

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 2</b>   |   | <b>Revenue Contracts 2011/12</b> |                    |   |                                    |
|--|---|----------------------------------|--------------------|---|------------------------------------|
| Objectives   | The organisation has a clear procurement strategy and contracts are let in accordance with procedures and legislation.  |                                  |                    |   |                                    |
| Observations   | Testing found instances of the long term use of specific suppliers where there is insufficient information to support whether their on-going use is adequately considered. Testing also identified a long standing relationship where the contract was let using the single tender option however insufficient evidence was available to demonstrate that established Service Orders were followed. Without regular market testing, HFRA may not be obtaining value for money with their long standing arrangements. Unless documented tender processes are followed, there is a risk that HFRA are letting contracts which are inconsistent with established procurement practice. |                                  |                    |   |                                    |
| <b>Management actions</b>  | <b>Priority</b>   | <b>Responsible Officer</b>       | <b>SMT</b>         | <b>Target date</b>  | <b>Date signed off as complete</b> |
| Contract Standing Orders will be amended and re circulated to all managers and this amendment will expand on the current process to document single tender requests.   | Medium  | Procurement & Contracts Manager  | Head of Facilities | 01/03/2012 extended to 30/04/2013, extended to 01/04/2014 |                                    |
| Performance Review Team note: due to the work being progressed for joint working, it has been agreed that there will be a requirement to align Standing Orders for the three organisations. For this reason, the target date for the amendment of Standing Orders has been extended. |   |                                  |                    |   |                                    |

| <b>Action plan 2</b>  |  | <b>Insurance Arrangements 2011/12</b> |  |                    |                                    |
|---|--|---------------------------------------|--|--------------------|------------------------------------|
| Objectives  | A clearly defined and documented procedure is in place to ensure that all insurance claims are recorded and passed to the Authority's insurers within appropriate timescales.  |                                       |  |                    |                                    |
| Observations  | Following a Road Traffic Collision (RTC), and as part of the reporting procedures included in Service Order SO/10/43 appendix G, a RTC Investigation Report should be completed by a nominated Investigating Officer. A full RTC investigation report may not be needed for accidents where only 'minor damage' is sustained, depending upon the circumstances. The service order is not completely clear when completion of the RTC Investigation report is required. From a review of 21 motor claims randomly picked from claim years 2009/10, 2010/11 and 2011/12, we found six cases requiring a RTC Investigation report as per the Service Order where none was held on the file. We note that one of these cases had only recently occurred when the testing was undertaken. A further five cases were identified where a report had not been completed but may not have been required as per the Service Order due to the nature of the damage. The detailed investigation reports are used to assess the circumstances of the incident, the driving ability of the employee involved, and whether further training is required. These reports are sometimes requested as part of the insurance claims process. There is a risk that if the RTC Investigation Reports are not being completed, all the appropriate action or training may not be undertaken before driving duties re-commence. Although outside the scope of this audit, this risk has an impact upon health and safety and is currently included on the risk register. We note that this area is currently under review. |                                       |  |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>            | <b>SMT</b>   | <b>Target date</b> | <b>Date signed off as complete</b> |
| Once this is in place, investigators will be trained accordingly. In the meantime, reminders are being sent in respect to outstanding reports where they are required to be undertaken. | High   | Health & Safety Manager               | Area Manager<br>Service Delivery<br>Response Support | 31/03/2012         | 31/03/2013                         |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 6</b>  |  | <b>Taxation – benefits in kind 2011/12</b>       |                                |                                      |                                    |
|---|--|--|--------------------------------|--------------------------------------|------------------------------------|
| Objectives  | Processes and procedures are in place to ensure that all benefits in kind are identified, collated and the correct annual returns made on time to HMRC for all relevant HFRS employees.  |  |                                |                                      |                                    |
| Observations  | <p>The Service Order SO/10/2 – HM Revenue and Customs (HMRC) tax rules in relation to Benefits in Kind (BIK) for the private use of ‘company’ cars and vans – included reference to personal/private use of company vehicles which could be approved and signed off by individual managers.</p> <p>This is contrary to HMRC rules unless the individuals involved are taxed for the benefit in kind. It was established that even though individuals would be charged a casual mileage rate this did not negate the annual tax liability but would merely reduce it by the amount paid.</p> <p>There is a risk that if personal/private use is allowable, the correct taxable benefits may not be picked up and declared for individuals who use the vehicles privately and the relevant Class 1 NIC not paid.</p> |  |                                |                                      |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                       | <b>SMT</b>                     | <b>Target date</b>                   | <b>Date signed off as complete</b> |
| Further work is needed generally to clarify policies and ensure compliance with the (complex) rules around travel payments (including Flexible Duty system arrangements and the interpretation of emergency vehicles). This will also link to work in relation to provided cars being undertaken by the Head of Facilities. | Medium   | Fleet Manager and Director of Corporate Services | Director of Corporate Services | 31/12/2012<br>Extended to 30/06/2013 |                                    |
| Performance Review team note: the rules have now been clarified and will be validated using a specialist tax advisor. A further internal audit has been commissioned.   |  |  |                                |                                      |                                    |
| <b>Action plan 7</b>  |  | <b>Taxation – benefits in kind 2011/12</b>       |                                |                                      |                                    |
| Objectives  | Processes and procedures are in place to ensure that all benefits in kind are identified, collated and the correct annual returns made on time to HMRC for all relevant HFRS employees.  |  |                                |                                      |                                    |

|                     |  |
|---------------------|--|
| <b>Observations</b> | <p>To be able to satisfy HMRC that all reasonable steps have been taken to 'prohibit private use of a vehicle' and ensure that either 'no private mileage is undertaken' or where it is undertaken, that it is correctly declared, each HFRS vehicle has a log book in which each journey is recorded with a description and the number of miles covered. These log books are required to be checked and authorised by a line manager on a regular basis to ensure that the journeys are appropriate, and the vehicles are not used by staff for personal use.</p> <p>During testing we found that only three of the 20 log books reviewed during the audit had been checked and approved on a regular basis, with a further two having been reviewed once between April and August 2011.</p> <p>To provide further evidence to HMRC that allocated vans are not used privately by staff, HFRS have a staff agreement form in place to be completed and signed by individuals who are allocated company vans. This is a declaration which states that they do not use the vehicle for personal use. We found that only 10 of the 41 vehicles recorded as vans and allocated to individuals had a declaration held by HCC.</p> <p>There is a risk that, if it can not be evidenced that all reasonable steps have been taken by HFRS to ensure that private mileage is not undertaken in HFRS vehicles, HMRC may question the accuracy of returns being made.</p> |
|---------------------|--|

| <b>Management actions</b>   | <b>Priority</b> | <b>Responsible Officer</b> | <b>SMT</b>         | <b>Target date</b>                       | <b>Date signed off as complete</b> |
|---|-----------------|----------------------------|--------------------|--|------------------------------------|
| <p>We will seek to introduce arrangements and checking procedures which ensure:</p> <p>Systematic and regular review of log books to ensure compliance with the private mileage requirements.</p> <p>Agreements (declarations) completed for all vehicles recorded as vans and allocated to individuals.</p>  | Medium          | Fleet Manager              | Head of Facilities | 30/11/ 2012<br>Extended to<br>30/06/2013 |                                    |
| <p>Performance Review Team note: Work has been undertaken to review a sample of travel and subsistence claims to identify the areas which need further attention, either revising policies or ensuring compliance with the relevant service orders. This has identified that the main areas to focus on are the use of 'emergency vehicles' (as defined by the HMRC) and the definitions of private and commuting mileage for staff who are on call. A letter has been sent to all staff reinforcing the procedures and the need to disclose private mileage.</p> |                 |                            |                    |  |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 1</b>  |  | <b>Budgetary Control 2012/13</b> |                                |                    |                                    |
|---|--|----------------------------------|--------------------------------|--------------------|------------------------------------|
| Objectives  | To ensure that budgets are monitored and controlled and key issues are reported to senior management to ensure that Hampshire Fire and Rescue Service meets its strategic objectives within agreed resources.  |                                  |                                |                    |                                    |
| Observations  | The format for reporting by budget managers to Finance and Senior Managers is flexible and not prescribed. In addition budget managers do not make formal returns in the fourth quarter, although Finance provides an update for Service Management Team and Directors. In 2010/11 and 2011/12 forecast underspends/savings increased in the last quarter as noted in the SMT minutes in part due to issues which could have been formally reported earlier in the year. We note that the budget monitoring process is to be reviewed to assess reasonableness and the reasons behind the movement in the last quarter. There is an opportunity to introduce a standard reporting template for managers which could facilitate a more robust challenge of spend against budgets throughout the year and help to identify under and over spends earlier in the year, reducing fluctuations in the final quarter. The standard reporting template could replicate the format of the information supplied to Finance and General Purposes Committee in an effort to limit duplication of effort and ensure consistency. This reporting should also take place in each quarter. By adopting a more formal and consistent approach to reporting to SMT/Directors on the outturn forecast, including during quarter four, issues and their impact could be identified earlier providing a greater opportunity to take appropriate action. To further enhance the process the introduction of profiling of budgets is being considered to highlight mismatches between reported outturn forecasts and spend to date and contribute to reducing unplanned end of year variances. As the vast majority of the Service's budgets are stable a limited number of budget profiles could be considered and implemented. |                                  |                                |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>       | <b>SMT</b>                     | <b>Target date</b> | <b>Date signed off as complete</b> |
| The Treasurer has been asked to consider producing a revised monitoring report showing variance for the year to date and predicted variance for the whole financial year. | Medium   | Treasurer                        | Director of Corporate Services | 31/03/2013         | 31/03/2013                         |
| Budget holders will be asked to update their outturn forecast in the fourth quarter which will be reported to SMT / Directors.  | Medium   | Financial Services Manager       | Director of Corporate Services | 30/04/2013         | 29/05/2013                         |

|  |  |  |                                |                                      |                                    |
|--|--|--|--------------------------------|--------------------------------------|------------------------------------|
| The introduction of profiling budgets has been agreed by Directors. Further work is required to assess how to achieve this using the current SAP financial system.   | Medium   | Financial Services Manager / Treasurer     | Director of Corporate Services | 31/12/2012<br>Extended to 30/06/2013 |                                    |
| Performance Review team note: testing is now complete, currently waiting for system to go live and access to reporting to be made available.   |  |  |                                |                                      |                                    |
| <b>Action plan 2</b>   |  | <b>Budgetary Control 2012/13</b>           |                                |                                      |                                    |
| Objectives   | Management and operational responsibilities are clearly defined and communicated.  |  |                                |                                      |                                    |
| Observations   | The current Scheme of Delegation has not been reviewed and formally signed off by the HFRA since February 2008. In addition the 2008 review was only in respect of the Authority's Estate and was not an overall review. The scheme of delegation is a high level document but does not detail the powers of the Service's Directors and senior managers. There is substantial guidance available to staff via, for example, service orders. Whilst this gives good guidance to staff for procedural requirements on individual issues, there is no summary of the delegated powers by role which cuts across all activities. There is a risk that inappropriate action may be taken or guidance is not followed if the available information is not user-friendly and relies on the user knowing which of a large number of documents they need to refer to. Due to the level of current and likely future organisational change, there is an opportunity to review the scheme and associated documentation for currency and ease of use. The available documentation could be enhanced by publishing local schemes of delegation (for example by Directorate or by management tier). |  |                                |                                      |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                 | <b>SMT</b>                     | <b>Target date</b>                   | <b>Date signed off as complete</b> |
| The scheme of delegation would benefit from revision whilst keeping it in line with Financial Regulations and contract standing orders. This is not a small task to complete.  | Medium   | Director of Corporate Services / Treasurer | Director of Corporate Services | 30/05/2013<br>extended to 31/03/2014 |                                    |
| Arrangements for delegation to officers from the Chief Officer will be clarified in line with the above action so that managers are clear about their financial / procurement delegations.   | Medium   | Director of Corporate Services             | Director of Corporate Services | 31/03/2014                           |                                    |
| Performance Review team note: the date for these actions have been extended due to the work required and the opportunity to explore developing a common set of schemes with our joint working partners at Hampshire County Council and Hampshire Constabulary. |  |  |                                |                                      |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 1</b>   |  | <b>Programme and Project management 2012/13</b> |                             |                    |                                    |
|--|--|---|-----------------------------|--------------------|------------------------------------|
| Objectives   | Policies and procedures are in place to ensure the effectiveness of programme and project management (PPM).  |   |                             |                    |                                    |
| Observations   | <p>Whilst there is comprehensive information available on the Programme and Project Management (PPM) web pages on how to manage a project, what documents to complete and how to complete them, we were advised that none of these documents or stages are mandatory within HFRS. Currently the full process and the complete documentation required under Prince 2 are detailed on the PPM website and it is not clear whether any of these are more important than any other. We understand that HFRS has taken the decision to implement project management loosely so that it aids Project Managers rather than hinders them with paperwork; however we would suggest that some information/documentation are key to the process.</p> <p>We appreciate that the PPM framework is there as a guidance tool however we would assert that some documents are particularly important, should be mandatory, and that staff should be aware of which these are. For example, a project mandate giving permission to set up the project, a business case setting out reasoning and a risk register detailing and monitoring the projects risks.</p> |   |                             |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                      | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| <p>The Project Management Office (PMO) does and will continue to advise that the mandate, impact assessment, business, and Project Initiation Document (PID) are mandatory. Clarity will be added to the PMO web pages to ensure that this message is communicated.</p> <p>The PMO will continue to provide 1:1 coaching and advice to project managers on the HFRS Project Management Framework and this is also covered in the PPM training courses</p> <p>Clarity will also be added around whether any</p> | High   | PMO Manager                                     | Director of Human Resources | 01/04/2013         | 31/05/2013                         |

|   |  |   |                             |                    |                                    |  |
|---|--|---|-----------------------------|--------------------|------------------------------------|--|
| documents are more important than others. The PMO will also ensure that there is stringency around the production of documentation and highlight why each is key to the process.<br>The PPM framework is still being embedded into the organisation and the PMO is aware that the new processes and culture will take time to become business as usual resulting in greater efficiencies and benefits.  |  |   |                             |                    |                                    |  |
| <b>Action plan 2</b>  |  | <b>Programme and Project management 2012/13</b> |                             |                    |                                    |  |
| Objectives  | Programmes and projects are appropriately authorised and assessed prior to committing resources.   |   |                             |                    |                                    |  |
| Observations  | We could not see any reference to the resource cost of carrying out a project in any of the project documentation viewed. Whilst some projects are expected to be carried out on top of normal day jobs there are still opportunity costs, where staff could be working on other tasks. Therefore projects are being mandated or signed off without a formal review of the cost against benefits of carrying them out. Nor is there any review of how much resource a completed project has taken. |   |                             |                    |                                    |  |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                      | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |  |
| Resource cost is defined by the project manager in the business case and budget management of the project. It can also be calculated in more detail in Microsoft Project project plans if required. The PMO is currently developing a Microsoft Project template that will aid managers with the definition of detailed resource cost. We will assess whether this is necessary at all – and will develop a scheme to determine this.<br>The PMO will review the information currently on the web pages to ensure the cost of project management is taken into account. | Medium   | PMO Manager                                     | Director of Human Resources | 01/07/2013         |                                    |  |
| The proposed tool will be assessed to see if it delivers this functionality.  | Low  | PMO Manager                                     | Director of Human Resources | 01/12/2013         |                                    |  |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 4</b>   |   | <b>Programme and Project management 2012/13</b>    |                             |                    |                                    |
|--|---|--|-----------------------------|--------------------|------------------------------------|
| Objectives   | Programmes and projects are appropriately authorised and assessed prior to committing resources.  |  |                             |                    |                                    |
| Observations   | The PPM framework does not currently contain any guidance on change management; however, we understand that this is something the PPM Office Manager is working on. This should provide guidance on what is considered a "change", what changes need to go to the project board or SMT for approval, and how these need to be documented. |  |                             |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>   | <b>Responsible Officer</b>                         | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Change Management in the larger sense is only just being formally introduced into the Service and integrated with project management.<br>The PPM and organisational development managers are looking at how the two may best be integrated and communicated.<br>SMT and HoST are looking at the use of change management tools to enhance leadership awareness and decision-making prior to project/programme initiation. This approach is a focus of the Safer and Stronger Board (SSB).<br>Once any new or updated HFRS framework has been agreed it will be published on the intranet and will contain information on, or a link to, the change management approach and tools for the future. | Medium  | PMO Manager and Organisational Development Manager | Director of Human Resources | 01/07/2013         |                                    |
| An appropriate communications plan will be implemented to ensure awareness.  | Medium  | PMO Manager  | Director of Human Resources | 01/07/2013         |                                    |

| <b>Action plan 5</b>   |   | <b>Programme and Project management 2012/13</b> |                             |                    |                                    |  |
|--|---|---|-----------------------------|--------------------|------------------------------------|--|
| Objectives   | Programmes and projects are appropriately authorised and assessed prior to committing resources.  |   |                             |                    |                                    |  |
| Observations   | <p>Whilst we were able to evidence that certain documentation had been provided to project boards or SMT we were unable to evidence that much quality assurance had taken place. Some business cases might go through the PPM Office Manager in which case she will have a look through it, but in most cases it will go straight to the project board or SMT. In these cases it is up to the board to provide robust challenge and review of the information it contains. Some larger projects do have a member with quality assurance responsibility, however smaller projects do not warrant the resource. With or without a Quality Assurance (QA) person there should be evidence of appropriate review of the content of project documentation, so that boards can be confident that the information they are provided with is sound.</p> |   |                             |                    |                                    |  |
| <b>Management actions</b>  | <b>Priority</b>   | <b>Responsible Officer</b>                      | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |  |
| <p>The PMO has offered a course on Project Assurance (to be delivered by Local Partnerships and ex Deputy Chief of Avon Fire and Rescue Service) on 6 March 2013. This will enable a large group of staff to do project assurance according to government guidance via a gateway review process, and even to peer-assess others within and outside HFRS. This will provide improved clarity of the role.</p> <p>The course delivers accreditation and in future every project will have access to someone with the project assurance competence. The PMO can advise on this. (Staff skills are searchable on our FireWatch database, so the PMO has access to who is qualified).</p> | Low<br>(due to plan in place)   | PMO Manager                                     | Director of Human Resources | 6/03/2013          |                                    |  |
| <p>Performance Review team note: the course was delivered and a group of staff, led by the Programme and Project manager who are involved in quality assurance are developing a consistent strategy to ensure that there is an appropriate review of projects. This action continues to be on-going until all of the work is complete.</p>   |   |   |                             |                    |                                    |  |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 6</b>   |   | <b>Programme and Project management 2012/13</b> |                             |                    |                                    |
|--|---|---|-----------------------------|--------------------|------------------------------------|
| Objectives   | Programmes and projects are managed by skilled staff that are provided with sufficient support.   |   |                             |                    |                                    |
| Observations   | We have been advised that on occasions Project Managers need to be changed mid-project. It is important that projects do not stall due to this change and that relevant information is passed over to the new Project Manager to enable it to continue. However, there is no guidance on the PPM site about what information should be imparted, or that such a formal handover should occur. |   |                             |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>   | <b>Responsible Officer</b>                      | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Relevant information and guidance will be uploaded onto the Programme and Project Management web pages and communicated to the Service. This will include a checklist of actions, including list of key activities, responsibilities, stakeholders, other documents and access rights etc. Assuring this process will also be added to the role of the Senior Responsible Officer who will also have responsibility to ensure any new project manager is provided with relevant information. | Medium  | PMO Manager                                     | Director of Human Resources | 01/06/2013         | 29/05/2013                         |
| In addition, the PMO will ensure that this process happens whenever there is a change of project or programme manager.   | Medium  | PMO Manager                                     | Director of Human Resources | 01/06/2013         | 29/05/2013                         |

| <b>Action plan 7</b>   |  | <b>Programme and Project management 2012/13</b> |  |                    |                                    |
|--|--|---|--|--------------------|------------------------------------|
| Objectives   | Programmes and projects are subject to sufficient risk management processes.   |   |  |                    |                                    |
| Observations   | <p>Whilst there is a risk register template available on the PPM intranet site we found that some projects used their own format and with some the actual scoring mechanism differs. As high risks are reported up to SMT this variation in scoring may affect what is brought to their attention.</p> <p>We also found that some risks were not adequately defined, for example saying "uniform issues" rather than what the actual risk was. Whilst this may make sense to the Project Manager it may be misleading to other people and may not enable suitable challenge. One project did not have any risks on its risk register, which sounds unlikely to be a true picture of related risk in this area.</p> |   |  |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                      | <b>SMT</b>   | <b>Target date</b> | <b>Date signed off as complete</b> |
| In the long term the PMO Manager is working with the Performance Review Manager to consider the introduction of Project Risk Management workshops (which will be owned and delivered by the PMO).  | Medium   | PMO Manager and Performance Review Manager      | Director of Human Resources and Director of Corporate Services | 01/11/2013         |                                    |
| In the short term, the PMO will undertake a review and assessment of current project risk registers to ensure they are fit for purpose, being managed appropriately and that the scoring aligns to the strategic risk register format (which the current template is designed to do).  | High   | PMO Manager and Performance Review Manager      | Director of Human Resources and Director of Corporate Services | 01/05/2013         |                                    |
| It is important to note that the risk register template has the ability to do a 'weighting' definition at the start, so that in fact the way one project is scored may not be the same as another BUT the weighting means they are equitable.<br>Further instructions will be expanded or added to the web page and/or the template. | Medium   | PMO Manager                                     | Director of Human Resources                                    | 01/06/2013         | 29/04/2013                         |

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| <b>Action plan 9</b>  |  | <b>Programme and Project management 2012/13</b> |  |                    |                                    |
|---|--|---|--|--------------------|------------------------------------|
| Objectives  | Regular monitoring and reporting on programmes and projects occurs to ensure the effective delivery of change and to also provide mechanisms for senior management to carry-out their governance function.   |   |  |                    |                                    |
| Observations  | <p>The PMO Manager does not currently have access to all the project documentation held by each programme or project. Documents such as risk registers may be held on departmental drives to which the PMO Manager does not have access. The PMO Manager is therefore reliant on the Project Manager sending through updated documentation.</p> <p>We also found that the main portfolio of programmes and projects held on the intranet site was not up to date and did not include all the relevant information. In part this was due to the PMO Manager not having access to the information.</p> |   |  |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                      | <b>SMT</b>   | <b>Target date</b> | <b>Date signed off as complete</b> |
| <p>Further consideration will be given to discuss with current project managers to transfer files to a central location.</p> <p>Our future project management tool will be where project documentation will be held (or linked to I Drive or Hantsfile) but we will consider if an interim move makes sense.</p>  | Low  | PMO Manager                                     | Director of Human Resources                                    | 01/11/2013         |                                    |
| The PMO manager does schedule dates when highlight reports must be submitted. Given that the PMO manager has been working without support, it has not been possible to 'pull' all information from all projects, but was felt that the highlight reports should provide that information. Given the statement above, and referring to Action Plan 7, it is still an area that the PMO Manager and Performance Review Manager will scrutinise around risk and issue registers. | Medium   | PMO Manager and Performance Review Manager      | Director of Human Resources and Director of Corporate Services | 01/08/2013         |                                    |

| <b>Action plan 1</b>   |  | <b>Pro-active/thematic review – Overtime and Travel &amp; Subsistence 2012/13</b> |                             |                    |                                    |
|--|--|---|-----------------------------|--------------------|------------------------------------|
| Objectives   | Overtime is planned in line with the Services' policies and procedures and authorised prior to payment.  |   |                             |                    |                                    |
| Observations   | <p>Audit testing of 19 members of staff overtime claim forms spanning June to October 2012 showed that different versions of the claim form are used. One version has a "total" column at the bottom of the form to prompt staff to enter the total number of hours worked for the claim period however the alternative version does not include the "total" column.</p> <p>We also identified that when changes are made to the number of hours on the overtime forms, in most instances these changes are not initialed or dated by the member of staff who made the change. It is therefore difficult to determine who made the changes and if the change occurred prior to or after management approval. This issue was also observed with travel claim forms.</p> <p>Risk: Additional and unauthorised entries or amendments to increase the value of both overtime and travel claims are made after they have been approved by the line manager.</p> |   |                             |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>  | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| We shall remind authorising managers and claimants through a series of Routine Notice entries that only claim forms with a total column should be used; that any changes must be clearly initialed or signed with a service number included. | Low  | Human Resources Manager – Workforce Support                                       | Director of Human Resources | 31/07/2013         |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 2</b>   |  | <b>Pro-active/thematic review – Overtime and Travel &amp; Subsistence 2012/13</b> |                             |                    |                                    |  |
|--|--|---|-----------------------------|--------------------|------------------------------------|--|
| Objectives   | All travel claims are authorised, paid promptly, properly and in full.   |   |                             |                    |                                    |  |
| Observations   | <p>Staff who claim subsistence are required to enter the times when they are out of the office in Section 2 of the form. This is to establish the hours the member of staff has been out on duty and support the subsistence claim. However, audit testing of 20 travel claims confirmed that there is inconsistency in completing the forms when staff are claiming subsistence for breakfast, lunch, dinner or any other expenses as from/to times are not always indicated..</p> <p>Risk: If there is no sufficient information on the form it is not possible to determine if the amount claimed is accurate.</p>  |   |                             |                    |                                    |  |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>  | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |  |
| We shall remind authorising managers and claimants through a series of Routine Notice entries that the time in and time out columns must be completed on all claim forms. This will enable entitlement to any subsistence claimed to be assessed by the authorising manager. | Low  | Human Resources Manager – Workforce Support                                       | Director of Human Resources | 31/07/2013         |                                    |  |
| <b>Action plan 3</b>   |  | <b>Pro-active/thematic review – Overtime and Travel &amp; Subsistence 2012/13</b> |                             |                    |                                    |  |
| Objectives   | All travel claims are authorised, paid promptly, properly and in full.   |   |                             |                    |                                    |  |
| Observations   | <p>The guidance on claiming subsistence for non-uniformed staff states that staff may claim subsistence where they have incurred additional expense in the course of their work in respect of travel, meals or overnight accommodation (subject to appropriate evidence of expenditure being produced).</p> <p>Audit testing of 20 travel claims highlighted a regular subsistence claim when out on duty for a period of three to four hours which crosses into lunch periods. These claims were for week days as well as weekends when the member of staff is working pre-planned overtime hours. It is therefore arguable whether the expense is considered 'additional' or would have been incurred regardless of whether they were at their usual or an alternative workplace.</p> <p>Risk: Because the guidance is open to interpretation, staff may be claiming subsistence for expenses that may not be considered 'additional' when incurred in the course of work. Significant claims which are largely unsupported by</p> |   |                             |                    |                                    |  |

|   |  |   |                             |                    |                                    |
|---|--|---|-----------------------------|--------------------|------------------------------------|
|   | receipts are open to potential abuse.  |   |                             |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                  | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| We shall clarify the guidance and remind authorising managers and claimants through a series of Routine Notice entries that the rules around claiming subsistence must be followed.   | Medium   | Human Resources Manager – Workforce Support | Director of Human Resources | 31/07/2013         |                                    |
| <b>Action plan 1 Sustainability 2012/13</b>   |  |   |                             |                    |                                    |
| Objective   | Projects are appropriately identified, monitored, managed, and reported to achieve the objectives of the Carbon Management Programme (CMP).  |   |                             |                    |                                    |
| Observations  | The project manager sense checks energy saving projects prior to them being recommended to the Carbon Management Team for adoption to ensure that they meet savings, costs, and investment criteria. The Carbon Management Team makes recommendations to the CMP board for the adoption of energy saving projects however there is no agreement or scheme of delegation in place as to the financial limits of projects that can be approved by each group.<br>It has been confirmed at the close of audit meeting that parameters for agreeing projects have now been agreed and formalised although further intended action has been indicated by the Environmental Impact Project Coordinator |   |                             |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                  | <b>SMT</b>                  | <b>Target date</b> | <b>Date signed off as complete</b> |
| The process for agreeing building energy efficiency related projects has been simplified and the scheme of delegated decision making and financial authorisation has been documented by the Board. Evidence of the process can be found in documents for the Board meetings on 3 Jan 2013 and 3 April 2013. | High   | Environmental Impact Project Coordinator    | Head of Facilities          | Immediate          | 3/04/2013                          |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| Action plan 2   |  | Sustainability 2012/13                   |                    |                                     |                             |
|---|--|--|--------------------|-------------------------------------|-----------------------------|
| Objective   | Projects are appropriately identified, monitored, managed, and reported to achieve the objectives of the Carbon Management Programme.  |  |                    |                                     |                             |
| Observations  | <p><b>Roles and responsibilities</b><br/>Although the Terms of Reference for both the CMP board and the Carbon Management Team include monitoring, measurement and reporting requirements, the detailed processes of these functions are still to be established. This includes the role and responsibilities of the CMP board, Carbon Management Team, and stakeholders.</p> <p><b>RAG report</b><br/>The Carbon Management Trust programme management tool is used to record the RAG status of the programme. To date the RAG status has not been reported to the CMP board.</p> <p><b>Change Management Action Plan – Embedding sustainability</b><br/>The CMP contains the Change Management Action Plan. This plan outlines actions agreed across the Directorates to embed the concept of sustainability within the Service’s existing work and strategies. Each action has an owner and a timescale for completion. Monitoring of these actions is planned to be done through the CMT meetings although process for measuring and monitoring progress of these actions and highlighting issues is still to be implemented. To ensure objectives are achieved, progress against achieving measurable outcomes needs to be monitored with accurate, timely progress reports that facilitate and inform management action.</p> |  |                    |                                     |                             |
| Management actions  | Priority   | Responsible Officer                      | SMT                | Target date                         | Date signed off as complete |
| The ‘programme manager’ at HCC tasked with survey and delivery of our energy efficiency projects has been requested to ensure their Gantt chart is kept updated so the board can more easily track progress on the delivery phase of the works. | Medium   | Environmental Impact Project Coordinator | Head of Facilities | 7/05/2013<br>Extended to 30/06/2013 |                             |
| Performance Review team note: The ‘programme manager’ at HCC has been tasked with ensuring the Gantt chart is up to date. This has not yet been provided but it is expected to be received by 30/06/2013.                                       |  |  |                    |                                     |                             |

|   |               |  |                               |  |  |
|---|---------------|--|-------------------------------|--|--|
| <p>The Carbon Management Project Register (tool provided by Carbon Trust) will be regularly updated to reflect the projects which are delivered. This will enable tracking of expected (energy/cost) savings and improved reporting to the board.</p>   | <p>Medium</p> | <p>Environment<br/>al Impact<br/>Project<br/>Coordinator</p> | <p>Head of<br/>Facilities</p> | <p>7/05/2013<br/>Extended to<br/>3/07/2013</p> |  |
| <p>Performance Review team note: the revisions to the register will be complete by 3/07/2013.</p>   |               |  |                               |  |  |
| <p>Proposals for restructuring of the governance of the programme will be presented to the Board at an additional meeting separate from the regular quarterly meetings. This will address a review of terms of reference and the replacement of the Team by a number of new and existing subgroups/projects. This reflects changes in some current projects (e.g. Overtime and Travel Project); changes in staffing which affect the Team; and the recent changes in Project and Programme Management in the Service.</p>   | <p>Medium</p> | <p>Environment<br/>al Impact<br/>Project<br/>Coordinator</p> | <p>Head of<br/>Facilities</p> | <p>31/05/2013</p>                              | <p>Completed<br/>via<br/>documents<br/>circulated on<br/>line<br/>31/05/2013</p> |
| <p>The proposal at the additional meeting (referred to above) will include new arrangements for the Board to take ownership of the Carbon Management Matrix and 'change management action plan'. The Board will assess progress at embedding carbon management and use monitoring of the action plan to determine whether progress is being made and what additional actions are required to ensure further progress. The existing Change Management Action Plan has been transferred from the Carbon Management Plan into a spreadsheet format to allow the Board to more easily update it and monitor progress. These will become standing items on the Board meeting agenda.</p> | <p>Medium</p> | <p>Environment<br/>al Impact<br/>Project<br/>Coordinator</p> | <p>Head of<br/>Facilities</p> | <p>31/05/2013</p>                              | <p>Completed<br/>via<br/>documents<br/>circulated on<br/>line<br/>31/05/2013</p> |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| Action plan 3   |   | Sustainability 2012/13                   |                    |  |   |
|---|---|--|--------------------|--|---|
| Objective   | The concept of sustainability and CO <sub>2</sub> reduction is embedded across the service  |  |                    |  |   |
| Observations  | <p>A group of volunteer environmental champions has recently been formed to share and communicate ideas and best practice.</p> <p>As well as the larger projects identified as part of the maintenance programmes and the efficiency projects a number of small initiatives have been identified as 'quick wins'. These have largely come from suggestions from the environmental champions on fire stations. It is not intended or often possible to measure the impact of these individual initiatives in reducing the Service's carbon footprint.</p> <p>At this stage a mechanism to share and communicate ideas and good practice, is to be developed.</p> |  |                    |  |   |
| Management actions  | Priority  | Responsible Officer                      | SMT                | Target date  | Date signed off as complete                           |
| This is linked to the proposed replacement of the 'Team' referred to in Action Plan 2 above. A 'behaviour and communications' group is proposed which will take ownership of the development and delivery of the communications plan; the Environmental Champions and a mechanism to share and communicate ideas and good practice relating to carbon management and wider sustainability. The group will report to the Board via the Environmental Impact Project Coordinator. | Medium  | Environmental Impact Project Coordinator | Head of Facilities | 31/05/2013   | Completed via documents circulated on line 31/05/2013 |
| The mechanism for sharing and communication of ideas and good practice is expected to be through planned development of the Moodle platform (the Service's Virtual Learning Environment - VLE). In the interim more traditional forms of communication will be used in addition to a Yammer group for Environmental Champions which has been set up to allow sharing and  | Medium  | Environmental Impact Project Coordinator | Head of Facilities | Yammer group is already set up. Target date for Moodle - 31/03/2014 - depending upon VLE |   |

|  |   |  |                    |   |                                    |
|--|---|--|--------------------|---|------------------------------------|
| communication – Yammer is an internal social network tool being trialled by the Service  |   |  |                    | development timescales.   |                                    |
| The Environmental Impact Project Coordinator will routinely seek feedback from sites where 'quick wins' / 'TNT' work has been done – returned feedback will be recorded and provided to the behaviour and communications group to inform communications. | Low   | Environmental Impact Project Coordinator | Head of Facilities | All work from 1 April 2013 will include request for feedback. This is an on-going action. | 10/06/2013                         |
| <b>Action plan 4 Sustainability 2012/13</b>  |   |  |                    |   |                                    |
| Objective  | The concept of sustainability and CO <sub>2</sub> reduction is embedded across the service  |  |                    |   |                                    |
| Observations   | <p>Smart meters have been rolled out across the service during the last 12 months. They allow for the identification of trends and high usage areas. The data can be used to identify anomalies and help to define future best practice and improve working practices to ensure energy usage is effective and efficient.</p> <p>A training programme on the interpretation of SMART meter data and how to apply it to improve efficiencies is still to be rolled out across the estate.</p> |  |                    |   |                                    |
| <b>Management actions</b>  | <b>Priority</b>   | <b>Responsible Officer</b>               | <b>SMT</b>         | <b>Target date</b>  | <b>Date signed off as complete</b> |
| The roll out of training for use of SMART meter data will be conducted in phases. Training in SMART meter systems will be provided on the completion of the delivery of energy efficiency works on each station.   | Low   | Environmental Impact Project Coordinator | Head of Facilities | 31/03/2014  |                                    |
| A complete review and revision of our energy management approach will take place in 2013.  | Low   | Environmental Impact Project Coordinator | Head of Facilities | 31/03/2014  |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| Action plan 5 | Sustainability 2012/13   |
|---------------|--|
| Objective     | <p>There are policies and procedures in place for the prevention of pollution and effective waste management with clear lines of responsibility.</p>   |
| Observations  | <p><b>ISO 14001</b><br/> The Service is committed to providing an environmental management system (EMS) and achieving the ISO 14001 standard although no date has been set to achieve this. There are currently no policies and procedures in place for an environmental management system, although work is in progress to produce them.</p> <p><b>Waste Management</b><br/> Examples of waste generated by the Service requiring disposal include electrical appliances, IT equipment, building materials, fire fighting foam and de-polluted cars. Items which are owned by HFRS are defined as non domestic waste whilst items owned by individuals are defined as domestic waste.</p> <p>If they are deemed to be non domestic waste they must be disposed of by appropriate registered companies with appropriate licences.</p> <p>Determining ownership and status of some items in use at fire stations is difficult as many of these items have been donated by staff and many are not recorded on an asset register.</p> <p>There are no policies, formal procedures, or guidance in place with regard to the definition, identification, storage, and disposal of non-domestic and domestic waste. Additionally there are implications regarding the insurance and liabilities of personal items whilst stored and in use on HFRS premises and additional costs to the Service if domestic items are disposed of as non domestic waste.</p> <p>It was established at the close of audit meeting that responsibility for ensuring that the storage and disposal of waste products used by the Service meets legal and statutory requirements has been allocated to the Environmental Impact Project Coordinator.</p> <p>The roles and responsibilities of this role and those of all staff within the Service with regards to waste management have not currently been clearly defined and communicated. This may result in legal and statutory requirements not being met, environmental damage and in severe cases, prosecutions, and reputational damage to HFRS.</p> |

| <b>Management actions</b>  | <b>Priority</b> | <b>Responsible Officer</b>               | <b>SMT</b>         | <b>Target date</b> | <b>Date signed off as complete</b> |
|--|-----------------|--|--------------------|--------------------|------------------------------------|
| Clarify the scope of the responsibility recently allocated to the Environmental Impact Project Coordinator for ensuring that the storage and disposal of waste products used by the Service meets legal and statutory requirements; and the responsibilities of all other staff. Communicate the information to all staff.   | High            | Head of Facilities                       | Head of Facilities | 13/11/2013         |                                    |
| Increase the resource allocated to the implementation of the Environmental Management System (EMS) to ensure full implementation; including the setting of an audit plan for the system. The Service approved a proposal for an 11 month secondment of a temporary Crew Manager (who started in April 2013) to support the work on the implementation of the Service Environmental Management System.                                | High            | Environmental Impact Project Coordinator | Head of Facilities | 31/03/2014         |                                    |
| Prioritise a review of all waste management to allow the development of operational controls for waste management within the EMS. A review of the waste carriers' licences and transfer/consignment notes of all companies used to collect waste from the Service has begun to ensure legal compliance with Duty of Care. We will provide guidance to staff about the obligations of the disposal of items not owned by the Service. | High            | Environmental Impact Project Coordinator | Head of Facilities | 31/01/2014         |                                    |
| An investigation into the feasibility of incorporating some waste management activities into the Term Maintenance Contracts has begun. This information will be used with the review of waste management to prepare a specification for a single waste management contract for all remaining waste streams.  | Medium          | Environmental Impact Project Coordinator | Head of Facilities | 31/03/2014         |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 1</b>  |   | <b>Mobile Data Terminals 2012/13</b> |  |                                   |                                    |
|---|---|--------------------------------------|--|-----------------------------------|------------------------------------|
| Objective   | Risk information provided by the mobile data terminals is up to date with the information available from headquarters.  |                                      |  |                                   |                                    |
| Observations  | Version 2 of the mobile data terminal (MDT) software is currently being rolled out, this process began in 2012. At the time of audit, 37 had been updated on emergency vehicles. The 10 spares had also been updated. We were informed that approximately 100 MDTs in total need to have version 2 installed on them, so about 40% of the roll out is complete. Version 2 requests updates from the central database every 30 minutes instead of every 12 hours. It also has better reporting tools to identify problems with the update processes. MDTs on the previous version of software are no longer being monitored for how up to date they are. Both of these benefits reduce the risk of data being used at an incident which is different to that held at headquarters. |                                      |  |                                   |                                    |
| <b>Management actions</b>   | <b>Priority</b>   | <b>Responsible Officer</b>           | <b>SMT</b>                               | <b>Target date</b>                | <b>Date signed off as complete</b> |
| Assign additional resource to the roll-out.   | High  | MDT and Data Manager                 | Area Manager – Service Delivery Response | 31/03/2013 extended to 30/09/2013 |                                    |
| Performance Review team note: funding has been secured and arrangements made for an additional resource to help complete the roll out of Version 2 of the software. |   |                                      |  |                                   |                                    |
| Enrol the version 2 roll out in Fleet workshops “Servicing Action List” thereby utilising availability opportunity and additional non-mobile workshop personnel.    | High  | MDT and Data Manager                 | Area Manager – Service Delivery Response | 30/04/2013 extended to 31/07/2013 |                                    |

|  |      |                      |  |            |            |
|--|------|----------------------|--|------------|------------|
| Freeze version creep from continual manufacture upgrades. Remote control capability assists with this. | High | MDT and Data Manager | Area Manager – Service Delivery Response | 31/03/2013 | 14/06/2013 |
| Work with Software manufacture to support automated software updates.                                  | Low  | MDT and Data Manager | Area Manager – Service Delivery Response | 31/12/2014 |            |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 2</b>                       |   | <b>Mobile Data Terminals 2012/13</b> |  |                                   |                                    |
|--|---|--------------------------------------|--|-----------------------------------|------------------------------------|
| Objective                                  | The mobile data terminals system is consistently available to firefighters  |                                      |  |                                   |                                    |
| Observations                               | <p>There are a number of areas where the management of the MDT system is not currently best practice for an IT system.</p> <p>The MDT data is on one piece of server hardware. This is a single point of failure for the central system. The MDTs in vehicles would still operate without the server but new data could not be added. The application software and database would need to be recovered to another piece of hardware. There are plans to use virtual servers for the system and provide more resilience once it is handed over to HFRS IT to manage.</p> <p>The disaster recovery process for the software, database, and hardware has not been formally documented. We were informed that this would need to be done before the system is handed over to HFRS IT to manage.</p> <p>There is no formal change control process for patches and upgrades to the system. Patches may be applied to the live system, with the back out plan that they can be rolled back if they cause problems. Once the system is handed over to HFRS IT to manage it will come under their change control processes.</p> <p>We do not believe these things individually create a significant risk to the system in the short term. It is a relatively simple system to recover, the hardware requirements are low, and we are assured that the data is being backed up adequately. The MDTs on the vehicles will continue to function if the central server has failed, but they will not be updated.</p> <p>However the fact that addressing these points is dependent on the version 2 roll out being completed does add to the benefits of completing the roll out soon.</p> |                                      |  |                                   |                                    |
| <b>Management actions</b>                  | <b>Priority</b>   | <b>Responsible Officer</b>           | <b>SMT</b>                               | <b>Target date</b>                | <b>Date signed off as complete</b> |
| Assign additional resource to the roll-out | High  | MDT and Data Manager                 | Area Manager – Service Delivery Response | 31/03/2013 extended to 30/09/2013 |                                    |

Performance Review team note: funding has been secured and arrangements made for an additional resource to help complete the roll out of Version 2 of the software.

|  |      |                      |  |                                   |  |
|--|------|----------------------|--|-----------------------------------|--|
| Enrol the V2 roll out in Fleet workshops “Servicing Action List” thereby utilising availability opportunity and additional non-mobile workshop personnel | High | MDT and Data Manager | Area Manager – Service Delivery Response | 31/03/2013 extended to 31/07/2013 |  |
|--|------|----------------------|--|-----------------------------------|--|

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 1</b>  |   | <b>FireWatch System Integrity 2012/2013</b> |             |                    |                                    |
|---|---|---|-------------|--------------------|------------------------------------|
| Objective   | The system is available to users at all times.  |   |             |                    |                                    |
| Observations  | <p>During testing on the service level agreements in place to ensure that FireWatch is available at all times we were referred to a document titled “Hampshire Fire and Rescue Service Applications Service Level Agreement (SLA) – Exceptions agreed for FireWatch and FloSuite applications”. This was in draft but we were informed that this was being “worked to”. When we asked HCC staff about the document we were told that it had since been absorbed into the “Service Level Agreement for the provision of Hampshire IT Services to the Hampshire Fire and Rescue Service (HFRS) from 1 April 2012 to 31 March 2017”.</p> <p>Comparison of the content of the documents found that there were some differences between the two documents.</p> <p>There is a risk that expected service levels for FireWatch are different to what is documented in the current SLA.</p> |   |             |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>   | <b>Responsible Officer</b>                  | <b>SMT</b>  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Review of draft SLA and HFRS SLA and validate whether the change is appropriate and if principles of draft are met. Head of ICT to action confirmed in meeting 6/02/13. | High  | Head of ICT                                 | Head of ICT | 1/04/2013          | 1/04/2013                          |

| <b>Action plan 2</b>   |  | <b>FireWatch System Integrity 2012/2013</b> |             |                    |                                    |
|--|--|---|-------------|--------------------|------------------------------------|
| Objective  | The system is available to users at all times.   |   |             |                    |                                    |
| Observations   | We reviewed the HFRS disaster recovery documentation for the recovery of the SQL database. We found a minor error in the description of the platform as “SQL 2008 Standard” when it is now “SQL 2008 R2”. Although this may not affect the recovery change control processes for the FireWatch architecture it should trigger a review of disaster recovery documentation to ensure it is up to date and will operate if needed. Currently the documentation is on an annual review cycle and was last due for review 13/5/12. |   |             |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                  | <b>SMT</b>  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Review the disaster recovery document update and 30/01/13 completion requested by 28/02/13.                              | High   | ICT Service Delivery Manager                | Head of ICT | 28/02/2013         | 28/02/2013                         |
| Ensure changes are communicated to rest of HFRS engineers.   | High   | ICT Service Delivery Manager                | Head of ICT | 28/02/2013         | 28/02/2013                         |
| Ensure regular mechanism for review and at least annually implemented to makes sure documentation and knowledge current. | Medium   | ICT Service Delivery Manager                | Head of ICT | 28/02/2013         | 28/02/2013                         |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 3</b>  |   | <b>FireWatch System Integrity 2012/2013</b> |                            |             |                    |                                    |
|---|---|---|----------------------------|-------------|--------------------|------------------------------------|
| Objective   | Minor failures in the hardware, software, or infrastructure do not cause the system to fail completely.   |   |                            |             |                    |                                    |
| Observations  | <p>HCC IT's documented performance monitoring responsibility is to "monitor disk space". We confirmed that the monitoring agent software was installed on the database servers and obtained evidence of a disk space alert being sent from the Central Infrastructure Support Team to the database administrator team to fix.</p> <p>However we found that the disk monitoring agent software had not been installed on the web and application servers. We were told that this should have been done when the hardware was built. It has now been installed and disk monitoring will be covered for these servers.</p>   |   |                            |             |                    |                                    |
| <b>Management actions</b>   |   | <b>Priority</b>                             | <b>Responsible Officer</b> | <b>SMT</b>  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Confirmed with HCC that the above work has been completed 06/02/13. |   | High  | Head of ICT                | Head of ICT | 1/03/2013          | 6/02/2013                          |
| <b>Action plan 4</b>  |   | <b>FireWatch System Integrity 2012/2013</b> |                            |             |                    |                                    |
| Objective   | Minor failures in the hardware, software, or infrastructure do not cause the system to fail completely.   |   |                            |             |                    |                                    |
| Observations  | <p>We checked with HCC IT that the operating systems were up to date for the web and application servers. We were informed that they were "out of date in comparison to where they should be". This was in December 2012 and should now have been updated in line with other HCC hardware.</p> <p>There is currently a project to move the update of HCC hardware operating systems to Microsoft's System Center Configuration Manager (SCCM) software. We found that the FireWatch hardware was not on the schedule to have this done, however we are informed that they have now been added.</p> <p>There are risks of security and performance problems if operating systems are not sufficiently up to date. However it should also be ensured that the application (i.e. FireWatch) which is using the hardware is compatible with the</p> |   |                            |             |                    |                                    |

|  | <p>updates.</p> <p>It needs to be clearly documented between HFRS and HCC how the updating of operating systems for the FireWatch hardware is managed to ensure that the process balances security, performance and the compatibility of the application with updates.</p> |                              |                                      |                    |                                    |
|--|--|------------------------------|--------------------------------------|--------------------|------------------------------------|
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>   | <b>SMT</b>                           | <b>Target date</b> | <b>Date signed off as complete</b> |
| Communicate with the software supplier to ensure that changes are not impacting the FireWatch application. | High   | FireWatch Programme Manager  | Area Manager<br>Business Fire Safety | Immediate          | 15/03/2013                         |
| Information to be passed onto HFRS ICT engineers and formally noted in change control procedures.          | High   | ICT Service Delivery Manager | Head of ICT                          | 1/03/2013          | 1/03/2013                          |
| Information to be passed onto HCC ICT engineers as appropriate.  | Medium   | ICT Service Delivery Manager | Head of ICT                          | 1/03/2013          | 1/03/2013                          |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 5</b>   |  | <b>FireWatch System Integrity 2012/2013</b> |                                   |                    |                                    |
|--|--|---|-----------------------------------|--------------------|------------------------------------|
| Objective  | Minor failures in the hardware, software, or infrastructure do not cause the system to fail completely.  |   |                                   |                    |                                    |
| Observations   | <p>We looked at the patch levels of the database for FireWatch. HCC IT staff informed us that they “could do with updating” but that the request should come from HFRS. They would update if the version installed went out of support or the FireWatch software supplier recommended it.</p> <p>The “on-going support for FireWatch by Information Services” document lists HCC’s responsibilities with regard to patching as “SQL updates/patches”. It does not make it clear if HCC should be keeping it up to date at a specific level or frequency, or who should be deciding that frequency. We understand that the process to update has now been started between HCC and HFRS.</p> <p>Management and responsibilities for SQL updating need to be made clear and documented to achieve the required balance between security, performance, and compatibility with FireWatch.</p> |   |                                   |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                  | <b>SMT</b>                        | <b>Target date</b> | <b>Date signed off as complete</b> |
| Communicate with the software supplier to ensure that changes are not impacting the FireWatch application. | High   | FireWatch Programme Manager                 | Area Manager Business Fire Safety | Immediate          | 15/03/2013                         |
| Information to be passed onto HFRS ICT engineers and formally noted in change control procedures.          | High   | ICT Service Delivery Manager                | Head of ICT                       | 1/03/2013          | 1/03/2013                          |
| Information to be passed onto HCC ICT engineers as appropriate.  | Medium   | ICT Service Delivery Manager                | Head of ICT                       | 1/03/2013          | 1/03/2013                          |

| <b>Action plan 6</b>   |  | <b>FireWatch System Integrity 2012/2013</b>             |                         |                    |                                    |
|--|--|---|-------------------------|--------------------|------------------------------------|
| Objective  | Continuity plans are in place to enable critical functions to operate if the system is unavailable.  |   |                         |                    |                                    |
| Observations   | There is no documented continuity plan to process payments for retained firefighters if FireWatch is unavailable at a key processing stage or for a long period of time. |   |                         |                    |                                    |
| <b>Management actions</b>  | <b>Priority</b>  | <b>Responsible Officer</b>                              | <b>SMT</b>              | <b>Target date</b> | <b>Date signed off as complete</b> |
| <p><b>Management action</b></p> <p>As we have discussed the overriding aim of the current payroll team would be to minimise any significant impact on earnings for retained duty system (RDS) staff. Having said that RDS staff income can fluctuate considerably from month to month as it is directly dependant on activity levels. For the majority of RDS staff, claims (to be paid via the FireWatch&gt;SAP interface) make up the larger part of their overall earnings.</p> <p>We are assuming the continuity plan required is to cover the eventually of a failure of FireWatch and/or the FireWatch interfaces into SAP as far as payroll is concerned.</p> <p>As the HR Officer has alluded to below there is no one prescriptive plan for this as the actions selected would be based on the particular circumstances at the time, the timing and duration of the outage and any other relevant factors. The following points would be considerations in choosing the appropriate course of action should this occur.</p> <ul style="list-style-type: none"> <li>• The current continuity plan to cover a situation where SAP itself has failed, and we are consequently unable to pay staff at all on the due date, is to request the</li> </ul> | High   | Workforce Support Manager and Workforce Support Officer | Head of Human Resources | 14/02/2013         | 14/02/2013                         |

**INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <p>BACS file from the previous month is used to simply duplicate the previous month's pay for all staff. This could be done for just RDS staff (and those paid by the claims system) but should be considered very much as a last resort. The task of unravelling duplicated payments is complicated and resource intensive, and as mentioned above, RDS pay does vary significantly so the problems of under/overpayments are almost guaranteed.</p> <ul style="list-style-type: none"> <li>• If SAP is intact but the problem is with FireWatch or the interface (FireWatch &gt; SAP) then the retaining fees, ARAs, holiday pay and other fixed allowances will continue to be paid through SAP. The activity claims and overtime will be missing for some or the entire pay period dependant on the duration of the problem/ outage. In this situation a judgement should be made as to whether an average earnings payment should be made, on an individual basis, for the number of days considered appropriate relative to the normal payroll closing date. A report is available in SAP to calculate these daily average earnings figures.</li> <li>• On stations, assuming FireWatch has failed a record of calls and activity claims should be kept using the old paper FM1/2/2/1 claim pads. (This is the current contingency plan for Gartan). If the outage is for a relatively short duration (i.e. possibly affecting only one pay run) these can then be entered into FireWatch on station when the system is restored. If the outage is for a longer period and likely to affect more than one pay run a decision will be made as to</li> </ul> |  |  |  |  |  |
|--|--|--|--|--|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <p>whether to continue/ extend average payments or request that the paper claims are submitted to HQ for entry in to SAP. If the capacity to enter data at HQ is lost in the move to shared services this issue must be revisited.</p> <ul style="list-style-type: none"> <li>• If the outage is in the early part of a month it is assumed that there will be time to catch up with the entry of claims on stations, any missed can be entered for the following month.</li> <li>• If the outage is for a week or less immediately before the pay run cut off we would suggest no action is taken - any claims missed in one month will be paid in the next assuming the system is restored.</li> <li>• Unless substantial or likely to cause hardship we suggest no action is taken regarding missed overtime claims (as a rule) - again individual circumstances can be considered - otherwise these claims will go through when the system is restored.</li> <li>• The entry of sickness absence data into SAP generates an automatic payment process for RDS staff covering the days absent- if the interface transferring this absence data is inoperative the Workforce Support payroll team and /or Station Support Admin need to be updated on new sickness absences/returns from sickness absence as soon as is practicable (via email, phone or face to face) to ensure SAP is updated.</li> </ul> |  |  |  |  |  |
|---|--|--|--|--|--|

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Action plan 7</b>  |  | <b>FireWatch System Integrity 2012/2013</b> |             |                    |                                    |
|---|--|---|-------------|--------------------|------------------------------------|
| Objective   | Effective plans are in place to recover the system in the event of it becoming unavailable to the service.   |   |             |                    |                                    |
| Observations  | <p>We requested the disaster recovery plans for the server hardware which FireWatch uses. This is HCC's responsibility. When we were provided with the plans it was noted that there were written on 7/12/2012, at version 0.1 and had no test history.</p> <p>They should have been documented since the hardware was built. We were informed that they would be tested when the disaster recovery solution to reflect FireWatch being on the Critical Applications Register is implemented.</p> <p>Currently it is not known if FireWatch could be successfully recovered using the plans as there has been no test rehearsal of them.</p> |   |             |                    |                                    |
| <b>Management actions</b>   | <b>Priority</b>  | <b>Responsible Officer</b>                  | <b>SMT</b>  | <b>Target date</b> | <b>Date signed off as complete</b> |
| Liaise with HCC to ensure that a test is planned and executed with the outcome provided (sent email 30.01.13). Awaiting response. | High   | Head of ICT                                 | Head of ICT | 1/03/2013          |                                    |

**Hampshire Safeguarding Children Board (HSCB):  
Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)  
Integrated working practices (CAF processes)**

| <b>Management actions</b>   | <b>Responsible Officer</b>  | <b>SMT</b>                                  | <b>Target date</b> | <b>Date signed off as complete</b> |
|---|---|---|--------------------|------------------------------------|
| Continue to invest in the common assessment framework (CAF) process   | Area Manager<br>Service Delivery Prevention   | Area Manager<br>Service Delivery Prevention | Ongoing            |                                    |
| <b>Staff responsibilities and competencies</b>  |   |   |                    |                                    |
| <p>Inclusion of responsibilities relating to early help (CAF process) within job descriptions for those staff working with children and families.</p> <p>The panel recognised where Hampshire is at with the CAF process. It was considered that the inclusion of responsibilities relating to early help should be included in job descriptions for those relevant staff, once the early help process has been agreed in Hampshire. The panel recognised that the review of, and any changes to, job descriptions need to be compatible with agency's HR processes. Support from the HSCB may be required to assist agencies in articulating responsibilities and roles.</p> <p>Within this process Firesetter Intervention Manager job specification to be made more specific regarding:</p> <ul style="list-style-type: none"> <li>(i) responsibilities to conduct a CAF assessment to identify child and family strengths; and ability to act as Lead Professional.</li> <li>(ii) ability to act as Lead Professional.</li> </ul> | Service Delivery Prevention team will review the job description and provide a copy to the Human Resources Department | Area Manager<br>Service Delivery Prevention | 30/09/2013         |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| <b>Hampshire Safeguarding Children Board (HSCB):<br/>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br/>Staff Recruitment and Selection</b>  |  |  |                    |                                    |
|---|--|--|--------------------|------------------------------------|
| <b>Management actions</b>   | <b>Responsible Officer</b>   | <b>SMT</b>                               | <b>Target date</b> | <b>Date signed off as complete</b> |
| Completion of basic criminal record checks for all operational staff and new entrants.  | Human Resources Department   | Head of Human Resources                  | 30/09/2013         |                                    |
| Strengthen safer recruitment training.<br>The panel considered that, as a minimum requirement, the chair of a recruitment panel should have completed safer recruitment training.<br>Free e-learning on safer recruitment is offered by the Department for Education on their website:<br><a href="#">Online training - Safer Recruitment</a> | Service Delivery – Prevention team will liaise with support teams to find the best solution. | Area Manager Service Delivery Prevention | 31/12/2013         |                                    |
| <b>Hampshire Safeguarding Children Board (HSCB):<br/>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br/>Staff Induction, Training and Appraisal</b>  |  |  |                    |                                    |
| <b>Management actions</b>   | <b>Responsible Officer</b>   | <b>SMT</b>                               | <b>Target date</b> | <b>Date signed off as complete</b> |
| Complete review of training for staff involved in Young Firefighters Associations and implement any improvements.   | Area Manager Service Delivery Prevention   | Area Manager Service Delivery Prevention | 31/12/2013         |                                    |

|   |  |  |                    |                                    |
|---|--|--|--------------------|------------------------------------|
| Line manager of Schools education team to ensure that skills, competencies, and knowledge around child protection issues and processes are included in next year's personal development reviews (PDR).                            | Area Manager Service Delivery Prevention                                     | Area Manager Service Delivery Prevention | 30/09/2013         |                                    |
| <b>Hampshire Safeguarding Children Board (HSCB):<br/>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br/>Staff Recruitment and Selection</b>                                  |  |  |                    |                                    |
| <b>Management actions</b>   | <b>Responsible Officer</b>   | <b>SMT</b>                               | <b>Target date</b> | <b>Date signed off as complete</b> |
| Line manager of Firesetters intervention team to ensure that primary line managers of Firesetter intervention staff include skills, competencies, and knowledge around child protection issues and processes in next year's PDRs. | Area Manager Service Delivery Prevention                                     | Area Manager Service Delivery Prevention | 30/09/2013         |                                    |
| <b>Hampshire Safeguarding Children Board (HSCB):<br/>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br/>Staff Supervision and Accountability</b>                             |  |  |                    |                                    |
| <b>Management actions</b>   | <b>Responsible Officer</b>   | <b>SMT</b>                               | <b>Target date</b> | <b>Date signed off as complete</b> |
| Introduction of work impact assessment process.   | Service Delivery – Prevention team will liaise with Occupational Health team | Area Manager Service Delivery Prevention | 30/09/2013         |                                    |

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED SINCE MARCH 2013, COMPLETED SINCE MARCH 2013, AND THOSE IN PROGRESS

| Hampshire Safeguarding Children Board (HSCB):<br>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br>Safe Working Practices                         |  |  |             |                             |
|--|--|--|-------------|-----------------------------|
| Management actions   | Responsible Officer                      | SMT                                      | Target date | Date signed off as complete |
| Our overall information management project will examine Service Orders and Policies to ensure that staff are aware of those key to their role.   | Responsibility currently being defined   |  | 31/03/2014  |                             |
| Hampshire Safeguarding Children Board (HSCB):<br>Outcome of audit of HFRS arrangements to safeguard and protect the welfare of children (Section 11)<br>Client Confidentiality and Information Sharing |  |  |             |                             |
| Management actions   | Responsible Officer                      | SMT                                      | Target date | Date signed off as complete |
| Improve alignment of work across teams to make our approach consistent and make use of key tools such as Safetynet.  | Area Manager Service Delivery Prevention | Area Manager Service Delivery Prevention | 31/03/2014  |                             |