

**TYNE AND WEAR FIRE AND RESCUE AUTHORITY**

**Item No 6**

**MEETING: 12 JULY 2021**

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**SUBJECT: ANNUAL GOVERNANCE REVIEW 2020/2021**

**JOINT REPORT OF THE CHIEF FIRE OFFICER/CHIEF EXECUTIVE (THE CLERK TO THE AUTHORITY) AND THE FINANCE DIRECTOR**

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**1 INTRODUCTION**

- 1.1 Tyne and Wear Fire and Rescue Authority (the Authority) conducts an annual review of its governance arrangements to ensure they remain effective and up to date. The purpose of this report and the accompanying appendices is to present Members with the findings of the 2020/21 Annual Governance Review and to seek approval of the Annual Governance Statement for 2020/21 that is to be included within the Statement of Accounts.
- 1.2 The Authority's governance framework has continued to be in place for the year ending 31 March 2021 and up to the date of approval of the 2020/21 Statement of Accounts. The annual governance review has demonstrated that the Authority's internal control systems and governance arrangements are appropriate and effective structures are in place to safeguard financial, operational and risk management.
- 1.3 The Annual Governance Statement has been produced as part of the annual governance review and includes an action plan to address governance issues identified. This is a statutory document which depicts the processes and procedures in place to enable the Authority to carry out its functions effectively. The Annual Governance Statement is included within the Authority's Statement of Accounts each year as well as being provided as a separate document as required by the Accounts and Audit Regulations 2015.

**2 BACKGROUND**

- 2.1 The Authority conducts an annual review of its governance arrangements to ensure they remain effective and up to date. The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. It also has a duty under the Local Government Act 1999 to:

*'...make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness'*<sup>1</sup>

- 2.2 In addition, the Accounts and Audit (England) Regulations 2015 stipulate:

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<sup>1</sup> Local Government Act 1999, c. 27. Available at: <https://www.legislation.gov.uk/ukpga/1999/27/contents> (Accessed: 17 March 2021).

*A relevant authority must, each financial year:-*

- a) conduct a review of the effectiveness of the system of internal control*
- b) prepare an annual governance statement<sup>2</sup>*

- 2.3 By undertaking a review of internal control systems, the Authority is able to critique the effectiveness of its governance arrangements to ensure appropriate mechanisms are in place to safeguard financial, operational and risk management. The Authority is responsible for putting in place a sound system of control, which includes the arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for the management of risk.
- 2.4 The Authority does this by adhering to the *Delivering Good Governance in Local Government Framework*<sup>3</sup> published by the Chartered Institute of Public Finance and Accountancy (CIPFA) in association with the Society of Local Authority Chief Executives (SOLACE). This framework is intended to assist the Authority in developing and shaping an informed approach to governance, aimed at achieving the highest standards in a measured and proportionate way. The overall aim is to ensure that:
- Resources are directed in accordance with agreed policy and according to priorities;
  - There is sound and inclusive decision making; and
  - There is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.
- 2.5 In order to achieve good governance, the Authority has to demonstrate that its governance arrangements comply with the seven principles of the CIPFA / SOLACE framework.

The first two principles focus on **acting in the public interest**:

- A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
- B. Ensuring openness and comprehensive stakeholder engagement.

The remaining five principles require **effective arrangements** for:

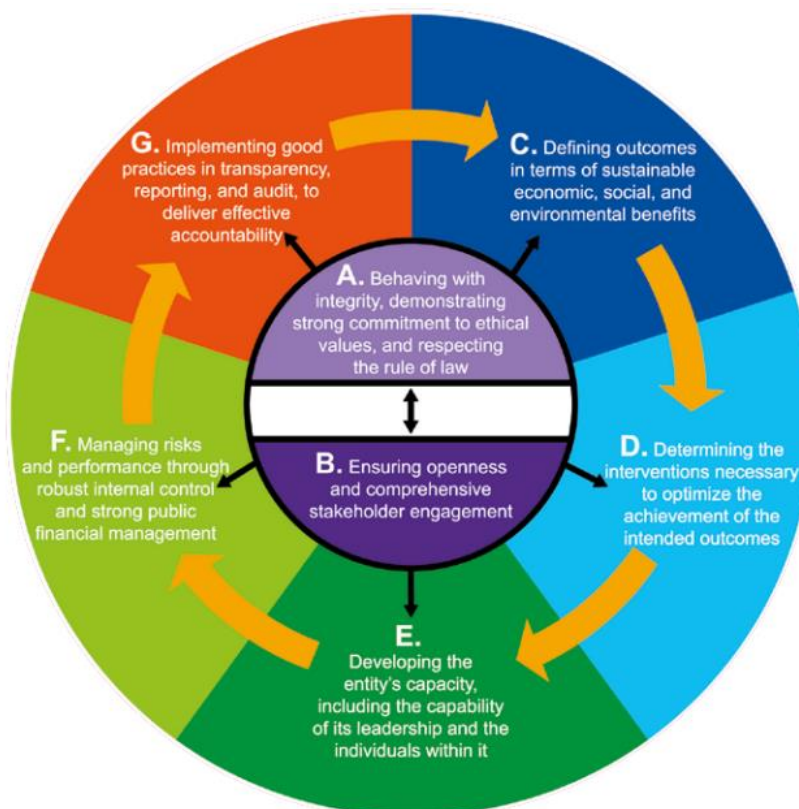
- C. Defining outcomes in terms of sustainable economic, social, and environmental benefits.
- D. Determining the interventions necessary to optimise the achievement of intended outcomes.
- E. Developing the Authority's capacity, including the capability of its leadership and the individuals within it.
- F. Managing risks and performance through robust internal control and strong public financial management.
- G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

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<sup>2</sup> In England the Accounts and Audit Regulations 2015. No 234. Available at: <https://www.legislation.gov.uk/uksi/2015/234/contents/made> (Accessed: 29 March 2021)

<sup>3</sup> CIPFA/SOLACE (2016) *Delivering Good Governance in Local Government Framework 2016 Edition* <https://www.cipfa.org/policy-and-guidance/publications/d/delivering-good-governance-in-local-government-framework-2016-edition> (Accessed: 6 January 2021)

- 2.6 The diagram below illustrates the seven CIPFA / SOLACE principles and how they relate to one another.



- 2.7 Annually the Authority critiques its governance arrangements against the CIPFA / SOLACE framework by:

- Reviewing existing governance arrangements (**annual governance review and corporate governance action plan**);
- Developing and maintaining an up-to-date Local Code of Corporate Governance, including arrangements for ensuring ongoing effectiveness (**process, policy and governance review**); and
- Reporting publicly on compliance with the Local Code of Corporate Governance on how the Authority has monitored the effectiveness of its governance arrangements and planned changes (**Annual Governance Statement**).

- 2.8 The Fire and Rescue National Framework for England<sup>4</sup> places a further duty on the Authority to produce an annual Statement of Assurance. The Authority first published this statement in 2013, and was combined with the Authority's Annual Report. The Authority is compliant with the National Framework as the 2019/20 Statement of Assurance and Annual Report (SOAAR) was approved by Members at the 16 November 2020 Fire Authority and published on the Tyne and Wear Fire and Rescue Service website.

### 3 ANNUAL GOVERNANCE REVIEW METHODOLOGY

- 3.1 The Authority's governance framework comprises of rules and practices, which it is to comply with the legal, statutory and regulatory requirements place upon it,

<sup>4</sup> Home Office (2018) *Fire and rescue national framework for England* <https://www.gov.uk/government/publications/fire-and-rescue-national-framework-for-england--2> (Accessed: 10 May 2021)

whilst demonstrating openness, accountability and transparency in its decision-making process, performance and communication with stakeholders.

3.2 In order to assess this framework, the annual governance review follows a structured approach, comprising of a number of stages, which are overseen by the Corporate Governance Board. A summary of the annual governance review methodology is provided below and further details are presented in Appendix A.

- Completion of Members questionnaires.
- Completion of department head self-assessments.
- Completion of Area Manager / Director control assurance statements.
- Detailed analysis and evidence of internal control arrangements including:
  - The views of the External Auditor;
  - The views of Internal Auditor;
  - A review of performance against stated objectives and targets;
  - A review of risk management processes and the Corporate Risk Register; and
  - A review of the effectiveness of changes and improvements introduced due to the Covid 19 pandemic.
- Preparation of a corporate governance action plan to address issues identified, including the revision of the Local Code of Corporate Governance, as appropriate.
- Drafting the annual governance review report and Annual Governance Statement for presentation to the Executive Leadership Team (ELT).
- Presenting the annual governance review report and Annual Governance Statement to the Governance Committee for comment.
- Presenting the annual governance review report and Annual Governance Statement to the Fire and Rescue Authority for approval.
- Presenting the approved Annual Governance Statement to the Chair, Chief Fire Officer and Finance Director for formal signing.

## **4 FINDINGS OF THE ANNUAL GOVERNANCE REVIEW**

### **4.1 Views of Elected Members**

- 4.1.1 As part of the annual governance review, the views of Members were sought and Members were asked to assess the Authority's governance arrangements by answering a series of questions in the form of a questionnaire.
- 4.1.2 The questionnaires were disseminated in December 2020 and in an attempt to achieve a higher response rate than the previous year, both electronic and hard copies of the questionnaire were issued. 15 / 17 Members completed the questionnaire, an 88% response rate; a 23% increase on 2019/20. Given the importance of Member input, it is imperative that a 100% completion rate is achieved for 2021/22.
- 4.1.3 The questionnaire content remained unchanged from 2019/20 however, the response scales were replaced with 'yes/no' answers and Members were asked to explain or evidence their responses. The rationale for this change was to capture qualitative comments to provide a deeper understanding of Member views of the Authority's governance arrangements. It should be noted that the changes made to the questionnaire significantly improved the quality of data received. It is proposed

that a review of the Members questionnaire should be undertaken for 2021/22 to identify areas for improvement.

- 4.1.4 Questionnaire responses were anonymised, then analysed with quotes embedded to support the emerging themes. Overall responses were extremely positive about the Authority's governance arrangements, indicating no significant areas for concern and only minor areas for improvement were identified. The analysis of the Members questionnaires is presented in Appendix B.

## **4.2 Department Head Self-Assessments**

- 4.2.1 Between January and April 2021, each department head, in consultation with key staff was asked to assess their function against the seven CIPFA/SOLACE good governance principles, supported by 53 sub principles. Each sub principle comprised of a statement, which the department head was to consider how their function complied, provide an explanation or evidence and where appropriate identify areas for improvement. Once completed the assessments were sent to the respective Area Manager / Director for approval. 14 self-assessment were completed and a 100% response rate achieved.

- 4.2.2 The 14 self-assessments generated 742 responses and of that figure 701 (94.5%) statements were fully agreed with by department heads and the remaining 41 statements were recorded as:

- 31 partial agreements
- 7 'not applicable'
- 3 other responses

- 4.2.3 Further analysis of the 41 statements was carried out and a minimal number of improvement actions were identified. The assessments indicate that sound control mechanisms are in place to support the Authority's governance arrangements. It is proposed that a review of the departmental self-assessment process should be undertaken for 2021/22 to identify areas for improvement.

## **4.3 Area Manager Controls Assurance Statements**

- 4.3.1 Each Area Manager / Director reviewed the information compiled in the self-assessments to form an opinion on the governance arrangements and internal control environment within their areas of responsibility.
- 4.3.2 All Area Managers / Directors were satisfied with the evidence provided and regarded the assessments to be a true and accurate record of the activities within their respective departments. All confirmed there were sound systems of internal control and risk management operating within each of their functions and were satisfied that adequate governance arrangements were in place.

## **4.4 Evaluation of Internal Control Arrangements**

- 4.4.1 The Authority's internal control arrangements were assessed in line with guidance from CIPFA's Financial Advisory Network. The system of internal control is a significant part of ensuring good governance arrangements are in place and designed to manage risk to a reasonable level. Arrangements in place however,

cannot completely eliminate the risk of failure, and therefore can only provide reasonable, and not absolute, assurance of effectiveness.

- 4.4.2 The overarching system of internal control comprised of a number of policies, procedures and corporate strategies that collectively ensure the key principles of governance are delivered. The Governance Committee is a key component of the Authority's internal control system. Their work includes scrutinising and approving the Statement of Accounts, the Annual Governance Statement, the Statement of Assurance and Annual Report. The work of the Policy and Performance Committee includes scrutinising performance against key indicators, considering reports on the outcome of service reviews and making recommendations for improvement.

#### 4.5 Internal Audit Annual Report

- 4.5.1 The Internal Audit Plan for 2020/21 was noted and agreed by Governance Committee at their meeting held on 13 March 2020, which set out the proposed plan of audit work for the Authority. The following audits took place during the year despite the Covid 19 pandemic:

- **Human Resource Management** - reviewed the workforce planning cycle to ensure that the maximum level of operational capacity is available at all times.
- **Business Development / Income Generation** - examined the process following the liquidation of Impeller Assurance and Resilience Limited and the plans in place within the Service to generate business development commercial income.
- **Procurement and Contract Management** - reviewed the arrangements in place for managing the contracts in place for PFI buildings.
- **Information Governance** - reviewed the results of the Service's Data Protection Officer's assurance work and compliance with GDPR Regulations.
- **Fraud and Corruption** - involved regular annual testing of a sample of transactions relating to Payroll and Accounts Payable.
- **ICT** - reviewed the Service's arrangements for in house software development and the development lifecycle.

- 4.5.2 Each audit is linked to the appropriate key risk area(s) to identify the audit work that will inform the opinion of each key risk area. It should be noted that some audits contribute towards the opinion of more than one key risk area and some key risk areas rely on a number of audits for assurance.

- 4.5.3 In addition, to the above, audit work was also undertaken on the Lead Authority's key financial systems, which are used by the Fire and Rescue Authority. Systems audited covered during the year included:

- Accounts Payable;
- Accounts Receivable / Periodic Income; and
- Payroll.

- 4.5.4 The Governance Committee were updated on progress against the audit plan at their meeting held on 30 November 2020 and received and noted the annual report on 24 May 2021.

- 4.5.5 Reviews of the areas set out above in 4.5.1 and 4.5.3 provided substantial assurance in five of the seven audits and moderate assurance in the other two audits. The

transaction testing audit provided substantial assurance to both the respective specific audit areas tested and also to the testing of the financial systems.

- 4.5.6 In summary, there were no high or significant risks identified from the audits completed in 2020/21 and there were no matters material to the overall internal control environment of the Service. For reassurance, any risks classified as medium risks or above are included in the organisation wide improvement plan and monitored directly by the Executive Leadership Team. There were 20 medium risk actions resulting from the audits and 4 other low risk improvement actions, which are included in the departmental plans (annual plans) of the relevant specific teams to address. The Authority has addressed 96% of all of the medium risk actions recommended.
- 4.5.7 The main conclusion from the annual report from the Internal Auditor provides the reassurance that 'using the cumulative knowledge and experience of the systems and controls in place, including the results of previous audit work and the work undertaken within 2020/21, it is considered that overall, throughout the Service, there continues to be a good internal control environment'.

#### 4.6 Risk Management

- 4.6.1 The Authority operates a risk management approach that aids the achievement of its strategic priorities, supports its decision making processes, protects the Authority's reputation and other assets and is compliant with its statutory and regulatory obligations.
- 4.6.2 The Community Risk Profile<sup>5</sup> (CRP) for 2020-23 was published online in September 2020. This document analyses risk across the communities of Tyne and Wear using detailed incident, census, geographical and environmental datasets, including information from partner organisations. This information helps create an overall picture of risk in Tyne and Wear, enabling the Service to target resources more effectively. The CRP informs the Strategic Community Safety Plan, Integrated Risk Management Plan and other key documents and ensures the Service adopts an evidence led approach to managing activities and resources.
- 4.6.3 The Authority operates a robust process for corporate risk management, which provides a framework to ensure risk is managed effectively and consistently throughout the Service. The Authority maintains a Corporate Risk Register (CRR), which is a live document and it is regularly, updated, monitored and managed by ELT. ELT evaluate and monitor the Authority's risk management and internal control arrangements.
- 4.6.4 The top three risks featured within the CRR are included below:
- 03/21 - Failure to attain anticipated grading as a result of HMICFRS may impact on the reputation of the Service and represent a significant increase in workload to implement improvement activities. (*Intolerable risk rating*)
  - 01/20 - Risk that the impending Remedy for Age Discrimination in Pension Schemes results in detrimental financial and workforce impacts for the Service. (*Substantial risk rating*)

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<sup>5</sup> Tyne and Wear Fire and Rescue Service (2020) *Community Risk Profile* <https://www.twfire.gov.uk/wp-content/uploads/2020/09/Community-Risk-Profile-2020-23.pdf> (Accessed:10 May 2021)



- 11/02 – Risk that financial pressures will impact on Service's decision making and delivery of its goals/priorities and objectives. (*Substantial risk rating*)

4.6.5 The Governance Committee has a responsibility for monitoring risk, control and governance processes to ensure internal control systems are effective and that policies and practices are compliant with statutory requirements and other regulations and guidance. This includes considering the work of External Audit, Internal Audit and making recommendations concerning relevant governance aspects of the standing orders.

#### 4.7 **Performance Management**

4.7.1 The Authority continues to deliver an excellent service across the five local authority areas of Tyne and Wear. The combination of safety advice and the installation of smoke detectors has enabled the Authority to keep people safe and has been an essential part of the aim to reduce injuries and deaths from fires. This year has seen one fire fatality. There were zero deaths in accidental dwelling fires.

4.7.2 The Service achieved its end of year targets for:

- deaths in accidental dwelling fires,
- accidental fires in dwellings,
- accidental kitchen fires in dwellings,
- accidental non-kitchen fires in dwellings,
- deliberate secondary fires,
- deliberate refuse fires,
- malicious false alarm calls,
- false alarms in non-domestic premises,
- false alarms in domestic premises,
- total number of fire calls attended,
- total number of primary fires attended,
- total number of incidents attended and
- number of fires in non-domestic premises.

4.7.3 In addition to the above, the Service has adapted to the ever-changing situation with Covid 19. A logistics cell was established to support our response to the pandemic which, from 24/03/20 – 04/04/21 has carried out:

- Co-ordination and logistical support to vaccination sites in Tyne and Wear
- Administering over 5000 vaccinations
- 3000 Lateral Flow Tests
- 456 deliveries of PPE to partner agencies
- Movement of 47 bodies
- Community work, including delivery of medicines and food supplies to vulnerable people

4.7.4 The Authority's performance management arrangements have been reviewed and a number of actions have been addressed during the financial year.



## **4.8 Information Governance**

- 4.8.1 The Service works in alignment with ISO:27001 Information Security Management and is compliant with General Data Protection Regulation (GDPR) requirements which came into force on 25 May 2018. This detail is in the process of being reviewed. Supporting policies and procedures were updated accordingly and training provided as required. The Service introduced a new Information Asset Register (IAR) in 2020, which is fully compliant with the Data Protection Act 2018 and GDPR in line with the roll out of Microsoft Teams. This change ensures that the IAR is integrated into the creation of any new Microsoft Teams requests as well as requiring an annual review of any assets held by each department. Supporting policies are being implemented and training provided as required.
- 4.8.2 A further review of the current IAR is underway. Within these audits a review of the retention schedules will also be carried out. This will support the Service in examining data which is processed including the legal basis for processing data, secure storage, retention and the sharing of the data. Between 2018-21 three independent audits took place by Sunderland City Council to assess compliance in which the Service received substantial assurance. The summary of the audit was that all necessary processes and procedures were in place to support compliance with GDPR. Action points raised during the audit included minor changes to internal audits and station inspections.
- 4.8.3 As reported previously, an Information Sharing Protocol has been developed and approved, this protocol underpins Information Sharing Agreements which are currently being progressed with partner organisations where required. The regional data sharing group which is chaired by the Service has been inactive due to Covid 19 restrictions during 2020 however actions are being taken to reignite this as restrictions allow.
- 4.8.4 Training sessions have been carried out with Heads of Departments to identify the data and process for monitoring and complying with departmental data retention schedules.
- 4.8.5 An information governance e-learning training package is in being developed for staff. This will be an informative package covering information assets, retention schedules and data protection impact assessments.

## **4.9 External Auditor Opinion**

- 4.9.1 The Annual Audit Letter and Audit Completion Report prepared by the Authority's external auditors, Mazars, covering the financial year 2019/20, which gives their independent opinion and assurance of the Authority's financial statements and their Value for Money Conclusion (including financial resilience and the overall efficiency and effectiveness) for the Authority.
- 4.9.2 Mazars issued an unqualified opinion on both the Authority's financial statements and Value for Money Conclusion. Their report included comments that:
- Our opinion is that the financial statements give a true and fair view of the Authority's financial position as at 31 March 2020 and of its expenditure and income for the year then ended and have been prepared properly in accordance

with the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2019/20.

- Our opinion is that the other information in the Statement of Accounts was consistent with the audited financial statements.
- They confirmed that they did not use their powers under Section 24 of the 2014 Act to issue a statutory report in the public interest or to make recommendations to the Authority.
- The audit made one medium risk recommendation to review the system of the payment of councillor allowances in order to improve the accuracy and consistency of the payments being reclaimed by each constituent council. The Authority agreed to address this issue which has already been completed in this financial year (2020/21).
- The Authority has continued to report regularly on its financial performance to the Policy and Performance Committee and the full Authority. The 2019/20 outturn was an overall net underspend of £1.515m (2018/19 £1.681m), with the Authority having a good track record of effective budget management.
- The Authority has continued to make good progress in addressing the financial challenges from public sector austerity and has a proven track record of delivering planned budget reductions.
- The Authority's usable reserves (excluding its general fund balance) were £29.420 million as at 31 March 2020 (£25.038 million at 31 March 2019). The underspend for the year has been earmarked in a specific Covid 19 reserve. Although these are earmarked for specific purposes, they do provide flexibility to manage the medium-term financial position.
- The Audit report concluded that the Auditors were satisfied that in all significant respects, the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.
- The Covid 19 pandemic had created significant uncertainties and pressures in the Authority's medium term financial planning arrangements and there was also uncertainty stemming from the UK's new trading arrangements with the European Union on the overall economy. It was critical in their opinion that the Authority continues to monitor and refresh its medium term financial strategy so that potential funding shortfalls can be identified as early as possible and mitigations identified to minimise the impact on services.

4.9.3 It is considered that the Annual Audit Letter 2019/20 gives reassurance that the Authority's overall governance and control arrangements are satisfactory.

#### **4.10 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services**

4.10.1 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) independently assesses the effectiveness and efficiency of police forces and fire & rescue services – in the public interest.

4.10.2 In October 2020, HMICFRS carried out a thematic inspection into the Services' planning arrangements, response and ability to demonstrate effective service during the coronavirus pandemic resulted in an overwhelming positive outcome with the letter of outcome (dated 22 January 2021) clearly highlighting the excellent work being undertaken.

4.10.3 The letter of outcome sent to the Chief Fire Officer and Chair of the Authority not only praised the Services planning and response to the coronavirus pandemic but equally recognised the Service had continued to deliver on its statutory duties and

responsibilities and that the role maintained by the Authority adhered to the principles of good corporate governance and scrutiny.

## **4.11 External Assessments**

4.11.1 To support our commitment to continuous quality improvement the Authority participates in a number of external assessment which have resulted in accreditations and awards which allows the Service to be measured against a variety of quality standards and permits a certified and impartial organisation to assess the work undertaken. Recent accreditations include:

- **Investors in People**

The Investors in People (IIP) assessment was conducted in December 2020, and gold award status was maintained. The IIP standard sets out the criteria for high performance through people and the framework to benchmark the effectiveness of leadership and management practices in the Service. The feedback highlighted seven areas in which the Service was assessed as being Advanced or High Performing and two areas as Established.

- **ISO 9001 Quality Management Assessment**

In March 2021, the Service participated in a remote audit to ensure compliance with the requirements of ISO 9001:2015 Quality Management System (QMS). ISO 9001 is the internationally recognised QMS and provides an overview of the measures taken to ensure the quality procedures and process shown within BS EN ISO 9001:2015 are fulfilled. Following the audit the Service was able to demonstrate the required compliance through delivery of training to operational crews and green book staff.

- **Disability Confident Leader 2019 – 2022**

In August 2019, the Service enhanced its Disability Confident status from 'Employer' to that of 'Leader'. To achieve this status the Service completed a Disability Confident self-assessment, which was subject to external review and validation. In participating in the Disability Confident Scheme, the Service is demonstrating its commitment to challenging attitudes towards and increasing staff understanding of disability, removing barriers and ensuring that disabled people have the opportunities to fulfil their potential and realise their aspirations.

- **Stonewall Diversity Champion 2020**

The Service continues to be a proud Stonewall Champion Member in 2020 and continue to embed lesbian, gay, bisexual, and transgender (LGBT) inclusion in the workplace alongside the expertise and support received from Stonewall. Due to the Covid 19 pandemic the 2021 Workplace Equality Index, (top 100 employers) was postponed until 2022. The Service will be taking part in the 2022 submission and work is underway in preparation for the submission in June 2021.

- **White Ribbon Accreditation 2019 – 2021**

The White Ribbon campaign objective is to eliminate male violence against women and the Service launched its commitment to the campaign in 2019, and became white ribbon accredited in November 2019. To gain accreditation the Service was required to develop a three-year action plan. Some of the commitments made include: visible leadership in the Service and amongst partner organisations, ensuring policies are in place to cover eliminating male

violence against women and domestic abuse, appointing ambassadors at all levels, staff training, developing a zero tolerance to sexist, harassing or abusive behaviour and marking the White Ribbon Day on the 25 November each year. By committing to this action plan this will improve the Services culture, safety and morale. It improves the knowledge and skills of staff to address violence against women and makes the Service an employer of choice. As a public sector body, achieving the White Ribbon accreditation demonstrates the Service is meeting the Public Sector Equality Duty under the Equality Act 2010.

- **Learning Outside the Classroom Quality Badge**

SafetyWorks! is accredited with the Learning Outside the Classroom (LOtC) Quality Badge. This demonstrates Safetyworks! has passed a robust assessment process to meet schools' learning and risk management needs. The LOtC Quality Badge is the only national award combining the essential elements of provision, both learning and safety, into a trusted accreditation scheme for all types of learning outside the classroom provision.

- **RoSPA Health and Safety Award**

The Service has registered for the 2021 Royal Society for the Prevention of Accidents (RoSPA) Achievement Award. The award requires a self-assessment submission including statistics relating to the previous year's personal injury and vehicle accidents etc. In addition, the Service are required to provide a range of evidence to demonstrate performance against a range of health, safety and welfare criteria set by RoSPA. The RoSPA Awards scheme, which receives entries from organisations around the world, recognises achievement in health and safety management systems, including practices such as leadership and workforce involvement. The Service achieved a Gold in the internationally-renowned RoSPA Health and Safety Awards in 2020.

- **Matrix Standard**

In May 2020, the Prince's Trust team achieved matrix standard accreditation. Matrix is the international quality standard for organisations that deliver information, advice and / or guidance (IAG) either as their sole purpose or as part of their service offering. The matrix standard is the Department for Education's standard for ensuring the quality of the delivery of high-quality information, advice and guidance. In May 2021, the Service participated in a 'continuous improvement check' annual review, passed the assessment, and is currently awaiting the formal feedback from the assessor.

## **4.12 Views of customers**

### **4.12.1 After the Incident Survey (1 April 2020 – 31 March 2021)**

The After the Incident Survey (ATIS) aids the Service to understand how crews performed at an incident from the customers' perspective. Following attendance at an incident, service users are given a card detailing how to access the ATIS survey. For 2020/21 a 98% user satisfaction rate was recorded for domestic incidents and a 100% user satisfaction was recorded for non-domestic incidents.

### **4.12.2 Fire Safety Audit Survey (1 April 2020 – 31 March 2021)**

The Fire Safety Audit survey was launched in 2010, to allow the fire safety department to receive feedback from service users who have recently been

involved with a Fire Safety Audit (FSA). The survey is posted out to a random selection of premises who have had a FSA carried out in the previous month at a rate of 5 per officer. In 2020/21, the Service was significantly impacted by the Covid 19 pandemic, which resulted in adopting different ways of working where physical visits to premises were suspended for large parts of the year. This impacted the number of FSAs completed in 2020/21, a reduction of 82% in comparison to 2019/20. Consequently, because of the significantly lower number of returns it is not considered appropriate to compare these results to previous years. A basic summary is set out below:

- 29 surveys were sent out in comparison to 520 in 2019/20.
- Nine surveys were returned (three of which were from the 29 sent out in 2020/21).
- On average, it took 86 days for the nine questionnaires to be returned in comparison to 21 days in 2019/20.
- 89% of the nine questionnaires returned rated their overall satisfaction as fairly or very satisfied (100% of the three from 2020/21).

#### 4.12.3 Safe and well perception surveys (1 July 2020 – 31 March 2021)

The Prevention and Education department have conducted level 1 quality assurance (QA) public perception surveys for some time in order to attain feedback from service users about the safe and well visits conducted. The surveys are completed by telephone and a 10% sample is selected per month. The survey was temporarily suspended during the early stages of the Covid 19 pandemic as safe and well checks were primarily conducted via the telephone. However, the survey was reintroduced in July 2020, to coincide with the increase in delivery and the easing of lockdown restrictions. Nine months of data for the period July 2020 to March 2021 has been recorded with an average satisfaction rate of 99.21% achieved against this KPI, with 100% being achieved in six of the nine months since July 2020.

## 5 LOCAL CODE OF GOVERNANCE

- 5.1 The Authority operates a Local Code of Corporate Governance which is consistent with the CIPFA / SOLCE *'Delivering Good Governance in Local Government'* framework. The Code was first introduced in 2003 and is reviewed annually as part of the governance review. Using information gathered from the 2020/21 annual governance review the Code has been updated for 2021 and can be reviewed in Appendix C.

## 6 ANNUAL GOVERNANCE STATEMENT

- 6.1 The Annual Governance Statement is a statutory document, which reports on the extent to which the Authority complies with the principles and practices of good governance, including how the Authority monitors the effectiveness of its governance arrangements and sets out action for planned changes in the coming year. The statement provides an assurance to the Authority and stakeholders that good governance arrangements are in place.
- 6.2 Since 2016/17, the Annual Governance Statement has been produced in accordance with the CIPFA / SOLACE framework and forms part of the Annual

Statement of Accounts but is also in addition published as a separate document as required by regulation.

- 6.3 The Annual Governance Statement for 2020/21 has been drafted taking into account the effects of the Covid 19 pandemic. The pandemic impacted the Authority's governance arrangements however, the Authority's internal control systems and arrangements (which have been tested during the Covid 19 pandemic) are considered to have remained appropriate and effective. The Annual Governance Statement is located in Appendix D supported by Appendix Di which details the impact of Covid 19 on the Authority's governance arrangements.

## **7 CORPORATE GOVERNANCE ACTION PLAN**

- 7.1 A small number of minor improvements were identified as part of the annual governance review, resulting in eight new actions on the 2021/22 corporate governance action plan (Appendix Dii). A further seven actions have been carried forward from the 2020/21 action plan, bringing the total number of actions for completion to 15. There has been a delay in completing some of the 2020/21 actions due to the Covid 19 pandemic however, there is a commitment to have all outstanding actions closed by the end of the financial year. Progress made against the 2020/21 actions was reported to the Governance Committee on the 8 March 2021. Appendix E details the actions closed or archived from the 2020/21 corporate governance action plan. Progress against all 2020/21 actions was reported to the Governance Committee on 8 March 2021.

## **8 CONCLUSION**

- 8.1 Based on the evidence examined the annual governance review has demonstrated that the Authority's internal control systems and governance arrangements are appropriate and effective structures are in place to safeguard financial, operational and risk management.
- 8.2 The review has not identified any weaknesses that would need to be highlighted in the Authority's Annual Governance Statement.
- 8.3 A small number of new improvement actions have been identified for progression during 2021/22 as detailed in the corporate governance action plan.
- 8.4 The Authority will continue to be proactive in its approach to monitoring the effectiveness of its governance arrangements by carrying out a comprehensive review each year.

## **9 RISK MANAGEMENT**

- 9.1 The annual governance review provides a comprehensive assessment of the organisation's systems of control. The Authority's Corporate Risk Profile is used to inform this assessment.

## **10 FINANCIAL IMPLICATIONS**

- 10.1 All financial implications by virtue of this review are contained within existing budgetary headings.

## **11 EQUALITY AND FAIRNESS IMPLICATIONS**

- 11.1 There are no equality and fairness implications in respect of this report.

## **12 HEALTH AND SAFETY IMPLICATIONS**

- 12.1 There are no health and safety implications in respect of this report.

## **13 RECOMMENDATIONS**

- 13.1 Members are requested to:
- Note the contents of the 2020/21 Annual Governance Review report
  - Note the revised Local Code of Corporate Governance
  - Approve the proposed Annual Governance Statement for 2020/21
  - Note the content of the Corporate Governance Action Plan for 2021/22



