

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 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 effects 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
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	
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	
Summary: On track for current target date.					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Action plan 2		Programme and Project Management 2014/15			
Objectives	Confirmation that progress has been achieved against the recommendations made within the Project Angels report.				
Observations	<p>It was agreed as part of one of the recommendations that the project “life cycle” would be re-launched with an emphasis on business cases, planning and proper resource management.</p> <p>We noted that the web page which outlines the process is not up to date so reliance cannot be placed on the validity of the data to assist with any project management support. Whilst training was introduced for staff who have an interest in project management and those identified as project managers, this has stopped due to the availability of staff to carry out the training.</p> <p>At the present time there continues to be no clear and up to date guidance to support officers assigned as Project Managers.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Initial relaunch of the current HFRS Project Management Methodology with a full review to be carried out by 01/06/2015	High	Performance Management & Assurance Manager	Head of Knowledge Management	01/06/2015 Extended to 31/03/2016	
Review and relaunch of the current Project Health Check process to ensure project continuation decisions are documented at appropriate gateways	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/12/2015	31/12/2015 Completed
Review of the current project governance documentation	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/12/2015	31/12/2015 Completed

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Full review and relaunch of the training provision to create a suite of national accredited training courses, using a blended learning approach. A new role will be created within the PMO to deliver this as well as support actions 1.1-1.6	High	Performance Management & Assurance Manager	Head of Knowledge Management	01/04/2016	
Summary:					
Action plan 3 Programme and Project Management 2014/15					
Objectives	Confirmation that progress has been achieved against the recommendations made within the Project Angels report.				
Observations	<p>The report recommended that a portfolio, delivery and support unit, incorporating the current Performance Review Team (PRT), the PMO and a team of professional project managers be introduced. The future structure of the PMO also needs to be considered alongside the Professional Services Redesign (PSR). This had not been implemented at the time of our audit, but was discussed in December 2014 as part of the Senior Management away day, when it was agreed that an external consultant would be engaged.</p> <p>At the present time the PMO is staffed by a mixture of seconded and temporary staff with only one dedicated project manager post. The work profiles of staff working within the PMO are largely administration based.</p> <p>To comply with the recommendation that the PMO requires “teeth” would require a balance to be obtained between the expectations of management and what can be achieved given the existing resource profile.</p> <p>Until the PMO has a permanent embedded structure it will be difficult to be clear on which of the recommendations can be achieved given the existing resources available.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Upskill the current PMO team with the necessary qualifications relating to Project Management methodologies and practices.	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/12/2015	31/12/2015 Completed

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Summary: Completed

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
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	
Summary:					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Action plan 2					
FireWatch management information and access controls 2014/15					
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>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Produce a documented transition plan for each Business As Usual area and assign owners. Publish to Heads of Service for Information and endorsement.	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	30/09/2015 Extended to 31/03/2016	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Develop a Management Information Strategy.	Medium	Head of Knowledge Management (with significant input from IS)	Head of Knowledge Management	01/03/2016	
Summary:					

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> <p>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.</p>

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
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	Performance Management & Assurance Manager	Head of Knowledge Management	30/10/2015 Extended to 31/03/2016	.
Summary:					

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> <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>	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Action Plan 5.1 will mitigate further risk of this.	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	
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	
Summary:					

Action plan 7		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>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>	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

<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 4 members of the Knowledge Management Team had this access route.</p>					
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
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	
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	
Summary:					
Action plan 8 FireWatch management information and access controls 2014/15					
Objectives	<p>Access requirements, including those to personal and sensitive data, have been defined and documented.</p> <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>				

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Observations	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.				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Action 5.1 will mitigate this risk	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	
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	
Summary:					
Action plan 9 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 the FireWatch access templates provided to us on 20th January with an access report from FireWatch run on 17th 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>				

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

<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 13th 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” was specified in the template.</p> <p>On the 13th 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
Action 5.1 will mitigate this risk	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	
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	
Summary:					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

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
Action 5.1 will mitigate this risk	Medium	PM&A Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	
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	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Summary:					
Action plan 11		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	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.				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Action 5.1 will mitigate this risk	Medium	Performance Management & Assurance Manager	Head of Knowledge Management	31/10/2015 Extended to 31/03/2016	
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	
Summary:					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Action plan 1		Health & Safety 2015/16			
Objectives	Management and operational responsibilities are clearly defined and supported by policies and procedures.				
Observations	Health and safety information is available on the intranet via Service Orders. As part of the induction process health and safety is outlined to staff within the first week by their line manager and they are given instruction with regards to fire evacuation procedures as well as general information regarding who the health and safety representative is. It has been recognised by the Health & Safety Manager that the health and safety aspect of the induction document could do with an update/refresh to ensure it represents current working practices, in particular joint working.				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Develop new induction Health & Safety (H&S) Element run through Moodle	Medium	Moodle Lead	Head of Physical Assets	31/1/2016	
Summary:					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Action plan 3		Health & Safety 2015/16			
Objectives	Health and safety risk are identified and arrangements made for appropriate action to be taken where required.				
Observations	<p>At our meeting held with the Central Service Manager (CSM) we identified that a fire log exists which outlines when fire alarms are tested. We were informed by the Manager that fire alarm testing is completed weekly on a Wednesday as well as one further call point located at either SHQ, Training Centre or Fleet maintenance.</p> <p>Whilst printed slips are retained from each test they are not held in any sort of chronological order and it has therefore not been possible for us to fully test this area. We are therefore unable to provide assurance that alarm testing has been undertaken at the intervals stated.</p> <p>No guidance or best practice document is available to support the CSM in this role to ensure compliance with statutory safety requirements and to ensure the retention of supporting documentation is appropriate.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Develop and implement system for controlling fire alarm testing.	Medium	Central Services Manager	Head of Physical Assets	30/11/2015	30/11/2015 Completed
Summary: Fire log now instigated that includes testing of the fire alarm and emergency lighting for all areas on the SHQ site.					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

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 SO2/11 does not stipulate how regularly these should be completed.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Fire evacuation was completed for the SHQ building on the 8 September 2015, a number of learning points were identified and are currently being progressed. Review evacuation plans for site on completion of the refurbishment work (Phase 1) in October /November 2015 and after all work is completed on phase 2.	Medium	Central Services Manager	Head of Physical Assets	30/11/2015	30/11/2015
Undertake a review of Service Order number SO/2/11.	Medium	Health & Safety Manager	Head of Physical Assets	30/11/2015 Extended to 28/02/16	
Summary:					

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Action plan 6		Health & Safety 2015/16			
Objectives	All identified health and safety risks are monitored and managed.				
Observations	<p>At the present time HFRS has a number of grey book staff working within SHQ who are first aid trained to the highest level possible. These officers, although working at SHQ are not using this as a permanent place of work and therefore the Service are unable to rely on them being available if there is an incident.</p> <p>We therefore reviewed the number of green book staff who are first aid trained and found only four staff at SHQ who are currently paid a monthly first aid allowance.</p> <p>It was recognised that the First Aid provision at the SHQ may not fully satisfy the requirements of the Health and Safety (First Aid) Regulations 1981 with regards to the requirement for named and trained First Aid at Work employees. This is currently being addressed and volunteers have been requested who will be put forward for training.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Review first aid risk assessment for all premises at the SHQ.	Medium	Central Services Manager/ Health & Safety Manager	Head of Physical Assets	30/11/2015 Extended to 31/01/2016	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Ensure that we have sufficient first aid cover across the SHQ site	Medium	Central Services Manager/ Health & Safety Manager	Head of Physical Assets	30/11/2015	30/11/2015
Review first aid call out procedure to ensure we have a robust process to cover all site at SHQ and including police staff onsite.	Medium	Central Services Manager/ Health & Safety Manager	Head of Physical Assets	30/11/2015	30/11/2015

Summary:

Action plan 7

Health & Safety 2015/16

Objectives

All identified health and safety risks are monitored and managed.

Observations

Of the four green book staff who are paid an allowance for first aid provision we are unable to confirm whether these staff have received regular refresher training.

There is currently no central record of who are registered first aiders and therefore we are unable to give assurance that there is a good distribution of trained first aiders throughout Service Headquarters.

At the close of audit we were informed that going forward no allowance will be paid to first aiders and that the training section will hold details of all qualified first aid staff on their training system to ensure all information is held centrally.

Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as
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INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

					complete
Ensure that we have sufficient first aid cover across the SHQ site	Medium	Central Services Manager/ Health & Safety Manager	Head of Physical Assets	30/11/2015	30/11/2015 Completed
Review first aid call out procedure to ensure we have a robust process to cover all site at SHQ and including police staff onsite.	Medium	Central Services Manager/ Health & Safety Manager	Head of Physical Assets	30/11/2015	30/11/2015 Completed
Summary:					
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	<p>Audit testing against HFRS service orders during the course of this review identified that the following service orders are past their review date:</p> <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</p>				

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

<p>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
Review and amend HFRS Safeguarding Service Order by December 2015 as per the HFRS Corporate Risk Register.	High	Lead Safeguarding Officer	Head of Community Safety	31/12/2015	
To formulate a medium term plan for the HFRS Children and Young People (CYP) of 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	
Develop a Community Safety Policy Directive as stated as a control measure in the Corporate Risk Register (last updated July 2015)	Medium	Children and Young People Manager	Head of Community Safety	30/09/2016	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Review & update the HFRS Data Protection Service Order	High	Performance Management and Assurance Manager	Head of Community Safety	01/03/2016	
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	
HFRS have agreed to embed the Designated Adult Safeguarding Manager (DASM) responsibility with the organisation along with other Safeguarding arrangements in reflection of the Care Act 2014. The Lead Safeguarding Officer will discuss the requirement for an HFRS Allegation Management Policy to be developed. The DASM role and responsibilities will be reflected in the HFRS Safeguarding Policy Directive. Consideration will also be given to other related Service policy (such as the HFRS Complaints procedure and Whistle Blowing Policy) to reflect the DASM arrangements.	Medium	Lead Safeguarding Officer	Head of Community Safety	31/03/2016	
Summary: The Safeguarding risk register entry has been moved from the corporate risk register to the Service Delivery risk register for local management.					
Action plan 2		Safeguarding 2015/16			
Objectives	The service has a defined safeguarding process which has been clearly documented and made available to staff.				
Observations	Audit testing of 292 Grey Book Crew from 13 stations (20 watches - 10 retained and 10 whole time) identified that 75				

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

	<p>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> <p>Audit testing of 16 cases on the Vulnerable Persons module (VP) identified that:</p> <ul style="list-style-type: none">• 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.• 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)• 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
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INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

	hours where as the phone is answered 24/7. (1519/1520 & 1436)				
	These cases demonstrate a lack of understanding for the process of referral.				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
Safeguarding Prevention Bulletin will be published throughout the Service to highlight the importance of maintaining competency in safeguarding practices by completing the internal Safeguarding training package.	High	Lead Safeguarding Officer	Head of Community Safety	31/12/2015	
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.	Medium	Lead Safeguarding Officer	Head of Community Safety	30/06/2016	
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.	Medium	Lead Safeguarding Officer		30/09/2016	
Summary:					
Action plan 3		Safeguarding 2015/16			

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Objectives	Safeguarding alerts raised by HFRS staff are dealt with promptly and in line with procedures.				
Observations	<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& 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 8 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> <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 is 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
The Home Safety Visit Policy Directive will be reviewed and updated within the Community Safety Medium	Medium	Lead Safeguarding	Head of Community	30/09/2016	

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

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.		Officer / Community Safety Manager	Safety		
Summary:					
Action plan 4 Safeguarding 2015/16					
Objectives	Safeguarding alerts raised by HFRS staff are dealt with promptly and in line with procedures.				
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> <p>Audit testing identified that for 13 cases the VP module was updated within 24 hours of being made aware of the concern, however for the other three:</p> <ul style="list-style-type: none"> • One concern took 4 days to record (1433). • One concern was incorrectly recorded and we were unable to determine if dates recorded are accurate (1479) The concern was raised on 20 February 2015, however, the VP module was not updated until 1 April 2015; <p>Details of a concern for two children (1519/1520) was not recorded on VP, the paperwork was held on file.</p>				
Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
HFRS Internal Safeguarding procedures to be reviewed	Medium	Lead	Head of	30/10/2015	30/09/2015

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

and issued to all Safeguarding and Community Safety Officers.		Safeguarding Officer	Community Safety		
Safeguarding Quality Assurance tool to be developed to ensure all safeguarding alerts raised are recorded in accordance to 'proportionate' time scales. This will also reflect compliance to the stages of the safeguarding reporting process as detailed within the Hampshire Multi Agency Safeguarding Policy document.	Medium	Lead Safeguarding Officer	Head of Community Safety	30/09/2016	
<p>Summary: HFRS Internal Safeguarding procedures have been reviewed and issued to all Safeguarding and Community Safety Officers (October 2015). Further work has been completed to ensure appropriate compliance to the internal safeguarding reporting procedure is adhered to, including: incident feedback tool, Prevention Bulletin, Operational Effectiveness posters.</p>					
<p>Action plan 5 Safeguarding 2015/16</p>					
Objectives	Safeguarding alerts raised by HFRS staff are dealt with promptly and in line with procedures.				
Observations	<p>Audit testing and discussions with the Lead Safeguarding Officer (LSO) confirmed that the Safeguarding Officers (and in particular the Lead Safeguarding Officer who is responsible for all cases) is not able to run a report from the VP module to facilitate monitoring and review of all open current cases.</p> <p>Although there is a report (case tracker) that appears on the front screen of the VP module, the way that staff complete 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>				

INTERNAL AUDIT MANAGEMENT ACTIONS – THOSE AGREED & COMPLETED SINCE DECEMBER 2015 AND THOSE IN PROGRESS

Management actions	Priority	Responsible Officer	SMT	Target date	Date signed off as complete
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	
Summary:					