



TWFRS Assurance and Improvement Plan

2021/22

Date: February 2021

Tyne and Wear Fire and Rescue Service Assurance and Improvement Plan 2020/21

1. Tyne and Wear Fire and Rescue Service (TWFRS) has a longstanding commitment to continuous improvement. To achieve this we seek feedback and proactively engage in opportunities to learn from independent inspection and assessment.
2. The new programme of inspections of Fire and Rescue Services in England by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) was implemented in 2018/19 and all 45 Fire and Rescue Services in England have now been inspected. The first inspection of TWFRS took place between December 2018 and February 2019, against the three pillars of inspection: effectiveness, efficiency and people. The following judgements are determined by HMICFRS, and published for each pillar: 'Outstanding', 'Good', 'Requires Improvement' or 'Inadequate'. TWFRS were categorised as 'good' across all three pillars of inspection.
3. In addition to this, HMICFRS carried out a programme of thematic inspections in 2020, to consider how FRS had responded to the COVID-19 pandemic. HMICFRS published the findings of this inspection in a letter on 22 January 2021, which confirmed the Service continued to meet all its statutory duties, as well as extra demands placed on it to support partner agencies and the local community, during the first phase of the pandemic. It also confirmed the Service prepared itself well in anticipating the challenges presented by Covid-19 and the national measures to reduce the spread of the virus
4. This Improvement and Assessment Plan has two purposes:

Section 1: The Assurance Plan sets out the agreed mechanisms TWFRS will use to seek assessment of our progress. These will largely be independent although they may result from benchmarking or other exercises conducted by ourselves. This enables us to annually review the mechanisms that we will use, to ensure that our approach is proportionate. The HMICFRS inspection is included within the Assessment Plan.

Section 2: The Improvement Plan sets out the high-level improvement actions, which have arisen through assessments or other agreed routes, to allow progress be regularly monitored by the Executive Leadership Team (ELT) and Fire Authority.
5. The Improvement Plan contains only strategic, cross-cutting improvement actions from a range of sources. This is underpinned by specific, more detailed action plans, such as the HMICFRS Improvement Plan, and the Internal Audit Plan.
6. This Improvement Plan does not include activities may result in changes to the Service, in order to align risk and available resources. These are contained within the Integrated Risk Management Plan (IRMP).

Section 1: Assessment Plan

This section sets out the agreed mechanisms we will use to assess our progress. It also indicates, where appropriate, the level of improvement actions that will be included in the Improvement Plan for each mechanism. Shaded boxes indicate assessments planned for 2021/22.

Ref	Audit / Self Assessment	Frequency and date of last assessment	Future assessments	Notes	Level of actions to be included in Improvement Plan	Costs
AP01	Annual Audit Letters (AAL) (This is a statutory requirement)	Annual 2019/20 letter received 23 rd December 2020 and was reported to the Fire Authority at 25 th January 2021 meeting	Audit of the 2020/21 Statement of Accounts will commence in Spring 2021 with final letter expected in October 2021	<p>The AAL comprises of two elements: audit of Fire Authority financial statements and the Value for Money (VFM) Conclusion</p> <p>The Statement of Accounts for 2020/21 must be closed by the amended statutory deadline of 30th June 2021 and be audited by 30th September 2021.</p> <p>Jan 2021 The Statement of Accounts for 2019/20 was closed by the revised statutory deadline of 30th August 2020 and the external Audit was formally concluded on 2nd December 2020. The Authority achieved an unqualified audit opinion on both the Accounts and VFM judgement.</p> <p>Lead officer: Director of Finance</p>	All <i>NB the last eight Annual Audit Letters contained no substantive improvement actions for the Authority</i>	£23,590 for 2018/19 plus an additional fee of £3,652 for McCloud / Sergeant pension work £23,590 for 2019/20 in accordance with the PSAA Ltd tendering exercise plus an additional proposed fee of £9,923 for additional pensions and fixed assets work they carried out as part of their audit for 2019/20 which has yet to be agreed by the Authority. PSAA Ltd have notified the Authority that the scale fee of

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						£23,590 will remain for 2020/21 audit however they recognise that additional audit work to comply with new auditing and accounting regulations and requirements may attract additional fees which they cannot quantify.
AP02	Internal Audit (This is a statutory activity included in a local government SLA)	Annual risk based programme Closing internal audit reported to Governance Committee on 28 th August 2020 meeting	New programme began April 2020. Regular reviews provided to Governance Committee. Next Governance Committee meeting 8 th February 2021	Internal Audit is provided on an annual programme basis by Sunderland City Council. Internal Audit is required under good governance principles and is an integral part of internal control. The provision of this by a separate partner body provides additional independence and transparency. The March 2020 Governance Committee was provided with reports on progress with 2019/20 audit and the proposed Internal Audit Programme for 2020/21. Jan 2021 During the 28 th August meeting the final 2019/20 internal audit report was discussed. The audit provided sufficient assurance on internal control and no high risks were identified and there continues to be a good internal control environment within the Service. The 30 th November meeting received substantial assurances	High, Significant and Medium (Low risk, and observation will be actioned through departmental plans. All actions are reported to the Governance Committee by Internal Audit). <i>NB there were no high or significant risks in the last five years.</i>	£36,908 for 2019/20 £37,535 for 2020/21.

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				on all audit work completed so far in 2020/21. Lead officer: CFO in conjunction with the Finance Director		
AP03	Annual Governance Review (internal) (This is a statutory requirement)	Annual Last report completed July 2020	Next report due May 2021	<p>The Authority has a statutory dutyⁱ to review effectiveness of the system of internal control, and prepare an annual governance statement (AGS). The annual governance review has a number of elements, including the evaluation of internal controls and key performance indicators, independent assessments and audits, and the views of customers.</p> <p>The review is overseen by the Corporate Governance Board, and outputs are scrutinised by the Governance Committee and the Authority's external auditor.</p> <p>The AGS is an accountability statement to stakeholders to demonstrate how well the Authority has delivered on its governance arrangements over the course of the previous year, and is included annually within the Authority's Statement of Accounts.</p> <p>The AGS is prepared in accordance with the Chartered Institute of Public Finance and Accountancy/Society of Local Authority Chief Executives (CIPFA/SOLACE) <i>Delivering Good Governance in Local Government Framework 2016 Edition</i> ('the Framework').ⁱⁱ</p>	Key actions agreed by Authority, based on the outputs from the annual governance review.	No cost

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				<p>Jan 2021 Functional self-assessments issued to Department Heads for completion and authorisation by Area Managers / Directors to confirm governance and internal control arrangements are adhered to within their areas of responsibility.</p> <p>Lead officer: AM Strategy and Performance</p>		
AP04	<p>HMICFRS Thematic Inspection (COVID-19)</p> <p>(This is a statutory requirement)</p>	October 2020	Further thematic inspections TBC	<p>Thematic inspection completed in Autumn 2020.</p> <p>Jan 2021 An HMICFRS improvement action plan is in place to ensure areas for improvement are progressed, to assist in our continuous improvement journey.</p> <p>Lead officer: AM Strategy and Performance</p>	Strategic actions only, to be confirmed by ELT	No cost
AP05	<p>Investors in People (IiP)</p> <p>(Non-statutory activity)</p>	<p>Full Assessment Triennial</p> <p>Full assessment and reaccreditation: December 2020.</p>	TBC	<p>Voluntary process promoting and rewarding good practice in people management</p> <p>June 2019 24 month review confirmed the Service continues to be recognised as an IiP Gold organisation.</p> <p>Further use of IiP approved at ELT December 2019, but reaccreditation assessment delayed until December 2020 due to COVID-19 response.</p> <p>Jan 2021 - initial findings are that we continue to make good progress against key areas and retain Gold.</p> <p>Lead officer: Director of HR</p>	Key actions agreed by Authority based on IiP review report	Up to £11,900 fee per IiP re-accreditation every three years, plus £1,800 annual fee for interim 12 and 24 month progress assessments.

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AP06	Staff Feedback / Surveys (Non-statutory activity)	Biennial – last survey took place Nov 2019	Autumn 2021	<p>Staff surveys provide an ongoing account of staff satisfaction and help identify improvement actions for the Service.</p> <p>Jan 2021 The Service's approach to staff surveys and engagement is currently being reviewed with the intention to carry out more frequent, targeted surveys to 'temperature test' staff engagement and seek regular input. The new Inclusion Manager role will undertake this project in 2021.</p> <p>In addition to the Staff Survey, other staff themed consultation exercises have taken place to inform improvement, e.g. Dept Head surveys assessing how teams were coping with the COVID-19 situation. HMICFRS also carry out an independent staff survey to support inspection, and a summary report is provided to the Service for consideration. Staff engagement is also undertaken via a range of other mechanisms, including via CFO VLOGs, Team Talks, Watch Listening events</p> <p>Lead officer: HR Director</p>	Key actions agreed by ELT based on survey findings.	Cost for Staff Survey to be accommodated within existing budget.
AP07	The Royal Society for the Prevention of Accidents – (RoSPA Award) (Non-statutory activity)	June 2020	Next Award submission will be due in 2021.	<p>Voluntary activity supported by RoSPA to promote better health in the workplace</p> <p>In June 2020, the Service submitted an 8500 word submission which referenced over 96 separate pieces of evidence and a range of accident, health and enforcement data. The collation and submission of this evidence was a significant achievement, given that this was completed during our response and</p>	Key actions agreed by Authority based on assessment.	Annual Fee: RoSPA Award £455.00 RoSPA Membership Fee £460.00 Total: £915.00

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				<p>recovery arrangements to the COVID-19 pandemic.</p> <p>Jan 2021 In July 2020, the Service was awarded a prestigious RoSPA Gold Achievement Award, in recognition of practices and achievements for health and safety.</p> <p>Lead officer: AM Strategy and Performance</p>		
AP08	<p>Cyber Essentials (or Cyber Essentials Plus)</p> <p>(Non-statutory activity)</p>	Accreditation gained in August 2018 and annual assessments required to maintain accreditation	September 2021	<p>Cyber Essentials certification is awarded based on a verified self-assessment to validate good practice towards Cyber security for the organisation.</p> <p>The Service achieved certification for the first time in August 2018. As the standard changes slightly from year to year this may involve some minor alterations to our infrastructure, which should ensure we exceed the standard and are again awarded the Cyber Essentials certification.</p> <p>The Service is currently in the process of refining submission for 2019 with a view to submitting in November 2019.</p> <p>Sept 2018 Accreditation confirmed in August 2018.</p> <p>Feb 2021 Due to recent investments within ICT this will allow us to become compliant with Cyber Essentials and we hope to re-apply for accreditation later in the year. Additionally we are aiming to align parts of this work with the ESN implementation.</p>	Key actions agreed by Authority based on assessment	£300+ VAT annually

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				Lead officer: AM Strategy and Performance		
AP09	Stonewall Workplace Equality Index (Non-statutory activity)	Annually 2019/20 Completed, achieved 157 th place.	Summer 2021	<p>The index is a benchmarking tool to measure progress on LGBT inclusion within the workplace. This includes a self-assessment on 10 areas of employment policy and practice and the completion of a staff survey.</p> <p>Jan 2021: The submission for 2020/21 has been postponed. Proposal is for submission to be open in Summer 2021 for the results to be announced in early 2022.</p> <p>Lead Officer: HR Director</p>	Key actions agreed by Authority based on feedback from assessment.	£2500 annual membership
AP10	North East Better Health at Work (Non-statutory activity)	Annually July 2020	July 2021	<p>The Better Health at Work Award recognises the efforts of employers in the North East and Cumbria in addressing health issues within the workplace. There are four levels to the Award – Bronze, Silver, Gold and Continuing Excellence.</p> <p>Jan 2021 Following success at the Silver level the Service achieved the Gold Award level in October 2020. The Service is now working towards achieving the next award of “Continuing Excellence” which demonstrates that workforce and community health and wellbeing is fully embedded into all activities over a sustained period.</p> <p>Lead Officer: HR Director</p>	Key actions agreed by Authority based on assessment	No cost

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AP11	Service Assurance Programme (Non-statutory activity)	New action	Jan to June 2021	<p>To support continuous improvement, the Service has introduced an Assurance Programme – an internal programme of reality testing – to check and confirm progress against identified improvement actions, identified during inspection or any other improvement activity / on request of senior management.</p> <p>Jan 2021 The Service Assurance Programme will commence this month, focussing on the high priority AFIs identified in the HMICFRS 2018/19 inspection, and the HMICFRS 2020 COVID-19 thematic inspection.</p> <p>Lead Officer: AM Strategy and Performance</p>	TBC – key actions resulting	No cost
AP12	HMICFRS Full Inspection 2021/22 (Statutory activity)	New action	2021/22 Date TBC by HMICFRS	<p>HMICFRS have announced they will be repeating a full inspection programme of all 45 FRS in England in 2021/22.</p> <p>Jan 2021 The Service is expecting to be inspected in Tranche 2 of inspections – Summer / Autumn 2021.</p> <p>Lead Officer: AM Strategy and Performance</p>	All formal AFIs identified by HMICFRS, and self-identified AFIS, will be included in a separate HMICFRS Improvement Plan post inspection. Any strategic improvements will be included in this Service Assurance and Improvement Plan.	No cost

Section 2: Improvement Plan

This section sets out the key improvement actions based on assessments as set out above. The Plan is monitored by the Business Support and Improvement Department and progress reported annually to ELT, and forms part of the annual review of corporate governance.

Ref	Source	Area for improvement	Specific action	Lead officer	Target completion	Progress
IA01	HMICFRS Inspection 2018/19 (This is a statutory requirement)	Effectiveness Efficiency People	Areas for Improvement (AFIs), identified by HMICFRS following the initial inspection of the Service, have been captured in an HMICFRS Improvement Action Plan . Each improvement action is supported by a Sponsor (Principal Officer), and a Lead Officer (Member of ELT) and is monitored regularly to ensure progress prior to the next full inspection in 2021/22.	CFO DCFO ACO CS	April 2021	<p>Feb 2021 AFIs were prioritised and progress was monitored throughout 2019 and 2020 via the Senior Management Group (SMG) on a quarterly basis.</p> <p>Good progress has been made, with 10 of the 14 AFIs confirmed as completed by ELT.</p> <p>Since December 2020, progress on outstanding improvement actions has been reported to the Programme Board monthly.</p> <p>All improvement activities will be tested as part of the Service Assurance Programme, which commenced in January 2021.</p>

IA02	Investors in people Assessment 2020	Indicator 5: Recognising and Rewarding High Performance	Informal recognition from managers is sometimes infrequent or half-hearted: all managers should be encouraged to consider the impact of the words they use when engaging with staff.	ACO OD	June 2021	<p>Carried forward from 2019/20</p> <p>New PDR process implemented in 2020 encourages managers to discuss progress against key objectives and recognise work well done as well as how to feedback on areas for improvement.</p> <p>As part of the 'Lead' development programme, the high performing module focused on the value of recognition and feedback to support team learning and higher performance. This drew on exposure from the RAF.</p> <p>Further information to be gathered as part of staff surveys in 2021, and a review of Reward and Recognition arrangements to be conducted by new Inclusion Manager role, looking at whole employee experience.</p>
IA03 New Improvement Action	HMICFRS COVID-19 Thematic Inspection (This is a statutory requirement)	Consider and implement action in response to the Areas for Focus.	Create a HMICFRS C-19 Improvement Plan – the plan will include the 4 areas identified by HMICFRS in addition to other self-identified improvements as a result of the inspection.	ACO CS/OD	Autumn 2021 (pre cycle two of Inspection)	Jan 2021 - The Service has received an embargoed version of the letter as part of the pre-publication check (December 2020). 4 broad areas for focus were identified. Final letters are expected 22 January 2021 and State of Fire report is due February 2021.
IA04 New Improvement Action	COVID-19 Pandemic Response and Recovery Action Plan	Identify improved ways of working whilst implementing robust Business Continuity plans to continue to respond to the C-19 Pandemic.	Manage actions relating to the C-19 Response and Recovery group, recorded on the respective action plans.	ACO CS/OD, AM S&P	This will be an ongoing action until - conclusion of the C-19 pandemic	Jan 2021 – The Service initiated a group in response to the C-19 pandemic in early 2020. Working alongside partners as part of the Northumbria Resilience Forum and using input from other sources including NFCC, the Service has developed and maintained the COVID-19 BCP, Risk Assessments and other supporting information and guidance using new technology and communication tools to ensure we can not only continue to deliver our statutory functions but also a range of non-critical activities.

IA05 New Improvement Action	Self-identified through LRF work during Pandemic	Consider alternative methods of testing and exercising COMAH plans during the C-19 pandemic	Service looked to ensure continued delivery of statutory duties in relation to testing of COMAH sites (in accordance with HSC / COMAH Regs)	AM Community Safety		Jan 2021 - Following the cessation of exercising under the direction of the LRF Training and Exercise Group (TEG), the Service looked at alternative methods of delivery for multi-agency exercises of high risk/COMAH sites. Two virtual exercises have been delivered and a further exercise planned in March involving a full LRF compliment of players, command and control and debrief.
IA06 New Improvement Action	Self identified	Improvement of the process for Corporate Risk Management	Review of the Corporate Risk Management Group, including terms of reference, frequency and purpose. Full review of Corporate Risk Profile in alignment with Department/Project Risks. Plan to deliver RM training to managers. Risk team have completed a project plan for the improvement activity.	ACO HR / L&OD	April 2021	<p>Research Contact has been made with other Services to share their method of risk management and awareness/training packages to identify any areas of best practice. Work is ongoing through the National Fire Chiefs Council Business Continuity (NFCC BC) Group.</p> <p>Legislation Clarification in terms of legislative requirements has been confirmed. The Civil Contingencies Act 2004 provides the legal framework where we adhere to make our contingency arrangements to assess, plan and advise against our risks, be it departmental or corporate. (ensuring we have a clear auditable way of recording our mitigation and that we have communicated this to those ultimately responsible for ensuring we are meeting our requirements (ie FA Members).</p> <p>Review of CRMG Terms of Reference TOR reviewed.</p> <p>Meetings Relationship Structure A proposed structure has been developed for comments and will be shared as part of proposals for way forward.</p> <p>Review of Departmental Risks</p>

						<p>A request for Heads of function (HOF) to review department risks against the corporate risk register has been circulated with a view to identifying clear links. A number of one to one meetings have been undertaken to provide support to HOFs.</p> <p>Review of templates Project/Dept. and Corp risk templates have been considered and uniformity has been applied. Template has been reviewed by an independent user for functionality. Final amends are being completed and will be available for comment as per project timeline.</p> <p>Review of risk management policy/procedure Currently ongoing, envisaged will be available for comment as per project timeline.</p>
IA07 New Improvement Action	Self-Identified	Environmental Task Group	To reduce TWFRS's carbon emissions. Compilation of an Environmental Strategy with a carbon neutrality goal.	Finance Director	2021 - 2030	TWFRS are commissioning a baseline assessment of our current environmental performance, these findings will form the basis for an Environmental Strategy. Grant funding was obtained to assist in this task.
IA08 New Improvement Action	liP / HMICFRS Inspection 2018/29 /Self-Identified	Inclusion, Diversification of Workforce	Improve workforce diversification Establish a project to enhance inclusion Employee Experience Review	HR Director	2021 - 2025	New post of Inclusion Manager approved December 2021; recruitment process has been successful and the post holder will join the Service 22.2.2021. Initial priorities will include the creation of a plan to assess the key baseline metrics around Employee Experience (EX) to inform the setting of priorities for action around inclusion.

ⁱ[The Accounts and Audit Regulations 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

ⁱⁱ [CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016 Edition](#)