



## THE DEPUTY MAYOR FOR POLICE, FIRE AND CRIME AND FIRE AND RESCUE SERVICE

Health and Safety

FINAL Internal Audit Report 5.24/25

16 January 2025

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

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# AUDIT OUTCOME OVERVIEW

In line with our scope, included at Appendix B, the overview of our findings is detailed below.

## Background / Why we did the audit

A review of the Service's health and safety framework was previously undertaken as part of the 2022/23 Internal Audit Plan which identified one medium and two high priority management actions, and resulted in a partial (negative) assurance opinion. The three actions agreed during this audit were followed up during the 2023/24 Internal Audit Plan, with two marked as fully implemented and one as partially though not yet fully. Given this and the importance of health and safety at the Service, we have undertaken a second audit covering the health and safety framework as part of the 2024/25 plan. Our review has used the same scope as the 2022/23 audit, with additional scope points added focusing on the controls in place regarding health and safety risks, site inspections and risk assessments.

Health and safety at the Service is managed primarily by the Health and Safety Unit (HSU), comprised of the recently appointed Health and Safety Manager and the Health and Safety Advisor. The HSU covers both the Service and the Force in North Yorkshire, though processes for each are separated. The HSU is supported by the Health and Safety Committee and Health and Safety Sub-Committee, responsible for managing and escalating concerns across the Service.

**Conclusion:** Our audit has identified that the Service has a control framework in place for managing health and safety although we have identified instances of non-compliance. Overall, the review has identified that all but one actions agreed in the previous audit have been embedded, although development is still required to ensure all controls are fully effective and working as designed. Whilst mandatory health and safety training has been implemented, we have identified that there are instances of non-compliance up to and including Area Managers. In particular, there are several modules in which a number of individuals have not completed the required modules, with one module (stress management) still requiring 176 individuals to complete the module.

An incident reporting process has been implemented though sample testing has flagged instances where this is not completed by staff in a timely manner. This is supported by a governance process in which incidents are reported to the Health and Safety Sub-Committee (HSSC) and KPIs reported to the Health and Safety Committee, chaired by the Deputy Chief Fire Officer. Whilst risk assessments are in place, we identified that there are a significant number of similar documents (such as standard operating procedures and manufacturers instructions) and a lack of clarity regarding which are to be used. A site inspection programme has been implemented, however 13 premises are overdue with two overdue by several years.

As a result of our audit we have agreed **three high, two medium** and **two low** priority management actions. It should be noted that one of the high actions was also identified during the 2022/23 audit, and has not been resolved. Furthermore, whilst we have given an assurance opinion of partial, a majority of the actions agreed require involvement from other areas of the Service and are not due to non-compliance from the Health and Safety Unit.

Internal  
audit  
opinion:

Minimal Assurance    **Partial Assurance**    Reasonable Assurance    Substantial Assurance

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).

1

Audit  
themes:

Our review identified the following issue resulting in the agreement of **three high priority management actions**:

### Training

All staff are required to complete four mandatory training modules although we have identified that there are a large number for which the training is outstanding. In particular we noted the stress training module still requires 176 individuals to complete the module. A further 15 individuals (either a Group Manager, Area Manager or Station Manager) have at least one module outstanding. **(High)**

### Risk assessments

The Service has a large number of different documents that are either specific risk assessments or contain a risk assessment. This includes 78 risk assessments, 230 standard operating procedures (SOPs), 27 task based risk assessments and 102 sets of manufacturers instructions. An exercise is currently underway to streamline these documents and reduce the risk of confusion to staff. **(High)**

### Premises inspections

Of the 42 premises on the Service's Site Inspection Schedule, 13 have exceeded their due date. This includes one that was due in November 2021 and another in January 2022. **(High)**

Details of the **medium and low priority management actions** can be found under section two of this report.

We noted the following controls to be adequately designed and operating effectively:

### Health and Safety Policy

A Health and Safety Policy is in place and available on the Service's intranet. The policy sets out the Service's approach to ensuring staff are safe and outlining the roles and responsibilities of those involved in relevant processes.

### Communications

Health and Safety Bulletins and Safety Toolbox Talks are communicated to all staff when required and we confirmed numerous instances of this during 2024.

<sup>1</sup> The term 'board' within the graphic above uses the terminology from the Global Internal Audit Standards.

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### **Near miss and causes for concern**

A process is in place to report near misses and causes for concern with each being investigated and, if appropriate, escalated to the relevant team. Details of these reports are discussed during the Health and Safety Committee and HSSC to ensure any lessons learned are cascaded across the Service.

### **Committees**

A Health and Safety Committee and HSSC are in place and attended by relevant individuals. Reporting is undertaken to both meetings and a record of discussion retained for both. Actions raised during these meetings are tracked and closed to ensure monitoring to completion.

### **Reporting**

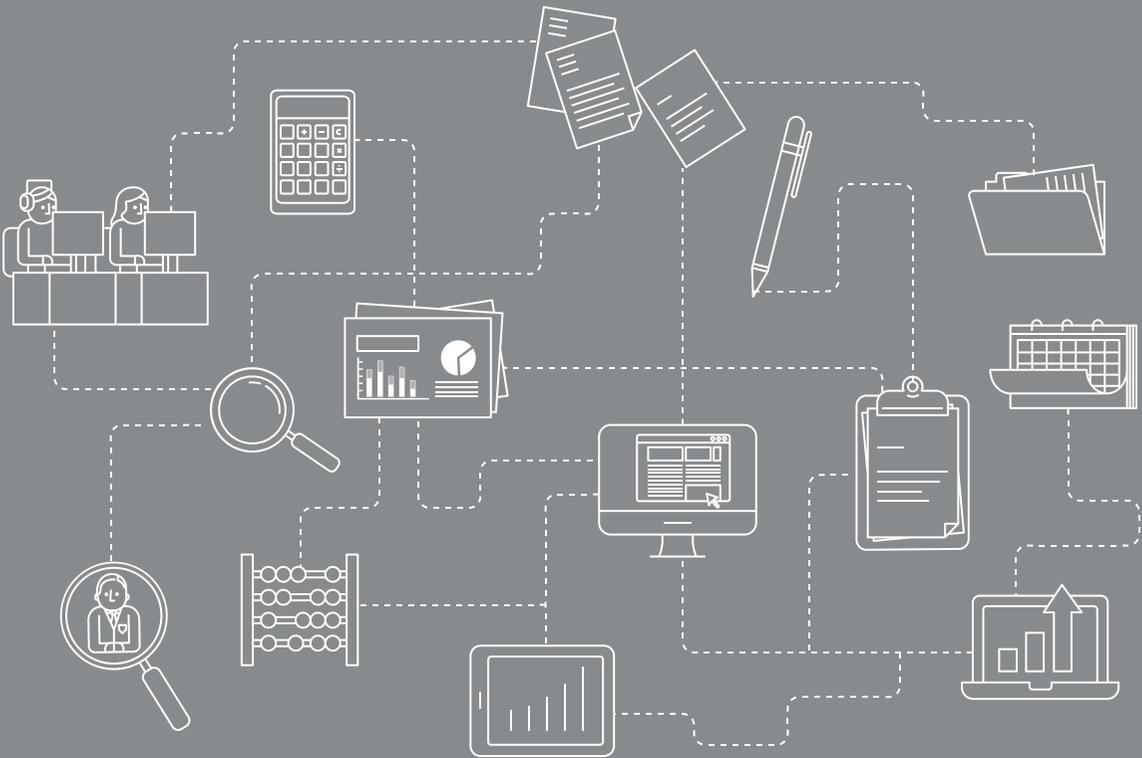
Review of data from reports presented to the Health and Safety Committee confirmed that this is accurate and up to date.

### **Progress report**

A progress report covering health and safety is completed on a monthly basis and provides key updates for the month, the risks that the function faces along with any planned activity going forward.

# Summary of Actions for Management

01



# SUMMARY OF MANAGEMENT ACTIONS

The action priorities are defined as\*:

## High

Immediate management attention is necessary.

## Medium

Timely management attention is necessary.

## Low

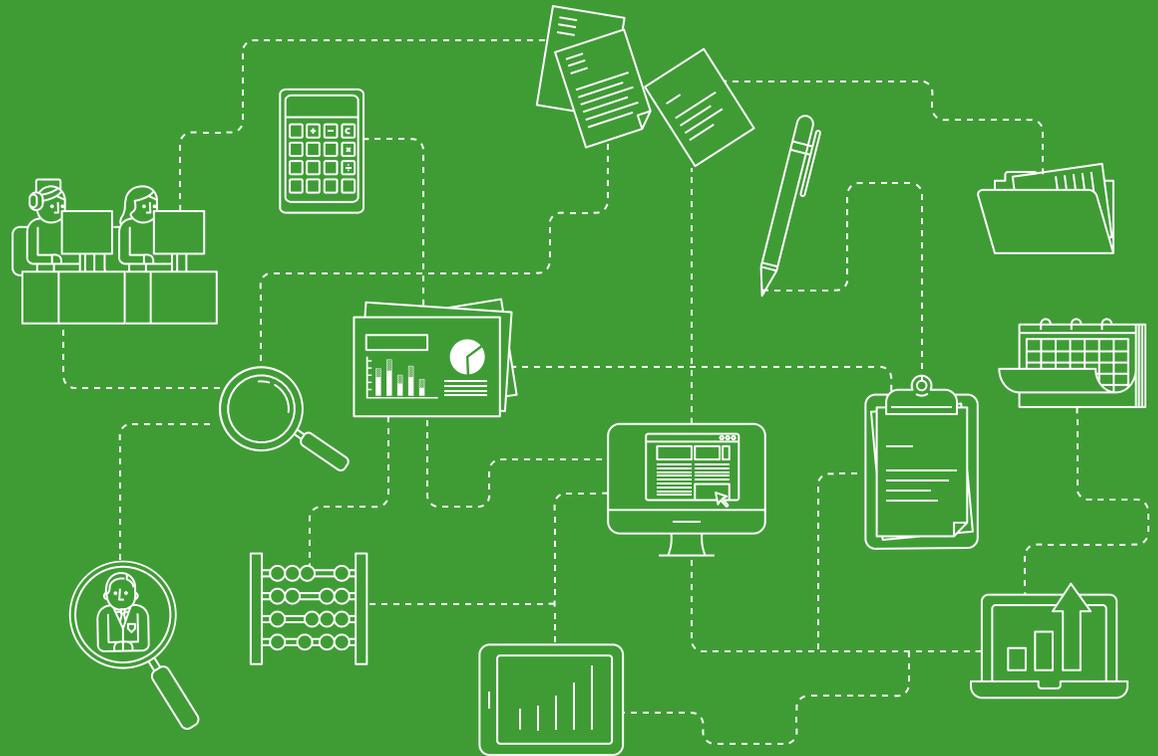
There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	The Service will identify and record the largest risks associated with health and safety, document these on the operational risk register, and ensure they are appropriately managed and tracked.	Medium	Health and Safety Manager	31 March 2025
2	Mandatory training modules and IOSH courses must be completed by all staff. Further escalation routes will be considered to identify the best method for flagging continued non-compliance.	High	Director of Emergency Response & Training	31 May 2025
3	A decision will be made on whether NEBOSH training will be started. If training is to be restarted, this will be provided to all remaining individuals.	Low	Director of Emergency Response & Training	31 March 2025
4	Staff will be reminded that incidents must be reported within one day of occurring. Supervisors and managers will also be reminded that this is their responsibility if the staff member cannot submit the report (such as due to illness).	Medium	Health and Safety Manager	31 March 2025
5	Risk assessments, task based risk assessments, SOPs and other documents will be reviewed and streamlined to ensure clarity for staff. As part of this exercise, any out of date documentation will be reviewed to ensure it is up to date.	High	3 x Operational Area Managers & Director of Service Design & Delivery	31 July 2025
6	Premises inspections will be completed at the required frequency and instances of non-compliance reported directly to the Health and Safety Committee for escalation.	High	Health and Safety Manager	31 March 2025
7	A central log of all actions raised during site inspections will be produced and maintained to ensure appropriate monitoring of actions. Alongside this, completed HSW1 forms will be reviewed to confirm actions have been raised when required.	Low	Health and Safety Manager	31 March 2025

\* Refer to Appendix A for more detail

# Detailed Findings and Actions

# 02



## DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

### Risk: 8497

<b>Control</b>	The Service has a health and safety risk register in place documenting the key risks it faces. The Health and Safety Manager is responsible for updating and a quarterly basis and report all risks via the progress report to the SLT.	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×

<b>Findings / Implications</b>	<p>We confirmed that the Service have a health and safety operational risk register that is managed by the Health and Safety Manager. We noted that there are only three risks on the risk register, although the Health and Safety Manager explained that this was as they have only recently entered into post, and have only recently introduced the operational risk register. They confirmed that going forward additional risks will be added to the register and that this will be an ongoing process with a focus on risks being correctly identified and triaged before being placed on the register.</p> <p>Good practice for typically indicate 10-15 risks, with these being the most significant for the relevant area. In this case, the Service should identify the most significant health and safety risks that they face and ensure they are appropriately assessed and recorded on the operational risk register. If risks are not identified, tracked and monitored, appropriate controls may not be in place to mitigate the risk, and this could cause a range of problems for the Service including, most notably, health and safety issues, but also financial loss, reputational damage and regulatory problems.</p> <p>We confirmed that the three risks on the operational risk register each have a risk rating, review date and control, and all were last updated in November 2024 (though they were also all raised in November too).</p>
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<b>Management Action 1</b>	The Service will identify and record the largest risks associated with health and safety, document these on the operational risk register, and ensure they are appropriately managed and tracked.	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 March 2025	<b>Priority:</b> Medium
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### Risk: 8497

<b>Control</b>	All staff including new starters are required to complete three modules: health and safety; manual handling; and fire safety. The three mandatory modules are refreshed on an annual basis. The Health and Safety Advisor sends a quarterly email to all Group Managers and above with the outstanding training.	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×

<b>Findings / Implications</b>	We confirmed that emails are sent on a quarterly basis to all Group Managers by the Health and Safety Advisor with compliance rates for mandatory training modules.
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**Risk: 8497**

We also identified that the Deputy Chief Fire Officer, the Area Manager (Director of Service Improvement and Assurance) and the Health and Safety Manager are included in these emails. From review of the most recent report sent on 10 October 2024, we identified that this email also includes the outstanding IOSH training required to be completed by Crew Managers and Watch Managers, as well as the completion record for mandatory training for senior managers. We identified 18 individuals (either a Crew Manager or Watch Manager) who have not completed their IOSH training, and 11 instances in which a Station Manager, Area Manager or Group Manager has not completed one of the mandatory training modules. Of the 11 instances:

- two Group Managers have not completed two modules;
- one Group Manager has not completed one module;
- one Area Manager has not completed three modules;
- one Area Manager has not completed one module; and
- six Station Managers have not completed one module.

We also reviewed the section of the report containing mandatory modules for non-senior management (excluding Group, Station and Area Managers), and identified:

- fire safety training is outstanding for 43 individuals. This is an improvement on the previous month which saw 46 outstanding modules;
- general health, safety and environmental awareness is outstanding for 63 individuals, which is a downgrade from the previous month which was 58;
- manual handling training is outstanding for 44 individuals, an improvement from 48 in the previous month; and
- stress training is outstanding for 176 individuals which is an improvement on 202 outstanding modules in the previous month. It should be noted that the reason for the larger non-completion rate for this training module is that this is a more recent addition and has only been made mandatory in 2024.

It should be noted that similar findings were identified during the previous health and safety audit undertaken in September 2022, although current compliance is greater than identified during that audit. Most notably, actions were agreed for completing both mandatory training modules and also for IOSH training courses.

If training is not completed by all staff, there is a risk that they may not be able to effectively identify and respond to health and safety issues, which could result in an unsafe working environment or increased accidents.

**Management Action 2**

Mandatory training modules and IOSH courses must be completed by all staff.  
Further escalation routes will be considered to identify the best method for flagging continued non-compliance.

**Responsible Owner:**  
Director of Emergency Response & Training

**Date:**  
31 May 2025

**Priority:**  
**High**

**Risk: 8497**

<b>Control</b>	All Crew Managers and Watch Managers are required to complete IOSH health and safety training. Training is refreshed every three years.	<b>Assessment:</b>			
	All Station Managers and Group Managers are required to complete NEBOSH health and safety training.		<table border="0"> <tr> <td><b>Design</b></td> <td>✓</td> </tr> <tr> <td><b>Compliance</b></td> <td>×</td> </tr> </table>	<b>Design</b>	✓
<b>Design</b>	✓				
<b>Compliance</b>	×				

**Findings / Implications**

From our sample of managers that have completed IOSH or NEBOSH training, we requested evidence of this from the Operational Training Administrator. For IOSH, our sample of five Crew Managers and five Watch Managers confirmed that 9/10 individuals had completed the training and, if appropriate, the refresher training. For the remaining individual (a Crew Manager), it was noted that they had started the initial course but had yet to complete this. For the nine individuals that have completed the training, we confirmed that either the initial training or refresher training had been completed within the last three years for all but one individual. For this individual we noted that they had completed the training in October 2021 which is just over three years ago.

The Operational Training Administrator explained that whilst NEBOSH training is required for Station and Group Managers, a NEBOSH training course has not been held since 2022. As such, unless an individual has completed the training prior to 2022, they will not have the required NEBOSH training qualification. The Learning and Development Manager confirmed that the pausing of training was due to an internal review following feedback received by attendees. In particular, it was noted that the course was three weeks long and there were concerns raised regarding this timeframe. Due to resourcing this internal review has been delayed though a decision on this is due in December 2024. The Learning and Development Manager estimated that at most there are four individuals that do not have the NEBOSH training. If staff do not have the required training qualification, there is a risk that they may not be able to effectively manage health and safety.

<b>Management Action 3</b>	A decision will be made on whether NEBOSH training will be started.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
	If training is to be restarted, this will be provided to all remaining individuals.			

**Risk: 8497**

<b>Control</b>	RIDDOR reports are submitted to the HSE within 10 days of the incident.	<b>Assessment:</b>			
	A record of the report is maintained on file as evidence.		<table border="0"> <tr> <td><b>Design</b></td> <td>✓</td> </tr> <tr> <td><b>Compliance</b></td> <td>×</td> </tr> </table>	<b>Design</b>	✓
<b>Design</b>	✓				
<b>Compliance</b>	×				

**Findings / Implications**

For the five RIDDOR incidents that occurred in 2024 (recorded on both the reporting log and reported to the HSSC), we confirmed a report was on file verifying that the incident had been submitted to the Health and Safety Executive (HSE). From review of each, we identified that three had been reported within the 10-day timeframe, but two had exceeded this. One had been reported 15 days after the incident, and another had been reported 29 days after the incident. We confirmed all five incidents have been recorded on the reporting log and confirmed that the date of the incident for each matched the date recorded on the RIDDOR report.

**Risk: 8497**

For the two reports not submitted in a timely manner, we identified one (submitted 15 days after the incident), had not been reported to the HSU until nine days after the incident. This allowed only one day for the HSU to review the incident and submit a report to the HSE before the end of the 10 day deadline. We confirmed that the HSU had submitted the report six days later, although it should be noted that this includes a weekend period.

If incident reports are not made internally and RIDDOR reports are not submitted to the HSE in a timely manner, the Service may not be complying with reporting legislation and may not be effectively managing health and safety risks.

For the other delayed report (submitted 29 days after the incident), we noted that the report had been submitted to the HSU the following day but was not reported to the HSE until 28 days later. The Health and Safety Advisor confirmed that the delay in reporting was due to the individual involved in the incident not informing the HSU that they had been out of work for more than seven days (a requirement for a RIDDOR report). As such, the HSU was not aware they were required to submit the report. The Health and Safety Advisor confirmed that to prevent such incidents from occurring in the future, the People Services Team now send the HSU a weekly report with all individuals that are on sick leave. These names are then reconciled against incident reports received to identify any potential matches and, if a match is identified, a RIDDOR report can be submitted.

<b>Management Action 4</b>	Staff will be reminded that incidents must be reported within one day of occurring. Supervisors and managers will also be reminded that this is their responsibility if the staff member cannot submit the report (such as due to illness).	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 March 2025	<b>Priority:</b> Medium
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**Risk: 8497**

<b>Control</b>	Incidents and accidents are reported by staff within 24 hours of the occurrence. This is documented via a form available on the Service's intranet. Investigations are undertaken by Supervisors and documented via a form. All forms completed are sent to the Health and Safety Unit for review.	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×

<b>Findings / Implications</b>	From a sample of 10 incidents reported, we identified nine had been reported within 24 hours of the incident. The remaining incident was reported three days after it had initially occurred. If staff are not reporting incidents in a timely manner, there is a risk that health and safety issues could go unidentified and could result in future problems to other staff or the public.  All 10 incidents sampled were not recorded as RIDDOR reportable, and from review of the description and issue reported we verified that this was accurate and a RIDDOR was not required to be submitted to the HSE.
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<b>Management Action</b>	See management action 4.	<b>Responsible Owner:</b> -	<b>Date:</b> -	<b>Priority:</b> -
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**Risk: 8497**

<b>Control</b>	Risk assessments are recorded on the Service's intranet and included within SOPs where appropriate.	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×

**Findings / Implications** Through discussion with the Health and Safety Manager and the Health and Safety Advisor, we identified that risk assessments are in place and available on the intranet. However, it was noted that an exercise is currently underway to streamline these as there are a significant volume (78) and there is also overlap with SOPs and task based risk assessments that are also in place. We identified that the Service has approximately 230 SOPs, with many (although not all) containing a risk assessment. In contrast, there are only 27 task based risk assessments, all of which have been produced in conjunction with the three other Yorkshire Fire Services. It was also noted that the Service has manufacturer instructions (102 in total) for specific pieces of equipment and equipment risk assessments and SOPs (181 in total).

Given the volume of both the risk assessments, task-based risk assessments, SOPs and other documents, there is a risk that there is an overlap of assessments which could cause confusion and lack of clarity. It should be noted that an exercise is currently underway to streamline the documentation in place and is being led by a Group Manager.

We selected a sample of five task-based risk assessments and confirmed they were on file and complete, though noted that four of the five had exceeded the date in which they were to be reviewed. All four were last reviewed on 2 October 2021 and should have been reviewed by 2 October 2024. The Health and Safety Advisor noted that the task based risk assessments have been produced in conjunction with the three other Yorkshire Fire Services and require full review by all four before they can be classed as reviewed. They noted that this is being looked at but has not yet been completed.

If risk assessments have not been reviewed in a timely manner, they may not be up to date and reflect current working practices which could lead to safety issues to staff or the public.

<b>Management Action 5</b>	Risk assessments, task-based risk assessments, SOPs and other documents will be reviewed and streamlined to ensure clarity for staff.  As part of this exercise, any out of date documentation will be reviewed to ensure it is up to date.	<b>Responsible Owner:</b> 3 x Operational Area Managers & Director of Service Design & Delivery	<b>Date:</b> 31 July 2025	<b>Priority:</b> <b>High</b>
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**Risk: 8497**

<b>Control</b>	Site inspections (HSW1) are completed by Station Managers and documented on a standardised form.  Inspection completion and any actions raised are monitored by the Health and Safety Advisor centrally and tracked.	<b>Assessment:</b>	
		<b>Design</b>	✓
		<b>Compliance</b>	×

**Findings / Implications** We reviewed a copy of the Site Inspection Schedule and identified that out of 42 premises, 13 have exceeded the due date. In particular, we noted one premises (ICTS) was last inspected in November 2021, and the Training Centre (based in Easingwold) was last inspected in January 2022.

**Risk: 8497**

The Health and Safety Advisor noted that they have been informed that the ICTS premises review has been completed, though they have not been provided with any evidence to confirm this.

We confirmed all premises have either an annual or six-monthly frequency, and a supporting procedure document, titled HSW1 Workplace Inspection Procedure, is available setting out how inspections should be completed.

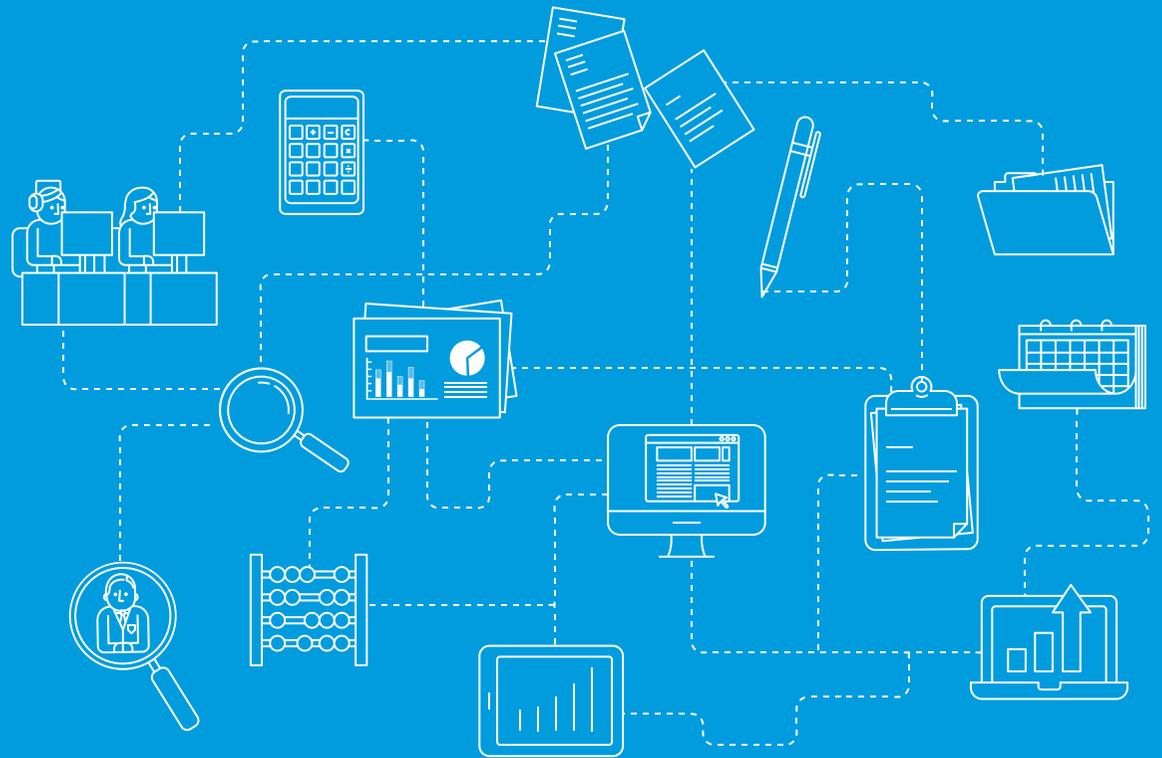
For a sample of five site inspections, we confirmed the HSW1 form was on file in all five instances and the date on the form matched the date on the Site Inspection Schedule. However, we noted that actions had been raised in three HSW1 though it was not clear whether they had been completed and, if they were, when they had been completed. We also identified that a further HSW1 form had no actions though we identified one question had been answered in a way that would indicate an action was required. This question was 'are sensitive documents left for others to see' and the individual inspecting had recorded 'yes'. This indicates that sensitive documents were available for others to see and should have been removed, though no action had been raised.

If site inspections are not completed and HSW1 forms do not document whether actions are complete, there is a risk that the Service could have unsafe working conditions that go unnoticed and unactioned. This could lead to injuries to staff members or the public.

<b>Management Action 6</b>	Premises inspections will be completed at the required frequency and instances of non-compliance reported directly to the Health and Safety Committee for escalation.	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 March 2025	<b>Priority:</b> <b>High</b>
<b>Management Action 7</b>	A central log of all actions raised during site inspections will be produced and maintained to ensure appropriate monitoring of actions.  Alongside this, completed HSW1 forms will be reviewed to confirm actions have been raised when required.	<b>Responsible Owner:</b> Health and Safety Manager	<b>Date:</b> 31 March 2025	<b>Priority:</b> <b>Low</b>

# Appendices

# 03



# APPENDIX A: CATEGORISATION OF FINDINGS

## Categorisation of internal audit findings

### Low

There is scope for enhancing control or improving efficiency.

### Medium

Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.

### High

Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
Health and Safety	0 (15)	6** (15)	3	2	2
<b>Total</b>			<b>3</b>	<b>2</b>	<b>2</b>

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

\*\* More than one management action raised against one control.

## APPENDIX B: SCOPE

The scope below is a copy of the original document issued.

### Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risk:

Objective of the risk under review	Risk relevant to the scope of the review	Risk source
To ensure the Service has adequate controls and processes in place to respond to any health and safety incidents and ensure timely actions and reporting is carried out.	Risk reference: 8497	Strategic risk register

### When planning the audit, the following were agreed:

- Whether there is a health and safety risk register in place.
- Whether the Service provides health and safety training or guidance to line managers to ensure they are adequately informed of their responsibilities in respect of health and safety.
- How information is provided to staff with regards to health and safety, and whether appropriate communications are put in place to ensure standards are maintained.
- How the Service ensures the timely reporting of incidents and manages the investigation and RIDDOR reporting process.
- We will select a sample of accidents, incidents and near misses to review the processes in place and systems used for capturing supporting information, including issue reporting and actions taken.
- We will consider how learning from accidents, incidents and near misses is analysed, addressed and disseminated across the Service.
- How information on health and safety incidents are reported across the Service, including through working groups and committee meetings.
- How the Service manages its risk assessment and site inspections, ensuring these are completed in a timely manner, subject to regular review and that any identified actions are monitored for completion.
- Health and safety reporting arrangements within the Service are in place, including:
  - whether an appropriate committee has been charged with health and safety matters;
  - whether there is a clear terms of reference in place, including responsibility for health and safety oversight;
  - whether regular and relevant updates are provided to that committee, including incident / accident reporting; and
  - an assessment of the information reported to the committee, and whether management information is accurate.

- 
- Whether the Service has in place a health and safety policy and supporting procedures, which have been subject to review and clearly communicated to relevant staff.
  - Whether the Service provides health and safety training for staff at the stations and headquarters at induction and whether such training is refreshed as necessary.
  - How the Service monitors completion of induction and refresher training, and how any non-completions are escalated.

**Limitations to the scope of the audit assignment:**

- The scope of the work is limited to those areas examined and reported upon in the areas for consideration in the context of the objectives set out in for this review.
- Conclusions are based on our assessments made through discussions with management, assessment of the current framework of controls and review of relevant documentation made available.
- We will not provide an opinion on whether the Service complies with health and safety legislation.
- Our audit does not provide any assurance with regards to compliance with health and safety legislation and other HSE requirements and does not replicate the advice provided by health and safety consultants
- We will not verify the accuracy of the health and safety reporting.
- We will not provide an opinion on the adequacy of the risk assessments.
- This audit does not replace the requirement for any of the external / independent inspections required by law.
- We will not comment on whether the procedures incorporate the most up to date legislation, only that processes exist to identify and incorporate any changes.
- We will not comment on the appropriateness of actions undertaken regarding non-compliance, only that they were identified and reported.
- Any testing will be undertaken on a sample basis only.
- We will not provide assurance that the Service has identified all health and safety risks.
- We will not comment on the content or appropriateness of the health and safety training sessions delivered.
- We will not consider the financial implications of managing health and safety.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Our work will not provide an absolute assurance that material errors, loss or fraud do not exist.

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<b>Debrief held</b>	5 December 2024
<b>Draft report issued</b>	3 January 2025
<b>Responses received</b>	15 January 2025

<b>Final report issued</b>	16 January 2025
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<b>Distribution</b>	Head of People Services Health and Safety Manager
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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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We have no responsibility to update this report for events and circumstances occurring after the date of this report.

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