



# Hinckley and Bosworth Borough Council Internal Audit Final Report **Fire Safety (24/25)**

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**Audit Contacts:** Sophia Hands (Corporate Health and Safety Officer)

**July 2025**  
**Reporting Timetable**

Debrief Meeting: 20/03/25

Last evidence received: 21/03/2025

Draft Report Issued: 17/04/2025 /  
12/06/25

Comments Received: 07/05/2025, 20/06/2025, 15/07/2025

Final Report Issued: 18/07/2025

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## Disclaimer

This report ("Report") was prepared by Forvis Mazars LLP at the request of Hinckley & Bosworth Borough Council and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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## Your One Page Summary

**Audit Objective:** To assess the design and effectiveness of the control framework in relation to Fire Safety.

### Audit rationale

#### Why the Audit is in Your 2024/25 Plan

To assess the controls in place to ensure compliance with the relevant fire safety legislation for commercial premises.

#### Your Strategic Risk

S.16: Failure to adhere to Health and Safety legislation and regulations.

#### Your Strategic / Tactical Objective

No specific strategic or tactical objective

### Summary of our opinion

#### Moderate Opinion

See Appendix A1 for definitions

### Summary of Recommendations

High Priority	-
Medium Priority	4
Low Priority	1

Actions agreed by you	100%
High Priority completion	N/A
Overall completion	30.09.2026

### Summary of findings

#### Examples of good practice

- ✓ Clear and readily accessible Fire Safety Policy signed off by the Chief Executive.
- ✓ Roles and responsibilities for fire safety are clearly detailed within the Fire Safety Policy.
- ✓ Value for money achieved by using two in house fire risk assessors who are members of the Institute of the Fire Safety and Fire Safety Management and Fire Risk Assessment respectively.

#### Medium Priority Findings

- Routine servicing not occurring in line with Policy requirements.
- Fire Risk Assessment reviews completed late.
- Incorrect dates and missing actions within remedial action tracker.
- Performance reporting not in line with best practice.

#### Key root causes

- Human error in the setup of scheduling equipment inspections and servicing
- No centralised tracking for community centres as the Housing Assets and Support Team do not currently use TrackPlan to schedule FRAs
- Data entry issues due to manual process.
- Inconsistent approach to reporting as the two stock types are monitored on separate systems.

## 01 Summary Action Plan

Below is a high-level summary of the actions that are intended to support your management of this risk area. Further detail about our findings, which have been discussed with management, are provided in our detailed action plan (see 03 Detailed Action Plan).

Ref	Recommendation	Priority	Responsible Person	Due Date
1	Hinckley should identify and complete any tests which are not currently compliant with the agreed timescales in the policy or update the policy accordingly.	Medium	Sophia Hands Corporate Health and Safety Officer	31.07.2025
2	<p>The Council should consider incorporating community centres into the TrackPlan system to reduce the risk of manual inputting errors.</p> <p>Should this not be possible the council should:</p> <ol style="list-style-type: none"> <li>1. Ensure all completed remedial actions are clearly and appropriately documented within the tracker.</li> <li>2. This may involve the implementation of regular checks to ensure the information documented within the FRA matches that within the spreadsheet tracker.</li> </ol> <p>Additionally, within TrackPlan, the Council should investigate these discrepancies and ensure future remedials are scheduled in line with the priority timescales within the Building Maintenance Plan. Where possible, this should include automation of setting completion targets based on priority gradings.</p>	Medium	Sophia Hands Corporate Health and Safety Officer	30.09.2025
3	The Council should introduce a formalised approach for following up on outstanding training e.g., issuing reminders and escalating to line managers.	Medium	Sophia Hands Corporate Health and Safety Officer	30.09.2025

4	<p>The Council should:</p> <ol style="list-style-type: none"> <li>1. Standardise their fire safety reporting across the Facilities and Housing Assets and Support team;</li> <li>2. Introduce the suggested KPIs for both teams; and</li> <li>3. Retain copies of raw data used to calculate KPIs for 12 months, in order to enable retrospective access.</li> </ol>	Medium	Sophia Hands Corporate Health and Safety Officer	30.06.2025
5	<p>The Council should:</p> <ol style="list-style-type: none"> <li>1. Ensure that the three yearly FRAs review are scheduled far enough in advance to account for disruptions due to centre activities</li> <li>2. Ensure that contingencies are in place in the form of backup assessors are in place to address any absences and ensure FRA reviews are completed timely.</li> <li>3. Introduce a centralised record outlining the completion date and due date for Community Centre FRAs and FRA reviews</li> </ol>	Low	Sophia Hands Corporate Health and Safety Officer	30.06.2025

## 02 Value for Money and Sector Comparison

Within each of our reports, we summarise any observations we have made about the effectiveness, efficiency and economy of your operations. This is to support our portfolio of public and social sector organisations with value for money considerations. We also summarise how you compare to similar organisations, which is intended to bring you the benefit of our insight.

### Value for Money



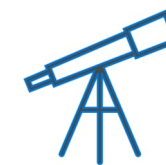
In the context of landlord health and safety considerations, achieving economic value for money (VfM) from the delivery of fire safety activities should always be secondary to ensuring tenant safety. However, there are steps organisations can take to increase the value for money without reducing the quality or effectiveness of the service.

We note that the council use in house staff to complete fire risk assessments, the Facilities Manager and the Corporate Head of Health and Safety. We confirmed that these individuals are certified with Tier 2 Competent Fire Risk Assessor (Institute of Fire Safety Managers) and Fire Safety Management and Fire Safety Management and Fire Risk Assessment (Fire Service College) respectively. Conducting assessments brings about a cost saving associated in hiring external contractors but also allows for more flexibility in scheduling assessments should any material changes arise that need subsequent re-assessments.

It is beneficial for Councils to consider and assess efficiencies when evaluating operational performance. In this review, we identified gaps and inconsistencies in the council's Fire Safety reporting framework (**Recommendation 3**) as well as potential data inputting errors within the tracking spreadsheet maintained by the Housing Assets and Communities Manager (**Recommendation 5**).

During our review, we noted Lower priority, and easily achievable remedial actions are primarily completed by internal staff members coordinated by Scheme managers, and larger, more complex remedial actions are often completed by external contractors or in house qualified electricians where appropriate. By reserving external contractors for more complex actions, the Council helps to ensure specialised, costly resources are only used when required.

### Sector Comparison



Oversight of the completion of FRAs and remedial actions is crucial in ensuring compliance with regulation and the provision of high-quality services and safe properties. The Council splits the management of those properties in scope of this audit into two categories in which they are managed separately by the Facilities team, which includes The Akins Building, The Hinckley Hub and The Jubilee Building, and the Housing Assets and Support Team, which includes community centres. Facilities properties are managed within TrackPlan, the Councils Health and Safety Compliance and scheduling software and the Housing Assets and Support Team properties within a spreadsheet.

As each category operates within a separate team, performance reporting is different across these teams. As noted in **Recommendation 4** this reporting could be enhanced to include additional KPIs to bring the council in line with best practice, to allow for more transparent reporting on the programme's performance.

The accuracy and completeness of data is the bedrock of landlord health and safety and is a key area of focus within the social housing sector and local government sector. We have seen many well performing peers move towards the use of systems that can automatically extract FRA remedial actions into a 'tracker' or programme. The system can then provide prompts for actions nearing target dates, and reports on performance automatically. We confirmed that the Facilities team's use of TrackPlan allows for the automatic pull through of remedial actions, however the Housing Assets and Support team's spreadsheet requires manual input, as such, we noted within **Recommendation 3** we identified input issues which lead to mistakes within this tracking spreadsheet.

### 03 Detailed Action Plan

We have identified areas where there is scope to improve the control environment. Our detailed findings are provided below. Definitions for the levels of assurance and recommendations used within our reports are included in Appendix A1.

1. Routine servicing not occurring in line with Policy requirements	
Finding(s) and Risk	Recommendation(s)
<p>The Council's Fire Safety Policy (July 2024) outlines the requirements for routine servicing of equipment and the frequencies for completion.</p> <p>We conducted data analysis on an export of TrackPlan, and Orchard, the systems used by the Facilities Team and Housing Assets &amp; Support Team to manage activities respectively. We noted the following discrepancies:</p> <ul style="list-style-type: none"><li>• The Fire Safety Policy outlines portable firefighting equipment is to be tested by a competent employee monthly and by a competent contractor on an annual basis. We note that lighting is only tested monthly by an in-house electrician. From our data analysis of facilities properties testing schedule, we found that portable firefighting equipment testing is conducted as part of a quarterly inspection schedule. We were advised by the Facilities Manager that this will be fixed to be scheduled monthly off the back of this audit.</li><li>• The Fire Safety policy outlines portable electrical equipment testing should be conducted "periodically". We were advised that the frequency of portable appliance testing is determined by the risk assessment, some items are tested on a three yearly basis whereas others are tested annually.</li><li>• The Council's Fire Safety Policy outlines fire doors are to be inspected monthly by a designated employee. We reviewed an export from TrackPlan and noted that facilities properties fire doors are currently being inspected on a quarterly basis. We were advised this will be updated in TrackPlan to monthly as per the policy.</li></ul> <p><b>Risk and Impact:</b></p> <p>Non-compliance with the Council's approved Fire Safety Policy may lead to potential non-compliance with regulation leading to higher liability and increased safety risks.</p>	<p>Hinckley should identify and complete any tests which are not currently compliant with the agreed timescales in the policy or update the policy accordingly.</p> <p><b>Root Cause(s)</b></p> <p>Human error in the setup of scheduling equipment inspections and servicing</p>
Management Comments / Agreed Actions	



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Frequency of testing for all fire safety equipment has been checked by the Health and Safety Officer and complies with the Fire Safety Policy. The Policy has been reviewed and will be submitted to SLT for approval alongside the Apr-Jun 2025 quarterly report.

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<b>Responsible Person</b>	Sophia Hands, Corporate Health and Safety Officer	<b>Action Due Date</b>	31.07.2025
		<b>Priority Level</b>	<b>Medium</b>



## 2. Housing Assets and Support Team: Incorrect dates and missing actions within remedial action tracker

Finding(s) and Risk	Recommendation(s)
<p>Fire risk assessment (FRA) remedial actions are steps taken to address identified fire hazards and reduce the risk of fire in a building.</p> <p>While the Facilities Team coordinates FRA remedial actions within the system TrackPlan, the Housing Assets and Support Team coordinate the remedial action across the Council's community centres through the use of a spreadsheet tracker.</p> <p>We selected a sample of 14 remedial actions across three community centres and sought to confirm that they were accurately recorded on the tracker spreadsheet. We noted that:</p> <ul style="list-style-type: none"><li>Two medium and one low priority remedial action target dates were incorrectly recorded within the tracking spreadsheet.</li><li>One medium priority was incorrectly omitted from the remedial action tracker. However, we were provided with evidence this remedial action had been completed as we were advised it was being monitored within the physical risk assessment.</li></ul> <p>We were advised by the Housing Assets and Support Teams Manager that these mistakes were likely typos due to the heavily manual process of adding actions to the tracker.</p> <p>Additionally, we conducted data analysis on an export of the FRA remedial action trackers maintained by the Facilities team.</p> <p>Of the 37 remedial actions raised against the Facilities Team managed properties, we note that all of these had due date in excess of what is outlined within the Councils Building Maintenance Plan 2023-2028. The plan outlines the following categories:</p> <ul style="list-style-type: none"><li>P3 – 10 days</li><li>P4 – 30 days</li><li>P5 – one year</li></ul> <p>We found that:</p>	<p>The Council should consider incorporating community centres into the TrackPlan system to reduce the risk of manual inputting errors.</p> <p>Should this not be possible the council should:</p> <ol style="list-style-type: none"><li>1. Ensure all completed remedial actions are clearly and appropriately documented within the tracker.</li><li>2. This may involve the implementation of regular checks to ensure the information documented within the FRA matches that within the spreadsheet tracker.</li></ol> <p>Additionally, within TrackPlan, the Council should investigate these discrepancies and ensure future remedials are scheduled in line with the priority timescales within the Building Maintenance Plan. Where possible, this should include automation of setting completion targets based on priority gradings.</p>
	Root Cause(s)
	<p>Data entry issues due to manual process.</p>

- Two P3 remedial actions that were due on average 42 days after they were raised.
- 11 P4 remedial actions due on average 88 working days after they were raised

**Risk and Impact:**

Errors in remedial actions trackers may result in inaccurate reporting to those charged with governance. As actions are being monitored on the physical risk assessment this results in a single point of failure should the risk assessment be misplaced. Remedial actions may either not be completed in a timely manner or may be missed entirely as these are not included within the tracking spreadsheet.

**Management Comments / Agreed Actions**

Community centres have been added to TrackPlan for the purpose of recording actions raised by Health and Safety Officer (HSO) when carrying out fire risk assessments. The responsible person is notified as soon as actions are raised and the HSO will monitor and report to SLT quarterly.

TrackPlan is preset to action completion dates automatically based on the priority given to each job or action, however this was set to not include weekends thus giving a longer completion date. This has been rectified so that automatic completion dates reflect the priority timescales as laid out in the Building Maintenance Plan.

<b>Responsible Person</b>	Sophia Hands, Corporate Health and Safety Officer	<b>Action Due Date</b>	30.09.2025
		<b>Priority Level</b>	<b>Medium</b>

### 3. Training compliance behind expectation

Finding(s) and Risk	Recommendation(s)
<p>Staff who are based at the Jubilee Hub are required to complete</p> <ul style="list-style-type: none"> <li>Jubilee Induction which included an element on fire safety, and the</li> <li>Street Scene Jubilee Fire Safety training.</li> </ul> <p>We reviewed the completion data for the training and noted issues whereby managers and supervisors are not recording completion of training, resulting in individuals being overdue for completion or refreshers. We noted the following issues:</p> <p><b>Jubilee induction (required to be refreshed annually):</b></p> <p>139 staff are assigned this training.</p> <p>19 staff do not have a completed date next to their name</p> <p>4 staff completed this over 1 year ago.</p> <p><b>Street Scene Jubilee Fire Safety:</b></p> <p>36 staff are assigned this training.</p> <p>9 staff do not have a completed date next to their name</p> <p>2 staff completed this over 1 year ago.</p> <p><b>Risk and Impact:</b></p> <p>Increased Risk of staff Injury or Fatalities due to fire</p>	<p>The Council should introduce a formalised approach for following up on outstanding training e.g., issuing reminders and escalating to line managers.</p>
	Root Cause(s)
	<p>No formal process in place for chasing overdue training.</p> <p>Lack of accountability as managers and supervisors are meant to update the training spreadsheets in relation to their staff.</p>

#### Management Comments / Agreed Actions

Employees that have outstanding training delivered by Skillgate are reminded by automatically generated emails, which are also sent to their line manager.

Procedures for following up on outstanding training not delivered by eLearning platform will be drawn up and implemented. This will be tracked using the departmental centralised spreadsheet and reported to SLT quarterly.

Responsible Person	Action Due Date
Sophia Hands, Corporate Health and Safety Officer	30.09.2025
	Priority Level
	Medium

#### 4. Performance reporting not in line with best practice

##### Finding(s) and Risk

We reviewed the current nature of the framework and while we note that quarterly reports are shared with the Senior Leadership Team and Statutory Safety Committee, we note that KPIs are being separately and inconsistently reported for Facilities managed properties and Community Centres within these reports.

Upon reviewing the reports from Q2 and Q3 2024, we noted the following KPIs are not currently in place in line with best practice:

##### Facilities:

- % of FRAs overdue for renewal
- % of remedial actions outstanding are overdue for completion (by priority)
- % of fire safety equipment which is maintained within policy timescales (currently only Fire Alarm servicing is outlined)

##### Housing Assets and Support Team:

- % of remedial actions outstanding are overdue for completion (by priority)
- % of fire safety equipment which is maintained within policy timescales

Additionally, we were unable to recalculate KPIs from Q2 and Q3 2024 due to the KPI raw data being overwritten whenever updated and copies not being retained.

##### Risk and Impact:

Reduced visibility of fire safety performance may lead to inappropriate decisions which may jeopardise the safety within council owned properties, putting staff, tenants and members of the public in danger.

##### Recommendation(s)

The Council should:

1. Standardise their fire safety reporting across the Facilities and Housing Assets and Support team;
2. Introduce the suggested KPIs for both teams; and
3. Retain copies of raw data used to calculate KPIs for 12 months, in order to enable retrospective access.

##### Root Cause(s)

Inconsistent approach to reporting as the two stock types are monitored on separate systems.

The suggested KPIs have not previously been considered for reporting.

##### Management Comments / Agreed Actions

The quarterly SLT report has been reformatted to standardise and introduce fire safety figures as recommended. The new format will be presented to SLT in time for the April – June 2025 report.

<b>Responsible Person</b>	Sophia Hands, Corporate Health and Safety Officer	<b>Action Due Date</b>	30.09.2025
		<b>Priority Level</b>	<b>Medium</b>

## 5. Fire Risk Assessment reviews completed late

Finding(s) and Risk	Recommendation(s)
<p>The Council's Fire Safety Policy outlines fire risk assessments (FRAs) should be conducted at properties on a three yearly basis with reviews being conducted at the end of years one and two.</p> <ul style="list-style-type: none"> <li>We conducted data analysis on an export of all facilities managed properties within TrackPlan and identified the Atkins Building's FRA review was completed five months after the date it was due. We were advised by the Head of Facilities this was due to workload pressured with regards to the introduction of TrackPlan</li> </ul> <p>We were unable to conduct data analysis on the whole population for Community Centres because there is no centralised tracker with the due date and completed date of FRAs. We therefore selected a sample of three of the eight properties and requested evidence of the most recent two FRAs, and reviews taken place between. We noted that Meadows Community centre's 2025 risk assessment was conducted four months after the date it was due. We were advised by the Housing Assets &amp; Support Teams Manager that this was due the availability of the centre due to weekly activities.</p> <p><b>Risk and Impact:</b></p> <p>Increased risk of fire hazards and potential non-compliance with safety regulations, leading to higher liability and safety risks.</p>	<p>The Council should:</p> <ol style="list-style-type: none"> <li>Ensure that the three yearly FRAs review are scheduled far enough in advance to account for disruptions due to centre activities</li> <li>Ensure that contingencies are in place in the form of backup assessors are in place to address any absences and ensure FRA reviews are completed timely.</li> <li>Introduce a centralised record outlining the completion date and due date for Community Centre FRAs and FRA reviews.</li> </ol> <p><b>Root Cause(s)</b></p> <p>No centralised tracking for community centres as the Housing Assets and Support Team do not currently use TrackPlan to schedule FRA review.</p>
Management Comments / Agreed Actions	
<ol style="list-style-type: none"> <li>The fire risk assessments and reviews for years 2 and 3 for community centres will be scheduled into TrackPlan similar as for FM sites. Responsible persons will receive automatic notifications 30 days before due for completion.</li> <li>In the short term, a procedure will be introduced whereby if the review cannot be completed the Responsible Person, within the set timescale, it will be undertaken by the Health and Safety Officer. In the long term and to build resilience, another appropriate team member will be trained to carry out this duty.</li> <li>There is a centralised record for all the council's FRAs within the Fire Safety section of the Health and Safety Intranet. However, once community centre FRAs and reviews have been logged into TrackPlan, this will produce an electronic record.</li> </ol>	
Responsible Person	Action Due Date
	30.06.2026

	Sophia Hands, Corporate Health and Safety Officer	Priority Level	Low
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## A1 Audit Information

### Agreed Audit Objective and Scope

The objectives of our audit were to assess whether Hinckley & Bosworth Borough Council has in place adequate and appropriate policies, procedures and controls in relation to Fire Safety with a view to providing an opinion on the extent to which risks in this area are managed. The audit considered the following risks relating to the area under review:

#### Roles and Responsibilities

- Staff are unaware of their roles and responsibilities in relation to health and safety.

#### Policies and Procedures

- Outdated policies and procedures lead to inappropriate health and safety measures in the workplace.

#### Training

- Health and safety induction training is not delivered to all the new starters.
- Council does not provide health and safety training to all employees on a regular basis and training is not specialised to target the health and safety risks specific to each service.
- Lack of management accountability to monitor the completion of training.

#### Risk Identification

- Failure to identify health and safety risks exposing staff and stakeholders to potential hazards.

#### Monitoring

- Ineffective process for reporting and recording accidents, incidents and near misses.
- Accidents, incidents and near misses were not investigated to prevent similar events from occurring in the future.

#### Management Reporting

- Poor governance arrangements in place for reviewing, scrutinising and managing health and safety incidents.
- Poor decision making due to lack of management information being reported.

### Scope Limitations

In giving this assessment, it should be noted that assurance cannot be absolute. The most an Internal Audit service can provide is reasonable assurance that there are no major weaknesses in the framework of internal control. Any testing performed was conducted on a sample basis. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

Our work is limited by the information that was provided to us at the time of our fieldwork. The records maintained by third parties to the organisation will not be reviewed and are outside of the scope of this audit. The audit will be completed by a general internal auditor and not a fire safety specialist, for example.

We were unable to recalculate KPIs from Q2 and Q3 2024 due to the KPI raw data being overwritten whenever updated.

The audit only considered the following commercial properties within the scope of this review:

**Those managed by the Housing Assets and Support Team:**

- The Meadows Community Centre;
- 50 Gwendoline Avenue;
- Herford Way Community Centre;
- Groby Community Centre;
- Meadow Road Community Centre;
- 43 Bradgate Road;
- Peggs Close Community Centre;
- Barlestone Community Centre.

**Those managed by the Facilities Team:**

- Atkins Building, Lower Bond Street;
- Jubilee Building, Fleming Road; and
- Hinckley Hub, Rugby Road.

## Definitions of Assurance Levels and Recommendation Priority Levels

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

## Statement of Responsibility

We take responsibility to Hinckley & Bosworth Borough Council for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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