

Decision title

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## Internal Audit – Progress Report Quarter 2, 2018/19

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Recommendation by  
Head of Internal Audit

Decision Number  
LFC-0109-D

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

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### Summary

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

### Decision

The London Fire Commissioner:

1. Notes the work undertaken by Internal Audit in the second quarter of 2018/19.
2. Notes the work planned work for quarter three of 2018/19.
3. Notes Internal Audit's current assessment of the adequacy and effectiveness of the internal control framework.
4. Notes the interim format of our revised quarterly update report and changes to the monitoring of previously reported actions.

**Dany Cotton QFSM**  
London Fire Commissioner



Date 06 - 02 - 2019

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LONDON FIRE BRIGADE

Report title

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## Internal Audit – Progress Report Quarter 2, 2018/19

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Report to	Date
Commissioner's Board	19/12/18

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Report by	Document Number
Head of Internal Audit	LFC-0109

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### Summary

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

### Recommended decision

That the London Fire Commissioner:

1. Notes the work undertaken by Internal Audit in the second quarter of 2018/19.
2. Notes the work planned work for quarter three of 2018/19.
3. Notes Internal Audit's current assessment of the adequacy and effectiveness of the internal control framework.
4. Notes the interim format of our revised quarterly update report and changes to the monitoring of previously reported actions.

### Background

1. MOPAC's Directorate of Audit, Risk and Assurance have been providing the internal audit service to the London Fire Brigade since 2012 under a shared service agreement.
2. Quarterly reports are provided to the Commissioner's Board on the progress of Internal Audit's work against the annual audit plan agreed by the Governance, Performance and Audit Committee in March 2018, for the financial year 2018/19.
3. This report provides an update on the work completed to quarter two, 2018/19, and our opinion of the current assurance level of the internal control framework.

### Finance comments

4. The Under the Accounts and Audit Regulations 2015 a local authority must ensure it has a sound system of internal control which:
- facilitates the effective exercise of its functions and the achievement of its aims and objectives;
  - ensures that the financial and operational management of the authority is effective; and
  - includes effective arrangements for the management of risk.

In carrying out their duties Internal Audit plays a key role against regulation 5 in helping management to discharge their responsibilities by evaluating the effectiveness of internal control, risk management and governance processes.

5. The Internal Audit arrangements are carried out under a shared service arrangement with MOPAC and the audit reviews are agreed as part of the annual audit plan and managed within the approved budget.

### Workforce comments

6. This report has no impact on the workforce.

### Legal comments

7. Under section 9 of the Policing and Crime Act 2017, the London Fire Commissioner (the "Commissioner") is established as a corporation sole with the Mayor appointing the occupant of that office. Part 5 – Financial Regulations of the Commissioner's 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 2, 2018/19	Not protectively marked
2.	Status of previously reported agreed actions (as at October 2018)	Not protectively marked

# Commissioner's Board

## 19 December 2018

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### **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 second 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 10 October 2018 (LFC-0077-D).

#### **2. Recommendations**

That the Commissioner:

1. Notes the work undertaken by Internal Audit in the second quarter of 2018/19.
2. Notes the work planned work for quarter three of 2018/19.
3. Notes Internal Audit's current assessment of the adequacy and effectiveness of the internal control framework.
4. Notes the interim format of our revised quarterly update report and changes to the monitoring of previously reported actions.

### 3. Change in Reporting Format

- 3.1 In our report to the Commissioner's Board on 10 October 2018 (LFC-0077-D) we referenced the need to improve the content of the quarterly progress reports to provide more meaningful insight and to ensure that the key messages are more readily identifiable. The format of the reports has evolved over time with a significant amount of detail included in the annexes to meet the needs of the now abolished Governance, Performance and Audit Committee. As there is a general consensus about the need to change the format of the reports, we agreed to look at some options.
- 3.2 This interim report now provides a more holistic overview of the work completed to date and activity that is planned for the next quarter. We summarise key findings, highlighting areas of effective control and risk issues for management action detailing what action if any has already been taken to date to address the issues raised. We will continue to develop this report and aim to have an agreed format in place for next years reporting cycle. Although we have removed the update against the previously reported agreed actions from the body of the report and future reports will not contain the detailed Annex, Appendix 2 to this submission gives the final position on outstanding agreed actions as at October 2018. We will, however, continue to work with management to identify a means of capturing, monitoring and reporting progress against each outstanding agreed action. For reference, from the last report in October there were 52 outstanding actions of which; 17 have now been reported as completed, 28 have not yet reached their due date and seven have been deferred at the request of the action owners. Full details can be found in appendix 2.
- 3.3 In the longer term, a facility for management to monitor the status of their actions could be included in the PAMS (Performance Admin and Management System) project which is anticipated to go-live in February 2020. We will continue to perform a full follow up review of the implementation of each action in accordance with our professional standards. These are usually completed within six months for high risk reviews and within 12 months for other reviews, but the timing can be varied to meet individual circumstances. This is usually where a particular high risk review needs more regular assurance on the implementation of high risk actions.
- 3.4 At present, our quarterly reports are presented to each Directorate Board prior to the Commissioner's Board, although the time differential between these Boards means that information presented to one Board can be out of date before it gets to another. As governance processes continue to develop there

is an opportunity to revisit the current reporting arrangements to ensure timely consideration of key issues.

#### 4. Reviews Completed This Quarter

4.1 Since our last update we have finalised one risk and assurance report and two follow up reports. These reviews and the resulting assurance ratings are listed in the table below, and a summary of the findings from the reports are included in the subsequent paragraphs in this section.

	Date of Issue	CB Reported	Review Title	Assurance Rating
1	19/09/18	19/12/18	Follow Up of Consolidated Review of Personal Protective Equipment	Adequate
2	09/10/18	19/12/18	Follow Up of IR35 Compliance Framework	Adequate
3	24/10/18	19/12/18	Use and Control of Credit Cards	Adequate

#### 4.2 Follow Up of Consolidated Review of Personal Protective Equipment

The original report was issued in May 2017 and management agreed four actions to mitigate the risks identified, all of which received a medium rating. Where appropriate, the actions have been fully implemented with consideration being given to the adequacy of SRS lockers and improvement in the monitoring of equipment reported as lost or stolen. Some elements of the actions had not been fully implemented at the time of the follow up as it had become evident that these would best be undertaken in conjunction with the implementation of the new contract for uniform items, and no further recommendations were raised.

#### 4.3 Follow Up of IR35 Compliance Framework

The original report was issued in September 2017 and management agreed five actions to mitigate the risks identified, four of which were medium risk and one low risk. We found that four of the actions had been fully implemented, and one medium risk action partly implemented. This was in relation to a guidance note for managers when engaging an individual through the procurement route rather than the Hays contract for temporary staff. The guidance had been developed and was awaiting presentation to the relevant Directorate Board prior to publication. This resulted in us raising a further action to issue the approved document.

#### 4.4 Use and Control of Credit Cards

At the time of this review there were 36 cards in circulation, with a total credit limit of £324,500. The objective of this review was to provide assurance that the framework for the allocation, use and control of these cards is adequate.

- 4.5 Areas of effective control included the need for credit cards in the Financial Regulations and that the framework was managed by Finance. The issue of new cards was appropriately approved and adequate consideration was given to the credit limit made available to each individual. All cards are setup with a direct debit to ensure that balances are paid off without incurring interest charges and monthly returns are required from the individual card holders.
- 4.6 The report contained four actions; one low risk action was agreed around the need to clearly define the process for allocation and retention of cards. Three medium risk actions were also agreed which included ensuring that all cardholders sign confirmation of the terms and conditions associated with having a card, ensuring that monthly returns are received from all cardholders when expenditure has been incurred and developing an escalation process for continued non-compliance and also consideration of a process for manager review of the expenditure, as there is currently no oversight to validate that all transactions represent bona fide Brigade expenditure.
- 4.7 Three risk and assurance reviews are currently at draft report stage, and once these have been agreed with management will be issued as final reports. These are:
- Assurance Framework
  - Delegate Throughput for Babcock Training
  - Processing the GLA Payroll
- 4.8 Five risk and assurance reviews and two advisory reviews are currently at fieldwork stage, and we will work to complete these at the earliest opportunity. These are:
- Collaboration, Planning and Preparedness (Advisory)
  - Governance Arrangements (Advisory)
  - ICT Skills Profile
  - Learning Support Provision
  - Minor Capital Programme
  - Operational Policy – External Relations
  - Thematic Review of Driving on Brigade Business
- 4.9 One follow up report for Environmental Controls at Merton Control Centre is currently at draft report stage. The original review received a limited assurance, and whilst a majority of the resulting actions have been fully

implemented, one high risk action remains outstanding. The action relates to the switch gear at the site which should automatically switch from mains supply to the generator in the event of a power failure. A refurbished switch has been obtained, however it is unclear at this time whether a full shut down of the site is required to insert it. The follow up report will be finalised when the outcome of discussions between senior management is known and a solution found.

- 4.10 Five follow up reviews are currently at fieldwork stage and we will work to complete these at the earliest opportunity. These are:
- Adult Safeguarding Framework
  - CAMS and Station End Equipment
  - ICT Project Governance
  - Physical Security
  - Staff Engagement

## **5 Planned Quarter Three Work**

- 5.1 As well as continuing the work in progress from quarter two, we have Terms of Reference approved for three reviews, and fieldwork will commence once start dates have been agreed with management. These are:
- ICT Network Resilience/ Topography
  - Thematic Review of Station Repairs
  - Workforce Planning
- 5.2 We will also commence the preparatory work for the this years annual review of the Key Financial Systems.
- 5.3 Further follow up work will be undertaken as appropriate.

## **6 Counter Fraud Activity**

- 6.1 During the quarter the Counter Fraud team have been working on four referrals.
- 6.2 The confiscation order previously reported in relation to a pension fraud case resulted in the nominal confiscation of £1 due to the fact that there was insufficient equity in the property and the low prioritisation of confiscation orders against other debts. The confiscation benefit figure (£18,135.58) remains in force for life and can be re-visited should the defendant come into any assets at some future date.
- 6.3 The investigation into the previously reported fuel shortage has been finalised. In response to our findings, various prevention measures have been or are



being introduced to deal with issues of security, for example access to keys and pump and a documented audit trail regarding the use of the tank and a documented hand over. The value of the shortage in fuel amounts to approximately £50, and no further enquiries will be undertaken in respect of this particular loss.

- 6.4 One new potential fraud case has been referred to us where an invoice for in excess of £4k was received for securing a saving on business rates payable. This matter is being investigated and the outcome will be reported in due course.
- 6.5 Another referral was received in relation to a pension case where there were concerns over the validity of a request to change the bank account into which the pension was being paid. Our subsequent investigation concluded that there was no evidence of fraud.
- 6.6 All the preparatory work for the 2018/19 National Fraud Initiative (NFI) work has been completed and the data has been uploaded to the NFI web site.
- 6.7 A counter fraud presentation has been developed and we are due to present this at the Borough Commander's Communication Day in December 2018. Finance are also in the process of setting a date for presentation to FRS staff.

## **7 Internal Control Framework**

- 7.1 Our control environment opinion has remained adequate as a result of the work completed to date. The risk based review finalised since the last update on 10 October 2018 received an adequate assurance rating, and the two follow up reports also received adequate assurance ratings. A full list of the reviews completed against the 2018/19 audit plan can be found in Annex A.
- 7.2 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 Commissioner, 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.

## **8 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.

## 9 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.

## 10 Contact Details

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## 11 Appendices and Background Papers

- Annex A – Progress against the 2018/19 annual plan
- Appendix 2 - Status of previously reported actions

## Progress Against the 2018/19 Annual Plan

**To date we have issued three risk and assurance reports:**

	Date of Issue	CB Reported	Review Title	Assurance Rating
1	09/08/18	10/10/18	Environmental Management System	Adequate
2	28/08/18	10/10/18	FRS Standby Roster System	No Assurance
3	24/10/18	19/12/18	Use and Control of Credit Cards	Adequate

**To date we have issued six follow up reports:**

	Date of Issue	CB Reported	Review Title	Assurance Rating
1	17/04/18	18/07/18	Budgetary Control	-
2	20/04/18	18/07/18	Protective Security	-
3	21/05/18	18/07/18	Capital Budgeting	-
4	14/08/18	10/10/18	Thematic Review of Absences and Partial Absences	Adequate
5	19/09/18	19/12/18	Consolidated Review of Personal Protective Equipment	Adequate
6	09/10/18	19/12/18	IR35 Compliance Framework	Adequate

### Status of Previously Reported Actions

From the 52 actions outstanding from the 10 October 2018 report; 17 have now been reported as completed, 28 have not yet reached their due date and a further 7 have been deferred. The 35 actions that remain outstanding are included in the table below:

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
<b>FOLLOW UP REVIEW OF ENVIRONMENTAL MANAGEMENT SYSTEM DATA QUALITY – Report issued May 2017</b>						
1.	<p>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.</p> <p>SD team to liaise with IT and the expenses team to investigate the possibility of including the engine size and fuel type in the reports they provide.</p> <p><b>Partly Implemented</b> SD have met with ICT who have promised to include engine size and fuel type fields in the next upgrade to the expenses system. IT have agreed to include the amendments in the tender requirements for the upgrade of expenses software.</p>	Medium	<p><b>Responsible officer:</b></p> <p>Environment Advisor</p>	<p><b>Further Action</b></p> <p>The upgrade to the expenses system to include engine size and fuel type to ensure better quality of information.</p>	<p><del>April 2018</del></p> <p><del>31 October 2018</del></p> <p>30 November 2018</p>	<p>Deferred</p> <p>Next scheduled Expenses release (to include mileage enhancements of Engine Size and Fuel Type as well as replacement of InfoPath form with PDF) to be delivered in mid November for test deployment and user acceptance testing by HR Services.</p> <p>-Update provided by Technical Support Project Manager in ICT</p>
<b>ENVIRONMENTAL MANAGEMENT SYSTEMS (DATA QUALITY) – report issued February 2018</b>						
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	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	<p><del>30 September 2018</del></p> <p>31 December 2018</p>	<p>Deferred</p> <p>Next scheduled Expenses release (to include mileage enhancements of Engine</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	cars none of this information is available for the essential and casual car users scheme. Average conversion CO2 factors are used where engine size and fuel information is unavailable.  There is a risk that data published in the annual report may be inaccurate.			of August 2018.		Size and Fuel Type as well as replacement of InfoPath form with PDF) to be delivered in mid November for test deployment and user acceptance testing by HR Services.

**THIRD PARTY DATA ASSURANCE – report issued February 2018**

3.	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
4.	At the present time there is no review of third party account set up to ensure that the account provides only the level	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	31 March 2019	On target

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>of access as requested by the system owner, and approved by the ICT Security Manager.</p> <p>There is a risk that accounts may be set up incorrectly, providing the third party with inappropriate access to LFB data.</p>			required access.		
5.	<p>1. We were unable to obtain a report from ICT of current third party access arrangements.</p> <p>We identified one third party account which had been set up with no end date, even though this is not in accordance with PN824 (Third party network access policy). Third party accounts are not automatically deactivated upon leaving as per LFB staff.</p> <p>There is an increased risk of unauthorised access by third parties by not ensuring all third party accounts have set end dates.</p> <p>2. We were also advised that there are a number of accounts where no end date can be set due to the nature of the work undertaken. Some of these relate to ongoing support, however, as some are</p>	Medium	Head of ICT	<p>We will ensure that where appropriate all third party accounts have a set end date, and make changes to PN824 if different durations are deemed appropriate. We will also ensure that we have the ability to determine which third party accounts are active at any given time, which will be monitored periodically to ensure continued access is appropriate.</p> <p>Upon expiry, we will ensure that third party access renewals are appropriately reviewed and re-authorised, and where no end date is possible access arrangements will be reviewed at least annually.</p>	31 March 2019	On target

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>more ad hoc for carrying out scheduled work.</p> <p>Failure to know which third parties have access to what data at any given times inhibits ICTs ability to appropriately monitor third party access.</p>					
<b>DEVELOPMENT &amp; MAINTENANCE of OPERATIONAL PROFESSIONALISM (DaMOP) – report issued February 2018</b>						
6.	<p>1. The content of PN427 (The development and maintenance of operational professionalism – training note) was found to be sufficiently detailed, we identified that it contained reference to “Your Operational Professionalism” within Hotwire for more information around developing a training needs analysis for staff who have been absent for an extended period, and the programming of training from the rota. This area of Hotwire no longer exists and this information is no longer available to support watch and crew managers in specific areas of managing DaMOP.</p> <p>There is a resulting risk that inappropriate or inconsistent actions will be undertaken across the Brigade.</p> <p>2. We identified that section nine of the policy, which covers the</p>	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	<p>On target</p> <p>The DaMOP project is good making progress. A research work stream has been undertaken to identify how other FRS’s and external industries maintain the competencies of their staff. The outcome of the research, along with a mapping exercise to identify the core skills requirements from the national role maps has identified a list of core competency headings. These specify the core role requirements for station based staff, and are being consulted on through a range of staff engagement activities. Once agreed the</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>programming of training at technical centres, has some missing information. Paragraph 9.2 states "Programming of training at technical centres will be as per the training rota at (enter where training schedule can be located)".</p> <p>The policy does not provide adequate guidance if the link is not provided, resulting in a risk that inappropriate or inconsistent actions will be undertaken at technical rescue centres.</p>					<p>project delivery team will produce packages for each of the core competence headings that will provide theoretical and practical applications of the skill that will allow operational staff to demonstrate maintenance of the subject. It has been agreed that the packages, along with some system changes to support the new requirements will be implemented for fire station staff in June 2019 as a transitional delivery phase of the project. The delivery team are working with Babcock to make a number enhancements to Big Learning that will enhance the end user experience.</p>
7.	<p>1. The DaMOP training plan was initially based on consultation with operational station based personnel and by using the health and safety services 'risk mapping project' findings, as published in 2005. We could not find any evidence that the effectiveness of the programme had been reviewed until around 2015, which resulted in the pilot programme which has</p>	Medium	Director of Safety and Assurance	<p>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.</p>	31 March 2020	<p>On target</p> <p>The DaMOP project is good making progress. A research work stream has been undertaken to identify how other FRS's and external industries maintain the competencies of their staff. The outcome of the research, along with a</p>



No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>been running in the south-east area since April 2016.</p> <p>Failure to periodically monitor the effectiveness of station based training could result in it becoming less effective over time, potentially impacting on the maintenance of the core skills required by firefighters.</p> <p>2. The south-east area pilot has proven to be successful with watch officers, however it has been running for almost two years. Delays in rolling out the pilot could impact on the effectiveness of core skills station based training, particularly as it has not been reviewed for some years. Prior to roll out a further review of the programme will need to be undertaken so that any further tweaks can be made prior to dissemination. Through discussion with staff we identified the following issues:</p> <ul style="list-style-type: none"> <li>• The training may be too generic in some areas, and could provide more time for borough specific topics.</li> <li>• File paths for recording the training appropriately in the Station Diary are not easy to select, which can result in it appearing that the training has not been completed.</li> <li>• There may be issue with</li> </ul>					<p>mapping exercise to identify the core skills requirements from the national role maps has identified a list of core competency headings. These specify the core role requirements for station based staff, and are being consulted on through a range of staff engagement activities. Once agreed the project delivery team will produce packages for each of the core competence headings that will provide theoretical and practical applications of the skill that will allow operational staff to demonstrate maintenance of the subject. It has been agreed that the packages, along with some system changes to support the new requirements will be implemented for fire station staff in June 2019 as a transitional delivery phase of the project. The delivery team are working with Babcock to make a number enhancements to Big Learning that will enhance the end user experience.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>obtaining equipment, such as vehicles for RTC training, if the too many stations require them on the same day.</p> <p>If the pilot is rolled out without first addressing known problems, then there could be a lack of buy in from staff.</p>					
8.	<p>Attendees at sessions are recorded in the appointment in the Station Diary, which in turn updates their training records. We reviewed the diary entries at five fire stations during the period 1<sup>st</sup> to 7<sup>th</sup> May 2017 (inclusive) and identified that there are inconsistencies with the records submitted. For example:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Another firefighter was shown as being at training sessions between 09:30 and 15:30, however StARS also showed that they were booked to attend a medical appointment between the hours of 09:30 and 13:00. If the training was completed during the hours stated in the diary, then they could not have been present.</li> </ul> <p>Staff training records will be inaccurate if staff are shown as receiving training</p>	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	<p>On target</p> <p>The DaMOP project is good making progress. A research work stream has been undertaken to identify how other FRS's and external industries maintain the competencies of their staff. The outcome of the research, along with a mapping exercise to identify the core skills requirements from the national role maps has identified a list of core competency headings. These specify the core role requirements for station based staff, and are being consulted on through a range of staff engagement activities. Once agreed the project delivery team will produce packages for each of the core competence headings that will provide theoretical and practical</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>which they have not attended, and gaps in knowledge will be unlikely to be identified. This could result in adverse publicity if this was identified as part of an investigation into an incident.</p>					<p>applications of the skill that will allow operational staff to demonstrate maintenance of the subject. It has been agreed that the packages, along with some system changes to support the new requirements will be implemented for fire station staff in June 2019 as a transitional delivery phase of the project. The delivery team are working with Babcock to make a number of enhancements to Big Learning that will enhance the end user experience.</p>
9.	<p>The completion of station based training is monitored through a suite of performance indicators. Non-FRU stations are required to spend 24% of their time training, while FRU stations should spend between 50% and 53%, dependent on whether they are technical rescue, technical skills or hazmat. Monitoring reports are produced by the area teams using the duration of the appointment and number of participants as recorded in the Station Diary appointment. We have identified above that the participants may not always be recorded appropriately, and there are also potential problems with the use of the appointments duration. While the appointment may have been in the</p>	Medium	Director of Safety and Assurance	<p>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.</p>	31 March 2020	<p>On target</p> <p>The DaMOP project is good making progress. A research work stream has been undertaken to identify how other FRS's and external industries maintain the competencies of their staff. The outcome of the research, along with a mapping exercise to identify the core skills requirements from the national role maps has identified a list of core competency headings. These specify the core role requirements for station</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>Station Diary for the specified duration, there is no evidence to support that this was actual time spent training. This actual time spent on the training could be minimal if the topic area being covered was relatively small potentially resulting in a lack of basic core skills in the long term.</p> <p>Performance indicator data may give a false record of training if sessions are not fully completed for operational reasons. Incomplete sessions from one shift are often incorporated into another session that tour, or during another tour. Use of targets to monitor the effectiveness of DaMOP may not be the most appropriate method of measurement as it focuses on the quantity of training rather than the quality. Targets are also used to measure other station based activities such as community fire safety, home fire safety visits and fire hydrant inspections. There is a risk that when time availability is limited, and there are competing priorities then staff may feel pressurised into falsifying records to ensure that targets are met.</p>					<p>based staff, and are being consulted on through a range of staff engagement activities. Once agreed the project delivery team will produce packages for each of the core competence headings that will provide theoretical and practical applications of the skill that will allow operational staff to demonstrate maintenance of the subject. It has been agreed that the packages, along with some system changes to support the new requirements will be implemented for fire station staff in June 2019 as a transitional delivery phase of the project. The delivery team are working with Babcock to make a number enhancements to Big Learning that will enhance the end user experience.</p>
10.	1. There is no formal process for the provision of feedback on the quality of the DaMOP training sessions being provided. In practice, any perceived deficiencies could be raised with the watch officers. However, individuals may not feel comfortable enough to raise issues	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	<p>On target</p> <p>The DaMOP project is good making progress. A research work stream has been undertaken to identify how other FRS's and external industries maintain</p>

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	<p>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.</p> <p>Failure to ensure that the training delivered is fully understood by all participants could result in inappropriate actions being taken as there is no process in place to evaluate the effectiveness of DaMOP.</p> <p>2. We reviewed a sample of SSSO records for Service Standard 3 and identified that the outcomes of their visits are recorded as either red, amber or green, and although there is an area for narrative this is either not used, or not very detailed.</p> <p>Opportunities for organisational learning may not be identified if insufficient narrative is available to support the outcomes of SSSO visits.</p>					<p>the competencies of their staff. The outcome of the research, along with a mapping exercise to identify the core skills requirements from the national role maps has identified a list of core competency headings. These specify the core role requirements for station based staff, and are being consulted on through a range of staff engagement activities. Once agreed the project delivery team will produce packages for each of the core competence headings that will provide theoretical and practical applications of the skill that will allow operational staff to demonstrate maintenance of the subject. It has been agreed that the packages, along with some system changes to support the new requirements will be implemented for fire station staff in June 2019 as a transitional delivery phase of the project. The delivery team are working with Babcock to make a number enhancements to Big Learning that will enhance the end user experience.</p>

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<b>INCLUSION STRATEGY – report issued March 2018</b>						
11.	<p>It was noted in the minutes from the July 2017 Inclusion Board meeting that a point was raised by one of the attendees about the lack of staff development information for underrepresented groups, and that more work is required to ensure the information is used effectively. However, no action to address this was raised during the meeting.</p> <p>There is insufficient mentoring of staff promotion and development, specifically of those from underrepresented groups.</p>	Low	<p>Head of Human Resources  (now Assistant Director People Services)</p>	<p>The Brigade will:</p> <ul style="list-style-type: none"> <li>• develop methodologies to capture staff development information and reflect this in the HR digest.</li> <li>• develop a process to centrally collect, manage &amp; monitor diversity data within departments and talent pools to aid the delivery of diversity outcomes.</li> </ul>	<p><del>1 December 2018</del>  31 March 2019</p>	<p>Deferred</p> <p>Work is underway to introduce a new end-to-end Talent Management Framework. This framework aims to identify and attract new talent from diverse backgrounds, providing clear standards that benchmark individual performance through a robust and transparent appraisal system, and maximises opportunities for those staff that are identified as having high potential. New talent management and leadership frameworks will also be supported by the introduction of a structured Coaching &amp; Mentoring programme, assisting staff seeking progression. We will introduce unconscious bias workshops to reduce prejudice and bias in recruitment and promotion. We are reviewing our appointment processes to</p>

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						<p>ensure they are transparent and will closely monitor for any adverse impact. Dedicated support is now in place for the support groups through the Inclusion manager.</p> <p>Methodologies for recording/monitoring information on staff development is being considered as this area of work develops.</p>
12.	<p>The Harassment Complaints procedure was last updated in January 2015 and is due to be updated following the conclusion of the on-going People Services Review. Currently the majority of harassment cases are investigated by the Inclusion Manager and it is being proposed in the People Services Review that this responsibility should lie within the HR department. The Procedure provides guidance on how to identify harassment, and sets out the procedure to be followed when a harassment complaint is made. 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</p>	Low	<p>Head of Human Resources</p> <p>(now Assistant Director People Services)</p>	<p>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.</p>	<p><del>4 September 2018</del></p> <p>1 December 2018</p>	<p>On target</p> <p>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 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</p>

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	<p>reflect this following the conclusion of the People Services Review.</p> <p>The Harassment Complaints procedure does not reflect the actual processes in place at the Brigade.</p>					<p>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.</p>
13.	<p>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 that they have been implemented. Failure to do so could lead to insufficient resolution of the harassment complaints.</p> <p>Issues identified from harassment case investigations are not suitably addressed.</p>	Medium	<p>Head of Human Resources</p> <p>(now Assistant Director People Services)</p>	<p>The Brigade will introduce a process to follow up on recommendations raised from harassment complaint investigations, where agreed.</p>	<p><del>4 September 2018</del></p> <p>1 December 2018</p>	<p>On target</p> <p>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.</p>



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<b>2017/18 REVIEW OF KEY FINANCIAL SYSTEMS - report issued April 2018</b>						
14.	<p>Due to the inability of the system to produce a report of changes made to suppliers account we were required to select a sample from emails from suppliers which are held within the email inbox of the systems team.</p> <p>Inability to run exception reports of changes to suppliers' accounts prevents review to ensure that all changes were bona fide and increases the risk of inappropriate or unauthorised changes being made.</p>	Low	Assistant Director Finance	<p>There is a process in place to review and verify changes which are implemented by systems. Once the system is updated emails are generated to relevant officers at the time of change, which means any problems can be immediately addressed in terms of such issues as IR35. If we waited for a monthly report a change may have been implemented that took effect before we could address it.</p> <p>We will formally allocate responsibilities review of the notification emails are reviewed to ensure that changes are being verified as bona fide.</p>	<p><del>30 June 2018</del></p> <p><del>31 October 2018</del></p> <p>30 November 2018</p>	<p>Deferred</p> <p>Discussions are in progress with Procurement to amend the vendor details forms to include changes and a verification comment which would advise who verified the change of details and the evidence received to limit fraud risk. The changes should take place during November when the procedures are finalised.</p>
<b>THEMATIC REVIEW OF HEALTH AND SAFETY – report issued May 2018</b>						
15.	<p>We reviewed the issues raised by the stations in our sample identified that in some cases there were considerable delays between jobs being raised and completed. One station had to wait 13 weeks before an issue regarding faulty lights was rectified, when the fault should have been rectified within 28 days. There were also two jobs that were raised in November 2017 which were still outstanding at the time of the review. The stations visited advised that the contractor sometimes sends the wrong tradesmen to attend jobs, causing delays, for example; a plumber to attend an electrical fault.</p> <p>There is a risk that if issues are not resolved within reasonable timescales</p>	Medium	Assistant Director Technical and Commercial	<p>TSS Property to continue to work with both KBR and its supply chain to ensure improvements in performance are secured and work orders are closed in a timely manner.</p> <p>Stations to continue to ensure faults and issues are logged via 89100 option 2 and are followed up and complaints raised as necessary so all parties are aware of outstanding issues.</p> <p>Property will utilise data held within KBR's system and specifically with the ICC, to monitor performance and demonstrate improvements.</p>	31 March 2019	<p>On target</p> <p>This continues to be a key focus for TSS Property. The current contracts with Kier and Engie come to an end on 2nd December 2018 and the new contracts are currently being mobilised. TSS Property are working to ensure the backlog is addressed before the current contracts end and has put in place robust processes for the new contracts to ensure the same issues do not develop'.</p>

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	then the safety of staff could be compromised.					
<b>RISK MANAGEMENT – Report Issued May 2018</b>						
16.	<p>We identified that in some instances the control owners are allocated to job titles, while in other instances they are allocated to individuals; including one individual had been retired from the Brigade for some time. Inconsistency in recording control owners and failure to appropriately amend them could indicate a lack of effective review of the controls supporting the risks, potentially impacting upon the effectiveness of the control environment.</p> <p>Part of the risk review process includes the presentation of a PMF risk report to the Corporate Management Board. While this provides a sound basis for risk owners discussion around corporate risks, it does not provide the risk owner with the opportunity to discuss the continued effectiveness of the controls with the control owner. We interviewed five of the control owners across CCR1 and CRR16 and found that one control owner was not aware that they had these risk management responsibilities. We also identified where discussion does take place it appears to be informally through meetings and/ or reports rather than as part of a formal risk review process. Failure to</p>	Medium	Assistant Director Strategy and Risk	<p>This will be addressed through the corporate risk refresh described above. This will ensure control owners are correctly identified and recorded in the risk management system.</p> <p>Once the refreshed corporate risks have been agreed by Directorate Boards and the Commissioner's Board, risks will be scheduled for review by DBs on a quarterly basis. Corporate risks are owned by Deputy 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.</p>	31 March 2019	<p>On target</p> <p>The control measures have been refreshed. There has been some reassignment of posts and responsible control owners and the Strategy and Risk team is working through the owners for all controls to ensure they are correct. This work is intended to be complete by the end of Quarter Three.</p>

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	appropriately reassess the effectiveness of documented controls could expose the LFB to a level of risk in excess of their stated risk threshold.					
<b>ADULT SAFEGUARDING FRAMEWORK – report issued April 2018</b>						
17.	<p>Throughout the review it was evident the current safeguarding documented procedure (PN763) is not working as intended. While all members of LFB are working within their capabilities to protect and safeguard vulnerable adults the procedure hinders the time taken to complete the referral and notify SSDs. The key areas of concern that were identified during the review included:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Delays in sending referral forms and/ or notifications of referrals being sent to BCs who are out of the office (or on leave) instead of OODs to distribute to nearest on duty BC meaning forms are not submitted to the SSD within the</li> </ul>	High	Head of Fire Safety  (now Assistant Commissioner Fire Safety)	<p>The procedures for safeguarding a vulnerable adult will be stripped back to identify the key steps needed from identification of a vulnerable adult to the notification of the SSD. As part of the review the procedures should be simplified. Retention of personal data on safeguarding databases will also be reviewed considering GDPR requirements.</p> <p>A selection of options will be identified which differ in who will complete the process of referring to the SSD including bringing the role in centrally; identifying area leads; or tweaking the current process.</p> <p>Once all options have been documented a working group of stakeholders currently involved in safeguarding will be convened to agree the most suitable/ fit for purpose option.</p> <p>Consideration will be given to reviewing safeguarding models from other Fire &amp; Rescue Services who sit on the National Fire Chiefs Council (NFCC) with LFB for best practice and to help facilitate a new procedure.</p>	31 March 2019	<p>On target</p> <p>Internal Audit are currently completing the formal follow up review, and all actions are set to be completed by the due date.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>four-hour time frame identified.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The SIM is not copied into many referrals made to SSDs resulting in the inability to provide and coordinate briefing reports, identify patterns and frequencies of issues. The main reasons why the SIM is not cc'd include inability to view referrals by the BCs, local records are maintained therefore SIM duplicates information, again on occasions the BC has forgotten to cc in the SIM.</li> <li>• 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</li> </ul>					

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	<p>implementation of GDPR in May 2018 will most likely result it changes to this process.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p>Failure to adopt a procedure that is fit for purpose may result in ineffective safeguarding of vulnerable adults and the implementation of inappropriate working practices.</p>					
18.	<p>The Safeguarding Adults at Risk policy (PN763) was released as current on the 21st June 2017. The policy refresher was mainly triggered from the changes in the Care Act 2014 legislation including self neglect and hoarding fire risks. The policy includes a lot of information from governmental policies and acts including the Care Act, Mental</p>	High	<p>Head of Fire Safety</p> <p>(now Assistant Commissioner Fire Safety)</p>	<p>Following the review and agreement of the safeguarding referral process, from action one, the policy will be rewritten to incorporate the agreed changes. During the policy rewrite key factors will be considered to make the policy user friendly while retaining the appropriate information. The key factors include:</p> <ul style="list-style-type: none"> <li>Reducing the length of policy</li> <li>Simplified and concise documented roles</li> </ul>	31 March 2019	<p>On target</p> <p>Internal Audit are currently completing the formal follow up review, and all actions are set to be completed by the due date.</p>

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	<p>Capacity Act 2005, and the Counter-Terrorism and Security Act 2015, and a variety of policies at the LFB are also referenced which creates a long policy where the key messages are being lost.</p> <p>Review of the policy identified the following key issues:</p> <ul style="list-style-type: none"> <li>• Lack of clarity for officers from FF level onwards to their roles and responsibilities</li> <li>• Too much information which does not allow the reader to easily identify the processes/ procedures to be taken</li> <li>• Referral process is unclear on when actions should be completed by (time frames) and by whom</li> <li>• Reporting procedures within the policy is lengthy and does not clearly specify how things should be reported at a quick glance.</li> <li>• The process charts do not flow and therefore difficult to use them as a guide</li> <li>• Discussions with Safeguarding Adults Board members identified the policy does not provide an accurate reflection of the Boards or their purpose</li> </ul> <p>Failure to ensure the policy clearly sets out the requirements of safeguarding adults at risk, and is fit for purpose may result in ineffective working and reporting practices being</p>			<p>and responsibilities for all involved</p> <ul style="list-style-type: none"> <li>• Clear process documented in an agreed format (written or flow chart etc.)</li> <li>• Appendices of LFB and other national guidance related policies</li> </ul> <p>The working group of stakeholders involved in developing the new procedure will be convened to agree the policy is also fit for purpose.</p>		

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	undertaken, potentially leading to inappropriate or non-reported concerns.					
19.	<p>Discussions with Station and Union Street based staff revealed an agreed opinion that training does not provide appropriate guidance to crews, BCs, or Group Managers (GMs) on how to process and deal with a safeguarding referral. GMs have not been provided training on safeguarding referrals and therefore if they move into a BC roles they have no prior practical knowledge to use when dealing with safeguarding judgements.</p> <p>Concerns of the BCs in relation to the training included the facilitators and examples used. The facilitators delivered the training on the slides but were unable to answer some safeguarding questions asked during the session as the answer did not form part of the LFB policy. The safeguarding examples used during training were also noted as clear cut in terms if whether it was or was not a safeguarding referral and therefore did not provide guidance on how a practical situation could progress and help make the decisions required. Detailed examples of safeguarding which could lead in different directions would benefit those on the front line such as station crews who are first to encounter the public and may require a referral.</p> <p>To provide the BC's, SM's and crews</p>	High	<p>Head of Fire Safety</p> <p>(now Assistant Commissioner Fire Safety)</p>	<p>The training provided to staff members will be reviewed to highlight areas of weakness and these will be discussed with Babcock and the training provided will be considered to ensure it is being delivered to the required level. Following the review, the TCAP will be amended as appropriate. A working group will also form part of the training review to ensure the training agreed upon is fit for purpose.</p> <p>Mop-up sessions will be created following promotional rounds of senior staff to provide successful candidates with in house development to ensure they are able to fulfil their roles as required.</p> <p>Once training has been agreed and delivered; staff attendance and the uptake of training for staff at stations will be reviewed on a regular basis to ensure it is appropriate.</p> <p>Consideration will also be given to reviewing local initiatives with the BCs to identify any potential shared learning that can be rolled out across the LFB.</p>	31 March 2019	<p>On target</p> <p>Internal Audit are currently completing the formal follow up review, and all actions are set to be completed by the due date.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>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.</p> <p>Following the completion of the face to face training there are no plans to provide this type of training to any SMs or BCs promoted in the future; the training provided here would be the e-learning package which through discussions we identified was not fit for purpose as it does not facilitate the interaction needed and again follows the policy.</p> <p>Failure to provide staff with appropriate safeguarding training could lead to ineffective safeguarding of vulnerable people. Where training materials are not fit for purpose there is an increased risk of out of date working practices being undertaken delaying help to be given to the identified vulnerable person.</p>					
20.	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	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  Internal Audit are currently completing the formal follow up review, and all actions are set to be completed by the due date.



No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>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 necessarily break any legislation, it is still seen as best practice to have this in place; an action has been raised light of this to consider LFB implementing protocols across all boroughs.</p> <p>Failure to establish protocols could lead to ineffective working practices between partner agencies, potentially leading to inappropriate safeguarding of vulnerable people. Where data sharing protocols are not agreed there is an increased risk of one party forming a barrier against sharing data.</p>					

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
<b>ENVIRONMENTAL CONTROLS AT MERTON CONTROL CENTRE – report issued April 2018</b>						
21.	<p>The main switchgear, which is responsible for switching the power source from the mains power to the emergency generator's power, failed a failover test in March 2017 and has not been tested since. We also understand that the issue that led to the switchgear failure has not been addressed.</p> <p>Without the automatic switchover a member of staff is required to manually attend the site and switch the power source over.</p> <p>The issues with the switchgear results in an issue whereby power cannot automatically switch over to the backup system in the event of an emergency, increasing the risk of prolonged data and operational loss.</p>	High	Assistant Director Technical and Commercial	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. A full load test will be required along with action 1.</li> <li>4. A twice yearly test date for a full load test to be agreed with the DAC for Merton Loc to test the ability of the switchgear to load shed and the ability of the generators to take the full load.</li> </ol>	<p><del>31 August 2018</del></p> <p>31 December 2018</p>	<p>It is unclear whether this action will be completed by the due date. The repaired switch gear is available and ready for insertion, however, it is unknown whether the system needs to be fully shut down at Merton and transferred to Stratford to complete this task.</p> <p>Senior level discussions are currently underway to ascertain the associated risks and timescales for a full shut down, which is possibly required to insert the switch gear, and definitely required to complete the full load test.</p>
<b>VISION MOBILISING SYSTEM – REALISATION OF THE OPERATIONAL BENEFITS – report issued May 2018</b>						
22.	<p>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.</p> <p>A number of exiting performance targets capture Vision related data, for example 999 call pick up, call handling and first appliance response times. However, no additional benefits have been considered for measurement,</p>	Medium	Deputy Commissioner Operations	Once the next Vision release has been applied a set of measurable benefits in relation to Vision will be put together and monitored, and the outcomes will be reported as appropriate.	30 April 2019	<p>On target</p> <p>Due to the updates etc. that are required we are unable to develop metrics at the present time as we have not got the IT to use to monitor or report on, Capita and our first line monitor Vision performance.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>including the 'more data, less voice' functionality.</p> <p>Failure to develop a set of measurable operational benefits limits the ability to monitor performance, and could impact upon decision making.</p>					
<b>CYBER SECURITY CONTROLS – report issued July 2018</b>						
23.	<p>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.</p> <p>Delays in completing high criticality issues collectively increase the risk to the security of the Brigade's systems, data and business processes.</p>	Medium	Chief Information Officer	<p>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.</p> <p>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.</p>	30 September 2019	On target
24.	<p>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.</p> <p>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</p>	Medium	Chief Information Officer	<p>ICT are in the process of procuring a cyber defence product which should address the lack of SIEM inspecting through the VPN concentrator.</p>	31 March 2019	On target

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	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.					
25.	<p>The previously conducted penetration test found the following issues:</p> <ul style="list-style-type: none"> <li>• Critical operating system patches not being applied to laptops.</li> <li>• The need for the introduction of an antivirus solution for all end-points with up-to-date Anti-virus signatures.</li> <li>• Changes to the antivirus service were possible without any need to for a password to protect the settings.</li> </ul> <p>We reviewed the project management documentation in remediation and noted these issues are still to be resolved.</p> <p>Loss to systems confidentiality, integrity and availability.</p>	Medium	Chief Information Officer	<p>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 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,</p> <p>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</p>	31 March 2019	On target

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
				<p>owned or up to date (both patching, OS level and anti virus) will not be authorised to use the network. This project is due to complete by the end of March 2019.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
<b>DISCIPLINARY FRAMEWORK – report issued July 2018</b>						
26.	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	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,	30 June 2019	On target  This forms part of the HR Advice & Employee Relations (Employment Policy) work programme to be completed in the New

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>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.</p> <p>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.</p> <p>If the process is unclear to staff or line managers, then an inconsistent process may be applied.</p>			<p>subject to consultation and the restrictions due to the document forming section 6 of the Grey Book.</p> <p>No agreed proposed change in relation to the layout of this information.</p>		<p>Year. References to attendance will be removed from PN392a.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
27.	<p>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.</p> <p>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.</p>	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	<p>On target</p> <p>This matter is being actively discussed within the HR Advice and Employee Relations management team and a final decision on this will be made prior to 31 December 2018.</p>
28.	<p>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):</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• There is a requirement to provide a minimum of seven days' notice for a stage 1 hearing, 10 days for</li> </ul>	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	<p>On target</p> <p>This issue is part of the work programme of the newly appointed interim Head of HR Advice and Employee Relations who is overseeing the required monitoring and make proposals in the New Year regarding continued monitoring.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>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 individuals under investigation.</p> <p>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.</p>					



No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
<b>Environmental Management System – report issued August 2018</b>						
29.	<p>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</p> <p>There is a risk that there could be a lack of engagement by some members.</p>	Medium	Assistant Director Technical and Commercial	<p><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.</p> <p><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.</p>	<p><del>1 November 2018</del></p> <p>30 November 2018</p>	<p>Deferred</p> <p>The implementation date has been amended due to availability of representatives for the SDWG meeting.</p> <p>The current membership of the SDWG has been amended and the next SDWG is the 15<sup>th</sup> November 2018, where the Terms of Reference will be reviewed.</p> <p>SDWG minutes to support this will be drafted and completed by 30/11/2018.</p>
30.	<p>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.</p> <p>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.</p>	Medium	Assistant Director Technical and Commercial	<p><u>Suggested Action:</u> Roles and responsibilities for the chasing of environmental data will be clearly defined between the Sustainability team and the contract managers.</p> <p><u>Management Response:</u> The Procurement Department is developing a department manual which specifies individuals and teams roles and responsibilities, together with documented team procedures. This will encompass the environmental data.</p>	<p><del>31 December 2018</del></p> <p>31 March 2019</p>	<p>Deferred</p> <p>One of the continuous improvement requirements identified by Procurement Department Managers is the development of a Departmental Manual for internal use which documents roles and responsibilities at both individual and team levels together with team procedures. Good progress has been made. Most staff roles and responsibilities</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
						templates have been completed and all teams have provided a list of their intended procedures.
31.	<p>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.</p> <p>There is a risk that data reported both internally and externally may be inaccurate.</p>	Medium	Assistant Director Technical and Commercial	<p><u>Suggested Action:</u> 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.</p> <p><u>Management Response:</u> 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.</p>	1 January 2019	On target

**FRS STANDBY ROSTER SYSTEM - report issued August 2018**

32.	<p>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.</p> <p>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.</p>	High	Assistant Director People Services	<p><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.</p> <p><u>Management Response:</u> Agreed</p> <p>The policy will include a requirement for a business case to be signed-off by Head of Service and reviewed annually.</p>	<p><del>31 October 2018</del></p> <p>1 March 2019</p>	<p>Deferred</p> <p>The proposed new FRS Staff Standby Roster policy note is still being drafted. As full implementation will require stakeholder and trade consultation, and sign off by Commissioner's Board (i.e. it will take several more months), HR Advice and Employee Relations will be taking interim measures to address the audit concerns, in particular ensuring that all rosters have current Head of Service approval.</p>
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No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>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.</p> <p>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.</p> <p>During 2017/18 a total of £438k was paid to FRS 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</p>					<p>An e-system is being developed by HR Services to manage the standby rosters, which will require Head of Service authorisation for all changes to the roster arrangements.</p>

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	<p>should be noted that as the 2017/18 pay award was not agreed until March 2018, these figures are likely to be higher than stated.</p> <p>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.</p>					
33.	<p>People Services provided a list of rosters, although this was found to be 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.</p> <p>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</p>	High	Assistant Director People Services	<p><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).</p> <p>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.</p> <p>Thereafter, regular review of each roster will be undertaken and documented.</p> <p><u>Management Response:</u> Agreed</p>	31 December 2018	<p>On target</p> <p>Although the recommended policy note is still in development, this need not delay a high level review of all existing rosters and roster payments by HR Advice &amp; Employee Relations, and it is intended to complete this by the end of the year.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
	<p>arrangements; including that staff are working to the approved rotas and that payments are accurate.</p> <p>Failure to ensure that there is an independent, robust oversight and scrutiny function for the FRS 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.</p>					
<b>FOLLOW UP OF THEMATIC REVIEW OF ABASENCES AND PARTIAL ABSENCES - report issued August 2018</b>						
34.	<p>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.</p> <p>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.</p>	Medium	<p>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.</p> <p>While amending the policy, we will also ensure that it is clear that the entire duration of each absence, including travel times, are</p>	<p><b>Implemented</b></p> <p>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.</p> <p>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</p>	<p>Consideration will be given on how to improve compliance to policy, and this will be promulgated to staff.</p> <p>Following this dip sampling will take place to ascertain whether compliance has improved.</p> <p>Where non-compliance continues a further review of</p>	<p>On target</p> <p>These issues form part of the HR Advice &amp; Employee Relations (Employment Policy) work programme to be completed early in the New Year.</p>

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
			required to be recorded into StARS and that the correct absence code is used.	<p>although four had details recorded in the PARC, none had any evidence of a personal medical appointment scanned into the individual's ePRF.</p> <p>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.</p>	<p>how to change behaviours will take place.</p> <p><b>Responsibility</b> Assistant Director People Services</p> <p><b>Deadline</b> 31 March 2019</p>	
35.	<p>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.</p> <p>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.</p> <p>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.</p>	Medium	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	<p><b>Implemented</b></p> <p>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.</p> <p>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.</p>	<p>Consideration will be given on how to improve compliance to policy, and this will be promulgated to staff.</p> <p>Following this dip sampling will take place to ascertain whether compliance has improved.</p> <p>Where non-compliance continues a further review of how to change</p>	On target  These issues form part of the HR Advice & Employee Relations (Employment Policy) work programme to be completed early in the New Year.

No.	Finding/ Risk	Priority	Responsibility	Agreed Action	Date	Management Action Update and Status as at October 2018
			<p>retained and available within the ePRF.</p> <p>Following this the policy will be reviewed and updated as appropriate.</p>		<p>behaviours will take place.</p> <p><b>Responsibility</b> Assistant Director People Services</p> <p><b>Deadline</b>  31 March 2019</p>	