LONDON FIRE BRIGADE

Decision title

Internal Audit – Progress Report, Quarter 1 2018–19

Recommendation by	Decision Number
Head of Internal Audit	LFC-0077-D

Protective marking: **NOT PROTECTIVELY MARKED**
Publication status: Published in full

Summary
LFC-0077 summarises the work carried out under the Internal Audit Shared Service Agreement by the Mayor's Office for Policing and Crime's (MOPAC) Directorate of Audit, Risk and Assurance in the first quarter of 2018/19. It provides an assessment of the adequacy and effectiveness of the internal control framework within the Brigade, and an update on the status of accepted agreed actions previously reported.

Decisions
The London Fire Commissioner:

1. Notes the work undertaken by Internal Audit in the first quarter of 2018/19, and
2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

Dany Cotton QFSM
London Fire Commissioner

Date 17-10-18

Access to Information – Contact Officer	
Name	Steven Adams
Telephone	020 8555 1200
Email	governance@london-fire.gov.uk

LONDON FIRE BRIGADE

Report title

Internal Audit – Progress Report Quarter 1, 2018/19

Report to	Date
Operations Directorate Board	19/09/18
Corporate Services Directorate Board	02/10/18
Safety and Assurance Directorate Board	02/10/18
Commissioner's Board	10/10/18

Report by	Document Number
Head of Internal Audit	LFC-0077

Protective Marking: Not protectively marked
Publication Status: Published in full

Summary
This report summarises the work carried out under the Internal Audit Shared Service Agreement by the Mayor's Office for Policing and Crime's (MOPAC) Directorate of Audit, Risk and Assurance in the first quarter of 2018/19. It provides an assessment of the adequacy and effectiveness of the internal control framework within the Brigade, and an update on the status of accepted agreed actions previously reported.

Recommended decisions
That the Commissioner:

1. Notes the work undertaken by Internal Audit in the first quarter of 2018/19, and

2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

Background
1. The attached report summarises the work carried out under the Internal Audit Shared Service Agreement by MOPAC's Directorate of Audit, Risk and Assurance in the first quarter of 2018/19. The report provides an assessment on the adequacy and effectiveness of the internal control framework for each of the Internal Audit final reports issued since the last report to the Commissioner's Board on 18 July 2018 (LFC-0042).

2. The report also provides an update on the status of outstanding agreed actions, as requested by the Governance, Performance and Audit Committee at the meeting on 10 September 2012. This update covers all agreed actions that have been accepted, but not previously reported as completed.

3. The Internal Audit progress report is attached as Appendix 1, which includes Annex A (Summary of outstanding actions) and Annex B (Summary of reports issued in Quarter 1, 2018/19).

4. Consideration is being given as to how the content of this report can be improved so that the key messages are more readily identifiable. Discussions have started with senior management, and a suggested revised report format will be presented for approval along with the Quarter 2 report, in the existing format, which is due for submission to the Commissioner's Board in December 2018.

Finance comments

5. The Chief Finance Officer has reviewed this report and has no comments.

Workforce comments

6. This report has no impact on the workforce.

Legal comments

7. The General Counsel notes that Part 5 – Financial Regulations of the London Fire Commissioner Scheme of Governance sets out detailed rules covering financial planning, monitoring, control, systems and procedures and insurance. This report fulfils the obligations of section 13 of Part 5 which stipulates the requirements in relation to internal audit and complies with the Public Sector Internal Audit Standards which sets the standards for internal audit across the public sector.

Sustainability implications

8. This report has no sustainability implications.

Equalities implications

9. This report has no equalities implications.

List of Appendices

Appendix	Title	Protective Marking
1.	Internal Audit Progress Report Quarter 1, 2018/19 (previously reported format)	Not protectively marked

Commissioner's Board
10 October 2018

Directorate of Audit, Risk and Assurance Progress Report

Report by: The Director of Audit, Risk and Assurance

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1. Report Summary

This report summarises the work carried out under the Internal Audit Shared Service Agreement by the Directorate of Audit, Risk and Assurance (DARA) in the first quarter of 2018/19. It also provides an assessment of the adequacy and effectiveness of the internal control framework for each of the Internal Audit final reports issued since the last report to the Commissioner's Board on 18 July 2018 (LFC-0042-D).

2. Recommendations

That the Commissioner:

1. Notes the work undertaken by Internal Audit in the first quarter of the year; and

2. Notes the current assessment of the adequacy of the internal control framework for each review shown in Annex B.

3. Supporting Information

First Quarter 2018/19 DARA Review Activity

3.1 Since the fourth quarter (2017/18) update four risk based assurance reports have been finalised; Cyber Security Controls, Disciplinary Framework and Environmental Management System received adequate assurance ratings while FRS Standby Roster System received a no assurance rating. The no

assurance rating was given as there is no policy in place governing the establishment and monitoring of FRS standby rosters, which has resulted in a level payments being made which are inconsistent and unchecked.

3.2 Annex B highlights the overall opinion for each review completed, areas of effective control and risks, together with agreed actions. Where newly reported actions, as per those reports highlighted above, have reached their due date we have not commented on the status of their implementation in this report. The status of these will be reported at the next Commissioner's Board.

3.3 We have completed one follow review of the Thematic Review of Absences and Partial Absences. Although each of the four agreed actions have been fully implemented we have made two further recommendations. This is because two of the original actions were to update policy notes which was completed, however, our testing identified that these updates have not resulted in sufficient change in behaviours. Therefore, People Services have agreed to consider how to improve compliance and thereafter dip sample to check the actions are effective.

3.4 One advisory review of Operational Policy – External Relations has also been completed. This review looked at the overall framework under which the department works in collaboration with external agencies, and focussed primarily on other blue light services. This is a pre-cursor to a full risk and assurance review of liaison with all external agencies, including governmental, later in 2018/19.

3.5 A review of Use and Control of Credit Cards is currently at draft report stage, and we are looking to issue this to the client for discussion in early September 2018. Fieldwork is underway for a further six reviews; Babcock Training, Collaboration Planning and Preparedness, ICT Skills Profile, Minor Capital Programme, Processing of the GLA Payroll and Thematic Review of Driving on Brigade Business.

3.6 The pension fraud case which was referred to the police by our Counter Fraud team has now conclude. The defendant was the son of a widow who continued to claim her pension after her death, defrauding in excess of £18,000. He pleaded guilty in court and was sentenced to twelve months imprisonment, and a confiscation order is due to be held in October 2018. A new referral around missing fuel has been received, and is currently be investigated by the Counter Fraud team.

3.7 The 2016/17 National Fraud Initiative (NFI) work has now concluded and preparatory work is in hand for the 2018/19 initiative.

Internal Control Framework

3.8 Our control environment opinion has remained adequate as a result of the reviews undertaken in the quarter. Three of the risk based reviews completed since the last update on 18 July 2018 (LFC-0042-D) received an adequate assurance rating, and one a no assurance rating. The follow up report also received an adequate assurance rating. Further detailed information on each review is shown at Annex B.

3.9 Identified risks are rated either high, medium or low to provide management with a guide to the level of resource and urgency that they should apply to any mitigation activity. Although our plan is linked to the areas of highest risk to the Authority, we also undertake routine compliance work in areas of lower risk at the request of management, to provide assurance that systems, particularly at fire stations, are operating as intended. As each area we review has a different risk profile (financial or otherwise), it is necessary to consider this wider context when looking at individual risk ratings within each area. On this basis, a medium risk in any one system or area may not be comparable in materiality to those in other areas. This is evidenced in the table at Annex A.

3.10 The Commissioner is provided with the number of outstanding agreed actions, and detailed information on their status is attached at Annex A. To ensure that management have a suitable timeframe in which to respond, the updates provided at Annex A are for reports that have previously been presented. The responses received demonstrate the extent to which the control framework continues to improve following the implementation of agreed actions.

3.11 Of the 55 outstanding actions; 19 have been completed and 29 are not yet due for completion. Seven risks have also been deferred; two by People Services in relation to the review of Inclusion Strategy due to the subsequent decision to use a consultant to develop HR policy, four by Finance in relation to the review of Key Financial Systems where the start of a new Head of Technical Finance has resulted further consideration of the original actions, and one by Technical and Commercial in relation to Environmental Controls at the Merton Control Centre as it has been found that a part needed to complete the action was now obsolete resulting in an unexpected delay. Full details can be found in the action plan attached at Annex A.

Second Quarter 2018/19 Planned DARA Activity

3.12 We will seek to finalise the report of Use and Control of Credit Cards that is currently at draft report stage.

3.13 Fieldwork is drawing to a close for three reviews; Babcock Training, Minor Capital Programme and Processing the GLA Payroll, and we will issue the draft reports at the earliest opportunity.

3.14 Fieldwork has commenced for three reviews; Collaboration, Planning and Preparedness, Thematic Review of Driving on Brigade Business and ICT Skills Profile.

4 Equality and Diversity Impact

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

5 Risk Implications

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

6 Contact Details

Report authors: Lindsey Heaphy and Karen Mason

Email: Lindsey.Heaphy@mopac.london.gov.uk Tel: 07917 557084
Karen.Mason@london-fire.gov.uk Ext: 31362

7 Appendices and Background Papers

- Annex A – Status of outstanding agreed actions previously reported
- Annex B – Summary of Internal Audit work carried out in Q1 2018/19

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
FOLLOW UP REVIEW OF ENVIRONMENTAL MANAGEMENT SYSTEM DATA QUALITY – Report issued May 2017						
1.	Using average conversion rates ignores the fact that the majority of these vehicle engine sizes may be medium or large which will increase reported emission levels. There is a risk that data published in the annual report may not be accurate. SD team to liaise with IT and the expenses team to investigate the possibility of including the engine size and fuel type in the reports they provide. **Partly Implemented** SD have met with ICT who have promised to include engine size and fuel type fields in the next upgrade to the expenses system. IT have agreed to include the amendments in the tender requirements for the upgrade of expenses software.	Medium	**Responsible officer:** Environment Advisor	**Further Action** The upgrade to the expenses system to include engine size and fuel type to ensure better quality of information.	~~April 2018~~ 31 October 2018	On target Enhancements agreed by HR and next scheduled release (est. delivery for September) will merge Mileage into the existing Expenses solution (already on SQL Server 2016 with integrated security). Supplier to investigate the option of replacing InfoPath form with PDF.
ENVIRONMENTAL MANAGEMENT SYSTEMS (DATA QUALITY) – report issued February 2018						
2.	The data received from ICT for grey fleet does not make a distinction between the different categories of vehicles. While ICT provide information on engine size and fuel type for leased cars none of this information is available for the essential and casual car users scheme. Average conversion CO2 factors are used where engine size and fuel information is	Medium	Head of ICT	Clarification of the Sustainability Development team requirements took longer than anticipated. These were cleared in February 2018 and development has now commenced. Go live is estimated to be end of August 2018.	30 September 2018	On target Enhancements agreed by HR and next scheduled release (est. delivery for September) will merge Mileage into the existing Expenses solution (already on SQL Server 2016 with integrated security). Supplier to investigate the

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	unavailable. There is a risk that data published in the annual report may be inaccurate.					option of replacing InfoPath form with PDF. This will then be in test in quarter 2.
THIRD PARTY DATA ASSURANCE – report issued February 2018						
3.	System owners request third party access on a Network Access Request form, which is supported by Network Access Agreement signed by the third party acknowledging LFBs access conditions. These documents are retained by ICT in Marvel and their sharepoint site, and our testing identified that a number of documents were either not available, or could not be located due to manner in which documents were stored. Where the agreements were available then the full document had always been scanned in, limiting evidence as to what the third party has signed up to. All third party access requests are reviewed and approved by the ICT Security Manager, however their emails confirming that the request can be actioned are not retained in the sharepoint site with the request documentation, but in their email account. Failure to ensure that there is a full	Medium	Head of ICT	ICT will decide whether Marvel or sharepoint is the most appropriate storage facility for third party access documentation. Thereafter all new third party access requests will be stored in this location We will ensure that the format of the chosen method is appropriate to allow for request, agreement and authorisation of the third party access to be stored together, and easily locatable. This will be applied to all new access requests received. Where requests and agreements are not available, consideration will be given to whether there is benefit in arranging for these to be completed retrospectively.	31 March 2019	On target On course for completion by due date.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	audit trail of the request and approval to set up all third party access accounts could limit ICTs ability to defend their actions if challenged in relation to a third party access query. Furthermore, failure to ensure that agreements are routinely available, and complete, could prevent third parties being held accountable if there was to be a misuse of LFB data.					
4.	Each third party access requires the third party to sign an agreement committing to LFB requirements in relation to access and use of data. There are two types of agreement; one for individuals and one for organisations. The agreement for organisations requires only the signature of a representative of that company, therefore it is unlikely that staff using the access have received this information. Failure to ensure that all individuals with access to the LFBs network have received, and agreed to, LFB access requirements could increase the risk of misuse of data.	Medium	Head of ICT	The process for Third Party Network Access Agreements for organisations will be reviewed, and amended as appropriate, to ensure that it provides sufficient safeguards for the Brigade. This could include the officer who signs the organisations access request to pass the security criteria onto their users.	31 March 2019	On target On course for completion by due date.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
5.	At the present time there is no review of third party account set up to ensure that the account provides only the level of access as requested by the system owner, and approved by the ICT Security Manager. There is a risk that accounts may be set up incorrectly, providing the third party with inappropriate access to LFB data.	Medium	Head of ICT	Consideration will be given as to whether there is any benefit of introducing a post set up check on new third party accounts to ensure that they provide access to only the authorised data or required access.	31 March 2019	On target On course for completion by due date.
6.	1. We were unable to obtain a report from ICT of current third party access arrangements. We identified one third party account which had been set up with no end date, even though this is not in accordance with PN824 (Third party network access policy). Third party accounts are not automatically deactivated upon leaving as per LFB staff. There is an increased risk of unauthorised access by third parties by not ensuring all third party accounts have set end dates.	Medium	Head of ICT	We will ensure that where appropriate all third party accounts have a set end date, and make changes to PN824 if different durations are deemed appropriate. We will also ensure that we have the ability to determine which third party accounts are active at any given time, which will be monitored periodically to ensure continued access is appropriate. Upon expiry, we will ensure that third party access renewals are appropriately reviewed and re-authorised, and where no end date is possible access arrangements will be reviewed at least annually.	31 March 2019	On target On course for completion by due date.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	2. We were also advised that there are a number of accounts where no end date can be set due to the nature of the work undertaken. Some of these relate to ongoing support, however, as some are more ad hoc for carrying out scheduled work. Failure to know which third parties have access to what data at any given times inhibits ICTs ability to appropriately monitor third party access.					
DEVELOPMENT & MAINTENANCE of OPERATIONAL PROFESSIONALISM (DaMOP) – report issued February 2018						
7.	1. The content of PN427 (The development and maintenance of operational professionalism – training note) was found to be sufficiently detailed, we identified that it contained reference to "Your Operational Professionalism" within Hotwire for more information around developing a training needs analysis for staff who have been absent for an extended period, and the programming of training from the rota. This area of Hotwire no longer exists and this information is no longer available to support	Medium	Director of Safety and Assurance	As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project.	31 March 2020	On target The DaMOP corporate project was formally started on 18th June with the first project board meeting. The PiD was agreed at the 2nd project board meeting on the 19th July, and a project team has been set up to work on the delivery of the work streams. The PiD identified a 2 year period for completion from the date of

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	watch and crew managers in specific areas of managing DaMOP. There is a resulting risk that inappropriate or inconsistent actions will be undertaken across the Brigade. 2. We identified that section nine of the policy, which covers the programming of training at technical centres, has some missing information. Paragraph 9.2 states "Programming of training at technical centres will be as per the training rota at (enter where training schedule can be located)". The policy does not provide adequate guidance if the link is not provided, resulting in a risk that inappropriate or inconsistent actions will be undertaken at technical rescue centres.					agreement, so this is the time frame that the team are working to, it also identifies a phased approach for delivery of the project deliverables and timescales for the delivery of these. Additional staff are being identified to be seconded into the Damop team in TPD. They will initially be utilised to undertake a mapping exercise to identify the core role requirements for FF to Strategic managers, and then to assist in the staff engagement element of the project.
8.	1. The DaMOP training plan was initially based on consultation with operational station based personnel and by using the health and safety services 'risk mapping project' findings, as published in 2005. We could not find any evidence that the effectiveness of the programme had been reviewed until around 2015, which resulted in	Medium	Director of Safety and Assurance	As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project.	31 March 2020	On target The DaMOP corporate project was formally started on 18th June with the first project board meeting. The PiD was agreed at the 2nd project board meeting on the 19th July, and a project team has been set up

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	the pilot programme which has been running in the south-east area since April 2016. Failure to periodically monitor the effectiveness of station based training could result in it becoming less effective over time, potentially impacting on the maintenance of the core skills required by firefighters. 2. The south-east area pilot has proven to be successful with watch officers, however it has been running for almost two years. Delays in rolling out the pilot could impact on the effectiveness of core skills station based training, particularly as it has not been reviewed for some years. Prior to roll out a further review of the programme will need to be undertaken so that any further tweaks can be made prior to dissemination. Through discussion with staff we identified the following issues: • The training may be too generic in some areas, and could provide more time for borough specific topics. • File paths for recording the training appropriately in the Station Diary are not easy to					to work on the delivery of the work streams. The PiD identified a 2 year period for completion from the date of agreement, so this is the time frame that the team are working to, it also identifies a phased approach for delivery of the project deliverables and timescales for the delivery of these. Additional staff are being identified to be seconded into the Damop team in TPD. They will initially be utilised to undertake a mapping exercise to identify the core role requirements for FF to Strategic managers, and then to assist in the staff engagement element of the project.

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	select, which can result in it appearing that the training has not been completed. • There may be issue with obtaining equipment, such as vehicles for RTC training, if the too many stations require them on the same day. If the pilot is rolled out without first addressing known problems, then there could be a lack of buy in from staff.					
9.	Attendees at sessions are recorded in the appointment in the Station Diary, which in turn updates their training records. We reviewed the diary entries at five fire stations during the period 1st to 7th May 2017 (inclusive) and identified that there are inconsistencies with the records submitted. For example: • One firefighter was shown as attending training, but was showing in StARS as being on LILO for the entire shift, which if correct meant that they could not have been present for the training session. • Another firefighter was shown as being at training sessions between 09:30 and 15:30, however StARS also showed that they were booked to attend a medical appointment between the hours of 09:30 and	Medium	Director of Safety and Assurance	As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project.	31 March 2020	On target The DaMOP corporate project was formally started on 18th June with the first project board meeting. The PiD was agreed at the 2nd project board meeting on the 19th July, and a project team has been set up to work on the delivery of the work streams. The PiD identified a 2 year period for completion from the date of agreement, so this is the time frame that the team are working to, it also identifies a phased approach for delivery of the project deliverables and timescales for the delivery of

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	13:00. If the training was completed during the hours stated in the diary, then they could not have been present. Staff training records will be inaccurate if staff are shown as receiving training which they have not attended, and gaps in knowledge will are unlikely to be identified. This could result in adverse publicity if this was identified as part of an investigation into an incident.					these. Additional staff are being identified to be seconded into the Damop team in TPD. They will initially be utilised to undertake a mapping exercise to identify the core role requirements for FF to Strategic managers, and then to assist in the staff engagement element of the project.
10.	The completion of station based training is monitored through a suite of performance indicators. Non-FRU stations are required to spend 24% of their time training, while FRU stations should spend between 50% and 53%, dependent on whether they are technical rescue, technical skills or hazmat. Monitoring reports are produced by the area teams using the duration of the appointment and number of participants as recorded in the Station Diary appointment. We have identified above that the participants may not always be recorded appropriately, and there are also potential problems with the use of the appointments duration. While the appointment may have been in the Station Diary for the specified duration, there is no evidence to support that	Medium	Director of Safety and Assurance	As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from this review will be considered as part of this project.	31 March 2020	On target The DaMOP corporate project was formally started on 18th June with the first project board meeting. The PiD was agreed at the 2nd project board meeting on the 19th July, and a project team has been set up to work on the delivery of the work streams. The PiD identified a 2 year period for completion from the date of agreement, so this is the time frame that the team are working to, it also identifies a phased approach for delivery of the project deliverables and timescales for the delivery of

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	this was actual time spent training. This actual time spent on the training could be minimal if the topic area being covered was relatively small potentially resulting in a lack of basic core skills in the long term. Performance indicator data may give a false record of training if sessions are not fully completed for operational reasons. Incomplete sessions from one shift are often incorporated into another session that tour, or during another tour. Use of targets to monitor the effectiveness of DaMOP may not be the most appropriate method of measurement as it focuses on the quantity of training rather than the quality. Targets are also used to measure other station based activities such as community fire safety, home fire safety visits and fire hydrant inspections. There is a risk that when time availability is limited, and there are competing priorities then staff may feel pressurised into falsifying records to ensure that targets are met.					these. Additional staff are being identified to be seconded into the Damop team in TPD. They will initially be utilised to undertake a mapping exercise to identify the core role requirements for FF to Strategic managers, and then to assist in the staff engagement element of the project.
11.	1. There is no formal process for the provision of feedback on the quality of the DaMOP training sessions being provided. In practice, any	Medium	Director of Safety and Assurance	As part of HR Management's recent People Services Review a two year project has been approved to look at the issues associated with station based training. The findings from	31 March 2020	On target The DaMOP corporate project was formally started on 18th

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	perceived deficiencies could be raised with the watch officers. However, individuals may not feel comfortable enough to raise issues with their direct line managers, who are likely to be the persons who are delivering the training. Service Standard Support Officers (SSSOs) include a review of DaMOP within their coverage of Service Standard 3 (Training). Through discussion with one SSSO we identified that this includes watching a drill and a lecture while at the fire station, and discussing these with the individuals who delivered the sessions. Although there is the opportunity for feedback from the rest of the watch, no direct request is made. Failure to ensure that the training delivered is fully understood by all participants could result in inappropriate actions being taken as there is no process in place to evaluate the effectiveness of DaMOP. 2. We reviewed a sample of SSSO records for Service Standard 3 and identified that the outcomes of their visits are recorded as either red, amber or green, and although there is an area for narrative this is either not used, or not very detailed.			this review will be considered as part of this project.		June with the first project board meeting. The PiD was agreed at the 2nd project board meeting on the 19th July, and a project team has been set up to work on the delivery of the work streams. The PiD identified a 2 year period for completion from the date of agreement, so this is the time frame that the team are working to, it also identifies a phased approach for delivery of the project deliverables and timescales for the delivery of these. Additional staff are being identified to be seconded into the Damop team in TPD. They will initially be utilised to undertake a mapping exercise to identify the core role requirements for FF to Strategic managers, and then to assist in the staff engagement element of the project.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	Opportunities for organisational learning may not be identified if insufficient narrative is available to support the outcomes of SSSO visits.					
INCLUSION STRATEGY – report issued March 2018						
12.	It was noted in the minutes from the July 2017 Inclusion Board meeting that a point was raised by one of the attendees about the lack of staff development information for underrepresented groups, and that more work is required to ensure the information is used effectively. However, no action to address this was raised during the meeting. There is insufficient mentoring of staff promotion and development, specifically of those from underrepresented groups.	Low	Head of Human Resources (now Assistant Director People Services)	The Brigade will: • develop methodologies to capture staff development information and reflect this in the HR digest. • develop a process to centrally collect, manage & monitor diversity data within departments and talent pools to aid the delivery of diversity outcomes.	1 December 2018	On target Monitoring systems are under active consideration to meet target date.
13.	The Harassment Complaints procedure was last updated in January 2015 and is due to be updated following the conclusion of the on-going People Services Review. Currently the majority of harassment cases are investigated by the Inclusion Manager and it is being proposed in the People Services Review that this responsibility should lie within the HR department. The Procedure provides	Low	Head of Human Resources (now Assistant Director People Services)	The Brigade will update the Harassment Complaints procedure to reflect any changes from the People Services Review. This will include reference to the use of mediation to resolve matters.	~~1 September 2018~~ ***1 December 2018***	Deferred It has been agreed to engage external consultants to both develop HR policy drafting principles, and to recommend changes to a number of specific HR policies. These policies include the harassment complaints procedure. The consultants

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	guidance on how to identify harassment, and sets out the procedure to be followed when a harassment complaint is made. Included within the Inclusion Strategy to deal with harassment complaints and grievances is the use of a mediation service as a means to resolve the issues with the related parties. The Harassment Complaints Procedure will need to be updated to reflect this following the conclusion of the People Services Review. The Harassment Complaints procedure does not reflect the actual processes in place at the Brigade.					are also to review the Brigade mediation provisions. Tenders for this work have been received and are currently being evaluated. The contract will be awarded imminently and the consultants' work is planned to be completed by the end of October 2018. The revised procedures will need to be consulted on with the trade unions, and so a realistic implementation date for the new policy is 1 December 2018.
14.	A sample of five harassment investigations were tested to determine if they were undertaken in line with the procedure. In all cases, it was found that the procedure was followed. The cases were investigated by suitable staff, interviews were held within the required timescales, interview notes were agreed with the staff involved and summary reports were produced following the investigations detailing the case outcomes and any recommendations to address issues raised. However, there is currently no process in place to follow up on the recommendations raised with the commissioning managers to ensure	Medium	Head of Human Resources (now Assistant Director People Services)	The Brigade will introduce a process to follow up on recommendations raised from harassment complaint investigations, where agreed.	~~1 September 2018~~ ***1 December 2018***	Deferred We will ensure that the new harassment complaints procedure (see previous entry) includes a documented process and accountability under which recommendations arising from bullying/harassment investigations are followed up to ensure they have been implemented. Currently it is accepted this responsibility rests with the Head of HR Advice and Employee Relations.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	that they have been implemented. Failure to do so could lead to insufficient resolution of the harassment complaints. Issues identified from harassment case investigations are not suitably addressed.					
2017/18 REVIEW OF KEY FINANCIAL SYSTEMS - report issued April 2018						
15.	Our review of the payroll reconciliations for the months of May, July and September 2017 found there was no evidence of who prepared and who reviewed the documents. The date of completion was also missing from the reconciliations. There is a risk that an appropriate segregation of duties will not be applied, which may prevent the detection of incorrect or inappropriate actions. A lack of date prohibits the ability to evidence that the reconciliations are being undertaken promptly.	Low	Assistant Director Finance	Agreed Reconciliations are carried out on a monthly basis to ensure that payroll data is fully interfaced to the General Ledger and that any associated debtors and creditors are identified and reconciled to the trial balance. Officers are working to establish an online audit trail to identify the prepare and reviewer of the reconciliations. In the meantime, the team will be advised that all payroll reconciliations are to be paper based and signed and dated by both the preparer and reviewer. The Manager will perform periodic spot checks to ensure that this instruction is being followed.	~~30 April 2018~~ ***31 October 2018***	Following the start of the new Head of Technical Finance in early April it was decided to review the agreed actions. The Head of Technical Finance is currently reviewing all of the control account reconciliations to improve the working papers format, quality, make them easier to follow and move to a electronic only set of working papers. The preparer and reviewer names and dates will be typed on the main reconciliation page on the spreadsheet. An e-mail will be sent from the reviewer to the preparer confirming the reconciliation has been reviewed and will highlight any actions which are required as part of the review. This will be copied into the authorisation tab on the payroll

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						reconciliation spreadsheet. The new spreadsheet is currently being finalised and will be completed along with the new sign off process by the end of October 2018 which will include all reconciliations up to the end of September 2018.
16.	We were advised that there is not always the requirement a purchase order as a majority of sales invoices are raised in response to an operational incident. From a sample 15 of sales invoices raised between April and November 2017 we found that two had no purchase order from the customer, even though the invoices were for petroleum certificates, which is planned work rather than in response to an incident. If sales invoices are raised without a purchase order from the customer there is an increased risk the invoice may not be paid, or that the invoice will contain inaccuracies resulting in the need to credit and re-issue.	Low	Assistant Director Finance	Users of the system will be notified, by email, that wherever possible a purchase order should be obtained at the outset for the provision of services.	~~30 April 2018~~ ***31 October 2018***	Following the start of the new Head of Technical Finance in early April it was decided to review the agreed actions. The Head of Technical Finance has discussed this issue with the Accounts Receivable team. We are in the process of updating the PIMS user e-mail group. When the group e-mail update is complete an e-mail will be sent to all users reminding them of the requirement to obtain a purchase order number wherever possible.
17.	Due to the inability of the system to produce a report of changes made to suppliers account we were required to select a sample from emails from suppliers which are held within the	Low	Assistant Director Finance	There is a process in place to review and verify changes which are implemented by systems. Once the system is updated emails are generated to relevant officers at the time of change, which means any problems can	~~30 June 2018~~ ***31 October 2018***	Following the start of the new Head of Technical Finance in early April it was decided to review the agreed actions. The Head of Technical

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	email inbox of the systems team. Inability to run exception reports of changes to suppliers' accounts prevents review to ensure that all changes were bona fide and increases the risk of inappropriate or unauthorised changes being made.			be immediately addressed in terms of such issues as IR35. If we waited for a monthly report a change may have been implemented that took effect before we could address it. We will formally allocate responsibilities review of the notification emails are reviewed to ensure that changes are being verified as bona fide.		Finance is currently reviewing the changes to supplier accounts process with the intention of ensuring that there is a documented process for supplier details changes and that changes are independently verified. It is proposed that the supplier set up/changes record will include the details of the officer who verified the supplier details and evidence to support the verification.
18.	We obtained the reconciliations for the payments, receipts, disbursements, salaries, pensions and GLA bank accounts and found we were unable to determine who had prepared and reviewed the reconciliations as evidence of this was not included within the reconciliation. Failure to ensure that such information is available prevents the provision of assurance that there is an appropriate segregation of duties in place.	Low	Assistant Director Finance	Agreed Reconciliations are carried out on a monthly basis to ensure that cashbook data is fully interfaced to the General Ledger and that any associated debtors and creditors are identified and reconciled to the trial balance. Officers are working to establish an online audit trail to identify the prepare and reviewer of the reconciliations. In the meantime, the team will be asked to record within the Excel document the details of the preparer and reviewer.	~~30 April 2018~~ ***31 October 2018***	Following the start of the new Head of Technical Finance in early April it was decided to review the agreed actions. The Head of Technical Finance is currently reviewing all of the reconciliations to improve the working papers format, quality, make them easier to follow and move to a electronic only set of working papers. The preparer and reviewer names and dates will be typed on the main reconciliation page on the spreadsheet. An e-mail will be sent from the reviewer confirming the reconciliation has been

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						reviewed and will highlight any actions which are required as part of the review. This will be copied into the authorisation tab on the reconciliation spreadsheet. The new spreadsheets are currently being reviewed and will be completed along with the new sign off process by the end of October 2018 which will include all reconciliations up to the end of September 2018.
THEMATIC REVIEW OF HEALTH AND SAFETY – report issued May 2018						
19.	We reviewed the issues raised by the stations in our sample identified that in some cases there were considerable delays between jobs being raised and completed. One station had to wait 13 weeks before an issue regarding faulty lights was rectified, when the fault should have been rectified within 28 days. There were also two jobs that were raised in November 2017 which were still outstanding at the time of the review. The stations visited advised that the contractor sometimes sends the wrong tradesmen to attend jobs, causing delays, for example; a plumber to attend an electrical fault. There is a risk that if issues are not resolved within reasonable timescales	Medium	Assistant Director Technical and Commercial	TSS Property to continue to work with both KBR and its supply chain to ensure improvements in performance are secured and work orders are closed in a timely manner. Stations to continue to ensure faults and issues are logged via 89100 option 2 and are followed up and complaints raised as necessary so all parties are aware of outstanding issues. Property will utilise data held within KBR's system and specifically with the ICC, to monitor performance and demonstrate improvements.	31 March 2019	On target TSS Property continues to work with KBR and the suppliers to deliver improvements. Both key suppliers, Engie and Kier, are working to clear the backlog of work orders and ensure reactive issues are responded to promptly. KBR is also working on delivering improvements in its work order management processes and ICC. TSS Property has additional resources assigned to auditing

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	then the safety of staff could be compromised.					premises to ensure issues are being resolved to an acceptable quality and to escalate issues that are overdue. This will continue to be a focus until the new mechanical, electrical and plumbing and building fabric contracts commence later this year.
20.	PN536 (Statutory Joint Management Health and Safety Representative Inspections) states that the frequency of these inspections should be agreed locally, but this should not be more than quarterly. Following agreement, an annual schedule of visits should be made by 1st April each year. We found that this process is not being followed, and the arrangement of these inspections is more ad hoc in nature. Outcomes from the HS2 inspections undertaken under PN536 should be recorded onto a form HS/2. The completed form should be retained by management representative (usually the station manager), and copied to the HSS mailbox, Area Team and the union safety representative. The policy also states the form should be retained locally for a period of 12 months, then sent to HSS who will retain them for a further three years.	Medium	AC Fire Stations	A reminder will be sent to the Station Managers, Borough Commanders and the Deputy Assistant Commissioners reminding them of the need for these inspections, and Area Teams will be required to monitor and chase outstanding returns and hold a copy. This is a joint responsibility with the FBU, and the Health and Safety team will be asked to remind the FBU via BJCHSW. It is the possible that there are insufficient trained FBU reps to fully complete this role, and the release of personnel also has an impact on ridership. The process will be evaluated after six months to establish whether it is operating in accordance with policy, following which appropriate discussions will be held with the unions.	31 December 2018	On target The most effective process is currently being considered.

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	Our review identified that the availability of these forms was erratic, and there is limited compliance to the policy. Failure to schedule in the HS2 inspections increases the likelihood of a delay in the inspection process. As the staff side union representatives have received more formal training, this increases the likelihood of a risk not being identified at the earliest opportunity. Failure to ensure that there is an adequate record of the completion and outcome of the HS2 inspections could impact upon the effectiveness of the inspection process and rectification of issues.					
RISK MANAGEMENT – Report Issued May 2018						
21.	Our review of controls documented in the PMF to mitigate CRR1 and CRR16 found that the wording of these were often fairly short, and did not contain much detail. Example of these include naming a corporate system or policy, but not how they will be used as a control. Failure to ensure that the controls are accurately described could impact upon the scoring of risks, potentially	Medium	Assistant Director Strategy and Risk	Controls (key actions) associated with the corporate risks will be reviewed as part of the refresh as described in recommendation 1 above. This may or may not lead to lengthier control descriptions. To some extent, the description is less important than getting the right control actions identified. The review will focus on actions that need to be put in place to mitigate risks to an acceptable level and will aim to strip back generic references to systems or policies. This should both improve the content of the risk management system	31 March 2019	On target Control measures have been refreshed in line with the presentation of the new corporate risks. As indicated in the agreed action, this incorporates a mix of short and long control descriptions. Some further work is needed to confirm control measures for all the revised risks. This will

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	leaving the LFB open to higher levels of risk that anticipated.			and the outcome of the risk management process.		be pursued as part of the regular review cycle.
22.	We identified that in some instances the control owners are allocated to job titles, while in other instances they are allocated to individuals; including one individual had been retired from the Brigade for some time. Inconsistency in recording control owners and failure to appropriately amend them could indicate a lack of effective review of the controls supporting the risks, potentially impacting upon the effectiveness of the control environment. Part of the risk review process includes the presentation of a PMF risk report to the Corporate Management Board. While this provides a sound basis for risk owners discussion around corporate risks, it does not provide the risk owner with the opportunity to discuss the continued effectiveness of the controls with the control owner. We interviewed five of the control owners across CCR1 and CRR16 and found that one control owner was not aware that they had these risk management responsibilities. We also identified where discussion does take place it appears to be informally through meetings and/ or reports rather than as part of a formal risk	Medium	Assistant Director Strategy and Risk	This will be addressed through the corporate risk refresh described above. This will ensure control owners are correctly identified and recorded in the risk management system. Once the refreshed corporate risks have been agreed by Directorate Boards and the Commissioner's Board, risks will be scheduled for review by DBs on a quarterly basis. Corporate risks are owned by Deputy Commissioners/Directors – controls are owned by Heads of Service. Reviewing the risks at DBs will ensure that discussion takes place between the risk and control owners.	31 March 2019	On target As stated above, control measures have been refreshed and further work is taking place to identify the controls in place for the new revised risks. The next scheduled review of the risks will be at the September Directorate Board meetings and this will contribute toward identifying current actions and control owners as part of the wider risk discussion.

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	review process. Failure to appropriately reassess the effectiveness of documented controls could expose the LFB to a level of risk in excess of their stated risk threshold.					
ADULT SAFEGUARDING FRAMEWORK – report issued April 2018						
23.	Throughout the review it was evident the current safeguarding documented procedure (PN763) is not working as intended. While all members of LFB are working within their capabilities to protect and safeguard vulnerable adults the procedure hinders the time taken to complete the referral and notify SSDs. The key areas of concern that were identified during the review included: • The flowchart which provides staff a quick guide to raising a referral does not give a clear explanation of the safeguarding processes; it also has an error based on the timeframes of when a referral should be completed. • Referral forms are not filled in to the required standard; issues including missing data and inappropriate terminology or documenting of the situation by the crews were noted. • Delays in sending referral forms and/ or notifications of referrals being sent to BCs who are out of	High	Head of Fire Safety (now Assistant Commissioner Fire Safety)	The procedures for safeguarding a vulnerable adult will be stripped back to identify the key steps needed from identification of a vulnerable adult to the notification of the SSD. As part of the review the procedures should be simplified. Retention of personal data on safeguarding databases will also be reviewed considering GDPR requirements. A selection of options will be identified which differ in who will complete the process of referring to the SSD including bringing the role in centrally; identifying area leads; or tweaking the current process. Once all options have been documented a working group of stakeholders currently involved in safeguarding will be convened to agree the most suitable/ fit for purpose option. Consideration will be given to reviewing safeguarding models from other Fire & Rescue Services who sit on the National Fire Chiefs Council (NFCC) with LFB for best practice and to help facilitate a new	31 March 2019	On target recommendations of the audit a safeguarding working group has been convened. The group has representation of all staff groups involved in safeguarding processes and will seek to be instrumental in shaping amendments and changes made to the safeguarding policies, training and processes as highlighted in the outcomes of this audit. The group are due to meet in September. The first meeting booked in July having to be postponed (BC comms day and holiday commitments). Work has been undertaken to identify the key steps in the safeguarding process and options have been identified as recommended. These options will be reviewed and agreed upon by the stakeholders

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	the office (or on leave) instead of OODs to distribute to nearest on duty BC meaning forms are not submitted to the SSD within the four-hour time frame identified. • Egress is not always used during the transfer of safeguarding referrals forms from BC to SSD. Three main reasons were identified including; no access to Egress if a new BC as it was not set up before they took up their position, SSD mailbox does not have Egress and therefore encrypted forms cannot be opened, lastly BCs do not remember to send via the Egress system on occasions. • Security classifications of emails containing safeguarding referral forms are also not consistently applied, this was due to BCs being unaware or forgetting to document the security level. • The SIM is not copied into many referrals made to SSDs resulting in the inability to provide and coordinate briefing reports, identify patterns and frequencies of issues. The main reasons why the SIM is not cc'd include inability to view referrals by the BCs, local records are maintained therefore SIM duplicates information, again on occasions the BC has forgotten to			procedure.		working group. A new flow chart has been drafted, once the group have agreed on the referral process this will be published along with the amended policy. The CSP&P manager attended the NFCC Safeguarding working group in August 2018 where best practice was discussed and shared. These will be presented to the stakeholders working group. Outcomes will be incorporated into the amended Safeguarding Adult Policy. To address the delays and standard of referral forms a table top exercise is planned for the next CS BC comms day whereby the inconsistency of recording and timing of referrals will be addressed. The use of Egress and the accompanying issues will also be addressed at this event. The PAR form is not yet live – testing is underway but resolving issues is slow as there are delays in reporting of issues and resolving of such. Reasons being, the external developer is contracted to

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	cc in the SIM. • Local records are held by most of the BCs we interviewed which are used as a reference to look at the adults being referred within their Borough. While these records are protected to a degree the implementation of GDPR in May 2018 will most likely result it changes to this process. • The implementation of the Person at Risk (PAR) electronic form would also help alleviate the use of local records, however, continued delay to the development means that the form remains in the testing stage after four years in production. • The current process requires BCs to follow up with the SSD on all referrals made and provide this information to the referring officer. LFB is a referring agent and therefore their role should stop once the referral is received by the SSD, the referring officer should be notified that a referral has been sent to round off the process. Failure to adopt a procedure that is fit for purpose may result in ineffective safeguarding of vulnerable adults and the implementation of inappropriate working practices.					work for the Brigade for a limited number of hours per month. The work undertaken during these periods is not exclusively on the PAR form it includes development of other Brigade systems.

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24.	The Safeguarding Adults at Risk policy (PN763) was released as current on the 21st June 2017. The policy refresher was mainly triggered from the changes in the Care Act 2014 legislation including self neglect and hoarding fire risks. The policy includes a lot of information from governmental policies and acts including the Care Act, Mental Capacity Act 2005, and the Counter-Terrorism and Security Act 2015, and a variety of policies at the LFB are also referenced which creates a long policy where the key messages are being lost. Review of the policy identified the following key issues: • Lack of clarity for officers from FF level onwards to their roles and responsibilities • Too much information which does not allow the reader to easily identify the processes/ procedures to be taken • Referral process is unclear on when actions should be completed by (time frames) and by whom • Reporting procedures within the policy is lengthy and does not clearly specify how things should be reported at a quick glance. • The process charts do not flow	High	Head of Fire Safety (now Assistant Commissioner Fire Safety)	Following the review and agreement of the safeguarding referral process, from action one, the policy will be rewritten to incorporate the agreed changes. During the policy rewrite key factors will be considered to make the policy user friendly while retaining the appropriate information. The key factors include: • Reducing the length of policy • Simplified and concise documented roles and responsibilities for all involved • Clear process documented in an agreed format (written or flow chart etc.) • Appendices of LFB and other national guidance related policies The working group of stakeholders involved in developing the new procedure will be convened to agree the policy is also fit for purpose.	31 March 2019	On target The policy has been reviewed and amended as recommended. This will be presented to the stakeholders working group for consultation and agreement as outlined above.

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	and therefore difficult to use them as a guide • Discussions with Safeguarding Adults Board members identified the policy does not provide an accurate reflection of the Boards or their purpose Failure to ensure the policy clearly sets out the requirements of safeguarding adults at risk, and is fit for purpose may result in ineffective working and reporting practices being undertaken, potentially leading to inappropriate or non-reported concerns.					
25.	Discussions with Station and Union Street based staff revealed an agreed opinion that training does not provide appropriate guidance to crews, BCs, or Group Managers (GMs) on how to process and deal with a safeguarding referral. GMs have not been provided training on safeguarding referrals and therefore if they move into a BC roles they have no prior practical knowledge to use when dealing with safeguarding judgements. Concerns of the BCs in relation to the training included the facilitators and examples used. The facilitators delivered the training on the slides but were unable to answer some safeguarding questions asked during	High	Head of Fire Safety (now Assistant Commissioner Fire Safety)	The training provided to staff members will be reviewed to highlight areas of weakness and these will be discussed with Babcock and the training provided will be considered to ensure it is being delivered to the required level. Following the review, the TCAP will be amended as appropriate. A working group will also form part of the training review to ensure the training agreed upon is fit for purpose. Mop-up sessions will be created following promotional rounds of senior staff to provide successful candidates with in house development to ensure they are able to fulfil their roles as required. Once training has been agreed and	31 March 2019	On target In May 2018 communications were sent out via Hotwire and Managers regarding the availability of the Safeguarding e-learning package. However, staff raised issues with inaccessibility of the package. On investigation it was found that despite assurances Babcock had not assigned the package to all Brigade staff as required. This was raised immediately by CS. CS received confirmation that the issue had been fully rectified in August 2018.

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	the session as the answer did not form part of the LFB policy. The safeguarding examples used during training were also noted as clear cut in terms if whether it was or was not a safeguarding referral and therefore did not provide guidance on how a practical situation could progress and help make the decisions required. Detailed examples of safeguarding which could lead in different directions would benefit those on the front line such as station crews who are first to encounter the public and may require a referral. To provide the BC's, SM's and crews with more appropriate skills and knowledge many Boroughs supplement their staff with local initiatives incorporating guidance and case studies which helps to ensure they are aware of the requirements for safeguarding within their local Borough. Following the completion of the face to face training there are no plans to provide this type of training to any SMs or BCs promoted in the future; the training provided here would be the e-learning package which through discussions we identified was not fit for purpose as it does not facilitate the interaction needed and again follows the policy. Failure to provide staff with			delivered; staff attendance and the uptake of training for staff at stations will be reviewed on a regular basis to ensure it is appropriate. Consideration will also be given to reviewing local initiatives with the BCs to identify any potential shared learning that can be rolled out across the LFB.		Communications to inform staff of these issues were sent out via Manager's update in July and the article on Hotwire was removed. New communications to inform all staff of the availability of the e-learning package will be sent out in September via Manager's update and Hotwire. A meeting with Babcock will be arranged following information gathering at the stakeholders working group. Central CS team with safeguarding responsibilities are attending local initiative training provided by LB Lambeth.

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	appropriate safeguarding training could lead to ineffective safeguarding of vulnerable people. Where training materials are not fit for purpose there is an increased risk of out of date working practices being undertaken delaying help to be given to the identified vulnerable person.					
26.	Discussions with the BCs identified on five occasions a data sharing protocol has not been put in place between the Borough and the LA for sharing safeguarding data. For the three remaining Boroughs, one has a memo of understanding, another has a data sharing protocol currently in draft and the remaining Borough confirmed that they have a protocol in place but this was not seen during the review. Discussions with the Head of Business Intelligence identified that while data sharing protocols are a best practice and would be the preferred route, not have a sharing protocol in place does not represent a breach of any legislation. This is due to the LFB having a duty of care to protect one or more individuals from death injury or becoming ill and therefore sharing information for safeguarding would be identified under the implied powers section of the ICO's code of practice. While the lack of a data sharing protocol does therefore not	Low	Head of Fire Safety (now Assistant Commissioner Fire Safety)	Discussions will be held with BCs to establish if a data sharing protocol is in place. Where a protocol is not in place consideration should be given to creating one with the help of the Business Intelligence Team and Community Safety.	31 March 2019	On target Business and Intelligence team form part of the stakeholder membership of the safeguarding working group and as such will be providing SME advice on information sharing protocols.

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	necessarily break any legislation, it is still seen as best practice to have this in place; an action has been raised light of this to consider LFB implementing protocols across all boroughs. Failure to establish protocols could lead to ineffective working practices between partner agencies, potentially leading to inappropriate safeguarding of vulnerable people. Where data sharing protocols are not agreed there is an increased risk of one party forming a barrier against sharing data.					
ENVIRONMENTAL CONTROLS AT MERTON CONTROL CENTRE – report issued April 2018						
27.	The main switchgear, which is responsible for switching the power source from the mains power to the emergency generator's power, failed a failover test in March 2017 and has not been tested since. We also understand that the issue that led to the switchgear failure has not been addressed. Without the automatic switchover a member of staff is required to manually attend the site and switch the power source over. The issues with the switchgear results in an issue whereby power cannot	High	Assistant Director Technical and Commercial	1. IT team to be notified that Merton Loc is at risk of a data loss if a power failure were to occur and not rectified by a manual change over within 2 hrs as of April 2018. 2. A report is to be obtained by from the incumbent maintenance supplier and the manufacture as to the cause of the defect and the required rectification work. This is programmed for May 18. Full report required. 3. A full load test will be required along with action 1. 4. A twice yearly test date for a full load test	~~31 August 2018~~ ***31 December 2018***	Deferred 1. IT notified. 2. A report has been obtained from Kier, reporting that the generator ACB switch over relay was broken. Property requested Kier to send the ACB to Schneider for repair. A quote was obtained and Property are now waiting for the unit to be returned. The current switch gear software that controls the

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	automatically switch over to the backup system in the event of an emergency, increasing the risk of prolonged data and operational loss.			to be agreed with the DAC for Merton Loc to test the ability of the switchgear to load shed and the ability of the generators to take the full load.		change over on mains failure to standby supply has been found to be obsolete. Therefore a further quote has been obtained to update the controlling software. Property are awaiting a completion date. 3. Awaiting completion of 2. 4. To be confirmed following completion of item 2.
28.	Not all the infrastructure hardware is set up to be powered from two separate power strips. This is not best practice when installing the network infrastructure as if the power strip, which both power cables are connected to, were to fail then both the device's PSUs will lose power. This issue increases the risk to the continuity of IT infrastructure operations.	Low	Chief Information Officer	We will ensure sufficient power resilience of all network infrastructure hardware is in place by reviewing the installation of the power strips to confirm best practice is followed.	30 December 2018	On target The relevant equipment has been purchased. However, there has not been an opportunity to install these to date due to other work commitments. We will require down time at Merton to complete this and therefore we have identified two possible slots, 18th September and 6th October as possible candidate date for this work. This will require agreement from operations. However, It should be noted that although the network switches only have a single power connection, the

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						switches are connected to the hosts via dual homed network connections on both switches. Therefore should one switch in the cabinet fail the other switch takes over the network connectivity. Therefore although the switch may not be resilient power-wise the servers in the racks have network resiliency.
VISION MOBILISING SYSTEM – REALISATION OF THE OPERATIONAL BENEFITS – report issued May 2018						
29.	The Vison Governance Board has been given responsibility for monitoring the realisation of benefits. However, as the operational benefits have not been clearly defined these are not the focus of the work. A number of exiting performance targets capture Vision related data, for example 999 call pick up, call handling and first appliance response times. However, no additional benefits have been considered for measurement, including the 'more data, less voice' functionality. Failure to develop a set of measurable operational benefits limits the ability to monitor performance, and could impact upon decision making.	Medium	Deputy Commissioner Operations	Once the next Vision release has been applied a set of measurable benefits in relation to Vision will be put together and monitored, and the outcomes will be reported as appropriate.	30 April 2019	On target

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STATION SECURITY – report issued May 2018						
30.	PN11 states at paragraph 9.1 "The securing of stations against unlawful entry must depend on the particular circumstances at each station, e.g., degree of accessibility to the station yard and whether separate entrances exist for residents. The station manager will give written instructions to the watch manager of each station on the security measures which are to be adopted to meet the particular circumstances at each station. The watch manager of each station is to ensure that the station manager's instructions are fully complied with." Of the four fire stations visited, none had any local directions in place, which is of concern as one had found an intruder in the station in the early hours of the morning, and another had been subject to at least three break-ins. The policy guidance is not adequate to mitigate the risks associated with local security issues as it does not account for changes in staffing or standbys. Local security arrangements should be available to all staff working at the station. Furthermore, there is a risk that local security arrangements are not being formally considered by Station Managers, leading to a lack of	Medium	AC Fire Stations	A communication will be issued to all Station Managers advising that local security arrangements need to be documented and clearly displayed in the watch office. These will include as a minimum: • Car park gates • External doors and windows • Internal doors Service Standard 9 (Health and Safety) will be updated to include checks on the availability and adequacy of these local arrangements.	31 October 2018	On target Consideration is currently being given to the content of a message around station security.

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	direction for watch staff and a potential increase in security risk levels.					
31.	Although the car park areas at each fire station had lockable gates, we found that three of the station's gates were not secured. Two of these stations were visited at around 10:00 hours, which is just after the change of watch and a time which watch staff believed the station to be more susceptible to unauthorised access as gates are left open to allow for staff to access and leave the grounds, and the oncoming watch were busy with their station routines. The other station was visited at 13:30 hours and advised that they only locked their gates at night. During our visits, we were able to access two of the fire stations, without challenge, through the car park areas. These external security issues provided us with unauthorised, and undetected, access to personal protective equipment in gear rooms, breathing apparatus rooms and appliances. At two stations, we were also able to gain access to the station building as were not adequately challenged by watch staff. Providing unauthorised persons access to Brigade equipment, including uniform and appliances which may have resulted in theft or damage which may	Medium	AC Fire Stations	A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include that the car park gates have been assessed as representing a significant increase in the risk of unauthorised access when unlocked, and requiring their closure at the earliest opportunity.	30 September 2018	On target Consideration is currently being given to the content of a message around station security.

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	not come to light until the appliance is mobilised. Failure to maintain maximum security arrangements at all times leaves the stations open to an increased risk of unauthorised access.					
32.	External access controls were found to be inadequate. Issues identified included: • Windows (including some on the ground floor) that had no retainers on them on to prevent extended opening, and locks that were either not in operation, broken or with missing keys so unable to lock. • One station advised that standbys had been known to remove the square plastic window in the appliance bay door, climb in and then replace the window rather than phone RMC for the code. As well as being unprofessional this may provide members of the public who have malicious intent with a route to entry. • Doors from a balcony of the first and second floors were on the latch, even though key pad entry controls were in place.	Medium	AC Fire Stations	A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include a requirement to notify Property promptly of all security issues in relation to the external access controls. This should include notification of a lack of security (such as window retainers) as well as broken/ damaged controls.	30 September 2018	On target Consideration is currently being given to the content of a message around station security.

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	• During one visit, we were in the appliance bay as the vehicle left the premises. The duration between the appliance pulling out of the station and the bay doors automatic closing was one minute and 45 seconds. This would leave sufficient time for an unauthorised access to occur. Failure to ensure that external access controls are appropriate, and consistently applied, increases the likelihood of an unauthorised access, potentially impacting upon the safety of staff and ability to undertake statutory responsibilities.					
33.	PN11 (Security measures at stations) does not generally cover the internal access controls that are to be applied. Our visit to the four fire stations identified the following: • An internal door from the appliance bay into the watch off was self-closing, however, the action was not strong enough to actually close and secure the door. • Lack of internal door locks, meaning that should an intruder breach the external access controls they would be able to access all areas of the fire station.	Medium	AC Fire Stations	A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include a requirement to notify Property promptly of all security issues in relation to the internal access controls, and the consistent use of arrangements where provided.	30 September 2018	On target Consideration is currently being given to the content of a message around station security.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	• Key pad access to a gear room that was not in operation, therefore the room was not secure, and gear rooms with no security arrangements in place. At two of the stations we found that should an intruder been able to access the building they would have had access to key infrastructure areas, including electrical intake and plant rooms. Lack of appropriate internal controls, or the failure to fully utilise those available, could leave staff and assets at risk from an intruder. There is also a risk that intruders with malicious intent could disable the fire station through damaging equipment. Controlling these key areas of the building should be included in the new security policy.					
34.	PN813 (Driving whilst on Authority business) states on page 3 "with the exception of operational vehicles engaged at incidents, or when secured in a fire station appliance bay, vehicles that are left unattended are to have their ignition key removed, windows shut, doors locked, alarm on (if fitted)". At each of the four stations visited the appliance keys were left in the appliance, which is in accordance with	Medium	AC Fire Stations	A communication will be issued to all station based staff on the approved storage of appliance keys when the appliance is not in use or unoccupied.	30 September 2018	On target Consideration is currently being given to the content of a message around station security.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	policy, and enhances response times. While this practice reduces the likelihood that keys will be misplaced, especially as a majority of the keys were attached to the vehicles, it increases the risk of theft of either the keys or the appliance if there was to be an unauthorised access, meaning the vehicle would be unable to mobilise as expected.					
35.	As well as assets belonging to the Brigade, we found that at three of the fire stations we were able to access individual's personal lockers, as these had not been appropriately secured with a padlock. At one station, we also found the money for the "nutty", which was in a lockable fridge, however this was unlocked with the keys on top of the fridge and unattended. There is a risk that staff personal items may be misappropriated, potentially resulting in lack of trust between watch staff and conflict with Brigade management.	Medium	AC Fire Stations	A communication will be issued to all station based staff on the need to ensure that stations are secure at all times. This will include personal or watch related items including lockers and the nutty.	30 September 2018	On target Consideration is currently being given to the content of a message around station security.
36.	There is no requirement in policy for actual or attempted unauthorised accesses at fire stations to be centrally reported. Property Services maintain	Medium	AC Fire Stations	A communication will be issued to all station based staff advising them of the need to report all incidents where there has been a security breach, regardless of whether or not	30 September 2018	On target The new station security policy note is still currently under

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at August 2018
	a Station Security mailbox however, this is only for the reporting of losses and not physical security breaches. Discussion with Property Services identified that this mailbox is not regularly used to report losses and that the information received is not analysed or used to inform decision making. This lack of data, coupled with the fact that there is no central review process for station security, could impact upon strategic decision making in the longer-term.			this resulted in a loss. We will liaise with SOG to ensure that this is included in the revised Physical Security Policy, and work with Property Services to ensure that the mailbox is appropriately monitored and the communications received are reported and reviewed.		review, but as part of this there are plans to develop and mailbox.

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
Adequate Assurance – The control framework is adequate and controls to mitigate key risks are generally operating effectively, although a number of controls need to improve to ensure business objectives are met.					
Cyber Security Controls **Report issued – July 2017** The review covered five discreet topics; boundary firewalls and internet gateways, secure configuration, access control, patch management and anti-virus control and cyber incident response. Areas of effective control were identified across each of the five areas.	The penetration completed in 2016 test identified issues classified as having a high-level of criticality. Progress is being made with many of the issues, and some have been resolved. However, a range of development issues exist that have been identified as critical by the MTI report but remediation work is yet to begin. Delays in completing high criticality issues collectively increase the risk to the security of the Brigade's systems, data and business processes.	Medium	Chief Information Officer	To complete the remediation of the High Risk issues identified by the MTI report. It is estimated that this should be complete by end March 2019. However, to remove the OpenSSH protocol there are dependencies (2008 to 2016 server migration) and the Citrix refresh project. Therefore the deadline for this will need to factor in the completion of that project.	30 September 2019
	The controls in place focus on keeping traffic from entering the network. There is less focus on traffic leaving the network. There was no SIEM inspecting the traffic through the VPN concentrator. Network activity conducted through the VPN is not thoroughly inspected, meaning unauthorised traffic could more easily enter the network, and unauthorised traffic could more easily exit the network. If an unauthorised individual obtains access inside the network (or an existing employee conducts themselves in breach of acceptable use policies) it will be difficult to detect when data is compromised.	Medium	Chief Information Officer	ICT are in the process of procuring a cyber defence product which should address the lack of SIEM inspecting through the VPN concentrator.	31 March 2019
	The previously conducted penetration test found the following issues: • Critical operating system patches not being applied to laptops. • The need for the introduction of an antivirus solution for all end-points with up-to-date	Medium	Chief Information Officer	All new Windows 10 devices are patched regularly either by centralised administration tools or directly from MS through policies applied with MS InTune. These policies cannot be amended or disabled by the	31 March 2019

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	Anti-virus signatures. • Changes to the antivirus service were possible without any need to for a password to protect the settings. We reviewed the project management documentation in remediation and noted these issues are still to be resolved. Loss to systems confidentiality, integrity and availability.			user. There are a residual number of Windows 7 devices that have not connected to our network for some time (being used remotely by staff) and therefore cannot have their patches applied. As they connect to our network via remote access, the risk presented by these is low as the Citrix Access Gateways stop devices at the perimeter and does not allow them onto the corporate network . However, a process is also being implemented to prevent any windows 7 devices that have not logged in for 90 days connecting directly to the LFB network. This will be achieved by disabling machine accounts that haven't logged on for over 90 days. Any user who wants to directly connect a laptop which hasn't logged on for over 90 days will need to physically bring the device to the ICT service desk who will ensure it is up to date with antivirus and patches before allowing it back onto the network, This will be short term solution until the completion of a project to deploy Cisco ISE. This will allow network access control for all devices. Any device that is not corporately owned or up to date (both patching, OS level and anti virus) will not be	

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
				authorised to use the network. This project is due to complete by the end of March 2019. All end points on the LFB network have antivirus installed. Once the Windows 7 laptops are replaced, all end user laptop or tablets will have corporately controlled antivirus products installed that can be controlled remotely regardless of whether the client connects to the LFB network. The only exception to this is mobile phones. LFB are currently in the process of replacing all Windows mobile phones, and the solution is likely to be an Android device. The current proposal is to use an MDM solution such as Blackberry or Airwatch. LFB's Trend antivirus solution also includes licences for Antivirus on mobile phones and once a new device has been identified and agreed, LFB will work with Trend to install Antivirus on all new mobile phones. All end points with corporately controlled antivirus should be locked down with only ICT administrators able to alter the policies. Could we please have some more information on what device was not password protected.	

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	A cyber incident response plan had been created and a paper-based walk through had been conducted in the last 12 months. However, testing for the ability to recover from backups has not been conducted. A key component of the ability to recover from a significant incident is the provision of assurance that backup processes are effective in practice. The lack of such assurance increases the risk to systems continuity.	Medium	N/A	Risk accepted Backups are regularly tested in so far as data / files are regularly restored following requests form users or after a systems malfunction. However, we have never tested a complete environment restore from a set of backup tapes. It is nor really feasible to do so and due to the way that our infrastructure operates, it is unlikely to ever happen. ICT to accept the small risk related to this.	N/A
Disciplinary Framework **Report Issued – July 2018** There is a policy note and on-line guidance to support managers and staff when involved in discipline. HR Advisers manage all cases that are undertaken at stages 2 or 3 providing a level of professional consistency. Key documents for these cases undertaken within People Services are stored securely in Sharepoint, and access is appropriately restricted. Local targets have been set to monitor the time taken by the HR Advisers to investigate each case, and these are regularly monitored.	Information is provided to staff via PN392a (Disciplinary procedures) and PN481 (Disciplinary rules) and there is a Disciplinary Procedure Toolkit available on Hotwire. However, the provision across these three areas is inconsistent, and as a result may provide confusion. Our review of PN392a found that it does not provide clear and concise guidance on the disciplinary process, and key messages are being lost due to the provision of too much information. We also found that: • The actions which could constitute misconduct and gross misconduct and the anti-bribery statement are not in PN392a, instead they are documented separately in PN481 (Disciplinary rules). • PN392a does not direct the reader to the Disciplinary Procedure Toolkit, which is a valuable resource for non-HR minded line managers who may need to take disciplinary	Medium	Assistant Director People Services	Discussion has taken place with the Policy team in relation to directing employees to relevant toolkits/ information on Hotwire. Whilst it is not possible to easily make amendments to this particular policy, which forms part of the Grey Book, a sentence stating “Please refer to the Disciplinary Procedure Toolkit on Hotwire for further information” will be added at the end of PN392a to direct employees to the toolkit, and the unions can be informed of this addition. No changes are able to be made to the actual policy document at this stage.	31 July 2018

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
	actions. • PN392a does not direct the reader to contact People Services for support (although the toolkit does). There is a risk that this separation of information may impact on the overall understanding of Brigade requirements.				
	The policy note outlines separately the process for each of these three areas. Attendance was removed from the disciplinary framework some time ago, however, PN392a has not been amended to reflect this due to the complexity of the change process through the links with the Grey Book. The process for undertaking conduct and performance cases are largely similar, and do not necessarily need to be presented separately. If the process is unclear to staff or line managers, then an inconsistent process may be applied. The disciplinary process includes four key stages; one informal which is generally a management discussion, and three formal stages, with each based on the maximum sanction which could be given. The policy note focuses significantly on who can investigate and conduct hearings at each of the formal stages. However, stage 1 cases are fully completed at a local level and stage 2 and 3 cases are investigated by People Services, who then arrange the hearing. The HR Advisers in People Services who conduct the stage 2 and 3 investigations are all FRS E grades, and are therefore able to investigate all cases, up to and including dismissal. The way the above information is provided, and breaking the process down into such discrete areas increases the complexity of the process.	Medium	Assistant Director People Services	At the next policy review (10 June 2019), and depending on what attendance management policy are in place at that stage (the current procedure which now sits outside of the discipline procedure is under review), consideration will be given to removing the references to attendance from Policy 392a, subject to consultation and the restrictions due to the document forming section 6 of the Grey Book. No agreed proposed change in relation to the layout of this information.	30 June 2019

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
	If the process is unclear to staff or line managers, then an inconsistent process may be applied.				
	Formal stage 2 and stage 3 disciplinary action is led by People Services, who ensure that outcomes are formally recorded to allow for data reporting and trend analysis. Formal stage 1 action is undertaken locally, and formal reporting of the outcomes are only documented in the Disciplinary Procedures Toolkit, and is not included PN392a (Discipline procedures). Records for cases completed during 2017 show the following: • Formal stage 1 – nine outcomes recorded • Formal stage 2 – 23 outcomes reported • Formal stage 3 – 22 outcomes reported It is likely that there is under-reporting of the outcomes at stage 1 level, resulting in the inability to appropriately report and identify trends.	Medium	Assistant Director People Services	HR Advisers will remind the Area Deputy Assistant Commissioner and relevant Borough Commanders to ensure that the outcomes of completed stage 2 conduct hearings are recorded. There is currently a live recruitment process for a HQ HR Adviser, which should assist with stage 1 hearings conducted centrally and with predominantly FRS staff.	Monthly (ongoing)
	There is no central mailbox for the submission of referrals from the local investigating manager to People Services. Instead referrals are made directly to the senior staff within the team; namely the Senior HR Adviser or the Head of HR Advice and Employee Relations. There is a risk that referrals may sit in an individual's mailbox without review for an extended period, particularly if the individuals were to be absent from work without an out of office response being set up.	Medium	Assistant Director People Services	A new Senior HR Adviser will be joining the team on 23 July 2018, and further consideration of a mailbox (not limited to discipline issues) will be given. A final decision on this matter will not be made prior to the Autumn.	31 December 2018

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
	No framework is in place to monitor the progress of cases once the investigation has completed and the subjective report has been prepared. Our review and analysis of the 20 cases completed in 2017 identified the following (note, the data provided is total lapsed time and includes non-working days): • From the subjective report to the end of investigation notification letter took between 1 and 64 days (average 17 days) – this appears lengthy for an internal review process, and may be hindered by the allocation of work across job share roles. • There is a requirement to provide a minimum of seven days' notice for a stage 1 hearing, 10 days for stage 2 and 21 days for stage 3. We found that from the date of the end of investigation letter to the initial hearing date had taken between 13 and 77 days (average 41 days). One other case took 162 days, however there were valid reasons for this delay. It is possible that issues with booking rooms or appointing presiding officers are delaying the allocation of a hearing date, which could increase stress and anxiety levels for staff involved. • The whole process from notification of investigation letter to the outcome decision letter ranged from 96 days to 342 days (average 193 days) which is the equivalent of six months. While we found that extension letters for delays were being sent, this was often after the deadline had already passed. Delays in the completion of the process may cause undue distress to the	Medium	Assistant Director People Services	We will monitor the timescales for actions post investigation for a period of 6 months to identify if there are any issues that need to be addressed. Following this initial period, a decision will be made whether continued monitoring would be beneficial.	28 February 2019

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	individuals under investigation. There is a risk that potential service improvements will not be identified if there is no mechanism in place for monitoring the effectiveness of service delivery within People Services.				
	Under PN568 (Counter fraud and corruption policy) all incidents of theft, fraud, corruption or other financial irregularity discovered or suspected to exist, should be reported to the Director of Corporate Services. Currently notifications of discipline cases that represent these categories are not being reported. As this is a requirement of the Financial Regulations 2 (a), this could represent non-compliance which may in turn inhibit organisational learning.	Medium	Assistant Director People Services	Theft, fraud corruption or other financial irregularity cases will be reported monthly to the Director of Corporate Services.	31 August 2018
Environmental Management System **Report Issued – August 2018** Compliance to the requirements of the ISO are adequately monitored, and our review of section 7 (support) found there were weekly team meeting and quarterly working group meetings to provide oversight. Data to support the apprenticeships target is collected from four key contracts identified by the Head of Sustainability and also internally from the LFB. Data to support the London living wage	We obtained copies of the minutes of the SDWG meetings held in 2017-18 and carried out an analysis of the attendance. Our tests revealed that some individuals did not regularly attend and two had not attended any meeting during the year There is a risk that there could be a lack of engagement by some members.	Medium	Assistant Director Technical and Commercial	<u>Suggested Action:</u> Sustainability team to review the current membership to establish whether the composition of the group is appropriate. Consideration should also be given on what actions to take if members or their representatives do not regularly attend. <u>Management Response:</u> The Sustainable Development Team will review the current membership of the SDWG to ensure suitability of attendees. At the next SDWG the Terms of Reference of the SDWG will be reviewed.	1 November 2018

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target is collected from 10 key contracts identified by the Head of Sustainability.	During 2017/18, three of the four contactors who are required to supply data on apprenticeships have missed at least one quarterly return, with one supplying no data at all. There is a risk that the contractors may be underperforming around apprenticeships, which may not be identified promptly if data is not received by the due dates. This also impacts upon the ability of the Sustainability team to report accurately against this element of the EMS.	Medium	Assistant Director Technical and Commercial	Suggested Action: Roles and responsibilities for the chasing of environmental data will be clearly defined between the Sustainability team and the contract managers. Management Response: The Procurement Department is developing a procurement manual which specifies individuals and teams roles and responsibilities, together with documented team procedures. This will encompass the environmental data.	31 December 2018
	Our enquiries revealed that for both the apprenticeships and the London Living Wage elements of the EMS the data received from contractors to support the monitoring and reporting is not checked for accuracy, and roles and responsibilities for this validation have not been formally agreed. There is a risk that data reported both internally and externally may be inaccurate.	Medium	Assistant Director Technical and Commercial	Suggested Action: Roles and responsibilities for the validation of contractor data will be formally allocated, and consideration should be given to carrying out /adopting dip sampling techniques. Management Response: The Head of Sustainable Development will develop procedures, including validation, with the GLA Group Central Responsible Procurement Team to ensure they are in line with the rest of the GLA group reporting.	1 January 2019
No Assurance – A control framework is not in place to mitigate key risks. The business area is open to abuse, significant error or loss and/or misappropriation.					

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FRS Standby Roster System **Report issued – August 2018** This review was requested by People Services, and at the time of the review they had commenced drafting an overarching policy note as they were aware that there was insufficient governance in this area. Although there is no framework in place, People Services were aware of a majority of the rosters currently in existence, and where they were aware of the roster ensured that regular review was performed on the amounts being paid to staff, this does not though include a full review of roster arrangements. Payroll were able to provide a report of individuals in receipt of this allowance, which will help undertake any future reviews of these allowance payments.	There is no FRS Staff Standby Roster Policy which has resulted in there being a significant number of rosters which have no documented basis for existence, no review process to ensure that they are still necessary to meet Brigade operational or business continuity needs and no documented roles and responsibilities for staff on the roster. We also identified staff being paid while on long-term sick leave. PN716 (Fire and Rescue Staff Pay Rates) states that during 2017/18 £15,078.30 was available for each individual roster, and that all staff were eligible to receive payments. However, there is no set eligibility criteria therefore there appeared to be inconsistent interpretation of this information. We found evidence that TMG grade staff in some areas were receiving standby payments, while staff in other areas were not. Under PN924 TMG grade staff are not entitled to overtime payments. We also found that some staff were receiving payments while it was stated in their job description that they had to take part in a roster. In all cases the value of the payments to the individuals was based on a percentage of the total annual amount available for the roster, rather than the hours available for work. It is therefore possible that as an annual allowance is available for each roster, some staff are on-call for longer hours than others, but receive less payment for their time and contribution. We also identified that where one member of the roster is not deemed eligible to receive roster payments, their share of the roster did not remain unpaid, but was divided between the remaining eligible staff. During 2017/18 a total of £438k was paid to FRS	High	Assistant Director People Services	<u>Suggested Action:</u> People services have started to develop a policy note for the FRS rosters. They will need look at all the issues raised in this report to ensure that the new policy includes, in sufficient detail, the governance arrangements in relation to the eligibility criteria for a roster and establishment and review of rosters, as well as the associated roles and responsibilities for local monitoring. <u>Management Response:</u> Agreed The policy will include a requirement for a business case to be signed-off by Head of Service and reviewed annually.	31 October 2018

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
	staff in standby roster payments. Payments to individuals during the year ranged from £165 to £7,464, with one individual being paid £8,708 although this included two months back pay for 2016/17. It should be noted that as the 2017/18 pay award was not agreed until March 2018, these figures are likely to be higher that stated. The lack of governance arrangements around FRS staff standby roster payments has led to substantial annual payments to staff where the justification for the roster, nor the level of payments made may not be evident. This represents both the risk of financial loss to the Brigade as well as leaving staff open to allegations of impropriety and/ or fraud.				
	People Services provided a list of rosters, although this was found to inaccurate. For the rosters that they were aware of, they undertook a minimal level of review, by asking the manager to confirm that the payment amount should remain to be paid, and writing to the individual to confirm the outcomes and the next review date. Copies of these letters were available on the individuals' ePRF. However, this review does not ensure that Heads of Service are satisfying themselves that there is still a genuine business need to maintain all the rosters within their Departments. No reviews of the effectiveness or continued need for the rosters had been undertaken by Head of Service and there is no formal requirement to review the adequacy of the arrangements; including that staff are working to the approved rotas and that payments are accurate. Failure to ensure that there is an independent, robust oversight and scrutiny function for the FRS	High	Assistant Director People Services	<u>Suggested Action:</u> Responsibility for formal oversight and scrutiny of the FRS Standby Roster System will be allocated, and this, along with the process will be included in the policy note which is currently being developed (see action 1). Once the policy note has been approved and promulgated the responsible team will undertake an immediate review of all existing rosters and roster payments, based on a report of payments from Payroll. Thereafter, regular review of each roster will be undertaken and documented.	31 December 2018

Risk and Assurance Audit Title, Date of Issue and Areas of Effective Control	Finding/ Risk	Priority	Responsibility	Agreed Action	Date
	Standby Rosters increases the risk that rosters will exist without appropriate review, leading to unnecessary payments being made to staff for rosters which no longer meet a genuine business need.			Management Response: Agreed	

Follow Up Title, Date of Issue	Finding/Risk	Rating	Original Agreed Action	Findings	Further Action
Thematic Review of Absences and Partial Absences **Report issued – August 2018**	The inconsistent recording of information in the PARC in support of partial absences inhibits the ability to monitor them effectively, which could negatively impact decision making or impede the undertaking of management action. Failure to ensure that the correct absence code is used, and that the anticipated duration of absence from duty is shown in StARS, could result in inefficient resource allocation either locally or corporately.	M	Consideration will be given to what information should be recorded into the individuals PARC for each type of partial absence, and thereafter PN888 will be updated to reflect these requirements. While amending the policy, we will also ensure that it is clear that the entire duration of each absence, including travel times, are required to be recorded into StARS and that the correct absence code is used.	**Implemented** PN888 (Partial attendance) was updated on 01/12/17 to include the need to show the total duration of absence, including travel time for Brigade medical appointments (MA). We selected a sample of five MAs taken during January 2018 and found that only one of these included travel time. From our sample, two of those where no travel time were included were not on the run at the time of the MA. PN888 was also updated to state that supporting evidence should be scanned into the ePRF. However, this is a general comment at paragraph 2.2 and is not assigned to any particularly type of partial absence. Our review of five gone to visits (GTV) taken in January 2018 found that although four had details recorded in the PARC, none had any evidence of a personal medical appointment scanned into the individual's ePRF. PN888 was not updated to indicate how prior authorisation for a gone to visit (GTV) appointment should be evidenced. There is scope for this to be required to be recorded in the individual's PARC if this is considered necessary by management or those with responsibilities for monitor and review of partial absences.	Consideration will be given on how to improve compliance to policy, and this will be promulgated to staff. Following this dip sampling will take place to ascertain whether compliance has improved. Where non-compliance continues a further review of how to change behaviours will take place. **Responsibility** Assistant Director People Services **Deadline** 31 March 2019

Follow Up Title, Date of Issue	Finding/Risk	Rating	Original Agreed Action	Findings	Further Action
	The lack of availability of the F308 prevents the ability for the leave to be appropriately reviewed, and if leave was to be unpaid could prevent the deduction in pay being processed. Inconsistencies in the information between StARS and the F308 in relation to the authorisation of special leave could result in misinformation, especially if the F308 has not been appropriately scanned into the ePRF. Lack of consistent, in-depth review of each individual special leave request could result in intentional or unintentional abuse of the system, potentially resulting in financial loss to the Brigade.	M	The process for the authorisation and recording of special leave will be reviewed to establish how this can be improved. This will include both checks on compliance to the policy, whether supporting documentation should be copied and also ensuring that appropriate documentation such as a copy of the F308 and any supporting documentation (as determined) is appropriately retained and available within the ePRF. Following this the policy will be reviewed and updated as appropriate.	**Implemented** PN512b (Special leave) was updated on 04/12/17 to state that the F308 should be scanned into the individuals ePRF within 7 days of authorisation. From a sample of five incidences of special leave taken in early 2018 we found that four F308s were available in the ePRFs, and that these had all been scanned in excess of the 7 day period. PN512b was also updated to state that, whenever possible, evidence should be scanned into the ePRF to support the reason for the leave. For the cases where the F308 were available no evidence was scanned in, even when the forms stated that evidence had been provided.	Consideration will be given on how to improve compliance to policy, and this will be promulgated to staff. Following this dip sampling will take place to ascertain whether compliance has improved. Where non-compliance continues a further review of how to change behaviours will take place. **Responsibility** Assistant Director People Services **Deadline** 31 March 2019
	Failure to maintain appropriate information on mutual exchanges, both within the mutual	M	The process for the authorisation and	**Implemented** Changes to PN001 (Mutual exchange of	None

Follow Up Title, Date of Issue	Finding/Risk	Rating	Original Agreed Action	Findings	Further Action
	exchange database and also in StARS limits the ability to monitor the use of mutual exchanges, and could impact upon decision making.		recording of mutual exchange of duties will be reviewed to establish how this can be improved. This will include both checks on compliance to the policy, whether supporting documentation should be copied and also ensuring that appropriate documentation is maintained. Following this the policy will be reviewed and updated as appropriate.	duties) have been considered, but have not been finalised as they are included in a wider proposed agreement within the Joint Committee for Firefighters which has yet to be concluded.	
	A lack of corporate approach to the monitoring and management of partial absences could result in inconsistent monitoring and management actions for lateness.	M	In conjunction with the senior officers the four Area Teams will agree a standard framework for the monitoring of absences. Appropriate guidance will also be issued on the management action and sanctions expected following multiple instances of lateness.	**Implemented** Area teams continue to monitor partial absences and lateness guidance, which includes possible sanctions, has been appended to PN888.	None