TYNE AND WEAR FIRE AND RESCUE AUTHORITY　　　　　　　Item No 9

MEETING: 19th JUNE 2017

SUBJECT: ANNUAL GOVERNANCE REVIEW 2016/17

JOINT REPORT OF THE CHIEF FIRE OFFICER AND CHIEF EXECUTIVE (CLERK TO THE AUTHORITY) AND THE STRATEGIC FINANCE MANAGER

1　INTRODUCTION

1.1　The purpose of this report is to provide the findings of the 2016/17 Annual Governance Review and seek approval of the Annual Governance Statement, which will be incorporated into the Statement of Accounts.

2　BACKGROUND

2.1　In 2001 the Society of Local Authority Chief Executive's and Senior Managers (SOLACE) and the Chartered Institute of Public Finance and Accountancy (CIPFA) jointly published *'Corporate Governance in Local Government: A Keystone for Community Governance Framework and Guidance Note'*. In line with the guidance contained in this document the Authority introduced its first local Code of Corporate Governance (the Code), approved by Members, in 2003.

2.2　Annual reviews of the Code have taken place to ensure that it remains up to date and effective. Minor updates to the Code have also been carried out to address any issues identified during the reviews. The Code was last reviewed in March 2016.

2.3　The Authority acknowledges and has complied with the updated 2016 CIPFA Code in providing its Annual Governance Statement for 2016/17. There were some changes to the core principles within the Framework which saw the 6 previous principles increased to 7 with some slight amendments and variations that are now more aligned to the Authority's values and behaviours. The overall impact of this was regarded as minor in nature in respect of the overall context of Corporate Governance that is in place within the Service.

2.4　The Authority has mapped all of the revised requirements to its existing and well established processes to ensure that all of the new principles have been appropriately addressed and fully satisfy the expectations of the Code, in detail, in providing the assurances included within the Annual Governance Statement for 2016/17. The Authority's existing Code of Corporate

2.5 Governance is to be revised and modified to reflect the revised CIPFA framework principles and will be reported back to members in due course.

2.6 The details of the approach adopted by the Authority in 2016 is available for members to view should they require.

2.7 The Authority has a statutory duty to prepare an Annual Governance Statement, as enshrined in the Accounts and Audit (England) Regulations 2015.

2.8 The Fire and Rescue National Framework 2012 placed a further duty on fire and rescue authorities to produce a public facing Statement of Assurance. This was first published in September 2013 incorporating the Authority's Annual Report.

2.9 National guidance on good governance in public bodies has been regularly updated over the years, and the Authority's code takes account of the CIPFA framework, *'Delivering Good Governance in Local Government'*, produced in 2007 and updated in 2016 by CIPFA and SOLACE. This describes the principles of good governance particularly as they apply to local authorities.

2.10 The framework identifies four key roles of a local authority as follows:

- To engage in effective partnerships and provide leadership for and with the community
- To ensure the delivery of high quality local services whether directly or in partnership or by commissioning
- To perform a stewardship role which protects the interests of local people and makes the best use of resources
- To develop citizenship and local democracy.

2.11 These four roles are to be borne in mind when considering the seven core principles of good governance, as defined in the framework:

- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- Ensuring openness and comprehensive stakeholder enagement
- Defining outcomes in terms of sustainable economic, social and environmental benefits
- Determing the interventions necessary to optimise the achievement of TWFRS intended outcomes
- Developing TWFRS capacity, including the capability of its leadership and individuals in it
- Managing risks and performance through robust internal control and strong public financial management

- Implementing good practices in transparency, reporting and audit to deliver effective accountability.

2.12 The framework recommends that governance arrangements are kept under review by:

- Considering the extent to which the authority complies with the principles and requirements
- Identifying systems, processes and documentation that provide evidence of compliance
- Identifying the individuals and committees responsible for monitoring and reviewing the systems, processes and documentation identified
- Identifying the issues that have not been addressed adequately in the authority and consider how they should be addressed
- Identifying the individuals who would be responsible for undertaking the actions required and plan accordingly.

2.13 In carrying out these tasks, the Authority has followed CIPFA's detailed guidance which requires a comprehensive assurance gathering process.

3 2016/17 ANNUAL GOVERNANCE METHODOLOGY

3.1 The review was undertaken by the Corporate Governance Steering Group whose membership is as follows:

- Assistant Chief Fire Officer Organisational Development
- Area Manager Strategy and Performance
- Strategic Finance Manager
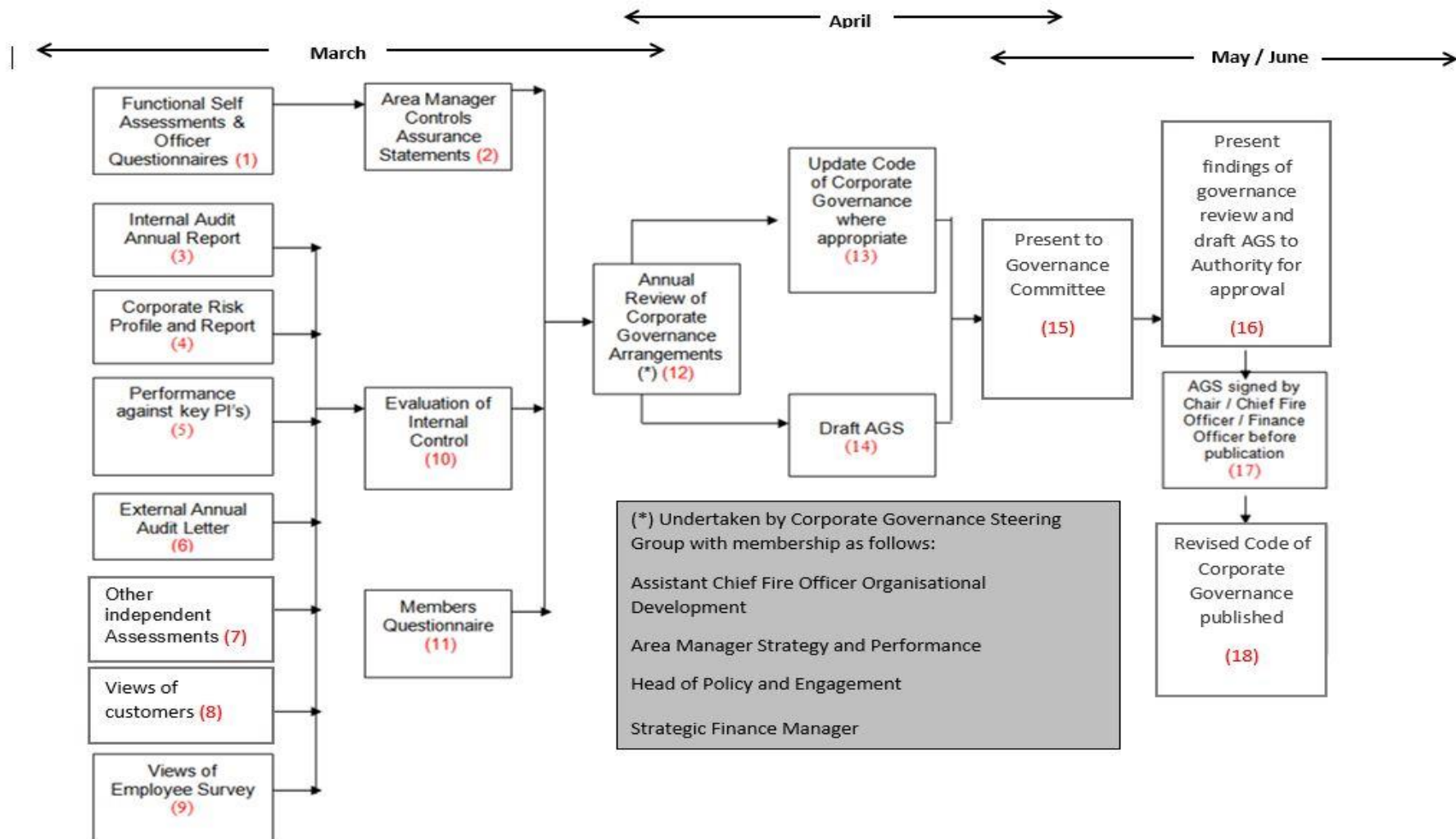- Head of Policy and Engagement

3.2 The review followed the agreed methodology which comprises the following stages:

- Completion of Department Head questionnaires with associated Area Manager Controls Assurance Statements
- Completion of Members Questionnaires
- Detailed analysis and evidencing of internal control arrangements
- Preparation of an Action Plan to address any issues identified, including revision of the Local Code of Corporate Governance as required
- Drafting an Annual Governance Statement and Governance Review Report and presenting this to the Strategic Management Team
- Presenting the Annual Governance Statement and Governance Review Report to the Governance Committee
- Presenting the Annual Governance Statement and Governance Review Report to the Fire and Rescue Authority, and

- Chair of Fire and Rescue Authority, Chief Fire Officer and Strategic Finance Manager to sign the Annual Governance Statement.

The above stages are set out diagrammatically on the next page.

Timeline headings: March — April — May / June

Process flow boxes:

- Functional Self Assessments & Officer Questionnaires (1)
- Area Manager Controls Assurance Statements (2)
- Internal Audit Annual Report (3)
- Corporate Risk Profile and Report (4)
- Performance against key PI's) (5)
- External Annual Audit Letter (6)
- Other independent Assessments (7)
- Views of customers (8)
- Views of Employee Survey (9)
- Evaluation of Internal Control (10)
- Members Questionnaire (11)
- Annual Review of Corporate Governance Arrangements (*) (12)
- Update Code of Corporate Governance where appropriate (13)
- Draft AGS (14)
- Present to Governance Committee (15)
- Present findings of governance review and draft AGS to Authority for approval (16)
- AGS signed by Chair / Chief Fire Officer / Finance Officer before publication (17)
- Revised Code of Corporate Governance published (18)

(*) Undertaken by Corporate Governance Steering Group with membership as follows:

Assistant Chief Fire Officer Organisational Development

Area Manager Strategy and Performance

Head of Policy and Engagement

Strategic Finance Manager

3.3 **Functional Self Assessments** (1) - Governance and control self-assessments were completed by department heads and approved by all Area Managers. The self-assessments cover compliance with the existing Authority Code of Corporate Governance, as well as key internal control arrangements within each service, and require evidence to be cited in relation to each question, and any significant plans for improvement within their area to be recorded.

3.4 **Area Manager Controls Assurance Statements** (2) - Each Area Manager reviewed the information and views compiled through the self-assessment process to come to an opinion on the governance arrangements and internal control environment within their areas of responsibility.

3.5 **Evaluation of Internal Control Arrangements** (10) - The Authority's internal control arrangements were assessed in line with guidance from CIPFA's Financial Advisory Network.

3.6 **Views of Elected Members** (11) - The views of all Elected Members were sought via a questionnaire. Responses were received from 11 Members (69% return) in 2016 and these were considered by the Group.

3.7 **Annual Review** (12) - The Group considered all aspects of corporate governance and supporting documentation including the existing Code of Corporate Governance to identify the areas that need to be amended to bring the Code in line with the new framework. Consequently the Group were able to form a view on the adequacy of the Authority's overall governance arrangements for incorporation in the Annual Governance Statement. Members are asked to note that the process was subject to a review by internal audit this year who concluded that the arrangements in place were good.

4 FINDINGS OF THE CORPORATE GOVERNANCE STEERING GROUP

4.1 Functional Self Assessments and Area Manager Controls Assurance Statements

4.1.1 These were examined to ensure that all documents had been completed in full and to identify any issues of significance. It was noted that all Department Heads have identified some future plans for improvement to their governance and control arrangements. The future plans for improvement were summarised and issues highlighted to identify any which were significant in terms of the Authority's overall governance and control environment.

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4.1.2 A large proportion of the future plans for improvement related to tasks which are already ongoing, which are focused on delivery or which have already been included in existing service plans. Actions of this type are contained within our Intergrated Risk Management Plan (IRMP), Improvement Plan or Level 3 Plans and as such have not been considered significant to the overall governance and control environment.

4.1.3 Newly identified actions resulting directly from the annual governance review, which have corporate significance, have been included in the Corporate Governance Action Plan (Appendix C).

4.2 **Annual Internal Audit**

4.2.1 The Group considered the Internal Audit Annual Report 2015/16, this report was presented to the Governance Committee in June 2016. It was noted 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 2015/16, it was considered that overall throughout the Authority there is substantial assurance regarding the internal control environment.

4.2.2 Reviews of the following areas were carried out and assurance provided. In each case the level of assurance was Substantial:

- Review of the Medium Term Financial Planning process
- Financial Management
- Transaction Testing – Payroll
- Transaction Testing – Accounts Payable
- Review of the process for setting and collecting charges
- Business Continuity and Contingency Planning in response to industrial action that was ongoing at the time
- Review of Partnership Working Arrangements.

4.2.3 There was one audit however, Information Governance Arrangements and Compliance with Data Handling Guidelines that provided a moderate assurance arising from the internal audits.

Medium risks or above are included in the organisation wide improvement plan and monitored directly by the Senior Management Team. Other low risk improvement actions are included in the department level three plans (annual plans) of the relevant specific teams.

4.2.4 This section will be updated once the Internal Audit Annual Report 2016/17 is readily available. This report is due at the Governance Committee June 2017.

4.3   **Corporate Risk Register**

4.3.1   The Corporate Risk Register is a live document regularly updated, monitored and managed by the Corporate Risk Management Group (CRMG), most recently in March 2017. Of the 14 corporate risks faced by the Authority, the most significant (high priority) risks are:

- Failure to effectively and safely deploy and manage operational staff and resources at incidents leading to staff and the public being exposed to unnecessary risks

- Risk that spending and / or policy decisions of one of our partners has a negative impact on our collaborative work and therefore a detrimental impact on the communities that we serve.

- Risk that further budget cuts will mean that we have to make decisions that will detrimentally affect the delivery of front-line services.

4.3.2   At the last CRMG meeting high and medium risks were considered, with a full review of all risks scheduled for September 2017. The likelihood risk rating was reduced for the following risks based on the mitigations and controls implemented by the Service in these areas:

- *08/29 Wide scale and prolonged non-availability of staff (not related to industrial action) leading to a 50% reduction in personnel at work for up to 6-12 weeks and resulting in depleted response to emergencies.* The likelihood risk rating was reduced from 3 to 2 based on the recent multi agency Local Resilience Forum Exercise Swan sufficiently tested the Service's organisational resilience to pandemic influenza.

- *08/13 Inability to continue diversification of the workforce year on year results in the Authority not realising the benefits in terms of service delivery and community engagement and missed targets.* This likelihood of this risk was reduced from 3 to 2 due to a number of factors implemented to ensure diversification of the Service. It was agreed that this risk would remain within the medium priority category to ensure it remained at the focus of strategic risk management.

- *10/04 Risk that spending and/or policy decisions of one of our partners has a negative impact on the sustainability of collaborative work and therefore a detrimental impact on the communities that we serve.* Emphasis on the sustainability of collaboration was including in the risk description however this did not impact the risk rating.

4.3.3   The Chief Fire Officer has developed an action plan to manage and mitigate each risk. Where appropriate these actions have been included in the annual risk plans of the appropriate departments for action as necessary.

4.4   Performance Management

4.4.1   The Group considered the Authority's performance management framework and actual performance against key indicators. As one of the top performing fire and rescue services in the country, the Authority continues to deliver an excellent service across the five local authority areas. The combination of safety advice and the installation of smoke detectors has enabled the Authority to keep people safe across Tyne and Wear and has been an essential part of the aim to reduce injuries and deaths from fires.

4.4.2   Following a positive performance in Quarter One and Two, there was an increase in most incident types in Quarter Three. This was being closely monitored. The year end performance figures are not yet available.

4.4.3   The Authority's performance management framework was considered with the main issues being:

- Continue to improve performance through a range of improvement activities and evaluation to target specific risks
- Continue to improve understanding of performance and risk through Service Delivery partnership working to develop realistic targets and strengthen accountability at a local level.

4.4.4   Plans are in place to address all of the above issues and none are considered significant in terms of the Authority's overall governance and control arrangements.

4.5   Views of Employees

4.5.1   A survey of the views of employees is undertaken in relation to a range of issues. The 2014 - 16 Phase 1 - 4 Employee Surveys were sent to a total of 951 staff, the overall response rate was 44% and some key results include:

- The majority of staff (75%) are satisfied with their current role overall and 89% with their shift or work pattern. 83% feel they are treated fairly at work, (92%) say they understand what is expected of them in their job and (79%) feel they are encouraged to take responsibility

- The majority of staff (72%) think the Authority provides value for money

- Over half of staff (54%) think that SMT tell them about changes that are happening, and 59% are satisfied with job security.

4.5.2 Some of these areas do have a lower rate of dissatisfaction than in the past, however these findings will be taken into account as we carry out our IRMP reviews and implement any future changes.

4.6 Information Governance

4.6.1 The Service is working towards alignment with ISO:27001 with the introduction of an Information Asset Register in September 2015. Supporting policies and procedures are currently being updated to incorporate risk assessments. Three training packages have been delivered during 2015/16 and 2016/17 to staff; one for Information Asset Owners, one for Principal Officers / SIRO training and a more general training package delivered to all staff to raise awareness of information governance.

4.6.2 An Information Sharing Protocol has been developed and approved, this protocol will underpin Information Sharing Agreements which are currently being progressed with partners where required.

4.7 Members Questionnaires

4.7.1 A questionnaire regarding Corporate Governance was issued to Members. Of those Members who responded (11), they were in agreement that the Authority clearly communicates its purpose and vision, and its intended outcomes for the community and service users and that the Authority conducts business in an open and transparent manner all / most of the time.

4.8 External Auditor Opinion

4.8.1 The Group also considered the Annual Audit Letter and Audit Completion Report prepared by the Authority's external auditors, Mazars, covering 2015/16, which gives independent assurance of financial control and Value for Money (including financial resilience and the overall efficiency and effectiveness of the Authority's arrangements).

4.8.2 Mazars issued an unqualified conclusion on both financial management arrangements and Value for Money, and identified one medium level risk relating to exit packages which was discussed with management during the audit. This matter was accepted by management and appropriate actions were identified and agreed to fully resolve the issue. Their report also included comments that:

- The Authority has made good progress in addressing the financial challenges from public sector austerity and has a proven track record of delivering planned budget reductions.
- The Authority has a range of earmarked reserves for specific plans and projects that will help the Authority to deliver its priorities whilst recognising that reserves cannot routinely be used to sustain services.
- The Authority has delivered significant savings in recent years, aiming to do this whilst minimising the impact on service delivery. In 2015/16 savings were delivered and in addition there was an underspend against budget. Further savings are planned in 2016/17 although there is a shortfall in available resources which is being funded from reserves.
- The Authority uses its Intergrated Risk Management Plan (IRMP) – 2013/2017 process to deliver significant changes to the service. An update report in February 2016 provided progress against these actions whilst noting that a projected shortfall in resources of £2.8m over the medium term (2016/17 to 2019/20) had been identified that would be the subject of further IRMP actions yet to be developed.
- Overall, the Authority has responded well to the financial pressures it has faced, at a time of unprecedented reductions in public sector spending, and has a strong track record of delivering savings and keeping within budget.
- During the course of the audit we did not encounter any significant difficulties and we have had the full co-operation of management.
- In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and employed resources to achieve planned and sustainable outcomes for taxpayers and local people.

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

4.9 **Other External Assessment**

4.9.1 The Group examined the results of other external assessments. These include:

- Investors in People, Gold Standard achieved in 2017
- ROSPA Presidents accreditation, which is a celebration of ten consecutive gold awards

- Accreditation to International Standard ISO22301 for Business Continuity
- Department of Work and Pensions '' disability confident employer" in 2016
- Inclusive top 50 Employers award 2016
- Equality Framework "excellent status" maintained in 2016
- Mission readiness for international rescue organisations certification, K9 search teams Urban Search and Rescue (USAR)
- Occupational Health Unit (OHU) three year scheme "North East Better Health at Work Award
- Better Regulation Delivery Office (BRDO) Primary Authority Officer Award.

4.9.2   Although these assessments are not directly concerned with governance and internal control, they do require systematic arrangements to be in place for the criteria they are assessing, and as such the Group considered that they provide additional assurance as to the control environment in the Authority.

4.10   Views of customers

4.10.1 An on-going 'After the Incident Survey' is carried out, the latest results 2015/16 of which recorded a score of 100% overall user satisfaction with regard to the services provided at domestic incidents. This survey also recorded a score of 100% overall user satisfaction for services provided at non-domestic incidents. Satisfaction surveys on fire safety audits and our Home Safety Checks are also carried out.

4.11   Meeting the Requirements of the National Framework

4.11.1 As mentioned in para 2.4 the Fire and Rescue National Framework 2012's requirement for the publication of a statement of assurance was satisfied through its inclusion in the Annual Report, which has been reformatted to become the Statement of Assurance and Annual Report.

4.11.2 Within this report is a section that demonstrates how the Authority meets all of requirements of the Fire and Rescue National Framework. This is highlighted in the table on the following pages.

Requirement	How this is met
Produce an IRMP that identifies and assesses all foreseeable risk The Plan must demonstrate how prevention, protection and response will be used to mitigate the impact of risk	• Strategic Community Safety Plan and IRMP • Community Risk Profile • Policies and procedures to implement the Plan, including targeting • Specific IRMP reviews including evidence base • Detailed risk data used in decision making e.g. Workload Modelling, MOSAIC • Community Engagement Strategy • Monitoring of performance by Performance Action Group and Policy and Performance Committee to ensure risk is being mitigated • Improved mapping based on various data sources to provide a comprehensive picture of local risks and increase efficiency • Ongoing Community Safety Education Programme • HSC Re-inspection Programme • Relocation of Station Mike (Marley Park) • Lighter Nights campaign • Improved MDT risk information and maps • Revised Learning & Development Policy
Work with communities to identify and protect them from risk	• Delivery of HSCs • Sharing of NHS (Exeter) Data • Ongoing partnership working • Use of shared data via multi agency groups • Improved Workload Modeller • Historical accidental dwelling fire data cross referenced with Mosaic to target most vulnerable for HSCs • Partners for life

	- Recruitment of volunteers - Recruitment of Community Safety Advocates 100+ partners referring vulnerable people to TWFRS - Introduction of Employee Advisory Groups - Attendance at local community events e.g. Mela and Pride - Introduction and development of Social Media - Formation of Risk Group - Development of RMAD
IRMP should set out the management strategy and risk based programme for enforcing the Regulatory Reform order	- Introduction of Risk Based Inspection Programme (RBIP) - Development of Post Fire Audit guidance - Ongoing agreement of Primary Authority Scheme (PAS) with Sainsbury's
Make provision to respond to incidents and reflect this in IRMPs	- Improved incident performance - Introduction of DCCC staffing - Introduction of Emergency Call Management Policy - Launch of new mobilising system - Negotiated common command arrangements - Undertake compatible training exercises e.g. Exercise Endeavour - Introduction of TRVs - Cross border response arrangements - Introduction of Cobra cold cutting - Collaboration with NEAS (EMR) - Contingency re Industrial Action - Review of Operational Response - Introduction of swap a shift - Zero fire deaths in 2012/13

	• Introduction of digital fire ground radios • AFA Policy change • Development of Resilient Tyne and Wear Plan
(Accountability) IRMP must be accessible, available, reflect consultation, cover a three year time span and be reviewed and revised as often as necessary; reflect up to date risk analysis and evaluation of community outcomes	• Community Risk Profile • IRMP Consultation Programme • Sustainable change and increased efficiency
Have effective business continuity arrangements	• ISO22301 accreditation • External and Internal Audit accreditations • Relevant BCP
Collaborate with other FRAs, other emergency services and Local Resilience Forum (LRF) to deliver interoperability	• Mutual aid agreements • Local Resilience Forum (structures, roles, plans, procedures and exercising records etc.) • Common systems for Command and Control with Northumberland FRA • Further collaboration with Northumbria Police and NEAS • Multi agency exercises • Deployment of special assets e.g. USAR and HVP • Mass decontamination resource • DIM re CBRN and MTFA • Relaunch of SafetyWorks! • Shared resources including fire dog; Spencer • Assisted other FRS re flooding incidents (Morpeth 2012, Somerset 2013,North Yorkshire 2015 and Carlisle 2015) • SLA with DDFRS re IOSH Training

	• Developed USAR training to be shared with partners • Joint exercises working group • JESIP
Engage with the Fire and Rescue Service Strategic Resilience Board (SRB) to support discussions and decision making on national resilience	• Policies and procedures relating to local and national risks • Engagement in Chief Fire Officers Association (CFOA) groups relating to resilience • Ongoing development of USAR
Risk assessments must include analysis of any gaps between existing capability and that needed for national resilience, and these must be highlighted to the SRB	• NRAT multi capability assurance inspection • Multi agency community risk register (LRF)
(Assurance) Work collectively and with SRB to provide assurance that risks are assessed, gaps identified and that resilience capabilities are fit for purpose, and any new capabilities are procured, maintained and managed in the most cost effective manner	• As above plus independent assessment via National Resilience Advisory Team (NRAT) audits • External audit of financial systems and value for money

Work in partnership with their communities and a wide range of partners locally and nationally	- Strategic Community Safety Plan and IRMP - Policies and procedures to implement Plan, including targeting - Delivery coterminous with council boundaries - Engagement in statutory and non-statutory partnerships (Partnerships Register, reports and structures of partnership bodies) - HSC, signposting and data sharing - Collaboration on diversionary activities
(Scrutiny) FRAs must hold the Chief Fire Officer to account and have arrangements in place to ensure their decisions are open to scrutiny	- Corporate Governance Framework - Standing Orders - Annual review of governance - Authority minutes
FRAs must make their communities aware of how they can access data and information on performance	- Statement of Assurance and Annual Report (since 2013) - Quarterly performance reports (benchmarked with Mets) - Compliance with the data transparency code as exemplified on website - Policies and procedures relating to data - Policies and procedures relating to information governance - Data & Information Strategy - Publication of Privacy notice - Compliance with all recommendations of the Transparency agenda e.g. publication of senior salaries, procurement and expenditures - ICO publication scheme - Publication of peer review action plans - Publication of pay policy statements - IRMP Consultation - Marley Park Consultation - Publication of FOI FAQs

Addendum	
Requirement	**How this is met**
Have a process of fitness assessment and development to ensure that operational personnel are enabled to maintain the standards of personal fitness required in order to perform their role safely;	• Work between OHU and LD to determine a strategy for all Operational personnel which includes: • All Operational staff provided with the time to undertake physical training on a daily basis when at work. • Chester step test – 6 monthly. • OHU Monitoring - 3 yearly and 1 yearly health surveillance. • Gymnasium on all fire stations and at HQ with time built into station work routine for fitness training. • HAVS assessments. • Special assessments. • Monthly health promotion topics and health education for operational staff. • Operational vaccination programme. • Welfare officer support. • Access to Welfare officer. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change
Ensure that no individual will automatically face dismissal if they fall below the standards required and cannot be deployed operationally;	• OHU Monitoring and associated fitness plan • Access to physiotherapy service • Accelerated access to health scheme. • Welfare officer support. • Access to OHU Physician. • Independent qualified medical practitioner.

	- Welfare officer support. - Access to Welfare officer. - Stress awareness programmes. - Promoting Positive Mental health programme. - Mind, Blue Light Time to Change
Ensure that all operational personnel will be provided with support to maintain their levels of fitness for the duration of their career;	- As above - Further work ongoing to include fire fit and Gym improvement group.
Consider where operational personnel have fallen below the fitness standards required whether an individual is able to continue on full operational duties or should be stood down, taking into account the advice provided by the authority's occupational health provider. In making this decision, the safety and well-being of the individual will be the key issue;	- As above - Ongoing health surveillance - Advice from the Occupational Health Physician - Redeployment if appropriate - Policy and procedure. - Annual figures regarding this data. - Independent qualified medical practitioner. - Welfare officer support. - Access to Welfare officer. - Stress awareness programmes. - Promoting Positive Mental health programme. - Mind, Blue Light Time to Change
Commit to providing a minimum of 6 months of development and support to enable individuals who have fallen below the required fitness standards to	- As above - The provision of a fitness support with bespoke training programmes. - Referral to physiotherapy or other specialist OH advisor when required. - A physical fitness plan appropriate for the individual concerned.

regain the necessary levels of fitness;	
Refer an individual to occupational health where underlying medical reasons are identified that restrict/prevent someone from achieving the necessary fitness and that individual must receive the necessary support to facilitate a return to operational duties;	• As above • Referral to an Occupational Health Advisor/Physician for effective case management. • Written policy for guidelines around this. • Risk assessments to determine reasonable adjustments. • Welfare officer support. • Access to Welfare officer. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change
Fully explore opportunities to enable the individual to remain in employment including through reasonable adjustment and redeployment in role where it appears the medical condition does not allow a return to operational duties.	• As above • Recommendations can be made by OHU to assist in this process with regards to capability and reasonable adjustments. • Redeployment process. • Welfare officer support. • Access to Welfare officer. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change
Prepare an annual statement of assurance covering financial, governance and operational matters showing due regard for IRMP and Fire and Rescue National Framework	• Statement of Assurance and Annual Report • Documents signposted from it including Statement of Accounts, Annual Governance Statement and reports of internal and external auditors • Publication of financial information • Financial Resilience

5 ANNUAL GOVERNANCE STATEMENT

5.1 The Annual Governance Statement has been drafted taking into account the findings of the annual governance review. The review has found that only minor improvements are needed to the control environment in a small number of areas. The Annual Governance Statement is attached at Appendix A for the Committee's consideration.

6 CONCLUSION

6.1 Based on the evidence examined, the Authority has robust and effective governance and internal control arrangements in place. The views elicited during the review from Members and all senior managers across the Authority demonstrate that the principles of good governance are embedded, and independent assurance has been provided on all areas required, as well as some areas not specifically required.

6.2 The review has not identified any weaknesses that would need to be highlighted in the Authority's Annual Governance Statement.

6.3 A small number of actions have been identified to further develop governance and control arrangements in 2017/18, as detailed in the action plan attached at Appendix C.

7 RISK MANAGEMENT

7.1 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.

8 FINANCIAL IMPLICATIONS

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

9 EQUALITY AND FAIRNESS IMPLICATIONS

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

10 HEALTH AND SAFETY IMPLICATIONS

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

11 RECOMMENDATIONS

The Committee is requested to:

a) Note that the revised Code of Corporate Governance will be updated and reported to members in due course

b) Approve the report and the Annual Governance Statement for 2016/17 (Appendix A)

c) Note the Corporate Governance Action Plan 2017/18 (Appendix C)

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

ANNUAL GOVERNANCE STATEMENT 2016/17

1 SCOPE OF RESPONSIBILITY

1.1 Tyne and Wear Fire and Rescue Authority (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 and properly accounted for, and used economically, efficiently and effectively. The Authority 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.

1.2 In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

1.3 The Authority has had a Code of Corporate Governance in place since 2003, revised during 2015/16. The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA / SOLACE Framework *Delivering Good Governance in Local Government*. The revised Code is available on the Authority's website (www.twfire.gov.uk) or can be obtained from the Fire and Rescue Service Headquarters.

1.4 In providing the Annual Governance Statement the Authority has observed and complied with the revised principles contained within the Framework of the updated CIPFA Code of Corporate Governance 2016. The Authority has well established policies, procedures and controls that satisfy all of the new requirements in detail, and the TWFRS Code of Corporate Governance is to be amended to reflect the changes made in the 2016 Framework.

1.5 This Statement explains how the Authority has complied with the Code and also meets the requirements of the Accounts and Audit (England) Regulations 2015 in relation to the publication of a statement of internal control.

2 THE PURPOSE OF THE GOVERNANCE FRAMEWORK

2.1 The governance framework primarily includes systems and processes and culture and values by which the Authority directs and controls its activities and engages with the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

2.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Authority's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

2.3 The governance framework has been in place at the Authority for the year ending 31 March 2017 and during the approval of the Statement of Assurance and Annual Report and Statement of Accounts.

3 THE GOVERNANCE FRAMEWORK

3.1 **There is a clear vision of the Authority's purpose and intended outcomes for service users that is clearly communicated, both within the organisation and to external stakeholders**:

- The Strategic Community Safety Plan draws together a shared vision, principles for action and priorities (strategic objectives). For each strategic objective, key targets have been identified. The Plan sets out explicitly the key actions and performance targets for the future, and these are clearly linked with departmental / district service plans and resources. The Plan outlines the Authority's roles and responsibilities, the context in which it operates, what the strategic priorities and improvement objectives are, how the Authority will realise its vision, what its performance improvement and monitoring arrangements are, performance indicators and a financial overview. The financial overview section provides background commentary to the issues the Authority has considered in setting the budget and in preparing the Medium Term Financial Strategy.

- The Strategic Community Safety Plan incorporates our Integrated Risk Management Plan (IRMP) actions which recognises the risks within the Authority boundaries that are identified in the Community Risk Profile and

- need to be addressed, and ensures that the available resources are targeted at these risks.

- Communication of objectives to staff and stakeholders takes place through the following means:

  - Distribution of the Strategic Community Safety Plan on the Authority's website and intranet

  - Consultation with staff and stakeholders on IRMP proposals

  - The issue of a Statement of Assurance and Annual Report setting out the Authority's priorities, how the Authority spent money on achieving these during the last financial year, and how successful the Authority has been

  - Through the Authority's Investors in People processes

  - Listening events and management / staff briefings

  - Posters throughout the Authority's premises.

3.2 **Arrangements are in place to review the Authority's vision and its implications for the Authority's governance arrangements**:

- The Strategic Community Safety Plan, the Integrated Risk Management Plan and all priorities are regularly reviewed to provide a long-term focus for the Authority

- Through reviews by external bodies the Authority constantly seeks ways of securing continuous improvement. The Authority has professional and objective relationships with these external bodies

- There are comprehensive annual reviews of the local Code of Corporate Governance to ensure that it is up to date and effective.

3.3 **Arrangements exist for measuring the quality of services for users, for ensuring they are delivered in accordance with the Authority's objectives and for ensuring that they represent the best use of resources**:

- There are clear and effective performance management arrangements including personal development plans for all staff, which address financial responsibilities and include equality objectives

- There is regular reporting of performance against key targets and priorities to the Authority's Strategic Management Team, the Governance Committee and the Policy and Performance Committee

- Services are delivered by suitably qualified / trained / experienced staff and all posts have detailed job profiles / descriptions and person specifications

- External auditors deliver an opinion annually on whether the Authority is providing value for money.

3.4 **The roles and responsibilities of all officers and staff are clearly defined and documented, with clear delegation arrangements and protocols for effective communication**:

- Standing Orders and Financial Regulations are in place and these set out how the Authority operates and how decisions are made, including a clear Delegation Scheme

- The Standing Orders and Delegation Scheme indicates responsibilities for functions and sets out how decisions are made

- The Standing Orders contain the Terms of Reference of the full Authority and other committees, setting out executive and scrutiny functions within these.

3.5 **Codes of Conduct defining the standards of behaviour for Members and staff are in place, conform with appropriate ethical standards, and are communicated and embedded across the organisation**:

The following are in place:
- Members' Codes of Conduct
- Employees' Code of Conduct
- Registers of Interests, Gifts and Hospitality
- Monitoring Officer Protocols.

3.6 **Standing orders, standing financial instructions, a scheme of delegation and supporting procedure notes/manuals, which are reviewed and updated as appropriate, clearly define how decisions are taken and the processes and controls required to manage risks**:

- The Strategic Finance Manager employed by the Authority is the designated Finance Officer in accordance with Section 151 of the Local Government Act 1972 ensuring lawfulness and financial prudence of

- decision-making, and is responsible for the proper administration of the Authority's financial affairs.

- The Deputy Clerk is the Authority's Monitoring Officer who has maintained an up-to-date version of the Standing Orders and has endeavoured to ensure lawfulness and fairness of decision making

- The Authority has in place up to date financial procedure rules and procurement rules which are subject to regular review

- Written procedures are in place covering financial and administrative matters, as well as HR policies and procedures. These include:

  - Whistle Blowing Policy
  - Anti-Fraud and Corruption Policy
  - Codes of Conduct
  - Health and Safety Policy
  - Compliments, Comments and Complaints Policy
  - Corporate Risk Management Strategy
  - Procurement Codes of Practice
  - Partnerships procedure
  - Treasury Management Strategy based upon CIPFA's Treasury Management Codes
  - Functional budget management schemes

- There are robust and well embedded risk management processes in place, including:

  - Risk Management Strategy and Policy Statement
  - Corporate Risk Profile
  - Integrated Risk Management Plan
  - Nominated Risk Manager
  - Corporate Risk Management Group
  - Partnerships Risk Register
  - Member Risk Champion
  - Risk Management and Assurance Database
  - Information Asset Register
  - Information Asset Management Policy.

- There are comprehensive budgeting systems in place and a robust system of budgetary control, including formal quarterly and annual financial reports, which indicate financial performance against forecasts.

- The Authority has achieved accreditation to ISO22301 for Business Continuity, and Business Continuity Plans are in place which are subject to ongoing review, development and testing.

- There are clearly defined capital expenditure guidelines and capital appraisal procedures in place.

- Appropriate project management disciplines are utilised.

- The Authority participates in the National Fraud Initiative and subsequent investigations.

3.7 **The core functions of an audit committee, as identified in CIPFA's** *Audit Committees – Practical Guidance for Local Authorities,* **are undertaken by members**.

The Authority has a Governance Committee which, as well as approving the Authority's Statement of Accounts, undertakes an assurance and advisory role to:

- Consider the effectiveness of the Authority's corporate governance arrangements, risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements and seek assurance that action is being taken on risk-related issues identified by auditors and inspectors

- Be satisfied that the Authority's assurance statements, including the Statement of Internal Control, properly reflect the risk environment and any actions required to improve it

- Receive and consider (but not direct) internal audit's strategy, plan and monitor performance

- Receive and consider the external audit plan

- Review a summary of internal audits, the main issues arising, and seek assurance that action has been taken where necessary

- Receive and consider the annual report of internal audit

- Consider the reports of external inspection agencies and the external audit, including the Annual Audit Letter

- Ensure that there are effective relationships between external and internal audit, inspection agencies and other relevant bodies, and that the value of the audit process is actively promoted

- Review the external auditor's opinions and reports to members, and monitor management action in response to the issues raised by external audit, and

- Make recommendations or comments to the Authority as appropriate.

3.8 **Arrangements exist to ensure compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful. All reports are considered for legal issues before submission to members**:

- The Deputy Clerk is the Authority's designated Monitoring Officer and a protocol is in place with all Principal Officers, to safeguard the legality of all Authority activities

- The Authority maintains an Internal Audit Service, provided by Sunderland City Council. An independent annual review of its effectiveness is undertaken which concluded that it operated in accordance with professional standards. Internal audit work is planned on the basis of risk.

3.9 **Arrangements for whistle-blowing and for receiving and investigating complaints from the public are in place and are well publicised**:

- The Authority is committed to establishing and maintaining effective reporting arrangements to ensure that, where an individual, whether an employee of the Authority, a Member, or any member of the public, has serious concerns regarding the conduct of any aspect of the Authority's business, they can do so through a variety of avenues, promptly and in a straight forward way

- The framework in place to ensure the aims of this policy are met are set out in the 'Whistle Blowing Policy Arrangements' procedure for Authority staff. Members of the public currently raise issues through the Compliments, Comments and Complaints procedure and there is also a whistle blowing policy and procedure for members of the public

- Monitoring records held by the Deputy Clerk on behalf of Members, and the Chief Fire Officer on behalf of staff and members of the public reveal that the whistle blowing arrangements are being used, and that the Authority is responding appropriately. The whistle blowing arrangements have assisted with the maintenance of a strong regime of internal control.

3.10 Arrangements exist for identifying the development needs of members and Principal officers in relation to their strategic roles:

- The Authority has a Members Learning and Development Programme in place which sets out a clear commitment to Members to provide a range of learning and development opportunities which will improve their knowledge, skills and abilities in their individual or collective roles in meeting Authority strategic objectives. In addition Members have access to their nominating authority learning and development policies, plans and procedures.

- The Elected Member Learning and Development Programme aims:

  - To provide comprehensive Member development
  - To ensure that all newly elected Members are properly inducted into the Authority
  - To ensure that all emerging needs for both individuals and across the board are identified and addressed
  - To ensure that resources available for Member development are effectively used.

- The Authority has an Organisational Development Strategy to enable and support the organisation in managing the performance of all of its employees through effective policies, procedures and working practices and is key to ensuring that the organisation meets the needs of the community. This includes assessing ability against requirements of the role, annual performance review focusing on strengths and highlighting areas of weakness, job related training, and ongoing evaluation and includes the extent to which an employee understands and supports the values of the Authority.

3.11 Clear channels of communication have been established with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation:

- The Authority has a Consultation Strategy which aims to ensure that consultation activity is effectively co-ordinated across the Authority and with partner agencies, impacts on service delivery, and is delivered to a high standard

- The strategy is complemented by the Community Engagement Strategy which outlines the Authority's approach to engaging with the community, in particular minority and vulnerable sectors of society.

3.12 **Governance arrangements with respect to partnerships and other group working incorporate good practice as identified by the Audit Commission's report on the governance of partnerships, and are reflected in the Authority's overall governance arrangements:**

- The Authority has published a Partnerships Procedure which includes a template for Partnership Agreements and a Partnership Toolkit. This has been revised in 2015. The procedure is designed to provide a corporate framework for all staff involved in considering new partnership working, and to assist Members and officers to review existing arrangements.

- A Register of Partnerships is maintained. The deliverables of all prospective and existing partnership is closely measured using a standard framework.

- A review of all partnerships is presented to the Strategic Management Team.

- An Information Sharing Protocol is also in the final stages of development which will underpin Information Sharing Agreements with partners.

4 REVIEW OF EFFECTIVENESS

4.1 The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness is informed by feedback from Members and the work of all senior managers within the authority who have responsibility for the development and maintenance of the governance environment, the Internal Audit Annual Report, and also by comments made by the external auditors and other review agencies and inspectorates.

4.2 The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control includes the following:

The role of the Authority:
- Elected Members have participated in the annual review of the Authority's Corporate Governance arrangements

- The Chair of the Authority, the Chief Fire Officer and the Strategic Finance Manager have overseen the review and signed the Annual Governance Statement.

The role of the Strategic Management Team:
- The findings of the Annual Governance Review have been reported to the Strategic Management Team for their consideration and comment.

The role of the Governance Committee:

- The findings of the Annual Governance Review have been reported to the Governance Committee. Under their Terms of Reference the Governance Committee has satisfied themselves that the Authority's assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it

- There is a system of scrutiny delivered through the HR Committee, Governance Committee and the Policy and Performance Committee including scrutiny of:

- The effectiveness of corporate governance arrangements

- The Authority's treasury management policy and strategy, including the annual borrowing and investment strategy

- Organisational performance

- Potential for future changes in service provision based on relevant performance information, risk analysis and changes in economic, social and environmental conditions or statutory requirements.

4.3 All Area Managers have participated in the annual governance review relating to their areas of responsibility by providing Controls Assurance Statements relating to their area of responsibility, following consideration of their department heads' detailed self-assessments / questionnaires.

4.4 Internal audit planning processes include consultation with the Principal Officers, reviews of the Strategic Community Safety Plan / Integrated Risk Management Plan and the Corporate Risk Profile. Audit work is risk based and includes risks in relation to the achievement of Service objectives, and Internal Audit Services carry out regular systematic auditing of key financial and non-financial systems.

4.5 External audit is now undertaken by Mazars, a limited liability partnership company appointed by Public Sector Audit Appointments Ltd for this purpose. The Annual Audit Letter gives independent assurance of financial control and Value for Money (including financial resilience and the overall efficiency and effectiveness of the Authority's arrangements).

4.6　In the latest Annual Audit Letter covering 2015/16, Mazars issued an unqualified conclusion on both financial arrangements and Value for Money, and identified no significant weaknesses in the Authority's arrangements for internal control. Their report included comments that:

- The Authority has made good progress in addressing the financial challenges from public sector austerity and has a proven track record of delivering planned budget reductions.
- The Authority has a range of earmarked reserves for specific plans and projects that will help the Authority to deliver its priorities whilst recognising that reserves cannot routinely be used to sustain services The Authority has delivered significant savings in recent years, aiming to do this whilst minimising the impact on service delivery. In 2015/16 savings were delivered and in addition there was an underspend against budget. Further savings are planned in 2016/17 although there is a shortfall in available resources which is being funded from reserves.
- The Authority uses its Intergrated Risk Management Plan (IRMP) – 2013/2017 process to deliver significant changes to the service. An update report in February 2016 provided progress against these actions whilst noting that a projected shortfall in resources of £2.8m over the medium term (2016/17 to 2019/20) had been identified that would be the subject of further IRMP actions yet to be developed. Overall, the Authority has responded well to the financial pressures it has faced, at a time of unprecedented reductions in public sector spending, and has a strong track record of delivering savings and keeping within budget.
- During the course of the audit we did not encounter any significant difficulties and we have had the full co-operation of management. In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and employed resources to achieve planned and sustainable outcomes for taxpayers and local people.

4.7　It is considered that the Annual Audit Letter provides reassurance that the Authority's overall governance and control arrangements are satisfactory.

4.8　Findings of external bodies / audits are collated, acted upon and monitored by the Strategic Management Team.

4.9　One potentially significant financial issue that warrants a separate disclosure in this Statement relates to the fact that the Authority has to fully resolve an issue raised by the government in respect of overpaid Pensions Top Up Grant funding grant claimed in error and received by the Authority over the period 2006/2007 to 2011/2012 which totals £10.532 million.

For the past three years, the Authority has included a Contingent Liability Note in the accounts to recognise the potential liability that the Authority may have

in respect of this issue. However, this matter has recently evolved and in late March of this financial year, the Government notified the Authority that the full liability, totalling £10.532 million, must be repaid in full, despite previous negotiations in January 2015 indicating other possible solutions.

This decision was made by Home Office ministers although the matter emanated from the time the fire service was under control of the DCLG in summer / autumn of 2014. The Chief Fire Officer has requested to meet ministers to discuss the matter in more detail before any agreement can be reached on both the amount and the proposed repayment plan, which will incorporate how the Authority proposes to fund this and the time frame involved.

As such, a long term provision for £8.639m has had to be created in the accounts covering the period 2006 to 2010/2011. This is in addition to the amount already included of £1.893m in respect of the 2011/2012 financial year, to reflect the fact that the Authority has now been notified of the government's intention to recover the full liability. As discussions are currently ongoing with the Home Office, there is the possibility that the Authority may potentially agree a lower repayment amount, which is reflected in a Contingent Asset Note to the Accounts.

As the Provision made must be fully funded to ensure the accounts fully comply with accounting standards, the use of reserves has been used as a temporary measure until the position is clarified by government and the Authority has agreed and finalised its preferred funding option/s. The accounts, therefore, present an accounting view of the position as at 31st March 2017 and importantly do not reflect acceptance of the liability until it has been properly agreed. The use of reserves cannot be viewed as being the agreed option by which the Authority funds this liability and the preferred approach will be further developed once the final position is clarified and the funding options have been agreed.

5   ASSURANCE STATEMENTS

5.1   The Strategic Management Team, the Authority and the Governance Committee have advised us of the findings of the review of the effectiveness of the governance framework, and an action plan has been agreed for the continuous improvement of the Authority's Corporate Governance and Internal Control Arrangements.

5.2   We propose over the coming year to take steps to implement the action plan to further enhance the Authority's governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in the review of effectiveness and will monitor their implementation and operation as part of the next annual review.

Tom Wright   Chris Lowther   Dennis Napier
Chair of the Authority   Chief Fire Officer   Strategic Finance
                                                            Manager

Tyne and Wear Fire and Rescue Authority

2016/17 Annual Review of Corporate Governance and Internal Control Arrangements

Action Plan 2016/17

Ref.	Corporate Improvement Objectives	Action	Responsible Officer
23	• Review the Members' learning programme	Complete	Chief Fire Officer
27	• Review and improve information sharing agreements across partners – focus on vulnerable people	Commenced 2015/16 Ongoing action carry forward to 2017/18	AM Strategy and Performance and AM Service Delivery
28	• Meet data security requirements, including implementation of Emergency Services Mobile Communication Programme (ESMCP).	Commenced 2015/16 Ongoing action carry forward to 2017/18	ACO Community Safety / ACO Organisational Development
31	• Development and introduction of Coaching / Peer Support system, new policy to assist development of personnel	Ongoing carry forward to 2017/18	AM Human Resources
32	• Succession planning to be further developed and implemented	Ongoing carry forward to 2017/18	AM Human Resources
33	• Working towards the Faculty of Occupational Medicines	Ongoing carry forward to 2017/18	AM Human Resources
34	• Implement Staff Engagement and Communications Strategy	Complete	AM Strategy and Performance

35	• Carry out Your Views Count survey – Phase 4	Complete	AM Strategy and Performance
36	• Continue the development of Risk Management and Assurance arrangements	Complete	AM Strategy and Performance
37	• Continue Dynamic Mobilisation exploration	In progress - carry forward to 2017/18 continuous development.	AM Community Safety
38	• Replacement HR MIS System project	Commenced 2015/16 In progress - carry forward to 2017/18	AM Human Resources
39	• Review partnership / collaborative working to ensure Corporate Governance issues are addressed	Commenced 2015/16 In progress - carry forward to 2017/18	AM Strategy and Performance
40	• Review Standing Orders and financial regulation awareness / communication	Commenced 2015/16 In progress – carry forward to 2017/18	Strategic Finance Manager
41	• Ensure Strategic Change Management processes consider Corporate Governance implications	Complete	AM Strategy and Performance

Tyne and Wear Fire and Rescue Authority

2016/17 Annual Review of Corporate Governance and Internal Control Arrangements

Action Plan 2017/18

Ref.	Corporate Improvement Objectives	Action	Responsible Officer	Update
27	• Review and improve Information Sharing Agreements across partners – focus on vulnerable people	In progress - Carried forward from 2015/16 Action Plan	AM Strategy and Performance and AM Service Delivery	ISAs now in place for some partner agencies but not all. This continues to be progressed. The General Data Protection Regulations (GDR) that come into effect in May 2018 will mean that ISA's (and relevant policies) will need to be amended to incorporate the changes that GDPR brings. Target completion for this action is 2018.
28		In progress - Carried	ACO Community Safety	2015/16 – Project

	• Meet data security requirements, including implementation of Emergency Services Mobile Communication Programme (ESMCP).	forward from 2015/16 Action Plan	/ ACO Organisational Development	scoping and establishment of Regional Project Board 2016/17 – Detailed project/resource planning, commission IT Health Check and commence work on Remedial Action Plan, bid for Government Funding 2017/18 – Review project/resource plan due to revised national timeline, commission updates for Control Room equipment to enable continuity of service during transitional period and on Emergency Services Network 2018/19 – Commence role out of new devices to Fire Appliances and

				Officers to replace current Airwave equipment 2019/20 – Conclude project and embed new ways of working
31	• Development and introduction of Coaching / Peer Support system, new policy to assist development of personnel	In progress - Carried forward from 2016/17 Action Plan	AM Human Resources	
32	• Succession planning to be further developed and implemented	In progress - Carried forward from 2016/17 Action Plan	AM Human Resources	
33	• Working towards the Faculty of Occupational Medicines	In progress - Carried forward from 2016/17 Action Plan	AM Human Resources	
38	• Replacement HR MIS System project	In progress - Carried forward from 2015/16 Action Plan	AM Human Resources	Project developed to phase 2 stage, undergoing a joint procurement exercise with Northumbria Police concluding June 17. Envisaged project end date

				April 18.
39	• Review partnership / collaborative working to ensure Corporate Governance issues are addressed	In progress - Carried forward from 2015/16 Action Plan	AM Strategy and Performance	Policy approach to partnership working now being developed.
40	• Review Standing Orders and financial regulation awareness / communication	In progress – Carried forward from 2016/17 action plan	Strategic Finance Manager	
42	• Manage and enforce existing evaluation process to ensure all projects are evaluated and service users / stakeholders are consulted with		AM Strategy and Performance	
43	• Review and streamline policies and procedures to align to new strategic planning framework		AM Strategy and Performance	
44	• Review and implement revised PDP process in line with new OD Strategy		AM Human Resources	
45	• Introduce performance indicators and targets for all functions in organisation to measure and manage standards and customer satisfaction		AM Strategy and Performance	
46	• Review leases and income from the estate to ensure standardisation of approach and		AM Strategy and Performance / Strategic	

	efficiencies		Finance Manager	
47	• Ensure appropriate governance arrangements are in place when reviewing and implementing collaboration / partnership arrangements *(cross ref with IRMP 2017-20)*		ACO Oganisational Development	