



HUMBERSIDE  
Fire Authority

Fire & Rescue Service Headquarters Summergroves Way Kingston upon Hull HU4 7BB

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To: Members of the Governance, Audit and Scrutiny Committee	<b>Enquiries to:</b> Rob Close <b>Email:</b> <a href="mailto:committeemanager@humbersidefire.gov.uk">committeemanager@humbersidefire.gov.uk</a> <b>Tel. Direct:</b> (01482) 393899 <b>Date:</b> 30 January 2026
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Dear Member

I hereby give notice that a meeting of the **GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE** of Humberside Fire Authority will be held on **MONDAY 9 FEBRUARY 2026 AT 10.00AM** at HUMBERSIDE FIRE & RESCUE SERVICE HEADQUARTERS, SUMMERGROVES WAY, KINGSTON UPON HULL, HU4 7BB.

The business to be transacted is set out below.

Yours sincerely

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

## **A G E N D A**

<b>Business</b>	<b>Page Number</b>	<b>Lead</b>	<b>Primary Action Requested</b>
1. Apologies for absence	-	Monitoring Officer/ Secretary	To record
2. Declarations of Interest (Members and Officers)	-	Monitoring Officer/ Secretary	To declare and withdraw if pecuniary
3. Minutes of the meeting of 10 November 2025	(pages 3 - 12)	Chairperson	To approve
4. Internal Audit Reports	(pages 13 - 65)	Internal Audit (TIAA)	To consider and make any recommendations to the HFA
5. Finance and Procurement Update – Period Ending 31 December 2025	(pages 66 - 95)	Deputy Chief Finance Officer/Deputy S.151 Officer	To consider and make any recommendations to the HFA
6. Review of Anti-Fraud Related Policies	(pages 96 - 161)	Area Manager of Service Improvement	To consider and make any recommendations to the HFA
7. Amendment to the Constitution – Part 2, Article 2 – Members of the Humberside Fire Authority	(pages 162 - 165)	Monitoring Officer/ Secretary	To consider and make any recommendations to the HFA
8. Scrutiny Item: Manchester Arena Inquiry	(pages 166 - 169)	Head of Emergency Preparedness	To consider and make any recommendations to the HFA

Business	Page Number	Lead	Primary Action Requested
9. Scrutiny Item: Performance Development Reviews	(pages 170 - 178)	Head of Workforce Development and Culture	To consider and make any recommendations to the HFA
10. Scrutiny Work Programme	(pages 179 - 181)	Committee Manager	To approve

**HUMBERSIDE FIRE AUTHORITY**

**GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE**

**10 NOVEMBER 2025**

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

**Officers Present:** Matt Sutcliffe – Assistant Chief Fire Officer, Antoinette Diovisalvi – Joint Deputy Chief Finance Officer/Deputy S.151 Officer, Steve Duffield – Area Manager of Emergency Response, Richard Gibson – Area Manager of Services Improvement, Jason Kirby – Area Manager of People and Culture, Dan Meeke – Area Manager of Public Safety and Resilience, Glyn Dixon – Head of Emergency Preparedness, Shaun Edwards – Head of Finance, Jamie Morris – Head of Corporate Assurance, Gareth Naidoo – Senior Corporate Assurance Officer, David Robinson – Internal Audit (TIAA), Lisa Nicolson – Monitoring Officer/Secretary, and Rob Close – Committee Manager.

Rejoice Mapeto (Forvis Mazars) and James Collins (Forvis Mazars) were in remote attendance.

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

**27/25 APOLOGIES FOR ABSENCE** – No apologies for absence were reported.

**28/25 DECLARATIONS OF INTEREST** – No declarations of interest were made with respect to any items on the agenda.

**29/25 MINUTES** – The Committee reviewed the previous set of minutes for accuracy.

Members referred to the previous minutes. It was noted that narrative context would be added to the Statement of Accounts in the final version presented to the Humberside Fire Authority, as confirmed by the Joint Deputy Chief Finance Officer and Deputy Section 151 Officer.

In relation to the payroll services contract, the Committee was advised that the contract was not yet due for renewal until December and would therefore be reported within the Quarter three update.

Members also sought assurance regarding the implementation of the Firewatch system. The Area Manager for People and Culture confirmed that the Service remained on track for launch on 15 December 2025.

**Resolved** – That the Governance, Audit and Scrutiny Committee minutes of the meeting held on 7 July 2025 be approved as a correct record.

**30/25 EXTERNAL AUDIT COMPLETION REPORT 2024/2025** – The Committee received a report of Forvis Mazars, the Authority's external auditors, detailing the External Audit Completion Report 2024/2025. The External Auditors presented the Audit Completion Report for the year ended 31 March 2025. They advised that the audit was substantially complete, with only limited work outstanding on right-of-use asset valuations under IFRS 16 and final pension fund assurances. Subject to these matters being concluded, the auditors expected to issue an unmodified opinion. Materiality had been set at £1.65 million, and all identified misstatements and disclosure adjustments had been corrected.

No concerns were raised regarding management override of controls, property valuations or pensions. There were no issues under the auditors' wider reporting powers, and the Value for Money assessment had identified no significant weaknesses. Minor control recommendations were noted, including consistency in asset floor area data and the completion of all related-party declarations. The auditors thanked officers for their cooperation and the high quality of supporting information provided.

Members referred to the Executive Summary and questioned why the report suggested that significant control deficiencies had been identified, as none were listed. The External Auditors advised that this should be read as confirming no significant deficiencies had been identified.

Members also queried why some related-party declarations were still outstanding. It was explained that certain information within the control process was incomplete and that the Service would undertake Companies House checks to ensure full compliance.

The Committee expressed its thanks to all involved and commended officers for completing the audit work to a high standard.

**Recommended to Fire Authority** – That the External Audit Completion Report 2024/2025 be received.

**31/25 EXTERNAL AUDITOR'S ANNUAL REPORT 2024/2025** – The Committee received a verbal update of Forvis Mazars, the Authority's external auditors, detailing the External Auditor's Annual Report 2024/2025. The External Auditors reported that the Auditor's Annual Report had been drafted and was awaiting agreement with management. The final report would be made available to the Governance, Audit and Scrutiny Committee before the end of November 2026.

The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer advised that the report would also be presented to the Humberside Fire Authority at the end of the month.

**Resolved** – That the verbal update on the External Auditor's Annual Report 2024/2025 be received.

**32/25 ANNUAL STATEMENT OF ACCOUNTS (AUDITED) 2024/25** – The Committee received a report of the Joint Deputy Chief Finance Officer/Deputy S.151 Officer, detailing the audited annual statement of accounts for 2024/25. The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer introduced the audited Statement of Accounts for 2024/25, noting that these were the same accounts previously received in draft form in July. It was confirmed that the final version reflected only minor adjustments following the audit and that no material misstatements had been identified.

The Joint Deputy Chief Finance Officer/Deputy S.151 Officer extended thanks to the Head of Finance and the Finance Team for their work in producing a high-quality set of accounts and for ensuring that very few amendments were required.

The Committee suggested that it would be helpful if future reports included a short introduction confirming whether the accounts were unchanged or highlighting any amendments since the draft version.

Members also noted that the terminology used in Section 15: Officers' Emoluments should refer to "remuneration" rather than "salary". The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer agreed to amend the final accounts accordingly.

Members queried why the Grenfell Protection Earmarked Reserve had reduced from £110,000 in 31 March 2024 to nil in 31 March 2025. The Area Manager for Public Safety and Resilience explained that the grant had been confirmed for the next two years and was being used to support roles within prevention and training, including inspector development, which were monitored on a quarterly basis.

Members asked whether all Grenfell Tower Inquiry Findings and Protection recommendations had now been addressed. The Head of Emergency Preparedness advised that progress had been reviewed by the National Fire Chiefs Council (NFCC), which had assessed the Service favourably. It was explained that all relevant recommendations were already incorporated within existing workstreams, including improvements to digital radio capability, equipment, and tactical procedures. In response to a further question about whether the new digital radio system would allow communication with other emergency service partners, it was confirmed that it would.

Members asked whether the NFCC would undertake a follow-up review. It was explained that the Service had invited the NFCC to conduct an early review, and that a subsequent inspection by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) had raised no significant issues in relation to Grenfell.

**Recommended to Fire Authority – (a)** That the audited Statement of Accounts for 2024/25 be received.

**(b)** That the Committee's comments be incorporated into the final version of the Statement of Accounts for 2024/25.

**33/25 FINANCE AND PROCUREMENT UPDATE 2025/26 FOR THE PERIOD ENDING 30 SEPTEMBER 2025** – The Committee received a report of the Joint Deputy Chief Finance Officer/Deputy S.151 Officer detailing the current financial position based on information to 30 September 2025.

An overall underspend of £58,000 had been achieved. Material movements were mainly within pay and non-pay budgets, including efficiencies of £379,000, with £31,000 identified as at Quarter two.

It was noted that reserves at the start of the year totalled £5.7 million and that the capital position was currently overspent, primarily within estates. This included a £579,000 underspend linked to slippage on the Howden and Bridlington projects, which would be reprofiled within the capital programme. The Service was also bringing vehicle purchases forward to support operational delivery.

It was further explained that the Authority continued to adopt a prudent approach to treasury management, maintaining an under-borrowed position and achieving investment returns above the benchmark rate. The Officer highlighted that over 50 contract management meetings had been undertaken to support financial control and project oversight.

Members asked why changes had been made to vehicle procurement. It was explained that the Service had extended the replacement cycle for officer vehicles from three to five, and now to seven years. The full fleet replacement had been scheduled ahead of the winter period to ensure operational readiness. Members queried a £18,000 variance in transport revenue spend. The Head of Finance confirmed that this figure represented full-year expenditure. When asked whether the Service was achieving value for money on supplies and services, the Head of Finance explained that the revenue monitoring report detailed contract milestones that had been met during the quarter.

Members queried why the Service had called off the West Midlands Fire and Rescue Service Framework for the provision of smoke and heat alarms. It was explained that the supplier had been changed to mirror Merseyside Fire and Rescue Service's best practice, allowing for a higher-quality product.

The Committee commented that Equality, Diversity and Inclusion (EDI) considerations should be reflected in all tenders and questioned whether this could be more clearly detailed in future reports.

When asked how much flexibility the Service had to amend contracts, the Joint Deputy Chief Finance Officer/Deputy Section 151 Officer explained that contracts were reviewed annually but remained fixed during each contractual year. The Service operated under an Environment and Sustainability Plan and a Knowledge Transfer Partnership (KTP) with the University of Hull, which was reviewing that plan.

Members asked how the Service was monitoring its energy efficiency and introducing related measures to improve this. The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer advised that inflationary pressures were taken into account and that energy costs were closely monitored. Prices had fallen since the year's budget was set, and efficiency measures had been built in.

Members queried the variance in capital spend relating to training infrastructure and whether it was likely to continue. The Area Manager for Emergency Response explained that the Service had reviewed its physical training assets, many of which were dated and increasingly difficult to use due to risk assessments. Some capital expenditure had therefore been brought forward to address these issues. The Service's Procurement partner was undertaking a full estate review, with a report to be presented to the Humberside Fire Authority, including consideration of training estate locations to maximise efficiency and value.

Members asked whether the indicative funding settlement would impact operations. The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer reported that initial figures suggested a potential reduction of around £5 million over the course of the Medium-Term Resource Strategy. Officers confirmed that zero-based budgeting and scenario planning were underway, with engagement sessions taking place with staff. The Service hoped for a three-year settlement to allow firmer planning and noted that the Community Risk Management Plan (CRMP) would help to deliver efficiencies. It was explained that the Government would review funding after three years.

In response to a question about timing, it was confirmed that the matter would be presented to the Humberside Fire Authority in November 2026 and updated to the Governance, Audit and Scrutiny Committee in February 2026. When asked about immediate impacts, it was confirmed that recruitment had been temporarily frozen. Members sought assurance on how day-to-day operations would be maintained. It was explained that, in the event of deeper cuts, a dedicated team would be established to manage the response. A final settlement was expected before Christmas, and the Service remained confident that operations could continue effectively.

The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer clarified that the revised budget for non-pay efficiency savings reflected savings already achieved. When asked whether the Service was confident it could meet its savings targets, it was confirmed that it was.

Members asked whether the Service was able to recruit sufficient on-call firefighters. The Area Manager for People and Culture explained that workforce planning was ongoing and that a recruitment campaign would launch in January 2026, with new starters expected in September. While recruitment remained challenging nationally, the Service's on-call capability was strong, with retention averaging 11 years, compared to a national average of six years, and appliance availability in the 90 per cent range. Around 30 per cent of on-call staff were also full-time firefighters, which supported flexibility and resilience. When asked why the Service performed better than average, the Area Manager for Emergency Response explained that there was no clear evidence, though socio-economic factors were likely to play a role. It was confirmed that a report would be shared with the Committee once available.

Members asked about additional costs for mutual aid provided to North Yorkshire Fire and Rescue Service. It was explained that, under the Government's Bellwin Scheme, North Yorkshire reimbursed Humberside for costs such as travel and overtime, for the support of the Service. There was no impact on operational delivery.

In response to a question about whether other employee expenses were front-loaded, the Joint Deputy Chief Finance Officer/Deputy Section 151 Officer explained that this reflected the timing of when expenditure was incurred.

Members asked whether delays in capital spending had impacted service delivery. It was confirmed that there had been no impact, staff were fully informed, and the Service maintained an open and transparent approach throughout.

Members also suggested that future update reports include reference to any Equality Impact Assessments undertaken for any procurement contracts for that period.

**Recommended to Fire Authority** – That the Authority takes assurance of its financial position for the period ending 30 September 2025.

**34/25 TREASURY MANAGEMENT HALF YEAR REPORT 2025/2026** – The Committee received a report of the Joint Deputy Chief Finance Officer/Deputy S.151 Officer, detailing the Treasury Management Half Year Report for 2025/2026 and prudential indicators for 2025/26. The Joint Deputy Chief Finance Officer/Deputy S.151 Officer advised the Committee that, that no short-term borrowing had been undertaken and that investment activity had achieved a rate of return of 4.25 per cent between April and September, exceeding the benchmark return.

The Authority's total borrowing stood at £15.428 million as at 30 September 2025, with an average interest rate of 2.86 per cent, and projected interest payable for 2025/26 of £545,000. No new long-term borrowing had been taken due to high interest rates, although this position continued to be monitored.

- Indicator 1: Revised capital expenditure was £8.156 million against an estimate of £8.511 million.
- Indicator 2: There were no issues in meeting the capital financing requirement.
- Indicator 3: Interest rates continued to be monitored to align the liability benchmark and capital financing requirement more closely.
- Indicator 5: The operational boundary for external debt was £35 million, with the current position of £16.5 million, well within this limit.
- Indicator 6: The authorised limit for external debt was £40 million, also comfortably within range.
- Indicator 7: The ratio of capital financing costs to net revenue stream was 1.47%, expected to rise to around 5% in future years.
- Indicator 8: The maturity structure of borrowing had slightly exceeded the upper limit due to the decision not to take new borrowing during the year, reflecting a prudent approach to managing interest rate exposure.

Members referred to the liability benchmark and asked why the Service aimed to bring the existing loan debt outstanding closer to the Capital Financing Requirement. The Joint Deputy Chief Finance Officer/Deputy Section 151 Officer explained that it was not a requirement to align the two exactly, but that the Authority sought to avoid using excessive revenue funding to support capital expenditure.

In relation to Indicators 5 and 6, Members commented that future reports should include forecasts to demonstrate that the Authority was not at risk of breaching the operational or authorised borrowing boundaries in future years.

**Recommended to Fire Authority** – That the Authority takes assurance from the treasury management activities undertaken during 2025/26 and the Prudential Indicators.

**35/25 INTERNAL AUDIT REPORTS** – The Committee received a report from TIAA, the Authority's internal auditors, outlining internal audit activity since the previous meeting. It was confirmed that there were no proposed changes to the Internal Audit Plan, no instances of fraud reported, and that a joint estates audit was due to commence next. The contingency allocation within the plan had not yet been used. Members were advised that three audits had been completed:

Multi-Agency Training – Limited assurance was provided, with three important recommendations, all of which had been accepted.

Members expressed concern that 166 operational staff had not completed mandatory e-learning for multi-agency training in line with the required frequency. The Area Manager for Emergency Response explained that the discrepancy resulted from a recording issue. When new training modules were uploaded all staff were flagged as having not completed the module. This coincided with the audit of completed courses. It was confirmed that the matter had since been addressed. Completion rates were being monitored through the appraisal process, and the Service had introduced proactive notifications to identify and address any outstanding modules.

Organisational Learning Governance – Reasonable assurance was provided, with two important recommendations, all accepted.

Members asked whether the Organisational Learning Board's monitoring arrangements were now effective. It was explained that the governance structure had been refreshed, providing additional oversight and clearer accountability for monitoring through the Action Management System (AMS).

Workforce Planning – Reasonable assurance was provided, with three important recommendations, all accepted.

In relation to Workforce Planning, Members queried whether similar system-based errors could occur in other areas. The Area Manager for People and Culture explained that the Service was consolidating all relevant workforce and training data within the FireWatch system, supported by HR data analysis to align workforce reporting with incident data. It was anticipated that, once fully embedded, this would lead to improved consistency and reliability of reporting.

When asked when the follow-up review of audits would take place, the internal auditors advised that this was scheduled for February 2026. The Area Manager for Emergency Response confirmed that a verbal update on outstanding actions would also be provided to the Committee in advance, and Members agreed that this approach should be adopted as standard practice.



**Resolved –** (a) That the internal audit reports be received.

(b) That the Committee receive verbal updates on the progress against any outstanding actions from Officers in future meetings.

**36/25 RISK, OPPORTUNITY AND ASSURANCE – CONSTITUTION AND INSPECTION CONTEXT** – The Committee received a report of the Head of Corporate Assurance, which provided an overview of the Service's approach to risk and opportunity management, the constitutional responsibilities of the Governance, Audit and Scrutiny Committee, and the evolving external inspection framework.

Members were advised that a Member Development Day would take place in November, including a presentation on the Service's risk and opportunity management arrangements. The Committee's role in providing oversight and assurance was emphasised, with reference to its constitutional duties under Article 6 to monitor governance, risk management, internal controls, and financial reporting.

It was explained that the Service operated a structured framework for identifying, assessing, and managing risks and opportunities across all directorates, using a consistent methodology for ownership, prioritisation, control, and monitoring. This included integration with the Authority's constitution through decision-making principles, financial and contract procedures, and member conduct requirements.

The report also set out the changing expectations of the His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), which now placed greater focus on governance, culture, leadership, and the impact of scrutiny on service delivery.

The Assistant Chief Fire Officer noted that the inspectorate would consider the effectiveness of the Governance Audit and Scrutiny Committee's scrutiny role as part of the next inspection round, anticipated in late 2026. To support this, officers proposed holding a dedicated Member Day focused on how the Committee exercises its scrutiny responsibilities. It was further noted that the inspectorate may also undertake thematic inspections on topical issues, which could affect the timing of the next visit.

Members asked how often the Service's defined risk appetite statements were reviewed. The Head of Corporate Assurance explained that this was an ongoing process, and that statements could be amended at any time to reflect changes in strategic priorities or risk context.

Members suggested that it may be useful for risk or internal audit considerations to be referenced within every internal audit or scrutiny report to ensure consistent monitoring. The Head of Corporate Assurance agreed that a note on risk management could be included as standard within future reports. The Committee supported this approach and agreed that it should be incorporated into all relevant reports, including those from internal audit. The Head of Corporate Assurance confirmed that this would be implemented.

**Resolved –**

- (a) That the Committee take assurance from the accuracy and completeness of this report in relation to the Governance, Audit and Scrutiny Committee's constitutional role and responsibilities.

**Recommended –**

- (b) That Section 5 (Equality and Data Protection Risk Implications) of the report template be revised to also include reference to any impact on the Risk and Opportunity Register as appropriate.

**37/25 SCRUTINY ITEM: JOINT EXERCISE PROGRAMME** – The Committee received a report of the Area Manager of Resilience and Public Safety detailing the Service's involvement in multi-agency exercises, detailing requirements, types, frequency, and risk management links. The Head of Emergency Preparedness and the Area Manager for Resilience and Public Safety introduced the report, which provided an overview of the Humberside Fire and Rescue Service's Joint Exercise Programme and its coordination through the Humber Local Resilience Forum (LRF). Members were advised that the Service co-chaired the LRF with Humberside Police and Hull City Council at the strategic level, while tactical coordination was led jointly by Police and Fire. The LRF had recently been restructured to establish a more formal and accountable work programme supported by a Risk and Assurance Board, designed to mirror the oversight approach of the Governance, Audit and Scrutiny Committee. It was also noted that an independent Chair had been appointed to strengthen governance, assurance, and transparency.

The Committee was advised of the Service's involvement in a broad range of multi-agency and cross-border exercises, designed to test preparedness and coordination across all levels of emergency response. These included local risks, Control of Major Accident Hazards (COMAH) sites, counter-terrorism readiness, national resilience capabilities, and interoperability under the Joint Emergency Services Interoperability Principles (JESIP). The programme incorporated both tabletop and live-scenario exercises, developed collaboratively with local authorities, police, health services, and other partners to ensure realism, safety, and compliance with national and statutory frameworks.

It was explained that the programme had been informed by lessons from the Grenfell Tower and Manchester Arena inquiries, both of which emphasised the need for regular, high-fidelity multi-agency training. The Service's Organisational Learning Framework ensured that feedback from exercises and incidents was systematically recorded, analysed, and embedded into future planning to drive continuous improvement.

The Committee was advised that enhancements were underway to improve the efficiency and transparency of the programme. A new automated exercise matrix was being developed to capture all exercise data and support audit and inspection requirements. The Service was also revising its Policy Delivery Guidance to provide clearer expectations around exercise frequency and compliance, and encouraging district-level ownership of planning to ensure exercises reflected local risk and seasonal demand. In addition, work was progressing to explore the use of an AI-based training platform to simulate realistic control room scenarios and further strengthen preparedness.

Joint Exercise Programme for 2025–2027 provided a comprehensive and robust framework for maintaining and improving the region's emergency preparedness and response capabilities. It aligned with the requirements of the Civil Contingencies Act 2004, national resilience standards, and the Service's commitment to continuous learning and effective multi-agency collaboration.

- **Organisational Learning Team:** When asked what team supports organisational learning and exercise delivery, the Head of Emergency Preparedness explained that the Organisational Learning Team consisted of three full-time members who worked closely with local colleagues and partner agencies. The Team's findings informed policy and procedural development, ensuring that lessons learned from exercises were embedded across the Service.
- **Collaboration with Partner Agencies:** Members asked whether the Service had faced challenges working with partner agencies whose training requirements differed from those of the Service. The Head of Emergency Preparedness explained that early planning and relationship building were key to ensuring effective collaboration. While differing priorities and working patterns occasionally

presented challenges, those were addressed through contingency planning and proactive coordination.

- **COMAH Site Preparedness:** In response to a question about how the Service managed so many hazardous sites, it was confirmed that Humberside had the highest number of COMAH sites in the country and that the Service maintained strong working relationships with site operators through regular engagement and joint exercises.
- **Multi-Agency Debriefs and Intelligence Input:** Members also asked whether Humberside Police intelligence officers could be involved in multi-agency debriefs to provide additional perspective. The Area Manager for Service Improvement confirmed that this was already the case, not just for the Police but also other multi-agency partners.
- **Follow-Up and Future Scrutiny Work:** Members noted that they would welcome a follow-up session to explore some of the practical aspects of the joint exercise programme in greater depth and suggested that this could form part of the next scrutiny work programme. Members also requested involvement in observing a future multi-agency Debrief.

#### **Recommended to the Fire Authority –**

- (a) That the Authority takes assurance of the Service's management and exercising of the Humber Local Resilience Forum joint exercise programme.
- (b) Takes assurance of the undertaking of the identified actions following the national resilience assurance visit that will enhance the effectiveness, efficiency, and consistency of the joint exercise programme, ensuring that the Service is well prepared to respond to a wide range of incidents.
- (c) That the topic of Joint Exercise Programmes be longlisted as a future topic for Scrutiny for the year 2026/27.
- (d) That Members of the Committee be invited to observe a future Multi-Agency Debrief.

**38/25 HIS MAJESTY'S INSPECTORATE OF CONSTABULARY AND FIRE AND RESCUE SERVICES (HMICFRS) UPDATE** – The Committee received a verbal update from the Head of Corporate Assurance explaining that Round Four of the inspection programme had now commenced nationally, although the Service had not yet been allocated its inspection date. It was expected that Humberside would be inspected towards the end of 2026.

The Committee was informed that the inspection framework had been revised, with the number of graded areas reduced from eleven to ten, though the themes remained broadly consistent. The new framework placed greater emphasis on governance, leadership, and people, and the Service would shortly be welcoming a new Service Liaison Lead from HMICFRS, who would attend the next meeting of the Humberside Fire Authority.

The Head of Corporate Assurance also reported that HMICFRS had recently published its Annual State of Fire Report 2024/25, which offers a detailed assessment of fire and rescue services across England. It highlighted both sector-wide progress and ongoing challenges, while also recognising the vital role local services play in keeping communities safe. contained several national recommendations for reform across the fire and rescue sector. These included clarifying roles and responsibilities, reforming pay and conditions and establishing a national College of Fire and Rescue. The report also highlighted the ongoing transfer of fire

policy to the Ministry of Housing, Communities and Local Government as a key opportunity for reform.

From a Service perspective, the report made several positive references to our Humberside Fire and Rescue Service, reflecting our commitment to innovation, partnership and staff wellbeing. In particular, the report made reference to the following areas:

- **Outstanding prevention work**
  - Our dedicated falls response team (Hull F.I.R.S.T.) developed with local health partners, supported 969 individuals between July 2023 and March 2024. The team also delivered fire safety advice and installed smoke alarms, an approach recognised as outstanding and a model of promising practice.
- **Smart use of technology and data**
  - Investment in our data analysis team, including the use of AI and machine learning, was helping the Service to profile fire risk more effectively and support safeguarding efforts.
- **Strong governance and improvement culture**
  - Our clear governance structure and robust service improvement plan were commended. Regular strategic performance meetings ensured we stayed on track and continuously improve.
- **Promoting inclusion**
  - The “Rookie Reds” pre-recruitment programme supports individuals from under-represented groups. Fifteen participants have since joined the Service, demonstrating our commitment to a more inclusive workforce.
- **Staff wellbeing**
  - Amongst the various wellbeing resources, the report highlights the introduction of two 30-minute wellbeing breaks per week (one for part-time staff) for Fire Staff, which has been well received, with staff reporting that they feel valued and supported.

It was noted that nationally, 73 per cent of graded judgments were rated as adequate or higher, with Humberside achieving above-average outcomes across multiple areas. The findings reflected the Service’s sustained commitment to improvement, innovation, and community impact.

**Resolved** – That the update be noted.

**39/25 GAS COMMITTEE SCRUTINY PROGRAMME 2025/26** – The Committee Manager submitted a report summarising the Committee’s Scrutiny Programme 2025/26.

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



Humberside Fire and Rescue Service

Summary Internal Controls Assurance (SICA) Report

January 2026

Final

# Summary Internal Controls Assurance

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## 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 of 29<sup>th</sup> January 2026.

## Eco SMART

2. The UK public sector is facing increasingly structured and ambitious expectations around climate sustainability, driven by national policy, regulatory frameworks and public accountability. This is at a time when public funding is being stretched, with competing priorities and major reforms are taking place.

### Key Themes for Sustainability and Implications

**Materiality and Accountability** – Sustainability goals, practices and information must be relevant to primary users and reflect significant risks or opportunities that the organisation faces.

**Integration** – The sustainability ambitions must be embedded across strategy, operations and governance, rather than siloed to areas of interest or knowledge.

**Local Flexibility and National Alignment** – organisations are encouraged to tailor climate strategies to local contexts while contributing to national targets.

**Funding and Capacity Building** – Multi-year funding, regulatory reform and skills development are critical enablers to effectively deliver climate sustainability goals, within financial, knowledge and resource constraints.

### Next Steps

1. Review current sustainability practices, strategies and expectations.
2. Identify materiality, relevance, funding gaps and capacity needs in order to achieve the organisational objectives in relation to climate sustainability.
3. Engage Eco Smart to support assurance that expected objectives can be realised.
4. Find out more by clicking on this link: [Eco SMART - TIAA](#)

## 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
Confidence in Using Staff Feedback Mechanisms	Reasonable	21/10/2025	10/11/2025	11/11/2025	0	2	1	0
Monitoring of Working Hours	No Assurance	27/11/2025	15/01/2026	16/01/2026	6	6	0	0
Joint Estates	Limited	22/12/2025	15/01/2026	16/01/2026	6	3	0	0
Mid-Year Follow Up	n/a	11/09/2025	29/01/2026	29/01/2026	-	-	-	-

4. The Executive Summaries for each of the finalised reviews are included at Appendix A. The issues arising from the reviews of Monitoring of Working Hours and Joint Estates may require the annual Head of Audit Opinion to be qualified.

## Progress against the 2025/2026 Annual Plan

5. Our progress against the Annual Plan for 2025/26 is set out in Appendix B.

## Changes to the Annual Plan 2025/26

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

## Progress in actioning priority 1 & 2 recommendations

7. We have made 12 Priority 1 recommendations (i.e. fundamental control issue on which action should be taken immediately) since the previous SICA. Management responses have been received in relation to these recommendations, which demonstrate that all have been accepted and appropriate plans have been put in place to address the issues raised.

## 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 C, since the previous SICA report.

## Responsibility/Disclaimer

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

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## Appendix A: Executive Summaries

The following Executive Summaries are included in this Appendix. Full copies of the reports are provided to the Governance, Audit and Scrutiny Committee.

Review	Key Findings
Confidence in Using Staff Feedback Mechanisms	<ul style="list-style-type: none"> <li>The Service have several feedback mechanisms/routes in place for all staff. They are guided by several policies and guidance documents such as the Consultation and Engagement Policy and Consultation and Engagement Policy Delivery Guidance.</li> <li>Testing undertaken and through the interviews conducted found gaps in staff confidence and their ability to use the feedback mechanisms in place.</li> <li>Testing found that the Service is on course with reviewing actions to address findings regarding a lack of confidence and trust in feedback mechanisms.</li> <li>A number of collaborative practices are in place which helps to address staff concerns.</li> </ul>
Monitoring of Working Hours	<ul style="list-style-type: none"> <li>Pertinent risks have been identified with mitigating control and responsible owners assigned.</li> <li>Secondary Employment forms are used instead of mandated PER27/28 forms to record secondary employment with no regular monitoring of concerns through annual PDRs.</li> <li>No fatigue risk assessment is conducted for roles to provide monitoring of rest periods to safeguard well-being and proactively manage fatigue.</li> <li>The Service has three different policies as guidelines, but no standardised system to record and monitor total working hours across all roles.</li> <li>There is currently no formal process to monitor trends and provide support to employees with secondary, on call and dual roles.</li> </ul>
Joint Estates	<ul style="list-style-type: none"> <li>The JES Estates Asset Management Plan 2025-29 outlines a comprehensive strategy for managing the joint estate of Humberside Police (HP) and Humberside Fire &amp; Rescue Service (HFRS).</li> <li>The Estates strategy lacks a statutory compliance framework to provide as an audit trail for requirements being met.</li> <li>Lack of building maintenance monitoring was found.</li> <li>The Business Continuity Plan does not have a formal resilient framework.</li> <li>Annual reviews and performance monitoring via KPIs is currently not being undertaken.</li> </ul>



## Appendix B: Progress against Annual Plan

System	Planned Quarter	Current Status	Comments
Multi Agency Training	1	Final report issued	Reported to GAS November 2025
Organisational Learning Governance	2	Final report issued	Reported to GAS November 2025
Confidence in Using Staff Feedback Mechanisms	2	Final report issued	Reported to GAS February 2026
Follow-up (Mid-year)	2	Final report issued	Reported to GAS February 2026
Contingency – Talent Development	2	To commence 18/02/2026	
Workforce Planning	3	Final report issued	Reported to GAS November 2025
Monitoring of Working Hours	3	Final report issued	Reported to GAS February 2026
Visibility of Senior Managers	3	Commenced 01/12/2025	Exit meeting undertaken 23/01/2026
ICT Management Controls	4	To commence 02/03/2026	
Key Financial Controls	4	To commence 02/03/2026	
Joint Estates	4	Final report issued	Reported to GAS February 2026
Year-End Follow Up	4	To commence 20/03/2026	

### KEY:

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

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

### Summary of recent Client Briefings and Alerts

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
09 December 2025	All	Newsletter	Security Focus Newsletter Edition 11	<a href="#">Security Focus Newsletter Edition 11 - TIAA</a>	Security and risk management is a key challenge for any organisation, this newsletter contains lots of useful advice and tips to help ensure a safe and secure environment for your staff and visitors. No organisation wants the disruption or bad publicity that incidents of violence and aggression against your staff or crimes against your property create.
02 December 2025	All	TIAA Blog	Security Matters: AI-Enhanced CCTV: A Smarter Ally in the Fight Against Crime	<a href="#">Security Matters: AI-Enhanced CCTV: A Smarter Ally in the Fight Against Crime - TIAA</a>	The first in our Security Blog series. Artificial Intelligence (AI) is transforming the landscape of public safety and crime prevention across the UK. Among the most promising developments is the use of AI-powered CCTV systems — technology that can rapidly analyse footage, recognise patterns, and identify suspects far faster than human operators ever could.
02 December 2025	All	Security Alert	Update on roles created to implement Terrorism (Protection of Premises) Act	<a href="#">Update on roles created to implement Terrorism (Protection of Premises) Act - TIAA</a>	Two new roles have been created in order to implement Martyn's Law successfully. The Competent Person in the Workplace (CPIW) and the Counter Terror Security Specialist (CTSS) which will require formal registration. Both roles are currently being developed and awaiting final statutory guidance by March 2026.
17 November 2025	Emergency Services	Client Briefing	Police Commissioners Changing	<a href="#">Police Commissioners Changing - TIAA</a>	The UK Government have announced plans to scrap the Police and Crime Commissioners (PCC) in England and Wales by 2028, to save £100m over this parliament. This is the biggest shake up of policing governance since the Commissioners were formed in 2012.
17 November 2025	All	TIAA Article	Introducing Praetorian – TIAA's Counter Terrorism Maturity Framework Assessment Tool	<a href="#">Introducing Praetorian - TIAA's Counter Terrorism Maturity Framework Assessment Tool - TIAA</a>	TIAA is proud to launch Praetorian, a new Counter-Terrorism Maturity Framework Assessment Tool, designed to help UK organisations meet the requirements of the Terrorism (Protection of Premises) Act and enhance security resilience across all sectors.
7 November 2025	All	TIAA Article	Building a Safer, Stronger Workplace: How TIAA's Health & Safety Review Can Transform Your Organisation	<a href="#">Building a Safer, Stronger Workplace: How TIAA's Health &amp; Safety Review Can Transform Your Organisation - TIAA</a>	In today's fast-evolving business landscape, health and safety is no longer just about ticking compliance boxes—it's about creating environments where people genuinely thrive. TIAA's Health & Safety (H&S) review service is designed to help organisations move beyond minimum standards, embedding a culture of safety that drives productivity, morale, and long-term resilience.

Date Issued	Sector	Briefing Type	Subject	Website Link	TIAA Comments
01 November 2025	All	Campaign	International Fraud Awareness Week – 2025	<a href="#">International Fraud Awareness Week - 2025 - TIAA</a>	Hundreds of organisations across the world will be participating in International Fraud Awareness Week (IFAW).The campaign aims to start discussions amongst peers, co-workers, executives and stakeholders in the community about how important fraud prevention is to society as a whole. We share advice and resources.
23 October 2025	All	TIAA Article	IFAW – Online Shopping and Auction Sites Fraud	<a href="#">IFAW - Online Shopping and Auction Sites Fraud - TIAA</a>	International Fraud Awareness Week is approaching – a time to highlight the importance of staying vigilant against scams and online fraud. As more people shop and sell online, it's crucial to understand how to protect yourself from criminals who exploit digital platforms.
10 October 2025	All	TIAA Article	Working Elsewhere While on Sick Leave: Understanding the Risks and Responsibilities	<a href="#">Working Elsewhere While on Sick Leave: Understanding the Risks and Responsibilities - TIAA</a>	As Anti-Crime specialists in the healthcare sector, we frequently encounter cases where individuals work elsewhere while on sick leave or during contracted NHS hours. This type of behaviour is a common form of fraud and can have serious consequences for both the individual and the organisation.
1 October 2025	All	Campaign	Cyber Security Month 2025	<a href="#">Cyber Security Month 2025 - TIAA</a>	Every October, organisations, governments, and individuals around the world come together to recognise Cybersecurity Awareness Month—a dedicated time to promote safer online practices and raise awareness about the importance of protecting our digital lives. We share advice and support.









Humberside Fire & Rescue

Assurance Review of Confidence in Using Staff Feedback Mechanisms

November 2025

Final

# Executive Summary

OVERALL ASSESSMENT	KEY STRATEGIC FINDINGS										
<div></div>		The Service have several feedback mechanisms/routes in place for all staff. They are guided by several policies and guidance documents such as the Consultation and Engagement Policy and Consultation and Engagement Policy Delivery Guidance.									
		Testing undertaken and through the interviews conducted found gaps in staff confidence and their ability to use the feedback mechanisms in place.									
		Testing found that the Service is on course with reviewing actions to address findings regarding a lack of confidence and trust in feedback mechanisms.									
		A number of collaborative practices are in place which helps to address staff concerns.									
	ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	GOOD PRACTICE IDENTIFIED									
SRO/2023/078/ Public Confidence in the Sector's Working Culture.		The Service Improvement Plan (SIP) addresses and manages HMICFRS inspection recommendations and their resulting actions to ensure deadlines are met.									
SCOPE	ACTION POINTS										
The audit reviewed the approaches and activities used to enhance staff confidence in giving feedback and included: Progress against related HMICFRS Standards of Behaviour report recommendations; Reports, analysis of benchmarking current practice; Actions and measures to address findings regarding a lack of confidence, trust; Outcomes from addressing related staff survey (Real-world HR) findings from 2023; Collaborative practices with other sections to address; and Evidence of output from of the contribution , outcomes from the culture working group.											
	<table><tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr><tr><td>0</td><td>2</td><td>1</td><td>0</td></tr></table>	Urgent	Important	Routine	Operational	0	2	1	0		
Urgent	Important	Routine	Operational								
0	2	1	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>Several feedback mechanisms used in obtaining staff feedback to capture and address their concerns are in place within the Service. These include through the use of Personal Development Reviews (PDRs), 360 feedback, complaints, grievance, talk sessions, staff forums, Strategic Leadership Team (SLT) engagement visits, District Meetings employee/staff surveys, Question and Answer (Q and A) sessions on share point and staff consultation.</p> <p>Data obtained from these feedback mechanisms are collated and actively monitored and are used to improve and shape Service Delivery. It was however noted; data is not collated for some feedback mechanisms, which include SLT engagement visits and Talk sessions.</p>	Data be consistently and effectively collated and analysed to support the effectiveness of the feedback mechanisms used by staff.	2	To strengthen staff engagement and ensure comprehensive feedback analysis, the Service has implemented a standardised approach to capturing data from SLT visits and Talk sessions. The newly introduced SLT engagement recording platform will serve as the central repository for feedback, enabling actions to be logged, tracked, and allocated to relevant functions. Oversight will be provided by the Corporate Assurance Team, with progress reported as a standing agenda item at CLT meetings. It is proposed that the Workforce Development and Culture function, if agreed, will take a lead role in developing staff feedback and engagement processes, ensuring that future improvements are informed by staff voices and aligned with cultural development objectives.	10/11/25	Mike Anthony

### PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Directed	<p>10 employees within the Service from different Directorates and Functions were interviewed in relation to the feedback mechanisms in place and their confidence in using the. Four questions per employee were asked, however it be noted that depending on the function and the employee being interviewed, there were instances where two of the questions were not answered due to the questions not relating to the functions. The questions asked were:</p> <p>1) Are you aware of the feedback mechanisms in place?</p> <p>2) Do you think they are effective in capturing and addressing your concerns?</p> <p>Questions for Operational staff involved in the shift system change.</p> <p>3) Did you find the consultation process inclusive and effective, and did it encourage two-way conversations.</p> <p>4) Where there any shortcomings in the consultation process and if yes what were they?</p> <p>Responses gathered during the interview highlighted gaps in the process with staff suggesting that their feedback is not taken onboard, and as such, they have no confidence in using the feedback mechanisms in place. Full details of the testing undertaken has been included in the detailed findings within the body of this report.</p>	It be ensured that the Service take proactive steps to ensure that all staff feel confident and supported in using the feedback mechanisms currently in place. This includes fostering a culture of psychological safety, clearly communicating the purpose and process of feedback, and ensuring that feedback channels are accessible, anonymous where appropriate, and visibly acted upon. By doing so, the organisation can strengthen trust, encourage open dialogue, and enhance continuous improvement across all levels.	2	The Service recognises the importance of fostering psychological safety as a foundation for building trust and encouraging open dialogue. While current feedback mechanisms exist, such as Crime Stoppers, the internal bullying and harassment hotline, and the "You Said, We Did" process, it is evident these channels are underutilised and staff confidence in them is low. To address this, the Service will take proactive steps to ensure all staff feel supported and empowered to use feedback mechanisms. This includes clearly communicating the purpose and process of each channel, ensuring accessibility and anonymity where appropriate, and visibly acting on feedback to demonstrate impact. It is proposed that, if the newly structured Workforce Development and Culture function is approved, initiatives aimed at improving trust and psychological safety will be prioritised. Furthermore, the newly appointed Culture and Inclusion Manager, if confirmed, will lead a comprehensive review of existing feedback mechanisms and implement improvements to strengthen engagement and responsiveness across the organisation.	01/03/25	Mike Anthony

#### PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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Rec.	Risk Area	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Directed	The Service commissioned Real-world, a third-party independent company, to help undertake the staff engagement survey in June 2023. Several practical actions were recommended to improve overall working experience of staff grouped under the following themes: Empowerment, Engagement, Enablement, Environment and Trust. Based on this, the Service put together an action plan to address the findings. A review of the action plan showed, progress being made on most of the actions with a 79% average completion rate on all actions. For those that have not been fully completed, this was seen to be within the target date set. Further review was completed on a sample of evidence/outcomes in relation to recommendations to confirm that they fully addressed the findings. Whilst the evidence provided confirmed that they have addressed the recommendations, this could not be fully satisfied for one recommendation. This relates RW3: "SLT/CLT feedback after visits shared with the team/watch/station". Evidence provided did not show that feedback was provided by watches following SLT visits. The Action Log for SLT visits was further found not to be appropriately completed.	Feedback from watches be provided to SLT/CLT following visits. This helps with accountability and a well-rounded perspective on the effectiveness of the conversations held. The Action Log for SLT/CLT visits be reviewed to ensure all appropriate fields are completed.	3	In relation to recommendation RW3, which highlighted the need for SLT/CLT feedback after visits to be shared with teams, watches, and stations, the Service acknowledges that previous evidence did not fully demonstrate this requirement. To strengthen accountability and ensure a well-rounded perspective on engagement effectiveness, the Service has introduced an improved system for recording feedback from SLT visits. This platform captures feedback from crews, logs actions, and allocates responsibilities to relevant functions, providing greater transparency and traceability. Importantly, this enhancement aligns with the principles of the "You Said, We Did" initiative, which will benefit from a refresh to ensure staff can clearly see how their input drives change. It is proposed that this initiative be embedded within a designated strand of the Workforce Development and Culture function, if approved, creating a structured approach to staff engagement and reinforcing trust through visible action and communication.	01/03/25	Mike Anthony

#### PRIORITY GRADINGS

1	URGENT	Fundamental control issue on which action should be taken immediately.
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2	IMPORTANT	Control issue on which action should be taken at the earliest opportunity.
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3	ROUTINE	Control issue on which action should be taken.
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# Operational - Effectiveness Matter (OEM) Action Plan

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

ADVISORY NOTE

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

## Findings



### Directed Risk:

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

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

### Other Findings



A number of policies direct staff feedback arrangements within the Service. They include the Consultation and Engagement Policy, supported by a Consultation and Engagement Policy Delivery Guidance last reviewed in November 2024, Whistleblowing Policy last reviewed April 2025, Complaints Policy last reviewed June 2024 and Grievance Policy last reviewed December 2024. Each policy provides guidance on how feedback can be provided depending on the scenario, for example a grievance, ensuring that staff are able to provide feedback without fear of reprisal by providing a positive and supportive culture for them to provide feedback or raise concerns. Where feedback and/or concerns are raised, the Policies also detail how these are dealt with in a consistent, transparent, fair and timely manner. This also includes consulting with staff members prior to decisions being made or changes being implemented.



The People Directorate Human Resources (HR) team, including Organisational Development (OD), play a significant role in relation to feedback arrangements within the Service through the different feedback mechanisms in place, and are supported by other Directorates/ members of staff, including the Communications Team and relevant Line Managers with their roles and responsibilities clearly laid out in the policies relevant to the scope of this audit.

## Other Findings



A number of risks relating to the scope of this audit have been identified on the Service's Risk and Opportunity Register. They include the risk that public perception is affected because of the identification of unacceptable cultural behaviours within the emergency services sector reported through independent inquiries, whistleblowing and media platforms and the lack of robust stakeholder response (within an appropriate timescale) to agreed actions, outside of Corporate Assurance. Appropriate mitigating controls are in place, a selection of which were sampled as part of this audit and were found to be effectively operating. The related risks were noted to be last reviewed by their individual Risk Owners in April and May 2025. Management however confirmed that the overall Risk Register was reviewed by SLT and CLT in September 2025. A meeting is scheduled with each individual Risk Owners to review the risks further in October 2025. As at the time of this audit, the risk ratings of all identified risks relating to the scope of this audit were between High and Medium.



Several changes to work arrangements have taken place within the Service, including upcoming changes to take effect from January 2026, with the most recent significant change affecting Full Time Operational Staff in 2024 relating to their shift system (Full-Time Shift System). In the lead up to the change, it was noted there were several consultations held with all employees of the Service including representative bodies, to gather feedback and to assess the impact of the change on Operational Staff. The overall consultation process was for six months, starting approximately in June 2023, and included several activities such as presentations, staff conversations with the Strategic Leadership Team and discussions with Trade Union Representatives to ensure effective review and implementation. Regular updates to all staff were evidenced to be provided through the staff bulletin (SIREN) with several talk sessions held. A Communication Plan was also developed to help guide the process. The Communication Plan detailed key dates and deadlines to be aware of, including the number of activities to be completed, in line with the whole process.

In relation to the upcoming changes to working arrangements to take effect from January 2026, which will ensure that staff work from agreed Service location unless alternative arrangements have been formally approved by their Head of Function, a number of communications including consultations were evidenced to have been completed. Ongoing Q &A sessions are also in place with employees being encouraged to participate. This is to ensure that the Service can continue to deliver outstanding service to the communities and to support a more connected working environment. This change however does not affect the terms and conditions of employment.

Following successful implementation of the shift system, the consultation process and stakeholder engagement process was internally evaluated by the Service in September 2024 as part of an overall evaluation and, whilst it noted that concerns were raised and dissatisfaction expressed by operational staff as a result of the changes, it was noted that there were changes made to the policies guiding the shift system following the consultations which made the terms of working more reasonable. The working arrangements was seen to be further evaluated by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) during the inspection round in 2024 and was rated Good with the following statement "The service is taking steps to make sure the workforce is as productive as possible. This includes putting in place new ways of working. For example, it has changed the start time for the wholetime duty period from 9am to 7.30am. This was to reduce the impact of the shift changeover, which included routine activity such as equipment checks. Staff now complete these checks in the evening, without compromising health and safety".



The Consultation and Engagement Policy states the importance of having two-way conversations where ideas and opinions are exchanged as part of dialogue, particularly where significant changes or key decisions are to be made. For the shift system change in 2024, a consultation process was completed. Evidence provided of the consultation process showed that this encouraged two-way conversations. Reports were reviewed as part of the audit. The Equality Impact Assessment Policy further encourages inclusiveness by the Service with the aim that the workforce is truly representative of the communities it serves and for every employee to feel respected and be able to give their best. This was the aim of the consultation process to ensure that every staff member was able to provide an input to the change. This was a formal consultation process, and various consultation methods were utilised. Other feedback mechanisms that encourage two-way conversations include using PDRs, 360 feedback, Exit Interviews and meetings of Trade Unions. Examples of where these have been used and completed were seen during the audit. These provide opportunities for employees and management to have inclusive and meaningful conversations to help support employee needs.

## Other Findings



10 employees within the Service from different Directorates and Functions were interviewed in relation to the feedback mechanisms in place and their confidence in using the feedback mechanisms. These findings are in addition to the findings detailed at the MAP (recommendations) section of this report.

All 10 employees confirmed that they were aware of the feedback mechanisms in place and agreed that these helped captured concerns to a certain degree. There were however mixed responses obtained in terms of feedback addressing concerns and how effective this was. Whilst three members of staff said they effectively addressed concerns, others expressed differently. Comments obtained suggested that these were mere tick box exercises that did not follow through with their concerns and that rationales for decisions were not clearly communicated, including explaining why decisions were taken. For the members of staff involved in the shift system where consultations were completed, all of them gave mixed reviews about the consultation process during the interview, with some stating that the process was not effective as their opinions were not taken into consideration, nor concerns addressed. It was further stated that whilst this was set out to be inclusive for everyone to participate in, the conclusions did not consider what was said in the conversations and therefore not seen as inclusive. Further comments obtained suggested the time frame for the consultation was limited. Shortcomings identified in the consultation process as per testing and interviews conducted included response rate to some of the surveys and feedback gathered including method and tone of communication used to deliver the messages.



The Culture Working Group was established in April 2023 as a Task and Finish Group to complete the recommendations of the HMICFRS Report: Values and Culture in Fire and Rescue Services (March 2023). Following this, meetings were held to implement the recommendations. Management confirmed that the Culture Working Group then transitioned into a Working Group to oversee the outcomes of the Real-world Staff Survey of 2023 and the Culture Actions informed by the Let's Make a Difference Together event on 6<sup>th</sup> June 2024, an event facilitated by the Culture Working Group. Regular meetings have also been held in relation to this. It was further confirmed, that since August 2024, the Culture Working Group began a period of transition, which is still ongoing, where the purpose of the Group was to be reviewed, and a permanent lead identified. Following this, it was agreed that the new Assistant Director of People and Culture once appointed in November 2025 will take ownership of the Group and revise new Terms of Reference. Testing confirmed the Culture Working Group has helped contribute to effecting cultural actions outcomes. This is all maintained via the Culture actions log.



#### Delivery Risk:

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

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

#### Other Findings



Following the implementation of the new shift system in January 2024, and its internal evaluation internally in September 2024, it was noted that another round of inspection was undertaken by the HMICFRS between July to September 2024 and was published in February 2025. This was reported to the Fire Authority during its meeting in February 2025. A copy of the report was obtained and reviewed during the audit, this showed in relation to the scope of the audit "Ensuring fairness and promoting diversity", that the Service was rated Good. Comments from HMICFRS suggested that staff lack confidence in the feedback process and their opportunity to challenge and that the service has made limited progress in addressing staff confidence in using its feedback mechanisms and as such this remains an area of improvement. The Fire Authority, upon receiving the report, were asked to receive and acknowledge the report, taking on proactive measures to work on the recommendations for improvement.



The third round of HMICFRS inspection report identified one area of improvement that falls under the scope of this audit. This was to ensure fairness and promote diversity by ensuring that staff are confident using feedback mechanisms, so these help the service gather valuable information. This area of improvement was identified as the report noted that employees had limited confidence in the Service's feedback systems and did not think that it was effective and that there was no confidence felt by staff to challenge the Service due to the potential for repercussions. It was noted in the report, that the recent consultation process for changes to the duty period start time did not encourage a two-way conversation and many employees did not take part in the consultation as they felt the Service did not value their feedback. Based on these findings and area of improvement noted from HMICFRS, the Service has put together an action plan to address the findings regarding a lack of confidence and trust in feedback mechanisms. These actions are all ongoing with progress being made. A target date of December 2025 and March 2026 was assigned to the actions.

## Other Findings



A review of the HMICFRS Standards of Behaviour (handling of misconduct in fire and rescue services) report recommendations was completed during the audit. These recommendations have been placed onto a tracker by the Service for ease of monitoring. Of the 35 recommendations/actions raised, it was noted as at the time of this audit, 33 have been fully implemented with two still ongoing, making these partially implemented. These have however passed their internal target date, which was June 2025, but is still in line with its overall due date, which is November 2025. This translated to 96% progress overall.

Where recommendations have been implemented, evidence of how the Service complies with the recommendation is included in the recommendation's tracker. This also details the action owners. Progress against these recommendations/ actions was evidenced to be regularly shared with the Fire Authority during its meetings. One for the meeting in July 2025 was seen during the audit. This provided assurance to the Fire Authority that the Service is effectively managing each of the recommendations, ensuring their timely completion, informed by supporting and robust evidence, and that the completion of each recommendation continues to inform and improve Service policies and practices.



Several benchmarking activities are undertaken by the Service to identify best practice and areas of improvement; these include benchmarking through the Real-world survey and reports including through HMI reports. Where recommendations are listed, the Service is proactive in creating action plans to address these recommendations.



The Service commissioned Real-world, a third-party independent company, to help undertake the staff engagement survey in June 2023. The survey was independently conducted and was open for responses between August 2023 and September 2023. It was noted that the total response percentage was not equal to 100% as respondents were able to select more than one option and the percentage was calculated using the answered figure and not the total response figure. This finding is in addition to the finding detailed within the MAP recommendations section of this report.

There were 27 questions in total, and they were built around four main themes, namely "How we treat each other at work"; "culture in the fire and rescue service", "Experience of good practice in HFRS" and "You and your job". A total of 475 responses were gathered overall, and this was broken down to percentages based on number of responses per questions and indicators. The full report was reviewed during this audit. This highlighted both positive and negative experiences of working for the Service as indicated by staff and highlighted barriers to engagement. The report further indicated that staff within the Service wanted clear and open communications, transparency over decisions, leading by example and listening to and asking for opinions and feedback.



The Equality, Diversity and Inclusion (EDI) Committee supports the Service in ensuring that the Service can fulfil its EDI obligations and that staff concerns raised relating to EDI matters can be addressed. The Committee, as part of their role, ensures that inequality is removed and that fairness, diversity and inclusion is improved on, at all levels of service including proactively seeking and responding to feedback from staff whilst making sure actions taken are meaningful. Regular meetings are held and actions noted. This is one of the many ways that the Service addresses staff concerns.



Through the several feedback mechanisms in place, staffs are engaged and can contribute to innovative solutions, thereby encouraging a culture of continuous improvement including adapting to new practices. This supports sustainable practices.



The Action Plan relating to the findings from Real-world Survey is linked to HMI standards of Behaviour Recommendation, HMICFRS Assessment Criteria, Fire Standard, EDI Priorities and the Services' Strategic Plan Objectives.



The Service Improvement Plan (SIP) addresses and manages the report recommendations and their resulting actions to ensure HMICFRS deadlines are met.

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:	7 <sup>th</sup> March 2025	14 <sup>th</sup> March 2025
Draft Report:	21 <sup>st</sup> October 2025	10 <sup>th</sup> November 2025
Final Report:	11 <sup>th</sup> November 2025	



Humberside Fire & Rescue


Assurance Review of Monitoring of Working Hours

January 2026

Final



# Executive Summary

OVERALL ASSESSMENT			NO ASSURANCE	ACTION POINTS	HIGH RISK	MEDIUM RISK	LOW RISK	OPERATIONAL
					6	6	0	0
KEY STRATEGIC FINDINGS								
RM	Pertinent risks have been identified with mitigating control and responsible owners assigned.							
C	Secondary Employment forms are used instead of mandated PER27/28 forms to record secondary employment with no regular monitoring of concerns through annual PDRs.							
C	No fatigue risk assessment is conducted for roles to provide monitoring of rest periods to safeguard well-being and proactively manage fatigue.							
GF	The Service has three different policies as guidelines, but no standardised system to record and monitor total working hours across all roles.							
PM	There is currently no formal process to monitor trends and provide support to employees with secondary, on call and dual roles.							
SCOPE				ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE				
The audit reviewed the effectiveness of the systems and processes in place to monitor working hours to include: Application of related policies and procedures; and Records management including the monitoring of hours against work time directive requirements.				Inadequate resources for the HR & Availability System (FireWatch) may cause inaccurate or incomplete data, prevent implementation of the self-service module, limit reporting capability, and hinder tracking of annualised hours under new duty systems.				

## Assurance - Key Findings and Management Action Plan (MAP)

Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Performance Monitoring	The Watch Monitoring Team is responsible for identifying positive or negative trends in employee availability. One of the Watch Managers confirmed that this review is carried out monthly and recorded in a spreadsheet, which is reviewed weekly. However, no evidence was provided to support this.	Formalise the process of analysing positive or negative trends in employees' availability, ensuring that records are retained to provide a clear audit trail.	1	<i>A discussion has taken place with the On Call Group Manager and the On Call Liaison Manager to ensure that all On Call Watch Managers are recording the date on the relevant spreadsheet.</i>  <i>This will be formally recorded each month.</i>	31/01/26	HoHR On Call GM and On Call Liaison Officer

### PRIORITY GRADINGS

1	<b>HIGH RISK</b>	Fundamental control weaknesses or compliance issues that require immediate attention.
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2	<b>MEDIUM RISK</b>	Control weaknesses that are not critical but require planned action at the earliest opportunity.
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3	<b>LOW RISK</b>	Minor issues on which action should be taken or monitored as part of continuous improvement.
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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
2	Compliance	<p>The Secondary Employment and Outside Commitments Policy requires employees to notify the Chief Fire Officer, via their Group Manager or Section Head, before starting any secondary employment using form PER 27. Strategic Managers and the Chief Fire Officer must use PER 28 to report outside commitments, with the CFO notifying the Fire Authority Chair.</p> <p>Managers (Crew Manager level and above) must:</p> <p>Ensure staff declare and record secondary employment using PER 27.</p> <p>Monitor working hours and rest periods throughout the year.</p> <p>Review and document secondary employment annually during PDRs.</p> <p>Discuss any concerns with the HR Service Partner (HRSP).</p> <p>However, the Policy and current processes do not specify how total working hours across roles should be recorded or monitored, relying instead on self-reporting and managerial oversight. The Head of HR has indicated that an upgraded version of Firewatch, enabling the recording and monitoring of hours, is being procured for implementation from January onwards.</p>	The Service to establish a standardised and verifiable system for recording and monitoring total working hours across all roles, integrated with the forthcoming Firewatch upgrade. This system to capture data from primary and secondary employment records to ensure compliance with working time regulations and to mitigate fatigue risks. Clear guidance and accountability mechanisms be introduced for managers to review and act upon the data regularly, supported by periodic audits to ensure accuracy and consistency of reporting.	1	<p><i>Enquiries will be made with the external provider of FireWatch to understand whether there is an automated element that can be built into the system.</i></p> <p><i>The element will be incorporated into the system with the appropriate tests and training being carried out.</i></p> <p><i>Guidance documents and training will be provided to Managers.</i></p> <p><i>Frequency of audits will be monthly.</i></p>	<p>21/01/26</p> <p>28/02/26</p> <p>31/03/26</p> <p>31/12/26</p>	<p>HoHR</p> <p>HoHR HR Systems Auditor and Data Analyst</p> <p>HoHR HR Systems Auditor and Data Analyst</p> <p>HR</p>

#### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
3	Compliance	The On-Call Duty System Policy governs dual-role employees to ensure that on-call duties do not compromise required rest periods or exceed established working hour limits. Monitoring of on-call hours is delegated to Station Management Teams, with the system configured to flag any individual exceeding the 42-hour threshold. Instances of exceedance are referred to On-Call Group Managers for investigation; however, this process remains informal and lacks documented evidence of actions taken or resulting outcomes.	Ensure that the new Firewatch system is fully aligned with the On-Call Duty System Policy and dual contracts policy requirements. The system should incorporate automated alerts for threshold breaches, comprehensive audit trails, and robust reporting functionality.	1	<i>The HoHR, the On Call Group Manager, On Call Liaison Watch Manager will review the policies with the FireWatch team.</i>	16/02/26	<i>HoHR, On Call Group Manager, FireWatch team, On Call Liaison Watch Manager</i>
4	Compliance	A sample of 15 employees was selected to verify whether the required PER27/28 forms had been completed and properly documented. In all cases, a Secondary Employment Monitoring Form had been used in place of the PER27/28 form. A review of these forms identified that, in two instances, a section designated "for completion by line manager" was left incomplete, although a manager's sign-off was present. In the remaining 13 instances, the form did not include any section for managerial review.	Compliance be maintained to completion of PER27/28 as mandated within the Secondary Employment and Outside Commitment Policy.  If being used, Secondary Employment forms to have a standardised template with managerial review section formally verified by the responsible manager.	1	<i>The forms have been standardised and the policy is being revised to reflect the same.</i>	31/01/25	<i>HoHR</i>

#### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
5	Compliance	<p>The Service's On-Call Duty System provides a structured framework for managing staff availability, rest periods, and dual contracts. Employees are required to commit to weekly availability profiles, which are monitored over a 56-day rolling period, with advance plotting of on-call commitments. Staff holding dual contracts must observe a minimum rest period of six hours before and one hour after a 24-hour shift, with compensatory rest granted for any callouts occurring during designated rest periods. The system supports flexible booking on and off call to assist with fatigue management, and compliance is overseen through audits and performance management procedures.</p> <p>However, there is no centralised or automated mechanism to record or monitor cumulative working hours across dual roles, which increases the risk of oversight or error. While rest and compensatory rest provisions are clearly defined, fatigue management remains largely self-managed, and there is no predictive or system-driven fatigue risk assessment in place to proactively identify individuals at heightened risk of fatigue.</p>	A formal Fatigue Risk Assessment be conducted for all personnel engaged in On-Call Duty and those holding dual contracts, to enable the systematic tracking and monitoring of rest periods. In conjunction, appropriate measures and support mechanisms be implemented to safeguard employee well-being and promote a proactive approach to fatigue management.	1	<p><i>A formal Fatigue Risk Assessment will be undertaken with On Call individuals, including those with dual contracts.</i></p> <p><i>Appropriate communications will be issued in Siren around rest periods, support routes and raising the profile of fatigue management. This will appear monthly to ensure the subject remains current across the organisation.</i></p>	<p>30/04/26</p> <p>31/01/26 and every month thereafter</p>	<p>HoHR, On Call Group Manager</p> <p>HoHR and HoOH&amp;WB</p>

#### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
6	Compliance	No PDR documents were provided for employees who had disclosed secondary employment. The Head of HR explained that, although the secondary employment question is considered during the PDR process, formal documentation of this will be implemented going forward.	Compliance be maintained by ensuring the secondary employment discussion is reviewed annually during the PDR, with any concerns regularly monitored and followed up.	1	<i>The 2026 PDR process will see the form amended so that evidence of a formal discussion around secondary employment is able to be easily demonstrated.</i>	31/01/26	HoHR and HoOD
7	Performance Monitoring	Weekly and 56-day audits are conducted to ensure employees meet both total and specified availability requirements. A monthly audit reviewed at Kirton Lindsey, Borough Station and Patrington showed how contracted-hours compliance is monitored by identifying employees who may fall short of their required hours and notifying them so they can monitor their own availability.	Compliance be maintained with the mandated weekly and 56-day audit to track employee hours ensuring ongoing support is provided to staff and reducing reliance on self-monitoring.	2	<i>This will continue to be maintained.</i>	31/12/26	HoHR and On Call Group Manager
8	Resilience	Current audits and disciplinary procedures relating to the monitoring of working hours primarily address non-compliance after it has occurred. There is limited focus on proactive engagement, coaching, or early intervention to support staff before issues escalate.	Introduce a proactive monitoring and support framework that includes early engagement with employees who may be at risk of non-compliance. This should involve regular check-ins, coaching, and timely interventions to address emerging issues before they escalate into formal non-compliance.	2	<i>A guidance document will be drafted for managers and rolled out in time for the Secondary Employment training provided by HR which is due to commence in February 2026 and be concluded by May 2026. The training will be provided to all managers to ensure that all staff who have secondary employment or outside interests are supported.</i>	30/05/26	HoHR

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
9	Compliance	<p>The Fatigue Policy emphasises personal responsibility for rest before shifts and requires managers to assess fitness for duty and take action if fatigue is evident.</p> <p>It includes operational safeguards like crew rotation, rest breaks, and stand-down time and provides guidance for managing fatigue after physically demanding training. The Annual PDRs include questions on secondary employment and well-being, allowing for regular check ins. The policy relies heavily on self-reporting and managerial observation with no link to monitoring cumulative hours worked across roles. While fatigue is addressed, broader mental health and well-being strategies are not in place.</p>	Embed mental health check-ins into PDRs and offer continuous access to counselling or resilience training.	2	<p><i>This will be implemented in time for the 2026 PDR process.</i></p> <p><i>Continuous reminders of the support available will feature in Siren, providing an easy reference guide for all employees.</i></p>	<p>28/02/26</p> <p>31/01/26</p>	<p><i>HoOD and HoOH&amp;WB</i></p> <p><i>HoHR, HoOH&amp;WB, Comms</i></p>
10	Compliance	The Secondary Employment Policy provides for an exemption from the 11-hour rest rule for on-call staff. However, this provision may warrant review to ensure that associated fatigue risks are effectively managed. The Head of HR has confirmed that actual working hours across on-call roles and primary employment are not currently tracked in a formal or systematic manner.	Actual working hours across dual roles (for example On-Call and primary employment) be regularly reviewed to ensure they remain within legal limits, enabling timely identification and management of potential fatigue risks.	2	<i>A formal process will be implemented and owned by the On Call WMs to ensure compliance.</i>	31/03/26	<i>HoHR, On Call Group Manager, On Call Liaison Officer</i>

#### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
11	Compliance	Discussion regarding the forthcoming Firewatch system upgrade revealed enhanced control mechanisms by automatically calculating total hours worked across multiple contracts and presenting this data via an auditable dashboard. The system will include trigger points for dual-contract staff exceeding the 17-week average threshold, prompting formal investigation and consideration of compensatory rest. Relevant policies are under revision to reflect these system improvements.	Upon policy revision, provide guidance and training to Station Management Teams and On Call Group Managers to ensure consistent application of thresholds, investigation procedures, and documentation standards.	2	<i>Training is taking place in 2026 around this subject matter.</i>	30/05/26	HoHR
12	Performance Monitoring	A monthly audit of contracted hours was reviewed and found to have been conducted across three stations, focusing on a sample of employees contracted hours. It was observed that the same sample of employees was selected each month, resulting in repeated monitoring of the same individuals rather than rotating the sample. This approach limits the effectiveness of the audit, as it does not provide a comprehensive view of compliance across the wider workforce and may fail to identify discrepancies in other employees contracted hours.	Implement a rotational sampling approach for the monthly contracted hours audit. This would involve selecting a different set of employees each month across all stations to ensure broader coverage and reduce the risk of overlooking discrepancies.	2	<i>Sampling began once the On Call team had merged with HR. Rotational sampling is already in place, and the same sample of employees is not utilised each month. A more formal reporting process is being implemented for 2026, with the On Call Group Manager, Area Manager and Assistant Director for People &amp; Culture being notified of the results.</i>	31/12/26	HoHR

#### PRIORITY GRADINGS

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# Operational - Effectiveness Matter (OEM) Action Plan

Ref	Root Cause Indicator	Finding	Suggested Action	Management Comments
No operational effectiveness matters were identified.				




ADVISORY NOTE

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

## Findings

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	<b>Governance Framework</b>	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place		
RM	<b>Risk Mitigation</b>	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b>	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Not in place	2, 3, 4, 5, 6, 9, 10 & 11	-
PM	<b>Performance Monitoring</b>	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Not in place	1, 7 & 12	-
S	<b>Sustainability</b>	The impact on the organisation's sustainability agenda has been considered.	In place	-	-
R	<b>Resilience</b>	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Not in place	8	-

### Other Information

-  The Risk and Opportunity Register highlights that inadequate resources for the Human Resources & Availability System (FireWatch) may cause inaccurate or incomplete data, preventing implementation of the self-service module, limit reporting capability, and hinder tracking of annualised hours under the new duty systems. Mitigations, testing, and ownership are in place to manage the risk.
-  An audit was conducted during 2025, which required all employees to complete the relevant form disclosing any secondary employment or external commitments. Completed forms were returned and subsequently uploaded to Firewatch. The resulting Tracker identified 934 employees, of whom 67 reported dual contracts, secondary employment, or on-call duties, and 66 confirmed they had no secondary employment. 800 employees did not respond; in these cases, it has been assumed that they had no disclosures to make.
-  The Service currently utilises Firewatch to retain records; however, it only captures live and current data. While individual records are maintained within personnel files, a comprehensive employee record incorporating secondary employment is not presently maintained. Discussions with the Head of HR confirmed that the new version of Firewatch, scheduled for launch in January 2026, will support the creation and management of such comprehensive records (Recommendation 2 refers).

## Other Information



The Policies in place assign responsibility to all managers, from Crew Managers to members of the Station Management Teams, to monitor working hours. However, the Head of Human Resources has confirmed that, while this monitoring occurs informally, there is currently no formal record-keeping process in place. (recommendation 2 refers).



The Service has established three policies governing the monitoring of working hours within the organization, namely the On-Call Duty System Policy (effective September 2024–2026), the Secondary Employment and Outside Commitment Policy (effective December 2024–2026), and the Fatigue Policy (effective July 2025–2026). In accordance with the Service’s policy governance framework, policies are subject to approval only when a new policy is introduced or when amendments to an existing policy are proposed.

All three policies align with the Working Time Directive (UK) requirements. The Secondary Employment Policy requires employees to declare secondary employment to ensure managers monitor total working hours. The policy mandates employees to not perform outside work within 11 hours of starting a shift except on call staff. The On-call duty system Policy references the Working time Regulations 1998, requiring the 11 hours rest in 24 hours and 24 hours weekly rest. The Fatigue policy reinforced the need for adequate rest before shifts and managers responsible to adapt shift activities to balance workload.

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.

Assignment Engagement Details

3.

TIAA Auditors	Title	Contact Email
Gurmin Kaur	Senior Auditor	gurmin.kaur@tiaa.co.uk
David Robinson	Director of Audit	David.robinson@tiaa.co.uk

Effectiveness of arrangements

4. 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

5. 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

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

Release of Report

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Audit Planning Memorandum:	7 <sup>th</sup> March 2025	7 <sup>th</sup> March 2025
Draft Report:	27 <sup>th</sup> November 2025	15 <sup>th</sup> January 2026
Final Report:	16 <sup>th</sup> January 2026	




Humberside Fire & Rescue

Assurance Review of Joint Estates

January 2026

Final

# Executive Summary

OVERALL ASSESSMENT			LIMITED ASSURANCE	ACTION POINTS	HIGH RISK	MEDIUM RISK	LOW RISK	OPERATIONAL
					6	3	0	0
KEY STRATEGIC FINDINGS								
C	The JES Estates Asset Management Plan 2025-29 outlines a comprehensive strategy for managing the joint estate of Humberside Police (HP) and Humberside Fire & Rescue Service (HFRS).							
C	The Estates strategy lacks a statutory compliance framework to provide as an audit trail for requirements being met.							
C	Lack of building maintenance monitoring was found.							
C	The Business Continuity Plan does not have a formal resilient framework.							
PM	Annual reviews and performance monitoring via KPIs is currently not being undertaken.							
SCOPE				ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE				
The review established progress made in achieving the objectives contained within the 2018 Joint Estates Service collaboration document. These were to: Improve efficiency and effectiveness of estates management; Increased business resilience by sharing resources, systems, software and training; Develop a common asset management plan and estates strategy and effective property management process; Reduce revenue and capital costs of the estates service, including reducing spend on professional fees and the use of common maintenance and service contracts; and Work collaboratively to deliver continuous improvement across the estate to ensure we meet our statutory requirements.				Lack of capability/capacity within the JES may result in failure to deliver large scale capital projects within agreed timescales, increasing health & safety risks, detriment to operational response, financial implications and reputational damage.				

## Assurance - Key Findings and Management Action Plan (MAP)

Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
1	Compliance	The JES agreement 2018 included "working collaboratively to deliver continuous improvement across the Police and Fire Service's estate to ensure that the Parties meet their statutory requirements." with inclusions of regulatory acts. The 2025 draft improves statutory compliance by moving from broad obligations to a structured, measurable framework by including performance KPIs tied to statutory standards while restricting to response times.	Expand performance KPIs beyond response time to include percentage of statutory inspections completed on schedule and include an escalation protocol for non-compliance incidents	1	<i>The new agreement includes a more detailed appendix covering the KPIs.</i>  <i>This is still in draft and will be adjusted to include kpi for standard statutory testing.</i>	31/03/2026	Head of JES, Head of Estates HFRS
2	Compliance	The draft 2025 agreement currently lacks a compliance framework to be able to meet statutory requirements.	Introduce a compliance framework by creating a statutory compliance register listing all applicable laws and standards, responsible officer for each compliance area and review frequency, thereby providing an audit trail.	1	<i>This will be requested of JES for 2026/27 year.</i>	31/05/2026	Head of JES
3	Compliance	2025 JES Evaluation provides KPIs for Emergency and non-emergency repairs, but other building maintenance areas are not effectively being monitored currently.	Operational efficiency be maintained by regular monitoring of reactive and cyclical maintenance, capital programme delivery and strategic estate reviews on an annual basis.	1	<i>Cyclical decoration, grounds and cleaning to be delivered in 2026/27 programme. BS Officer to build annual station review/plan.</i>	31/05/2026	Head of JES, Head of Estates HFRS

### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
4	Compliance	The Business Continuity plan provides responsible roles, activation of plan, accommodation, IT and authorisation with essential contact details. The plan also includes a section for tabletop exercises undertaken which is incomplete. However, a screenshot of tabletop exercises planned and undertaken were reviewed, which had incomplete details of some exercises as these did not have a completion date or had a future completion date. This poses a risk that exercise records maybe inaccurately maintained. No tabletop exercised document was provided as part of the fieldwork to provide assurance.	Update and maintain the Business Continuity Plan to ensure completeness and accuracy of tabletop exercises. Implement a formal process to record all exercises with planned dates, actual completion dates, and outcomes, supported by periodic reviews and reporting on lessons learnt from the exercise.	1	JES to provide a BC plan that includes timelines and firm logging of the exercise and outcomes/improvements	31/05/2026	Head of JES
5	Performance Monitoring	Annual reviews and performance monitoring via KPIs e.g., response times, satisfaction, budget adherence are mandated within the agreement, but no formalised annual review was available.	Compliance be maintained to undertaking annual reviews and performance monitoring via KPIs as agreed.	1	JES to provide annual compliance report for 2026/27 year, and onwards.	31/03/2027	Head of JES
6	Performance Monitoring	The agreement specifies that the Collaboration Agreement will be reviewed by the Transformation Board within six months of commencement and thereafter annually. No corresponding minutes were provided to evidence the monitoring.	Compliance be maintained to updating the Transformation Board annually	1	Agreement not reviewed for 7 years. 2026 being the first agreement review and signed change.	31/03/2026	Head of JES, Head of Estates HFRS

#### PRIORITY GRADINGS

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Ref	Root Cause Indicator	Finding	Recommendation	Priority	Management Comments	Implementation Timetable (dd/mm/yy)	Responsible Officer (Job Title)
7	Compliance	JES 2018 and draft 2025 both only include reference to GDPR and UK Data Protection Act with no explicit legal reference to specific statutory requirements.	The updated JES agreement to explicitly reference key laws (Health & Safety Act 1974, Building Regulations 2010, Equality Act 2010) with a clause requiring regular monitoring towards changes in law to update policies	2	Will add within draft agreement for signing March 2026.	31/03/2026	Head of JES, Head of Estates HFRS
8	Compliance	The JES agreement mandates a Business Continuity Plan for JES. This was evidenced and dated March 2024 with an annual review and was therefore past its review date	The Business Continuity Plan be reviewed and approved annually.	2	JES to bring back in-date and evidence.	31/3/2026	Head of JES
9	Performance Monitoring	Financial Update was provided within the Joint Estates Board minutes from October 2025. This includes Budget monitoring and capital programme spending but does not include a commentary section to provide detail on the monitoring of cost allocation vs spend.	Financial Update to incorporate detailed commentary to include budget adherence and monitoring of cost allocation vs spending.	2	Add comment section to all excel finance sheets and provide more detailed commentary.	31/03/26	Head of JES

#### PRIORITY GRADINGS

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# Operational - Effectiveness Matter (OEM) Action Plan

Ref	Root Cause Indicator	Finding	Suggested Action	Management Comments
No operational effectiveness matters were identified.				

ADVISORY NOTE

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

## Findings

Ref	Expected Key Risk Mitigation		Effectiveness of arrangements	Cross Reference to MAP	Cross Reference to OEM
GF	<b>Governance Framework</b>	There is a documented process instruction which accords with the relevant regulatory guidance, Financial Instructions and Scheme of Delegation.	In place	-	-
RM	<b>Risk Mitigation</b>	The documented process aligns with the mitigating arrangements set out in the corporate risk register.	In place	-	-
C	<b>Compliance</b>	Compliance with statutory, regulatory and policy requirements is demonstrated, with action taken in cases of identified non-compliance.	Partially in place	1, 2, 3, 4, 7 & 8	-
PM	<b>Performance Monitoring</b>	There are agreed KPIs for the process which align with the business plan requirements and are independently monitored, with corrective action taken in a timely manner.	Partially in place	5, 6 & 9	-
S	<b>Sustainability</b>	The impact on the organisation's sustainability agenda has been considered.	In place	-	-
R	<b>Resilience</b>	Good practice to respond to business interruption events and to enhance the economic, effective and efficient delivery is adopted.	Partially in place	-	-

### Other Information













The Joint Estates Strategy (JES) 2025–2029 outlines a collaborative vision between Humberside Police and Humberside Fire and Rescue Service to modernise and optimize their shared estate portfolio. The strategy aims to deliver a flexible, sustainable, and efficient infrastructure that supports operational excellence and community safety. The Strategy supports organisational objectives by focusing on efficiency, resilience, and cost reduction. It modernises infrastructure through a corporate landlord model and data-driven asset management, promotes collaboration via shared facilities and governance boards, and embeds continuous improvement through compliance and proactive maintenance. Key priorities include rationalising assets, leveraging whole-life costing, and ensuring estates remain safe, resilient, and fit for purpose.



The JES Estates Asset Management Plan 2025-29 outlines a comprehensive strategy for managing the joint estate of Humberside Police (HP) and Humberside Fire & Rescue Service (HFRS). It aims to enhance operational efficiency, resilience, and sustainability through unified property management, maintenance, and capital planning. The estate comprises a mix of older and newer buildings, with significant backlog maintenance needs, especially in pre-1975 constructions. The plan introduces structured maintenance regimes, including statutory, cyclical, and reactive maintenance, supported by a Six Facet Survey model assessing physical condition, functionality, space use, quality, compliance, and energy performance. Facilities management covers catering, cleaning, and waste services, while performance is tracked via KPIs and benchmarking. The plan also includes business continuity provisions and a corporate accommodation policy to support modern working practices and estate rationalisation.

## Other Information

-  The Joint Estates Strategy, JES Estates Asset Management Plan 2025-29, JES Review Final October 2025 Draft Schedule provide a comprehensive strategy for managing as well as services provided by JES to HFA and HP. There are clear delineations of responsibilities, supported by KPIs and governance structures, providing strong evidence of efforts to improve both efficiency (through streamlined processes and cost control) and effectiveness (through service quality and compliance). All three documents are currently in draft due for approval in January 2026 as confirmed by the Group Manager.
-  The 2018 Agreement introduces resource sharing, primarily through transitional asset transfers (vehicles, laptops, phones) and shared premises at Melton, with the PCC handling procurement and HFA granting access to its sites. It emphasises collaboration for efficiency but provides limited detail on governance. In contrast, the 2025 Draft formalizes resource sharing with an asset register, trust ownership principles, and structured governance via the Joint Estates Group (JEG). It strengthens resilience by promoting shared systems, software, and training, and maintains PCC-led procurement and joint use of maintenance/service contracts.
-  The Joint Estates Service is achieved by separating strategic oversight, operational delivery, and financial control: the Transformation Board sets direction and reviews performance, while the Joint Estates Group (JEG) prioritises spend, approves larger projects, and provides assurance; day-to-day operations, procurement, and compliance are managed by Humberside Police as the lead organisation (HP), with Humberside Fire Authority (HFA) retaining specified out-of-scope services. Risk, data protection, confidentiality, and health & safety responsibilities are defined and monitored independently of operations, and employment matters (e.g., TUPE, liabilities, redundancies) are governed jointly with costs apportioned by JEG together ensuring no single body controls initiation, approval, execution, and review of estates activities.
-  The Risk and Opportunity Register highlights, 'Lack of capability/capacity within the JES may result in failure to deliver large scale capital projects within agreed timescales, increasing health & safety risks, detriment to operational response, financial implications and reputational damage.' The risk identified has pertinent controls and responsible owner assigned for regular review.
-  A standalone JES Risk Register has also been put together identifying various risks including financial and people. These risks have been scored, with appropriate controls and risk owner assigned.
-  In the 2018 agreement, Objective 4 towards revenue and capital costs is presented as a high-level aim: "Reduced revenue and capital cost of their estates services and the management of property, including reducing spend on professional fees and the use of common maintenance and service contracts." It focuses broadly on cost reduction through shared contracts and lower professional fees. In the 2025 draft, the wording remains the same, but the surrounding framework makes it more actionable. It is embedded within a detailed financial strategy that includes structured cost-sharing, call-off arrangements for capital projects, and intelligent client approaches to reduce outsourcing. This reflects a shift from a general aspiration to a more operational and measurable objective supported by governance and procurement mechanisms.
-  Evidence was found of multiple email exchanges relating to cost reviews, including discussions on the Immingham East project and the solar roof initiative, where potential cost-saving measures were actively considered.
-  The joint Parties commit to achieving measurable reductions in both revenue and capital expenditure associated with estates services by implementing a unified approach to property management. This includes consolidating maintenance and service contracts across both organisations to leverage economies of scale, thereby securing more competitive pricing and reducing duplication.
-  The JES Estates Asset Management Plan details sustainability as a key focus, with both services (HP and HFA) collaborating on decarbonisation projects and environmental strategies aligned to UN Sustainable Development Goals. The plan emphasises reducing direct emissions, improving energy efficiency, and minimising environmental impact through sustainable procurement and construction practices. Key initiatives include decarbonisation projects (with £4m already in delivery), transitioning to a green fleet, water-saving measures, and waste reduction strategies. Progress will be tracked via annual carbon reporting, with significant reductions already achieved (Police: 54%, Fire: 50% since baseline years). Future efforts will focus on securing funding, adopting innovative technologies, and embedding sustainability into all estate improvements and capital works.
-  Quarterly minutes from Joint Estates Programme Board were reviewed from January, April and July 2025 providing an update on finance, estates, building and capital programme.

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.

Assignment Engagement Details

3.

TIAA Auditors	Title	Contact Email
Gurmin Kaur	Senior Auditor	gurmin.kaur@ttaa.co.uk
David Robinson	Director of Audit	David.robinson@ttaa.co.uk

Effectiveness of arrangements

- 4. 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

5. 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

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

Release of Report

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

Stage	Issued	Response Received
Audit Planning Memorandum:	31 <sup>st</sup> March 2025	31 <sup>st</sup> March 2025
Draft Report:	22 <sup>nd</sup> December 2025	15 <sup>th</sup> January 2026
Final Report:	16 <sup>th</sup> January 2026	



Humberside Fire and Rescue

Mid-Year Follow Up Review

January 2026

Final



# Executive Summary

## Introduction

1. This follow up review by TIAA established the management action that has been taken in respect of the recommendations arising from the internal audit reviews listed below at Humberside Fire and Rescue. The review was carried out in August 2025.

Review	Year	Date Presented to Audit Committee
Follow Up	2024/25	July 2025
ICT Management Controls	2024/25	February 2025
Contingency Fire Crew	2024/25	July 2025
Training Records	2024/25	September 2024

## Key Findings & Action Points

2. The follow up review considered whether the management action taken addresses the control issues that gave rise to the recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss. From the work carried out the following evaluations of the progress of the management actions taken to date have been identified.

Evaluation	Number of Recommendations
Implemented	3
Outstanding	7
Outstanding (Not Yet Due)	1

3. The key issues identified are that, due to staffing capacity, the implementation of outstanding Firefighter Development Pathway recommendations has been delayed. Additionally, due to a change in staff member for the role of Station Manager, the implementation status of multiple Contingency Fire Crew recommendations could not be established during the audit.

## Scope and Limitations of the Review

4. The review considered the progress made in implementing the recommendations made in the previous internal audit reports and established the extent to which management has taken the necessary actions to address the control issues that gave rise to the internal audit recommendations.
5. The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.
6. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

## Disclaimer

7. The matters raised in this report are only those that came to the attention of the auditor during the course of our work 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.

## Release of Report

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

<b>Date draft report issued:</b>	11 <sup>th</sup> September 2025
<b>Date management responses rec'd:</b>	29 <sup>th</sup> January 2026
<b>Date final report issued:</b>	29 <sup>th</sup> January 2026

# Findings

## Follow Up

9. Management representations were obtained on the action taken to address the recommendations and limited testing has been carried out to confirm these management representations. The following matters were identified in considering the recommendations that have not been fully implemented:

### 10. Follow Up 2024/25

Audit title	Firewatch	Audit year	2022/23	Priority	3
Recommendation	A plan be developed to move away from using substantial HR resources for duplicate data entry and parallel monitoring of the HFRS establishment, and towards robust procedures for ensuring the integrity of Firewatch as the primary data source.				
Initial management response	HR are in the process of creating a central online system together with Finance that will negate the need to have the tracker in future.				
Previous Update	<p><u>August 2023</u> Tracker will remain live until data cleanse completed, user groups reviewed and relevant staff trained on version 7.8.</p> <p><u>March 2024</u> This remains ongoing.</p> <p><u>August 2024</u> In-line with the recommendation relating to data quality, new processes, and changes to ways of working will result in FireWatch being the only source of HR data. Currently the existing spreadsheets are still being used.</p> <p><u>March 2025</u> As the dual running trial starts in January 2025, this will push forward the need to ensure that any personnel changes are put into FireWatch in the same time frame as they are put into FSR. Once this is underway then the confidence of the data in Firewatch will result in the ceasing of need to maintain externally held establishment information. Dual running trial (linked to payroll) to commence February to April 2025.</p>				
Responsible Officer/s	ICT/Finance/HR	Original implementation date	30/04/2023	Revised implementation date(s)	30/04/2024 31/07/2025
Latest Update	The Fire Service is due to formally hand notice to their existing system supplier on 1 <sup>st</sup> October to comply with the required three month notice period. The final implementation of Firewatch will take place in January.				
New implementation date	01/01/2026	Status	Outstanding	Implementation is in progress, but the original target date has not been met.	

<b>Audit title</b>	<b>Firefighter Development Pathway</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	<b>1</b>
<b>Recommendation</b>	It be ensured the adopted process for Fire Fighter Development be consistently and accurately followed by all relevant parties. As part of the quality assurance process, samples be selected according to an adopted frequency to ensure all aspects of the process have been correctly followed. This will ensure errors are immediately corrected before further progression.				
<b>Initial management response</b>	<p>a) A full review of the process and tracker is currently underway, which includes review dates, workbook deadlines, portfolio progress and completion and assessment results.</p> <p>b) Once review is complete the Quality Assurance process will recommence and will be the responsibility of the Pathway SM and managed through monthly progress/performance meetings with the pathway team.</p> <p>C) Progress and management of pathway affected by long term sickness, loss of experienced pathway staff and changes in the team. Additional personnel required due to number of learners and developmental work still to complete.</p>				
<b>Previous Update</b>	<p><u>March 2025</u></p> <p>All pathway folders have been reviewed and a gap analysis conducted. Feedback and learning gathered has been built into progress reviews moving forward. Initial review complete, quality Assurance process re-established and is the responsibility of the OD Station Manager. Monthly pathway team meeting now in place to discuss progress and identify any barriers.</p>				
<b>Responsible Officer/s</b>	Sam Teather OD SM	<b>Original implementation date</b>	08/09/2024	<b>Revised implementation date(s)</b>	31/03/2025
<b>Latest Update</b>	The implementation of this recommendation has been restricted by the staffing capacity available within the Fire Service. Additional pathway team members are required to manage existing and future workloads.				
<b>New implementation date</b>	31/12/2025	<b>Status</b>	<b>Outstanding</b>	Implementation is in progress, but the original target date has not been met.	

<b>Audit title</b>	<b>Firefighter Development Pathway</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	2
<b>Recommendation</b>	Line Managers and Fire Fighters be reminded of the need to accurately complete and sign -off review forms to ensure that this is completed to the required standard.				
<b>Initial management response</b>	a) Communication to all, via 1:1 and team sessions with WM's, Teams and comprehensive ongoing communications plan outlining the process. b) Dedicated pathway email set up and Q&A to be developed. c) Pathway information pack to be developed to support guidance document. d) Training for new pathway team and outline of expectations to WM teams (full time and on-call). e) Awareness raising at District performance meetings and Watch Management meetings.				
<b>Previous Update</b>	<u>March 2025</u> a) Pathway induction and expectations included in fulltime and On-Call induction days/weeks as part of initial training. Support and guidance provided to all watch/station management teams who have or are due to receive a trainee FF. Clear and transparent process in relation to milestone assessments, with assessment criteria and marking schemes made available to learners and management teams in good time to assist in preparation. b) Dedicated pathway email established and in use by team and learners. Monitored daily by the pathway team. FAQ section to be established on the dedicated Pathway SharePoint page. c) Outstanding - Presentation developed and timeline documents formulated and structured guidance document to be developed. d) Training and standardisation meetings have been completed. Inductions provided to all learners as part of their initial training onboarding and induction/input provided to all On-Call/Full-Time management team who have or are due to receive a trainee. Additional guidance has been given by way of enhanced visits to several stations and presenting to Management teams about the pathway, SIREN content planned for awareness. Request made to attend district performance meetings to discuss progress/barriers/learning and any performance issues.				
<b>Responsible Officer/s</b>	Sam Teather OD SM	<b>Original implementation date</b>	31/12/2024	<b>Revised implementation date(s)</b>	31/03/2025
<b>Latest Update</b>	The implementation of this recommendation has been restricted by the staffing capacity available within the Fire Service. Additional pathway team members are required to manage existing and future workloads.				
<b>New implementation date</b>	31/12/2025	<b>Status</b>	Outstanding	Implementation is in progress, but the original target date has not been met.	

<b>Audit title</b>	<b>Staff Forums and EDI Steering Group</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	3
<b>Recommendation</b>	Clarity be provided for the Equality Ambassadors as to their role and membership within the EDI Steering Group.				
<b>Initial management response</b>	Clarity be provided for the Equality Ambassadors as to their role and membership within the EDI Steering Group. Clarity be provided for the Equality Ambassadors as to their role and membership within the EDI Steering Group.				
<b>Previous Update</b>	<u>March 2025</u> The EDI lead confirmed that they are to create an understanding of the role of the Equality Ambassador, create a clear role description and expectation, and review how it fits with the EDI Committee.				
<b>Responsible Officer/s</b>	HoF Corp Assurance	<b>Original implementation date</b>	31/08/2024	<b>Revised implementation date(s)</b>	30/09/2025
<b>Latest Update</b>	An initial Meeting with the Senior Leadership Team (SLT) took place in August to discuss the role and new role descriptions have been developed. The revised role descriptions are the to be re-presented to SLT following review by the Areas Manager for Service Improvement. The revised implementation of date 30/09/2025 is still in place.				
<b>New implementation date</b>	30/09/2025	<b>Status</b>	Outstanding (Not Yet Due)	Implementation is in progress and is within the revised target date.	

#### 11. Contingency Fire Crew

<b>Audit title</b>	<b>Contingency Fire Crew</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	2
<b>Recommendation</b>	It be ensured that all Contingency Fire Crew members undertake mandatory and specified role relevant training as specified within the Training Plan and other training guides. This be duly monitored for non-compliance. It be further ensured that the competency report generated, accounts for all Contingency Fire Crew staff. This ensures appropriate oversight of all competency levels by the relevant authority.				
<b>Initial management response</b>	We have refreshed the Policy Delivery Guidance and improved the CFC governance structure. The Station Manager responsible for CFC will ensure that mandatory and role specific training will take place by all CFC staff.				
<b>Responsible Officer/s</b>	Station Manager CFC	<b>Original implementation date</b>	31/03/2025	<b>Revised implementation date(s)</b>	N/A
<b>Latest Update</b>	The implementation of this recommendation was unable to be established during the audit, due to a new member of staff undertaking the role of Station Manager.				
<b>New implementation date</b>	31/12/2025	<b>Status</b>	Outstanding	Implementation is in progress, but the original target date has not been met.	

<b>Audit title</b>	<b>Contingency Fire Crew</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	<b>2</b>
<b>Recommendation</b>	It be ensured that all Contingency Fire Crew staff undertake fitness tests in line with the Service's Fitness Standards as prescribed within the Fitness and Wellbeing Policy.				
<b>Initial management response</b>	The Policy Delivery Guidance has been refreshed to cover CFC fitness testing. The requirement now reflects that of the wider service. All CFC staff have undertaken fitness testing and now fall within the Fitness and Wellbeing Policy.				
<b>Responsible Officer/s</b>	Station Manager CFC	<b>Original implementation date</b>	31/03/2025	<b>Revised implementation date(s)</b>	N/A
<b>Latest Update</b>	The implementation of this recommendation was unable to be established during the audit, due to a new member of staff undertaking the role of Station Manager.				
<b>New implementation date</b>	31/12/2025	<b>Status</b>	<b>Outstanding</b>	Implementation is in progress, but the original target date has not been met.	

<b>Audit title</b>	<b>Contingency Fire Crew</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	<b>2</b>
<b>Recommendation</b>	A process be developed by which costs relating to CFC arrangements are effectively monitored and reported. Regular discussions with Finance be held against spend within this area to ensure variances are investigated and to allow for accurate forecasting.				
<b>Initial management response</b>	An overarching governance structure that includes financial governance has been implemented. The SM has been tasked with ensuring that all related Contingency payments fall within the correct budget line and are authorised at the right level.				
<b>Responsible Officer/s</b>	Station Manager CFC	<b>Original implementation date</b>	31/03/2025	<b>Revised implementation date(s)</b>	N/A
<b>Latest Update</b>	The implementation of this recommendation was unable to be established during the audit, due to a new member of staff undertaking the role of Station Manager.				
<b>New implementation date</b>	31/12/2025	<b>Status</b>	<b>Outstanding</b>	Implementation is in progress, but the original target date has not been met.	

12. Training Records

<b>Audit title</b>	<b>Training Records</b>	<b>Audit year</b>	2024/25	<b>Priority</b>	2
<b>Recommendation</b>	All employees be reminded of the need to complete their mandatory training as detailed within their RSTO according to the adopted frequency. All RSTO's be reviewed to ensure accuracy of the role specific training				
<b>Initial management response</b>	<p>All information has been received and acknowledged and the following processes put in place to embed the recommendations:</p> <ol style="list-style-type: none"> <li>1. A monthly absence report generated and cross referenced with PDR Pro to ensure all records and dashboards are up to date. Correctly recording personnel who are long term absent.</li> <li>2. A monthly report generated and sent out to CLT detailing all mandatory learning enabling them to ensure their staff are completing learning modules as required.</li> <li>3. Incorrect RSTOs identified during the audit have been rectified.</li> <li>4. All RTSOs are in the process of being reviewed as Fire Staff transfer over to Workforce Pro. This requires all Heads of Function to review all RSTOs and work with OD and L&amp;D to support the transfer of personnel within their section. This has been placed on the agenda for CLT.</li> </ol>				
<b>Responsible Officer/s</b>	Micheila Collins – Training Administrator, Josh Turner Lindsey Bentley, under the guidance of Michelle Steel	<b>Original implementation date</b>	31/07/2024	<b>Revised implementation date(s)</b>	N/A
<b>Latest Update</b>	The implementation of this recommendation has not met the original implementation date and remains outstanding.				
<b>New implementation date</b>	30/11/2025	<b>Status</b>	Outstanding	Implementation is in progress, but the original target date has not been met.	



13. The following recommendations have been implemented.

Audit Title	Recommendation	Priority	Responsible Officer	Due Date
Staff Forums and EDI Steering Group	A formal Terms of Reference detailing essential information such as meeting frequency be documented and approved for all staff forums. The Terms of Reference for the EDI Steering Group be reviewed and updated in line with the adopted frequency to reflect current working practices.	2	HoF Corp Assurance	30/04/2025
Staff Forums and EDI Steering Group	It be ensured that the Service is fully compliant with all duties under the PSED Specific duties and that this can be easily demonstrated.	2	HoF Org Development	30/04/2025
ICT Management Controls	Update the Risk Register with additional fields to enable effective monitoring of risks.	3	HoF Corp Assurance	31/01/2025

	<b>Agenda Item No. 5</b>
<b>Governance, Audit and Scrutiny Committee</b> <b>9 February 2026</b>	<b>Report by the Executive Director of Finance/S.151 Officer</b>

## **FINANCE AND PROCUREMENT UPDATE 2025/26 FOR THE PERIOD ENDING 31 DECEMBER 2025**

### **1. SUMMARY**

- 1.1 This report highlights the current financial position based on information to 31 December 2025.
- 1.2 The end of year projections are set out at section 4.1 for the revenue budget, capital programme and pensions account.

### **2. RECOMMENDATIONS**

- 2.1 It is recommended that the GAS Committee takes assurance of the Authority's financial position for the period ending 31 December 2025.

### **3. BACKGROUND**

- 3.1 The Quarterly Finance and Procurement Update is reported to Members four times a year with the financial position at 30 June, 30 September, 31 December and 28 February.

### **4. PERIOD ENDING 31 DECEMBER 2025**

- 4.1 The summary estimated outturn position for the current financial year, based on information to 31 December 2025, is as follows:

<b>CATEGORY</b>	<b>2024/25 OUTTURN PROJECTION</b>
HFA	
Revenue Budget	£0.034m overspend
Capital Programme	£8.437m spend against a £8.156m allocation
Pensions Account	£13.943m deficit

- 4.2 Further details on these areas can be found in Appendix 1.

### **5. EQUALITY AND DATA PROTECTION RISK IMPLICATIONS**

- 5.1 There is no requirement to carry out an Equality Impact Analysis (EIA) and/or Data Protection Impact Assessment (DPIA) as this report does not relate to a policy or service delivery change or involves the processing of personal data.
- 5.2 Associated risks have been duly assessed and are captured on the Risk and Opportunity Register as a Strategic risk (Reference 2023/24 – 01 Financial Constraints Around National Grant Funding).

## **6. CONCLUSION**

- 6.1 Members should take assurance from this report and the Authority's financial position for the period ending 31 December 2025.

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

### **Officer Contact**

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### **Background Papers**

2025/26 Quarterly Finance and Procurement Update working papers

### **Glossary/Abbreviations**

EIA	Equality Impact Assessment
DPIA	Data Protection Impact Assessment
S.151	Section 151 Officer under the Local Government Act 1972



**HUMBERSIDE**  
Fire & Rescue Service

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# QUARTERLY FINANCE AND PROCUREMENT UPDATE

For the period ending 31<sup>st</sup> December 2025

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Safer communities, safer firefighters

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# I. Executive Summary

At quarter three the Service is in a sound financial position with a slight overspend position anticipated for the end of 2025/26 and closing reserves of £14.1m.

The capital replacement reserve remains at over £5m, with plans in place to gradually release this over the next five years to meet some of the planned investments.

An efficiency target of £379k was included within the balanced budget for 2025/26. At quarter two £264k of efficiencies have been identified, with the Finance and Procurement Teams continuing to work with budget holders to deliver the remainder.

The Procurement Team continue to monitor and review risk critical contracts and have awarded contracts of £1.4m in the third quarter of the financial year. Alongside this, 36 contract management meetings have been conducted to ensure effective service delivery and value for money is maintained.

Three contracts were awarded outside of the Fire Authority Constitution between October and December 2025. These were exceptional circumstances due to the urgent nature of the procurement and need to provide continuity of services.

Martyn Ransom  
Executive Director of Finance/S151 Officer  
16/01/25

## 2. Finance

### 2.1 Revenue

The table below shows the actual and committed expenditure as at 31<sup>st</sup> December 2025 for revenue, compared to the 2025/26 profiled budget for the same period. The table also shows the forecasted outturn for the full year based on current levels of income and expenditure plus any known variances to the end of the financial year.

2025/26 Revenue Monitoring Summary 1st April 2025 to 31st December 2025 (Period 9)									
	Original Budget	Revised Budget	31 December 2025		Full Year			Status	Notes
	£'000	£'000	Profiled Budget £'000	Actual and Committed £'000	Projection £'000	Variance £'000	%		
Pay	50,095	50,050	37,433	37,244	49,995	(55)	(0.11)	Green	1
Non Pay	12,981	13,026	10,095	8,486	12,086	(940)	(7.22)	Green	2 - 3
Income	(3,726)	(3,726)	(2,795)	(3,568)	(3,891)	(165)	4.43	Green	4
Interest Receivable	(750)	(750)	(563)	(746)	(940)	(190)	25.33	Green	5
Capital Financing	3,961	3,961	456	337	3,784	(177)	(4.47)	Green	6
Transfers to / (from) Reserves	(2,430)	(2,430)	-	-	(869)	1,561	(64.24)	Red	7
<b>Net Budget Requirement</b>	<b>60,131</b>	<b>60,131</b>	<b>44,626</b>	<b>41,753</b>	<b>60,165</b>	<b>34</b>	<b>0.06</b>	<b>Red</b>	

#### Notes

The following details the reasons for the projected variances that are in excess of £100k, shown in the table on page 5:

1. This projected variance materially relates to:
  - a. Lower employer contributions, due to staff opt outs, in both the Firefighters' Pension Scheme and Local Government Pension Scheme.
  - b. Targeted recruitment of on-call firefighters, to maintain Station availability levels, has resulted in additional expenditure within this area.
  - c. More incidents, of a longer duration, have been seen in the first nine months of 2025/26, including Mutual Aid to North Yorkshire Fire and Rescue which will be offset against income received.
  - d. Additional training, beyond what was budgeted, has also been required to ensure the continued safety of firefighters.
2. The forecast underspend results from lower Estates costs than anticipated. Utilities should be highlighted, where a lower cost per unit than budgeted, alongside reduced usage following the implementation of energy efficient items (i.e lighting), have been seen.
3. The projected variance can be attributed to delays in other Services exiting the East Coast Consortium Control Room, which has reduced the level of cost reallocated to remaining Fire and

Rescue Services. Funding was originally allocated to this from an Earmarked Reserve (see note 5).

4. This projected variance is due to additional ringfenced grant income that has been received and income in relation to Mutual Aid to North Yorkshire Fire and Rescue (see note 1c).
5. A higher level of investment interest returns due to higher interest rates on a higher level of cash balances.
6. This projected overspend is due to lower Minimum Revenue Provision charge following lower capital spend and additional revenue contributions to capital during 2024/25.
7. The variance results from:
  - a. no longer requiring Earmarked Reserve Funding relating to the East Coast Consortium Control Room (see note 3); and
  - b. ringfencing the additional income from interest receipts (note 5), the underspend on capital financing (note 6) and the underspend on interest payable into reserves in order to fund the Stores capital project, which will now complete in 2026/27.

The table below shows a further breakdown of the data that is shown in the table on page 4:

2025/26 Revenue Monitoring Detail 1st April 2025 to 31st December 2025 (Period 9)									
	Original Budget £'000	Revised Budget £'000	31 December 2025 Profilled Budget £'000	Actual and Committed £'000	Projection £'000	Variance		Status	Note
						£'000	%		
<b>Employees</b>									
Wholtime Firefighters	32,053	32,023	24,025	23,600	31,648	(375)	(1.17)	Green	1
On-Call Firefighters	6,151	6,151	4,410	4,789	6,676	525	8.54	Red	1
Non-Uniformed	9,760	9,747	7,312	7,081	9,550	(197)	(2.02)	Green	1
Other Employee Expenses (Training, Occ Health, Insurances etc.)	2,131	2,129	1,686	1,774	2,121	(8)	(0.38)	Green	
<b>Total Pay and Pensions</b>	<b>50,095</b>	<b>50,050</b>	<b>37,433</b>	<b>37,244</b>	<b>49,995</b>	<b>(55)</b>	<b>(0.11)</b>	Green	
<b>Non Pay Expenditure</b>									
Premises	3,934	3,903	3,196	2,630	3,496	(407)	(10.43)	Green	2
Transport	2,312	2,312	1,734	1,770	2,298	(14)	(0.61)	Green	
Supplies and Services	6,767	6,579	5,020	3,871	6,060	(519)	(7.89)	Green	3
Support Services	347	347	260	215	347	-	-	Green	
Non Pay Efficiency Savings	(379)	(115)	(115)	-	(115)	-	-	Green	
<b>Total Expenditure</b>	<b>63,076</b>	<b>63,076</b>	<b>47,528</b>	<b>45,730</b>	<b>62,081</b>	<b>(995)</b>	<b>(1.58)</b>	Green	
<b>Income</b>	<b>(3,726)</b>	<b>(3,726)</b>	<b>(2,795)</b>	<b>(3,568)</b>	<b>(3,891)</b>	<b>(165)</b>	<b>4.43</b>	Green	4
<b>Net Expenditure (Exlcuding Capital Charges)</b>	<b>59,350</b>	<b>59,350</b>	<b>44,733</b>	<b>42,162</b>	<b>58,190</b>	<b>(1,160)</b>	<b>(1.95)</b>	Green	
<b>Interest Payable</b>	<b>608</b>	<b>608</b>	<b>456</b>	<b>337</b>	<b>558</b>	<b>(50)</b>	<b>(8.22)</b>	Green	
<b>Interest Receivable</b>	<b>(750)</b>	<b>(750)</b>	<b>(563)</b>	<b>(746)</b>	<b>(940)</b>	<b>(190)</b>	<b>25.33</b>	Green	5
<b>Capital Financing</b>	<b>3,353</b>	<b>3,353</b>	<b>-</b>	<b>-</b>	<b>3,226</b>	<b>(127)</b>	<b>(3.79)</b>	Green	6
<b>Transfers to / (from) Reserves</b>	<b>(2,430)</b>	<b>(2,430)</b>	<b>-</b>	<b>-</b>	<b>(869)</b>	<b>1,561</b>	<b>(64.24)</b>	Red	7
<b>Net Budget Requirement</b>	<b>60,131</b>	<b>60,131</b>	<b>44,626</b>	<b>41,753</b>	<b>60,165</b>	<b>34</b>	<b>0.06</b>	Red	



## 2.2 Cash Releasing Efficiency Savings

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

FRSs are required to produce an annual Productivity and Efficiency Plan which provides detail of the efficiency and productivity progress against the national goals. The 2025/26 Productivity and Efficiency Plan for Humberside can be found [here](#).

A cash releasing efficiency saving is a permanent reduction in recurring costs including reduction in revenue budget. Examples include:

- A permanent removal of a post (Deleted from the TOM/Establishment).
- Renegotiation of a contract to a reduced cost (doing the same for less) and therefore generating a permanent reduction in budget.
- Identification and removal of budget (permanently) due to either reprioritisation or a realisation that the budget is no longer required (permanently).

(This list is not exhaustive and is to provide examples of efficiency savings).

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

The table below shows the efficiencies that have been identified in the year to date compared to the efficiency target of £379k which was included when setting a balanced budget for 2025/26:

Cash Releasing Efficiency Savings 1st April 2025 to 31st December 2025 (Period 9)		
Efficiency	Amount £'000	Detail
IT Contracts	141	A review of IT contracts has generated an efficiency saving.
Review of Establishment	4	Following a review of the structure within our Digital Services team, an efficiency saving was generated.
Salary Sacrifice Car Scheme	39	The service operates a salary sacrifice scheme for electric vehicles which has lead to an efficiency in employer national insurance contributions.
Business Rates	31	Following a challenge of rateable values by the Finance team, a reduction in business rates was generated.
Smoke and Hearing Impaired Alarms	49	Following a change in supplier for smoke and hearing impaired alarms, this has created a reduction in cost.
<b>Total Efficiency Savings Identified</b>	<b>264</b>	
Non Pay Budget	10,972	
Efficiency Target (£'000)	379	
Efficiency Target (%)	3.45%	

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

## 2.3 Capital

The table below shows the actual and committed expenditure as at 31<sup>st</sup> December 2025 for Capital, compared to the 2025/26 profiled budget for the same period. The table also shows the forecasted outturn for the full year based on current levels of expenditure plus any known variances to the end of the financial year.

2025/26 Capital Monitoring Summary 1st April 2025 to 31st December 2025 (Period 9)									
	Original Budget	Revised Budget	31 December 2025		Full Year			Status	Note
	£'000	£'000	Profiled Budget £'000	Actual and Committed £'000	Projection £'000	Variance £'000	%		
<b>Building Works</b>									
New Buildings	600	2,185	1,639	2	1,712	(473)	(21.65)	Green	1
Training Infrastructure	570	875	656	400	1,657	782	89.37	Red	2
Station Refurbishments	151	1,326	994	377	513	(813)	(61.31)	Green	3
Electrical Vehicle Charging Infrastructure	40	40	30	-	-	(40)	(100.00)	Green	
	<b>1,361</b>	<b>4,426</b>	<b>3,319</b>	<b>779</b>	<b>3,882</b>	<b>(544)</b>			
<b>Vehicles</b>									
Operational Vehicles	1,220	1,544	1,158	1,154	1,544	-	-	Green	
Support Vehicles	650	886	665	1,554	1,622	736	83.07	Red	4
	<b>1,870</b>	<b>2,430</b>	<b>1,823</b>	<b>2,708</b>	<b>3,166</b>	<b>736</b>			
<b>Equipment</b>	400	400	300	147	402	2	0.50	Red	
<b>ICT Equipment</b>	350	750	563	521	750	-	-	Green	
<b>Breathing Apparatus</b>	-	150	113	237	237	87	58.00	Red	
	<b>3,981</b>	<b>8,156</b>	<b>6,118</b>	<b>4,392</b>	<b>8,437</b>	<b>281</b>			

### Notes

The following details the reasons for the projected variances in excess of £100k that are shown in the table above:

1. This underspend is primarily due to the new stores facility not due to be completed until 2026/27.
2. Revised plans across the Service's Training Infrastructure, to ensure the safety of the site, has resulted in additional construction.
3. This underspend is due to:
  - a. The planned works at Immingham East are unlikely to commence during this financial year, and therefore the budget will need to be slipped into 2026/27.
  - b. The planned building works at Bridlington are unlikely to be completed during this financial year, and therefore some of this budget will need to be slipped into 2026/27.
4. The Service has made significant investments to strengthen the vehicle capabilities of its incident commanders across intermediate, advanced, and strategic levels. To fund this vehicle replacement the funding was reallocated across the MTRS period.

## 2.4 Firefighters' Pension Fund

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

The revised budgeted deficit for 2025/26 is £13.943m which is broken down in the following table:

2024/25 Pensions Account Summary								
1st April 2025 to 31st December 2025 (Period 9)								
	Revised Budget	31 December 2025		Full Year			Status	Note
	£'000	Profiled Budget	Actual and Committed	Projection	Variance			
		£'000	£'000	£'000	£'000	%		
<b>Expenditure</b>								
Payments to Pensioners	22,797	18,932	18,171	22,797	-	-	Green	
Commutations	2,698	2,024	2,000	2,698	-	-	Green	
Transfer Values	100	11	-	100	-	-	Green	
<b>Total Pensions Expenditure</b>	<b>25,595</b>	<b>20,967</b>	<b>20,171</b>	<b>25,595</b>	<b>-</b>			
<b>Income</b>								
Employer Pension Contributions	(8,400)	(6,300)	(6,300)	(8,400)	-	-	Green	
Employee Pension Contributions	(2,919)	(2,189)	(2,189)	(2,919)	-	-	Green	
Ill Health Pension Contributions	(233)	(175)	-	(233)	-	-	Green	
Transfer Values	(100)	(75)	(27)	(100)	-	-	Green	
<b>Total Pensions Income</b>	<b>(11,652)</b>	<b>(8,739)</b>	<b>(8,516)</b>	<b>(11,652)</b>	<b>-</b>			
<b>Net Pensions Deficit/(Surplus)</b>	<b>13,943</b>	<b>12,228</b>	<b>11,655</b>	<b>13,943</b>	<b>-</b>			

## 2.5 Investments and Borrowing

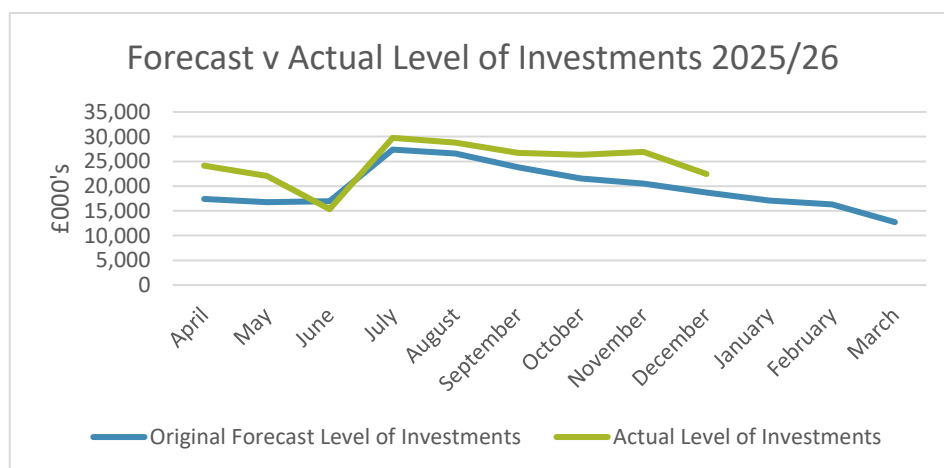
The Authority must ensure that:

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

### Investments

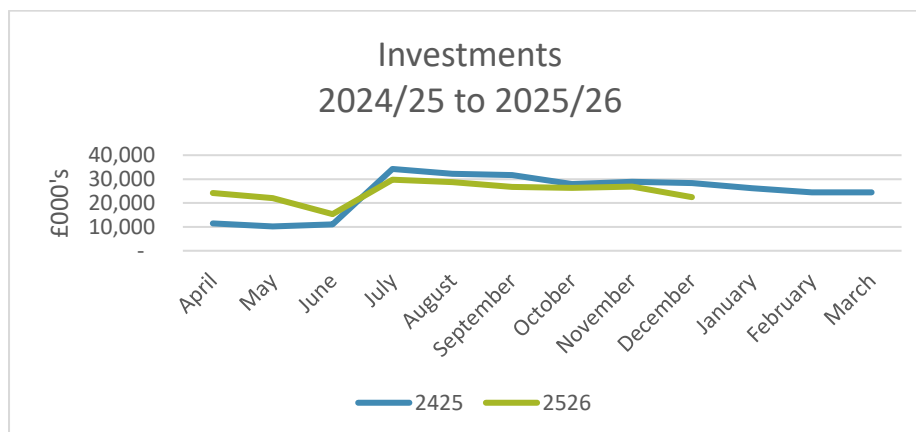
The Authority had £22.450m of investments held at 31st December 2025. A breakdown of this and investments that have been returned during the period can be found in appendix 1.

The graph below shows the actual level of investments (cash) that the Authority holds compared to the original estimate level of investments(cash) held:



The actual amount invested is higher than that originally estimated due to some items of expenditure being incurred later than originally anticipated.

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



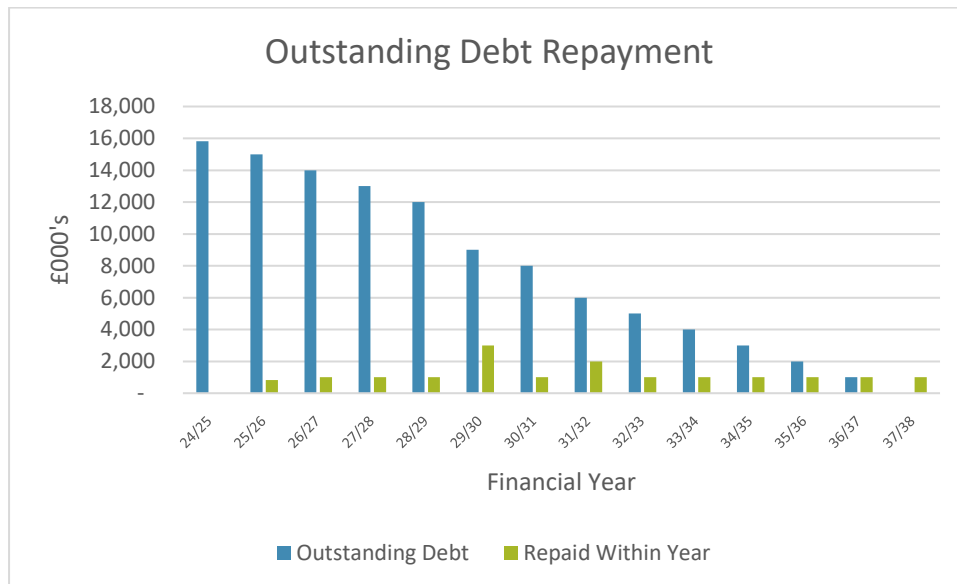
The Authority receives the Firefighters Pension Fund grant in July of each year which allows a higher level of investments to be held until the grant is fully utilised.

## Borrowing

### Long Term Borrowing

The current level of borrowing that the Authority holds as at 31<sup>st</sup> December 2025 is £15.4m.

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



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

### Short Term Borrowing

The Authority hasn't taken any short-term borrowing during the financial year.

## 2.6 Reserves

The Authority retains several revenue reserves that can be used to fund expenditure.

The table below shows the movement on these reserves for the period 1<sup>st</sup> April 2025 to 31<sup>st</sup> December 2025 and also what the projected balance will be at 31<sup>st</sup> March 2026 based on the projections in Revenue Monitoring table that can be found on page 4:

2025/26 Movement in Reserves 1st April 2025 to 31st December 2025 (Period 9)			
	As at 1st April 2025	In Year Movements	Projected Balance as at 31st March 2026
	£'000	£'000	£'000
<b>General Reserve</b>	6,001	(34)	5,967
<b>Earmarked Reserves</b>			
Insurance	500	-	500
National Flood Resilience	1,000	-	1,000
Capital Programme	5,335	(1,487)	3,848
Resilience Reserve	500	-	500
East Coast & Hertfordshire Control Room Consortium	1,245	-	1,245
Pay and Prices	600	-	600
Strategic Transformation Fund	500	-	500
	<b>15,681</b>	<b>(1,521)</b>	<b>14,160</b>

## 2.7 Budget Virements

The following budget virements have been processed during the quarter to 31<sup>st</sup> December 2025:

2025/26 Contracts Awarded Outside of Constitution 1st October 2025 to 31st December 2025			
Budget Vired From	Budget Vired To	Detail of Budget Virement	Virement Value £'000
Pay	Non-Pay Efficiency Savings	Identification of a Non-Pay Efficiency (See Efficiency section on page 5)	12
Premises	Non-Pay Efficiency Savings	Identification of a Non-Pay Efficiency (See Efficiency section on page 5)	31
Supplies and Services	Non-Pay Efficiency Savings	Identification of a Non-Pay Efficiency (See Efficiency section on page 5)	49
Supplies and Services	Non-Pay Efficiency Savings	Identification of a Non-Pay Efficiency (See Efficiency section on page 5)	41

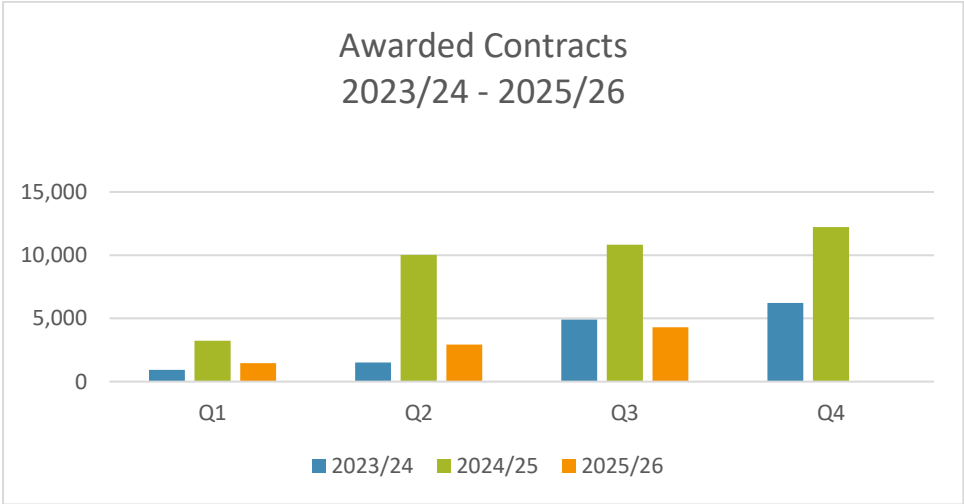
### 3. Procurement

#### 3.1 Contracts

##### Contracts Awarded

The Authority has awarded contracts to the value of £4.316m during the nine months to 31<sup>st</sup> December 2025. A breakdown of the contracts that have been awarded in this period can be found in appendix 2.

The graph below shows the cumulative value of contracts that have been awarded in 2025/26 to date as well as in the previous two financial year:

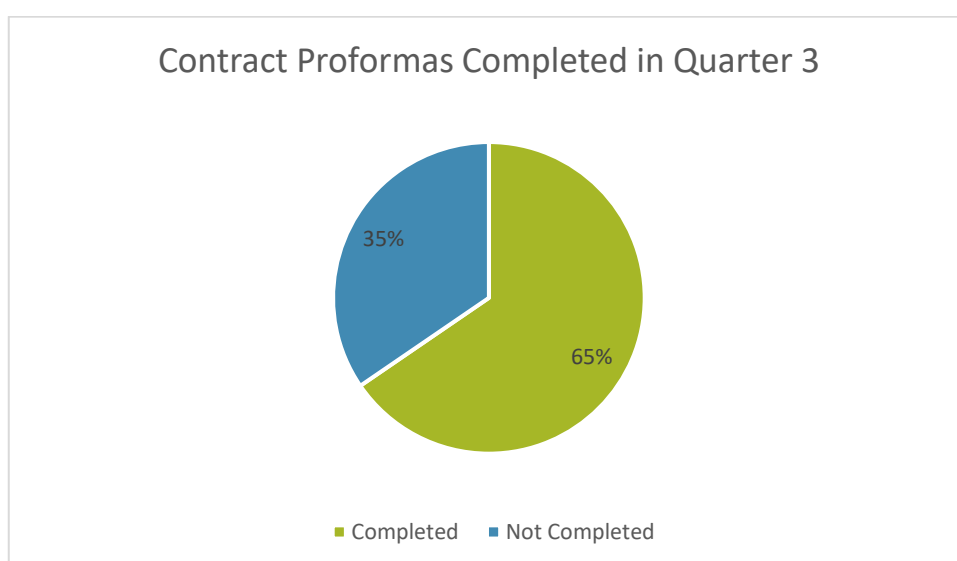


## Contract Management

A review of the Services contracts has been undertaken using a supplier segmentation and analysis tool which is used to identify the risk to the Service. The contracts that have been identified as having the highest strategic importance rating can be found in appendix 3.

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

During this quarter, we received 55 notifications from the Service's contract register prompting the need for contract meetings. Contract owners successfully conducted 36 of these meetings, representing an 64% completion rate and demonstrating a strong commitment to contract management.



Details of contract meetings that have been held in this quarter with the supplier for those contracts that have been identified as having the highest strategic rating can be found in appendix 4.



## Contracts Awarded Outside of the Constitution

The following contracts have been awarded outside the process detailed within part 4 section E of the constitution during the quarter ending 31<sup>st</sup> December 2025:

2025/26 Contracts Awarded Outside of Constitution 1st October 2025 to 31st December 2025				
Contract Description	Justification	Responsible Officer	Contract End Date	Contract Value £'000
Fire Service Rota - Rota and availability system extension	The original agreement is due to expire on 31st December 2025, having reached the end of the contractual period. However, the parties have mutually agreed to a six-month run-off extension to allow the Authority to transition smoothly to new ways of working.	Area Manager of Service Improvement	30/06/2026	21
Replacement WAN Core Switches SHQ	Continuation of existing contract for the supply of WAN/LAN infrastructure to HFRS sites and sits under the cover of the existing WAN contract as KCOM will have to configure the new hardware to integrate with our existing network and this needs to be undertaken whilst maintaining existing mobilising capability.	Hea of Digital Services	12/12/2025	43
Connection Charges for replacement Network Lines	New lines have had to be procured due to the ceasing of existing Lines, removal of lower speed line provision, and the removal of ISDN lines, which are used as our 1st fall back communication links. This also connects up the recently procured replacement hardware at stations and SHQ of End of Life Switches, Routers and Backup connectivity kit.	Head of Digital Services	19/12/2025	62

## 3.2 Procurement Workstreams for the remainder of the year

During the past quarter, the Procurement Team has continued to deliver significant progress across a range of strategic and operational initiatives. Following the regional procurement exercise undertaken in Quarter 2 in collaboration with North Yorkshire, South Yorkshire, West Yorkshire, and Lincolnshire Fire and Rescue Services for a comprehensive suite of workwear garments, we have now completed the initial evaluation stage. Sample garments have been distributed to a representative group of staff for user trials, ensuring that feedback on quality, comfort, and functionality informs the final decision-making process. Quarter 4 will see the consolidation of evaluation scores across all participating services, culminating in contract awards.

In addition, we conducted a pre-market engagement exercise for an upcoming tender to procure a financial management system incorporating procure-to-pay and stock management modules. Responses from multiple suppliers have been received and assessed, and this valuable insight is now being used to refine the specification ahead of formal market engagement. This proactive approach ensures that the final tender will be aligned with best practice and operational needs.

The team successfully awarded contracts for the provision of legal services and an occupational health physician service, strengthening our ability to deliver essential support functions. Furthermore, the competitive three-stage process completed in Quarter 2 under the NHS Shared Business Services HPCCAS Framework Agreement for construction consultancy services has now been formalised. This appointment of a professional property partner marks a key milestone in delivering our ambitious five-year capital estates plan, with work already underway.

Several projects have progressed from Quarter 3 into Quarter 4. Notably, we have procured a Volkswagen Crafter panel van via the CCS Framework RM6244 and are in the final stages of a quotation exercise for its conversion into an Occupational Health Van. This initiative will enhance the efficiency and reach of our Occupational Health provision. Additionally, we have utilised the AEC Neutral-Vendor Framework to secure a long-term contract for the Service's Assurance Monitoring System, ensuring continuity of this critical software and reinforcing operational assurance, learning, and governance.

Looking ahead, Quarter 4 will see the commencement of strategically significant procurements, including the procurement of Wide Area Network (WAN) services. The selected supplier will work closely with HFRS to transition the existing WAN to a future-proofed, data-centric design capable of adapting to evolving digital and connectivity requirements. Furthermore, a procurement exercise will begin imminently for the delivery of Level 3 Operational Firefighter Apprenticeships, supporting the Service's commitment to maintaining a professional, resilient, and future-ready workforce.

Finally, contract management remains a core focus for the Procurement Team, ensuring that post-award activities deliver maximum value and efficiency across all contractual arrangements. This can be demonstrated by the 35 meetings held between HFRS and suppliers within previous quarter.

### 3.3 Procurement Savings

Through commercially sound practices the Procurement Function delivers a vital role for Humberside Fire and Rescue Service ensuring value for money is achieved whilst also ensuring the sustainability of goods and services and supporting local small and medium-sized enterprises.

Effective and efficient procurement is vital to the cost-effective delivery of our organisation's core services. It is integral to delivering commercially advantageous and innovative solutions essential for meeting our objectives and driving continuous improvement.

The methodology which HF&RS uses to identify and record the savings realised through its proactive procurement and contract management activity is summarised below and is in line with current Government Commercial Function guidance.

#### Baseline

Saving must be a consequence of commercial-led activity. Savings must have an evidenced baseline for the saving to be approved.

Baseline calculated based on an existing contract or in the case of procurement:

- Use the historical price paid for goods/services; the spending on the same goods or services in a previous period, adjusted for inflation using the Consumer Price Index (CPI) and any other appropriate changes based on market knowledge.

Baseline calculated on a new or novel procurement:

- Median compliant supplier bid (and the mean when only two compliant bids are received)
- External benchmarks/ market intelligence/ "Should cost" exercises e.g. CCS contract prices or pre-procurement market engagement.
- Budget – The budget must be a realistic expectation of the contract cost and is normally only appropriate for the purchase of new goods/services.
- Another agreed baseline model (particularly for complex procurements).

## Cashable Procurement Savings

Cash-releasing savings are those that, all things being equal, will directly reduce a Departmental or contract budget requirement. They are financial savings that are made against an established baseline where the new cost results in a reduction in cost which can be released or redeployed to meet other cost pressures.

Worked example:

An existing 4 year service worth £2m is reprocured. The savings baseline is the cost of the existing service (i.e. £2m). The new contract will run for 4 years, and the winning supplier bid £1.5m. The result is a cashable saving of £500k. The savings would be recorded as:

- Y1 - £125k cashable
- Y2 - £125k cashable
- Y3 - £125k cashable
- Y4 - £125k cashable

The table below shows the cashable Procurement savings as at 31<sup>st</sup> December 2025:

Cashable Savings 1st April 2025 to 31st December 2025	
Contract	Saving £'000
FDS Vehicles (x16)	117
SIM Card and Mobile Data Usage	76
Microsoft Licensing Software	66
Incident Command System	37
Smoke and Heat Alarms	21
Competency Management and eLearning System	14
Volkswagen Crafter CR5 Panel Van	14
SLT Vehicles (x2)	13
Internal Audit Services	12
Multi-Functional Photocopier Devices	11
Training Vehicles (x4)	11
Fitness Testing Software	11
Occupational Health Physician Services	11
Legal Services	9
Microporous DB40 Suits (x600)	8
Under-counter BA Washing Machines	7
Experian Mosaic Software	7
Breathing Apparatus Cylinder Testing Service	6
Hazardous Materials Training	4
Defibrillator Pads (x100)	3
Cloud Based Appliance CCTV Storage	3
Defibrillators (x86)	2
46 Samsung Galaxy Tablets	2
Savings made through Cycle2Work Scheme	1
Savings made through Amazon Business Account	1
<b>Total for 2025/26</b>	<b>467</b>

## Non-Cashable Procurement Savings

A quantifiable financial benefit generated by commercial activity which does not release cash back into a budget. This could include multiple categories or definitions, all of which can create non-cashable savings. Such as Inflation avoidance, value-add, price protection and cost avoidance. This would be the case when a cost increase is avoided or reduced e.g. a price reduction applied to additional demand or when the Authority receives greater outputs or improved quality for the same spending.

Worked example:

A contract runs at £1m a year for 5 years. At the end of Y1 the vendor proposes a cost increase of £200k pa. This is negotiated away completely for the remainder of the contract. Non cashable savings of £800k would be recorded as:

- Y2 - £200k non-cashable
- Y3 - £200k non-cashable
- Y4 - £200k non-cashable
- Y5 - £200k non- cashable

The table below shows the non-cashable Procurement savings as at 31<sup>st</sup> December 2025:

Non-Cashable Savings 1st April 2025 to 31st December 2025	
Contract	Saving £'000
Insurance Services	112
<b>Total for 2025/26</b>	<b>112</b>

## 4. Treasury Management

### Prudential Indicators

The Prudential Indicators to 31<sup>st</sup> December 2025 are as follows:

#### Indicator 1 – Capital Expenditure

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

	2024/25 Actual £'000	2025/26 Original £'000	Revised £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
Total Capital Expenditure	4,571	8,156	8,437	9,153	5,076	11,957

#### Indicator 2 – Capital Financing Requirement

The capital financing requirement for 2025/26 and estimates for future years are as follows:

	2024/25 Actual £'000	2025/26 Estimate £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
Capital Financing Requirement	19,842	24,346	31,014	33,122	41,413
Other Long Term Liabilities	1,072	1,047	1,020	990	957
<b>Total Capital Financing Requirement</b>	<b>20,914</b>	<b>25,393</b>	<b>32,034</b>	<b>34,112</b>	<b>42,370</b>

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

A key Indicator of prudence under the Prudential Code Is: -

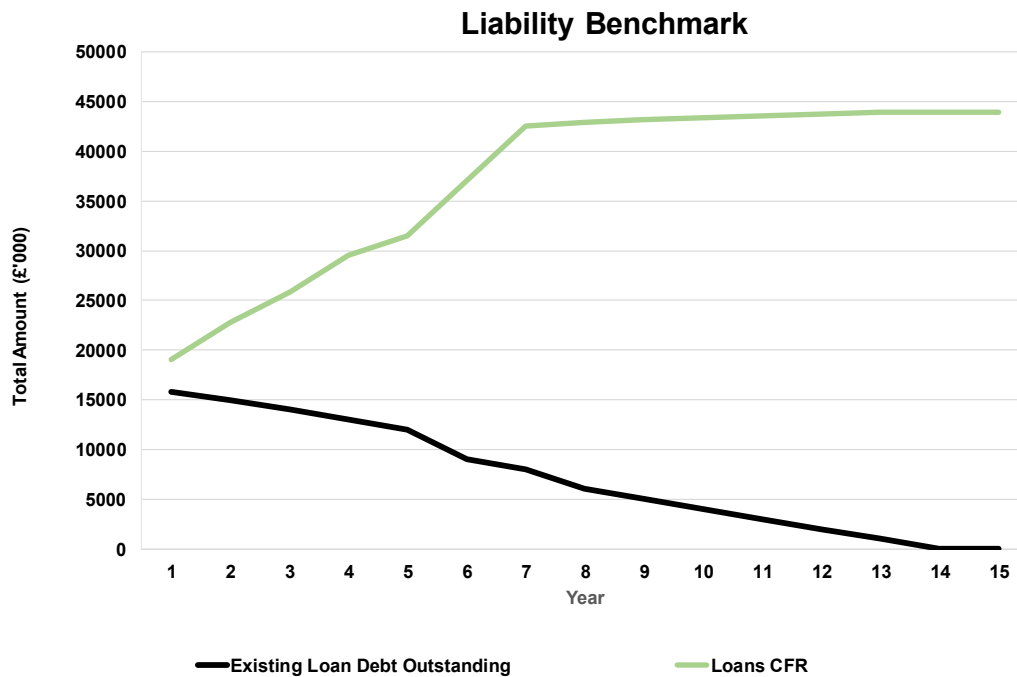
"In order to ensure that over the medium-term net borrowing will only be for a capital purpose, the local authority should ensure that net external borrowing does not, except in the short term, exceed the total of the capital financing requirement in the preceding year plus the estimates of any additional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

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

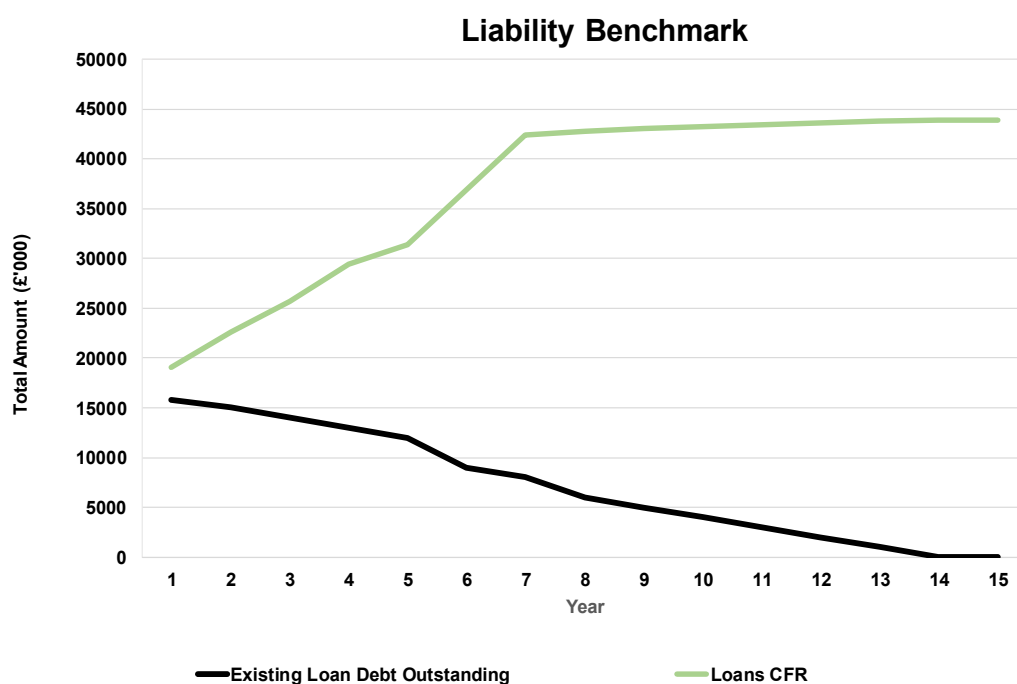
### Indicator 3 – Liability Benchmark

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

The following graph shows what the Liability Benchmark was estimated to be for 2025/26 onwards as set in the Treasury Management Strategy 2025/26:



The Liability Benchmark has been updated to show revised estimates for 2025/26 onwards and is shown in the graph below:



## Indicator 4 – Core Funds and Expected Investment Balances

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

	2025/26 Original £'000	2025/26 Revised £'000	2026/27 Estimate £'000	2027/28 Estimate £'000	2028/29 Estimate £'000
Total Core Funds	13,786	14,160	11,948	11,387	9,738
Expected Investments	3,616	4,314	(3,566)	(5,235)	(14,175)

The actual total investments held at 31<sup>st</sup> December 2025 is £22.450m. This is higher than the expected investments at the end of the year due to cash flow fluctuations through the year.

## Indicator 5 – Operational Boundary for External Debt

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

	2025/26 Boundary £'000	31/12/2025 Actual £'000	2026/27 Boundary £'000	2027/28 Boundary £'000	2028/29 Boundary £'000
Borrowing	31,500	15,428	31,500	31,500	31,500
Other Long Term Liabilities	3,500	1,047	3,500	3,500	3,500
<b>Total Capital Financing Requirement</b>	<b>35,000</b>	<b>16,475</b>	<b>35,000</b>	<b>35,000</b>	<b>35,000</b>

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

## Indicator 6 – Authorised Limit for External Debt

The table below shows the Authorised Limit for External Debt for 2025/26 and subsequent three-year period as approved by Members, compared to the actual level of borrowing as at 31<sup>st</sup> December 2025.

	2025/26 Boundary £'000	31/12/2025 Actual £'000	2026/27 Boundary £'000	2027/28 Boundary £'000	2028/29 Boundary £'000
Borrowing	36,500	15,428	36,500	36,500	36,500
Other Long Term Liabilities	3,500	1,047	3,500	3,500	3,500
<b>Total Capital Financing Requirement</b>	<b>40,000</b>	<b>16,475</b>	<b>40,000</b>	<b>40,000</b>	<b>40,000</b>

The Authorised Limit reflects the Authority's projected long- and short-term borrowing requirements, together with any other long-term liabilities it may have. The figures are based on the estimate of most



likely, prudent but not worst-case scenario, with sufficient headroom over and above this to allow for operational management of, for example unusual cash movements.

The S151 Officer confirms that the Authorised Limit has not been approached at any point during the first six months of the year, nor is it likely to during the remaining six months of 2025/26.

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

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

	2024/25 Actual %	2025/26 Original %	Revised %	2026/27 Estimate %	2027/28 Estimate %	2028/29 Estimate %
Ratio of Financial Costs to Net Revenue Stream	0.88%	1.87%	1.26%	2.40%	3.36%	3.81%

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

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

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

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

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

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

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

Where the periods in question are:

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

	Actual 31/12/2025 %	Upper Limit %	Lower Limit %
Under 12 months	9.26	15	0
12 months and within 24 months	6.48	15	0
24 months and within 5 years	32.41	30	0
5 years and within 10 years	32.41	60	0
10 years and above	19.44	80	0

Debt that is due to mature in the period 24 months and within 5 years is currently exceeding the upper limit. This is due to the decision to not take any borrowing during the last financial year due to the high interest rates thus reducing the interest payable by the Authority. The maturity profile of debt will be reviewed for 2025/26. There is no immediate risk to the cashflow of the organisation.

**2025/26 Investing Activities**  
**1st October 2025 to 31st December 2025**

Counterparty	Amount (£)		Date		Rate %	Interest (£)
	Invested	Returned	Invested	Returned		
Money Market Funds						
Deutsche Managed Sterling Fund	2,000,000					
Aberdeen Liquidity Fund	2,000,000					
Goldman Sachs Liquid Reserve Fund	2,000,000					
Investments						
Current Investments						
DMO	1,200,000.00	-	22/12/2025	06/01/2026	3.710	1,829.59
DMO	7,250,000.00	-	28/11/2025	12/01/2026	3.845	34,367.98
Surrey CC (rolled)	2,000,000.00	-	23/09/2025	23/01/2026	4.100	27,408.22
Cornwall Council	2,000,000.00	-	24/11/2025	30/01/2026	4.080	14,978.63
Powys County Council	2,000,000.00	-	17/11/2025	17/02/2026	4.100	20,668.49
DMO	2,000,000.00	-	28/10/2025	27/02/2026	3.855	25,770.41
Total Amount Invested as at 31 December 2025	22,450,000		Total Interest Due on Current Investments			125,023.32
Investments Returned During the Period						
Powys County Council (rolled)	2,000,000	2,000,000.00	08/07/2025	08/10/2025	4.200	21,172.60
DMO	1,980,000	1,980,000.00	30/09/2025	14/10/2025	3.960	3,007.43
DMO	1,600,000	1,600,000.00	20/10/2025	28/10/2025	3.950	1,385.21
DMO	2,750,000	2,750,000.00	21/10/2025	28/10/2025	3.950	2,083.22
DMO	2,000,000	2,000,000.00	08/10/2025	31/10/2025	3.960	4,990.68
DMO	1,400,000	1,400,000.00	14/10/2025	04/11/2025	3.960	3,189.70
DMO	12,750,000	12,750,000.00	29/08/2025	11/11/2025	3.970	102,621.78
DMO	13,600,000	13,600,000.00	11/11/2025	18/11/2025	3.950	10,302.47
DMO	1,900,000	1,900,000.00	21/11/2025	24/11/2025	3.950	616.85
DMO	13,000,000	13,000,000.00	18/11/2025	28/11/2025	3.955	14,086.30
Blackpool Council	2,000,000	2,000,000.00	04/06/2025	04/12/2025	4.200	42,115.07
DMO	1,000,000	1,000,000.00	22/12/2025	23/12/2025	3.700	101.37
DMO	1,200,000	1,200,000.00	22/12/2025	24/12/2025	3.700	243.29
DMO	500,000	500,000.00	22/12/2025	31/12/2025	3.710	457.40
DMO	2,000,000	2,000,000.00	28/11/2025	31/12/2025	3.875	7,006.85
Total Amount Returned During the Period	59,680,000		Total Interest Received During the Period			213,380.21
Summary of Interest Receipts						
	Budget	Actual & Due	Under/(Over)			
	£	£	£	%		
Interest Receipts to 31 December 2025	(562,500)	(659,142)	(96,642)	(17.18)		

**2025/26 Contracts Awarded**  
**1st October 2025 to 31st December 2025**

Contract Title	Contract Start Date	Contract End Date	Contract Value £'000
Competency Management System	01/10/2025	30/09/2026	348
Legal Services	01/11/2025	31/10/2028	313
Occupational Health Physician	01/12/2025	30/11/2026	174
BA Cylinder Testing	01/12/2025	30/11/2026	120
Samsung Galaxy Tab S10+ Tablets (x46)	07/10/2025	07/11/2025	48
Samsung Galaxy Tablets	20/11/2025	21/11/2025	45
Replacement WAN Core Switches SHQ	12/12/2025	12/01/2026	43
Purchase of VW Crafter	01/12/2025	30/06/2026	31
Lenovo Desktops	28/11/2025	29/11/2025	31
HFRS Data Warehouse Project - Data Scheme Build	14/10/2025	30/11/2025	25
Independent Board of Medical Referees	10/11/2025	30/09/2026	20
Level 7 Senior People Professional	01/11/2025	31/03/2027	19
Airwave Code of Connection Penetration Test for Control 25 project	12/11/2025	31/01/2026	17
Battenburg Livery for Service Vehicles	27/11/2025	31/03/2026	17
New GSM Modems for all stations	04/12/2025	04/01/2026	16
Annual Mosaic Licence Fee Experian Mosaic	01/12/2025	30/11/2026	13
NILO Ballistic Personal Protective Equipment	29/10/2025	30/10/2025	13
OSTVI – Tac Vent Instructor	01/10/2025	01/01/2027	11
Samsung Galaxy A36 Phones	03/12/2025	31/01/2026	10
Event Venue Hire	06/10/2025	20/10/2025	9
Sphera Health and Safety System	19/10/2025	18/10/2026	7
Productivity Index Prototype Development	13/10/2025	31/12/2025	7
TSI Portacount 8040	17/10/2025	17/11/2025	7
Bondholder Network	01/10/2025	31/10/2026	6
Scientific Support	01/10/2025	31/03/2026	6
NFRC Land Surveys	01/11/2025	01/06/2026	6
Digital Services Training Courses	17/10/2025	17/10/2026	5
Commercial Bulk LPG	01/10/2025	30/09/2030	3
AV Recognition Awards	10/10/2025	31/10/2025	3
Recognition Awards Venue Hire	17/10/2025	18/10/2025	3
<b>Total Amount of Contracts Awarded Within The Period</b>			<b>1,376</b>

**2025/26 Contract Management  
High Strategic Risk Rating**

Service Area	Contract Title	Contract Start Date	Contract End Date	Progress
Finance	Financial Management System	01/04/2008	31/03/2025	Pre-market engagement underway. Suppliers have been invited to present their systems as part of the pre-market engagement process.
Digital Services	New GSM Modems for all stations	04/12/2025	04/01/2026	The GSM Modems have been purchased, and are awaiting installation.
Digital Services	Replacement WAN Core Switches SHQ	12/12/2025	12/01/2026	The replacement core switches for SHQ have been successfully purchased and are currently in the process of installation. This work forms part of the wider WAN contract, ensuring improved network reliability and performance across the site. Further updates will be provided once installation is complete.
Digital Services	Airwave Code of Connection Penetration Test for Co	12/11/2025	31/01/2026	Contract is now live, and contract management in place.
Human Resources	Firewatch	20/03/2020	19/03/2026	Contract management is currently in place. One extension period of 12 months available. Work underway on solution for 2027 and beyond.
Fleet and Estates	Supply of Liquid Fuels	01/04/2022	31/03/2026	Procurement process being conducted by ERYC with resulting contract to follow on from existing contract.
Digital Services	HFRS Station End Equipment replacement	01/03/2025	30/04/2026	The hardware has been purchased and will be installed over the coming months. Contract management has begun to ensure contract deliverables are achieved.
Digital Services	MDT Software–Annual Maintenance & Support	01/05/2025	30/04/2026	Contract management is ongoing, and regular meetings are happening. Pre-procurement currently ongoing for the next steps in this contract.
Digital Services	Station end equipment – Annual Maintenance	01/07/2025	30/06/2026	Work to be conducted into a full replacement of the station end equipment. An extension to the current contract is likely whilst pre-procurement is completed and specification designed.
Digital Services	WAN, Firewall, Internet and Co-Location Services	15/07/2019	14/07/2026	Into final extension period and contract management is ongoing for existing contract. A tender process will be going live in January 2026 for the upcoming WAN contract.
Digital Services	TomTom Software Licence and Support	01/09/2025	31/08/2026	The contract has now gone live, and all necessary contract management measures are in place to ensure compliance and effective delivery. Performance will be monitored against agreed KPIs, and governance processes have been established to maintain transparency and accountability throughout the contract term.
Digital Services	Airwave Services	01/11/2006	31/10/2026	Project work currently happening, and contract management is currently in place. Home Office is exploring options to extend the life of Airwave due to the delayed release of Emergency Services Network (ESN).
Procurement	Laundry and Aftercare Services	01/08/2021	31/07/2027	Contract has been extended, and contract management is being undertaken by the contract owner.
Digital Solutions	SIM Cards and Mobile Data	17/02/2025	16/02/2028	Contract is recently awarded and implemented. Contract management has begun and contract management appendix's have been issued and completed in the past 2 quarters.
Fleet and Estates	Supply of Structural PPE	01/06/2021	30/06/2029	PPE delivered and contract management is ongoing. HFRS actively involved in regional contribution towards a national framework to provide procurement avenue for future contract.

Fleet and Estates	SCBA Replacement	01/09/2024	31/08/2029	New BA equipment delivered and rolled out. Contract management has begun to maintain contract deliverables are achieved. Contract management appendix's have been issued and completed in the current quarter.
Digital Services	Airwave San N Replacement	08/10/2024	31/12/2029	Project work currently happening, and contract management is currently in place.
Fleet and Estates	ESFM Fleet Maintenance	01/04/2015	31/03/2030	Contract agreement with Police.
Emergency Response	Control Room Systems	31/07/2024	30/07/2031	Implementation phase is currently in place, and contract management has begun to maintain performance of contract.
Control	MAIT	01/04/2025	29/06/2033	Contract management is in place, and contract is now live. Contract owner will liaise with the Procurement team on contract management.
Fleet and Estates	Underlease of Premises at the Jean Bishop ICC	11/07/2017	10/07/2042	Long term agreement for lease of property. Contract management ongoing.

Contract information correct as at 31<sup>st</sup> December 2025.

**2025/26 Contract Management**  
**Contract Meetings - High Strategic Risk Rating**  
**1st October 2025 to 31st December 2025**

Contract Title	Supplier	Date of Meeting	Outcome
EL Claim	Dolman Solicitors	20/10/2025	Invoice received for initial work. Unlikely to require further work for this case unless it is escalated by either police or HSE.
Pension Administration	West Yorkshire Pension Fund	15/10/2025	<p>Matthews Exercise Progress Report</p> <p>A dedicated Matthews team is currently being established in West Yorkshire to manage the ongoing exercise. Across WYPF clients, 65 cases have been successfully processed, with an additional 145 cases pending assessment. The payment instruction sheet is in the final stages of preparation and will be issued to clients in due course. GAD data will be provided to WYPF, and WYPF will contact members upon receipt of the required documentation from clients.</p> <p>As part of the Age Discrimination Remedy, the majority of rollbacks for active members have been completed. Work on Transfer Values (TV) is still in progress, and data preparation for leavers is underway. A scheduled review of ill-health and injury cases, conducted on a three-year cycle, is ongoing. Pension savings statements have been distributed to members. Additionally, monthly file processing will transition to the MC3 process following a system update, which is scheduled to commence on 24 November 2025.</p>
ESRI Contract	ESRI	03/11/2025	Discussions took place on the work HFRS are doing with the ESRI platform, the roadmap for the next 6 months and how ESRI can help the team maximise the ROI on the new enterprise arrangement. Planning took place for the free upgrade of the system which will take place in December. No issues to report.
Laundry Services	Elis	10/11/2025	KPI reports to be issued on a monthly basis for review during scheduled meetings. A record will be maintained in-house, including report dates, response dates, and related details. Additional HFRS staff will be granted access to the MyElis portal to support contract management and improve understanding of associated processes. The complaints and escalation process has been shared and will be adhered to going forward. All reported issues will be recorded internally, including outcomes, with a pass/fail status clearly indicated when escalated to Elis.
East Riding Of Yorkshire Council	Secretariat Services	05/12/2025	Supplier to continue to provide more proactive management and procedural advice to the Chair during GAS Committee meetings to keep Members on track and in keeping with the scope of the agenda item and to confirm/reiterate resolution/recommendations of items. Discussed all the requirements of the HFA Procedure Notes and any aspects required amending. Agreed to remain as set. Also reminded of previous discussion regarding greater proactive management and procedural advice at GAS Committee meeting. This has improved since.
Structural PPE	Ballyclare	15/01/2026	Delivery times have significantly improved since previous meeting. Conversation surrounding recommended washes per garment and recommended garmets per wash cycle. Update on latest orders and status of those orders. All other targets and performance measures are being met.

	<b>Agenda Item No. 6</b>
<b>Governance, Audit and Scrutiny Committee 9 February 2026</b>	<b>Report by the Area Manager of Service Improvement</b>
<b>REVIEW OF ANTI-FRAUD RELATED POLICIES</b>	

## 1. SUMMARY

- 1.1. The report provides an overview of any changes made to the Service's anti-fraud related policies (as set out at Appendices 1 – 4) since the previous annual review report to the Committee on 17 February 2025.
- 1.2 The Service's the anti-fraud related policies are:
  - Anti-Bribery Policy
  - Anti-Money Laundering Policy
  - Professional Standards Anti-Fraud and Corruption Policy
  - Professional Standards Whistleblowing Policy
- 1.3 Since the Committee last reviewed the anti-fraud related policies, the Anti-Bribery, Anti-Money Laundering and Anti-Fraud and Corruption policies have been revised, resulting in only minor changes to each policy. None of the amendments made to the policies constituted any fundamental changes to their aims, objectives or procedure.
- 1.4 At its meeting of 17 February 2025 the Committee made recommendations to contribute to the effectiveness of the policies; all recommendations were implemented, as set out at section 4.4 of this report.

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## 2. RECOMMENDATIONS

- 2.1 It is recommended that the Governance, Audit and Scrutiny Committee, in accordance with its constitutional role and responsibilities (Part 2, Article 6 of the Constitution):
  - (i) Recommends assurance to the Fire Authority of the review process undertaken for each anti-fraud related policy.
  - (ii) Considers making any suggested changes to aid the effectiveness of the anti-fraud related policies as set out at Appendices 1 – 4.

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## 3. BACKGROUND

- 3.1 Under the Part 2, Article 6, Section 6 of the Fire Authority's Constitution, one of the Committee's functions is:
  - 6.4.1 Governance and Risk
    - (f) Reviewing arrangements for the assessment of fraud risks and potential harm from fraud and corruption and monitor the effectiveness of the anti-fraud related policies.
- 3.2 As part of its annual work programme, the Committee therefore receives an annual review of the Service's anti-fraud related policies.
- 3.3 In reviewing the anti-fraud related policies on an annual basis, this helps inform the formulation of the following year's Anti-Fraud and Corruption Statement, presented to the Committee and Fire Authority for approval later in the year.



## 4. REPORT DETAIL

4.1 The Service's anti-fraud related policies (as set out at Appendices 1 – 4) are as follows:

- Anti-Bribery Policy
- Anti-Money Laundering Policy
- Professional Standards Anti-Fraud and Corruption Policy
- Professional Standards Whistleblowing Policy

All Service policies are published on the Service's [website](#).

4.2 Policies are reviewed a minimum of once every three years. If consultation on policy change is necessary (ie if substantial and propose changes to the policy's aim, objective and procedure), then a three-week consultation process with all Heads of Functions and above will take place. Union representatives are also invited to contribute to the policy reviews during these consultation periods.

4.3 The anti-fraud related policies have been revised during 2025, with any changes made reflected in the table below:

Policy	Last revised	Changes made	Next review due
Anti-Bribery Policy	January 2026	Minor changes such as amending the Policy's Responsible Owner and updating of External Auditor name Forvis Mazars following merger	January 2028
Anti-Money Laundering Policy	January 2026	Confirmation of the change in cash limit.	January 2028
Anti-Fraud and Corruption Policy	December 2024	No changes	December 2026
Whistleblowing Policy	April 2025	Minor changes, making clearer the process and what constitutes whistleblowing	April 2027

4.4 At its meeting of 17 February 2025 the Committee made the following recommendations which have been implemented.

Recommendation		Completed Action
(a)	That a reference to the register of gift and hospitality accepted by the Authority is included within the Anti-Bribery Policy;	Section 12 of the policy covers gifts and hospitality and now includes a link directing readers to the Gifts and Hospitality Register on the website.
(b)	That consideration be given to reviewing the upper threshold of receiving £5,000 for cash payments before reporting to the Money Laundering Reporting Officer in the Anti-Money Laundering Policy.	The limit has been reviewed, and to keep it in line with other fire and rescue services, it has been reduced to £1,000.

4.5 The intention during 2025 was to undertake a review of the Anti-Bribery Policy, Anti-Money Laundering Policy and Professional Standards Anti-Fraud & Corruption Policy with the view to combining them under one umbrella policy titled Financial Crime, to make it easier for the reader as one single access point but still with multiple reporting mechanisms associated with the different elements under the policy. This work had to be paused while a more strategic review of the Service Policy framework was undertaken; now concluded this will see all Service policies reviewed and transformed into Policy Statements with an accompanying Policy Delivery Procedure document (if required) over the next couple of years.

- 4.6 The intention therefore is to create one single Policy Statement titled 'Financial Crime' that encompasses all the anti-fraud related policies, along with a Policy Delivery Procedure document. Until this work is complete, the three policies will remain as individual policies.
- 

## **5. EQUALITY, DATA PROTECTION AND RISK IMPLICATIONS**

- 5.1 There is no requirement to carry out an Equality Impact Analysis (EIA) or Data Protection Impact Assessment (DPIA) as this report does not relate to a policy or service delivery change or involves the processing of personal data.
- 5.2 Upon review, no risk implications have been identified in relation to this subject, and no further action is deemed necessary.
- 

## **6. CONCLUSION**

- 6.1 Under its terms of reference the Committee receives an annual review of the Service's anti-fraud related policies.
- 6.2 The policies have been revised during 2025, with either only slight minor changes or none made to each policy. Also incorporated into these changes were the Committee's recommendations made at its meeting on 17 February 2025.
- 6.3 The Committee and Fire Authority should take assurance of the review process undertaken for each anti-fraud related policy and the Services welcomes any suggested changes from the Committee that might aid the effectiveness of the anti-fraud related policies further.
- 6.4 In reviewing the anti-fraud related policies on an annual basis, this helps inform the formulation of the following year's Anti-Fraud and Corruption Statement, presented to the Committee and Fire Authority for approval later in the year.

**Richard Gibson**  
**Area Manager of Service Improvement**

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### **Officer Contact**

Gareth Naidoo – Senior Corporate Assurance Officer

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### **Background Papers**

None



HUMBERSIDE FIRE AND RESCUE SERVICE

# Finance & Procurement

## Anti-Bribery Policy

<b>Owner</b>	<b>Executive Director of Finance/S.151 Officer</b>
<b>Responsible Person</b>	<b>Joint Deputy Chief Finance Officer &amp; Deputy S.151 Officer</b>
<b>Date Written</b>	<b>July 2016</b>
<b>Date of Last Review</b>	<b>January 2026</b>
<b>Date of next review</b>	<b>January 2028</b>
<b>EIA</b>	<b>December 2021</b>

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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.

The 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 the HFA's Strategic Plan, the 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.

The 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. The HFA will not tolerate fraud or corruption by its Members (which includes Independent Co-opted Members), employees, suppliers, contractors, partners, volunteers 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.

The 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 the HFA are recognised as important in ensuring a high standard of public life.

The 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.

The HFA will take steps to help ensure high standards of ethical behaviour are adopted in partnerships to which the 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, the HFA will draw the attention of the partner organisation to its concerns.

This Anti-Bribery Policy is supplementary to the HFA's wider Anti-Fraud and Corruption Policy, which sets out what actions the 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.

## 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, DIVERSITY 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 or 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. ASSOCIATED DOCUMENTS

- [Equality Impact Assessment](#)
- Legal References
  - [Bribery Act 2010](#)
  - [Public Contracts Regulations 2006](#)
  - [CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption](#)
  - [Local Government Fraud Strategy – Fighting Fraud Locally](#)
  - [Economic Crime and Corporate Transparency Act 2023](#)

- National Guidance

There is no specific national Guidance relating to this policy.

- [Professional Standards Anti-Fraud and Corruption Policy](#)
- [Gifts and Hospitality Policy](#)
- [Professional Standards Whistleblowing Policy](#)
- [Gifts and Hospitality Register](#)

## 5. 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.

## 6. 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.

## 7. PENALTIES

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

- On conviction in a magistrate's court for a single offence, to imprisonment for 6

months and/or a fine. A defendant facing two or more offences can be sentenced to a maximum of 12 months imprisonment and/or a fine.

- 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.

## **8. PUBLIC CONTRACTS AND FAILURE TO PREVENT BRIBERY**

Under the Public Contracts Regulations 2015 a company is automatically debarred from competing for public contracts where it is convicted of a corruption offence, including bribery. The HFA will, in such cases, exclude organisations convicted of any such offences from participating in tenders for public contracts with it.

## **9. 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. Humberside Fire Authority (including Humberside Fire and Rescue Service) 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. The HFA is committed to the prevention, deterrence and detection of bribery. It has a zero-tolerance approach towards bribery. The HFA aims to maintain anti-bribery compliance “business as usual”, rather than as a one-off exercise.

## **10. HUMBERSIDE FIRE AUTHORITY’S COMMITMENT TO ACTION**

The 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.

## **11. 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.

## 12. GIFTS AND HOSPITALITY

This policy is not meant to change the requirements of the 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 the HFA or who require a decision from the 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 the HFA or in the process of applying for permission or some other decision from the HFA is unlikely ever to be acceptable, regardless of the value of the gift.

The Gifts and Hospitality Register is published on the Service's [website](#).

## 13. 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.

#### **14. RAISING A CONCERN**

The 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 the HFA's Professional Standards 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 the HFA's Monitoring Officer/Secretary), the Executive Director of Finance /Section 151 Officer or the External Auditor (Forvis 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 wrongdoing is reported, the 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. The 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.

The 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.

#### **15. 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
- Officers' Code of Conduct
- Professional Standards Anti-Fraud and Corruption Policy
- Professional Standards Whistleblowing Policy
- Gifts & Hospitality Policy
- Anti-Money Laundering Policy

## **16. 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

## **17. POLICY REVIEW**

The HFA's Chief Finance Officer (S.151 Officer) and the 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.

**For further information or guidance on this policy please contact  
the Finance and Procurement Section.**



HUMBERSIDE FIRE AND RESCUE SERVICE

# Finance & Procurement

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## Professional Standards Anti-Fraud and Corruption Policy

<b>Owner</b>	<b>Executive Director of Finance/ S.151 Officer</b>
<b>Responsible Person</b>	<b>Joint Deputy Chief Finance Officer &amp; Deputy S.151 Officer</b>
<b>Date Written</b>	<b>December 2018</b>
<b>Date of Last Review</b>	<b>December 2024</b>
<b>Date of next review</b>	<b>December 2026</b>
<b>EIA</b>	<b>December 2023</b>

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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 Professional Standards Anti-Fraud and 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 Professional Standards Whistleblowing Policy and Anti-Bribery Policy.

### **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. 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.
- Provide an effective mechanism for members of the public to raise genuine and serious concerns.

### **3. EQUALITY, DIVERSITY 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 or 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. ASSOCIATED DOCUMENTS**

- [Equality Impact Assessment](#)
- Legal References
  - [Fraud Act 2006](#)
  - [Bribery Act 2010](#)
  - [Economic Crime and Corporate Transparency Act 2023](#)
- National Guidance

There is no specific National Guidance relevant to this policy.
- [Professional Standards Complaints Policy](#)
- [Professional Standards Whistleblowing Policy](#)
- [Professional Standards Anti-Fraud and Corruption Policy](#)
- [Annual Governance Statement](#)

### **5. 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](http://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 Professional Standards Whistleblowing Policy which encourages staff to raise concerns in good faith. The Professional Standards Whistleblowing Policy can be found at [www.humbersidefire.gov.uk](http://www.humbersidefire.gov.uk). Members of the public are not precluded from using the Professional Standards Whistleblowing Policy but should only do so where they feel that the Professional Standards Complaints Policy is not appropriate to the concern they wish to raise.

There is significant similarity for employees in respect to the Professional Standards Whistleblowing Policy and this Professional Standards 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.

## **6. 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.

## **7. 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.

## **8. 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](http://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](#).

## **9. 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
- Professional Standards Disciplinary Procedure
- Professional Standards Whistleblowing Policy
- Anti-Bribery Policy
- Anti-Money Laundering Policy
- The Regulation of Investigatory Powers Act (RIPA) Procedure
- Professional Standards Complaints Policy
- Training

## **10. PREVENTION**

### **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 9](#).

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 formally 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 Professional Standards Whistleblowing Policy and the Authority's complaints procedure. See the [Fraud Response Plan at Part B](#).

## **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.

## **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.

### **Internal Control**

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

The Executive Director of Finance /S.151 Officer is the designated officer having a statutory responsibility under Section 151 of the Local Government Act 1972 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.

### **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.

## **11. 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 Finance 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.

## **12. 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.

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 Finance will publicise the results of any investigation to promote awareness, to deter, and to demonstrate the need for preventative measures.

## **13. 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.

#### **14. 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.
- 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 regarding the Act please contact the Executive Director of Finance/S151 Officer.

#### **15. 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
- The justification for maintaining anonymity

#### **16. 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.

#### **17. 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 Professional Standards Whistleblowing Policy. If, however, malicious, vexatious, mischievous or reckless allegations are made then other action may be considered if the complainant is an employee.

## 18. HOW TO REPORT A SUSPECTED FRAUD

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

### Authorised Officers

Alternatively, you may raise a concern directly with one of the following Authorised Officers:

Authorised Officer	Contact number	Contact email	Address
Chief Fire Officer & Chief Executive	(01482) 567509	<a href="#">Click here</a>	Humberside Fire and Rescue Service, Service Headquarters, Summergroves Way, Kingston upon Hull, HU4 7BB
Deputy Chief Fire Officer & Executive Director of Service Delivery	(01482) 567174	<a href="#">Click here</a>	
Assistant Chief Fire Officer & Executive Director of Corporate Services	(01482) 567509	<a href="#">Click here</a>	
Executive Director of Finance & S.151 Officer	(01482) 567509	<a href="#">Click here</a>	
Area Manager Emergency Response	(01482) 567174	<a href="#">Click here</a>	
Area Manager Prevention, Protection, Fleet & Estates	(01482) 567174	<a href="#">Click here</a>	
Area Manager Service Improvement	(01482) 567174	<a href="#">Click here</a>	

### Alternative Contacts

If you feel it inappropriate to contact an Authorised Officer, you may raise a concern directly with one of the following representatives of the Fire Authority:

Alternative Contact	Contact details	Address
Chairperson of Humberside Fire Authority	(01482) 393204 Email ChairpersonHFA@humbersidefire.gov.uk	Humberside Fire Authority, Fire and Rescue Service Headquarters, Summergroves Way, Kingston upon Hull, HU4 7BB
Chairperson of Governance, Audit & Scrutiny Committee	(01482) 393899 Email ChairpersonGAS@humbersidefire.gov.uk	
Monitoring Officer & Secretary to Humberside Fire Authority	(01482) 393100 Email committeemanager@humbersidefire.gov.uk	
*The Head of	0845 300 3333	TIAA,



**Finance & Procurement**  
**Professional Standards Anti-Fraud and Corruption Policy**

Internal Audit	Email enquiries@tiaa.co.uk	Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH
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\* This is a private, independent organisation who are employed to audit HFA.

Contact may be by telephone or face to face, but serious concerns are better raised in writing, whether by post or email. 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.

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
- 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.

## **19. ALLEGATION CONCERNING THE CHIEF FIRE OFFICER & CHIEF EXECUTIVE**

Where an allegation is made concerning the Chief Fire Officer & Chief Executive or an Executive Director, you should raise this with either the HFA Monitoring Officer, Head of Internal Audit or the Chairperson of HFA – see [Section 18](#) for their contact details.

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.

## **20. 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.

## **21. 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 Professional Standards 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 – External Auditor**

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,  
The Corner  
Bank Chambers  
26 Mosley Street  
Newcastle  
NE1 1DF  
United Kingdom  
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.

## **22. FURTHER ADVICE AND GUIDANCE**

A process flow diagram ([Appendix A](#)) and a check list of Dos and Don'ts is provided as a quick reference for employees at the end of this policy ([Appendix B](#)).

## **23. WHO CAN PROVIDE SUPPORT OR ADVICE (TO EMPLOYEES)**

We are committed to maintaining a safe and supportive work environment for everyone. Below are internal and external routes staff can use to speak up, raise a concern and get support.

Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option it may well be the easiest and simplest way of resolving matters. However, you have other options: Station Managers, Group Managers, CLT and SLT members with responsibility for the subject matter you are speaking up about.

## **Via Your Line Manager**

Your line manager is a key point of contact for reporting concerns and seeking support. They are here to listen, provide guidance, and ensure that your concerns are addressed appropriately. Whether you have questions about workplace policies, encounter issues with colleagues, or require assistance with personal matters affecting your work, your line manager is there to support you.

If, for any reason, you feel uncomfortable discussing your concerns with your line manager, we have established multiple channels for reporting concerns anonymously or confidentially.

## **Through our Policies and our Professional Standards Policies**

Various routes are included in our Policies and our Professional Standards Policies listed below:

- Anti-Fraud and Corruption
- Complaints
- Dignity at Work (anti Bullying and Harassment)
- Disciplinary
- Exits From the Service
- Equality and Inclusion
- Grievance
- Menopause
- Mediation
- Personal Relationships at Work Policy
- Safety Event Reporting Recording and Investigation Arrangements
- Whistleblowing

## **Our Internal Bullying and Harassment Hotline**

Bullying will not be tolerated within Humberside Fire and Rescue Service. Our Dignity at Work policy clearly defines bullying and how to report it.

The Service's 'Zero Tolerance' campaign has a very simple strapline - **SUPPORT - CHALLENGE - REPORT** - and we encourage our employees to do just that.

## **Internal Freedom to Speak Up Routes**

The Freedom to Speak Up model was developed in health and has six key elements; we have used the model as the basis for the HFRS process. How we implement 'Valuing' and 'Modelling' Speaking Up within HFRS will be developed from the 'ground up' by listening to staff about how line managers and the organisation can value and model Speaking Up.

Our 'Freedom to Speak Up Guardian' can support you to speak up if you feel unable to do so. The Guardian will ensure that people who speak up are thanked

for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role [here](#).

Additional information relating to Freedom to Speak Up Routes can be found [here](#).

## **Contact HR**

You can contact your HR team, in complete confidence, on: 01482 567572.

This number will take you through to one of our HR advisers who will listen to what has caused you to feel the way you do.

You don't need to provide names, and you will receive completely confidential advice as to how to manage any issues you raise.

## **Employee Assistance Programme**

As part of an ongoing commitment to employee wellbeing, Humberside Fire and Rescue Service Occupational Health Team are very pleased to offer all employees confidential support, with free access to emotional and practical support through CiC's Confidential Care Service.

The service is provided by CiC, an external organisation, who are entirely independent, so support and advice are completely confidential. You can call the Confidential Care line as often and for as long as you need to discuss any issues you would like support with.

The Confidential Care service is available 24 hours a day, 7 days a week, 365 days a year and is accessed by calling the freephone number: 0800 085 1376.

## **Independent Speak Up**

This service aims to provide a safe space for staff to speak up when something isn't right in the workplace:

- Discrimination, victimisation and harassment (on gender, sexual orientation, disability)
- Misogyny and violence against women and girls
- Health and safety breaches
- Fraud and corruption
- Poor or unsafe working practices

The service is available online or via phone [here](#).

Service users can remain anonymous or can choose to provide their name and contact details which will then be shared for confidential use by the Fire Service.

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.

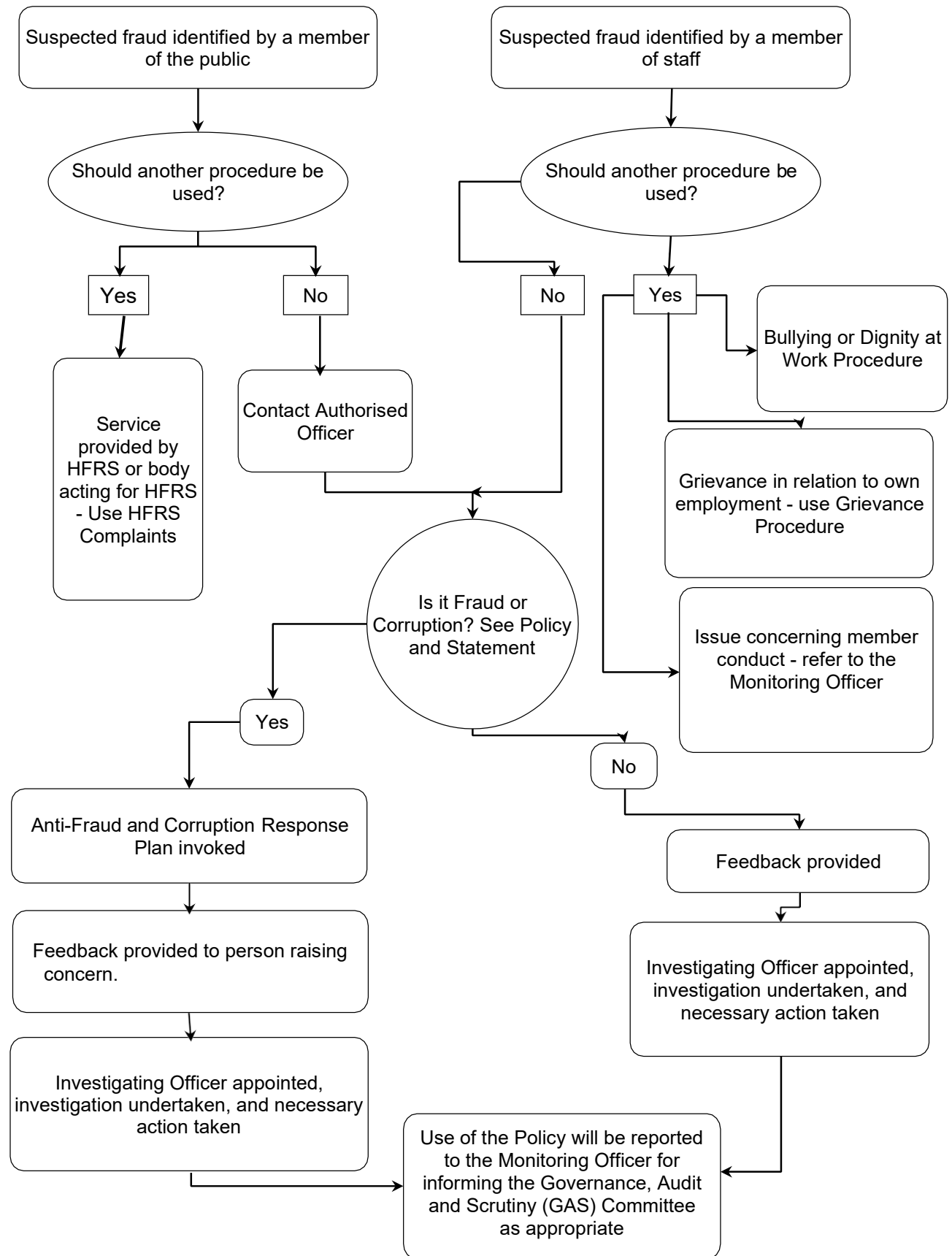
Further guidance is set out under the Professional Standards Whistleblowing Policy.

## **24. 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 A: ANTI-FRAUD AND CORRUPTION POLICY FLOW CHART



**APPENDIX B: CHECKLIST OF DOs 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 Professional Standards Anti-Fraud and Corruption Policy (or Professional Standards Whistleblowing Policy) to pursue a personal grievance.

## **PART B: PROFESSIONAL STANDARDS 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 18](#).

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

### **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 Professional Standards Anti-Fraud and Corruption Policy.
  - The disclosure can be resolved without investigation.
  - 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
- 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 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 (GAS) Committee**

Reporting the use of this policy and a summary of the findings of any investigations under this process will be reported to the Committee via the Monitoring Officer as appropriate.

### **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 investigation's 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

# Finance & Procurement

## Anti-Money Laundering Policy

<b>Owner</b>	<b>Executive Director of Finance/S.151 Officer</b>
<b>Responsible Person</b>	<b>Joint Deputy Chief Finance Officer &amp; Deputy S.151 Officer</b>
<b>Date Written</b>	<b>December 2017</b>
<b>Date of Last Review</b>	<b>January 2026</b>
<b>Date of next review</b>	<b>January 2028</b>
<b>EIA</b>	<b>December 2021</b>

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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, volunteers 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 the HFA's wider Anti-Fraud and Corruption Policy which sets out what actions the 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.

### **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, DIVERSITY 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 or 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. ASSOCIATED DOCUMENTS**

- [Equality Impact Assessment](#)
- Legal references
  - [Proceed of Crime Act 2002](#)
  - [Terrorism Act 2000](#)
  - [Money Laundering Regulations 2007](#)
  - [Economic Crime and Corporate Transparency Act 2023](#)
- National Guidance

There is no specific national guidance relating to this policy
- [Professional Standards Anti-Fraud and Corruption Policy](#)
- [Professional Standards Whistleblowing Policy](#)
- Employee Code of Conduct

#### **5. 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 Proceeds of Crime Act 2002).
- 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 of the Proceeds of Crime Act 2002).
- Acquiring, using or possessing criminal property (section 329 of the Proceeds of Crime Act 2002).
- 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:
  - Firstly, cash is introduced into the financial system by some means ("placement").
  - The second step involves a financial transaction in order to camouflage the illegal source ("layering").
  - 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 for employees is to promptly report any suspected money laundering activity to the Money Laundering Reporting Officer (MLRO).**

## **6. 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 Professional Standards Whistleblowing Policy, Employee Code of Conduct, Members' Code of Conduct and Professional Standards 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 the HFA's Disciplinary Policy.

## **7. WHAT ARE THE OBLIGATIONS OF 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.
- 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 the HFA; therefore, all staff are required to comply with the reporting procedure set out in sections 8, 9 and 10 below.

## **8. THE MONEY LAUNDERING REPORTING OFFICER**

The officer nominated to receive disclosures about money laundering activity within HFA is the Joint Deputy Chief Finance Officer & Deputy S.151 Officer, Corporate Finance and Procurement Section, who can be contacted as follows:

Joint Deputy Chief Finance Officer & Deputy S.151 Officer  
Corporate Finance & Procurement Section  
Humberside Fire and Rescue Service  
Headquarters Summergroves Way  
Kingston Upon Hull  
HU4 7BB  
Email: [adiovisalvi@humbersidefire.gov.uk](mailto:adiovisalvi@humbersidefire.gov.uk)  
Telephone: 01482 565333

In the absence of the MLRO, the Head of Finance, is authorised to deputise.  
Email: [sedwards@humbersidefire.gov.uk](mailto:sedwards@humbersidefire.gov.uk)  
Telephone: 01482 565333

## **9. 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 £1,000.** 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 £1,000 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 £1,000 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 must be reported to the MLRO in writing. If the money offered is £1,000 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 (and a copy taken), 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.

An officer must not communicate in any way to the individual their intention to report, or subsequent reporting, the matter to the MLRO.

## **10. REPORTING TO THE MONEY LAUNDERING 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. 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.

## **11. 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:

- [Main NCA website](#)
- [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 A) 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.

## **12. 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.

## **13. 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.
- Give targeted training to those most likely to encounter money laundering.

## **14. 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 of the Professional Standards Anti-Money Laundering Policy will be reviewed in light of such assessments.

## **15. FURTHER INFORMATION**

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

- [National Crime Agency \(NCA\)](#)
- [CIPFA](#)
- [CCAB - Anti-Money Laundering \(Proceeds of Crime and Terrorism\) – Guidance for Accountants](#) (main site) <http://www.ccab.org.uk/documents/> (direct link)
- [The Law Society-Anti-Money Laundering Guidance and Advice](#)

## **16. 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 the HFA.

Responsible Officer: Joint Deputy Chief Finance Officer & Deputy S.151 Officer (Money Laundering Reporting Officer).

**For further guidance / information regarding this policy, please contact the  
Corporate Finance and Procurement Section.**

**APPENDIX A: 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

# **Service Improvement**

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## **Professional Standards Whistleblowing Policy**

<b>Owner</b>	<b>Assistant Chief Fire Officer</b>
<b>Responsible Person</b>	<b>Head of Corporate Assurance</b>
<b>Date Written</b>	<b>July 2016</b>
<b>Date of Review</b>	<b>April 2025</b>
<b>Date of next review</b>	<b>April 2027</b>
<b>EIA Completed</b>	<b>July 2021</b>



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Appendix C: Checklist of Dos and Don'ts

## **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 and Rescue Service (the Service) is committed to the highest possible standards of integrity, openness, fairness, inclusivity, probity and accountability. The Service 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 or wrongdoing within the Service 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 or wrongdoing in accordance with this Policy. The wrongdoing or concern must be in the public interest. This means it must affect others, for example the general public.

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

### **Core Code of Ethics**

The Service 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 the Service, will be reflected in this Policy.

## **2. EQUALITY, DIVERSITY AND INCLUSION**

The Service 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 or 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 Assessment](#)
- 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 WITH OTHER POLICIES AND PROCEDURES**

If issues are in respect of the conduct of a Member of Humberside Fire Authority, these are dealt with by the Monitoring Officer to the Fire Authority. Please refer to the 'Complaints about Members' section on the [Fire Authority](#) webpage for further information or speak to the Monitoring Officer (see [Section 10 for details](#)).

The 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. 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 through the following Professional Standards Policies: Anti-Fraud and Corruption Policy, Grievance Policy, Conduct Policy, Disciplinary Policy and 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 Service policies or to be used as a mechanism for appealing against the outcome of other procedures.

#### **6. WHAT CONSTITUTES WHISTLEBLOWING AND WHO CAN USE THIS POLICY**

##### **Who is covered by the Policy?**

All employees of Humberside Fire Authority, whether temporary or permanent.

Members of the public may also make use of this Policy.

### **Complaints that count as whistleblowing**

This Policy is primarily aimed at encouraging employees or members of the public to raise major concerns over any wrongdoing, particularly in relation to unlawful or unethical conduct, unfair practices, risk to health and life or financial malpractice, as detailed below (this list is not exclusive):

- Criminal offence (e.g. fraud, corruption or theft).
- Public funds are being used in an unauthorised manner.
- Malpractice of 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.
- The covering up of wrongdoing.

### **Complaints that do not count as whistleblowing**

- Personal grievances (for example bullying, harassment, discrimination) are not covered by whistleblowing law, unless your particular case is in the public interest.

Personal grievances should be reported under the Service's Grievance Policy or Conduct Policy.

### **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.
- 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 Finance/S.151 Officer ([see Section 9 for details](#)) or Independent Speak Up (Powered by Crimestoppers) ([see Section 13](#)).

### **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.

## **7. ANONYMOUS ALLEGATIONS**

The Service encourages its 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 allegations, 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
- the justification for maintaining anonymity

## **8. CONFIDENTIALITY**

The Service 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.

## **9. 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. If the allegation made by a member of public is found to be malicious or vexatious the Service may discontinue, or not enter into any further, correspondence with that individual in line with 'Dealing With Persistent or Unreasonable Complainants' under the Complaints Policy.

## **10. HOW TO RAISE A CONCERN UNDER THIS POLICY**

As a first step, you should normally raise concerns with your immediate manager, who will then consult with an Authorised Officer. This depends, however, on the seriousness and sensitivity of the issues involved and any potential conflicts of interest, in which case you may wish to raise your concern directly with an Authorised Officer.

Contact may be by telephone or face to face, but serious concerns are better raised in writing, whether by email or post. Those raising a concern are asked to set out the

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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.

<b>Authorised Officer's Role</b>	<b>Contact details</b>
Monitoring Officer & Secretary to Humberside Fire Authority	Email: <a href="mailto:LisaJane.Nicholson@eastriding.gov.uk">LisaJane.Nicholson@eastriding.gov.uk</a> Tel: (01482) 393100
Chairperson of Humberside Fire Authority	Email: <a href="mailto:ChairpersonHFA@humbersidefire.gov.uk">ChairpersonHFA@humbersidefire.gov.uk</a> Tel: (01482) 393204
Chairperson of Governance, Audit & Scrutiny Committee	Email: <a href="mailto:ChairpersonGAS@humbersidefire.gov.uk">ChairpersonGAS@humbersidefire.gov.uk</a> Tel: (01482) 393899
Chief Fire Officer & Chief Executive	Visit: <a href="https://humbersidefire.gov.uk/contact-us/strategic-leadership-team">https://humbersidefire.gov.uk/contact-us/strategic-leadership-team</a>
Deputy Chief Fire Officer	
Assistant Chief Fire Officer	
Executive Director of Finance & S.151 Officer	
* The Head of Internal Audit	Email: <a href="mailto:enquiries@tiaa.co.uk">enquiries@tiaa.co.uk</a> Tel: 0845 300 3333 Address: Artillery House, Fort Fareham, Newgate Lane Fareham, PO14 1AH

\* This is a private, independent organisation who are employed to audit the Service.

Or write to any of the above at:

Humberside Fire and Rescue Service,  
Service Headquarters,  
Summergroves Way,  
Kingston upon Hull,  
HU4 7BB

## **11. 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.

## **12. ALLEGATION CONCERNING THE CHIEF FIRE OFFICER & CHIEF EXECUTIVE OR AN EXECUTIVE DIRECTOR**

Where an allegation is made concerning the Chief Fire Officer & Chief Executive or an Executive Director, you should raise this with the Monitoring Officer & Secretary, Head of Internal Audit or the Chair of the GAS Committee or Chair of the Fire Authority – see [Section 10](#) for their contact details.

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.

## **13. HOW THE AUTHORITY WILL RESPOND**

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

## **14. 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 Service. 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.

### **Forvis Mazars - External Auditor**

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:

Forvis Mazars,  
The Corner  
Bank Chambers  
26 Mosley Street  
Newcastle  
NE1 1DF  
United Kingdom  
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.

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

## **15. WHO CAN PROVIDE SUPPORT OR ADVICE?**

We are committed to maintaining a safe and supportive work environment for everyone. Below are internal and external routes staff can use to speak up, raise a concern and get support.

Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option it may well be the easiest and simplest way of resolving matters. However, you have other options: Station Managers, Group Managers, TLT and SLT member with responsibility for the subject matter you are speaking up about.

### **Via your line manager**

Your line manager is a key point of contact for reporting concerns and seeking support. They are here to listen, provide guidance, and ensure that your concerns are addressed appropriately. Whether you have questions about workplace policies, encounter issues with colleagues, or require assistance with personal matters affecting your work, your line manager is there to support you.

If, for any reason, you feel uncomfortable discussing your concerns with your line manager, we have established multiple channels for reporting concerns anonymously or confidentially.

## **Through our Policies and our Professional Standards Policies**

Various routes are included in our Professional Standards or other Policies listed below:

- Anti-Fraud and Corruption
- Complaints
- Dignity at Work (anti Bullying and Harassment)
- Disciplinary
- Exits From the Service
- Equality and Inclusion
- Grievance
- Menopause
- Mediation
- Personal Relationships at Work Policy
- Safety Event Reporting Recording and Investigation Arrangements

### **Independent Speak Up (Powered by Crimestoppers)**

This service aims to provide a safe space for staff to speak up when something isn't right in the workplace:

- Discrimination, victimisation and harassment (on gender, sexual orientation, disability)
- Misogyny and violence against women and girls
- Health and safety breaches
- Fraud and corruption
- Poor or unsafe working practices

The service is available online or via phone [here](#).

Service users can remain anonymous or can choose to provide their name and contact details which will then be shared for confidential use by the Fire Service.

### **Our internal bullying and harassment hotline**

Bullying and/or harassment will not be tolerated by the Service. Our Conduct Policy clearly defines bullying and harassment and how to report it.

The Service's 'Zero Tolerance' campaign has a very simple strapline - **SUPPORT - CHALLENGE - REPORT** - and we encourage our employees to do just that.

### **Contact HR**

You can contact your HR team, in complete confidence, on: 01482 567572.

This number will take you through to one of our HR advisers who will listen to what has caused you to feel the way you do.

You don't need to provide names and you will receive completely confidential advice as to how to manage any issues you raise.

### **Employee Assistance Programme (EAP)**

As part of an ongoing commitment to employee wellbeing, Humberside Fire and Rescue Service Occupational Health Team are very pleased to offer all employees confidential support, with free access to emotional and practical support through CiC's Confidential Care Service.

The service is provided by CiC, an external organisation, who are entirely independent, so support and advice is completely confidential. You can call the Confidential Care line as often and for as long as you need to discuss any issues you would like support with.

The Confidential Care service is available 24 hours a day, 7 days a week, 365 days a year and is accessed by calling the freephone number: 0800 085 1376.

### **Freedom to Speak Up Guardian (Internal Freedom to Speak Up Routes)**

The Freedom to Speak Up model was developed in health and has six key elements; we have used the model as the basis for the HFRS process. How we implement 'Valuing' and 'Modelling' Speaking Up within HFRS will be developed from the 'ground up' by listening to staff about how line managers and the organisation can value and model Speaking Up.

Our 'Freedom to Speak Up Guardian' can support you to speak up if you feel unable to do so. The Guardian will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role [here](#).

Additional information relating to Freedom to Speak Up Routes can be found [here](#).

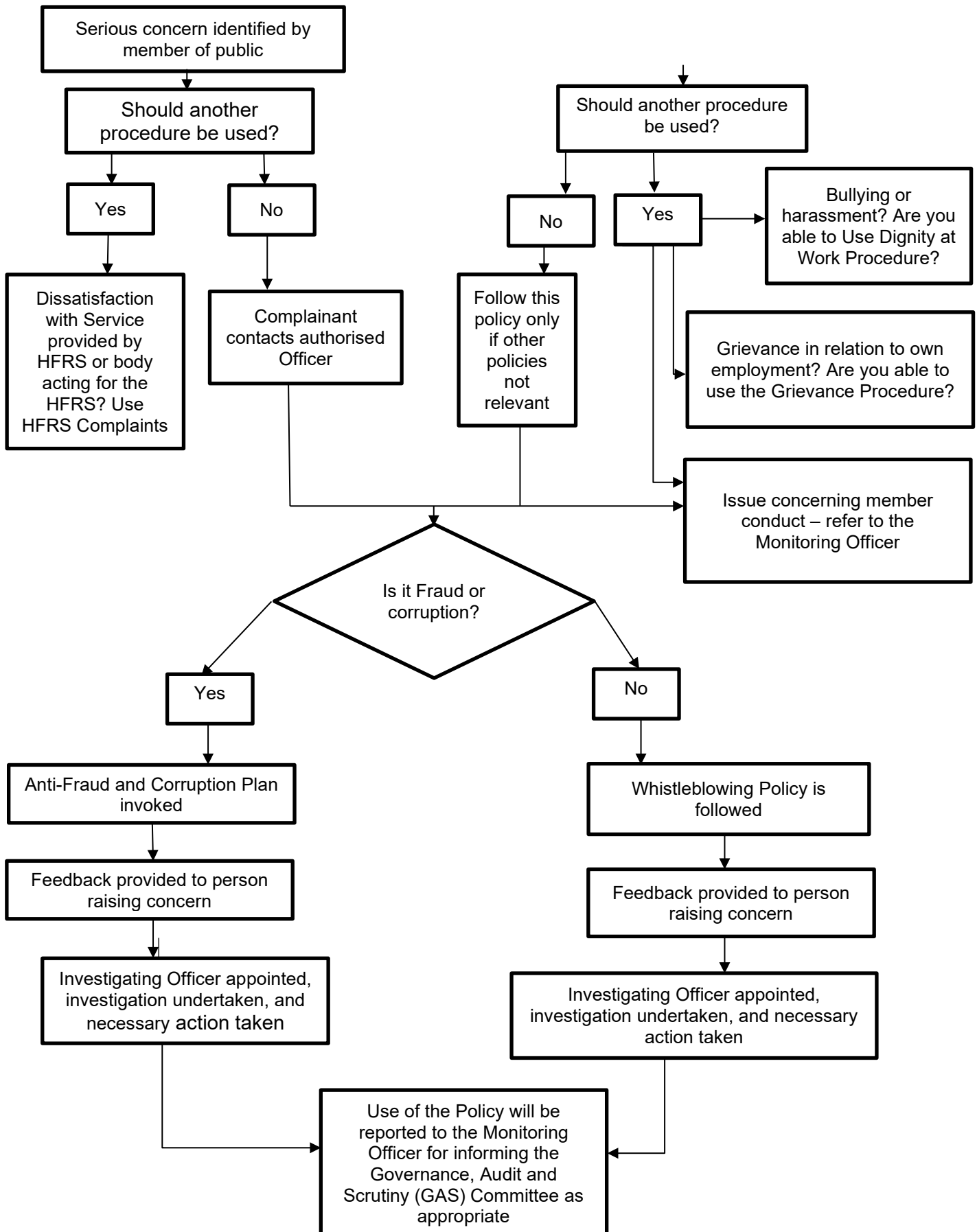
You may also wish to speak to:

- A colleague
- A trade union representative

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 A - WHISTLEBLOWING POLICY – FLOW CHART**



## **APPENDIX 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 enquiry.
  - 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 undertaken by the Authority's 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 and the matter passed directly onto the Police.

#### **4. ROLE OF THE INVESTIGATING OFFICER**

**The Investigating Officer will:**

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- 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	Within 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
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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 relevant Professional Standards Policy shall be invoked (for example the Disciplinary Procedure Policy or Performance and Capability Policy) by an Authorised Officer.

If the disclosure is found to be malicious and not in good faith, then the Investigating Officer may recommend that the relevant Professional Standards Policy (for example the Disciplinary Policy) be invoked against the Complainant (if an employee) by an Authorised Officer.

### **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 (GAS) Committee**

Reporting the use of this policy and a summary of the findings of any investigations under this process will be reported to the Committee via the Monitoring Officer as appropriate.

### **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 Service 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 made 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 1998)



## **APPENDIX C**

### **CHECKLIST OF s AND DON'Ts**

#### **Do**

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

#### **Don't**

- Do nothing.
- Be afraid to raise your concerns.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself.

Use a Whistleblowing procedure to pursue a personal grievance.

	<b>Agenda Item No. 7</b>
<b>Governance, Audit and Scrutiny Committee 9 February 2026</b>	<b>Report by the Monitoring Officer/ Secretary</b>
<b>AMENDMENT TO THE CONSTITUTION</b>	

## **1. SUMMARY**

- 1.1 At its meeting on 28 November 2025, the Humberside Fire Authority (HFA) resolved that the Governance, Audit and Scrutiny (GAS) Committee should review a proposed amendment to the Constitution concerning the terms of office for Members.
- 1.2 The amendment introduces a new clause to Article 2, specifying that a Member ceases to hold office on HFA, and any entitlement to allowances, immediately upon changing political allegiance. This change is intended to maintain political proportionality and prevent public funds from being paid to individuals who no longer represent the electorate under which they were appointed to HFA.
- 1.3 The proposed wording is set out in Appendix 1 and is recommended for endorsement by the Committee to HFA for approval.

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## **2. RECOMMENDATION**

- 2.1 It is recommended that the Governance, Audit and Scrutiny Committee, in accordance with its constitutional role and responsibilities (as set out at Part 2, Article 6 of the Constitution), endorses the proposed amendment to Article 2 of the Constitution (as set out at Appendix 1) and submits this recommendation to Humberside Fire Authority for approval.

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## **3. BACKGROUND**

- 3.1 At its meeting on 28 November 2025, HFA considered a proposal to strengthen its governance arrangements by introducing an additional clause to Article 2 of the Constitution. This clause would clarify that a Member ceases to hold office immediately upon changing political allegiance.
- 3.2 The rationale for this amendment stems from the Authority's statutory requirement to maintain political proportionality, which reflects the composition of political parties within the appointing local authorities.
- 3.3 To ensure transparency and accountability, the GAS Committee was tasked with reviewing the proposed change and making a recommendation to the HFA on whether it should be adopted.

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## **4. REPORT DETAIL**

### **Article 2 'Members of the Humberside Fire Authority'**

- 4.1 Article 2 of the Constitution currently sets out the terms of office for Members. The proposed amendment adds a clause stating that a Member ceases to be a Member of the Authority with immediate effect when they change political allegiance.
- 4.2 Membership of fire authorities is based on political proportionality, which reflects the composition of political parties within the appointing constituent authorities. When considering constitutional provisions related to political allegiance, it is essential to

distinguish between registered political parties and internal sub-groups or factions within those parties.

### **Definition of Political Allegiance**

- 4.3 Political allegiance refers to membership of a registered political party under the Political Parties, Elections and Referendums Act 2000. These parties are recognised for the purposes of proportionality calculations under the Local Government and Housing Act 1989.
- 4.4 Within these main parties, there are informal or organised sub-groups/factions that represent different ideological positions or policy priorities.
- 4.5 The key characteristics of sub-groups/factions are that:
- They are not separate political parties.
  - They do not affect formal political allegiance for statutory purposes.
- 4.6 For constitutional clauses and proportionality:
- Political allegiance is defined as membership of a registered political party, not alignment with internal factions.
  - Switching between sub-groups within the same party does not constitute a change of political allegiance.
  - Only a formal change of party membership (e.g., Labour → Conservative) triggers implications for representation and proportionality.
- 4.7 For the purposes of HFA Constitution, political allegiance refers to membership of a registered political party, or as an independent. Internal factions, sub-groups, or associations within a political party do not constitute a change of political allegiance.

### **Purpose of the Amendment**

- 4.8 The proposed amendment is driven by the need to uphold financial accountability and democratic integrity within HFA. Membership of the Authority is based on political proportionality, reflecting the composition of political parties within the appointing local authorities. When a Member changes political allegiance, they no longer represent the electorate under which they were appointed to HFA. Continuing to pay allowances in such circumstances would result in public funds being allocated to an individual who no longer fulfils their representative role. By requiring that allowances cease immediately upon a change of political allegiance, HFA ensures that taxpayer money is spent appropriately, aligns with statutory governance principles, and maintains transparency and value for money in the use of public resources.

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## **5. EQUALITY, DATA PROTECTION AND RISK IMPLICATIONS**

- 5.1 There is no requirement to carry out an Equality Impact Analysis (EIA) or Data Protection Impact Assessment (DPIA) as this report does not relate to a policy or service delivery change or involves the processing of personal data.
- 5.2 Upon review, no risk implications have been identified in relation to this subject, and no further action is deemed necessary.

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## **6. CONCLUSION**

- 6.1 The Governance, Audit and Scrutiny Committee is asked to endorse the proposed amendment to Article 2 of the Constitution and recommend its approval to HFA (as set out at Appendix 1 of this report).

- 6.2 The amendment introduces a clear requirement that membership and associated allowances cease immediately upon a change in political allegiance. Adoption of this change will safeguard democratic integrity, maintain political proportionality, and ensure the proper use of public funds, reinforcing confidence in the Authority's governance arrangements.

**Lisa Nicholson**  
**Monitoring Officer/Secretary**

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### **Background Papers**

Humberside Fire Authority Agenda 28 November 2025 – Item 20 Amendments to the Constitution

**CONSTITUTION**  
**PART 2: ARTICLE 2 – MEMBERS OF THE HUMBERSIDE FIRE**  
**AUTHORITY**

**2.1     TERM OF OFFICE**

Members are appointed at the Annual General Meeting of the HFA which is normally held towards the end of May in each year. All Members serve until at least the fourth day after the local elections in any given year. The constituent authorities will nominate their representative Members annually in readiness for the HFA Annual General Meeting. The constituent authorities may choose to replace their representative members at any time provided that written notice is given to the Secretary and political proportionality is maintained. The constituent authorities are not permitted to use substitutes.

A Member who ceases to be a member of a constituent authority shall also cease to be a Member of the HFA.

A Member shall cease to be a Member of HFA with immediate effect if they change their political allegiance, defined as ceasing to be a member of the political party under which they were appointed and becoming a member of a different political party, or becomes independent. For the purposes of this clause, 'political party' refers to a registered political party under the Political Parties, Elections and Referendums Act 2000. Internal factions, groups, or associations within a political party shall not constitute a change of political allegiance. The constituent authority may reappoint the same individual to HFA under their new political allegiance, provided that HFA political proportionality is maintained.

A Member's entitlement to HFA allowances shall terminate immediately upon ceasing to hold membership of the HFA.

	<b>Agenda Item No. 8</b>
<b>Governance, Audit and Scrutiny Committee</b> <b>09 February 2026</b>	<b>Report by the Area Manager</b> <b>Resilience and Public Safety</b>

<b>MANCHESTER ARENA INQUIRY</b>
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## 1. SUMMARY

- 1.1 Following the Manchester Arena Inquiry (MAI) reports, Humberside Fire and Rescue Service (HFRS) has delivered a programme of improvements to strengthen multi-agency interoperability, operational readiness, and corporate assurance. This report provides an overview of the Inquiry context, national sector response, and the actions completed by HFRS, confirming alignment with statutory duties and strategic objectives.
- 1.2 The Manchester Arena Inquiry Volume 2 recommendations have been incorporated into the Service's Strategic Improvement Plan. By systematically reviewing the twenty-two principal recommendations and 149 agency-specific recommendations, HFRS identified key themes and established workstreams. Although certain recommendations were directed at specific agencies, operational parallels were examined to ensure robust assurance and compliance across the organisation.

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## 2. RECOMMENDATIONS

- 2.1 It is recommended that the Committee:
  - (i) Takes assurance in the accuracy and completeness of the report in accordance with its constitutional role and responsibilities (Part 2, Article 6 of the Constitution).
  - (ii) Assures the Fire Authority that the Service has addressed all the areas identified as shortcomings within the Manchester Arena Inquiry reports and has implemented robust measures to prevent any recurrence of such issues.
  - (iii) Assures the Fire Authority of the processes in place to maintain Joint Emergency Services Interoperability Principles (JESIP) command principles and adopt the multi-agency exercise programme as part of business-as-usual.
  - (iv) Assures the Fire Authority in the Service's ability to monitor NFCC updates and integrate any future national guidance, ensuring front-line firefighters have the guidance they need.

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## 3. BACKGROUND

- 3.1 The Manchester Arena attack took place on 22 May 2017, when suicide bomber Salman Abedi detonated an explosive device in the City Room foyer at the end of an Ariana Grande concert, killing twenty-two people and injuring hundreds more. The subsequent Manchester Arena Inquiry, chaired by Sir John Saunders, found serious failings in venue security as well as significant deficiencies in the emergency response, including delayed deployment and poor inter-agency communication. The Inquiry produced a series of recommendations to strengthen event security, improve intelligence sharing, and enhance emergency service coordination.
- 3.2 Volume Two of the Inquiry report, published in November 2022, identified significant failings in multi-agency coordination and delayed fire service mobilisation. The report made 149 recommendations, many of which applied directly to fire and rescue services, including embedding JESIP principles, improving joint training and exercising, strengthening Fire Control procedures, and ensuring robust decision logging.
- 3.4 The National Fire Chiefs Council (NFCC) led a sector-wide response, introducing an assurance framework, updating national guidance, and promoting JESIP embedding

through structured training and exercising. Fire Standards were revised to reflect lessons learned, and services were encouraged to adopt digital decision-logging tools and enhance interoperability with partner agencies.

### **Joint Emergency Services Interoperability Principles (JESIP)**

- 3.5 The JESIP principles provide a common framework to ensure emergency services work together effectively at incidents. They centre on co-locating commanders to build shared situational awareness, communicating consistently using clear, structured information, and coordinating actions through jointly agreed plans. Services are expected to control their resources while considering the wider multi-agency picture, and to understand the roles and responsibilities of partner agencies to support joint decision-making. Together, these principles aim to reduce confusion, improve interoperability, and deliver a unified, efficient response that prioritises public safety.

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## **4. REPORT DETAIL**

- 4.1 The Inquiry identified delayed fire service deployment and weak multi-agency coordination on the night. It criticised command grip, information flow and the lack of a shared operating picture. It called for full adoption of JESIP, regular high-fidelity major incident exercising, clearer control room action cards and stronger decision logging. GMFRS acknowledged these failings and committed to comprehensive improvement. Local work within HFRS reflects these themes through Service Improvement Plan actions, NFCC tracking, LRF assurance activity and targeted plans for any marauding terrorist attacks and response to iconic sites.
- 4.2 The following key initiatives have been delivered in response to the Inquiry recommendations:
- Multi-agency exercises have been completed with Local Resilience Forum partners, including realistic marauding terrorist attack scenarios.
  - Operational procedures, Fire Control processes and National Inter Liaison Officer (NILO) action cards have been updated to improve clarity for officers, crews and Fire Control staff and to fully reflect JESIP principles.
  - Digital decision-logging tools have been implemented across Operational Support Watch Managers and through our digital command systems (IRIS), strengthening accountability and inquiry readiness.
  - Daily capability and NILO officer updates have been established, and communication protocols with partners, including police and ambulance services, have been enhanced to ensure alignment.

### **Value for Money Implications**

- 4.3 The implementation of multi-agency exercises and training necessitates a period of abstraction for participating personnel, as well as sufficient instructor and observer resources. Costs are mitigated by collaborative delivery alongside partners such as the Humberside Police, East Midlands Ambulance Service (EMAS) and Yorkshire Ambulance Service (YAS), leveraging Local Resilience Forum (LRF) frameworks to streamline activity and avoid unnecessary duplication. The use of the National Fire Chiefs Council (NFCC) and JESIP assurance mechanisms further ensures efficiency and consistency in approach.
- 4.4 Investment in equipment to support enhanced incident logging—including body-worn cameras, which were already operational with protection and NILO cadres. Introduction of sound recording capability in the Fire Control for major incidents required a small initial outlay. These targeted investments directly address the Inquiry's identified shortcomings, in particular those relating to information capture and command oversight. As such, they

offer demonstrable value for money by reducing the potential for operational delays and increasing the likelihood of positive outcomes in life-risk scenarios.

### **Impact on Service Delivery or Communities**

- 4.5 The delivery of JESIP, NILO and MTA training in the short term requires collaborative planning to ensure that operational response capability is not compromised. In the medium term, these initiatives yield significant benefits, including more rapid mobilisation of all three emergency services, improved clarity of roles and responsibilities at rendezvous points, and the accelerated deployment of specialist resources such as NILO support. These enhancements will strengthen community resilience and public confidence, underpinned by regular, well-structured exercises at high-risk or iconic locations and ongoing assurance through the Local Resilience Forum.

### **Communication**

- 4.6 Staff have received clear and concise updates on all recent procedural changes, including the distribution of updated action cards for incident response, a JESIP refresher programme for all officers, and a published exercise schedule highlighting expectations for decision logging. Daily capability updates are shared with our partners, outlining the current duty officers, contact details, and available specialist resources. Externally, there are clear and consistent communication structures for stakeholders. In line with the duty of candour highlighted in the Manchester Arena presentation, we have developed inquiry-ready records and transparent communications. These were developed from the Multi-agency Gold Incident Command (MAGIC) course attended by all operational members of the Strategic Leadership Teams as cyclical strategic level CPD and Group Managers for awareness.

### **Health and Safety/Legal Implications**

- 4.7 HFRS adopted the use of joint risk assessment protocols and strict adherence to JESIP principles to mitigate health and safety risks associated with delayed or fragmented deployment. Robust decision logging underpins legal defensibility of actions and continuous improvement, supporting operational readiness for legal proceedings, inquests and inquiries. All measures are fully aligned to statutory obligations under the Civil Contingencies Act 2005, as well as National Resilience and Fire Standards Board guidance, ensuring compliance with Category 1 responder responsibilities.

### **Benchmarking Activities**

- 4.8 The NFCC tracker was employed to benchmark progress in alignment with national recommendations and facilitate assurance monitoring. JESIP Assurance served as an external evaluative mechanism. Comparative analysis was conducted with Fire Services that had publicly disclosed their progress, such as Nottinghamshire FRS, to inform the calibration of timelines and scope. Furthermore, LRF standards provided a foundational reference for reviewing the schedule of multi-agency plans and for conducting interoperability assessments.

### **Linkages to CRMP/Strategic Plan/Plans/Policies**

- 4.9 The MAI actions outlined in the 2024/2025 Emergency Preparedness Tactical Plan have been implemented. The Service Improvement Plan now contains completed Inquiry actions and documented performance evidence. These established linkages confirm a direct pathway from strategic intent to operational delivery and assurance reporting.

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## **5. EQUALITY, DATA PROTECTION AND RISK IMPLICATIONS**

- 5.1 There is no requirement to carry out an Equality Impact Assessment (EIA) or Data Protection Impact Assessment (DPIA) as this report does not relate to a policy or service delivery change or involve the processing of personal data.



- 5.2 Having considered the subject matter, it is confirmed that the risk implications are minimal and are effectively managed through established governance and operational controls; accordingly, no specific treatment or entry on the Risk and Opportunity Register is required.

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## 6. CONCLUSION

- 6.1 The Manchester Arena Inquiry highlighted critical shortcomings in emergency service coordination and response. Nationally, the fire sector acted quickly to reinforce JESIP principles, strengthen interoperability, and improve assurance processes. HFRS has completed all required actions, including multi-agency exercises, updated operational and Fire Control procedures, implemented digital decision-logging, and enhanced communication protocols with partner agencies.
- 6.2 Examples include the mobilising of tactical-level officers to the Police Force Control room during an MTA or protest incident to ensure shared situational awareness and improved speed of information flow. These improvements have been fully integrated into the Strategic Improvement Plan and associated delivery plans, ensuring compliance with statutory duties and alignment with CRMP objectives. The Service is now better prepared for complex, high-impact incidents, with robust assurance mechanisms in place to maintain confidence and readiness.

**Dan Meeke**  
**Area Manager of Resilience and Public Safety**

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### Background Papers

- Volume 1 – Security at the Arena (2021): Failings by venue operator SMG, security contractor ‘Showsec’, and British Transport Police, including missed security opportunities.
- Volume 2 – Emergency Response (2022): Failures in communication, coordination, and readiness by GMP, GMFRS, NWS and others.
- Volume 3 – Radicalisation & Preventability (2023): MI5 and Counter Terrorism Policing missed intelligence opportunities that might have stopped the attack.

### Glossary/Abbreviations

CRMP	Community Risk Management Plan
DPIA	Data Protection Impact Assessment
EIA	Equality Impact Assessment
EMAS	East Midlands Ambulance Service
GMFRS	Greater Manchester Fire and Rescue Service
HFRS	Humberside Fire and Rescue Service
JESIP	Joint Emergency Services Interoperability Principles
LRF	Local resilience forum
MAI	Manchester Arena Inquiry
MTA	Marauding Terrorist Attack
NFCC	National Fire Chiefs Council
YAS	Yorkshire Ambulance Service

	<b>Agenda Item No. 9</b>
<b>Governance, Audit and Scrutiny Committee 09 February 2026</b>	<b>Report by the Head of Organisational Development</b>
<b>Performance Development Reviews (PDR)</b>	

## 1. SUMMARY

- 1.1 This report addresses the effectiveness of the annual Performance Development Review (PDR) process for all staff within Humberside Fire and Rescue Service, as prompted by the latest HMICFRS Round 3 Staff Survey. The survey revealed a near-even split in staff perceptions of PDR usefulness, highlighting significant opportunities for improvement. The main issues explored include the consistency and clarity of the PDR process across departments, the impact of PDRs on staff development and career progression, and the adequacy of training and support for both reviewers and reviewees. The report proposes a series of targeted actions: strengthening the design and implementation of the PDR process, enhancing measurable outcomes for staff development, and improving training resources and guidance for all participants.
- 1.2 The scope of this report, as set by the Committee, covers the following key areas:
- Review Process and Consistency
  - Impact on Staff Development
  - Training and Support
- 1.3 The report provides a full review of the current PDR arrangements, drawing on staff feedback, policy guidance, and internal audit findings. It evaluates the clarity and consistency of the PDR process, assesses its impact on workforce development and job satisfaction, and examines the support mechanisms in place for effective delivery. The report concludes with a set of recommendations designed to ensure that PDRs are meaningful, equitable, and contribute positively to both individual growth and organisational objectives.
- 1.4 The Committee will gain a clear understanding of the strengths and areas for development within the current PDR system, as well as the proposed steps to drive continuous improvement.

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## 2. RECOMMENDATION(S)

- 2.1 It is recommended that the GAS Committee:
- (i) Takes assurance in the accuracy and completeness of this report in accordance with its constitutional role and responsibilities (Part 2, Article 6 of the Constitution).
  - (ii) Endorses the planned improvements to the Performance Development Review (PDR) process (which will be implemented following the upgrade of the digital platform) to the Fire Authority.
  - (iii) Welcomes the agreement to outsource the 360-degree feedback process, which is expected to significantly improve the quality, objectivity, and developmental value of feedback provided to individuals.
  - (iv) Recognises the current consultation on the future structure of Organisational Development, which is designed to foster innovative and creative approaches to staff development.
  - (v) Supports the ongoing commitment to continuous improvement in staff development.
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### 3. BACKGROUND

- 3.1 The Performance Development Review (PDR) process is a cornerstone of staff development within Humberside Fire and Rescue Service (HFRS), aligning with both local priorities and national standards for workforce management and continuous improvement. The PDR framework is governed by the Performance and Development Review Policy Delivery Guidance and the Performance Development Review Guidance 2024, which set out the requirements for annual reviews, objective setting, skills assessment, and personal development planning.
- 3.2 This is the seventh year that PDRs have been completed electronically, replacing the historic paper-based format to improve user experience and efficiency. Once submitted, each PDR automatically uploads to the staff member's PDR onto the Power BI dashboard: one tracking completion rates and another mapping training and development requests across Core Skills, and service delivery requests.
- 3.3 In 2025, HFRS achieved a strong completion rate for PDRs, with internal audit and dashboard data indicating that over 95% of eligible staff completed their annual review within the designated window. This high level of compliance reflects the commitment of both managers and staff to the process. Power BI is currently used for tracking and reporting, with future plans to integrate Fire-Watch for further digital support. The remaining incomplete reviews were primarily due to long-term absence or role transitions, and targeted follow-up actions have been implemented.
- 3.4 The completion rates for 2025 were 858 in total, based on a workforce of 898 (910 including the Strategic Leadership Team (SLT) 94.28%) which equates to 95.54% on the closing date. Due to licensing ending for the PDR platform, PDRs could not be submitted and reported on virtually, all PDRs were then completed manually via line managers and submitted and reported on by HR and Organisational Development (OD).

On the closing date of 1 May 2025, a total of 52 PDRs were outstanding. Upon further inspection OD have confirmed several reasons for the non-completions, which include.

- Long Term Sick leave x 6
- Maternity leave x 2
- Retired x 2
- Line Manager absent x 4
- Left/ leaving HFRS x 2
- New starter x 4
- New role pending x 1
- Error on system/data x 2
- PDR completed manually x 11
- No rationale x 18

This left 18 PDRs outstanding with no rationale (1.98%). When including rationale PDRs, the completion rate is 98.02%

- 3.5 The annual PDR window opens from the 1 February to the 30 April each year. During this time a weekly email is sent to all Heads of Function to inform them of the completion rates to date.
- 3.6 The following table shows the PDR completion rates from week 7 of the process up to the deadline.

Week	Date	Completion Rate	Numbers	SLT inc
Week 7	17/03/2025	22.37%	202 out of 903	915
Week 8	25/03/2025	37.92%	342 out of 903	914
Week 9	31/03/2025	47.06%	424 out of 901	913
Week 10	07/04/2025	58.33%	500 out of 900	913
Week 11	17/04/2025	73.97%	665 out of 899	912
Week 12	23/04/2025	81.40%	731 out of 898	911
Week 13	28/04/2025	88.21%	792 out of 889	911
Closing Date	01/05/2025	95.10%	854 out of 898	910
<b>Final</b>	<b>07/05/2025</b>	<b>95.54%</b>	<b>858 out of 898</b>	<b>910</b>

- 3.7 The relevant manager is required to provide OD with a rationale as to any outstanding PDR's following the deadline.

Further support is then offered to staff and managers by OD on a case-by-case basis. OD also make direct contact with any sections/departments who are identified as having lower than expected completion rates, to provide encouragement and additional support, as required.

- 3.8 Nationally, the importance of robust PDR processes has been reinforced by HMICFRS inspections and sector-wide guidance, which highlight the need for clear criteria, consistent delivery, and meaningful feedback. The recent HMICFRS Round 3 Inspection Staff Survey for HFRS revealed a mixed perception of PDR usefulness, with just over half of respondents agreeing or tending to agree that their reviews were valuable, while a significant minority expressed reservations. This feedback has informed the current review and improvement plan.
- 3.9 Locally, HFRS is also responding to evolving organisational needs through the ongoing consultation on the future structure of Organisational Development. This initiative aims to foster innovative and creative approaches to staff development, ensuring that the service remains agile and responsive to changing workforce expectations.
- 3.10 In summary, the PDR process at HFRS is well-established and widely adopted, but recent feedback and strategic developments present a timely opportunity to enhance its impact, consistency, and value for all staff.
- 3.11 There were 507 total TNA course requests, 256 (50.5%) were authorised to be undertaken and 223 were declined due to incorrect role or rank for the course, and 28 (5.5%) are yet TBC and other requests.

Core Skills	TNA Requests	Course Requests	Declined	Authorised
<b>Leadership</b>	Executive Leadership Program	12	TBC	TBC
<b>Management including Apprenticeships</b>	CMI/ILM Level 3-7 Level 2 Principles of Team Leading	122	52%	48%
<b>Equality and Inclusion</b>	Principles of Fair Recruitment	32	47%	53%
<b>Health and Safety</b>	NEBOSH/IOSH	152	83%	17%
<b>Communication</b>	External Media Training	25	72%	28%
<b>Welfare and Wellbeing</b>	Mental Health Awareness Suicide Prevention Awareness Menopause Awareness	164	0%	100%
<b>Other</b>		16	TBC	TBC

3.12 The table below in an appendix could also be worth noting/highlighting with the above that H&S refresher/courses had the highest request and decline rates due to role/rank, and that welfare and wellbeing had the highest authorised rate due to them being on PDR pro already.

Core Skills	TNA requests	Course Request	Request denied due to incorrect rank/role	Courses Declined %	Requests undertaken/ authorised	Courses undertaken/ authorised %
Leadership	Executive leadership Program	12	TBC		TBC	
Management including Apprenticeships	Level 7 (CMI/ILM)	2	TBC		TBC	
	Level 6 (CMI/ILM)	1	0	0%	1	100%
	Level 5 (CMI/ILM)	23	17	74%	6	24%
	Level 3 (CMI/ILM)	55	47	85%	8	15%
	Level 2 Principles of team leading	41	0	0%	41	100%
Equality and Inclusion	Principles of fair recruitment	32	15	47%	17	53%
Health and Safety	NEBOSH General Certificate	37	26	70%	11	30%
	IOSH Leading Safely	11	11	100%	0	0%
	IOSH Managing Safely	64	57	89%	7	11%
	IOSH Managing Safely Refresher	32	32	100%	0	0%
	IOSH Working Safely	8	0	0%	8	100%
Communication	External media training	25	18	72%	7	28%
Welfare and Wellbeing	Mental Health Awareness	75	0	0%	75	100%
	Suicide Prevention Awareness	75	0	0%	75	100%
	Menopause Awareness	14	0	0%	14	100%

## **4. REPORT DETAIL**

### **Inconsistent Perceptions of Usefulness**

- 4.1 The HMICFRS Round 3 Staff Survey highlighted a near-even split in staff perceptions regarding the usefulness of PDRs. While some staff find the process valuable for reflection and development, a significant proportion do not see tangible benefits. This disparity suggests that the quality and impact of PDRs vary considerably between departments and individual reviewers. Factors contributing to this include differences in how objectives are set, the depth of developmental conversations, and the follow-through on agreed actions. Addressing these inconsistencies is essential to ensure that all staff experience meaningful and constructive reviews.

### **Process Consistency and Clarity**

- 4.2 Although the PDR policy and supporting guidance are comprehensive, there is evidence that they are not applied uniformly across the organisation. Some managers and staff report uncertainty about assessment criteria, the frequency of reviews, and the expectations for documentation. This can lead to confusion, missed opportunities for development, and a lack of confidence in the process. Establishing clear standards and providing practical tools - such as checklists and exemplars - will help to drive consistency and transparency in the delivery of PDRs.

### **Developmental Impact**

- 4.3 A core purpose of the PDR process is to support staff in acquiring new skills, progressing in their careers, and enhancing job satisfaction. However, current practice does not always ensure a strong link between PDR objectives, individual development plans (IDPs), and measurable outcomes. In some cases, objectives are not sufficiently specific or aligned to organisational priorities, and follow-up actions are not tracked effectively. Strengthening these connections will enable better monitoring of progress, more targeted training interventions, and clearer pathways for advancement.

### **Feedback Quality**

- 4.4 The internal 360-degree feedback process, while valuable, has limitations in terms of objectivity and benchmarking. Feedback can sometimes be influenced by internal relationships or lack the external perspective needed for robust development. The decision to outsource the 360 process to a specialist provider will introduce sector best practice, independent benchmarking, and enhanced confidentiality, resulting in higher quality and more actionable feedback for individuals. This change is expected to drive improvements in leadership capability and overall staff development. Additionally, we plan to incorporate the results of the 360 feedback into the annual PDR process, creating a more holistic view of an individual's performance and ensuring that development conversations are informed by comprehensive insights.

### **Organisational Development (OD) Structure**

- 4.5 Current consultation on the future structure of Organisational Development, which is designed to foster innovative and creative approaches to staff development, is ongoing. The consultation is engaging stakeholders across the service to identify new opportunities for learning, progression, and wellbeing, ensuring that the OD function remains agile and responsive to evolving workforce needs. The ongoing consultation on the future structure of OD presents a significant opportunity to rethink how staff development is delivered.

## **Quality Assurance, Measurement and Continuous Improvement**

- 4.6 To ensure that the updated PDR process delivers meaningful and measurable outcomes, HFRS will strengthen its assurance arrangements through the introduction of the Quality Assurance Manager role within the new OD structure. This role will provide dedicated oversight of assurance processes across all staff development activities, ensuring consistency, transparency and adherence to expected standards.
- 4.7 A structured dip-sampling approach will be implemented annually, reviewing a representative sample of PDRs across functions to evaluate:
- the quality and clarity of objectives set
  - the depth and developmental value of discussions
  - the alignment of PDR outcomes to CRMP and Strategic Plan priorities
  - the robustness of follow-up actions
  - the appropriate identification of training and development needs
- 4.8 The results of this process will complement existing quantitative measures (such as completion rates and 360 feedback data) and will feed into future staff surveys, organisational dashboards and leadership reporting. This combined approach will enable the Service to measure the effectiveness of changes introduced, identify trends, and target further support where required - ensuring that PDRs consistently add value and support a culture of continuous improvement.
- 4.9 The PDR process also includes the capturing of employees who have declared if they have any secondary contracts outside of the Service. This activity supports the Service's response to the HMICFRS finding from the Round 3 Inspection which stated, "The service should monitor secondary contracts to make sure working hours are not exceeded." Data from the PDR submissions will be analysed to identify any changes in individuals' circumstance, identify any discrepancies early and support fair enforcement of policy.
- 4.10 Also being added to the PDR process is the collection and analysing of anonymous feedback on senior managers' visibility, service values and behaviours. Again, this addition will support the Service's response to the HMICFRS finding from the Round 3 Inspection which stated, "The service should assure itself that senior managers are visible and demonstrate service values through their behaviours."

## **Impact on Service Delivery or Communities**

- 4.11 The improvements to the PDR process will have direct and positive effects on Humberside Fire and Rescue Service's ability to deliver the Community Risk Management Plan (CRMP) and sustain the outcomes recognised by HMICFRS.

## **Greater reliability and resilience in service delivery through skills assurance**

- 4.12 High completion levels (95.54% overall in 2025; 98.02% when rationales are included) provide confidence that role-specific competencies and development needs are being reviewed consistently across the workforce. This supports safe systems of work, succession planning, and operational readiness - all of which underpin stable attendance times, availability, and quality of incident response in communities.

## **Leadership quality and feedback that translate into better local outcomes**

- 4.13 Outsourcing 360-degree feedback introduces independent benchmarking and sector good practice, raising the quality of leadership insights that feed into annual PDRs. Better leadership behaviours and performance management support inclusion, wellbeing and continuous improvement - HMICFRS themes linked to maintaining effective community prevention, consistent incident command, and multi-agency working.

## **Faster identification and closure of development gaps that affect public risk**

- 4.14 Linking PDR data to dashboards enables OD and operational leaders to spot trends in core skills, specialist qualifications and mandatory refreshers (e.g., health & safety, incident command) and to allocate training more rapidly. This reduces exposure to service risks (e.g., skill gaps affecting operational safety or protection activity), protecting community outcomes and supporting the CRMP's service standards.

## **Improved community confidence through consistent, values led performance**

- 4.15 PDR changes are anchored in updated guidance and policy, supporting fair, transparent reviews and timely completion across functions. This strengthens culture and inclusion, areas HMICFRS links to sustained performance and trust; in turn, communities benefit from a workforce that is well-led, supported, and consistently focused on public safety.

## **Communication Actions Required**

- 4.16 A coordinated relaunch communication strategy will be essential once the improvements to PDR content and workflow are finalised, ensuring all staff clearly understand the purpose, benefits and practical changes within the updated process. Communication will focus on raising awareness of the refreshed approach, reinforcing the importance of high-quality PDR conversations, and providing managers with the clarity and confidence needed to lead the change effectively.
- 4.17 Updated guidance, supporting materials and accessible resources will be shared through established internal channels, supported by visible senior-leader messaging to emphasise organisational commitment. As part of this year's PDR cycle, the OD team will deliver dedicated training sessions for managers to support effective PDR completion and to ensure consistent application of the updated process across all functions. Ongoing reminders and signposting throughout the PDR window will help embed the changes and sustain engagement across all staff groups.

## **Benchmarking Activities**

- 4.18 Humberside Fire and Rescue Service already undertake several benchmarking activities linked to the PDR process, and further opportunities exist to strengthen comparison against sector standards. Current benchmarking is primarily achieved through HMICFRS inspection findings, which reference the Service's PDR system and skills frameworks as examples of positive practice, allowing HFRS to compare performance and development arrangements with those of other Fire and Rescue Services nationally.
- 4.19 In addition, the move toward outsourcing the 360-degree feedback process will introduce independent benchmarking against wider sector norms, as most UK Fire and Rescue Services use external providers whose tools are aligned to the NFCC Leadership Framework. This aligns HFRS with established sector best practice and allows performance and leadership capability to be compared with other participating services through externally administered processes.

## **Linkages to CRMP/Strategic Plan/Plans/Policies**

- 4.120 The Performance Development Review (PDR) process is directly aligned to, and acts as an enabler for, the delivery of the Community Risk Management Plan 2025-28 and the wider organisational strategies of HFRS.
- 4.21 The PDR framework ensures that individual objectives, development actions, and competency requirements are tied to Service-wide priorities set out within the CRMP, which identifies community risks and the prevention, protection and response capabilities required to mitigate them. Strengthened objective-setting and clearer



development planning ensure that staff skills, training needs and behavioural expectations align with CRMP-led risk intelligence and operational demands.

- 4.22 The PDR process also supports delivery of the Strategic Plan 2025-28, which emphasises a skilled, inclusive, and continuously improving workforce as a key enabler of safe and effective service delivery. Strategic objectives such as “enhancing a culture of continued learning and improvement,” “enabling a positive and inclusive workplace culture,” and “ensuring an effective and efficient Service” are reinforced by the PDR focus on performance, development, wellbeing, and leadership behaviours grounded in the NFCC Core Code of Ethics.
- 4.23 At policy level, the PDR process is governed by the Performance and Development Review (PDR) Policy Delivery Guidance and the Performance Development Review Guidance 2024 - (V10.3), which establish the standards, expectations, and behaviours that managers and staff must meet. These documents define how PDR outcomes directly inform training, succession planning, competency assurance, and workforce readiness, which underpin the Strategic Plan and CRMP commitments.
- 4.24 Furthermore, the integration of PDR outputs with Power BI dashboards and FireWatch ensures that development needs, skills gaps and training requirements can be monitored and responded to an organisational level, reinforcing the Service’s capability to deliver risk-aligned prevention and protection activities, maintain operational competence and support strategic workforce planning.
- 4.25 In summary, the PDR process is a critical mechanism through which the Service translates strategic intent into individual performance and development, ensuring that the workforce is capable, confident, and aligned to the priorities set out within the CRMP, the Strategic Plan, and associated organisational policies.

## **5. EQUALITY, DATA PROTECTION AND RISK IMPLICATIONS**

- 5.1 There is no requirement to carry out an Equality Impact Assessment (EIA) and/or Data Protection Impact Assessment (DPIA) as this report does not relate to a policy or service delivery change or involves the processing of personal data.
- 5.2 Having considered the subject matter, it is confirmed that the risk implications are minimal and are effectively managed through established governance and operational controls; accordingly, no specific treatment or entry on the Risk and Opportunity Register is required.

## **6. CONCLUSION**

- 6.1 The evidence presented within this report demonstrates that the Performance Development Review (PDR) process remains a vital mechanism for supporting staff development, maintaining organisational capability, and aligning the workforce with the priorities set out in the CRMP and Strategic Plan. While PDR completion rates continue to be strong, staff feedback and internal review indicate that the quality, consistency and perceived value of PDRs vary across the Service. This reinforces the need for the targeted improvements now proposed, including enhanced PDR content, strengthened objective-setting, more effective integration of training needs, and the introduction of externally benchmarked 360-degree feedback to improve leadership development. The outsourcing of the 360-degree feedback process will bring external expertise, benchmarking, and best practice, ensuring that feedback is both actionable and aligned with sector standards. This will support more meaningful development conversations and targeted growth for staff at all levels.
- 6.2 By modernising the PDR process, supported through improved digital systems and a structured communication and training programme for managers, HFRS will be better placed to deliver a fair, meaningful and outcomes-focused approach to development. These changes will ensure that PDRs continue to contribute to staff motivation, clarity of expectations, succession planning and organisational resilience.

- 6.3 Overall, the proposed enhancements represent an important step in strengthening the value, credibility and strategic alignment of PDRs. With continued oversight and support from Organisational Development, and with the engagement of managers across all functions, the Service can ensure the PDR process remains a robust, consistent and trusted tool that supports both individual growth and the evolving needs of HFRS. The planned improvements to the PDR process, which will be implemented following the upgrade of the digital platform, include:
- Refinement of PDR questions and workflow: The new platform will enable more targeted, relevant, and user-friendly questions, improving the consistency and clarity of the review process across all departments.
  - Enhanced tracking and reporting: Integration with Firewatch and Power BI will allow for more effective monitoring of completion rates, training needs, and development outcomes.
- 6.4 In summary, the PDR process at HFRS is well-established and widely adopted, but recent feedback and strategic developments present a timely opportunity to enhance its impact, consistency, and value for all staff.

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#### **Background Papers**

None

#### **Glossary/Abbreviations**

CRMP	Community Risk Management Plan
HMICFRS	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
IOSH	Institution of Occupational Safety and Health
NEBOSH	National Examination Board in Occupational Safety and Health
OD	Organisational Development
PDR	Performance Development Review
SLT	Strategic Leadership Team

## GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2025/26

Date of Meeting	Topic	Background	Scope	Lead
<b>Monday, 7 July 2025</b>  [Deadline: 9am, Monday 16 June 2025]	<b>Prevention Strategy</b>	<u>HMICFRS Assessment Criteria</u> HFRS has developed and implemented an ambitious prevention delivery plan which is informed by local risk and complies with statutory requirements. The FRS prevention plan clearly sets out where the greatest risks lie within its area and has a clear rationale for the level of activity to prevent fires and other risks. The FRS uses findings from prevention, protection, and response activity to adapt its prevention plan. FRS prevention activity meets community expectations, and its core functions are sustained regardless of other discretionary priorities for the FRS.	<ul style="list-style-type: none"> <li>Information / data sources used to inform the purpose and objectives of the delivery plan.</li> <li>Performance measures and management of the plan.</li> <li>Evaluation and outcomes achieved.</li> <li>Learning and outcomes used to inform activities.</li> <li>Effectiveness of policies used to implement and manage the plan.</li> </ul>	<b>Sarah Wilkinson - Head of Prevention</b>
<b>Monday, 7 July 2025</b>  [Deadline: 9am, Monday, 16 June 2025]	<b>Protection Engagement</b>	<u>HMICFRS Assessment Criteria</u> FRS staff engage with local businesses or large organisations and share information and expectations on compliance with fire safety regulations. The FRS has a system to help all local businesses to have easy and timely access to clear guidance on how to comply with fire safety regulations.	<ul style="list-style-type: none"> <li>Effectiveness of current engagement activities</li> <li>Methodology used to provide information holistically and / or targeted at businesses.</li> <li>Methods used to engage with business including different communication platforms.</li> <li>Performance management of engagement activities including evaluation against related indicators.</li> <li>Validation of information provided against legislation and related policies.</li> </ul>	<b>Dom Purchon - Head of Protection</b>
<b>Monday, 10 November 2025</b>  [Deadline: 9am, Monday 13 October 2025]	<b>Joint Exercise Programme</b>  <i>[Deferred from 17 February 2025]</i>	<u>HMICFRS Assessment Criteria</u> The FRS carries out a joint exercise programme to test arrangements for major and multi-agency incidents. The FRS uses the learning to improve its capabilities and inform local and national developments.	<ul style="list-style-type: none"> <li>Management of joint exercise programme including requirements, types, frequency and links to risk management planning.</li> <li>Recording processes used to capture exercises.</li> <li>Alignment to JESIP principles.</li> </ul>	<b>Glyn Dixon - Head of Emergency Preparedness</b>
<b>Monday, 9 February 2026</b>  [Deadline: 9am, Monday, 12 January 2026]	<b>Manchester Arena Inquiry</b>	<p>The Manchester Arena Inquiry was a public investigation into the tragic attack on May 22, 2017, which resulted in the deaths of 22 people. Chaired by Sir John Saunders, the inquiry aimed to examine the circumstances surrounding the attack, including security measures, emergency response, and the radicalization of the attacker.</p> <p><i>Key Findings and Actions for Fire and Rescue Services</i></p> <p><u>Delayed Response</u>: The inquiry highlighted significant delays in the Fire and Rescue Services' response, with crews arriving more than two hours after the attack.</p> <p><u>Improved Coordination</u>: Recommendations were made to enhance coordination between emergency services, emphasizing the need for better communication and joint training exercises.</p> <p><u>Training and Preparedness</u>: Fire and Rescue Services were advised to improve their training programs to ensure readiness for similar incidents, focusing on interoperability and rapid deployment.</p> <p><u>Adoption of JESIP Principles</u>: The Joint Emergency Services Interoperability Principles (JESIP) were recommended to be fully integrated into emergency response protocols to ensure a cohesive and efficient approach.</p>	<ul style="list-style-type: none"> <li>Review of Recommendations: Identify and list all recommendations from the Manchester Arena Inquiry relevant to Fire and Rescue Services as managed through the Service Improvement Plan.</li> <li>Implementation Status: Assess the current status of each recommendation's implementation. Determine whether the recommendations have been fully, partially, or not implemented.</li> <li>Coordination and Communication Enhancements: Evaluate the effectiveness of joint training exercises and communication protocols.</li> <li>Training and Preparedness: Evaluate the focus on interoperability and rapid deployment in training initiatives, Assess the effectiveness of JESIP principles in ensuring cohesive and efficient emergency responses.</li> <li>Monitoring and Evaluation: Evaluate the processes in place for ongoing monitoring and evaluation of the implemented recommendations, Identify any gaps or areas for continuous improvement.</li> </ul>	<b>Glyn Dixon - Head of Emergency Preparedness</b>

## GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2025/26

Date of Meeting	Topic	Background	Scope	Lead
<b>Monday, 9 February 2026</b>  [Deadline: 9am, Monday, 12 January 2026]	<b>Performance Development Reviews</b>	<p><u>HMICFRS Round 3 Staff Survey</u> Effectiveness of the annually conducted personal [performance] development reviews for all staff. Findings from HMICFRS staff survey identified the following from a 229 response to this question.</p> <p><i>To what extent do you agree or disagree with the following statement: I find my personal development reviews/appraisals useful:</i></p> <p>Agree 24.45% (56) Tend to agree 27.95% (64) Tend to disagree 21.83% (50) Disagree 25.76% (59) NB 8 skipped this question</p>	<ul style="list-style-type: none"> <li>Review Process and Consistency <ul style="list-style-type: none"> <li>Evaluate the design and implementation of the PDR process.</li> <li>Are the criteria for assessments clear and consistent across departments? Is the frequency of reviews adequate?</li> <li>Reviewing the Performance and Development Review (PDR) Policy Delivery Guidance might provide insights into the current process and areas that need improvement.</li> </ul> </li> <li>Impact on Staff Development <ul style="list-style-type: none"> <li>Assess how PDRs contribute to staff development, career progression, and overall job satisfaction.</li> <li>Are there measurable outcomes that demonstrate the effectiveness of PDRs in enhancing skills and competencies?</li> </ul> </li> <li>Training and Support <ul style="list-style-type: none"> <li>Review the training and support provided to both reviewers and reviewees.</li> <li>Are they adequately prepared for the PDR process?</li> <li>The Performance Development Review Guidance document outlines the necessary sections to be covered during the PDR meeting, for reference</li> </ul> </li> </ul>	<b>Mike Anthony - Head Workforce Development and Culture</b>
<b>Monday, 9 March 2026</b>  [Deadline: 9am, Monday, 9 February 2026]	<b>Grenfell Tower Inquiry Phase 2 Report</b>	<p>The Grenfell Tower Inquiry Phase 2 Report, published on September 4, 2024, delves into the circumstances leading up to and following the tragic fire on June 14, 2017. This phase focuses on the broader systemic issues and the actions of various organisations involved in the refurbishment and management of Grenfell Tower.</p> <p><u>Regulatory Failures:</u> The report highlights significant regulatory failures, particularly concerning the building's external cladding and fire safety measures.</p> <p><u>Responsibility and Accountability:</u> Various organisations, including the building's management and contractors, were found to have failed in their duties to ensure the building's safety.</p> <p><u>Fire Safety Measures:</u> The report criticises the lack of adequate fire safety measures and the failure to address known risks.</p> <p><u>Emergency Response:</u> The response of the emergency services was scrutinised, with recommendations for improvements in training, communication, and procedures.</p> <p><u>Requirements for Fire and Rescue Services:</u> Knowledge and Understanding: Fire and rescue services must have a thorough understanding of the materials used in high-rise buildings and the risks associated with them.</p> <p><u>Building Information:</u> Owners and managers of high-rise buildings are required to provide detailed information about the building's design and materials to the local fire and rescue services.</p> <p><u>Training:</u> All officers, especially those of the rank of Crew Manager and above, must be trained in inspecting high-rise buildings and understanding fire risks.</p> <p><u>Plans and Information Boxes:</u> High-rise buildings must have up-to-date plans available in both paper and electronic forms, and a premises information box containing these plans and other critical information.</p> <p><u>Communication and Coordination:</u> Improvements in communication between control rooms and incident commanders, as well as better.</p>	<ul style="list-style-type: none"> <li>Ensure comprehensive understanding of high-rise building materials and associated fire risks.</li> <li>Guarantee that detailed building information is accessible to fire and rescue services raining of fire and rescue personnel, particularly those in leadership roles. High-rise buildings have accessible and up-to-date emergency plans and information.</li> <li>Improve communication and coordination during emergency responses. Ensure ongoing compliance with fire safety regulations and standards.</li> <li>Identify and list all recommendations from the Grenfell Tower Phase 2 relevant to Fire and Rescue Services as managed through the Service Improvement Plan.</li> </ul>	<b>Lynsey Driver - Head of Protection</b>

GOVERNANCE, AUDIT AND SCRUTINY COMMITTEE – SCRUTINY TOPICS 2025/26

Date of Meeting	Topic	Background	Scope	Lead
<p><b>Monday, 9 March 2026</b></p> <p>[Deadline: 9am, Monday, 9 February 2026]</p>	<p><b>Equality, Diversity and Inclusion</b></p>	<p><u>Equality, Inclusion and Diversity (EDI) internal governance</u></p> <p>The transition of EDI (Equality, Diversity, and Inclusion) responsibilities from the Organisational Development department to Corporate Assurance, along with the temporary appointment of an EDI officer, aims to enhance EDI processes and ensure better integration of EDI principles into Fire Service working practices. This strategic move is designed to provide a more structured and accountable framework for EDI initiatives, fostering a more inclusive and equitable environment within the Fire Service. The temporary EDI officer will focus on refining existing processes, identifying areas for improvement, and embedding EDI considerations into all aspects of the organisation's operations.</p>	<ul style="list-style-type: none"><li>• Equality Impact Assessments (EIAs)<ul style="list-style-type: none"><li>– Evaluate the current process for conducting EIAs, including the criteria used and the frequency of assessments.</li><li>– Ensure that EIAs are comprehensive and consider the impact on all protected characteristics.</li><li>– Provide training for staff on how to conduct effective EIAs.</li><li>– Implement a system for regularly reviewing and updating EIAs.</li><li>– Monitor the outcomes of EIAs to ensure they lead to meaningful changes and improvements.</li></ul></li><li>• EDI Priorities<ul style="list-style-type: none"><li>– Align EDI initiatives with the organisation's overall strategy and goals.</li><li>– Ensure that EDI is integrated into all aspects of the organisation's operations (in particular through the management and implementation of Fire Standards and use of eLearning).</li></ul></li><li>• Staff Forum Groups<ul style="list-style-type: none"><li>– Define the purpose and objectives of staff forum groups. Establish clear guidelines for the operation and management of these groups.</li><li>– Ensure that forum groups are inclusive and provide a safe space for open discussions.</li><li>– Use feedback from staff forum groups to inform EDI policies and practices.</li></ul></li><li>• Ensure that forum groups have access to senior leadership and decision-makers.</li></ul>	<p><b>Mike Anthony - Head Workforce Development and Culture</b></p> <p><b>Natalie Simm – EDI &amp; Communications Officer</b></p>