



YORK AND NORTH YORKSHIRE COMBINED AUTHORITY – FIRE

Operational Fire Review: Prevent and Protection Engagement

Final Internal Audit Report: 6.25/26

16 March 2026

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.

CONTENTS

Audit outcome overview	3
Summary of management actions	7

Appendices

Detailed findings and actions	9
Appendix A: Categorisation of findings	14
Appendix B: Internal audit assignment opinions	15
Appendix C: Scope	16

AUDIT OUTCOME OVERVIEW

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

Background: As part of the 2025/26 internal audit plan, we have undertaken a review of how the Service manages prevention and early intervention engagement. Our audit has considered how prevention and early intervention activities are embedded within the Service's Fire and Rescue Plan and other governance documentation, as well as tracking and monitoring of the exercises undertaken. We have also considered how the Service targets those most vulnerable (with respect to prevention and early intervention), as well as the collaboration that is undertaken with partner agencies.

A focus within our audit has been placed on home fire safety visits (HFSV), which are visits by the Service to people's homes to carry out a fire risk assessment and provide advice and guidance on reducing the risks of a fire. Our audit has therefore incorporated sample testing of these visits, including how they are documented and the ongoing evaluation of visits undertaken.

The Service has a dedicated team responsible for assisting with prevention and early intervention activities, which is led by the Head of Early Intervention and Prevention.

Conclusion: Our audit identified the Service have an embedded and consistent approach to prevention and early intervention engagement, including processes to target those that are most vulnerable and at risk. This is supported by engagement with partner agencies (such as local authorities and charities), which help the Service to identify opportunities for HFSV. We also confirmed that prevention and early intervention is entrenched within the Service's governance documentation, and included within the Fire and Rescue Plan and Community Risk Management Plan 2025-2029.

However, we have identified some areas for improvement, resulting in the agreement of **one low** and **two medium** priority management actions. These relate to further training required following non-compliance identified within our sample testing, the revisits process for high risk HFSVs, and a review of the process where a HFSV cannot be completed due to a lack of access to the property.

Internal audit opinion:

				<p>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.</p> <p>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).</p>
Minimal Assurance	Partial Assurance	Reasonable Assurance	Substantial Assurance	

Audit themes: The following controls identified exceptions with our testing resulting in one low and two medium priority actions:

HFSV – assessment

Each HFSV receives an assessment by the staff member completing the visit. For a sample of 21 HFSVs, we noted one in which the audit trail on file did not clearly indicate the reason for the score of 'high'. Discussion with the Watch Manager (Prevention North West) during our testing highlighted that the assessment form and audit trail had not been completed correctly. If required documentation is not completed correctly, there is a risk that high-risk problems could go undetected or unaddressed. Whilst we have identified non-compliance, we have agreed a low priority action due to the low volume of discrepancies identified, and the Service confirming that it is not a statutory requirement to document the rationale for the priority of HFSVs. **(Low)**

HFSV – attempts

For a sample of 21 HFSVs, we confirmed 17 had a clear record indicating that the visit had been completed. For three visits, the notes section was blank and should have been completed. In the final visit, we noted that attempts had been made to access the property and complete a visit, but were unsuccessful. Review of the initial HFSV referral confirmed a 'very high' risk priority, and noted that the individual requesting the visit had limited mobility, a hearing impairment, and required support from third party agencies.

If cases are not escalated where appropriate, there is a risk that vulnerable, high-risk individuals may not receive the support they require. **(Medium)**

Revisits

The Home Fire Safety Visits and Intervention Policy includes reference to revisits, whereby HFSVs that score 'very high' are revisited after 12 months to determine whether there is a continued risk. During our walkthrough it was highlighted that revisits are currently not undertaken. This poses a risk that certain properties continue to pose a fire safety risk, which could endanger the lives of the public. Management noted following our debrief that the updated Fire Safety Visits and Intervention Policy will remove reference to revisits, except in exceptional circumstances, and by request from partner agencies. The current process and existing policies will therefore require updating to ensure alignment and reflect the Service's commitment to the public. **(Medium)**

The following control identified an opportunity to strengthen, linked to the exceptions detailed above:

Time tracking

For 21 HFSVs, we reviewed the time assigned to the HFSV on the Service's tracking system, and identified that this had been completed in all but two cases. In both cases, whilst time had been assigned, it was not clear whether this was correct or accurate. Of the two cases, one did not have any time assigned for travelling or admin (used to complete relevant documentation), and in the other case 60 minutes had been assigned to travelling but only 15 minutes to the HFSV, and 15 minutes for admin.

The Watch Manager (Prevention North West) agreed that in both instances it was not clear whether the time assigned was accurate, though they did highlight that for the latter of the two cases, the HFSV had been completed by a watch that had been identified as requiring improvement. Training had been delivered to them previously, and is currently in the process of being delivered at the time of our audit.

We noted that recording time taken to complete HFSVs was not an obligation or a reported metric at the time of our audit, though it was highlighted that the Service do have ambitions in the future to use this data for trend analysis and identifying areas for improving efficiency. At this point, the Service have confirmed that it will deliver full training in this area to ensure accurate recording.

The following controls were well designed and complied with based on our coverage and testing:

Policies, procedures and governance documentation

Prevention and early intervention activities are embedded within the Service's governance documentation, including within the Strategic Framework, Fire and Rescue Plan, Community Risk Management Plan 2025-2029, and a Prevention, Early Intervention and Safeguarding Strategy 2023-2026.

We also confirmed a dedicated Home Fire Safety Visits Policy is in place, alongside a Youth Intervention and Education Policy.

External recommendations

Review of the most recent HMICFRS inspection reports identified no recommendations or areas for improvement (AFI) regarding prevention and early intervention. Reference (though not a recommendation or AFI) was included within the most recent inspection report regarding prioritising high risk areas, which we confirmed during our audit is in place for prevention and early intervention activities.

Roles and responsibilities

A dedicated role and team has been established to support the management and implementation of the Service's prevention and early intervention activities. Members of the team include a Partnerships Manager (who works with partner agencies), a Safeguarding Manager, and a Youth and Schools Engagement Manager. The Head of Early Intervention and Prevention has responsibility for operational work, and reports to the Area Manager (Director of Capabilities, Community Risk and Resilience).

Monitoring and reporting

Performance regarding prevention and early intervention is reported to the Service's Online Public Meeting, which is chaired by the Deputy Mayor. Review of performance metrics reported at four Online Public Meetings (April, June, September and November 2025) confirmed reporting is in place, and performance (particularly the number of HFSVs) have been on an increasing trend.

Prevention and early intervention targeting

From testing of 21 HFSVs, we confirmed that the Service has adopted an approach whereby those most at risk are prioritised for a HFSV. We confirmed the initial referral process provides a risk rating depending on the answer to each question, with those most vulnerable receiving the highest risk rating.

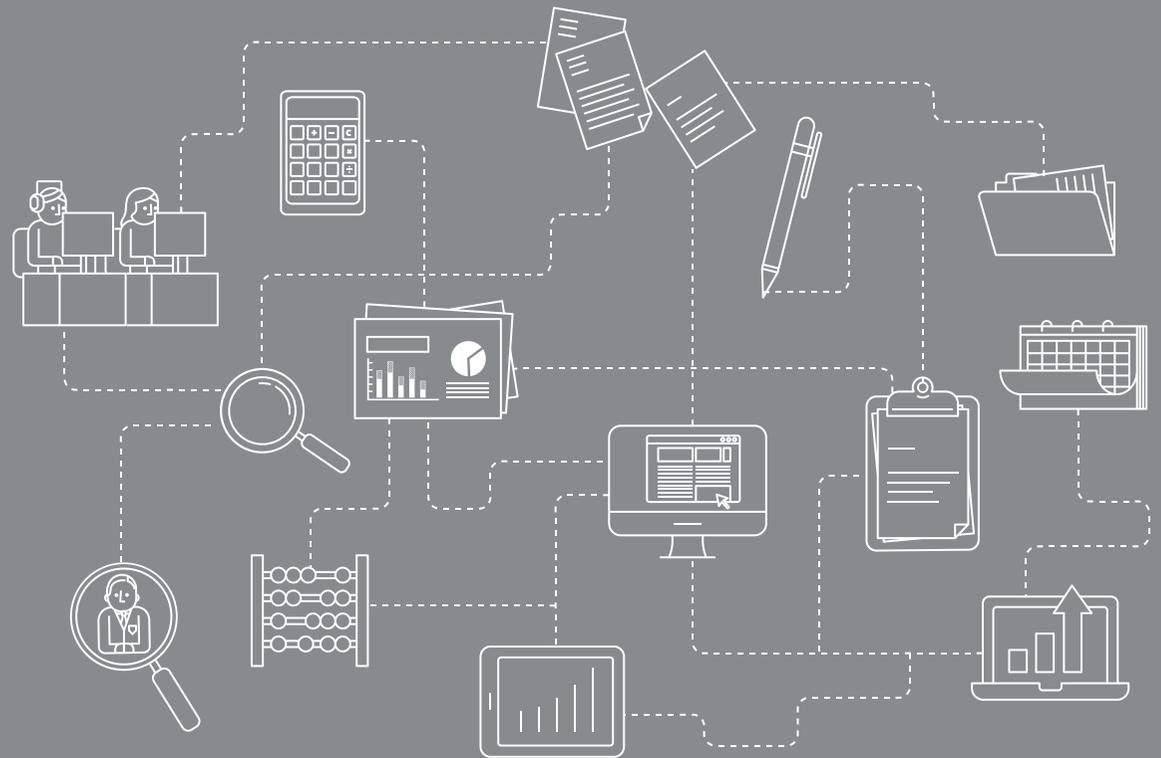
All 21 samples were for individuals that were vulnerable (such as those with a health condition, or who were elderly), with eight referrals having been sent by a partner agency (such as a care or support worker). We also confirmed that the Partnerships Manager, the Safeguarding Manager, and the Youth and Schools Engagement Manager all work with partner agencies to support the Service's prevention and early intervention activities.

Ongoing evaluation

The Service has an ongoing evaluation process for HFSVs, which are reported on within the Online Public Meetings. Trackers and templates are also in place to support and document quality assurance checks, including a guidance document and evaluation matrix.

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

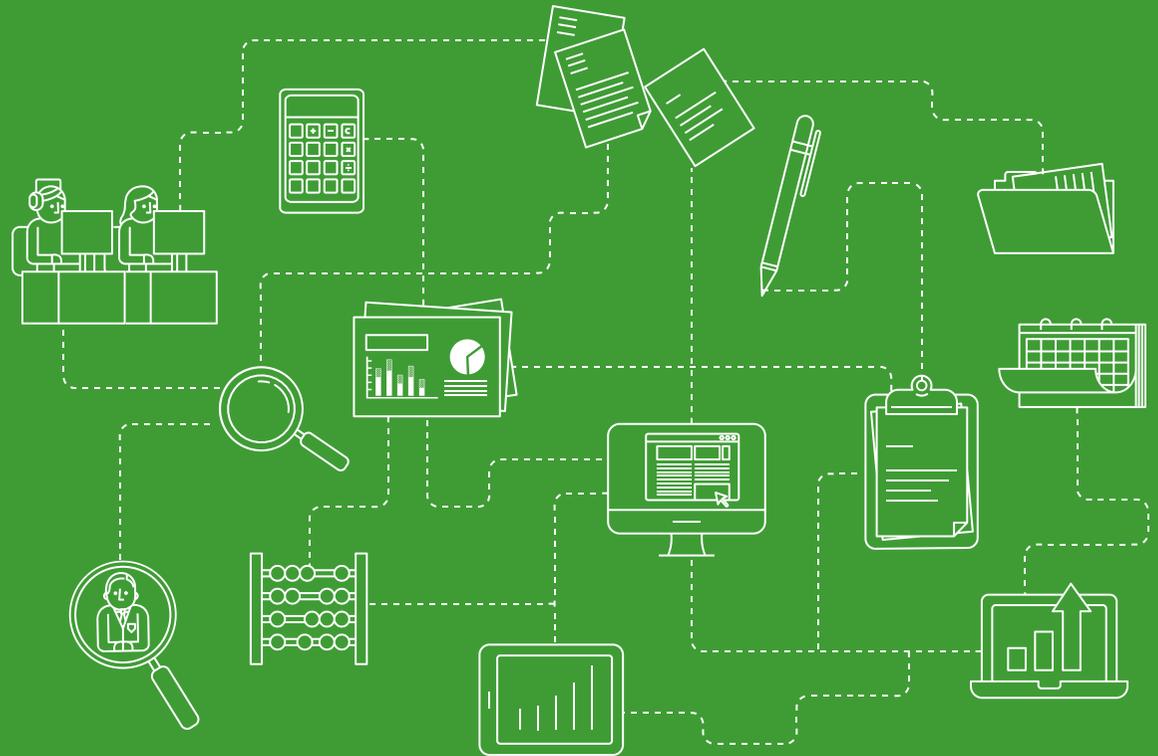
There is scope for enhancing control or improving efficiency.

Ref	Action	Priority	Responsible Owner	Date
1	A training plan will be established to ensure all staff involved in HFSVs are assigned to training that supports awareness of their responsibilities, and requirement to complete all relevant documentation. An escalation route will be defined where staff do not complete assigned training.	Low	Head of Early Intervention and Prevention	31 August 2026
2	As part of the review of Home Fire Safety Visits, the Service will review, assess and update the current process to highlight and escalate instances where a HFSV cannot be completed (particularly in high-rise cases). Following this review, any required controls will be implemented.	Medium	Head of Early Intervention and Prevention	31 August 2026
3	As part of the review of Home Fire Safety Visits, the Service will review, assess and update the current approach for managing revisits. Following this review, any required controls will be implemented and relevant policies updated.	Medium	Head of Early Intervention and Prevention	31 August 2026

* 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: NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance

Control	<p>The Service complete HFSV for those referred. Referrals can be made by the individual or by a third person. A referral form is completed for all HFSV and is risk rated. Only those scoring medium risk or higher receive a Home Fire Safety Visit.</p>	<p>Assessment:</p> <table border="0"> <tr> <td>Design</td> <td style="text-align: right;">✓</td> </tr> <tr> <td>Compliance</td> <td style="text-align: right;">×</td> </tr> </table>	Design	✓	Compliance	×		
Design	✓							
Compliance	×							
Findings / Implications	<p>For a sample of 21 HFSV, we identified that 15 were the result of referrals from either the homeowner or a third party. The remaining six were the result of proactive work by the Service. For example, in one of our samples the Service visited nearby properties to remind them of the dangers of e-bikes and offer a HFSV, following a house fire that started due to a modified e-bike being charged.</p> <p>We confirmed that in all 21 instances, a score of medium or higher was recorded on both the referral and assessment (completed during the HFSV). From reviewing the details of each of the 21 individuals that have received a HFSV, it was clear in 20 instances why this was the case. For instance, in most cases the individual was elderly, had existing medical conditions, or required support from third parties (or a combination of the three). However, in one instance it was not fully clear why the individual had been selected or received a score of high (indicating that a HFSV was required).</p> <p>During discussion with the Watch Manager (Prevention North West), they highlighted that the assessment form had not been completed correctly by the individual that had completed the HFSV.</p> <p>If all required documentation is not completed as part of HFSVs, there is a risk that they may not have been completed correctly, or high risk problems could go unaddressed.</p>							
Management Action 1	<p>A training plan will be established to ensure all staff involved in HFSVs are assigned to training that supports awareness of their responsibilities, and requirement to complete all relevant documentation. An escalation route will be defined where staff do not complete assigned training.</p>	<table border="0"> <tr> <td>Responsible Owner:</td> <td>Date:</td> <td>Priority:</td> </tr> <tr> <td>Head of Early Intervention and Prevention</td> <td>31 August 2026</td> <td>Low</td> </tr> </table>	Responsible Owner:	Date:	Priority:	Head of Early Intervention and Prevention	31 August 2026	Low
Responsible Owner:	Date:	Priority:						
Head of Early Intervention and Prevention	31 August 2026	Low						

Risk: NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance

Control	Attempts to complete a HFSV are recorded on CFRMIS, including the date of the Home Fire Safety Visit.	Assessment:
		Design ✓
		Compliance ×

Findings / Implications For all 21 HFSVs, we reviewed the audit trail on CFRMIS to determine whether a clear record is on file showing the attempts and completion of the HFSV. Of the 21, we identified that:

- 17 had a clear record indicating the work that had been done, and the attempts made to complete the HFSV;
- in three instances the notes section was blank and had not been completed. Whilst the referral and assessment form had been completed, the Watch Manager (Prevention North West) highlighted that notes should have been recorded by the individual completing the HFSV; and
- in the final instance, we identified that multiple attempts had been made to complete the HFSV, including one which was eight days after the referral. This was marked as a very high referral and included the fact that the individual requiring the HFSV had limited mobility, a hearing impairment, and required support from third party agencies. When reviewing this case with the Watch Manager (Prevention North West), they highlighted that in such a scenario they would have expected contact would have been made with the agency that had made the referral (in this case a support worker) to inform them of the issue. However, no audit trail reflecting this was on file, and therefore we have been unable to confirm whether discussions were held to complete this HFSV.

For all 21 HFSVs, we also reviewed the CFRMIS system to confirm the date of the HFSV is clearly recorded. We noted no discrepancies with 20 HFSVs, however we did identify that in one instance the visit had not yet been completed. Whilst this is not normally an issue, the last contact made with the individual was in September 2025 and had not been followed up. The Watch Manager (Prevention North West) confirmed that they would have expected further contact to have been made.

In the event that HFSVs cannot be completed, a process should be established to ensure cases are reviewed and escalated where appropriate. This is particularly important for high-risk cases where the individual may have significant health issues. If records are not completed and cases not escalated where appropriate, there is a risk that high-risk individuals may not receive the support they require, and a record of the Service's activities may not be available.

It was noted during the debrief meeting that management are undertaking a review of HFSVs, and the process for flagging concerns will be incorporated into the review.

Management Action 2	As part of the review of Home Fire Safety Visits, the Service will review, assess and update the current process to highlight and escalate instances where a HFSV cannot be completed (particularly in high-rise cases). Following this review, any required controls will be implemented.	Responsible Owner: Head of Early Intervention and Prevention	Date: 31 August 2026	Priority: Medium
Management action	<i>See management action 1</i>			

Risk: NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance

Control	Once a HFSV is complete, a record of this is documented by the Service, outlining the responses provided and advice given.	Assessment: Design ✓ Compliance ×
Findings / Implications	<p>During review of all 21 HFSVs, we confirmed that the individual that completed the HFSV from the Service has recorded the outcome of the visit on CFRMS. This is supported by a question set that is required to be completed, and enables a consistent approach and answer set to be provided. However, we identified areas for improvement in five cases:</p> <ul style="list-style-type: none"> • in three cases we noted that answers to some questions were ‘advice given’, or ‘general advice given’. It was not clear what this advice is; • in one case the Watch Manager (Prevention North West) (who was assisting us with our sample testing) highlighted that they would have expected that advice should have been provided regarding emollient creams and their use. It was not clear whether this advice was provided by the individual completing the HFSV, as there was no reference to this within the recorded outcome; and • in one case we noted that the outcome was not completed correctly. The Watch Manager (Prevention North West) agreed and highlighted that the HFSV was completed by a watch that has been identified as requiring improvement, with training having been delivered to address this. <p>If the outcome of a HFSV is not correctly recorded, there is a risk that a full audit trail may not be in place and could impact the ability of the Service to appropriately assess and monitor the effectiveness of HFSV. There is also a risk that visits are not being completed correctly, which could impact the ability to provide effective prevention activities and services to the North Yorkshire region.</p> <p>Whilst we noted areas for improvement in five cases, we did identify instances where the outcome has been recorded clearly, with a detailed response. These examples were highlighted by the Watch Manager (Prevention North West) as best practice and indicate that this is potentially an issue with inconsistent issue.</p>	
Management action	<i>See management action 1</i>	

Risk: NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance

Control	Partially Missing Control Revisits for HFSV are not undertaken consistently for those at high risk.	Assessment: Design × Compliance -
Findings / Implications	We confirmed that the HFSV and Interventions Policy clearly set’s out examples of those who are vulnerable and how they are targeted. However, we noted that there is a section within the policy regarding revisits for HFSV. It sets out that if a visit results in a score of very high, then a revisit will be completed for 12 months after. However, during our walkthrough and sample testing of HFSV, we noted that this is not in place. If the revisit process is not	

Risk: NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance

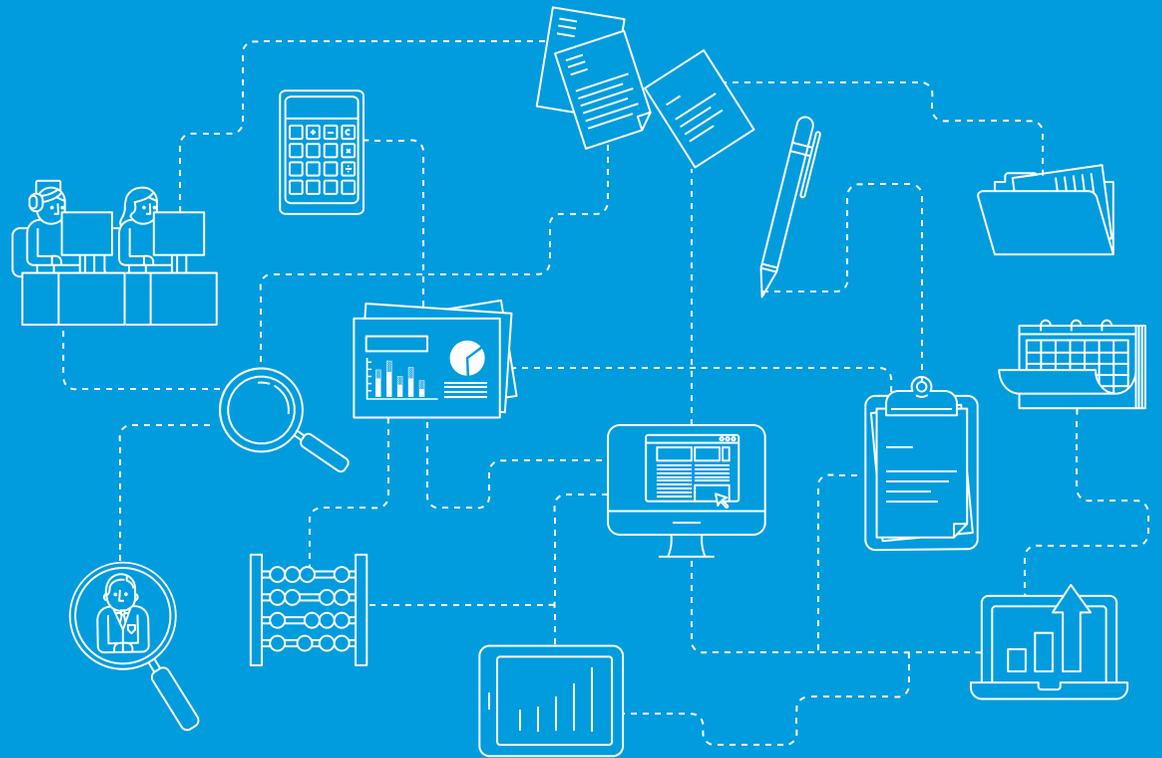
implemented and embedded, there is a risk that properties with a score of very high may not receive further scrutiny or attention in the future. This is particularly important given these properties pose a higher fire risk.

Following the debrief meeting, management confirmed that the updated Fire Safety Visits and Intervention Policy will remove reference to revisits, except in exceptional circumstances, and by request from partner agencies. The current process and existing policies will therefore require updating to ensure alignment and reflect the Service's commitment to the public.

Management Action 3	As part of the review of Home Fire Safety Visits, the Service will review, assess and update the current approach for managing revisits. Following this review, any required controls will be implemented and relevant policies updated.	Responsible Owner: Head of Early Intervention and Prevention	Date: 31 August 2026	Priority: Medium
----------------------------	--	--	--------------------------------	-----------------------------------

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.

Risk	Control design not effective*	Non-compliance with controls*	Agreed actions		
			Low	Medium	High
NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk; Organisational Safeguarding Compliance	1 (11)	3 (11)	1	2	0
Total			1	2	0

* 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: INTERNAL AUDIT ASSIGNMENT OPINIONS



Minimal Assurance

Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

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



Reasonable 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).



Partial 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).



Substantial Assurance

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

APPENDIX C: 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	Strategic risks relevant to the scope of the review	Risk source
We will review the Service’s prevention and early intervention activities, ensuring they are aligned with strategic goals and effectively reducing fire risks within the community.	NYFRS fail to adhere to relevant statutory guidance and practices in relation to Health and Safety which places officers, staff and the public at risk.	Corporate risk register
The audit may consider areas in relation to prevention and early intervention engagement, including community outreach programmes, fire safety education, inspection and enforcement activities, and collaboration with other agencies.	Organisational Safeguarding Compliance	Corporate risk register

When planning the audit, the following were agreed:

Areas for consideration:

This review will focus on the high level approach to prevention and early intervention, considering how areas identified in the Fire and Rescue Plan are embedded into operational activity, deep diving into specific areas. This will consider at a strategic level (and we will not conduct sample testing):

- How priorities linked to prevention and early intervention are embedded into practice, through policies, procedures and action plans where opportunities to improve are identified. This will include other linked strategic plans and activities, such as the Community Risk Management Plan 2025 - 2029.
- Where external recommendations are raised, such as through HMICFRS inspections, how these are captured and implemented.
- How accountabilities and responsibility is set for delivering on the strands of the Fire and Rescue Plan linked to prevention and early intervention. We will consider whether staff in these roles have been assigned and completed training to carry out these duties.
- Tracking, monitoring and reporting of prevention and early intervention metrics, including any trends and benchmarking.

We will also consider specifically (and will conduct sample testing on):

- Workstreams related to reducing the risk of domestic dwelling fires, which will consider educational activities, engagement with the community and home fire safety visits.
- How the Service is targeting its activities to reach the most vulnerable individuals. This will include use of multi agency approaches to identify these individuals.
- The responses made to specific areas for improvement raised by HMICFRS in relation to domestic dwelling fires.
- Ongoing evaluation of these activities, for example, quality and quantity of home fire safety visits.

Limitations to the scope of the audit assignment:

- This audit will not replicate a HMICFRS inspection or provide assurance on future outcomes HMICFRS inspections.
- Our work does not confirm compliance with any regulation or legislation.
- We will not provide assurance that activities will achieve their intended outcomes. Our work will consider whether they are clearly aligned to objectives and that monitoring is undertaken of outcomes.
- We will not be conducted sample testing of all areas under prevention and protection. Only those as detailed in the scope above.
- We will not confirm that the Service is aware of all in scope/vulnerable people. Only that there are mechanisms in place to allow these individuals to be identified.
- We will not comment on the quality of any work underway. The audit will consider how the Service is measuring quality and how these support intended outcomes.
- 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.

Debrief held / last evidence received	17 February 2026
Draft report issued	6 March 2026
Responses received	16 March 2026
Final report issued	16 March 2026

Internal audit Contacts	Dan Harris, Head of Internal Audit Matthew Stacey, Managing Consultant Oliver Gascoigne, Lead Auditor
--------------------------------	---

Client sponsor	Tom Hirst, Director of Capabilities, Community Risk and Resilience
-----------------------	--

Distribution	Tom Hirst, Director of Capabilities, Community Risk and Resilience
---------------------	--

We are committed to delivering an excellent client experience every time we work with you. If you have any comments or suggestions on the quality of our service and would be happy to complete a short feedback questionnaire, please contact your RSM client manager or email admin.south.rm@rsmuk.com.

FOR FURTHER INFORMATION CONTACT



Dan Harris, Head of Internal Audit

Email: daniel.harris@rsmuk.com

Telephone: 01908 687 915



Matthew Stacey, Managing Consultant

Email: matthew.stacey@rsmuk.com

Telephone: 0117 945 2137

rsmuk.com

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.

Our report is prepared solely for the confidential use of **York and North Yorkshire Combined Authority – Fire**, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. 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 and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

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

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.