

Decision title

Internal Audit – Progress Report Quarter 4, 2017/18

Recommendation by

Head of Internal Audit

Decision Number

LFC-0042-D

NOT PROTECTIVELY MARKED

Summary

LFC-0042 summarises the work carried out under the Internal Audit Shared Service Agreement by the Mayor's Office for Policing and Crime (MOPAC) Directorate of Audit, Risk and Assurance in the fourth quarter of 2017/18. It provides an assessment of the adequacy and effectiveness of the internal control framework within the Brigade, and an update on the status of accepted agreed actions previously reported.

Decision

The London Fire Commissioner:

1. Notes the work undertaken by Internal Audit in the fourth quarter of 2017/18; and
2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

Dany Cotton QFSM
London Fire Commissioner



Date

9/8/18

Access to Information – Contact Officer

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Report title

Internal Audit – Progress Report Quarter 4, 2017/18

Report to
London Fire Commissioner

Date
18 July 2018

Report by
Head of Internal Audit

Document Number
LFC-0042

OFFICIAL

Summary

This report summarises the work carried out under the Internal Audit Shared Service Agreement by the Mayor's Office for Policing and Crime (MOPAC) Directorate of Audit, Risk and Assurance in the fourth quarter of 2017/18. It provides an assessment of the adequacy and effectiveness of the internal control framework within the Brigade, and an update on the status of accepted agreed actions previously reported.

Recommendations

That the London Fire Commissioner:

1. Notes the work undertaken by Internal Audit in the fourth quarter of 2017/18; and
2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

Background

1. The attached report summarises the work carried out under the Internal Audit Shared Service Agreement by MOPAC's Directorate of Audit, Risk and Assurance in the fourth quarter of 2017/18. The report provides an assessment on the adequacy and effectiveness of the internal control framework for each of the Internal Audit final reports issued since the last report to the Governance, Performance and Audit Committee on 19 March 2018 (FEP 2835).
2. The report also provides an update on the status of outstanding agreed actions, as requested by the Governance, Performance and Audit Committee at the meeting on 10 September 2012. This update covers all agreed actions that have been accepted, but not previously reported as completed.
3. The Internal Audit progress report is attached as Appendix 1, which includes Annex A (Summary of outstanding actions) and Annex B (Summary of reports issues in quarter 4, 2017/18).

Finance comments

4. The Director of Corporate Services has reviewed this report and has no comments

Workforce comments

5. The Director of Corporate Services has reviewed this report and has no comments

Legal comments

6. The General Counsel has reviewed this report and has no comments.

Sustainability implications

7. There are no sustainability implications

Equalities implications

8. There are no equalities implications associated with this report.

Consultation

9. No consultation was undertaken in relation to this report.

Commissioner's Board

4 July 2018

Directorate of Audit, Risk and Assurance Progress Report

Report by: The Director of Audit, Risk and Assurance

1. Report Summary

This report summarises the work carried out under the Internal Audit Shared Service Agreement by the Directorate of Audit, Risk and Assurance (DARA) in the fourth quarter of 2017/18. It also provides an assessment of the adequacy and effectiveness of the internal control framework for each of the Internal Audit final reports issued since the last report to the Governance, Performance and Audit Committee on 19 March 2018 (FEP 2835).

2. Recommendations

That the Commissioner:

1. Notes the work undertaken by Internal Audit in the fourth quarter of the year; and
2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

3. Supporting Information

Fourth Quarter 2017/18 DARA Review Activity

- 3.1 Since the third quarter update nine risk based assurance reports have been finalised; five of these received an adequate assurance rating and four received a limited rating. The audit titles, and associated assurance rating are included in the following table:

| Adequate | Limited |
|--------------------------------------|--|
| Inclusion Strategy | Adult Safeguarding Framework |
| Key Financial Systems | Environmental Controls at Merton Control Centre |
| Completion of Babcock Training | Vision Mobilising System – Realisation of the Operational Benefits |
| Thematic Review of Health and Safety | Station Security |
| Risk Management | - |

- 3.2 Of the four limited assurance reviews, three did not relate to a specific issue within the control environment, instead the rating was given to provide the opportunity for the Brigade to review either the framework or the governance around the area, and in doing so reduce the likelihood of multiple low level risks merging to form a higher level of risk than may be acceptable.
- 3.3 Annex B highlights the overall opinion for each review completed, areas of effective control and risks, together with agreed actions. Where newly reported actions, as per those reports highlighted above, have reached their due date we have not commented on the status of their implementation in this report. The status of these will be reported at the next Commissioner's Board.
- 3.4 Four follow up reviews have been completed; ICT Service Desk, Budgetary Control Framework, Protective Security and Capital Budgeting. Of the 12 agreed actions; nine were found to be fully implemented, one was subsequently risk accepted and two were partly implemented resulting in two further actions being agreed. The two further actions raised do not represent issues in the implementation of the actions, instead they are designed to further improve the control environment based on the actions already taken.
- 3.5 A further three reports are currently at draft report stage, and have been issued to the appropriate managers for comment. These include two risk based assurance reviews; Disciplinary Framework and ICT Review of Cyber Response Plan and one advisory review of Operational Policy – External Relations.
- 3.6 Our Counter Fraud team continue to liaise with the police in relation to the pension fraud case. The investigation into the whistleblowing complaint in relation to the CrossFire schools intervention programme has completed, and

a draft report is currently with management. No fraud was identified, however recommendations were made around strategic decision making and oversight. A further whistle-blower complaint was received and investigated, which raised allegations against a now working pensioner who was retired early on the grounds of ill health. The investigation found there was no case to answer as the pensioner was entitled to carry out this work under the pension scheme conditions, and had declared the employment.

- 3.7 In relation to the National Fraud Initiative (NFI), follow up work has been undertaken with People Services to conclude the remaining 2016/17 referrals, and preparatory work has commenced for the 2018/19 initiative.

Internal Control Framework

- 3.8 Our control environment opinion has remained adequate as a result of the reviews undertaken in the quarter. Five of the risk based reviews completed since the last update on 19 March 2018 (FEP 2835) received an adequate assurance rating, and four limited rating. Further detailed information on each review is shown at Annex B.
- 3.9 Identified risks are rated either high, medium or low to provide management with a guide to the level of resource and urgency that they should apply to any mitigation activity. Although our plan is linked to the areas of highest risk to the Authority, we also undertake routine compliance work in areas of lower risk at the request of management, to provide assurance that systems, particularly at fire stations, are operating as intended. As each area we review has a different risk profile (financial or otherwise), it is necessary to consider this wider context when looking at individual risk ratings within each area. On this basis, a medium risk in any one system or area may not be comparable in materiality to those in other areas. This is evidenced in the table at Annex A.
- 3.10 The Commissioner is provided with the number of outstanding agreed actions, and detailed information on their status is attached at Annex A. To ensure that management have a suitable timeframe in which to respond, the updates provided at Annex A are for reports that have previously been presented. The responses received demonstrate the extent to which the control framework continues to improve following the implementation of agreed actions.
- 3.11 Of the 27 outstanding actions, 11 have been completed and 11 are not yet due for completion. Two further risks in relation to Lost and Stolen PPE have subsequently been risk accepted as the commencement of the new contract for the provision of PPE will address the risks in October 2018. Three risks

have also been deferred; however work has commenced and is progressing in each case.

First Quarter 2018/19 Planned DARA Activity

- 3.12 We will seek to finalise the three reports that are currently at draft report stage; Disciplinary Framework, ICT Cyber Response Plan and Operational Policy – External Relations.
- 3.13 Fieldwork is drawing to a close for two reviews; the FRS Staff Standby Roster System review and Minor Capital Programme, and for a follow up of the Thematic Review of Absences and Partial Absences. Fieldwork has commenced for two reviews; Babcock Training and the Environmental Management System.
- 3.14 A Terms of Reference has been approved with the Assistant Director Finance for a review of Use and Control of Credit Cards, and three Terms of Reference are in draft; Thematic Review of Driving of Brigade Business, Thematic Review of Attendance Management and an advisory review for Collaboration Planning and Preparedness.

4 Equality and Diversity Impact

The MOPAC's commitments to equality and diversity are considered in all activities carried out by the Directorate of Audit, Risk and Assurance. All field auditors and investigators have received appropriate training in equality and diversity issues and their performance is monitored. The Internal Audit work plan is designed to provide as wide a range of coverage of staff and systems as is possible and practicable.

5 Risk Implications

Completion of the audit plan enables the Director of Audit, Risk and Assurance to provide assurance on the adequacy and effectiveness of the LFB internal risk and control framework.

6 Contact Details

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7 Appendices and Background Papers

- Annex A – Status of outstanding agreed actions previously reported
- Annex B – Summary of Internal Audit work carried out in Q4 2017/18

| No. | Finding/ Risk | Priority | Responsibility | Agreed Action | Date | Management Action Update and Status as at June 2018 |
|--|---|----------|--|---|--------------|--|
| CONSOLIDATED REPORT OF LOST AND STOLEN PERSONAL PROTECTIVE EQUIPMENT – Report issued May 2017 | | | | | | |
| 1. | <p>Each fire fighter should have nine items of PPE as stated in PN693 (Structural firefighting personal protective equipment), and Bristol Uniforms record the identification numbers of the items issued on their database. For each of the six fire stations reviewed we selected five fire fighters and checked the Bristol Uniforms records to ensure that each had the correct allocation of items recorded. Our testing identified that each fire station had a least one discrepancy, with the recorded allocation ranging from six to 11 items.</p> <p>The ineffective recording of PPE allocation could result in fire fighters not being in possession of the correct level of PPE, and also that Bristol Uniforms may incorrectly charge the LFB for missing items. The Bristol Uniforms contract is due to expire in October 2018, and if this results in the need to return all items then the Brigade will not be able to evidence that final charges levied by Bristol Uniforms is accurate.</p> | Medium | <p>Responsible officer:</p> <p>Director of Operations in conjunction with the Head of Procurement</p> | <p>A Brigade wide exercise will be undertaken to ascertain the identification numbers currently allocated to each individual. A template will be provided listing the nine PPE items, and each watch will be required to report to their Station Manager the identification numbers for each individual, which will be forwarded to the Area Team. The Area Teams will collate the information and forward to CMG to enable Bristol Uniforms to investigate and update their records accordingly.</p> <p>As contract managers, CMG will ensure that any queries between Bristol Uniforms and the fire stations are dealt with in an appropriate and consistent manner.</p> <p>This exercise will be undertaken to coincide with the end of the current Bristol Uniforms contract in October 2018.</p> | 30 June 2018 | <p>Risk accepted</p> <p>Further consideration was given to completing this action, and it was decided that a review of uniform allocations will not now be undertaken before the move to the new contract in October 2018.</p> |
| 2. | Where PPE has been lost or stolen PN693 (Structural firefighting personal protective equipment) states that this may result in disciplinary proceedings and/ or cost recovery against the | Medium | <p>Responsible officer:</p> <p>Head of Procurement</p> | PN693 will be updated to outline the management actions to be applied following a loss of PPE, and consideration will be given as to if, and when, a charge should be applied to an individual. This will also be | 31 May 2018 | <p>Risk Accepted</p> <p>It was decided not to update the policy prior to the change in contract. Therefore, PN693</p> |

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| | <p>individual. We found that the undertaking of management action was inconsistent with some recording the issue of a letter 1, and others not recording any action. We were also advised that costs for lost items are not recovered.</p> <p>Failure to formalise the actions to be followed once a loss has been confirmed could result in the inconsistent treatment of staff across the Brigade.</p> | | | included in updated policy. [As part of a separate action that has completed except for policy update - PN693 will be updated to include the prompt return of leavers/ retirees PPE to Bristol Uniforms.] | | will be updated as part of the transition to the new contract. The new contract will go live in October 2018, during that process the revised policy will be finalised and implemented before the go live date. |
| PROTECTIVE SECURITY – Report issued June 2017 | | | | | | |
| 3. | <p>Although the Cardinus on line system deals with security classification, staff interviewed did not appear to have a good working knowledge of issues affecting security classification.</p> <p>There is a risk that if staff do not receive appropriate levels of training, information produced may not be relied on for accuracy, authenticity and completeness.</p> | Medium | <p>Responsible officer:</p> <p>Head of ICT</p> | ICT/Information Management to consider arranging more detailed protective security awareness and communication for Brigade staff that routinely create documents and need to consider how they should be security classified. | <p>31 March 2018</p> <p>31 July 2018</p> | <p>Deferred</p> <p>Despite the deadline of 31 March 2018, it seems sensible to ensure that messages about protective security marking are joined-up with messages about the implementation of the GDPR (which came into effect on May 25th). So, with hindsight, a revised delivery date of end June/ July for this action would be more appropriate.</p> |
| FOLLOW UP REVIEW OF ENVIRONMENTAL MANAGEMENT SYSTEM DATA QUALITY – Report issued May 2017 | | | | | | |
| 4. | Using average conversion rates ignores the fact that the majority of these vehicle engine sizes may be medium or large which will increase | Medium | <p>Responsible officer:</p> <p>Environment</p> | <p>Further Action</p> <p>The upgrade to the expenses system to include engine size and fuel type to ensure</p> | <p>April 2018</p> <p>31 October 2018</p> | <p>Deferred</p> <p>There has been a slight delay getting the requirements</p> |

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| | <p>reported emission levels. There is a risk that data published in the annual report may not be accurate.</p> <p>SD team to liaise with IT and the expenses team to investigate the possibility of including the engine size and fuel type in the reports they provide.</p> <p>Partly Implemented SD have met with ICT who have promised to include engine size and fuel type fields in the next upgrade to the expenses system. IT have agreed to include the amendments in the tender requirements for the upgrade of expenses software.</p> | | Advisor | better quality of information. | | signed off so should be completed Q2 2018/19 now. |
| ICT PROJECT GOVERNANCE – report issued October 2017 | | | | | | |
| 5. | <p>Corporate projects are prioritised to ensure that resources are managed efficiently and effectively. These projects impact on either multiple or a small number of departments and also have clear reporting lines. However for projects not in these categories, there is no system in place to apply robust prioritisation.</p> <p>There is a risk that smaller in-house projects may be shelved/put on hold because they are regarded as low priority.</p> | Medium | <p>Responsible officer:</p> <p>Head of ICT</p> | Implement a process to identify and prioritise departmental projects to ensure that the right projects are resourced according to deliver against the directives of the ICT Strategy whilst maintaining a balance with the departments business as usual activities. | <p>March 2018</p> <p>31 July 2018</p> | <p>Deferred</p> <p>A workshop has been scheduled for the 27th June to develop a prioritisation mechanism and prioritise the work that has been mapped out from the previous workshop held in February. This details of all the ICT projects, work streams and BAU activities have now been documented and logged digitally in preparation for the second workshop which will</p> |

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| | | | | | | apply the prioritisation. The outcomes of which will be share with the department and ICT team leaders will be asked to work with the prioritisation model. |
| CAMS & STATION END EQUIPMENT – report issued October 2017 | | | | | | |
| 6. | Action redacted for the purposes of publication to protect the security of the IT systems. | High | Responsible officer: Head of ICT | N/A | 30 December 2017 30 June 2018 | On target Please note this has been the subject of protracted discussion from a technical and security perspective. We believe that we now have a way forward once we have a way of managing the devices remotely. Request for change is currently being raised to complete this work. |
| ENVIRONMENTAL MANAGEMENT SYSTEMS (DATA QUALITY) – report issued February 2018 | | | | | | |
| 7. | The data received from ICT for grey fleet does not make a distinction between the different categories of vehicles. While ICT provide information on engine size and fuel type for leased cars none of this information is available for the essential and casual car users scheme. Average conversion CO2 factors are used where engine size and fuel information is unavailable. | Medium | Head of ICT | Clarification of the Sustainability Development team requirements took longer than anticipated. These were cleared in February 2018 and development has now commenced. Go live is estimated to be end of August 2018. | 30 September 2018 | On target Development of the solution is progressing as planned. |

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| | There is a risk that data published in the annual report may be inaccurate. | | | | | |
| THIRD PARTY DATA ASSURANCE – report issued February 2018 | | | | | | |
| 8. | <p>System owners request third party access on a Network Access Request form, which is supported by Network Access Agreement signed by the third party acknowledging LFBs access conditions. These documents are retained by ICT in Marvel and their sharepoint site, and our testing identified that a number of documents were either not available, or could not be located due to manner in which documents were stored. Where the agreements were available then the full document had always been scanned in, limiting evidence as to what the third party has signed up to.</p> <p>All third party access requests are reviewed and approved by the ICT Security Manager, however their emails confirming that the request can be actioned are not retained in the sharepoint site with the request documentation, but in their email account.</p> <p>Failure to ensure that there is a full audit trail of the request and approval to set up all third party access accounts could limit ICTs ability to</p> | Medium | Head of ICT | <p>ICT will decide whether Marvel or sharepoint is the most appropriate storage facility for third party access documentation. Thereafter all new third party access requests will be stored in this location</p> <p>We will ensure that the format of the chosen method is appropriate to allow for request, agreement and authorisation of the third party access to be stored together, and easily locatable.</p> <p>This will be applied to all new access requests received.</p> <p>Where requests and agreements are not available, consideration will be given to whether there is benefit in arranging for these to be completed retrospectively.</p> | 31 March 2019 | <p>On target</p> <p>On course for completion by due date.</p> |

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| | defend their actions if challenged in relation to a third party access query. Furthermore, failure to ensure that agreements are routinely available, and complete, could prevent third parties being held accountable if there was to be a misuse of LFB data. | | | | | |
| 9. | <p>Each third party access requires the third party to sign an agreement committing to LFB requirements in relation to access and use of data. There are two types of agreement; one for individuals and one for organisations. The agreement for organisations requires only the signature of a representative of that company, therefore it is unlikely that staff using the access have received this information.</p> <p>Failure to ensure that all individuals with access to the LFBs network have received, and agreed to, LFB access requirements could increase the risk of misuse of data.</p> | Medium | Head of ICT | The process for Third Party Network Access Agreements for organisations will be reviewed, and amended as appropriate, to ensure that it provides sufficient safeguards for the Brigade. This could include the officer who signs the organisations access request to pass the security criteria onto their users. | 31 March 2019 | <p>On target</p> <p>On course for completion by due date.</p> |
| 10. | At the present time there is no review of third party account set up to ensure that the account provides only the level of access as requested by the system | Medium | Head of ICT | Consideration will be given as to whether there is any benefit of introducing a post set up check on new third party accounts to ensure that they provide access to only the authorised data or required access. | 31 March 2019 | <p>On target</p> <p>On course for completion by due date.</p> |

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| | <p>owner, and approved by the ICT Security Manager.</p> <p>There is a risk that accounts may be set up incorrectly, providing the third party with inappropriate access to LFB data.</p> | | | | | |
| 11. | <p>1. We were unable to obtain a report from ICT of current third party access arrangements.</p> <p>We identified one third party account which had been set up with no end date, even though this is not in accordance with PN824 (Third party network access policy). Third party accounts are not automatically deactivated upon leaving as per LFB staff.</p> <p>There is an increased risk of unauthorised access by third parties by not ensuring all third party accounts have set end dates.</p> <p>2. We were also advised that there are a number of accounts where no end date can be set due to the</p> | Medium | Head of ICT | <p>We will ensure that where appropriate all third party accounts have a set end date, and make changes to PN824 if different durations are deemed appropriate. We will also ensure that we have the ability to determine which third party accounts are active at any given time, which will be monitored periodically to ensure continued access is appropriate.</p> <p>Upon expiry, we will ensure that third party access renewals are appropriately reviewed and re-authorised, and where no end date is possible access arrangements will be reviewed at least annually.</p> | 31 March 2019 | <p>On target</p> <p>On course for completion by due date.</p> |

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| | <p>nature of the work undertaken. Some of these relate to ongoing support, however, as some are more ad hoc for carrying out scheduled work.</p> <p>Failure to know which third parties have access to what data at any given times inhibits ICTs ability to appropriately monitor third party access.</p> | | | | | |
| DEVELOPMENT & MAINTENANCE of OPERATIONAL PROFESSIONALISM (DaMOP) – report issued February 2018 | | | | | | |
| 12. | <p>1. The content of PN427 (The development and maintenance of operational professionalism – training note) was found to be sufficiently detailed, we identified that it contained reference to “Your Operational Professionalism” within Hotwire for more information around developing a training needs analysis for staff who have been absent for an extended period, and the programming of training from the rota. This area of Hotwire no longer exists and this information is no longer available to support watch and crew managers in specific areas of managing DaMOP.</p> | Medium | Director of Operations | As part of HR Management’s recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project. | 31 March 2020 | <p>On target</p> <p>A corporate project has been set up to review and replace the current DaMOP policy and associated activities.</p> <p>The Commissioner’s Group agreed a principles document for the project in April 2018 and the first Project Board meeting was scheduled for 31st May 2018, to be chaired by the project sponsor Deputy Commissioner Safety and Assurance.</p> |

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| | <p>There is a resulting risk that inappropriate or inconsistent actions will be undertaken across the Brigade.</p> <p>2. We identified that section nine of the policy, which covers the programming of training at technical centres, has some missing information. Paragraph 9.2 states "Programming of training at technical centres will be as per the training rota at (enter where training schedule can be located)".</p> <p>The policy does not provide adequate guidance if the link is not provided, resulting in a risk that inappropriate or inconsistent actions will be undertaken at technical rescue centres.</p> | | | | | |
| 13. | <p>1. The DaMOP training plan was initially based on consultation with operational station based personnel and by using the health and safety services 'risk mapping project' findings, as published in 2005. We could not find any evidence that the effectiveness of the programme had been reviewed until around 2015, which resulted in the pilot programme which has been running in the south-east area since April 2016.</p> | Medium | Director of Operations | As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project. | 31 March 2020 | <p>On target</p> <p>A corporate project has been set up to review and replace the current DaMOP policy and associated activities.</p> <p>The Commissioner's Group agreed a principles document for the project in April 2018 and the first Project Board meeting was scheduled for 31st May 2018, to be chaired by the</p> |

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| | <p>Failure to periodically monitor the effectiveness of station based training could result in it becoming less effective over time, potentially impacting on the maintenance of the core skills required by firefighters.</p> <p>2. The south-east area pilot has proven to be successful with watch officers, however it has been running for almost two years. Delays in rolling out the pilot could impact on the effectiveness of core skills station based training, particularly as it has not been reviewed for some years. Prior to roll out a further review of the programme will need to be undertaken so that any further tweaks can be made prior to dissemination. Through discussion with staff we identified the following issues:</p> <ul style="list-style-type: none"> • The training may be too generic in some areas, and could provide more time for borough specific topics. • File paths for recording the training appropriately in the Station Diary are not easy to select, which can result in it appearing that the training has not been completed. | | | | | <p>project sponsor Deputy Commissioner Safety and Assurance.</p> |

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| | <ul style="list-style-type: none"> There may be issue with obtaining equipment, such as vehicles for RTC training, if the too many stations require them on the same day. <p>If the pilot is rolled out without first addressing known problems, then there could be a lack of buy in from staff.</p> | | | | | |
| 14. | <p>Attendees at sessions are recorded in the appointment in the Station Diary, which in turn updates their training records. We reviewed the diary entries at five fire stations during the period 1st to 7th May 2017 (inclusive) and identified that there are inconsistencies with the records submitted. For example:</p> <ul style="list-style-type: none"> One firefighter was shown as attending training, but was showing in StARS as being on LILO for the entire shift, which if correct meant that they could not have been present for the training session. Another firefighter was shown as being at training sessions between 09:30 and 15:30, however StARS also showed that they were booked to attend a medical appointment between the hours of 09:30 and 13:00. If the training was completed during the hours stated in the diary, then they could not | Medium | Director of Operations | As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project. | 31 March 2020 | <p>On target</p> <p>A corporate project has been set up to review and replace the current DaMOP policy and associated activities.</p> <p>The Commissioner's Group agreed a principles document for the project in April 2018 and the first Project Board meeting was scheduled for 31st May 2018, to be chaired by the project sponsor Deputy Commissioner Safety and Assurance.</p> |

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| | <p>have been present.</p> <p>Staff training records will be inaccurate if staff are shown as receiving training which they have not attended, and gaps in knowledge will be unlikely to be identified. This could result in adverse publicity if this was identified as part of an investigation into an incident.</p> | | | | | |
| 15. | <p>The completion of station based training is monitored through a suite of performance indicators. Non-FRU stations are required to spend 24% of their time training, while FRU stations should spend between 50% and 53%, dependent on whether they are technical rescue, technical skills or hazmat. Monitoring reports are produced by the area teams using the duration of the appointment and number of participants as recorded in the Station Diary appointment. We have identified above that the participants may not always be recorded appropriately, and there are also potential problems with the use of the appointments duration. While the appointment may have been in the Station Diary for the specified duration, there is no evidence to support that this was actual time spent training. This actual time spent on the training could be minimal if the topic area being</p> | Medium | Director of Operations | As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project. | 31 March 2020 | <p>On target</p> <p>A corporate project has been set up to review and replace the current DaMOP policy and associated activities.</p> <p>The Commissioner's Group agreed a principles document for the project in April 2018 and the first Project Board meeting was scheduled for 31st May 2018, to be chaired by the project sponsor Deputy Commissioner Safety and Assurance.</p> |

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|-----|---|----------|------------------------|---|---------------|--|
| | <p>covered was relatively small potentially resulting in a lack of basic core skills in the long term.</p> <p>Performance indicator data may give a false record of training if sessions are not fully completed for operational reasons. Incomplete sessions from one shift are often incorporated into another session that tour, or during another tour. Use of targets to monitor the effectiveness of DaMOP may not be the most appropriate method of measurement as it focuses on the quantity of training rather than the quality. Targets are also used to measure other station based activities such as community fire safety, home fire safety visits and fire hydrant inspections. There is a risk that when time availability is limited, and there are competing priorities then staff may feel pressurised into falsifying records to ensure that targets are met.</p> | | | | | |
| 16. | 1. There is no formal process for the provision of feedback on the quality of the DaMOP training sessions being provided. In practice, any perceived deficiencies could be raised with the watch officers. However, individuals may not feel comfortable enough to raise issues with their direct line managers, who are likely to be the persons who | Medium | Director of Operations | As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project. | 31 March 2020 | <p>On target</p> <p>A corporate project has been set up to review and replace the current DaMOP policy and associated activities.</p> <p>The Commissioner's Group agreed a principles document for the project in April 2018</p> |

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| | <p>are delivering the training. Service Standard Support Officers (SSSOs) include a review of DaMOP within their coverage of Service Standard 3 (Training). Through discussion with one SSSO we identified that this includes watching a drill and a lecture while at the fire station, and discussing these with the individuals who delivered the sessions. Although there is the opportunity for feedback from the rest of the watch, no direct request is made.</p> <p>Failure to ensure that the training delivered is fully understood by all participants could result in inappropriate actions being taken as there is no process in place to evaluate the effectiveness of DaMOP.</p> <p>2. We reviewed a sample of SSSO records for Service Standard 3 and identified that the outcomes of their visits are recorded as either red, amber or green, and although there is an area for narrative this is either not used, or not very detailed.</p> <p>Opportunities for organisational learning may not be identified if insufficient narrative is available to support the outcomes of SSSO visits.</p> | | | | | and the first Project Board meeting was scheduled for 31 st May 2018, to be chaired by the project sponsor Deputy Commissioner Safety and Assurance. |

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| Adequate Assurance – The control framework is adequate and controls to mitigate key risks are generally operating effectively, although a number of controls need to improve to ensure business objectives are met. | | | | | |
| <p>Inclusion Strategy – report issued March 2018</p> <p>The Brigade has an Inclusion Strategy in place for 2016 to 2026, which was approved at the London Fire and Emergency Planning Authority meeting of 30 June 2017.</p> <p>The implementation of the Strategy is monitored through a detailed action plan, and action owners are required to provide progress updates.</p> <p>A comparison of the action plan from March 2017 against the November plan found that the due dates for 17 actions have been extended. It was noted that for each of the 17 actions, the progress update indicated that the due date has been changed and the reason for the delay. However, overwriting the original due dates could lead to the actions being kept open for longer than necessary.</p> <p>The Inclusion Board meetings involve a review of the Strategy action plan, monitoring the outcomes delivered by the Strategy. Information is also regularly provided on workforce composition and related matters in the HR Digest, which is provided every six months.</p> | <p>We reviewed the action plan presented to the Inclusion Board on 17 November 2017 and noted that there were a number of actions beyond their due date marked as 'G', indicating that their completion is on track. Thirty-four out of 93 actions were found to have been due at the time of review, with 19 of those marked as 'G'. Of the remaining 15, four were marked as completed whilst the other 11 were marked as 'A', indicating that their progress is behind schedule. Through discussion with the Inclusion Manager we were informed that the target dates for a number of these actions should have been extended, but that has not been reflected on the action plan. Review of the progress updates for the actions found that the updates indicated that the action was still in progress for all 19 overdue actions.</p> <p>A comparison of the action plan from March 2017 against the November plan found that the due dates for 17 actions have been extended. It was noted that for each of the 17 actions, the progress update indicated that the due date has been changed and the reason for the delay. However, overwriting due dates could lead to the actions being kept open for longer than necessary.</p> <p>Inclusion Strategy progress is not suitably presented and monitored, leading to delays in the implementation of actions.</p> <p>It was noted in the minutes from the July 2017 Inclusion Board meeting that a point was raised by one of the attendees about the lack of staff development information for underrepresented groups, and that more work is required to ensure the information is used effectively. However, no action to address this was raised during the meeting.</p> | <p>Medium</p> <p>Low</p> | <p>Head of Strategy and Inclusion</p> <p>(now Assistant Director Strategy and Risk)</p> <p>Head of Human Resources</p> <p>(now Assistant Director People Services)</p> | <p>The Brigade will ensure that the action plan is updated to correctly reflect the progress of the Inclusion Strategy actions. In cases where action dates are extended, this should be recorded in an additional column on the plan so that the initial due date is not overwritten.</p> <p>The Brigade will:</p> <ul style="list-style-type: none"> • develop methodologies to capture staff development information and reflect this in the HR digest. • develop a process to centrally collect, manage & | <p>30 June 2018</p> <p>1 December 2018</p> |

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| | There is insufficient mentoring of staff promotion and development, specifically of those from underrepresented groups. | | | monitor diversity data within departments and talent pools to aid the delivery of diversity outcomes. | |
| | <p>The Harassment Complaints procedure was last updated in January 2015 and is due to be updated following the conclusion of the on-going People Services Review. Currently the majority of harassment cases are investigated by the Inclusion Manager and it is being proposed in the People Services Review that this responsibility should lie within the HR department. The Procedure provides guidance on how to identify harassment, and sets out the procedure to be followed when a harassment complaint is made.</p> <p>Included within the Inclusion Strategy to deal with harassment complaints and grievances is the use of a mediation service as a means to resolve the issues with the related parties. The Harassment Complaints Procedure will need to be updated to reflect this following the conclusion of the People Services Review.</p> <p>The Harassment Complaints procedure does not reflect the actual processes in place at the Brigade.</p> | Low | Head of Human Resources (now Assistant Director People Services) | The Brigade will update the Harassment Complaints procedure to reflect any changes from the People Services Review. This will include reference to the use of mediation to resolve matters. | 1 September 2018 |
| | A sample of five harassment investigations were tested to determine if they were undertaken in line with the procedure. In all cases, it was found that the procedure was followed. The cases were investigated by suitable staff, interviews were held within the required timescales, interview notes were agreed with the staff involved and summary reports were produced following the investigations detailing the case outcomes and any recommendations to address issues raised. However, there is currently no process in place to follow up on the recommendations raised with the commissioning | Medium | Head of Human Resources (now Assistant Director People Services) | The Brigade will introduce a process to follow up on recommendations raised from harassment complaint investigations, where agreed. | 1 September 2018 |

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| | <p>managers to ensure that they have been implemented. Failure to do so could lead to insufficient resolution of the harassment complaints.</p> <p>Issues identified from harassment case investigations are not suitably addressed.</p> | | | | |
| | <p>Discussions were held with three members of the ESG to determine how they felt that the arrangements in place to support the promotion and development needs of underrepresented groups were operating in practice. The discussions highlighted the following points:</p> <ul style="list-style-type: none"> • There have been occasions where late changes to the promotion round process had not been communicated to the ESG, meaning that the preparations for the candidates ahead of those promotion rounds were negatively affected. It was also identified that some ESG members have difficulty in obtaining details of staff from underrepresented groups who would be eligible for the promotions so they can be approached to gauge their interest in applying for the promotions. • Concerns were raised over the lack of training provided to assessors at the promotion rounds and that compliance with equality and diversity criteria of the process is not provided sufficient weight in the decision making for promotions. • It was raised that the support in place only relates to operational staff and there is currently none provided to FRS staff from underrepresented groups and that there is difficulty in obtaining promotion information which could be used by the ESG to identify any suitable candidates. An example of this was identified for unconscious bias training due to be provided, which will only be delivered to | Medium | <p>Head of Human Resources</p> <p>(now Assistant Director People Services)</p> | <p>The Brigade will:</p> <ul style="list-style-type: none"> • Consider the comments made by the ESG members and will look to address the concerns raised. • Design and plan promotion rounds that present no barriers to underrepresented staff. • Introduce training for assessors, including unconscious bias. <p>Share promotion and development opportunities with staff networks and line managers in sufficient time to identify suitable candidates.</p> | <p>1 October 2018</p> |

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| | operational staff and not to FRS staff. The framework in place to support the promotion and development of staff from underrepresented groups is ineffective. | | | | |
| Key Financial Systems – report issued April 2018 Annual review of key financial systems, we reviewed Payroll, Accounts Receivable, Accounts Payable, Cash and Bank, General Ledger and Pensions, and found that the systems in place were adequate. | Our review of the payroll reconciliations for the months of May, July and September 2017 found there was no evidence of who prepared and who reviewed the documents. The date of completion was also missing from the reconciliations. There is a risk that an appropriate segregation of duties will not be applied, which may prevent the detection of incorrect or inappropriate actions. A lack of date prohibits the ability to evidence that the reconciliations are being undertaken promptly. | Low | Assistant Director Finance | Agreed Reconciliations are carried out on a monthly basis to ensure that payroll data is fully interfaced to the General Ledger and that any associated debtors and creditors are identified and reconciled to the trial balance. Officers are working to establish an online audit trail to identify the prepare and reviewer of the reconciliations. In the meantime, the team will be advised that all payroll reconciliations are to be paper based and signed and dated by both the preparer and reviewer. The Manager will perform periodic spot checks to ensure that this instruction is being followed. | 30 April 2018 |
| | We were advised that there is not always the requirement a purchase order as a majority of sales invoices are raised in response to an operational incident. From a sample 15 of sales invoices raised between April and November 2017 we found that two had no purchase order from the customer, even though the invoices were for petroleum certificates, which is planned work rather than in response to an incident. If sales invoices are raised without a purchase order from the customer there is an increased risk the | Low | Assistant Director Finance | Users of the system will be notified, by email, that wherever possible a purchase order should be obtained at the outset for the provision of services. | 30 April 2018 |

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| | invoice may not be paid, or that the invoice will contain inaccuracies resulting in the need to credit and re-issue. | | | | |
| | <p>Due to the inability of the system to produce a report of changes made to suppliers account we were required to select a sample from emails from suppliers which are held within the email inbox of the systems team.</p> <p>Inability to run exception reports of changes to suppliers' accounts prevents review to ensure that all changes were bona fide and increases the risk of inappropriate or unauthorised changes being made.</p> | Low | Assistant Director Finance | <p>There is a process in place to review and verify changes which are implemented by systems. Once the system is updated emails are generated to relevant officers at the time of change, which means any problems can be immediately addressed in terms of such issues as IR35. If we waited for a monthly report a change may have been implemented that took effect before we could address it.</p> <p>We will formally allocate responsibilities review of the notification emails are reviewed to ensure that changes are being verified as bona fide.</p> | 30 June 2018 |
| | <p>We obtained the reconciliations for the payments, receipts, disbursements, salaries, pensions and GLA bank accounts and found we were unable to determine who had prepared and reviewed the reconciliations as evidence of this was not included within the reconciliation.</p> <p>Failure to ensure that such information is available prevents the provision of assurance that there is an appropriate segregation of duties in place.</p> | Low | Assistant Director Finance | <p>Agreed Reconciliations are carried out on a monthly basis to ensure that cashbook data is fully interfaced to the General Ledger and that any associated debtors and creditors are identified and reconciled to the trial balance.</p> <p>Officers are working to establish an online audit trail to identify the prepare and reviewer of the reconciliations. In the meantime, the team will be asked to record</p> | 30 April 2018 |

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| | | | | within the Excel document the details of the preparer and reviewer. | |
| <p>Thematic Review of Health and Safety – report issued May 2018</p> <p>There are two policies supporting premises based health and safety at fire stations; PN510 (Authority Premises, Health and Safety and Environment Inspections) and PN536 (Authority Premises Health and Safety and Environment Inspections). The two policies provide adequate guidance to staff and there is no conflict in the information provided.</p> <p>Staff at the stations visited confirmed that they felt competent when carrying out the health and safety inspections. The provision of policy information is adequate for watch staff as these inspections take place daily at all stations and understanding is developed through participation.</p> <p>PN510 dictates that every part of the premises be inspected at least once every 28 days. To accommodate this, station premises have been divided into a number of areas within the health and safety database, each</p> | <p>The health and safety database is used by stations to record daily inspections undertaken in accordance with PN510 (Authority Premises Health, Safety and Environment Inspections). We analysed the information for five stations to ascertain whether every part of the premises was inspected in accordance with paragraph 3.3 (a) of the policy, and found that the stations in our sample had a number of areas and dates where inspections had not been recorded as being complete. Possible reasons given for these were:</p> <p>a) Crew mobilised and failed to enter information into the database when they returned to the station. It was the opinion of one group manager and a station manager that there should be adequate time to complete and record the inspection each day, regardless of the appointments in the station diary.</p> <p>b) Watch and Crew managers on standby do not have access to the station database at the standby station, and therefore cannot record the completion of the inspection.</p> <p>Our analysis of the missed inspections identified the missed or non-recorded inspections can generally be attributed to specific watches at the fire station.</p> <p>There is a risk that a preventable accident occurs if the required inspections are not completed and fully recorded onto the database.</p> | Medium | AC Fire Stations | <p>We will work with Health and Safety to:</p> <p>a) Establish whether an on-screen pop-up could be enabled to remind watch officers of the need to submit the health and safety outcomes in the database. If this is not possible then we will explore whether there are any other suitable reminder options available.</p> <p>b) Investigate whether there is any potential for broadening access to the health and safety database. If this is not possible then PN510 will be updated to state that the standby must ask another member of the watch to update the system to ensure that records are accurate.</p> | 31 August 2018 |

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| <p>with its own checklist of possible safety issues and potential defects</p> <p>A review of the health and safety database revealed that all stations visited had identified and recorded premises issues.</p> | <p>We reviewed the issues raised by the stations in our sample identified that in some cases there were considerable delays between jobs being raised and completed. One station had to wait 13 weeks before an issue regarding faulty lights was rectified, when the fault should have been rectified within 28 days. There were also two jobs that were raised in November 2017 which were still outstanding at the time of the review. The stations visited advised that the contractor sometimes sends the wrong tradesmen to attend jobs, causing delays, for example; a plumber to attend an electrical fault.</p> <p>There is a risk that if issues are not resolved within reasonable timescales then the safety of staff could be compromised.</p> | Medium | Assistant Director Technical and Commercial | <p>TSS Property to continue to work with both KBR and its supply chain to ensure improvements in performance are secured and work orders are closed in a timely manner.</p> <p>Stations to continue to ensure faults and issues are logged via 89100 option 2 and are followed up and complaints raised as necessary so all parties are aware of outstanding issues.</p> <p>Property will utilise data held within KBR's system and specifically with the ICC, to monitor performance and demonstrate improvements.</p> | 31 March 2019 |
| | <p>PN536 (Statutory Joint Management Health and Safety Representative Inspections) states that the frequency of these inspections should be agreed locally, but this should not be more than quarterly. Following agreement, an annual schedule of visits should be made by 1st April each year. We found that this process is not being followed, and the arrangement of these inspections is more ad hoc in nature.</p> <p>Outcomes from the HS2 inspections undertaken under PN536 should be recorded onto a form HS/2. The completed form should be retained by management representative (usually the station manager), and copied to the HSS mailbox, Area Team and the union safety representative. The policy also states the form should be retained locally for a period of 12 months, then sent to HSS who will retain them for a further three years. Our review</p> | Medium | AC Fire Stations | <p>A reminder will be sent to the Station Managers, Borough Commanders and the Deputy Assistant Commissioners reminding them of the need for these inspections, and Area Teams will be required to monitor and chase outstanding returns and hold a copy.</p> <p>This is a joint responsibility with the FBU, and the Health and Safety team will be asked to remind the FBU via BJCHSW. It is the possible that there are insufficient trained FBU reps to fully complete this role, and the release of personnel also has an impact on ridership.</p> | 31 December 2018 |

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| | <p>identified that the availability of these forms was erratic, and there is limited compliance to the policy.</p> <p>Failure to schedule in the HS2 inspections increases the likelihood of a delay in the inspection process. As the staff side union representatives have received more formal training, this increases the likelihood of a risk not being identified at the earliest opportunity.</p> <p>Failure to ensure that there is an adequate record of the completion and outcome of the HS2 inspections could impact upon the effectiveness of the inspection process and rectification of issues.</p> | | | <p>The process will be evaluated after six months to establish whether it is operating in accordance with policy, following which appropriate discussions will be held with the unions.</p> | | | | | | | | | |
| <p>Completion of Babcock Training – report issued May 2018</p> <p>When fire fighters do not attend a scheduled Babcock training course, or miss the cut off time for the course, staff from Babcock are required to ring the LFB Training Assurance (TA) team within 30 minutes of the course start time. Following the notification of a DNA from Babcock, the TA team identify the reason and then notify the appropriate Station Manager by email.</p> <p>EPT produce monthly reports of station DNAs for the Director. The TA team produce monthly station DNA cost reports to the Director of Operations.</p> <p>Periodic quality assurance checks are undertaken by assessors sitting</p> | <p>Post-course candidate response rates are monitored and are included in the biannual Babcock training contract report to CMB and the Resources Committee. Our review of the reports covering quarters 3 and 4 for 2016/17 and quarters 1 and 2 for 2017/18 found that response rates appear to be falling, although this would not be evident unless the two reports were compared. The response rates in the reports were:</p> <table><tr><td>2016/17 Q3</td><td>37%</td></tr><tr><td>2016/17 Q4</td><td>39%</td></tr><tr><td>2017/18 Q1</td><td>27%</td></tr><tr><td>2017/18 Q2</td><td>22%</td></tr></table> <p>The potential reasons for the reduction in responses was not known, which could limit the effectiveness of the evaluation process.</p> <p>No consideration is currently given to the content of the feedback received from candidates as it is not recorded into the QARD for discussion at the joint fortnightly LFB and Babcock meetings.</p> <p>Failure to appropriately consider the views of the</p> | 2016/17 Q3 | 37% | 2016/17 Q4 | 39% | 2017/18 Q1 | 27% | 2017/18 Q2 | 22% | <p>Medium</p> <p>Medium</p> | <p>Assistant Director Training and Professional Development</p> <p>Assistant Director Training and Professional Development</p> | <p>The reduction in returns is as result of internal changes by Babcock which meant that fewer reminders were sent to delegates.</p> <p>Officers are currently reviewing the course evaluation process to identify and implement improvements.</p> <p>Officers are currently reviewing the course evaluation process to ensure that delegate feedback is considered and actioned as appropriate.</p> | <p>31 July 2018</p> <p>31 July 2018</p> |
| 2016/17 Q3 | 37% | | | | | | | | | | | | |
| 2016/17 Q4 | 39% | | | | | | | | | | | | |
| 2017/18 Q1 | 27% | | | | | | | | | | | | |
| 2017/18 Q2 | 22% | | | | | | | | | | | | |

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| in on Babcock courses. Outcomes are documented and any issues identified are recorded onto the Quality Assurance Review Database (QARD). | candidates attending the Babcock training courses could impact on the effectiveness of the training being provided. | | | | |
| For a sample of eight fire stations we selected three staff who had taken compensatory leave between December 2016 and December 2017 and verified that they were entitled to take the leave. | <p>Compensatory leave has its own code on StARS and although the Establishment and Performance team (EPT) have the facility to run reports, it does not form part of their monthly reporting routine.</p> <p>There is a risk that if periodic reports are not produced and reviewed, it may result in the incorrect authorisation of compensatory leave not being identified.</p> | Low | Assistant Commissioner Central Operations | A process will be developed to ensure that periodic dip sampling of compensatory leave authorisations is undertaken. Instances of incorrectly authorised compensatory leave will be discussed with the staff involved as appropriate. | 30 September 2018 |
| <p>Risk Management – report issued May 2018</p> <p>A Risk Management Framework and Manual is in place and was updated in 2016. It provides a clear definition of risk and control, and identifies its main components of event.</p> <p>Clear guidance on risk ownership and control ownership is provided in the Manual. It provides specific guidance around risk owners and control owners, stating that all risks and controls are assigned owners with clearly defined roles and responsibilities.</p> <p>A review of the risk management framework has been undertaken, and a revised risk management</p> | <p>Risk owners are required by the Risk Framework and Manual (2016) to review risks regularly. We were verbally advised that corporate risks should be reviewed on a quarterly basis, and these are the review timescales input into the PMF. Our review of two corporate risks CRR1 (A risk of a death or serious injury occurs as a result of our staff not operating a safe system of work) and CRR16 (Failure to adequately prepare for the governance changes under the Policing and Crime Act leads to bureaucratic, undemocratic or ineffective arrangements) identified that they were slightly outside of their review timescales.</p> <p>Although there are mitigating factors for the; staff time limitations following the Grenfell Tower incident and the imminent roll out of a new risk management framework, ongoing slippage on the review of corporate risks could lead to control mitigations becoming ineffective, which could increase the likelihood of the risk occurring.</p> | Medium | Assistant Director Strategy and Risk | A refreshed set of corporate risks (including CRR1 and CRR16) will be presented to the next round of Directorate Boards (taking place 24 May – 6 June 2018) for approval before submission to the Commissioner's board for final sign off. Therefore, corporate risks will be reviewed by DBs on a quarterly basis as part of the quarterly performance monitoring process. This should re-invigorate the risk review process, ensuring that the process gets back on track. | 31 March 2019 |

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| <p>strategy has been submitted to CMB and the Strategy Committee. A refresh of the framework, taking into consideration the findings of this review, could help to re-engage staff with the process.</p> | <p>Our review of controls documented in the PMF to mitigate CRR1 and CRR16 found that the wording of these were often fairly short, and did not contain much detail. Example of these include naming a corporate system or policy, but not how they will be used as a control.</p> <p>Failure to ensure that the controls are accurately described could impact upon the scoring of risks, potentially leaving the LFB open to higher levels of risk that anticipated.</p> | Medium | Assistant Director Strategy and Risk | <p>Controls (key actions) associated with the corporate risks will be reviewed as part of the refresh as described in recommendation 1 above. This may or may not lead to lengthier control descriptions. To some extent, the description is less important than getting the right control actions identified. The review will focus on actions that need to be put in place to mitigate risks to an acceptable level and will aim to strip back generic references to systems or policies. This should both improve the content of the risk management system and the outcome of the risk management process.</p> | 31 March 2019 |
| | <p>We identified that in some instances the control owners are allocated to job titles, while in other instances they are allocated to individuals; including one individual had been retired from the Brigade for some time. Inconsistency in recording control owners and failure to appropriately amend them could indicate a lack of effective review of the controls supporting the risks, potentially impacting upon the effectiveness of the control environment.</p> <p>Part of the risk review process includes the presentation of a PMF risk report to the Corporate Management Board. While this provides a sound basis for risk owners discussion around corporate risks, it does not provide the risk owner with the opportunity to discuss the continued effectiveness of the controls with the control owner. We interviewed five of the control owners across CCR1 and CRR16</p> | Medium | Assistant Director Strategy and Risk | <p>This will be addressed through the corporate risk refresh described above. This will ensure control owners are correctly identified and recorded in the risk management system.</p> <p>Once the refreshed corporate risks have been agreed by Directorate Boards and the Commissioner's Board, risks will be scheduled for review by DBs on a quarterly basis. Corporate risks are owned by Deputy</p> | 31 March 2019 |

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| | and found that one control owner was not aware that they had these risk management responsibilities. We also identified where discussion does take place it appears to be informally through meetings and/ or reports rather than as part of a formal risk review process. Failure to appropriately reassess the effectiveness of documented controls could expose the LFB to a level of risk in excess of their stated risk threshold. | | | Commissioners/Directors – controls are owned by Heads of Service. Reviewing the risks at DBs will ensure that discussion takes place between the risk and control owners. | |
| Limited Assurance – The control framework is not operating effectively to mitigate key risks. A number of key controls are absent or are not being applied to meet business objectives. | | | | | |
| <p>Adult Safeguarding Framework – report issued April 2018</p> <p>PN763 (Safeguarding Adults at Risk) was last reviewed in June 2017 and next due for review in June 2020. The policy defines an adult at risk and the referral process..</p> <p>Referrals are sent to the SSD and should also be copied to the LFB's CS team via the Social Issues Mailbox (SIM).</p> <p>All data recording requirements have been identified.</p> <p>Training has been created and produced as part of the Training Commissioning and Alteration Process (TCAP); training is delivered by Babcock as the training providers for the LFB. A review was carried out in 2012 to establish who should be receiving safeguarding training; as a result, it was identified that</p> | <p>Throughout the review it was evident the current safeguarding documented procedure (PN763) is not working as intended. While all members of LFB are working within their capabilities to protect and safeguard vulnerable adults the procedure hinders the time taken to complete the referral and notify SSDs. The key areas of concern that were identified during the review included:</p> <ul style="list-style-type: none"> • The flowchart which provides staff a quick guide to raising a referral does not give a clear explanation of the safeguarding processes; it also has an error based on the timeframes of when a referral should be completed. • Referral forms are not filled in to the required standard; issues including missing data and inappropriate terminology or documenting of the situation by the crews were noted. • Delays in sending referral forms and/ or notifications of referrals being sent to BCs who are out of the office (or on leave) instead of OODs to distribute to nearest on duty BC meaning forms are not submitted to the SSD within the four-hour time frame identified. • Egress is not always used during the transfer of safeguarding referrals forms from BC to | High | Head of Fire Safety (now Assistant Commissioner Fire Safety) | <p>The procedures for safeguarding a vulnerable adult will be stripped back to identify the key steps needed from identification of a vulnerable adult to the notification of the SSD. As part of the review the procedures should be simplified. Retention of personal data on safeguarding databases will also be reviewed considering GDPR requirements.</p> <p>A selection of options will be identified which differ in who will complete the process of referring to the SSD including bringing the role in centrally; identifying area leads; or tweaking the current process.</p> <p>Once all options have been documented a working group of stakeholders currently involved in safeguarding will</p> | 31 March 2019 |

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| <p>all staff members should be undertaking some form of safeguarding training. A CBT e-learning training package is currently in development to replace the face to face training provided by Babcock once all senior staff have received their training in this cycle.</p> <p>To provide SM's and crews with more skills and knowledge some BCs supplement their staff's training with local initiatives incorporating guidance and case studies which helps to ensure they are aware of the requirements for safeguarding and raising referrals.</p> | <p>SSD. Three main reasons were identified including; no access to Egress if a new BC as it was not set up before they took up their position, SSD mailbox does not have Egress and therefore encrypted forms cannot be opened, lastly BCs do not remember to send via the Egress system on occasions.</p> <ul style="list-style-type: none"> • Security classifications of emails containing safeguarding referral forms are also not consistently applied, this was due to BCs being unaware or forgetting to document the security level. • The SIM is not copied into many referrals made to SSDs resulting in the inability to provide and coordinate briefing reports, identify patterns and frequencies of issues. The main reasons why the SIM is not cc'd include inability to view referrals by the BCs, local records are maintained therefore SIM duplicates information, again on occasions the BC has forgotten to cc in the SIM. • Local records are held by most of the BCs we interviewed which are used as a reference to look at the adults being referred within their Borough. While these records are protected to a degree the implementation of GDPR in May 2018 will most likely result it changes to this process. • The implementation of the Person at Risk (PAR) electronic form would also help alleviate the use of local records, however, continued delay to the development means that the form remains in the testing stage after four years in production. • The current process requires BCs to follow up with the SSD on all referrals made and provide this information to the referring officer. LFB is a referring agent and therefore their | | | <p>be convened to agree the most suitable/ fit for purpose option.</p> <p>Consideration will be given to reviewing safeguarding models from other Fire & Rescue Services who sit on the National Fire Chiefs Council (NFCC) with LFB for best practice and to help facilitate a new procedure.</p> | |

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| | <p>role should stop once the referral is received by the SSD, the referring officer should be notified that a referral has been sent to round off the process.</p> <p>Failure to adopt a procedure that is fit for purpose may result in ineffective safeguarding of vulnerable adults and the implementation of inappropriate working practices.</p> | | | | |
| | <p>The Safeguarding Adults at Risk policy (PN763) was released as current on the 21st June 2017. The policy refresher was mainly triggered from the changes in the Care Act 2014 legislation including self neglect and hoarding fire risks. The policy includes a lot of information from governmental policies and acts including the Care Act, Mental Capacity Act 2005, and the Counter-Terrorism and Security Act 2015, and a variety of policies at the LFB are also referenced which creates a long policy where the key messages are being lost.</p> <p>Review of the policy identified the following key issues:</p> <ul style="list-style-type: none"> • Lack of clarity for officers from FF level onwards to their roles and responsibilities • Too much information which does not allow the reader to easily identify the processes/ procedures to be taken • Referral process is unclear on when actions should be completed by (time frames) and by whom • Reporting procedures within the policy is lengthy and does not clearly specify how things should be reported at a quick glance. • The process charts do not flow and therefore difficult to use them as a guide | High | <p>Head of Fire Safety</p> <p>(now Assistant Commissioner Fire Safety)</p> | <p>Following the review and agreement of the safeguarding referral process, from action one, the policy will be rewritten to incorporate the agreed changes.</p> <p>During the policy rewrite key factors will be considered to make the policy user friendly while retaining the appropriate information. The key factors include:</p> <ul style="list-style-type: none"> • Reducing the length of policy • Simplified and concise documented roles and responsibilities for all involved • Clear process documented in an agreed format (written or flow chart etc.) • Appendices of LFB and other national guidance related policies <p>The working group of stakeholders involved in developing the new procedure</p> | 31 March 2019 |

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| | <ul style="list-style-type: none"> Discussions with Safeguarding Adults Board members identified the policy does not provide an accurate reflection of the Boards or their purpose <p>Failure to ensure the policy clearly sets out the requirements of safeguarding adults at risk, and is fit for purpose may result in ineffective working and reporting practices being undertaken, potentially leading to inappropriate or non-reported concerns.</p> | | | will be convened to agree the policy is also fit for purpose. | |
| | <p>Discussions with Station and Union Street based staff revealed an agreed opinion that training does not provide appropriate guidance to crews, BCs, or Group Managers (GMs) on how to process and deal with a safeguarding referral. GMs have not been provided training on safeguarding referrals and therefore if they move into a BC roles they have no prior practical knowledge to use when dealing with safeguarding judgements.</p> <p>Concerns of the BCs in relation to the training included the facilitators and examples used. The facilitators delivered the training on the slides but were unable to answer some safeguarding questions asked during the session as the answer did not form part of the LFB policy. The safeguarding examples used during training were also noted as clear cut in terms if whether it was or was not a safeguarding referral and therefore did not provide guidance on how a practical situation could progress and help make the decisions required. Detailed examples of safeguarding which could lead in different directions would benefit those on the front line such as station crews who are first to encounter the public and may require a referral.</p> <p>To provide the BC's, SM's and crews with more</p> | High | <p>Head of Fire Safety</p> <p>(now Assistant Commissioner Fire Safety)</p> | <p>The training provided to staff members will be reviewed to highlight areas of weakness and these will be discussed with Babcock and the training provided will be considered to ensure it is being delivered to the required level. Following the review, the TCAP will be amended as appropriate. A working group will also form part of the training review to ensure the training agreed upon is fit for purpose.</p> <p>Mop-up sessions will be created following promotional rounds of senior staff to provide successful candidates with in house development to ensure they are able to fulfil their roles as required.</p> <p>Once training has been agreed and delivered; staff attendance and the uptake of training for staff at stations will be</p> | 31 March 2019 |

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| | <p>appropriate skills and knowledge many Boroughs supplement their staff with local initiatives incorporating guidance and case studies which helps to ensure they are aware of the requirements for safeguarding within their local Borough.</p> <p>Following the completion of the face to face training there are no plans to provide this type of training to any SMs or BCs promoted in the future; the training provided here would be the e-learning package which through discussions we identified was not fit for purpose as it does not facilitate the interaction needed and again follows the policy.</p> <p>Failure to provide staff with appropriate safeguarding training could lead to ineffective safeguarding of vulnerable people. Where training materials are not fit for purpose there is an increased risk of out of date working practices being undertaken delaying help to be given to the identified vulnerable person.</p> | | | <p>reviewed on a regular basis to ensure it is appropriate.</p> <p>Consideration will also be given to reviewing local initiatives with the BCs to identify any potential shared learning that can be rolled out across the LFB.</p> | |
| | <p>Discussions with the BCs identified on five occasions a data sharing protocol has not been put in place between the Borough and the LA for sharing safeguarding data. For the three remaining Boroughs, one has a memo of understanding, another has a data sharing protocol currently in draft and the remaining Borough confirmed that they have a protocol in place but this was not seen during the review.</p> <p>Discussions with the Head of Business Intelligence identified that while data sharing protocols are a best practice and would be the preferred route, not have a sharing protocol in place does not represent a breach of any legislation. This is due to the LFB having a duty of care to protect one or more individuals from death</p> | Low | <p>Head of Fire Safety</p> <p>(now Assistant Commissioner Fire Safety)</p> | <p>Discussions will be held with BCs to establish if a data sharing protocol is in place. Where a protocol is not in place consideration should be given to creating one with the help of the Business Intelligence Team and Community Safety.</p> | 31 March 2019 |

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| | <p>injury or becoming ill and therefore sharing information for safeguarding would be identified under the implied powers section of the ICO's code of practice.</p> <p>While the lack of a data sharing protocol does therefore not necessarily break any legislation, it is still seen as best practice to have this in place; an action has been raised light of this to consider LFB implementing protocols across all boroughs.</p> <p>Failure to establish protocols could lead to ineffective working practices between partner agencies, potentially leading to inappropriate safeguarding of vulnerable people. Where data sharing protocols are not agreed there is an increased risk of one party forming a barrier against sharing data.</p> | | | | |
| <p>Environmental Controls at Merton Control Centre – report issued April 2018</p> <p>Overall, an adequate level of physical security and access control is in place.</p> <p>A security guard mans the entrance to the site on a permanent basis, and a high-level metal fence is in place which surrounds the perimeter of the entire control centre site.</p> <p>A key card access system is in place to obtain access to the data centre.</p> <p>Environmental and fire suppression controls are adequate.</p> <p>Data transfer security and resilience</p> | <p>In the event of a power outage the Uninterruptable Power Supply (UPS) system has the responsibility of powering the critical areas on the site for a period of three hours. These critical areas consist of the Data Centre, Argonite Room, Control Room, Emergency Planning/ London Resilience Room and the Gold Room. Although the UPS is online, it has not been fully tested since March 2017.</p> <p>Should the UPS fail to engage in the event of a power failure then the entire data centre server infrastructure would fail as the generator takes 1.5 minutes to commence the delivery of power. The entire site at Merton, would lose power and the mobilising system would shut down.</p> <p>The main switchgear, which is responsible for switching the power source from the mains power to the emergency generator's power, failed a failover test in March 2017 and has not been</p> | High | Assistant Director Technical and Commercial | <p>The UPS batteries were replaced during March 18, as a precaution against output voltage reduction, and given they reached the end of their lifecycle. The system is fully operational and has life span of least a further 10 years.</p> <p>A full Load test is to be Authorised by DAC Control and Mobilising and discussions are underway between Control and Mobilising and TSS. This needs to happen following the repair of the switchgear item 2 finding.</p> | <p>31 August 2018</p> <p>load test duration subject to approval by DAC for Merton Loc</p> |
| | | High | Assistant Director Technical and Commercial | 1. IT team to be notified that Merton Loc is at risk of a data loss if a power failure were to occur and not | 31 August 2018 |

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| <p>requirements are adequate, as are the backup procedures..</p> <p>To manage and govern third-party access, any third-party who requires physical access to the devices located in the data centre is required to be escorted unless they have SC clearance.</p> | <p>tested since. We also understand that the issue that led to the switchgear failure has not been addressed.</p> <p>Without the automatic switchover a member of staff is required to manually attend the site and switch the power source over.</p> <p>The issues with the switchgear results in an issue whereby power cannot automatically switch over to the backup system in the event of an emergency, increasing the risk of prolonged data and operational loss.</p> | | | <p>rectified by a manual change over within 2 hrs as of April 2018.</p> <p>2. A report is to be obtained by from the incumbent maintenance supplier and the manufacture as to the cause of the defect and the required rectification work. This is programmed for May 18. Full report required.</p> <p>3. A full load test will be required along with action 1.</p> <p>4. A twice yearly test date for a full load test to be agreed with the DAC for Merton Loc to test the ability of the switchgear to load shed and the ability of the generators to take the full load.</p> | |
| | <p>The provision of a security guard to be present 24/7 at the entrance of the data centre building is in place.</p> <p>However, we did note that the door lock at the rear of the security guard's room was broken and can only be opened from the inside with the use of a master key. There are 2 master keys. One is permanently located in the room door and the other is maintained in a separate location.</p> <p>The issue of the security guard room door has a potential impact on health and safety</p> | Low | Assistant Director Technical and Commercial | This is an historic finding and which was repaired within an agreed SLA. | Completed |

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| | requirements for the security guard, who is usually alone within this area of the site. | | | | |
| | <p>Not all the infrastructure hardware is set up to be powered from two separate power strips. This is not best practice when installing the network infrastructure as if the power strip, which both power cables are connected to, were to fail then both the device's PSUs will lose power.</p> <p>This issue increases the risk to the continuity of IT infrastructure operations.</p> | Low | Chief Information Officer | We will ensure sufficient power resilience of all network infrastructure hardware is in place by reviewing the installation of the power strips to confirm best practice is followed. | 30 December 2018 |
| <p>Vision Mobilising System-Realisation of the Operational Benefits – report issued May 2018</p> <p>The events leading to the implementation of the Vision system were clearly documented in committee and full Authority reports.</p> | <p>There is no mechanism in place to for post project tracking, recording and monitoring the realisation of benefits from either corporate or local projects.</p> <p>Where benefits have not been realised prior to the formal close down of the project, there is a risk that the expected benefits will not be achieved, potentially impacting upon strategic decision making.</p> | High | Assistant Director Strategy and Risk | A process will be developed to track and report upon the success of projects, post completion, through the monitoring of benefits realisation. | 31 August 2018 |
| <p>The project to deliver the system included a Project Initiation Document and a Project Closedown report.</p> <p>The project deliverables were defined as the system having the capability to deliver specified aspects, and the system includes the capacity to provide these.</p> | <p>The main objective of the Vision project was to ensure that a replacement system was delivered without a break in service delivery, and this objective was achieved. On this basis, the Project Initiation Document (PID) focussed on the new system having the capability to deliver certain elements and did not include the end user benefits expected from the completion of the project.</p> <p>Failure to include and monitor the achievement of end user benefits in the PIDs for projects that are enablers for service delivery improvement could impacts upon strategic decision making.</p> | High | Assistant Director Strategy and Risk | A procedure will be developed to ensure that end user benefits are identified in the Project Initiation Document and then fully documented by the project manager in a Benefits Profile form, including baseline data and post go-live measurement expectations. | 31 August 2018 |

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| | <p>The Vision Governance Board has been given responsibility for monitoring the realisation of benefits. However, as the operational benefits have not been clearly defined these are not the focus of the work.</p> <p>A number of exiting performance targets capture Vision related data, for example 999 call pick up, call handling and first appliance response times. However, no additional benefits have been considered for measurement, including the 'more data, less voice' functionality.</p> <p>Failure to develop a set of measurable operational benefits limits the ability to monitor performance, and could impact upon decision making.</p> | Medium | Deputy Commissioner Operations | Once the next Vision release has been applied a set of measurable benefits in relation to Vision will be put together and monitored, and the outcomes will be reported as appropriate. | 30 April 2019 |
| <p>Station Security – report issued May 2018</p> <p>Security of the assets at fire stations is covered in a number of different policy notes. PN11 (Security measures and stations) states in paragraph 1.1 that monies and stamps should be kept in the safe, and that watch managers should remain in personal possession of the keys while on duty. We found no evidence of non-compliance during our visits.</p> <p>PN666 (Petty cash floats) states in paragraph 2.3 that all money, reimbursement cheques and the</p> | <p>PN11 states at paragraph 9.1 "The securing of stations against unlawful entry must depend on the particular circumstances at each station, e.g., degree of accessibility to the station yard and whether separate entrances exist for residents. The station manager will give written instructions to the watch manager of each station on the security measures which are to be adopted to meet the particular circumstances at each station. The watch manager of each station is to ensure that the station manager's instructions are fully complied with."</p> <p>Of the four fire stations visited, none had any local directions in place, which is of concern as one had found an intruder in the station in the early hours of the morning, and another had been subject to at least three break-ins.</p> | Medium | AC Fire Stations | <p>A communication will be issued to all Station Managers advising that local security arrangements need to be documented and clearly displayed in the watch office. These will include as a minimum:</p> <ul style="list-style-type: none"> • Car park gates • External doors and windows • Internal doors <p>Service Standard 9 (Health and Safety) will be updated to include checks on the availability and adequacy of</p> | 31 October 2018 |

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| <p>encashment card should be kept in the safe, and we found no evidence of non-compliance during our visits.</p> <p>PN813 (Driving whilst on Authority business) covers the location of appliance keys while the appliance is in the appliance bay, and again we found no evidence of non-compliance during our visits.</p> <p>During our unscheduled visits we found no evidence that personal information was readily accessible, and where this was available this was primarily contact details rather than specific information.</p> | <p>The policy guidance is not adequate to mitigate the risks associated with local security issues as it does not account for changes in staffing or standbys. Local security arrangements should be available to all staff working at the station. Furthermore, there is a risk that local security arrangements are not being formally considered by Station Managers, leading to a lack of direction for watch staff and a potential increase in security risk levels.</p> | | | these local arrangements. | |
| | <p>Although the car park areas at each fire station had lockable gates, we found that three of the station's gates were not secured. Two of these stations were visited at around 10:00 hours, which is just after the change of watch and a time which watch staff believed the station to be more susceptible to unauthorised access as gates are left open to allow for staff to access and leave the grounds, and the oncoming watch were busy with their station routines. The other station was visited at 13:30 hours and advised that they only locked their gates at night. During our visits, we were able to access two of the fire stations, without challenge, through the car park areas.</p> <p>These external security issues provided us with unauthorised, and undetected, access to personal protective equipment in gear rooms, breathing apparatus rooms and appliances. At two stations, we were also able to gain access to the station building as were not adequately challenged by watch staff. Providing unauthorised persons access to Brigade equipment, including uniform and appliances which may have resulted in theft or damage which may not come to light until the appliance is mobilised.</p> | Medium | AC Fire Stations | A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include that the car park gates have been assessed as representing a significant increase in the risk of unauthorised access when unlocked, and requiring their closure at the earliest opportunity. | 30 September 2018 |

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| | <p>Failure to maintain maximum security arrangements at all times leaves the stations open to an increased risk of unauthorised access.</p> <p>External access controls were found to be inadequate. Issues identified included:</p> <ul style="list-style-type: none"> • Windows (including some on the ground floor) that had no retainers on them on to prevent extended opening, and locks that were either not in operation, broken or with missing keys so unable to lock. • One station advised that standbys had been known to remove the square plastic window in the appliance bay door, climb in and then replace the window rather than phone RMC for the code. As well as being unprofessional this may provide members of the public who have malicious intent with a route to entry. • Doors from a balcony of the first and second floors were on the latch, even though key pad entry controls were in place. • During one visit, we were in the appliance bay as the vehicle left the premises. The duration between the appliance pulling out of the station and the bay doors automatic closing was one minute and 45 seconds. This would leave sufficient time for an unauthorised access to occur. <p>Failure to ensure that external access controls are appropriate, and consistently applied, increases the likelihood of an unauthorised access, potentially impacting upon the safety of staff and ability to undertake statutory</p> | Medium | AC Fire Stations | A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include a requirement to notify Property promptly of all security issues in relation to the external access controls. This should include notification of a lack of security (such as window retainers) as well as broken/ damaged controls. | 30 September 2018 |

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| | responsibilities. | | | | |
| | <p>PN11 (Security measures at stations) does not generally cover the internal access controls that are to be applied. Our visit to the four fire stations identified the following:</p> <ul style="list-style-type: none"> • An internal door from the appliance bay into the watch off was self-closing, however, the action was not strong enough to actually close and secure the door. • Lack of internal door locks, meaning that should an intruder breach the external access controls they would be able to access all areas of the fire station. • Key pad access to a gear room that was not in operation, therefore the room was not secure, and gear rooms with no security arrangements in place. <p>At two of the stations we found that should an intruder been able to access the building they would have had access to key infrastructure areas, including electrical intake and plant rooms.</p> <p>Lack of appropriate internal controls, or the failure to fully utilise those available, could leave staff and assets at risk from an intruder. There is also a risk that intruders with malicious intent could disable the fire station through damaging equipment. Controlling these key areas of the building should be included in the new security policy.</p> | Medium | AC Fire Stations | A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include a requirement to notify Property promptly of all security issues in relation to the internal access controls, and the consistent use of arrangements where provided. | 30 September 2018 |

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| | <p>PN813 (Driving whilst on Authority business) states on page 3 “with the exception of operational vehicles engaged at incidents, or when secured in a fire station appliance bay, vehicles that are left unattended are to have their ignition key removed, windows shut, doors locked, alarm on (if fitted)”. At each of the four stations visited the appliance keys were left in the appliance, which is in accordance with policy, and enhances response times.</p> <p>While this practice reduces the likelihood that keys will be misplaced, especially as a majority of the keys were attached to the vehicles, it increases the risk of theft of either the keys or the appliance if there was to be an unauthorised access, meaning the vehicle would be unable to mobilise as expected.</p> | Medium | AC Fire Stations | A communication will be issued to all station based staff on the approved storage of appliance keys when the appliance is not in use or unoccupied. | 30 September 2018 |
| | <p>As well as assets belonging to the Brigade, we found that at three of the fire stations we were able to access individual's personal lockers, as these had not been appropriately secured with a padlock. At one station, we also found the money for the “nutty”, which was in a lockable fridge, however this was unlocked with the keys on top of the fridge and unattended.</p> <p>There is a risk that staff personal items may be misappropriated, potentially resulting in lack of trust between watch staff and conflict with Brigade management.</p> | Medium | AC Fire Stations | A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include personal or watch related items including lockers and the nutty. | 30 September 2018 |
| | One of the fire stations we visited had been broken into by an individual who was intoxicated in the early hours of 08/07/16, which was attributed to insecure external windows. Review of an email from the Station Manager to Property in response to the incident indicates that the window issues had previously been reported, but | Medium | Assistant Director Technical and Commercial | 1. A surveyor will be instructed to inspect the issues raised at this fire station, following which appropriate remedial action will be taken to ensure that the property is appropriately secure. Sign off by the station | 31 August 2018 |

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| | <p>not adequately completed. During our visit to the fire station we identified that the external window security was ineffective, and were advised that only piecemeal works had been undertaken in response to ongoing requests for repair. A refurbishment programme is due to commence in the area, however, the anticipated start date is not for approximately 12 to 18 months, and it will then take around ten years to complete. There appears to be a lack of a coordinated approach to repairs at this fire station, which resulted a break-in where a member of staff in a sole occupancy room was woken up by an intruder.</p> <p>This type of incident could result in injury to staff as well as facilitating loss or damage to property or assets. The Brigade has a duty of care to its staff to ensure that they are safe whilst at work, which is not being appropriately considered at this time. It is possible that other fire stations are experiencing the same issues with property repairs.</p> | | | <p>PIC will be obtained following the remedial works.</p> <p>2. Due to changes in process over the last two years it is unlikely that such significant delays would now reoccur.</p> <p>3. Station to be reminded of the defect reporting process</p> | |
| | <p>There is no requirement in policy for actual or attempted unauthorised accesses at fire stations to be centrally reported. Property Services maintain a Station Security mailbox however, this is only for the reporting of losses and not physical security breaches. Discussion with Property Services identified that this mailbox is not regularly used to report losses and that the information received is not analysed or used to inform decision making.</p> <p>This lack of data, coupled with the fact that there is no central review process for station security, could impact upon strategic decision making in the longer-term.</p> | Medium | AC Fire Stations | <p>A communication will be issued to all station based staff advising them of the need to report all incidents where there has been a security breach, regardless of whether or not this resulted in a loss.</p> <p>We will liaise with SOG to ensure that this is included in the revised Physical Security Policy, and work with Property Services to ensure that the mailbox is appropriately monitored and the communications received are reported and reviewed.</p> | 30 September 2018 |

| Follow Up Title, Date of Issue | Finding/Risk | Rating | Original Agreed Action | Findings | Further Action |
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| Follow Up of ICT Service Desk Report issued – April 2018 | There is a risk that if the manual is not updated annually or when there is a systems change in work, processes and solutions may not be readily available causing delays and inefficiencies. | M | ICT to review and update service desk manuals. | Implemented The manual was reviewed and updated in November 2017. | None |
| | There is a risk that if staff do not have the appropriate skills/competency levels business processes may be affected resulting in reputational damage. | H | ICT to consider recruiting staff with appropriate skills/ competencies and ensure that CPD's (Continuous Professional Development) are maintained. | Implemented ICT Help Desk now comprises only permanent staff, and are in the process of recruiting a further member. The ICT Service Desk Manager has defined the required skill base as requiring ITIL Foundation, and a bid is being made to Babcock for individuals to undertake the training course in the next financial year. | None |
| | There is a risk that the opportunity may be lost in establishing how and where to improve the service if the system does not incorporate customer satisfaction surveys. | M | ICT to incorporate customer satisfaction surveys into its monitoring procedures. Issue to be raised in ITIL Working Group. | Implemented On line satisfaction surveys being issued. 83 surveys have been completed to date and are currently being collected before formal reporting is started. Standard reports are available and demonstrated as part of follow-up. | None |
| | There is a risk that lack of regular performance reporting may result in timely decisions on important issues not being taken. | M | ICT to liaise with Strategy and Inclusion to consider the merits of including PIs in the quarterly TMG performance reports. | Partly Implemented ICT have liaised with Strategy and Inclusion. The system is setup to produce standard reports and reporting metrics have been agreed for inclusion in the quarterly TMG performance reports. | Further Action TMG reports to include performance metrics. May 2018 |

| Follow Up Title, Date of Issue | Finding/Risk | Rating | Original Agreed Action | Findings | Further Action |
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| Follow Up of Budgetary Control Framework Report issued – April 2018 | There is a risk that information obtained from different systems/sources may be inaccurate and inefficient. | L | 1. The development of BEAT for capital projects is now included as a project in the Finance Systems Development Programme and will be developed during 2017/18; subject to a system review and business case approval. 2. All Budget holders/managers to be encouraged and trained to use BEAT. | Implemented The agreed action has been implemented, in so far as the development of BEAT is being reviewed in the context of plans for the financial system overall. The preliminary stages of a project to review the finance system are now underway, and will include development of the process for the management of capital expenditure. However, as the project will take some time to fully complete, new capital reporting is being investigated/developed as part of the Business Intelligence System project. Further familiarisation of BEAT has been provided to key users. | None |
| Follow Up of Protective Security Report issued – April 2018 | We identified that there were 102 documents marked 'Secret' and 74 marked 'Top Secret'. The majority of these documents in both categories relate to the Replacement of Respiratory Protective Equipment projects. There is a risk that these documents have unnecessarily restrictive and onerous handling/storage arrangements which are not justified. | M | ICT to ensure that all security classifications of documents stored in SharePoint marked as "Secret" and "Top Secret" are re-classified, and the department(s) concerned advised on the correct security classifications to use for their documents. | Risk Accepted ICT have looked at a sample of documents that have been classified as secret or top secret and are of the opinion that this does not represent significant issue. As the amount of work required to resolve this would be disproportionate to the risk identified, the risk has now been accepted. | None |
| | Although the Cardinus on line system deals with security classification, staff interviewed did not appear to have a good working | M | ICT/ Information Management to consider arranging more detailed protective security | Partly Implemented Staff in the ICT Business Intelligence Team | Further Action ICT to ensure that |

| Follow Up Title, Date of Issue | Finding/Risk | Rating | Original Agreed Action | Findings | Further Action |
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| | <p>knowledge of issues affecting security classification.</p> <p>There is a risk that if staff do not receive appropriate levels of training, information produced may not be relied on for accuracy, authenticity and completeness.</p> | | <p>awareness and communication for Brigade staff that routinely create documents and need to consider how they should be security classified.</p> | <p>are working with internal communications colleagues to deliver some renewed awareness and communications messages in order to promote the proper and better use of the protective marking scheme.</p> | <p>messages about protective security marking are joined-up with messages about the implementation of the GDPR in late May.</p> <p>30th June 2018</p> |
| | <p>The list of Security Cleared officers held by HR was incomplete at the time of the review as two members of the SOG team were not on the list and renewal dates were not recorded for some.</p> <p>There is a risk that if the list held by HR is not updated and does not include all officers requiring security clearance, renewal dates may lapse and may result in security breaches.</p> | M | <p>HR to update the list of SC officers to ensure that all staff requiring such clearances are included on the list and any missing renewal dates chased and where applicable clearances renewed.</p> | <p>Implemented</p> <p>Records of security cleared officers are now maintained electronically in the Cognos computer system. The Employment Services Manager runs a report every six weeks to check if clearances need renewing or whether new applications need chasing up.</p> | <p>None</p> |
| <p>Follow Up of Capital Budgeting</p> <p>Report issued – May 2018</p> | <p>Failure to realise the anticipated total receipts could lead to additional costs and possibility of not achieving the specific projects approved on the basis that capital receipts will be realised in full.</p> | L | <p>The capital receipts position and associated capital projects/proposals will be reviewed at the end of year CAPS meeting.</p> | <p>Implemented</p> <p>The capital receipts position and associated capital projects/proposals were reviewed at the end of year CAPS meeting. Projects were re-phased to later years and increased budget requirements were also put forward. These changes were reported at the July 2017 Resources Committee in report FEP 2750.</p> | <p>None</p> |

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| | A lack of information on the identification of reasons and causes of slippages and underspend in respect of capital projects could lead to aims of the capital budget and capital programme not being met fully. | L | The 2016-17 capital outturn will be reviewed at the end of year CAPS meeting. The outturn report will detail the slippages to 2017-18, together with the associated causes and the savings achieved since the quarter 3 report. | Implemented Commentary on slippage and savings for 2016-17 were reported to the July 2017 Resources Committee (FEP 2750). | None |
| | Non-compliance with Standing Orders – paragraph 62 General Delegations to Officers and paragraph 80 – periodical reports of expenditure and income. | L | Projects approved under the Director of Financial and Contractual Services. Delegated approvals will be reported to the Chair of Resources Committee at the next available Resources meeting as identified by officers. | Implemented The projects that were approved under the Director of Finance and Contractual Services were reported to the Resources Committee on 21 July 2017 (FEP 2750). | None |
| | The continued use of spreadsheets to monitor the capital budget could lead to inefficiency and potential loss of data. | L | The development of BEAT for capital projects are now included as a project in the Finance Systems Development Programme and will be subject to development in 2017/18, following a systems review and business case approval. The existing processes and system will continue | Implemented The preliminary stages of a project to review the finance system are now underway, and will include development of the process for the management of capital expenditure. However, as the project will take some time to fully complete, new capital reporting is being investigated/developed as part of the Business Intelligence System project. | None |

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| | | | until a new reporting system is implemented. | | |