onto the MDT.

[Appendix C](#) explains the considerations for PORIS in more detail.

[Appendix D](#) (1-7) provides the descriptors for the Likelihood x Severity tables.

Where the risk of one of the other elements of PORIS poses a significant issue, which would require more visits than proposed, then the risk rating can be raised to accommodate this – if the rationale is recorded. Similarly, where significant premises have been identified nationally (High Rise Premises, COMAH Sites) then these can also be upgraded, and the rationale is also recorded.

The grading also provides the relevant icon colour on the MDT map to assist the OIC on route to the incident.

- Very High: **RED**
- High: **ORANGE**
- Medium: **GREEN**
- Low: **YELLOW**
- Very Low: **WHITE**

7. GUIDANCE SSRI CREATION, REVIEW AND AUDIT

The overall responsibility for creation and reviewing of SSRI information lies with Station based Watch Managers. Watches on each Station currently review SSRIs as identified within the SSRI Targets – Station Level Power BI tool, which is accessible for all Stations.

Watches will create an SSRI if one does not already exist for the risk. Station Managers are responsible for the approval of SSRIs once completed. The SSRI,

once approved, will be subject to a verification timescale based on the level of risk assessed.

Where SSRIs fall into the 'Out of Date' list, justification is recorded by Ops Data and resolutions are discussed at the next Station Manager meeting.

The verification target for each level of risk for all stations, irrelevant of duty systems are:

- Very High: One visit every 6 months
- High: One visit per year
- Medium: One visit every 2 years

All visits to sites must be arranged to the mutual satisfaction of the occupier of the premises and the Officer in Charge.

Desktop Exercises will be carried out by all watches/on call stations, for Very High and High Premises within their station area.

The aim of the desktop exercise is to ensure understanding of what is at the site, the associated risks and hazards, and anything specifically relating to that individual premises.

Desktop exercises will be carried out utilising all types of media. Google Earth etc but also using existing information held within the Organisation. SSRI, Presentations, Ops Pre Plans and NOG is available to everyone and should be used whilst exercising to ensure understanding of the site.

Existing exercises are carried out yearly based on different core skills. Utilising Power BI to identify premises with outstanding visits, alongside the exercise matrix, enables several activities to be completed at once.

This information is recorded in pdrPro under Training Exercises into individuals accounts. The OIC of the exercise will complete the Group Training Instance.

Consideration should be given to visiting/desktop exercising with other stations for familiarisation of risks in different areas of the Service.

In exceptional circumstances, where visits cannot be carried out 'on site' validation of SSRI's can be completed by telephone. The method of validation will be recorded on the SSRI and, as soon as practicable, a site visit will be arranged in order to maintain accurate records.

Lows and Very Lows, depending on the information provided, may suffice with a telephone validation.

Where an existing SSRI requires deleting; due to the company moving to a different location, or the risks associated with that premises are no longer relevant - then a rationale must be provided, when seeking permission from the Station Manager, to delete the document. Deleted documents, along with the rationale are sent to the

ICT-Operational Data Team and are stored within the Operational Data Team in 'Deleted Items' folder.

Where an exercise is carried out by multiple stations, the SSRI is to be updated and therefore the validation timescale will change accordingly.

Business Safety Staff identify new Risk Premises, based on information they receive from Building Control in the Council, meet the criteria for a 7(2)(d) inspection, they will inform the Station and Station Manager to ensure the visit is carried out.

[Appendix E](#) shows the workflow of an SSRI.

8. OVER BORDER RISK SHARING

Risks that are deemed to be High and Very High are shared with our Neighbouring FRSs on the MDTs:

- Nottinghamshire
- South Yorkshire
- North Yorkshire.

These are shared on an annual basis, within a 10k buffer area of the Humberside Boundary.

Lincolnshire Risk Sharing is over a larger area, due to the implementation of a shared mobilising system, Vision 4. Vision 4 uses borderless mobilising where shared data sets are used. As a result, Humberside Crews may go into Lincolnshire's are more frequently and be exposed to more of their risk premises. Further consideration to data sharing will be evaluated once the impact of borderless mobilising has been in use for one year.

Control will provide any neighbouring FRS Resource (Crews or Officers the relevant Risk Information over the radio as soon as the crew comes onto HFRS Radio Scheme.

Risk Information is also available to other Services and Stakeholders by way of Resilience Direct – Very High, High and Medium Risks are stored here. Individual Access can be provided on a one-off basis (incident related), or general access can be provided longer term to our neighbouring FRSs.

9. PRE-DETERMINED ATTENDANCE

The Pre-Determined Attendance (PDA) will be allocated to the SSRI by the Station Managers based on the level of risk, detail on the SSRI and number of personnel required; the PDA will then be updated within the mobilising system.

10. SITE SPECIFIC RISK INFORMATION OF AN URGENT NATURE

Risk Information that becomes available which presents a serious and immediate

threat to Fire Fighters and others can temporarily by-pass the recording systems in place for Risk Capture.

Control Support Team will accept information that fits the criteria, by way of an email: ControlSupport@humbersidefire.gov.uk during Office Hours.

Out of Office Hours this information will need to be provided to Control and backed up with an email to Control Support.

Control will record the information on an incident, create an exclusion zone to highlight that there is information to be shared with Crews. Only on completion of a General Information Page (as a minimum) attached to the address using the Gazetteer Administrator Tool, will the exclusion zone be removed, and the incident closed.

Information provided to either Control or Control Support is only recorded temporarily and therefore must be followed up with either an SSRI or Domestic Form. Any risk information of an urgent nature will be provided to crews en-route, either by way of the turnout instructions or via a radio message.

11. DOMESTIC RISK INFORMATION

Domestic risk information is captured where the risks are beyond what would be expected at that premises and follows the specific audit and review processes dependant on where the data originates.

[Appendix F](#) shows the type of Domestic Risks captured and review periods.

12. CENTRALISED DATA

Centralised data is that which is obtained from central sources, such as local authorities, trading standards, etc. Data obtained in this way negates the requirement for validation and is updated on a yearly basis.

13. OPERATIONAL PRE PLANS INCLUDING REVIEW AND AUDIT

Operational Pre-Plans are *required* for Very High-Risk Premises, and COMAH Sites. High Risk Premises and Low Tier COMAH Sites will be considered for a Pre Plan by the Station Managers who will determine if the premises presents exceptional risk to life, danger to the environment or exceptional risk of fire, including Critical National Infrastructure Sites (CNI).

The Plan will follow the template on the Portal and should cover all areas of Operational Need, following a suitable and sufficient site survey (SSRI).

In the case of Very-High and High risk Premises and Low Tier COMAH sites that are identified as not requiring an Operational Risk Pre Plan, the rationale for the decision will be recorded with Operation Risk Group.

Details added into the Pre-Plan can include CAD Drawings and diagrams where

necessary, in-depth Operational Considerations, Specific Tactics and other Specialist Information.

Whilst SSRIs give any OIC information that may make a difference to the Dynamic Risk Assessment on route to a site, Operational Pre Plans are more suitable to a large scale or serious incident at the Site. This is also available to assist with remote Commanders that are situated in Bronze, Silver or Gold Command locations.

Consideration will be given to discuss the Pre Plan of any COMAH sites with the Civil Protection Manager.

A new pre-plan will be created in the initial instance by the Station Manager with final approval coming from Service Delivery Group Manager. A pre-plan can only be uploaded onto the MDT by way of an SSRI. An SSRI must be completed for any premises that requires a Pre-Plan.

An existing operational pre-plan will be amended by the Watch Manager allocated to the document and forwarded to the Station Manager who will approve the document. The document will then be attached to the SSRI and presented on the MDT and will be amended annually or unless otherwise required.

[Appendix G](#) shows the workflow for new operational pre-plans approval.

14. MAINTAIN COMPETENCE FOR COMPLETION OF RECORDS

A training package is located on LearnPro. It is located as a link on the portal in quick links/external systems or through pdrPro. The training package provides an overview of SSRI data capture is mandatory for all Operational Staff to complete on an annual basis. SSRIs will require completing as either 'Scheduled'; which is a pre-existing SSRI that needs validating/updating, or 'Unscheduled' which should be used for a new risk.

15. EVENTS PRE PLANS

Regular Events that have a significant impact on Fire & Rescue resources are disseminated throughout the organisation using the NFCC Temporary Tactical Response Plan Template with a Control Event Sheet is also to be completed to assist Control. The criteria for completing these documents are based on completion of the NFCC event assessment matrix.

[Appendix H](#) – Control Event Front Sheet

If anyone requires any further guidance/information relating to this document, please contact the Operational Data Team

APPENDIX A: Types of Premises/Structures requiring SSRI

Complex Buildings

Large Buildings

Buildings where Fire Fighting facilities are provided

Buildings or Sites containing special hazards, such as chemical, radiological, biological, flammable, or explosive materials or processes

Sites with high risk to life including crowded places and transport infrastructure

Sites with a high risk to fire fighters

Sites with high risk to heritage, the environment, the community, critical national infrastructure, or buildings of exceptional value or sole supplier/employer

Buildings where the fire safety management is poor and the built-in fire safety facilities may not be effective

Buildings that include a form or element of construction known to perform poorly in fires

Buildings or site in a location with a high incidence of arson and deliberate fire setting

Large structures such as ships, gas/oil rigs, bridges etc

Natural Environment: Sites of Special Interest, Forest, Beaches (area of shifting sinking sand), flood plains, cliffs, caves etc

Road and Motorway interchanges, tunnels, bridges, other structures, etc

Transportation, - Aircraft, Railways, Shipping, Vehicle Data, etc,

Temporary structures – pallets, fridges, mountains, etc

Temporary and Mobile structures and/or events

Areas where potential civil disturbances may occur

APPENDIX B: Risk Assessment Matrix

Likelihood	Probable	5	Low	Medium	High	Very High	Very High
	Possible	4	Low	Medium	High	High	Very High
	Unlikely	3	Very Low	Low	Medium	High	High
	Very Unlikely	2	Very Low	Very Low	Low	Medium	Medium
	Negligible	1	Very Low	Very Low	Low	Low	Low
			1	2	3	4	5
			Insignificant	Minor	Moderate	Significant	Catastrophic
			SEVERITY				

APPENDIX C: PORIS Considerations

Firefighter Safety

The direct impact on the safety of firefighters (or other emergency responders working under the direction of the Fire and Rescue Service) who may be affected. Encompassing fatalities, injuries, illness, or damage to health.

Individual and Societal

The personal safety of persons other than firefighters, or other emergency responders working under the direction of the Fire and Rescue Service, who may be directly affected (fatalities, injuries, illness, or damage to health) or indirectly affected because of the strain on the health service.

Environment

The consequences from an onsite event which would result in contamination or pollution of land, water or air with harmful biological/chemical/radioactive matter or oil, flooding, disruption or destruction of plant or animal life.

Community

Encompassing the social consequences of an event, including the availability of social welfare provision: disruption of facilities for transport; damage to property; disruption of the supply of money, food, water, energy, or fuel; disruption of an electronic or other system of communication; homelessness, evacuation, avoidance of behaviour; public disorder due to anger, fear and/or lack of trust in authorities.

Heritage

Recognition of the value placed by society on the site's cultural and historic presence as part of the fabric of the national and local community. Encompassing where possible the net economic cost, including both direct (e.g. loss of artefacts, goods, buildings, structures etc) and indirect (loss of business and tourism etc) costs.

Economic and other

Encompassing the net economic cost, including both direct (e.g. loss of goods, buildings, infrastructure) and indirect (loss of business, increased demand for public services) costs. Also, risks, other than those identified in the remaining risk groups (see above), listed that are judged of importance to the national or local economy.

APPENDIX D(1): Likelihood Table

Level	Descriptor
Probable	Intelligence from national or local fire statistics, or partner organisations, indicate that a significant number of fires or other emergencies/problems have occurred in these types of premises, in the previous five years that have required Fire & Rescue Service attendance. Local statistics or knowledge indicates that malicious fire setting is a problem in this area. Levels of fire safety management, maintenance or security of the premises/site are very poor. Specific aspects of construction, occupancy, use or contents give rise for serious concern.
Possible	Intelligence from national or local fire statistics, or partner organisations, indicate that a significant number of fires or other emergencies/problems have occurred in these types of premises that have required Fire and Rescue Service attendance. Levels of fire safety management, maintenance or security of the premises/site are poor. Specific aspects of construction, occupancy, use, or contents give rise for concern.
Unlikely	Intelligence from fire statistics or partner organisations indicate that there is little evidence of fires or other emergencies/problems within similar sites or occupancies elsewhere within this area, or nationally/internationally, during the last ten years. There is some Evidence/indication of appropriate levels of fire safety management, maintenance, and security of premises/site.
Very Unlikely	Intelligence from fire statistics or partner organisations would indicate that there is little evidence of fires or other emergencies/problems within similar sites or occupancies elsewhere within the area or nationally/internationally during the last ten years. There is good evidence of appropriate levels of fire safety management, maintenance, and security of the premises/site. There are no aspects of construction, occupancy, use or contents that give rise for concern.
Negligible	Intelligence from fire statistics or partner organisations would indicate that there is little evidence of fires or other emergencies /problems within similar sites or occupancies elsewhere within the area or nationally/internationally during the last ten years. There are excellent levels of fire safety management, maintenance, and security of the premises/site. There are no aspects of construction, occupancy, use or contents that give rise for concern.

APPENDIX D(2): Fire Fighter severity life/health

Level	Severity	Considerations and risk controls
Catastrophic	Exposure to hazards could result in very large numbers of emergency responders being impacted with significant number of fatalities, large number of personnel requiring hospitalisation with serious injuries with long term effects.	Most responders will be unfamiliar with the site and/or the complex and/or unique risk controls in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Significant	Exposure to hazards could result in a significant number of emergency responders being impacted with one or more fatalities, multiple serious or extensive injuries and significant numbers requiring hospitalisation.	Most responders will be familiar with the site and/or the complex and/or unique risk controls required in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Moderate	Exposure to hazard resulting in death or serious injury is unlikely but could result in emergency responder's impacted requiring medical treatment and hospitalisation.	Mainly National Operational Guidance documents and/or Generic Risk Assessments with the possibility of some additional risk controls with which most responders will be familiar to prevent exposure.
Minor	Exposure to hazards resulting in death or serious injury is unlikely but could result in less serious minor injuries requiring first aid treatment.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Insignificant	Exposure to hazard resulting in injury is unlikely.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk assessments required to prevent exposure.

APPENDIX D(3): Individual and societal severity life/health risk

Level	Severity	Considerations and risk controls
Catastrophic	Very large numbers of people in affected area (s) impacted with significant number of fatalities, large number of people requiring hospitalisation with serious injuries with long term effects	Most responder will be unfamiliar with the site and/or the complex and/or unique risk controls in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Significant	Significant number of people in affected area impacted with multiple fatalities, multiple serious or extensive injuries, significant hospitalisation, and activation of the Major Incident Response procedures across a number of hospitals.	Most responders will be familiar with the site and/or the complex and/or unique risk controls required in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Moderate	One or two fatalities or a single-family group of fatalities with some casualties requiring hospitalisation and medical treatment and activation of Major Incident Response procedures alert notification system procedures in one or more hospitals.	Mainly National Operational Guidance documents and/or Generic Risk Assessments along with the possibility of some additional risk controls with which most responders will be familiar to prevent exposure.
Minor	Small number of people affected, no fatalities and a small number of minor injuries with first aid treatment.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Insignificant	Insignificant number of injuries or impact on health.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.

APPENDIX D(4): Environment Severity

Level	Severity	Considerations and Risk Controls
Catastrophic	Serious long-term impact on environment and/or permanent damage.	Most responders will be unfamiliar with the site and/or the complex and/or unique risk controls in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Significant	Significant impact on environment with medium to long-term effects.	Most responders will be familiar with the site and/or the complex and/or unique risk controls required in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Moderate	Limited impact on environment with short term or long-term effects.	Mainly National Operational Guidance documents and/or Generic Risk Assessments with the possibility of some additional risk controls with which most responders will be familiar to prevent exposure.
Minor	Minor impact on environment with no lasting effects.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Insignificant	Insignificant effect on environment with short term or long-term effects.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.

APPENDIX D(5): Community/Social Severity

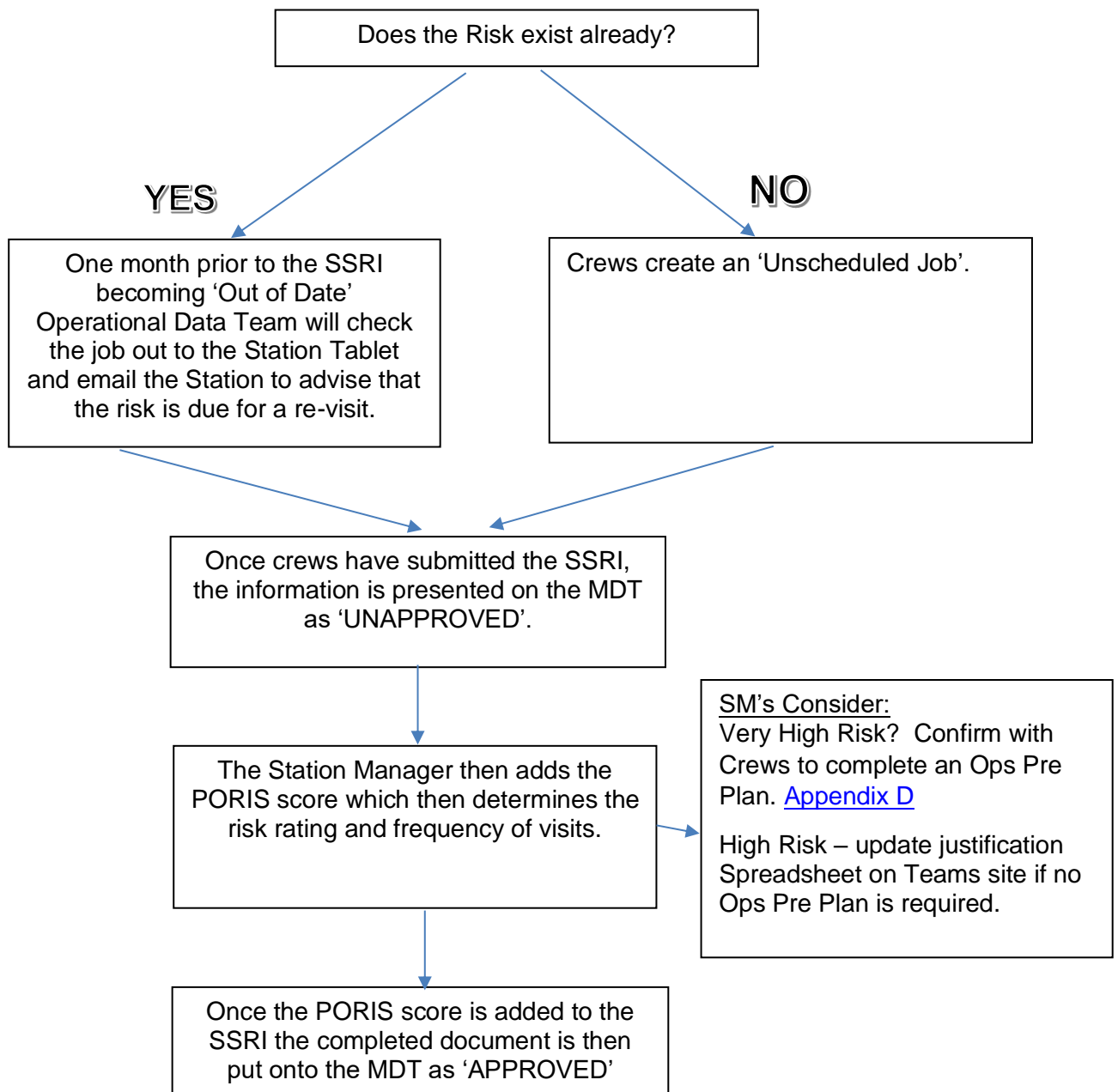
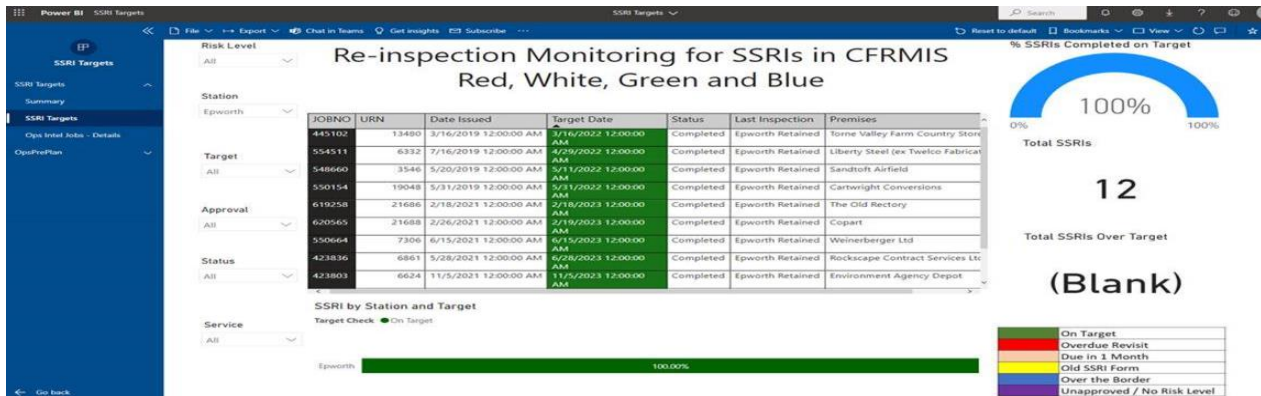
Level	Severity	Consideration and risk controls
Catastrophic	Extensive damage to properties and build environment in affected area requiring major demolition. General and widespread displacement of more than 500 people for prolonged duration and extensive personal support required. Serious damage to infrastructure causing significant disruption to or loss of key services for prolonged period. Community unable to function without significant support.	Most responders will be unfamiliar with the site and/or the complex and/or unique risk controls in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Significant	Significant damage that requires support for local responders with external resources. 100-500 people in danger and displaces for longer than one week. Local responders require external resources to deliver personal support. Significant impact on and possible breakdown of delivery of some local community services.	Most responders will be familiar with the site and/or the complex and/or unique risk controls required in addition to the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Moderate	Damage that is confined to a specific location, or a number of locations but requires additional resources, localised disruption of <100 people for 1-3 days. Localised disruption to infrastructure and community services.	Mainly National Operational Guidance documents and/or Generic Risk Assessments with the possibility of some additional risk controls with which most responders will be familiar to prevent exposure.
Minor	Minor damage to properties, minor displacement of a small number of people for <24hours and minor personal support required. Minor localised disruption to community services or infrastructure for <24 hours.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.
Insignificant	Insignificant number of persons displaced, and insignificant personal support required, insignificant disruption to community services including transport services and infrastructure.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments required to prevent exposure.

APPENDIX D(6): Heritage Severity

Level	Severity	Considerations and risk controls
Catastrophic	Where there is potential total loss/damage of a historical structure and/or content(s) or site of Special Scientific Interest with national significance that can have a serious economic and/or social impact on the community either locally, regionally, nationally or in some cases internationally. With some long-term potential permanent impact and loss with extensive clean up and recovery costs.	Most responders will be unfamiliar with the site and/or the complex and/or unique risk controls in addition to the National Operational Guidance documents and/or Generic Risk Assessments and salvage arrangements required to prevent exposure.
Significant	Where there is a potential of a significant loss/damage of an historical structure and/or content(s) or a site of special Scientific interest with national significance that can have a significant economic and/or social impact on the community either locally, regionally, nationally or in some cases internationally. With significant potential long term impact and loss with extensive clean up and recovery costs.	Most responders will be familiar with the site and/or the complex and/or unique risk controls required in addition to the National Operational Guidance documents and/or Generic Risk Assessments and salvage arrangements required to prevent exposure.
Moderate	Where there is a potential of limited loss of a historical structure and/or content(s) or a site of special scientific interest with national significance that can have an economic and/or social impact on the community either locally, regionally or in some cases nationally. With a potential long term impact and loss with limited clean up and recovery costs.	Mainly National Operational Guidance documents and/or Generic Risk Assessments and salvage arrangements with the possibility of some additional risk controls with which most responders will be familiar to prevent exposure.
Minor	Where there is a potential of loss to part of a historic structure and/or content(s) or site of special scientific interest with national significance that can have an economic and/or social impact on the community either locally, regionally, or in some cases nationally. With a potential short-term impact and loss with small clean up and recovery costs.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments and salvage arrangements required to prevent exposure.
Insignificant	Insignificant potential impact on structure and content(s) or site of special scientific interest with national significance and therefore no impact on the community.	Most responders will be familiar with the National Operational Guidance documents and/or Generic Risk Assessments and salvage arrangements required to prevent exposure.

APPENDIX E: Workflow of an SSRI

Utilise POWERBI to determine your risks



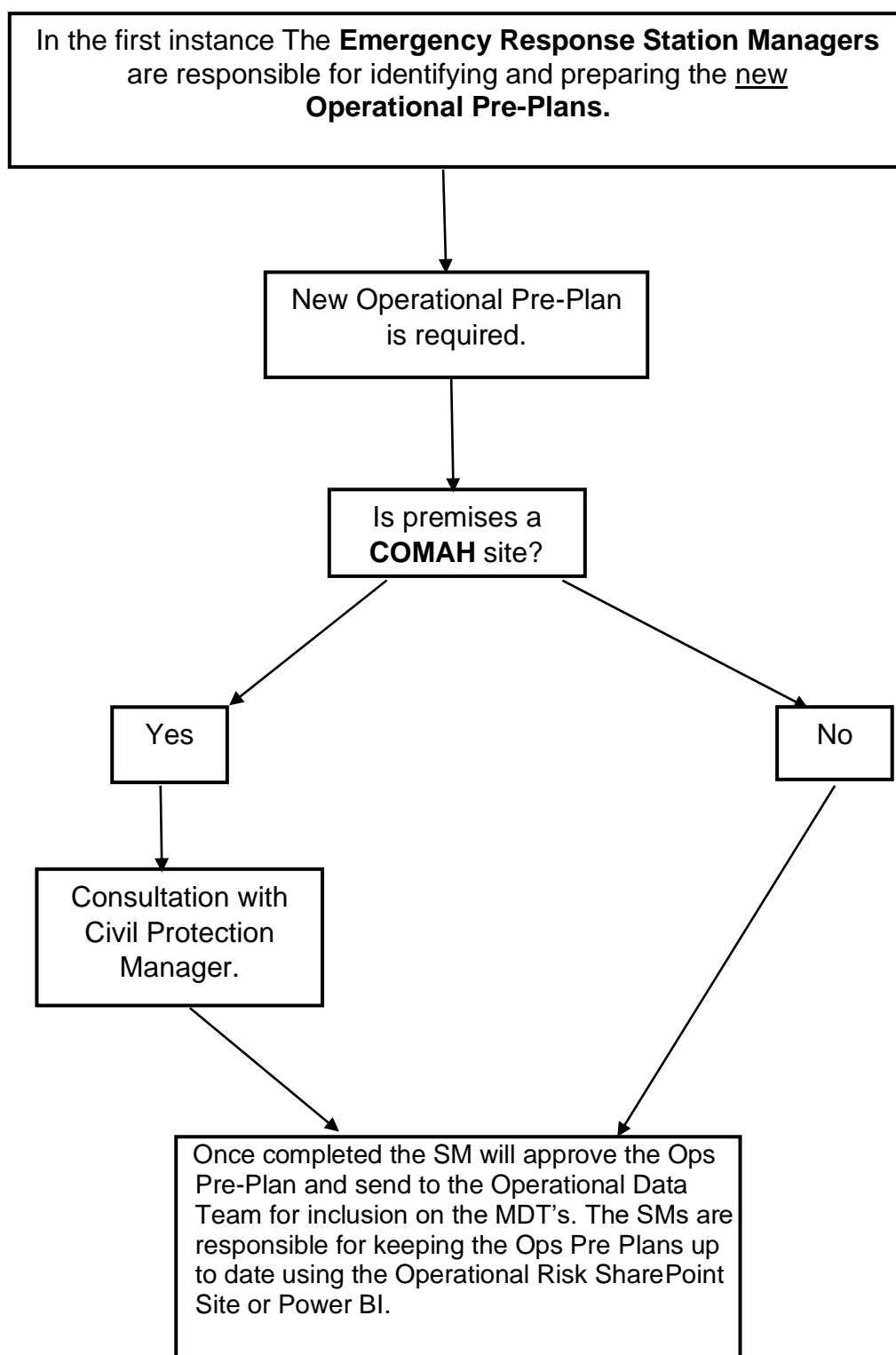
APPENDIX F: Domestic Risk Information and Review Dates

Type of Vulnerability	Rationale	Validated by	Timeframe
Keysafe	Provide info to crews to assist in gaining entry quickly and safely.	No requirement to validate as Crews will do this when they attend. (Unless occupier changes).	NA
Immobile	Information provided to crews due to possible persons at any fire at the address	Public Safety	12 monthly
Firesetter	Potential arsonist	<u>Public Safety</u>	<u>12 monthly</u>
At Risk of Arson	<u>Potential for fires at the address and Arson Investigation. Assists police with investigations</u>	<u>Public Safety</u>	<u>6 monthly</u>
Suspected Arsonist	<u>Potential for incidents in area of this Subject. Any links to subject that can be confirmed assist with Police investigation</u>	<u>Public Safety</u>	<u>6 monthly</u>
Convicted Arsonist	<u>Potential for incidents in area of this subject and further evidence for Police</u>	<u>Public Safety</u>	<u>6 Monthly</u>
Risk to staff– No females	<u>Potential for attacks on Staff.</u>	<u>Public Safety</u>	<u>12 months</u>
Risk to Staff – No lone males	<u>Potential for attacks on Staff</u>	<u>Public Safety</u>	<u>12 monthly</u>
Risk to Staff – Animals Present (Guard Dogs and not domestic pets)	<u>Potential for attacks on Staff</u>	<u>Public Safety</u>	<u>12 monthly</u>
Risks to Staff – Weapons Present (and Aggressive) together!	<u>Where a Subject has weapons AND is aggressive this poses is threat to Staff, rather than just weapons alone.</u>	<u>Public Safety</u>	<u>12 Monthly</u>

Risks to Staff – discarded sharps	<u>Potential for injury to Staff</u>	<u>Public Safety</u>	<u>12 monthly</u>
Fire Loading Hoarding	<u>Potential for Risk to FF – access and egress issues</u>	<u>Public Safety</u>	<u>12 monthly</u>
Oxygen User	<u>Information provided by Baywater on a new and removed basis</u>	<u>Ops Data from Base Layer Data Set</u>	<u>Full Validation of base data every 12 months</u>
Oxygen User	<u>Information provided by Crews</u>	<u>Public Safety</u>	<u>12 monthly</u>
Oxygen User Piped	<u>Information provided by Crews</u>	<u>Ops Data</u>	<u>12 monthly</u>
Dynamic Air Flow Mattress	<u>Information provided by NRS Healthcare on a new and removed basis</u>	<u>Ops Data from Base Layer Data Set</u>	<u>Full validation of database every 12 months by Company</u>
Bariatric	<u>Information provided by Crews at present. Unable to get info from Public Health providers.</u>	<u>Ops Data</u>	<u>Remove after 12 months</u> <u>Or needs validating</u>
Domestic Sprinklers	<u>Information provided by Crews at present.</u>	<u>Ops Data</u>	<u>Remove after 12 months</u> <u>Or needs validating</u>
Acetylene	<u>Poses a potential risk to FF. Specific NOG processes to deal with these types of incidents. Comes directly to Ops Data from crews</u>	<u>Ops Data</u>	<u>12 monthly</u>
Ammonium Nitrate	<u>Poses a potential risk to FF. Comes via Public Health England</u>	<u>Ops Data</u>	<u>12 monthly</u>

Asbestos	<u>Poses a potential hazard to FF.</u> <u>Comes via Council Databases</u>	<u>Ops Data</u>	<u>12 monthly</u>
Visible Asbestos	<u>Poses a potential hazard to FF.</u> <u>Comes via crews</u>	<u>Ops Data</u>	<u>12 monthly</u>
Building Conditions	<u>Poses a potential hazard to FF</u>	<u>Ops Data</u>	<u>12 monthly</u>
Fireworks	<u>Poses a potential hazard to FF – comes from Crews</u>	<u>Ops Data</u>	<u>12 monthly</u>
Fireworks	<u>Poses a potential hazard to FF.</u> <u>Comes from Council(ex-Trading Standards)</u>	<u>Ops Data</u>	<u>12 monthly (Late September)</u>
LPG	<u>Poses a potential hazard to FF</u> <u>comes from crews direct to Ops Data</u>	<u>Ops Data</u>	<u>12 monthly</u>
LPG Heaters	<u>Poses a potential hazard to FF</u> <u>comes from crews direct to Ops Data</u>	<u>Ops Data</u>	<u>12 monthly</u>
Smoke Cloak	<u>Poses the potential for multiple calls to premises</u>	<u>Ops Data</u>	<u>Consider leaving this on indefinitely.</u> <u>Companies don't uninstall when they move out</u>
Other	<u>The opportunity to record anything else that is determined valid by Ops Data Team is recorded here that isn't recognised on the list on the domestic form.</u>	<u>Ops Data</u>	<u>12 monthly</u>
Over Border Information	<u>Risk information provided by Neighbouring Brigades within 10k buffer area (20k for Lincs) Very High and High SSRI's only</u>	<u>Ops Data</u>	<u>12 monthly</u>

APPENDIX G: Operational Pre Plan Workflow



APPENDIX H: Control Event Front Sheet



HUMBERSIDE
Fire & Rescue Service

Event	
Date	
Time	
Location/Venue	
HFRS Point of contact	

Response

PDA – Fire	
PDA – Special Service	
PDA – Event Specific	
Standby Arrangements	
Access Restrictions	
Rendezvous Point	
Control to liaise with Bronze/Silver prior to mobilising	YES / NO

Designated Officers

Gold Command	
Silver Command	
Bronze Command	



Internal Audit







FINAL

Humberside Fire & Rescue Service

Assurance Review of Data Quality – Risk Information Enforcement

2021/22

Executive Summary

OVERALL ASSESSMENT	KEY STRATEGIC FINDINGS											
<div><div><div>Adequate & effective governance, risk and control processes</div><div>REASONABLE ASSURANCE</div></div><div><div>SUBSTANTIAL ASSURANCE</div><div>REASONABLE ASSURANCE</div><div>LIMITED ASSURANCE</div><div>NO ASSURANCE</div></div></div>	<div><div><div></div><div>The Operational Risk Management Policy provides direction, but the process was not always found to comply with its requirements.</div></div><div><div></div><div>Crew Risk visits are generally undertaken within the required frequency and monitored via a Dashboard. Station Manager approval of findings is not always timely.</div></div><div><div></div><div>Where it is decided that a High Risk location does not required an Operational Pre-Plan, evidence of the justification is not always held on file.</div></div><div><div></div><div>Procedures for validation and review of data are highly dependent on one individual, who is currently a single point of failure in some areas.</div></div></div>											
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	GOOD PRACTICE IDENTIFIED											
<div>Included in approved Audit plan</div>	<div><div><div></div><div>A clear schedule of crew visits is maintained and monitored, to ensure that premises with known risks are reviewed on an agreed frequency.</div></div><div><div></div><div>A wide range of validation activities are routinely undertaken to review the quality of risk data from internal and external sources.</div></div></div>											
SCOPE	ACTION POINTS											
<div>The review considered the quality assurance of recording processes for Site Specific Risk Information, 72d and Protection activities prior to the transition into a new recording system.</div>	<table><tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr><tr><td>0</td><td>3</td><td>3</td><td>0</td></tr></table>				Urgent	Important	Routine	Operational	0	3	3	0
Urgent	Important	Routine	Operational									
0	3	3	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 Policy requires that Station Managers (SMs) quality assure SSRI details provided by crews and approve this within the system. This is supported by the Station Manager Absolutes, which include Risk as one of the key daily areas for SM review.</p> <p>At the time of the audit, details of a total of 67 Site-Specific Risk Information (SSRI) visits completed by crews had not been approved by Station Managers. 43 of these had been waiting for over a month since submission and 16 for over three months. The oldest unapproved information dated back to 2019.</p> <p>It should be noted that any risks identified when completing a visit are immediately visible to crews on their mobile data terminals (MDTs) as unapproved information and would be available in the event of an incident. Nevertheless, the Policy does stress the importance of SM review as a key quality control measure.</p>	Outstanding Station Manager approvals for SSRIs be completed as soon as possible.	2	<p><i>Station Performance dashboards (since August 2021) identify outstanding SSRI's. Station Manager 'absolutes' account for operational risk information as daily tasks. Dashboards have been amended to highlight priority validations and identify overdue premises.</i></p> <p><i>A recent turnover of SM post holders has introduced a temporary lag in the completion of validations. Monthly Directorate Performance days examine the quality assurance of the Provision of Operational Risk Information.</i></p> <p><i>The Control Support WM monitors and highlights any outstanding visits/validations, writing to District Managers to ensure rapid resolution.</i></p>	15/12/21	GM Control/WM Operational Risk

2	Directed	<p>Operational Pre-Plans are required for all premises assessed as Very High Risk. Sample audit testing found all to be compliant, having the Pre-Plan in place.</p> <p>The policy requires that High Risk premises will be considered for a Pre-Plan. Two High Risk premises reviewed during audit testing did not have a Pre-Plan in place and there was no record confirming that this had been given due consideration, or the reasons why it was determined that the Pre-Plan was not required. It was then determined that there are 50 High Risk premises in total without Pre-Plans and with no justification recorded. Although Pre-Plans for High Risk premises are not mandatory, it was confirmed that a tracker is maintained for Station Managers to confirm the reason for not having one in place, so that this is on file in case of future incidents.</p>	<p>All High Risk premises without an Operational Pre-Plan be reviewed to confirm that the Pre-Plan is not required. The justification for not requiring a Pre-Plan should be documented.</p>	2	<p><i>Difficulties in running cross referencing 'SQL' queries across separate databases has provided a gap in the quality assurance of mechanisms that ensure that all identified high and very high-risk premises have a current and a centrally held Operational Preplan. A recent turnover of SM post holders has also impacted upon the locally held knowledge of the currency of Operational Pre plans</i></p> <p><i>Work to rectify the highlighted gaps has been completed and a list of premises and Operational Preplans deficiencies has been tasked out to districts for rectification. Service Policy will be amended to ensure that if a site does not require an Operational Preplan, that rationales and Officer determinations are captured and also that the sites are monitored for a change in use/risk that might warrant an Operational Preplan to be developed.</i></p> <p><i>The Control Support WM monitors and reports deficiencies to District Managers to ensure rapid resolution to any emergent gaps.</i></p>	15/12/21	Service Delivery Managers/W M Operational Risk
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Delivery	<p>The vast majority of data validation work on SSRI data held within HFRS systems is co-ordinated by one single member of Control Support staff, who may be a single point of failure. Although the Power BI Dashboard allows a wide range of staff the capability to run these reports and examine data relating to their own stations, it was noted that many staff are relatively inexperienced in this role and require time to fully understand the details of these validation routines.</p> <p>It was further noted that the individual co-ordinating this activity works in a different directorate from many of the other staff involved in the process, restricting the ability to influence how work is managed across different teams.</p>	The specific responsibilities and procedures relating to the co-ordination of activity in this area be documented and scheduled. Opportunities to bring together staff from different areas who are involved in this work should be explored, to facilitate cross-training and prioritisation of activity and to reduce reliance on one individual.	2	<p><i>The Control Support WM holds the majority of corporate knowledge and management oversight for the administration of operational risk provision. Work has commenced through the channel of a 'Power BI' dashboard to spread the knowledge of operational risk status throughout the organisation (from operational crews through to strategic leaders) and provide a visible daily reporting system on the status of operational intelligence.</i></p> <p><i>The Control SM and responsible NEL District Manager are exploring restructure options to connect the work under a Risk and Intelligence team providing a replication of skillsets across staff working on the risk information process. An interim solution is the provision of a process flow chart to provide line of sight in risk mapping processes. Resolve by early 2022 due to implementation date of Prevention and Protection Review.</i></p>	01/02/22	GM/SM Control/Head of Prevention

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Directed	<p>Risk data is obtained from a number of internal and external sources. An extensive and continuous programme of revalidation takes place, with the aim of re-confirming historical data, identifying new risks and removing any information that is no longer relevant. Evidence was reviewed of significant progress over the last two years in increasing the proportion of fully validated data, but some gaps do remain, including information from ambulance services, some Health and Safety Executive information and COSHH records.</p> <p>It is noted that, given the volume of data and sources, it may not be a realistic aim to have all data fully updated at all times. Management also noted that HFRS retains a larger volume of data than some other FRS and there may be limited value in some of the information held on file.</p>	Work be continued to identify, obtain and validate the external Risk data from external sources, for all categories of information that are assessed as still of value to be retained for crew safety.	3	<p><i>Work to validate and sanitise operational risk data sets is ongoing utilising Service Delivery frontline staff. This work has the aim of validating the existing risks we hold and recovering the data backlog from a recently discovered ICT (mail server) system failure.</i></p> <p><i>The introduction of a new ICT system (Chameleon) will both streamline risk administration processes and maintain validations correctly. This opportunity is being utilised to align datasets with those recommended by National Operational Guidance. Beta version Roll out commencing December 2021.</i></p>	01/12/21	GM Control/WM Operational Risk

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Directed	<p>National Operational Guidance is updated regularly and sometimes these updates will require changes to operational risk data, e.g. a recent change to the number of stories in high-rises that would prompt specific action. The Operational Data team has a strong working relationship with the NOG team and attend meetings where significant updates are discussed so that these can be included into Risk data processes.</p> <p>The NOG specifies a number of requirements for the maintenance of Site-Specific Risk Information (SSRIs), including site visits, relationships with external data providers, templates for recording information, quality assurance, IT systems, communication and training. It was confirmed that some minor elements of NOG, such as the specific content of SSRI site visit templates, are not able to be incorporated into the current system, CFRMIS, but should be available into the new Chameleon system. There is no current date for the launch of this new system.</p> <p>Management stressed that the areas of non-compliance are limited and are not risk-critical for crews.</p>	All NOG requirements relating to SSRIs be incorporated into the new Chameleon system when this goes live, so that the Service is fully compliant with the latest guidance.	3	<i>The opportunity of the new ICT system (Chameleon) will fulfil National Operational Guidance Standards requirements including new SSRI forms to enhance risk information systems on Bodies of Water, Flooding, Sites of Special Scientific Interest, Transport, Tunnels and Underground Structures, Utilities and Fuel and Wildfires.</i>	01/04/22	GM Control/Head of Prevention/W M Operational Risk

Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Directed	<p>It was confirmed that validation of information relating to domestic properties, collected by Public Safety Advocates, is ongoing and that 341 outdated data items remained at the time of the audit (indicated by a Z4 reference in Power BI). These cases require checking as to whether the risk remains, so that it is either confirmed as valid or should be removed so that crews do not have to take account of a non-existent issue.</p> <p>The Operational Risk team confirmed that the figure of 341 is considerably lower than a year ago following sustained efforts to work through the backlog.</p>	The remaining outdated Public Safety Risk data items (Z4s) be reviewed as soon as possible and either confirmed as valid or removed as no longer relevant.	3	<i>Public Safety Teams (Service Delivery) are working through the out-of-date risk lists. Other areas of recovery work are ongoing through Control (working through Customer Contact Records) to release capacity for the Public Safety Team to concentrate on reviewing Z4 Public Safety risk data (domestic and other risk).</i>	01/04/22	SM Control/WM Operational Risk/Head of Prevention

Operational - Effectiveness Matter (OEM) Action Plan

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

Findings



Directed Risk:

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

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	Governance Framework	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	Partially in place	4 & 5	-
RM	Risk Mitigation	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	Compliance	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	1, 2 & 6	-

Other Findings



A clear process is in place for crews to collect SSRI information from periodic visits to business premises. Crews are required to confirm whether a series of risks are present. The findings are then made available for crews to access in future via their mobile data terminals (MDTs), so that they are fully informed of operational risks.



A daily process is in place for the scheduling of Risk visits by firefighters. Power BI alerts the Operational Risk team of any premises due for a visit within the following month. These visits are duly assigned to a watch, so that they appear on their list of required visits to be scheduled. If a visit goes overdue, this is flagged on Power BI for the Station Manager to follow up and ensure that this is done as soon as possible.



A Risk-Based inspection Programme is in place, which ensures that all business premises are visited periodically, according to their risk profile. Where premises do not currently have an SSRI in place, this provides the opportunity for new risks to be identified and the premises to be added to the schedule of full SSRI visits.



Training is in place for crews via a mandatory annual e-learning package on SSRI processes. Station Managers have received a dedicated training session on their role in the approval process and the completion of associated activity such as risk assessment and Operational Pre-Plans.

Other Findings



Regular monthly validation processes are undertaken to review and cross reference data, identify invalid or unexpected combinations and allow for these to be investigated or corrected.

The approach to review, update or delete historical data is agreed at Group Manager level, in order to balance the need to document all risks, while avoiding issues with having risks recorded that are no longer relevant.

It was noted that management and the Operational Risk team frequently consider new ways to review data to identify possible further improvements, such as a recent exercise to compare the risk assessments of all hospitals within the Service area. It is hoped that similar exercises will follow with other types of premises.



It is noted that work is ongoing to move from CFRMIS to the new Chameleon system in the coming months. Given the large volumes of data involved, the importance of the data and the amount of ongoing validation work, it will be important that the transfer of data between systems is done in a way that maintains the integrity of all validated data and does not allow invalid data to be moved across. Procedures for the new system should also take account of requirements for workflows, validation, data imports and reporting.



A sample of 20 SSRI inspections were examined and compared against the information in Power BI and Intellimap. Key data fields were all found to match and all inspections were found to have been carried out within the required timeframes.



Delivery Risk:

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

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
PM	Performance Monitoring	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	In place	-	-
FC	Financial Constraint	The process operates within the agreed financial budget for the year.	In place	-	-
R	Resilience	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Partially in place	3	-

Other Findings



Performance is monitored in real time via the Power BI dashboard, with updates and current statistics provided to Operational Risk meetings with District Managers and Station Managers. It was confirmed that, wherever possible, live data from the Dashboard is used within these meetings.



Investment has taken place in systems to manage and monitor Risk data. The Chameleon system is due to replace CFRMIS in the coming months and the Power BI Dashboards have been developed to provide oversight of the current status of data held on file.

Scope and Limitations of the Review

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

Disclaimer

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

Effectiveness of arrangements

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

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

Assurance Assessment

4. The definitions of the assurance assessments are:

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

Acknowledgement

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

Release of Report

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

Stage	Issued	Response Received
Audit Planning Memorandum:	8 th September 2021	24 th September 2021
Draft Report:	3 rd November 2021	19 th November 2021
Final Report:	22 nd November 2021	

AUDIT PLANNING MEMORANDUM

Appendix B



Client:	Humberside Fire & Rescue		
Review:	Data Quality – Risk Information Enforcement		
Type of Review:	Assurance	Audit Lead:	Stuart Whittingham


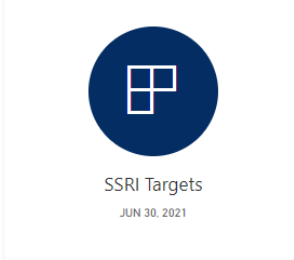
Outline scope (per Annual Plan):	The review considers the quality assurance of recording processes for RBIP, 72d and protection activities including transition into new recording system
Detailed scope will consider:	<p>The review will set out to provide assurance to the Governance, Audit and Scrutiny Committee that adequate arrangements are in place to ensure the quality and accuracy of risk data relating to Site Specific Risk Information (SSRI) and 72d protection work.</p> <ul style="list-style-type: none"> • Data sources used to inform SSRI and 72d are appropriate and approved by management. • Processes for uploading and importing data for use by the Service are robust, include appropriate checks and avoid the corruption of information. • Processes for the manipulation and reporting of data within internal systems are adequate and produce reliable outputs to inform SSRI and the risk-based inspection programme. • The Service has considered the risks associated with data quality and appropriate mitigating controls are identified and operated. • Performance is monitored appropriately by senior management and the Authority.


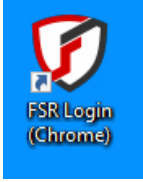

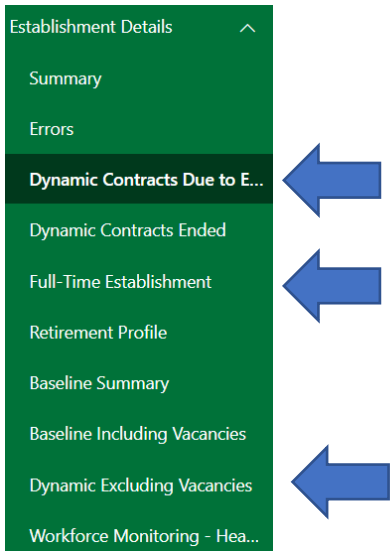
Planned Start Date:	11/10/2021	Exit Meeting Date:	25/10/2021	Exit Meeting to be held with:	Service Delivery Manager (NE Lincolnshire)
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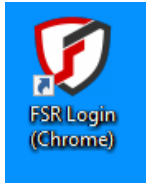
SELF ASSESSMENT RESPONSE



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



<p>Absolute Firefighter Competence</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • Mandatory E Learning • Core Skills • MPD • Exercise completion <p>Interdependent issues</p> <ul style="list-style-type: none"> • IDP management <ul style="list-style-type: none"> ○ ICS ○ BA • Promotion IDP • TFFP management and QA 	<p>Monitoring solution Service Level Performance Application</p>  <p>Service Level Performance</p> <p>App</p> <p>Competency Application</p>  <p>Competency</p> <p>App</p> <p>Exercise Team monitoring spreadsheet</p>
<p>Performance standard</p> <ul style="list-style-type: none"> • Mandatory E Learning 100% • Core Skills 95% • MPD 95% • Exercises (1/MPD 2-month period, 2 level 2 per District, 1 Level 3 per District per year) • Cross border exercises (4/ full time bordering, 2/ on call bordering) <p>Maintenance phased development managed over a two-month period with core competency frequencies managed within this period.</p> <p>There is an expectation that full time watches will achieve their MPD training rapidly in the month and competence will be significantly enhanced by exercising, supporting on call development and specialism training.</p>	<p>Overview</p> <p>The competence app has six tabs that can be investigated from the strategic to the operational level. The practitioner level can allow investigation to firefighter level.</p> <p>These tabs are:</p> <ul style="list-style-type: none"> • Mandatory e learning • Assessed courses • Local practical training • Maintenance phased development (MPD) • FDS training • Training assessments


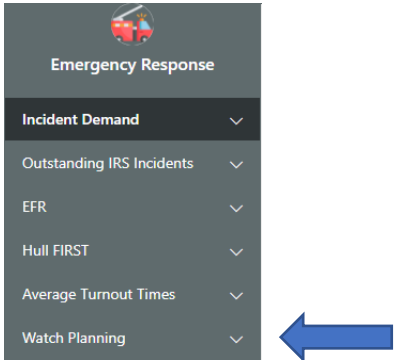
<p>Absolute Risk Management</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • No overdue risks visit • No out of date pre plans 	<p>Monitoring solution</p> <p>Service Level Performance Application</p>  <p>Service Level Performance</p> <p>App</p> <p>SSRI Application</p> 
<p>Performance standard</p> <ul style="list-style-type: none"> • SSRI reinspection in date • Operational pre plans in date <p>Good performance</p> <ul style="list-style-type: none"> • Presentation for all risks to enable better awareness without physical 72D inspections. • Good local awareness of new and developing risk and topography. • Good awareness of cross border risks. • Firefighter knowledge of local risk. • Competent use of MDT and other devices to utilise risk information. • Event risk. 	<p>Overview</p> <p>The SSRI application gives an excellent overview of the current and upcoming requirements of the Watch or Station with regard to their 72D inspections.</p> <p>At the one-to-one with the Watch Manager the upcoming activity for the next month should be highlighted so as not to increase firefighter risk by presenting out of date information.</p> <p>There should never be an occasion when risks visits are out of date. If watches are stations have problems gaining access, then support should be found via District Managers.</p>

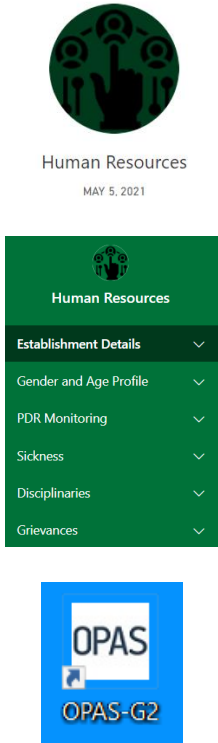
<p>Absolute Full time availability</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • Full time appliance availability <p>Interdependent issues</p> <ul style="list-style-type: none"> • Deficiency planning • Establishment management <ul style="list-style-type: none"> ○ Transfers ○ Postings ○ Temporaries ○ LTS • Leave management monitoring inc. TOIL • Special leave of all types 	<p>Monitoring solution Service Level Performance Application</p>  <p>Service Level Performance App</p> <p>Fire Service Rota</p>  <p>Human Resources App</p>  <p>Human Resources MAY 5, 2021</p> <p>Crewing board locally</p>
<p>Performance standard</p> <ul style="list-style-type: none"> • 100% appliance availability <p>Management of the station establishment by the use of the Human Resources App to review:</p> 	<p>Overview</p> <p>Watch Managers need to have an excellent overview of the personnel on their watches including timescales for sickness, welfare monitoring and temporary postings.</p> <p>They should be able to pre-empt issues before they arise to allow mitigation to be developed.</p> <p>Station Managers need to have similar holistic station awareness.</p>

<p>Absolute On call station availability</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • First appliance availability • Second appliance availability <p>Interdependent issues</p> <ul style="list-style-type: none"> • Deficiency mitigation • Cluster availability • Contract spread and structure • Contract compliance • Recruitment • Level one command competence • Supervisory management development • Firefighter Fitness testing • Sickness monitoring and management • Leave management monitoring 	<p>Monitoring solution Service Level Performance Application</p>  <p>Service Level Performance</p> <p>App</p> <p>Fire Service Rota</p> 
<p>Performance standard</p> <ul style="list-style-type: none"> • 95% First appliance availability • 80% Second appliance availability 	<p>Overview</p> <p>Station Managers should review their stations availability on a daily basis and engage with their station management teams to rectify availability deficiencies.</p> <p>There will also be natural pinch points during the year for regular review.</p> <p>The ability to be able to use FSR to interrogate contract compliance and whether there is sufficient contract spread is crucial to on call availability success.</p>

<p>Absolute Prevention activity</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • Unique risk based Safe and well targets • Activity delivered in appropriate timescales. <p>District Performance</p> <ul style="list-style-type: none"> • Delivery of Station Prevention and Protection Plan 	<p>Monitoring solution Service Level Performance Application</p>  <p>Service Level Performance</p> <p>App</p> <hr/> <p>Prevention and Protection Application</p>  <p>Prevention and Protection Ac...</p> <p>JUN 30, 2021</p>
<p>Performance standard</p> <ul style="list-style-type: none"> • 100% monthly completion of 80+ households' output. • No overdue jobs on station tablets. • Delivery of Local Prevention and Protection Delivery Plan objectives within timescales. <p>Stretch</p> <ul style="list-style-type: none"> • 65+ households in station areas with limited 80+ households. <p>Good Performance</p> <ul style="list-style-type: none"> • Firefighters aware of local P&P Delivery Plan and its priorities. • Firefighters aware of key incident types, demographics, and wards in their areas. • Firefighters aware of intelligence lead S&W methodology. 	<p>Overview</p> <p>The SM should ensure that the watches are achieving their S&W outputs on time and delivering their other engagements agreed through the local P&P Delivery Plan.</p> <p>All firefighters should have a good awareness of their local area and why we engage with particular groups.</p>

<p>Absolute Protection activity</p> <p>Service Level Performance Indicators</p> <ul style="list-style-type: none"> • Unique RBIP B1 targets • Activity delivered in appropriate timescales <p>District Performance</p> <ul style="list-style-type: none"> • Delivery of Station Prevention and Protection Plan 	<p>Monitoring solution Service Level Performance Application</p>  <p>Service Level Performance App</p> <p>Prevention and Protection Application</p>  <p>Prevention and Protection Ac... JUN 30, 2021</p>
<p>Performance standard</p> <ul style="list-style-type: none"> • 100% monthly completion of B1 output. • No overdue jobs on station tablets. • Delivery of Local Prevention and Protection Delivery Plan objectives within timescales. <p>Stretch</p> <ul style="list-style-type: none"> • Support for neighbouring on call stations B1 output targets. <p>Good Performance</p> <ul style="list-style-type: none"> • Firefighters aware of local P&P Delivery Plan and its priorities. • Firefighters aware of RBIP rationale. 	<p>Overview</p> <p>The SM should ensure that the watches are achieving their B1 outputs on time and delivering their other engagements agreed through the local P&P Delivery Plan.</p> <p>All firefighters should have a good awareness of their local area and what the risk based inspection programme is and how fire stations fit into it.</p>

<p>Absolute Station and Watch Planning and Recording Monitoring</p> <p>District Performance</p> <ul style="list-style-type: none"> • Daily SM overview of performance • Heat map completion • Daily watch planning • Daily watch recording of activity • Supernumerary recording of activity <p>Interdependent Issues</p> <ul style="list-style-type: none"> • Outstanding IRS incidents • HMICFRS evidence 	<p>Monitoring solution</p>  <p>Emergency Response JUN 30, 2021</p> <p>Watch Planning Tab</p> 
<p>Performance standard</p> <ul style="list-style-type: none"> • Daily overview of all station absolutes performance. • Monthly update to Heat map with sufficient detail to highlight issues and mitigation. • Daily planning to give a good overview of the activity that will be undertaken by the full watch or parts of the watch. • Daily recording to give a good overview of the activity that was undertaken by the full watch or parts of the watch. • Supernumerary recording by firefighters when above SACL of activities that are over and above the planned watch recorded activity. 	<p>Overview</p> <p>The Station planning, recording and monitoring should give the SM (and so the GM) the assurance that what has been agreed at District and Service level is going to be achieved, to a good standard and within timescales.</p>

<p>Absolute People and welfare management</p> <p>District Performance</p> <ul style="list-style-type: none"> • Establishment management • Recruitment • Temporaries • Postings and Transfers • Firefighters names • Firefighters strengths and weaknesses • Good knowledge of CISM • Good knowledge of OPAS • Fitness monitoring • Critical incidents awareness • Sickness management • PDR • Discipline and grievance awareness 	<p>Monitoring solution</p>  <p>The image shows a mobile application interface for 'Human Resources'. At the top is a circular icon with three stylized human figures. Below it, the text 'Human Resources' and the date 'MAY 5, 2021' are displayed. The main part of the interface is a green sidebar menu with the following options: 'Human Resources' (with a small icon), 'Establishment Details' (with a dropdown arrow), 'Gender and Age Profile' (with a dropdown arrow), 'PDR Monitoring' (with a dropdown arrow), 'Sickness' (with a dropdown arrow), 'Disciplinaries' (with a dropdown arrow), and 'Grievances' (with a dropdown arrow). Below the sidebar is a blue square icon with the text 'OPAS' and 'OPAS-G2'.</p>
<p>Performance standard</p> <ul style="list-style-type: none"> • Sufficient people with appropriate skills and knowledge to ensure delivery of Service absolutes of prevention, protection and response and locally the Station heatmap. 	<p>Overview</p> <p>This absolute is the enabling and priority absolute for all the others. The SMs knowing and leading their people is at the crux of the SM role.</p> <p>Visible leadership is at the heart of this but not just face to face but the need to be supportive even when making difficult decisions</p>

R	Responsible — Person working on activity
A	Accountable — Person with decision authority
C	Consult — Key stakeholder who should be included in decision or work activity
I	Inform — Needs to know of decision or action

- **Responsibility** – This person or role is expected to do the work- WATCH MANAGER
- **Accountability** – This person or role is held responsible for creating results-STATION MANAGER
- **Consultation** – This person has the expertise in or authority over the process that requires that they be consulted before the final decision is made-GROUP MANAGER
- **Inform** – These people are affected by the activity or decision so they must be informed after the decision is made-FIREFIGHTERS

Operational Competency	Watch Availability	Risk: 72d, SSRI, Pre Plans
Health & Safety: HSEP (scheduled audits), C19	Equipment management	Protection activity: B1
Fire station defects and housekeeping	Team development: IDPs, TFFP	Prevention activity: S&W, local engagement, overdue jobs
People issues: Welfare, sickness	Watch Planning and recording	Post Incident issues: IRS, Testing, cleaning
Exercises	Handover issues	Email review and actions
Stores replenishment	On call support	

GAS COMMITTEE SCRUTINY PROGRAMME 2021/22

SUMMARY

1. This paper summarises the Governance, Audit and Scrutiny Committee's Scrutiny Programme 2021/22. Each year, the Committee will programme six specific, defined scrutiny items complete with scopes in order that relevant officers can focus their reports. 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.

RECOMMENDATIONS

2. That Members consider and approve the Scrutiny Programme 2021/22.

PUBLIC SCRUTINY PROCESS

3. Public scrutiny is a corporate process undertaken by the GAS Committee, appointed by the Fire Authority for its breadth of professional experience.
4. Six areas for scrutiny were identified by the Committee for its 2021/22 programme:
 - Anti-Bullying Campaign (Assessing the Issue)
 - Promotion Within Uniformed Roles
 - Implementation of the NFCC Code of Ethics
 - Management of Risk Information by On-Call Fire Stations
 - Workforce Monitoring and Planning (Revision of Workforce Plan)
 - Anti-Bullying Campaign (Progress Update)

STRATEGIC PLAN COMPATIBILITY

5. This paper supports the achievement of Strategic Plan 2021-24 through the provision of independent scrutiny of activity.

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

6. Independent scrutiny contributes towards efficiency review activity.

LEGAL IMPLICATIONS

7. None directly arising.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

8. None directly arising.

CORPORATE RISK MANAGEMENT IMPLICATIONS

9. Scrutiny of performance provides an assurance that arising risks are being mitigated.

HEALTH AND SAFETY IMPLICATIONS

10. None directly arising.

COMMUNICATION ACTIONS ARISING

11. GAS Committee papers are publicly available via the HFRS Website.

DETAILS OF CONSULTATION AND/OR COLLABORATION

12. SLT regarding scrutiny topics.

RECOMMENDATIONS RESTATED

13. That Members consider and approve the Scrutiny Programme 2021/22.

**S CAMPBELL
M BUCKLEY**

Officer Contact: Samm Campbell ☎ 01482 393205
 Committee Manager

 Mathew Buckley ☎ 01482 567174
 Secretary/Monitoring Officer

Humberside Fire & Rescue Service
Summergroves Way
Kingston upon Hull

SC

GAS Committee Scrutiny Programme 2021/22

Meeting Date	Responsible Officer	Item and Scope
5 July 2021	Director of People and Development	<p>Anti-Bullying Campaign (Assessing the Issue)</p> <ul style="list-style-type: none"> • How does the Service define bullying (what guidance has informed its policies etc)? • To what extent is bullying an issue within the Service? • How does the Service measure and understand its organisational culture and bullying in its workforce? • What have staff surveys shown with regard to bullying? • How many staff surveys have been conducted since the Service's last inspection by HMICFRS? • Is the Service confident that its anti-bullying campaign has/will improve its culture?
6 September 2021	Director of People and Development	<p>Promotion Within Uniformed Roles</p> <ul style="list-style-type: none"> • How does the Service manage promotions within uniformed roles? • How has this process changed across the last 20 years? • What regard has been given to public sector and sector-specific best practice/guidance? • Does the promotion process fit with the Workforce Plan and with the Service's strategy on positive action? • What reference have ex-staff members made to promotion processes in their exit interviews and surveys? • In the HMICFRS survey conducted in 2020, 50 percent of respondents disagreed with the statement, 'The promotion process within my service is fair'. How has the Service addressed this?
15 November 2021	Director of Service Improvement	<p>Implementation of the NFCC Code of Ethics</p> <ul style="list-style-type: none"> • How has the NFCC Code of Ethics changed the Service? • How has the Service approached its implementation?
7 February 2022	Director of Service Delivery	<p>Management of Risk Information by On-Call Fire Stations</p> <ul style="list-style-type: none"> • What processes are used to maintain accurate risk information by On-Call fire stations? • How is the Service assured that these processes are in line with best practice?

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Meeting Date	Responsible Officer	Item and Scope
7 March 2022	Director of People and Development	<p>Workforce Monitoring and Planning (Revision of Workforce Plan)</p> <ul style="list-style-type: none"> What changes has the Service made to its Workforce Plan? To what extent has the Service's strategy on positive action affected both the Plan and its workforce? Update in relation to the Committee's recommendations of 12 April 2021: <ul style="list-style-type: none"> (a) That the Service's future Positive Action Strategy and Framework be applied consistently; (b) that the Service ensure that its employees fully understand its Positive Action Strategy and Framework; (c) that the Service gather improved data in order to understand the makeup of its workforce in comparison to local demographics and other fire and rescue services; (d) that the Service improve its exit interview process to understand why employees leave the Service, and (e) that the Committee be updated about to the Service's progress in relation to the revision of its workforce plan and the recommendations of the associated internal audit report. How does the Service balance external and internal recruitment? How does this balance compare at different levels of seniority within the organisation?
11 April 2022	Director of People and Development	<p>Anti-Bullying Campaign (Progress Update)</p> <ul style="list-style-type: none"> How has the Services anti-bullying campaign progressed? How does the Service know progress has been made? What have the Service's measures of organisational culture and bullying shown? How has the Service responded to the recommendations made by the Committee at its meeting of 5 July 2021 (Minute 70/21 refers): <ul style="list-style-type: none"> (a) That the Service use its exit interviews and appraisals process to develop a clearer understanding bullying and changes to its organisational culture; (b) that initial feedback on the progress of recommendation (a) be reported during the follow-up anti-bullying campaign item due to be heard on 11 April 2022;

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Meeting Date	Responsible Officer	Item and Scope
		<p>(c) that the Service obtain high-quality data through a survey of staff in order to develop a clearer understanding of bullying and organisational culture than that afforded by the HMICFRS surveys of 2018 and 2020, and</p> <p>(d) that the report for the follow-up anti-bullying campaign item contain feedback from the relevant unions.</p>