

## INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED &amp; COMPLETED SINCE APRIL 2016 AND THOSE IN PROGRESS

Action plan 1		Networked Fire Control Project 2013/14			
Objective	Appropriate consideration has been given to how the Networked Fire Control Services Partnership and its implementation affects Hampshire Fire and Rescue Service and its employees.				
Observations	<p>Throughout the project implementation, the expected benefits of the project have been identified centrally for the project and recorded during each stage. Whilst the project lead on the measurement of benefits across the project as a whole is the Project Manager from Devon and Somerset FRS, it is down to individual Fire and Rescue Service to highlight their own benefits.</p> <p>Within HFRS we understand that the pressure of the implementation has impacted on the resources to capture, identify and measure the benefits being realised. Although this may not impact on the project itself, it may have implications when the project has been completed. If benefits are not seen to be realised there could be a reputational risk of the benefits of the project being called into doubt.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
1.1 Review partnership and FRS benefits alignment.	Medium	Fire Control Options PM / DSFRS PM	Area Manager Response Support	01/08/2014 Extended to 31/01/2015 Extended to 30/09/2016	
1.2 Undertake further baseline benefits measurement (FRS).	Medium	Fire Control Options PM	Area Manager Response Support	01/08/2014 Extended to 31/01/2015 Extended to 30/09/2016	
<b>Summary:</b> Still on track for current target date.					

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Action plan 1		Partnerships and Associated Contracts – South Central Ambulance Service 2014/2015			
Objectives	An agreement is in place which clearly documents the aims and objectives of the scheme, along with roles and responsibilities.				
Observations	<p>There is no current HFRS partnership policy for staff to follow when entering in to partnerships and associated contracts. Nor are there procedures for staff to follow when entering in to a new partnership agreement covering the processes, documentation and approvals required.</p> <p>On the HFRS website there is a list of formal, informal and statutory partners, however, the partnership with South Coast Ambulance Service (SCAS) is not included.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
1.1 Partnerships Policy to be updated and a Partnerships Register to be created. Both to be agreed by SMT and then presented to Standards and Governance Committee for sign off.	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/01/2016 Extended to 31.03.2016 *Extended to 30.09.16	
<b>Summary:</b> Due to staff changes and restructuring this Action will be owned and taken forward by the new Performance Review Manager who will be joining the Knowledge Management Department in July 2016.					

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<b>Action plan 2</b>		<b>FireWatch management information and access controls 2014/15</b>				
Objectives	Management information requirements have been clearly specified					
Observations	<p>We looked for a strategy or project plan for the specification and delivery of management information from FireWatch. We did not find evidence of a strategy or project plan which (for example) linked to service objectives, the mitigation of key risks or getting added value from FireWatch by improving on what was available in the previous system.</p> <p>The FireWatch team are currently working on improving the management information available, but at the time of the audit it was uncertain where responsibility for future development and maintenance would rest. We understand that this uncertainty has now been resolved by the Knowledge Management restructure where specific FireWatch accountabilities have been picked up between Knowledge Management and the Information Services (IS) department.</p> <p>Currently reports can be developed by the FireWatch team using the reporting tools in FireWatch with assistance from Infographics, or by request to Business Intelligence or members of the Performance Review team to write a SQL query which runs on the database.</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>	
2.1 Produce a documented transition plan for each Business As Usual area and assign owners. Publish to Heads of Service for information and endorsement.	Medium	FireWatch Manager	Head of Knowledge Management	30/09/2015 Extended to 31/03/2016	Revised dates required	

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2.2 Develop a Management Information Strategy	Medium	Head of Knowledge Management (with significant input from IS)	Head of Knowledge Management	01/03/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					

Action plan 5 FireWatch management information and access controls 2014/15	
Objectives	Access applied in FireWatch is in line with documented definitions, authorised and up to date.
Observations	<p>Access to data by reports within FireWatch is controlled by the access privileges assigned to each user. So if a user cannot navigate to data within FireWatch it won't be visible to them on a report either.</p> <p>Direct access to the SQL database to write reports from the tables is controlled by access to SQL Server 2008 or 2012 and the user id having the connection string and log in details for the FireWatch database.</p> <p>The ability to run the report queries created by the Business Intelligence team is granted by adding the user's network id to the specific query accessed from hfrs.net.</p>

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Therefore the control of access to FireWatch data is currently the responsibility of separate teams. Any regular review of access to the data needs to cover all these areas.					
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
5.1 As part of the FireWatch Optimisation Project the team will create a process for the maintenance of user accounts and security in FireWatch and hand over to Business As Usual teams. Knowledge Management (Research and Intelligence) will manage, review and update this process once handed over.	Medium	FireWatch Manager	Head of Knowledge Management	30/10/2015 Extended to 31/03/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					

Action plan 6		FireWatch management information and access controls 2014/15
Objectives	Access requirements, including those to personal and sensitive data, have been defined and documented.	
Observations	<p>We reviewed the access templates for FireWatch to determine if restrictions to personal and sensitive data were in place and appropriate. We found the template definitions to be appropriate.</p> <p>We were informed that personal or sensitive data types were not maintained in FireWatch so even if access was enabled there may not be data to view. We checked the database tables with the Business Intelligence Manager and the FireWatch Manager for a sample of personal or sensitive data types. We found the following:</p>	

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<p>Ethnicity – 1733 entries in the database which were not “NULL”. A corresponding table defined what the entry codes meant.</p> <p>Sexuality – 53 entries which were not “NULL”. The table which defined what the entries mean was encrypted.</p> <p>Reg Disabled – 176 entries which were not “NULL”. This is a ‘tick box’ field where “1” means there is a tick in the box. In addition to the unexpected data being present we noted that the encryption of the definition tables was also inconsistent. A member of staff with direct access to the database could work out the ethnicity recorded, but not the sexuality.</p>					
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
6.1 Action Plan 5.1 will mitigate further risk of this.	Medium	FireWatch Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required
6.2 Research and Intelligence will manage, review and update this process once handed over.	Medium	Research & Intelligence Manager	Head of Knowledge Management	31/10/2015 Extended to 30/04/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					

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<b>Action plan 7 FireWatch management information and access controls 2014/15</b>					
<b>Objectives</b>	Access requirements, including those to personal and sensitive data, have been defined and documented.				
<b>Observations</b>	<p>High privilege access to functions and/or data in FireWatch is controlled by the access controls within the software or controls over who has access directly to the database.</p> <p>Members of the implementation team have the highest level of access within the software. We tested who had this access applied to them and found two issues. Staff had moved teams but the access was still in place. These have since been removed.</p> <p>There was also an “Admin” account active in the software which was confirmed as no longer required with Infographics by the FireWatch manager. This has now been disabled.</p> <p>We also determined who had access directly to the FireWatch database using SQL Server 2008 or 2012. We found that four members of the Knowledge Management Team had this access route.</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>
7.1 Action 5.1 will mitigate this risk	Medium	Business Intelligence developer (Research and Intelligence Manager)	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required

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7.2 Research and Intelligence will manage, review and update this process once handed over.	Medium	Research & Intelligence Manager	Head of Knowledge Management	31/10/2015 Extended to 30/04/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					
<b>Action plan 8 FireWatch management information and access controls 2014/15</b>					
Objectives	Access requirements, including those to personal and sensitive data, have been defined and documented.				
Observations	<p>We reviewed the members of staff with access to run the FireWatch reports written by the Business Intelligence team. The access to ten reports was covered, and one issue was found with a member of staff still having access to the "FireWatch Contract Checker" report. This member of staff was on secondment from the role which needed the access.</p> <p>The standard process is for the member of staff's line manager to advise the Business Intelligence Manager of role changes so access can be amended.</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>
8.1 Action 5.1 will mitigate this risk	Medium	FireWatch Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required

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<p>8.2 Research and Intelligence will manage, review and update this process once handed over.</p>	<p>Medium</p>	<p>Research &amp; Intelligence Manager</p>	<p>Head of Knowledge Management</p>	<p>31/10/2015 Extended to 30/04/2016</p>	<p>Revised dates required</p>
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					
<p><b>Action plan 9</b> <span style="float: right;"><b>FireWatch management information and access controls 2014/15</b></span></p>					
<p>Objectives</p>	<p>Access applied in FireWatch is in line with documented definitions, authorised and up to date.</p>				
<p>Observations</p>	<p>We compared the FireWatch access templates provided to us on 20 January with an access report from FireWatch run on 17 February.</p> <p>This test took 10 users and compared all their access privileges (totalling 270) with the template for their job. We found nine differences between what the template documented and what access was granted in FireWatch. Six of the 10 users had at least one difference.</p> <p>We were informed that the differences we found were down to the work being done at the time of the audit to review, change and simplify access.</p> <p>Retesting of the same 10 users on 13 April found six differences between the access assigned in FireWatch and the new template specification. Six of the 10 users had at least one difference. However all of the differences were down to the category “Sickness Details (Core)” being “Read/Write ROselfSubordinates” in FireWatch but “Insert ROselfRWAll”</p>				

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	<p>was specified in the template.          On the 13 of April we also selected a different 10 users and compared all their access privileges (totalling 284) with the new template specification for their job. This test found a total of six differences, four of which were down to the same “Sickness Details (Core)” issue mentioned above.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
9.1 Action 5.1 will mitigate this risk	Medium	FireWatch Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required
9.2 Research and Intelligence will manage, review and update this process once handed over.	Medium	Research & Intelligence Manager	Head of Knowledge Management	31/10/2015 Extended to 30/04/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					

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Action plan 10					
FireWatch management information and access controls 2014/15					
Objectives	Access applied in FireWatch is in line with documented definitions, authorised and up to date.				
Observations	<p>We compared all 1040 user ids in FireWatch as at 17.2.15 with payroll output from SAP to check that users set up in the system were still active employees with HFRS.</p> <p>This resulted in the removal of 18 members of staff and one contractor who had left HFRS. It was also confirmed that six others not on the payroll were contractors but still had a need for the access.</p> <p>Four leavers removed were from 2012, two from 2013, eleven from 2014 and one from 2015.</p> <p>Three of the 2014 leavers were TUPE transfers to Hampshire County Council.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
10.1 Action 5.1 will mitigate this risk	Medium	FireWatch Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required
10.2 Research and Intelligence will manage, review and update this process once handed over.	Medium	Research & Intelligence Manager	Head of Knowledge Management	31/10/2015 Extended to 30/04/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p>					

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These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.					
<b>Action plan 11</b>		<b>FireWatch management information and access controls 2014/15</b>			
Objectives	Access applied in FireWatch is in line with documented definitions, authorised and up to date.				
Observations	Business Intelligence have provided an “Access and Privileges” report which can be used to identify all current users of FireWatch and what data and functions they have access to. This report is not currently being regularly run to review access or identify leavers missed by the notification processes.				
<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>
11.1 Action 5.1 will mitigate this risk	Medium	FireWatch Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	Revised dates required
11.2 Research and Intelligence will manage, review and update this process once handed over.	Medium	Research & Intelligence Manager	Head of Knowledge Management	31/10/2015 Extended to 30/04/2016	Revised dates required
<p><b>Summary:</b> The FireWatch Project is being monitored closely by the Project Management Office and Safer Stronger Board. A new fully dedicated Project Manager is now in place and with the support of the Project Management Office, strong project governance and leadership is being introduced. Lack of capacity within the current project and business as usual teams is being addressed and further resources will be allocated shortly.</p> <p>These outstanding actions within this audit are being distributed between the new FireWatch Project Manager and the Research and Intelligence Manager. Revised and realistic target dates are being applied to ensure progress is made.</p>					

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Action plan 4		Health & Safety 2015/16			
Objectives	Health and safety risks are identified and arrangements made for appropriate action to be taken where required.				
Observations	<p>Fire evacuation procedures outlining the roles and responsibility of key staff are laid out in service order number SO/2/11, this order has a review date of 08/2012 and review is therefore overdue. The Health and Safety Manager has highlighted that it is good practice to review Evacuation Procedures annually.</p> <p>We are concerned to note that a full fire evacuation procedure has not been completed at SHQ since 2012 and service order SO/2/11 does not stipulate how regularly these should be completed.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
4.2 Undertake a review of Service Order number SO/2/11.	Medium	Central Services Manager	Head of Physical Assets	30/11/2015 Extended to 28/02/2016 Extended to 01/05/2016	06/05/2016
<b>Summary:</b> Service order has been reviewed and is awaiting upload to our intranet.					
Action plan 1		Safeguarding 2015/16			
Objectives	The service has a defined safeguarding process which has been clearly documented and made available to staff.				
Observations	Audit testing against HFRS service orders during the course of this review identified that the following service orders are past their review date:				

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<p>Safeguarding service order due for update 05/2014</p> <p>The Community Safety Children and Young People service order was due for update 09/2012</p> <p>The HFRS risk register states that the HFRS Safeguarding Policy is due for update during Q4 of 2015/16 to incorporate changes from the Care Act 2015. The HFRS Risk Register was approved by the force Director during July 2015 and SMT during August 2015. The Risk Register doesn't suggest that the Children and Young People service order is due to be reviewed, however, is stated as a current control (despite being due for review in 2012).</p> <p>Data Protection service order due for update 12/2013</p> <p>Home Safety Visit service order due for update 03/2015</p> <p>4LSAB guidance also outlines how all Safeguarding Adult Board members must have an Allegations Management procedure within the organisation. Although HFRS has a Complaints Policy and a Whistle Blowing policy they do not have an Allegations Management Procedure specifically.</p>					
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
1.2 To formulate a medium term plan for the HFRS Children and Young People (CYP) which encompasses the development of the associated policy directives including the overall CYP governance arrangements. The medium term plan will commence from January 2016 and will be completed by December 2016.	Medium	Children and Young People Manager	Head of Community Safety	30/09/2016	01/05/2016
1.3 Develop a Community Safety Policy Directive as stated as a control measure in the Corporate Risk Register (last updated July 2015)	Medium	Community Safety Manager	Head of Community Safety	30/09/2016	30/04/2016

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1.4 Review and update the HFRS Data Protection Service Order	High	Performance Management and Assurance Manager	Head of Community Safety	*01/03/2016 Extended to 30/06/2016	
1.5 The Home Safety Visit Service Order is currently under review. The update of this service order has been captured within the HFRS Community Safety Medium Term Plan to commence December 2015.	Medium	Community Safety Manager	Head of Community Safety	30/09/2016	31/03/2016
<b>Summary:</b> CYP Medium Term plan written and commenced, working towards the timeline with policy documents and guidance notes in place. Safe and Well Policy Directive 6/6/7 published March 2016. Policy replaces previous HSV Service Order					
<b>Action plan 2</b> <span style="float: right;"><b>Safeguarding 2015/16</b></span>					
Objectives	The Service has a defined safeguarding process which has been clearly documented and made available to staff.				
Observations	<p>Audit testing of 292 Grey Book Crew from 13 stations (20 watches - 10 retained and 10 whole time) identified that 75 staff members' training was more than a month overdue.</p> <p>Of these 75 who have not received training there are 22 crew members whose training is between two and six months overdue, six whose training is six months to one year overdue and a further three whose training is 17 months or more overdue.</p> <p>Further investigations of five of the 10 retained station's Retained Duty System Planner (RDS Planner) identified that for two stations there was a reasonable reason given for not carrying out training (Breathing apparatus training course ran instead and a visit from a Senior Manager). However, there does not appear to be any follow up control to ensure that training is picked up at a later date. For the other three retained RDS Planners the reason for the training not being carried out was not considered adequate. We were unable to test whole time stations in this way as they do not use the same work recording system.</p> <p>We were informed that there is no test at the end of the training to confirm understanding of the materials and audit testing of a sample of cases on VP identified that crews are not always following procedure.</p>				

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	<p>Audit testing of 16 cases on the Vulnerable Persons module (VP) identified that:</p> <ul style="list-style-type: none"> <li>• an alert raised where there were Children concerned (1519/1520). This alert was not raised by the crew member correctly and as a result the Lead Safeguarding Officer and the Local Authority were not informed for several days.</li> <li>• another alert was raised where the referral was made to the Local Authority through email (to the wrong email address) when the referral should have been made through a page from Control to the Lead Safeguarding Officer who would then make the referral to the Local Authority having collated all details and felt it necessary. As a result the Local Authority and the Lead Safeguarding Officer / Safeguarding Officers were not aware of the alert for four days. (1650)</li> <li>• for two cases tested we found an email had been sent from Fire Crews to the Safeguarding Officer, where as a phone call should have been made. As a result of one of these there was a delay in the Safeguarding Officer being informed and able to manage the alert as the team's email account is not monitored at weekends and out of hours where as the phone is answered 24/7. (1519/1520 and 1436)</li> </ul> <p>These cases demonstrate a lack of understanding for the process of referral.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
<p><b>2.2</b> Work with HFRS Training and Development teams in order to develop a reporting tool to identify all personnel who have not maintained competency as per the HFRS Safeguarding training package. Consideration will also be given to making safeguarding training a 'risk critical' competency within the HFRS FireWatch training recording system.</p>	<p>Medium</p>	<p>Lead Safeguarding Officer</p>	<p>Head of Community Safety</p>	<p>30/06/2016</p>	<p>13/05/2016</p>

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<p><b>2.3</b> An HFRS Safeguarding Quality Assurance Tool will be developed which will include quarterly reporting of safeguarding training for all operational employees. Deficiencies to be reported to line managers for immediate action.</p>	<p>Medium</p>	<p>Lead Safeguarding Officer</p>	<p>Head of Community Safety</p>	<p>30/09/2016</p>	
<p><b>Summary:</b> Reporting tool developed by HFRS Training and Development team. HFRS Safeguarding training within the MOC framework is now identified as a WA workplace assessment / risk critical. Progress is being made and on track for 2.3.</p>					
<p><b>Action plan 3</b></p>			<p><b>Safeguarding 2015/16</b></p>		
<p>Objectives</p>	<p>Safeguarding alerts raised by HFRS staff are dealt with promptly and in line with procedures.</p>				
<p>Observations</p>	<p>The High Risk referral process (which is draft guidance and not a service order) outlines how an urgent home safety visits (HSV) should be carried out within 24 hours of the referral being received.</p> <p>Audit testing of a sample of cases on the VP module on the HFRS system identified that eight were requested urgently either from Fire Crew or from another Authority.</p> <p>Testing confirmed that five of these were carried out the same day.</p> <p>In two cases (1479 and 1447) the Community Safety Officer (CSO) was not able to arrange a HSV. For one case the person did not want to engage, so the CSO met with his son. For the other it took 24 days to arrange the visit due to three attempts to make contact with the person. Both cases are in line with the High Risk referral process.</p> <p>However, one urgent request from South Central Ambulance Service (SCAS) for a HSV took eight days (1650) and the VP module was not updated to include this nor any further case history.</p> <p>For one (non-urgent) case (two children 1519/1520) where the referral was made to a Local Authority it was suggested on the form to the Local Authority that a HSV be carried out. However, it was never carried out and this was not recorded upon the VP module.</p>				

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	<p>The Lead Safeguarding Officer informed us that the 24hr target is not always realistic and is also not outlined within the Home Safety Visit guidance. However, unless details of why the target has not been met are recorded in the VP module there is no evidence to show that the team are aiming to meet the targets and management may not be getting a true picture.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
<p><b>3.1</b> The Home Safety Visit Policy Directive will be reviewed and updated within the Community Safety Medium Term Plan 2016. This Policy Directive will provide guidance as to how HFRS respond to high risk referrals including details of 'proportionate' time frames for home safety intervention.</p>	<p>Medium</p>	<p>Lead Safeguarding Officer / Community Safety Manager</p>	<p>Head of Community Safety</p>	<p>30/09/2016</p>	
<p><b>Summary:</b> Progress is being made and on track for target date</p>					
Action plan 4		Safeguarding 2015/16			
Objectives	<p>Safeguarding alerts raised by HFRS staff are dealt with promptly and in line with procedures.</p>				
Observations	<p>Audit testing of 16 cases on the Vulnerable Person's (VP) module identified that cases are not always recorded immediately as per HFRS procedures.</p> <p>As a result there is a risk that the Lead Safeguarding Officer or Safeguarding Officers will not be aware of the concern and that the referrals to other local authorities are not completed promptly to ensure that each case is appropriately risk assessed and managed.</p>				



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<p>the module means that this report does not show open safeguarding cases. Audit testing of 13 case tracker items identified that 12 of 13 were closed as soon as the action (e.g. email sent, HSV takes place) had been completed, however, the vulnerable person could still be being managed by HFRS.</p> <p>The LSO confirmed that he would need to read the case notes to determine whether a safeguarding concern / alert was still open to safeguarding and the person still at risk</p>					
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
5.1 The CFRMIS Vulnerable Persons Module has been captured within the Community Safety Medium Term Plan. Develop a facility to be able to identify, monitor and report upon 'open' and 'closed' cases will feature within the development of this information management system.	Medium	Lead Safeguarding Officer / CFRMIS Development Officer	Head of Community Safety	30/09/2016	
<b>Summary:</b> Progress is being made and on track for target date					