



## YORK AND NORTH YORKSHIRE OFFICE FOR POLICING, FIRE, CRIME AND COMMISSIONING, FIRE AND RESCUE AUTHORITY

### Misconduct

Revised Final Internal Audit Report 3.24/25

11 November 2024

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, the overview of our findings is detailed below.

## Background / Why we did the audit

In March 2023, the HMICFRS published a report on the values and culture in fire and rescue services, which considered misconduct allegations handling. It has been recommended that the Fire Standards Board, in liaison with the National Fire Chiefs Council, should review the existing relevant standard(s) and supporting guidance to clearly state how services should handle misconduct and safeguarding-related allegations and outcomes. The findings of this review were published on 1 August 2024, following completion of our fieldwork, and included 15 recommendations to be considered and implemented by the Service by May 2025.

Given the heightened focus on values and culture within fire and rescue services, we have carried out a review of the Service's misconduct handling processes, with the objective of ensuring that processes are carried out in accordance with the Discipline Procedure and national standards.

**Conclusion:** The Service would benefit from reviewing the Discipline Procedure to make stages in the process clearer and more concise, with particular focus on responsibilities, timescales and documentation requirements. The lack of clarity in the procedure was evident in the 14 misconduct cases considered as part of this audit, from which we noted that it was not always easy to determine which stage in the process the case had reached. In addition, we identified that the Service does not always retain evidence pertaining to cases in one central area, enabling effective audit trail to evidence that cases have been handled in a fair and transparent manner. In addition, a review of how the Service retains evidence of lower level conduct conversations would be beneficial to ensure any instances of multiple informal warnings can be escalated, as required.

The People Services Operations Manager is new to the organisation and has identified these as areas for further development, and is working with the Employee Relations Team to strengthen records retained on file to support case progression through an auditing exercise and by introducing a SharePoint facility. We did also identify that the Service has reporting arrangements in place to consider themes or trends relating to conduct, has introduced training in relation to difficult conversations and conduct to station managers, and is working on combining the current Discipline and Capability Procedures to enable a streamlined approach, which will ensure the Service complies with the Grey and Green Book requirements. The Service is liaising with the Fire Brigade Union on this work. Whilst we have identified exceptions in our testing, we have noted that management were aware of areas for further enhancement and are introducing measures to support the handling of misconduct cases, and we have factored this into our overall conclusion.

Internal  
audit  
opinion:



Minimal  
Assurance



Partial  
Assurance



Reasonable  
Assurance



Substantial  
Assurance

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

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).

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**Audit  
themes:**

We have identified the following key issues from our review, and agreed **one high, one medium** and two low priority management actions:

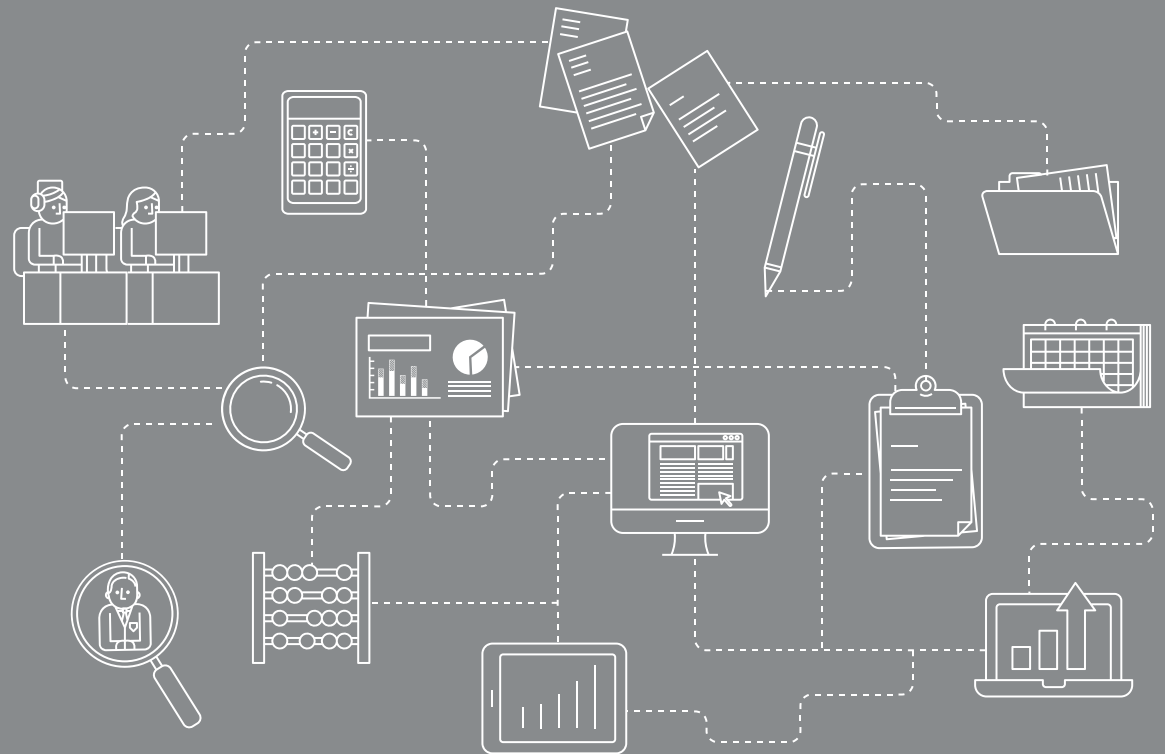
- **Misconduct Cases - Documentation:** From a list of misconduct and gross misconduct cases which have been ongoing in the last 12 months, we noted that the records in some cases were not clearly documented, for example, key information such as the stage (one, two or three), the HR Liaison Officer and detail on the current status, i.e. ongoing or completed, was not fully populated. Our sampling also identified instances of records relating to misconduct cases not being retained on file, meaning it is not always clear that each stage in the process has been carried out in a fair and transparent manner. A SharePoint site is being introduced to improve each case audit trail. **(High)**

We also further noted that the stages followed in the process between stages one, two and three were not always clear, meaning we were unable to consistently determine what stage each case was at when reviewing the evidence provided. **(Low)**

- **Procedures:** The Service is reviewing the Discipline Procedure to ensure they are clearer and concise. There are further opportunities to strengthen the recording of lower-level conduct cases and distinguish between stages within the procedure. Furthermore, the Discipline Procedure was not clear on the different stages of the process and review of the evidence supported this finding. **(Medium)**
- **Publications and Information:** The Employee Relations Manager is also working to enhance the information available on the intranet platform on misconduct and grievances to ensure more user-friendly information is available. **(Low)**
- **Training:** Training on the Code of Ethics has recently been launched through LearnPro for completion by all staff. The Service has also rolled out training through ACA on discipline and grievances, and the expected standard. This was originally provided to Group and Station Managers in April 2024 and is being rolled out to all line managers over the next 12 months. The programme content includes the Discipline Procedure, investigation process and anonymous informants.
- **Awareness:** The Service launched 'speak up' as part of the 'call it out' awareness campaign in place, promoting staff to call out any inappropriate behaviour witnessed across the Service, which enables anonymous reporting.
- **HMICFRS:** The Service has reviewed the actions raised as part of the HMICFRS values and culture in fire and rescue services report published in March 2023, and we obtained an extract from the HMICFRS recommendation tracker which showed updates provided against each relevant action. The Deputy Chief Fire Officer also reported that these actions had been recorded and were being addressed to the Independent Audit Committee in October 2024.
- **Reporting:** People data is produced and reported in each quarter to the Senior Leadership Team. Thematic information on conduction cases is included within these updates, including number of cases, areas or departments, case categorisations, and any themes or learnings to be identified from recent cases. Monthly management meetings are also carried out where conduct cases are discussed, and any themes considered. In addition, the Legal Team will carry out debriefs with middle managers on any lessons learnt relating to specific cases, where applicable.

# 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	<p>The Service will aim to carry out a review of Discipline Procedure, ensuring they are clear, concise and align with national standards. The Service will consider how it adopts the 15 recommendations issued by HMICFRS following the review of the handling of misconduct in fire and rescue services.</p> <p>The Service will ensure that key procedural steps, such as, documentation, timescales and responsibilities, are thoroughly outlined and clearly documented. Implementation of this action will be subject to a consultation process.</p>	Low	Employee Relations Manager	31 July 2025
2	<p>Under the People page on the intranet, the Employee Relations Manager will include a dedicated disciplinary and grievance section, ensuring relevant information is clearly available to staff.</p>	Low	Employee Relations Manager IT Services Team	31 December 2024
3	<p>The Service will review the process around lower-level conduct cases and how it captures information pertaining to informal warnings or discussions.</p> <p>This review will coincide with the review of the current Discipline Procedure (under management action 1) and any changes to processes will be communicated to line managers and staff.</p>	Medium	Employee Relations Manager	31 January 2025
4	<p>In accordance with management action 1 and any changes or streamlining of procedures, the Employee Relations Team should review how it ensures that all documentation is completed to ensure evidence is retained on file to fully support case progression. For example, the Employee Relations Team could implement an overarching tracker or checklist approach.</p> <p>A full reconciliation and audit of all cases dating back to April 2021 will be undertaken to confirm whether all associated supporting evidence is available and stored centrally. Learnings from audit findings will be communicated to the Employee Relations Team for future improvements.</p> <p>The Employee Relations Manager will consider how they ensure all documentation is retained on file for future cases, for example, regular dip sampling or checklists could be introduced.</p>	High	Employee Relations 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.

Area: Procedures				
<b>Control</b>	<p>The Service operates in line with the National Joint Council for Local Government Services (Green Book) and the National Joint Council for Local Authority Fire and Rescue Services (Grey Book), which are available through SharePoint and publicly via the internet.</p> <p>The Service has a Discipline Procedure in place supporting the national standard documents.</p>	<b>Assessment:</b>		
		<b>Design</b>		✓
		<b>Compliance</b>		×
<b>Findings / Implications</b>	<p>Staff are able to access the Green Book and Grey Book publicly via the internet. The documents are also available on the Service's intranet system. These documents define what should be considered misconduct or gross misconduct and set out Disciplinary Procedure with key stages to be followed in the event of a conduct case, ensuring a fair and transparent process is adhered to. The Service uses the Green and Grey Books as the disciplinary policy to be followed.</p> <p>In addition to the Green and Grey Books, the Service has developed a Discipline Procedure, which was last reviewed in January 2024. The Service also has a Code of Conduct in place, setting out the expectations of conduct for staff across the Service. The Discipline Procedure outlines the stages to be followed for the handling of misconduct cases, in line with national standards. The Discipline Procedure is enacted by the informal stage, first formal stage, second formal stage, and third formal stage.</p> <p>From review of the Discipline Procedure, we noted that the document is difficult to follow, interchanging between different stages, meaning it is often unclear on the expectations required by line management, the timescales for completion of each process, and the documents required to be completed at each stage ensuring effective audit trail. Where procedures are not documented in a clear and concise manner, there is a risk that processes may not be fully understood and could result in cases not being handled in line with national standards.</p> <p>We discussed the current procedures in place with the People Services Operations Manager and the Employee Relations Manager, who explained that the Service has recognised that procedures do require a full review to ensure they are clear and adhere to the national standards. It was explained that the Service is currently working to combine the capability and disciplinary processes into one overarching procedure, which will align with national requirements. We have reflected this within a management action, but given the work ongoing, we have raised this as a low priority action. It was outlined through discussions with management during the audit that any changes to the procedure would be dependent on a full consultation process with sector representational bodies.</p> <p>In addition, the HMICFRS has issued 15 recommendations following a further review of the handling of misconduct in fire and rescue services by the Fire Standards Board, with findings published on 1 August 2024. When reviewing the current procedures, the Service should consider the implementation of these recommendations.</p>			
<b>Management Action 1</b>	The Service will aim to carry out a review of Discipline Procedure, ensuring they are clear, concise and align with national standards. The Service will consider how it adopts the 15	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
			31 July 2025	<b>Low</b>



## Area: Procedures

recommendations issued by HMICFRS following the review of the handling of misconduct in fire and rescue services. Employee Relations Manager

The Service will ensure that key procedural steps, such as, documentation, timescales and responsibilities, are thoroughly outlined and clearly documented. Implementation of this action will be subject to a consultation process.

## Area: Publications

<b>Control</b>	Staff are informed of the ways to raise concerns during the induction processes and the Service has implemented a speak up campaign, promoting the reporting of any concerns.	<b>Assessment:</b>	
	<b>Partially missing control</b> - Whilst the Discipline Procedure is available, the intranet system requires further enhancement to include accessible guidance on conduct and disciplinary matters.	<b>Design</b>	×
		<b>Compliance</b>	-

## Findings / Implications

The People Advisor explained that staff are informed during the induction process on how to raise any concerns through the employee relations email inbox, and this is considered common practice on any HR matters. In addition, staff would be advised to speak with their line manager in the first instance if they did have a concern to be shared. The Service has a speak up awareness campaign in place, which promotes staff to speak up if they see any issues or have any concerns, which would include concerns in relation to conduct. This campaign enables anonymous reporting if staff do not feel comfortable raising with their line manager directly. We obtained evidence of the communications issued in relation to the speak up campaign.

Discussions with the Employee Relations Manager established that the Service has identified that the intranet site for employee relations matters does require further enhancement, and the Employee Relations Manager will be working to develop the site to include clear information on disciplinary and conduct matters under the People page. This would ensure staff have access to information so that they know how to voice any concerns relating to conduct. We have agreed a low priority action in relation to the intranet enhancement. We were able to evidence, however, that current Discipline Procedure is available on the intranet platform under the Policies section.

Without clear information recorded on the intranet relating to employee relations information, staff may not be fully clear on how to raise any concerns relating to conduct or may not be able to easily access clear information relating to the disciplinary processes or conduct matters.

<b>Management Action 2</b>	Under the People page on the intranet, the Employee Relations Manager will include a dedicated disciplinary and grievance section, ensuring relevant information is clearly available to staff.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
		Employee Relations Manager IT Services Team	31 December 2024	<b>Low</b>

## Area: Informal action

<b>Control</b>	<p>Low-level conduct matters are dealt with by line managers at a local and informal level, without intervention from the Employee Relations Team.</p> <p><b>Partially missing control</b> - The Service does not have clear expectations on how to record informal actions undertaken, ensuring action can then be taken if conduct matters escalate.</p>	<b>Assessment:</b> <b>Design</b> × <b>Compliance</b> -
<b>Findings / Implications</b>	<p>The Discipline Procedure outline that low-level conduct matters can be dealt with at a local level by the individual's line manager, through a verbal written warning. However, discussions during the audit established that there is currently not a clear expectation on how any informal matters are recorded if informal warnings are issued. Whilst these instances are often minor conduct matters, the issue around not recording instances of low-level conduct matters is that often line managers within the Service change as staff do move roles frequently, meaning that employee history is lost if a line manager leaves the Service or takes up a new role. This has already been identified as an area for review by management, as it has been noted that often without retaining some documentation of informal discussions, that new line managers may not then be aware of any prior issues and where conduct cases escalate, the Service does not have the information on file to support escalations. It was outlined that there is no record if an individual has received multiple informal warnings, which could then warrant a more formal stage to be implemented.</p> <p>The Employee Relations Manager outlined that they are looking to review the arrangements around recording informal discussions and warnings and will consider how the organisation captures this information.</p> <p>Where the Service does not have a clear stance on how to capture information on informal discussions or warnings relating to conduct, there is a risk that knowledge is not retained should an individual's line manager change, or where multiple informal warnings would indicate a need for more formal action.</p>	
<b>Management Action 3</b>	<p>The Service will review the process around lower-level conduct cases and how it captures information pertaining to informal warnings or discussions.</p> <p>This review will coincide with the review of the current Discipline Procedure under management action one and any changes to processes will be communicated to line managers and staff.</p>	<b>Responsible Owner:</b> Employee Relations Manager <b>Date:</b> 31 January 2025 <b>Priority:</b> Medium

## Area: Misconduct cases

<b>Control</b>	<p>All disciplinary proceedings are conducted in line with the Service's Discipline Procedure and national standards.</p>	<b>Assessment:</b> <b>Design</b> ✓ <b>Compliance</b> ×
<b>Findings / Implications</b>	<p>We obtained a list of misconduct and gross misconduct cases which have been ongoing in the last 12 months. From the list provided, we did note that the records in some cases were not clearly documented, for example, key information such as the stage (one, two or three), the HR Liaison Officer and detail on the current status, i.e. ongoing or completed, was not fully populated.</p> <p>From review of the 14 cases, we did identify instances of missing documentation where records were not available on the shared drive. These discrepancies are as follows:</p>	

## Area: Misconduct cases

- In two cases, a severity assessment was not available on the shared drive, therefore we could not confirm if this had been completed. In another case, we identified a severity assessment was on file dated April 2023; however, the case had been received by the Employee Relations Team in January 2023, meaning a three-month delay in completion.
- In one case, the stage two written warning letter was not available on file.
- Three cases had not reached the point of an investigation at the time of audit testing. However, in three other cases, we could not locate the evidence of the letter inviting the individual to an investigation meeting as this was not stored in the central drive.
- From the 11 cases which had reached the investigation stage, we noted that records to confirm the investigation process had been completed were not available on file for three cases.
- Five out of the 14 cases considered did not progress to a formal hearing, but from those that had progressed, we were unable to obtain evidence of the hearing date or evidence of the letter notifying the individual of the hearing date in five cases. From these four cases:
  - The investigations for two of these cases had only been completed in June 2024, with our testing carried out in July 2024, meaning this is likely a delay to information upload or case progression.
  - In one of the remaining cases, the documentation to evidence investigation completion was not available on file (included in discrepancies raised above), therefore it was not clear whether this progressed to a formal hearing.
  - In another case, the hearing date was scheduled which we could evidence through diary records, but there was no letter inviting the individual to the hearing retained on file.
  - In the final case, the case records on file were minimal, meaning whilst the case was recorded as stage three, it was unclear what had occurred on the case (included in discrepancies above). We also noted that the HR Liaison Officer for this case was recorded as 'TBC' on the list provided, despite the case being received into People Services on 18 August 2023. It is therefore likely that the case may have been handled by a former colleague and records have not been retained.
- In the two cases where hearings had now been completed, we could not confirm the outcome of the hearing or whether the outcome of the hearings had been communicated to the individual, as no information was retained on file.

We also further noted that the stages followed in the process between stages one, two and three were not always clear, meaning we were unable to consistently determine what stage each case was at when reviewing the evidence provided. As agreed under management action 1, the Discipline Procedure was not clear on the different stages of the process and review of the evidence supported this finding. It was explained that the procedure is set out so that the Service does not need to follow each stage in every case, for example, a case can automatically go to stage three if the allegation is gross misconduct. The Service determines what stage is appropriate through an initial discipline assessment conducted by an HR Advisor on each case ahead of progressing, which is signed off by the Deputy Chief Fire Officer. The initial assessment is intended to be an independent review and control measure. The Service acknowledges that stages could be made clearer on occasion and will review how it records which stage is applicable (dependent on the nature of the case) to ensure it can be fully understood on a case-by-case basis.

The People Services Operations Manager confirmed that they were aware that there were issues around the documentation retained centrally to support misconduct case handling and they had tasked a member of the team to start carrying out an audit of cases (which was the list provided for the initial sample selection). To support in improving central records, the People Services Operations Manager explained that the team would be moving to a new

**Area: Misconduct cases**

SharePoint solution, meaning all information would be readily available centrally between the team and used as a live storage facility. The People Services Operations Manager also outlined that they were confident that the documents had been issued and made available, as cases can only progress where the relevant documentation has been completed and unions support staff going through proceedings, meaning if information is not supplied, this would be identified in a timely manner.

However, where documentation is not available centrally, evidence does not exist to confirm that proceedings have been handled in accordance with the Discipline Procedure and national standards. A lack of consistency and transparency in documentation could result in misconduct cases not being handled in a fair and transparent manner.

**Management Action 4**

In accordance with management action 1 and any changes or streamlining of procedure, the Employee Relations Team should review how it ensures that all documentation is completed to ensure evidence is retained on file to fully support case progression. For example, the Employee Relations Team could implement an overarching tracker or checklist approach.

A full reconciliation and audit of all cases dating back to April 2021 will be undertaken to confirm whether all associated supporting evidence is available and stored centrally. Learnings from audit findings will be communicated to the Employee Relations Team for future improvements.

The Employee Relations Manager will consider how they ensure all documentation is retained on file for future cases, for example, regular dip sampling or checklists could be introduced.

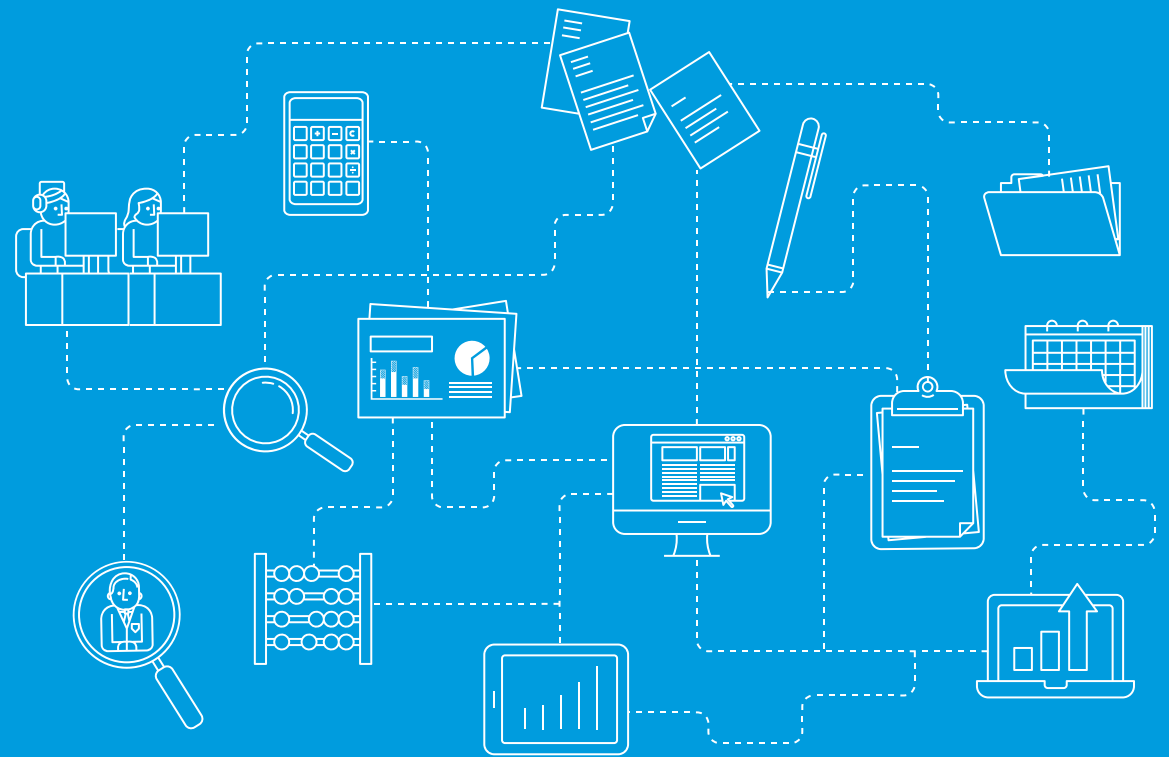
**Responsible Owner:**  
Employee Relations Managers

**Date:**  
31 March 2025

**Priority:**  
**High**

# 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
Misconduct	2 (7)	2 (7)	2	1	1
		<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</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.

## 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 review

To determine whether the Service has an established framework in place to ensure that cases of unsatisfactory conduct are managed in a fair, reasonable and consistent manner.



#### Context

In July 2023, the Home Secretary commissioned HMICFRS to undertake a thematic inspection of the handling of misconduct in fire and rescue services in England. The inspection focuses on 10 fire and rescue services and the commission builds on the findings identified as part of the HMICFRS spotlight report 'Values and culture in fire and rescue services'. Whilst the North Yorkshire Fire and Rescue Authority has not been selected to be included in the further commissioned inspection, the 'Values and culture in fire and rescue services' included recommendations for Chief Fire Officers in relation to misconduct. We will consider how the North Yorkshire Fire and Rescue Authority manages misconduct and gross misconduct cases, and how it has responded to recommendations in relation to misconduct identified as part of the HMICFRS report.



#### Scope of the review

The following areas will be considered as part of the review:

- Policies and procedures are in place covering disciplinary procedures, which are in line with national standards, subject to review and available to staff.
- How the Service has responded to the recommendations relating to misconduct raised within the HMICFRS 'Values and culture in fire and rescue services' report.
- Whether line managers have received training and guidance on disciplinary and misconduct processes.
- Whether staff have been made aware of how to raise any conduct concerns and whether independent reporting lines are in place.
- The management and recording of minor conduct cases (informal action) and how these are recorded at a local level.
- We will carry out sample testing to determine whether the Service is consistently applying its procedures in relation to the handling of misconduct and gross misconduct allegations. In particular, we will cover:

- 
- severity assessments are undertaken to determine the level of misconduct and assessment results are subject to appropriate review or consultation;
  - individuals subject to misconduct / gross misconduct proceedings are provided with sufficient notice of interview, offered the right to be represented, and supplied with details of the allegation in a timely manner;
  - the processes for carrying out investigations, ensuring there is a fair and consistent process followed;
  - progression to a formal hearing is communicated in a timely manner;
  - the outcomes of formal hearings are subject to review at an appropriate level within the Service;
  - the outcomes of formal hearings are communicated to the individual in accordance with established procedures, including detail on the right to appeal;
  - any sanctions or disciplinary actions issued are appropriately authorised, and communicated in accordance with established procedures; and
  - any appeals are handled in accordance with established procedures and are subject to independent review.
- How the Service identifies any themes or learnings from allegations of misconduct and gross misconduct.
  - The monitoring and reporting of misconduct allegations at a leadership and committee level, as required.

**The following limitations apply to the scope of our work:**

- Testing carried out as part of this review is compliance based and will be conducted through sample testing only.
- We will not comment on the outcomes of any decisions made as part of misconduct or gross misconduct cases.
- This review will focus on misconduct or gross misconduct cases only, we will not consider any capability or performance cases.
- We will not review the details of investigations, only that investigations have been carried out in accordance with procedures.
- We will not review the appraisal process as part of this review.
- We will not provide assurance that the Service is complying with any legislative requirements.
- We will not determine whether the severity level assigned to each case is suitable.
- We will not review the supporting evidence or testimonies as part of individual case files.
- We will not interview staff as part of this review.
- We will not attend any misconduct or gross misconduct hearings.
- We cannot provide assurance that complete investigations have been carried out in a fair and consistent manner.
- We will not comment on the adequacy or contents of policies or procedures.



- We will not provide assurance that the Service is complying with the requirements of HMICFRS or has addressed all recommendations raised by HMICFRS.
- We will not review responses supplied to HMICFRS.
- Our review is not intended to replicate a review by HMICFRS or other external bodies and should not be considered to do so.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

<b>Debrief held</b>	1 August 2024
<b>Last evidence provided</b>	3 October 2024
<b>Draft report issued</b>	28 October 2024
<b>Responses received</b>	4 November 2024 11 November 2024
<b>Final report issued</b>	4 November 2024
<b>Revised final report issue</b>	11 November 2024

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