

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

Item 6

MEETING: GOVERNANCE COMMITTEE : 28th AUGUST 2020

SUBJECT: ANNUAL GOVERNANCE REVIEW 2019/2020

JOINT REPORT OF THE CHIEF FIRE OFFICER AND CHIEF EXECUTIVE (CLERK TO THE AUTHORITY), THE FINANCE DIRECTOR AND THE PERSONNEL ADVISOR

1 INTRODUCTION

- 1.1 The purpose of this report is to present the findings of the 2019/2020 Annual Governance Review and for the Committee to note the Annual Governance Statement that is incorporated into the Statement of Accounts, which fettaures later on the Agenda.
- 1.2 The Committee should note that the Authority on 13th July 2020 has already approved the report and the Annual Governance Statement, as this was the last meeting planned for the Authority before the Statement of Accounts 2019/2020 needs to be published (31st August 2020) in line with the revised accounting regulations. This report however is for information as it is still important that this Committee is made aware of the process and controls that the Authority follows in producing its Annual Governance Statement.

2 BACKGROUND

- 2.1 The Authority has a statutory duty to prepare an Annual Governance Statement, as enshrined in the Accounts and Audit (England) Regulations 2015.
- 2.2 The Annual Governance Statement 2019/20 has been produced in accordance with the Authority's Local Code of Corporate Governance (see Appendix A). The Code was first introduced in 2003 and is reviewed annually to ensure consistency with guidance produced by the Society of Local Authority Chief Executives and Senior Managers (SOLACE) and the Chartered Institute of Public Finance and Accountancy (CIPFA). The Code is therefore compliant with the most recent guidance provided by SOLACE/CIPFA: *Delivering Good Governance in Local Government: Framework (2016 Edition)*.
- 2.3 The Fire and Rescue National Framework 2012 (revised in April 2018) places 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 and is prepared annually.

2.4 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.

2.5 These four roles set the context for 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 engagement.
- Defining outcomes in terms of sustainable economic, social and environmental benefits.
- Determine 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.

2.6 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.

3 ANNUAL GOVERNANCE METHODOLOGY

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

- Assistant Chief Fire Officer (Organisational Development)
- Area Manager (Strategy and Performance)
- Finance Director
- HR Director
- Head of Business Support and Improvement
- Improvement Advisor

3.2 The review followed a structured methodology which comprises the following stages:

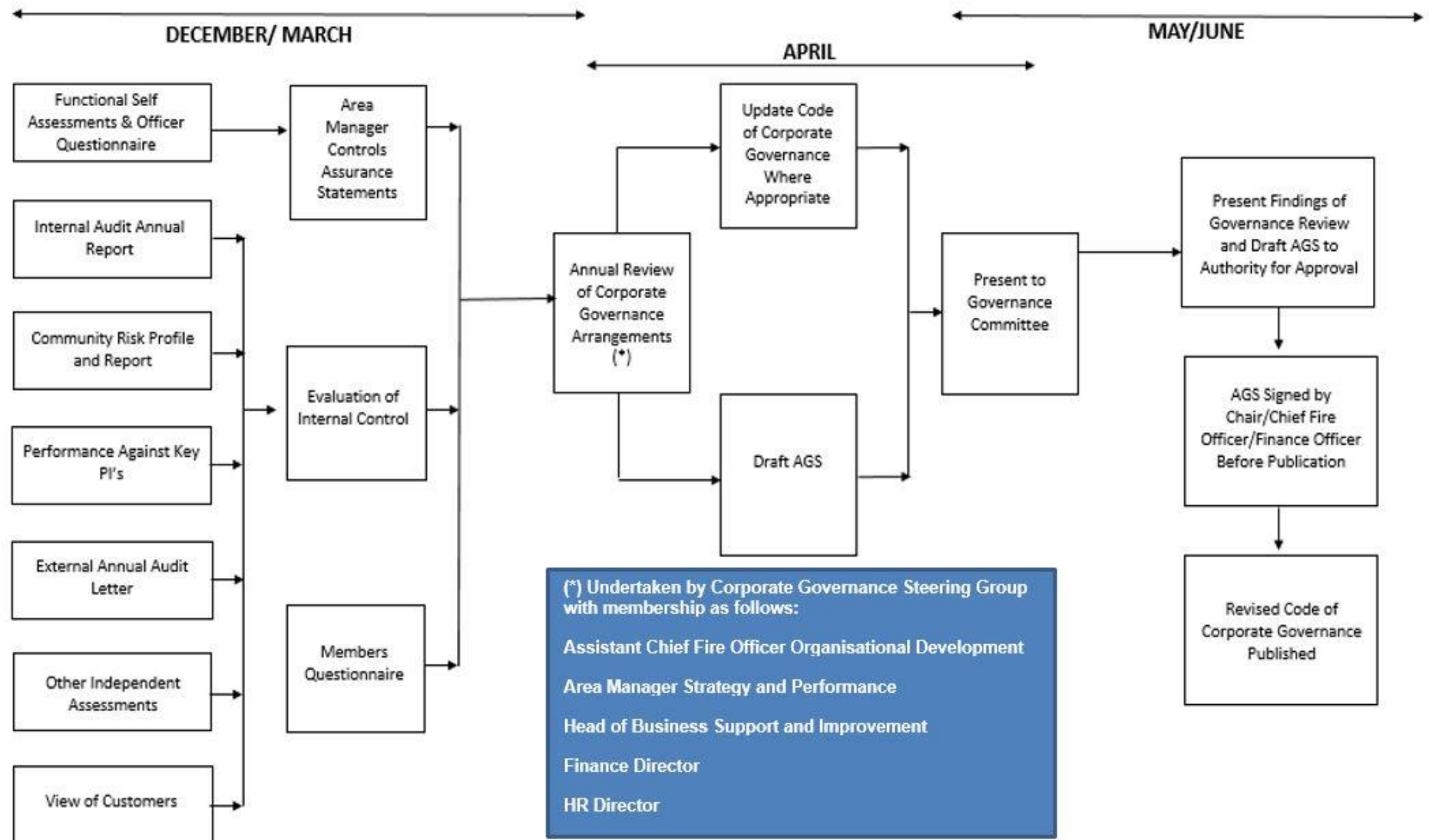
- Completion of Department Head questionnaires with associated Area Manager Controls Assurance Statements.
- Completion of Members Questionnaires.
- Detailed analysis and evidencing of internal control arrangements.
- Preparation of an Action Plan to address any issues identified, including revision of the Local Code of Corporate Governance as required.
- Drafting an Annual Governance Statement and Governance Review Report and presenting this to the Executive Leadership 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
- The Chair of Fire and Rescue Authority, Chief Fire Officer and Finance Director to formally sign the Annual Governance Statement.

3.3 A TWFRS Employee Survey was carried out between Monday 11 November and Monday 9 December of 2019. The survey attracted a response rate of 37% - slightly higher than the average for staff surveys, but less than the response to the previous survey in 2017 (53%) – a result that may be due to the impact of several surveys being conducted at once (survey fatigue) and that the 2017 survey was undertaken during the period of IRMP consultation (encouraging staff to respond).

In addition to the Employee Survey, HMICFRS conducted a staff survey open to all members of FRS workforces across England and Wales from 1 October 2018 to 15 February 2019. There were 192 responses received for TWFRS (23% workforce), and HMICFRS provided an overview of results, which were shared with ELT.

Following a period of departmental restructure, the Service is currently reviewing our approach to conducting staff surveys. The updated Staff Engagement and Internal Communications Plan will ensure successful engagement with staff, which will produce value adding feedback.

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



- 3.4 **Functional Self Assessments** - 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.
- 3.5 **Area Manager Controls Assurance Statements** - 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.
- 3.6 **Evaluation of Internal Control Arrangements** - The Authority's internal control arrangements were assessed in line with guidance from CIPFA's Financial Advisory Network.
- 3.7 **Views of Elected Members** - The views of all Elected Members were sought via a questionnaire. Responses were received from 11 Members out of 17 in December 2019 and these were considered by the Group.
- 3.8 **Annual Review** - 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

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.
- 4.1.2 Newly identified actions for 2020/2021 resulting directly from the Annual Governance Review, which have corporate significance, have been included in the Corporate Governance Action Plan (Appendix E).

4.2 Annual Internal Audit

- 4.2.1 The Internal Audit Annual Report will be presented to the Governance Committee in August 2020 because of the re-arranged meetings due to the Covid-19 pandemic. Using the information to date and update reports made during 2019/2020, it is 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 2019/2020, it is 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 substantial assurance provided:
- Procurement
 - Contract Management Arrangements
 - Business Continuity Planning
 - Financial Management – Transactional testing

- Asset Management Arrangements
- Integrated Risk Management Planning

4.2.3 There were also two audits completed with an assurance level of moderate assurance, as follows:

- General Data Protection Regulations (GDPR) arrangements and reporting;
- HR – Managerial Assessment Programme.

4.2.4 Medium risks or above are included in the organisation wide improvement plan and monitored directly by the Executive Leadership Team. Other low risk improvement actions are included in the departmental plans (annual plans) of the relevant specific teams.

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 April 2020. Based on the current COVID-19 response, the frequency of the CRMG has been increased to quarterly.

4.3.2 The top four risks featured within the Corporate Risk Profile (CRP) are included below, please note the first risk remains at the top of the CRP based on the impact should this occur:

- 08/28 - Failure to effectively and safely deploy and manage operational staff and resources at incidents leading to staff and public being exposed to unnecessary risks.

(Moderate risk rating)

- 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.

(Substantial risk rating)

- 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.

(Substantial risk rating)

- 18/01 – Risk that findings of national events / incidents may result in significant changes to legislation, with resultant impact on Service policies, procedures and resource requirement.

(Substantial risk rating)

4.3.3 The Service operates a robust process for corporate risk management, including a Corporate Risk Management Committee chaired by the Chair of the Fire Authority. Where appropriate these actions are included and aligned with the annual risk plans of the appropriate departments.

4.4 Performance Management

- 4.4.1 The Group considered the Authority's performance management framework and actual performance against Key Performance Indicators. 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. This year has seen 9 fire fatalities, 7 of which were accidental dwelling fires. Following each fatality a case conference was convened to look at any emerging trends, analyse data, shape our targeted intervention, any shared learning and feed into 2020/21 strategy.
- 4.4.2 The Service achieved its end of year targets for injuries in accidental dwelling fires (excluding precautionary checks), injuries from all 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 and number of fires in non-domestic premises.
- 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.
 - Continue to explore and improve partnership working across all five local authority areas, incorporating the ongoing work with the North East Regional Data Sharing Group (NERDS) and Northumbria Police.
- 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 Information Governance

- 4.5.1 The Service works in alignment with ISO:27001 Information Security Management with the introduction of an Information Asset Register in September 2015 and is compliant with General Data Protection Regulation (GDPR) requirements which came into force on 25 May 2018. Supporting policies and procedures have been 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. The 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 by each department. Supporting policies are being implemented and training provided as required.
- 4.5.2 Department audits have taken place with all functions, examining data processed including the legal basis for processing the data, secure storage, retention and sharing of the data. Further department data audits have been scheduled on a quarterly basis. Two

external audits have taken place by Sunderland City Council to assess compliance in which the Service received substantial assurance. The summary of the audit was that TWFRS had all necessary processes and procedures in place to support compliance with GDPR. Action points raised during the audit, included minor changes to internal audits and station inspections.

- 4.5.3 As reported previously, an Information Sharing Protocol has been developed and approved, this protocol underpins Information Sharing Agreements which are currently being progressed with partners where required. A regional data sharing group has been established which is chaired by TWFRS.

4.6 Members Questionnaires

- 4.6.1 Fire Authority Members were provided with the Corporate Governance questionnaire in December 2019. A total of 11 out of 18 Members responses were received. Feedback from Fire Authority members indicated that there are no significant issues regarding corporate governance. The results are presented at Appendix C.

4.7 External Auditor Opinion

- 4.7.1 The Group considered the Annual Audit Letter and Audit Completion Report prepared by the Authority's external auditors, Mazars, covering 2018/19, which gives independent assurance of financial control and Value for Money (including financial resilience and the overall efficiency and effectiveness of the Authority).

- 4.7.2 Mazars issued an unqualified conclusion on both the Authority's financial management and Value for Money arrangements. Their report included comments that:

- On the basis of our work, we are satisfied that in all significant respects Tyne and Wear Fire and Rescue Authority has put in place proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.
- The audit made one medium risk recommendation to strengthen the assurance arrangements that the Authority has that the firefighter pension data processed by West Yorkshire Pension Fund is accurate. The Authority agreed to address this issue which has been completed in this financial year (2019/2020).
- The Authority has continued to report regularly on its financial performance to the Policy and Performance Committee and the full Authority. The 2018/19 outturn was an overall net underspend of £1.681m (2017/18 £1.273m), 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 £25.432 million as at 31 March 2019 (£21.040 million at 31 March 2018). Although these are earmarked for specific purposes, they do provide flexibility to manage the medium-term financial position. The Authority continues to face a funding gap to address in coming years, therefore further savings and / or sources of additional income continue to be required, which the Authority is well aware of and actively exploring options.
- 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 2019.

- The Audit work carried out provided assurance that there was no indication of management override of controls or material estimation error in respect of pensions in the audited financial statements.

4.7.3 It is considered that the Annual Audit Letter 2018/19 gives reassurance that the Authority's overall governance and control arrangements are satisfactory.

4.8 Other External Assessment

4.8.1 The Group reviewed other external assessments. These include:

- Investors In People (IIP) Gold award 2019 – the annual reassessment took place in April 2019.
- ISO 9001 Quality Management Assessment.
- Disability Confident Leader 2019 – 2022.
- Stonewall Diversity Champion 2020.
- Inclusive Top 50 award.
- White Ribbon Accreditation 2019 – 2021.
- Council for Learning outside the classroom (LOtC) quality badge awarded to Safetyworks in September 2019.
- RoSPA Award assessment 2020 – TWFRS has registered for the RoSPA Achievement Award again this year. The award requires a self-assessment submission including statistics relating to the previous year's personal injury and vehicle accidents. In addition we are required to provide a range of evidence to demonstrate our 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. We achieved a Gold in the internationally-renowned RoSPA Health and Safety Awards in 2019.
- In May 2020, the Prince's Trust team achieved Matrix 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 (DfE) standard for ensuring the quality of the delivery of high-quality information, advice and guidance.

4.8.2 Her Majesty's Inspectorate of Constabulary and fire and Rescue Services (HMICFRS) carried out the first inspection of TWFRS in 2018/19. In Summer 2019, the Service received the following judgements:

- Effectiveness – an assessment of how effective the Service is at keeping people safe and secure from fire and other emergencies. HMICFRS judgement – GOOD

- Efficiency – an assessment of how efficiently the Service uses its resources and manages risk. HMICFRS judgement: GOOD
- People – As assessment of how well the Service looks after its people. HMICFRS judgement: GOOD.

To ensure continuous development the Service produced a post inspection improvement plan, containing 32 areas for improvement, which has been monitored and progressed over the last year.

4.8.3 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.

4.9 Views of Customers (1 April 2019 – 31 March 2020). *Figures below are based on survey data received;*

4.9.1 An on-going 'After the Incident Survey' is carried out, the latest results for 2019/2020 recorded a score of 98% 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.

4.10 Meeting the requirements of the National Framework

4.10.1 The Service is compliant with all aspects of the Fire and Rescue National Framework for England (revised version, which came into effect in June 2018). This includes the requirement to publish an annual statement of assurance through our Statement of Assurance and Annual Report (SOAAR). The SOAAR highlights how the Authority meets all of requirements of the Fire and Rescue National Framework.

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 D for the Authority's consideration and approval.

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 2020/2021, as detailed in the action plan attached at Appendix E.

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

- 11.1 The Committee is requested to:
- a) Note the Annual Governance Review and the Annual Governance Statement for 2019/2020, and
 - b) Note the Corporate Governance Action Plan 2020/2021

Tyne and Wear Fire and Rescue Authority

Local Code of Corporate Governance



Revised April 2018

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Local Code of Corporate Governance

INTRODUCTION

Tyne and Wear Fire and Rescue Authority (the Authority) has a corporate governance framework in place which is aimed at ensuring that we are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. The corporate governance framework comprises the systems, processes, cultures and values through which we direct and control our functions, and through which we account to, engage with and, where appropriate lead our communities.

The Authority's corporate governance framework is based upon guidance jointly issued by the Society of Local Authority Chief Executives (SOLACE) and the Chartered Institute of Public Finance and Accountancy (CIPFA) and recommended as best practice.

The framework is based upon the following seven core principles:

Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
- Ensuring openness and comprehensive stakeholder engagement.
- Defining outcomes in terms of sustainable economic, social and environmental benefits.
- Determine 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.

Each of these seven core principles have supporting principles (statements) with associated requirements, the following table sets out how the Authority meets these requirements.

Annual Governance Review

The Authority conducts, at least annually, a review of the effectiveness of the corporate governance framework including the system of internal control.

A Corporate Governance Steering Group (CGSG) has been established to lead this review. Membership of the CGSG is as follows:

- Assistant Chief Fire Officer Organisational Development
- Area Manager Strategy and Performance
- Finance Director
- HR Director
- Head of Business Support and Improvement

A report on the findings and recommendations arising from the review is presented to the Authority and Governance Committee.

Code of Corporate Governance - Glossary of Terms

Authority Risk Management Group

A group of senior officers of the Authority tasked with ensuring that the major strategic risks of the Authority are properly identified, managed and minimised.

Consultation Plan

This is a plan to obtain the views of stakeholders on the efficiency, effectiveness and economy of services and use these results to inform the process of continuous improvement.

Delegation Scheme

An agreed document setting out the various powers delegated by the Authority to appropriate committees, members and officers.

Freedom of Information and Publication Scheme

This provides details of the classes of information published by the Authority, how the public can access it and whether a charge is levied for accessing the information.

Financial Regulations

This details the rules of procedure governing the way in which management of the Authority's financial affairs will be conducted.

Investors in People

Investors in People is a national award which recognises the commitment of an organisation to developing its people in order to achieve its corporate objectives and to improve performance.

Monitoring Officer

The Monitoring Officer has the responsibility for advising on the legality of the Authority's actions. The Authority has appointed the Head of Legal and Democratic Services, City of Sunderland, as the appropriate officer.

Members Code of Conduct

Agreed Code set out in the Standing Orders governing how Members must conduct themselves whilst carrying out Authority business or acting as a representative of the Authority.

Officers Code of Conduct

Agreed Code detailing the standards of conduct expected of all employees whilst carrying out their work for the Authority.

Equality Strategy

The document that details the Authority's plans to achieve race, gender and disability equality at work and our commitment to support a diverse workforce serving a diverse community.

Standing Orders

Rules of procedure governing the way in which the Authority operates, how decisions are made and the procedures which must be followed to ensure all our interactions (including procurement) are efficient, transparent and accountable to the community we serve.

Strategic Community Safety Plan / Integrated Risk Management Plan

A risk based document setting out in detail for the Authority the plans, policies, resource allocations and performance targets for the next three years.

Governance Committee

A Committee of the Authority set up to promote and maintain high standards of conduct by Members.

Section 151 Responsibilities

Under Section 151 of the Local Government Act 1972, the authority must appoint one of its Officers as responsible for the proper financial administration of its affairs.

The Finance Director 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.

Whistle Blowing Policy

A policy adopted by the Authority setting out how employees and the public can report matters of concern to the appropriate Officers within the Authority on a confidential basis.

Annual Plans

Annual Plans are used to deliver short-term improvements to the Service. The Plans are linked to budgets and allow managers to monitor and control the activities in their department and to report progress to the relevant quarterly Functional Management Team (FMT). The Plans do not cover the day-to-day (business as usual) activities of the department, only one-off projects and improvement activities.

Tyne and Wear Fire and Rescue Authority

2019/20 Annual Review of Corporate Governance and Internal Control Arrangements

Action Plan 2019/20

Actions completed based on the 2019/20 Action Plan are set out below. Continuing actions are presented in the 2020/21 Action Plan, presented in Appendix E.

Ref.	Corporate Improvement Objectives	Action	Responsible Officer	Update
33	Working towards the Faculty of Occupational Medicines	Carried forward from 2016/17 Action Plan	AM HR / L&OD	Safe, Effective, Quality Occupational Health Service Standards (SEQOHS) are on hold until 2020. Complete
38	<ul style="list-style-type: none"> Replacement HR MIS System project 	Carried forward from 2015/16 Action Plan	AM Strategy and Performance / HR Director	<p>2017/18 - Project developed to phase 2 stage, undergoing a joint procurement exercise with Northumbria Police concluding June 17.</p> <p>2018/19 - Envisage project end date October 18.</p> <p>2019/20 - The procurement exercise with Northumbria Police was completed in Sept 17. Implementation of Phase 1 of the new system commenced in July 18.</p>

				<ul style="list-style-type: none"> • Priority 1 activities were completed by 28 February 2019. • Priority 2 activities are in progress to be completed by 30 June 19. <p>Implementation of Phase 2 commenced in March 19.</p> <p>Core implemented. Further modules to be developed - managed by IDS Board.</p>
44	Review and implement revised PDR process in line with new OD Strategy	Carried over from 2018/19	HR Director	<p>2018/19 - Pilot of PDR carried out</p> <p>2018/19 - SMG now using the new PDR guides and process</p> <p>2019/20 - Actions to carry over to 2019/20:</p> <ul style="list-style-type: none"> • Plan to roll out PDR to MM in its current form • Build PDR into Core Talent to enable the rest of the service to use the PDR process <p>2020/21: COMPLETE: New PDR Process, on CORE, rolled out across the Service in early 2020, with training delivered to all staff. Focus for 2020/21 is embedding the new process and monitoring QA.</p>

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48	Implement induction process	Carried over from 2018/19	HR Director	<p>2018/19 - New process trialled and evaluated.</p> <p>2019/20 - To embed into HR on-boarding / induction process via Core.</p> <p>Complete</p>
51	<ul style="list-style-type: none"> External consultation process to be updated. 	Carried forward from 2018/19	AM Strategy and Performance	<p>2018/19 – To include development of framework for external consultation on strategic plans including consideration of accessibility and EDI issues, and framework for stakeholder engagement.</p> <p>2019/20 – Activity has commenced as detailed above and will continue into 2019/20.– improvement action will be progressed in the Communications Strategy 2020 to 2023 (for launch 2020).</p> <p>Complete</p>
54	<ul style="list-style-type: none"> HMICFRS inspection to feed into the Improvement Plan 	Carried forward from 2018/19	AM Strategy and Performance	<p>2018/19 – End of 18/19 initial inspection will be completed.</p> <p>2019/20 – HMICFRS Post-Inspection Improvement Planning underway. Once agreed, this will be reflected in the Improvement Plan</p>

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				<p>2020/21 – Significant progress made against HMICFRS Improvement Plan 2019/20. Final review and sign off by SMG scheduled for June 2020. High level / longer term actions transferred into the Service Improvement Plan</p> <p>Complete</p>
55	<ul style="list-style-type: none"> Progress the diversification of the workforce 	Carried forward from 2018/19	CFO / ACO Organisational Development	<p>2019/20 – SLT and Network Groups to work together to ensure sustainable approach to Positive Action across the Service.</p> <p>This improvement action is recorded on HMICFRS Improvement Plan, Corporate Risk Register, and Service Improvement Plan.</p> <p>Complete</p>
56	Awareness of responsibilities and behaviours as identified in the Leadership Bond	Carried forward from 2018/19	HR Director	<p>2018/19 - Embedded within HMICFRS improvement actions.</p> <p>2018/19 - Leadership Bond now distributed across the service – poster campaign and workshops for SMG and MM carried out. Next phase is to integrate the behaviours into our talent management and development processes (joint work with HR), which has already commenced e.g. Corporate Governance Workshop held in March</p>

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				<p>asked participants as part of their pre-work to consider how their day to day actions in relation to governance aligned with the leadership bond behaviours.</p> <p>2019/20 – Leadership Bond to be reinforced within teams and at staff-wide events.</p> <p>Complete</p>
58	<ul style="list-style-type: none"> Develop and embed QA processes and behaviours within the organisation (including learning from HMICFRS) 	2019/20 action	ELT / AM Strategy and Performance	<p>Included in HMICFRS Improvement Plan: significant work undertaken to implement corporate oversight and improve QA across the Service, as part of HMICFRS Improvement Actions – Business as usual .</p> <p>Complete</p>
59	<ul style="list-style-type: none"> Develop quarterly Corporate Performance Report to ELT and PPC 	2019/20 action	AM Strategy and Performance	Complete
61	<ul style="list-style-type: none"> Ensure there are agreed IRMP actions to deliver the resource shortfall identified in the MTF5 	2019/20 action	ELT / Strategic Finance Manager	Complete: FA Paper: 17 Feb 2020 Revenue Budget Report
63	<ul style="list-style-type: none"> Develop processes and structures for embedding and acting upon organisational learning 	2019/20 action	ELT	<p>2020/21 - Operational Learning Portal implemented in 2019 and NOL/JOL shared as a standard practice within this portal. A regional Operational Assurance Group has been established to share best practice and adopt a consistent approach.</p> <p>Complete</p>

64	<ul style="list-style-type: none"> Development and implementation of Cyber Security Resilience within TWFRS. 	2019/20 action	AM Strategy and Performance	<p>2019/2020 Actions</p> <p>Develop, implement and embed the cyber resilience strategy:</p> <ul style="list-style-type: none"> Ensure visibility and familiarisation across the TWFRS service. Develop and deliver awareness training Carry out a gap analysis on current technology systems <p>2020/21 – Complete: The Cyber Resilience policy now forms part of the new ICT Strategy draft for the Service. We have successfully implemented parts of the Cyber Resilience policy over the last year, such as Real-time AI pattern analytics for our Network and Office 365, as well as completing some Phishing Simulations across the Service which helped with raising awareness.</p> <p>Work is continuing within this area, especially in light the new potential agile working adoption by the Service. Monitored on Corporate Risk Profile.</p>
65	<ul style="list-style-type: none"> Ensure appropriate business continuity arrangements are in place to manage the potential impact of exiting the European Union 	2019/20 action	ELT	<p>Action has evolved: The Service is focussing on ensuring appropriate business continuity arrangements are in place to ensure the Service continues to function during a range of disruptive events, including exiting the EU, and our ongoing response to COVID-19. (Captured and managed via the</p>

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				<p>Corporate Risk Profile –business as usual).</p> <p>Complete</p>
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Appendix C – Fire Authority Members Questionnaire

Fire Authority members were surveyed in December 2019. Responses were received from 11 of a possible 18 Fire Authority members.

	All of the time	Most of the time	Some of the time	Occasionally	Never
1. Do you think the Authority clearly communicates its purpose and vision, and its intended outcomes for the community and service users?	8	3			
2. Do you feel the Authority seeks to establish, monitor and maintain the organisations ethical standards and performance?	10	1			
3. Do you think the Authority conducts business in an open and transparent manner? Behaving with integrity and leading a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.	9	2			
4. Do you feel the Authority has adequate provisions to effectively deal with corruption and misuse of power?	9	2			

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5. Do you think that the Authority has effective arrangements to identify and deal with failures in service delivery?	4	7			
6. Do you think you are made sufficiently aware of issues which may be of interest so that you can choose whether to get involved?	7	3			
7. As a Member of the Fire Authority do you think you are provided with sufficient briefing when dealing with local fire related issues?	6	4			
8. Do you feel that you have an influence in how Tyne and Wear Fire and Rescue Service is run?	7	3			

	I have clear understanding	I have some understanding	I have no understanding
9. Are you clear regarding the role of the Executive Leadership Team members and their functions?	9	2	
10. How well do you understand what the Authority is trying to achieve through the Strategic Community Safety Plan & IRMP 2017-20?	9	2	

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	All of the time	Most of the time	Some of the time	Occasionally	Never
11. Is the Information you receive from the Fire & Rescue Service:					
a) Sufficient	7	4			
b) Useful	9	2			
c) Timely	9	2			
d) Easy to understand	7	4			

	All of the time	Most of the time	Some of the time	Occasionally	Never	Not applicable
e) If you work with external stakeholders, do you feel that you have the support you need from the Fire & Rescue Service to work efficiently with them?	6	1				4

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

ANNUAL GOVERNANCE STATEMENT 2019/20

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, which was revised during 2017/2018. 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. The TWFRS Code of Corporate Governance is revised 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, processes, 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 2020 and up to the date of 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 (SCSP) / Intergrated Risk Management Plan (IRMP) 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 SCSP and IRMP contain 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 employees and stakeholders takes place through the following means:
 - Distribution of the SCSP / IRMP on the Authority's website and intranet.
 - Consultation with employees, members of the public and other 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.
 - Internal communication channels, including listening events, management / employee briefings and Vlogs.
 - 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 / 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 employees, which address financial responsibilities and include equality objectives.
- There is regular reporting of performance against key targets and priorities to the Authority's Executive Leadership Team, the Governance Committee and the Policy and Performance Committee.
- Services are delivered by suitably qualified / trained / experienced employees 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 employees 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 employees are in place, conform with appropriate ethical standards, and are communicated and embedded across the organisation:

The following are in place:

- Members' Code 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 Authority's financial management arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Public Service Organisations. The Finance Director 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
 - Community Safety Strategy
 - Organisational Development Strategy
 - SCSP / 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 aligns with 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 audit and inspection agencies, including the Annual Audit and Inspection 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 periodic 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 employees 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 policy 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 consultation policy is complemented by the Community Safety 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 in guidance 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 was revised in 2015. The procedure is designed to provide a corporate framework for all employees 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 Executive Leadership Team.

- An Information Sharing Protocol is published which underpins Information Sharing Agreements with partners.
- The Authority's governance arrangements extend to cover the wholly owned trading subsidiary "TWFRS Ltd".

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 Executive Leadership Team:

- The findings of the Annual Governance Review have been reported to the Executive Leadership 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; and
 - 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 including the Finance Director 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. In concluding their report on the 2019/20 Audit activities, they stated "Using the cumulative knowledge and experience of the systems and controls in place, including the results of previous audit work and the work undertaken in 2019/20, it is considered that overall throughout the Service there continues to be a good internal control environment."

- 4.5 External audit is undertaken by Mazars, a limited liability partnership appointed by Public Sector Audit Appointments Limited for this purpose. The Annual Audit Letter gives independent assurance of the Authority's financial control and Value for Money arrangements (including financial resilience and the overall efficiency and effectiveness of the Authority's arrangements).
- 4.6 The Group considered the Annual Audit Letter and Audit Completion Report prepared by the Authority's external auditors, Mazars, covering 2018/2019, which gives independent assurance of financial control and Value for Money (including financial resilience and the overall efficiency and effectiveness of the Authority).
- 4.7 Mazars issued an unqualified conclusion on both financial management arrangements and Value for Money. Their report included comments that:
- On the basis of our work, we are satisfied that in all significant respects Tyne and Wear Fire and Rescue Authority has put in place proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.
 - The audit made one medium risk recommendation to strengthen the assurance arrangements that the Authority has that the firefighter pension data processed by West Yorkshire Pension Fund is accurate. The Authority agreed to address this issue which has been completed in this financial year (2019/2020).
 - The Authority has continued to report regularly on its financial performance to the Policy and Performance Committee and the full Authority. The 2018/19 outturn was an overall net underspend of £1.681m (2017/18 £1.273m), 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 £25.432 million as at 31 March 2019 (£21.040 million at 31 March 2018). Although these are earmarked for specific purposes, they do provide flexibility to manage the medium-term financial position.
 - The Authority continues to face a funding gap to address in coming years, therefore further savings and / or sources of additional income continue to be required, which the Authority is well aware of and actively exploring options.
 - 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 2019.
 - The Audit work carried out provided assurance that there was no indication of management override of controls or material estimation error in respect of pensions in the audited financial statements.
- 4.8 It is considered that the Annual Audit Letter provides reassurance that the Authority's overall governance and control arrangements are satisfactory.
- 4.9 Findings of external bodies / audits are collated, acted upon and monitored by the Executive Leadership Team.

5 CONCLUSION AND AGREED ACTIONS

- 5.1 The 2019/20 Corporate Governance Action Plan presented to Fire Authority in June 2019 included 20 corporate improvement objectives, 14 of which were completed during the year, leaving 6 to be carried forward to the 2020/21 Action Plan, demonstrating continued improvement in these areas. In addition, 5 new actions were identified during the annual review.

6 ASSURANCE STATEMENTS

- 6.1 The Executive Leadership 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.
- 6.2 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.

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Cllr Tony Taylor
Chair of the Authority

Chris Lowther
Chief Fire Officer and Chief
Executive

Dennis Napier
Finance Officer

Date: 13th July 2020

Appendix E**Tyne and Wear Fire and Rescue Authority****2019/20 Annual Review of Corporate Governance and Internal Control Arrangements****Action Plan 2020/21**

Ref.	Corporate Improvement Objectives	Action	Responsible Officer	Update
28	<ul style="list-style-type: none"> Meet data security requirements, including implementation of Emergency Services Mobile Communication Programme (ESMCP). 	In progress - Carried forward from 2015/16 Action Plan	ACO Community Safety / ACO Organisational Development	<p>2015/16 – Project scoping and establishment of Regional Project Board.</p> <p>2016/17 – Detailed project/resource planning, commission IT Health Check and commence work on Remedial Action Plan, bid for Government Funding.</p> <p>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.</p>

				<p>2018/19 – Commence role out of new devices to Fire Appliances and Officers to replace current Airwave equipment.</p> <p>2019/20 – National project ‘reset’ has taken place with revised Full Business Case expected in Autumn 2019. Estimated transition commencement for TWFRS is now no earlier than January 2021 with transition required to be completed by no later than December 2022 in line with Airwave shutdown.</p> <p>2020/21 - Project ‘Reset’ concluded with new three Phased delivery schedule in place. Deployment plans in development, FBC is not yet finalised and published. Revised LTR funding model for 2020/21 onwards implemented and local business cases approved. Coverage Assurance work progresses whilst Control Room systems upgrade works to enable connectivity to the ESN are underway. Wider FRS engagement is planned initially via a presentation to SLT.</p> <p>This project is a National (Government) Initiative, therefore TWFRS not in control of timescales.</p>
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31	<ul style="list-style-type: none"> Development and introduction of Coaching / Peer Support system, new policy to assist development of personnel 	In progress - Carried forward from 2016/17 Action Plan	HR Director	<p>2017/18 In development on a formal basis. Delays due to capacity and resource issues within the OD function. To be carried over to 2018/19:</p> <ul style="list-style-type: none"> Use of coaching as a development tool is now starting to increase as a result of more meaningful performance and development conversations taking place particularly at SMG level. (In progress) Draft coaching policy being developed to help guide the identification of external and internal coaches (In progress) Coaching programme being developed to grow our own internal coaches as part of Inspire (Not yet started) Coaching as a Management Style module in Achieve programme refined to support deeper understanding and practical application (In progress) 1-2-1 coaching feedback from OD Manager to all of SLT has taken place using their i3 personality profile. (Complete)

				<ul style="list-style-type: none"> • 1-2-1 coaching feedback to all members of ELT on their i3 personality profile (Complete) <p>2018/19 - Action not progressed due to capacity / resource issue in OD. Actions to be carried over to 2019/20:</p> <ul style="list-style-type: none"> • Develop and implement a coaching policy; Identify and train a team of internal coaches; Work with Procurement to identify a preferred list of suitable external coaches; Monitor, review and evaluate impact of programme. <p>2019/20: Action not progressed due to capacity in OD.</p> <p>Actions for carry forward to 2020/21:</p> <ul style="list-style-type: none"> • Refocus resources following roll out of new PDR process in 2019/20. • Build on Peer Support given through informal and formal mentoring that has continued to grow in the Service. • Launch TWFRS formal Mentoring programme in Summer 2020 • Build on Mentoring workshops that have been hosted for BTC Instructors in preparation for new firefighter recruits • Encourage staff to build professional networks outside of
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				the Service to enhance coaching and mentoring.
32	<ul style="list-style-type: none"> Succession planning to be further developed and implemented 	In progress - Carried forward from 2016/17 Action Plan	HR Director	<p>2018/19 - Carried over to 2018/19 due to capacity issues within HR L&OD. Initial scoping completed of revised MAP process and management of talent pool.</p> <p>2019/20 - Actions to be carried over to 2019/20:</p> <p>MAP underway, talent pools will be created and a further review with HR/L&OD will be scheduled to discuss next steps</p> <p>2019/20 - Actions to be carried over to 2020/21:</p> <ul style="list-style-type: none"> MAP underway, talent pools will be created and a further review with HR/L&OD will be scheduled to discuss next steps. Succession Plan to be documented (link to HMICFRS Improvement Action Plan 2019)
43	<ul style="list-style-type: none"> Review and streamline policies and procedures, to include PIA & EIA and support training, to align to new strategic planning framework. 	In progress – Carried forward from 2018/19	AM Strategy and Performance	2019/20 – Action to review and streamline policies has commenced and will be completed in 2019/20 via a Policies & Procedures Working Group

				<p>convened of staff from across the Service.</p> <p>2020/21: Carry forward to 2020/21, Linked to IAR, intranet review / upgrade, SLT. Standardisation and co-ordination required.</p>
50	<ul style="list-style-type: none"> Project Management principles and processes are applied i.e. PSUs and evaluations completed in all projects. 	In progress – Carried forward from 2018/19	AM Strategy and Performance	<p>2018/19 - Monitoring during 2018/19 to ensure compliance with the approach.</p> <p>2018/19 - Framework is in place but not yet consistently applied. Being addressed through closer integration of projects and project evaluation into corporate planning process.</p> <p>2019/20 – Process developed but to be embedded through consistent practice and closer integration of PSUs into annual planning process.</p> <p>Actions for 2020/21:</p> <ul style="list-style-type: none"> Project Management and Evaluation Toolkit to be reviewed by Sept 2020 L&OD sourcing PM / evaluation training for SLT, P&E and key roles, as part of the HMICFRS Improvement Plan actions.

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				<ul style="list-style-type: none"> Implement Business Improvement Programme Management Board
60	<ul style="list-style-type: none"> Information Asset Register(IAR) and recording system to be reviewed, supported by new technology and further training 	In progress: Carried forward from 2019/20 – further work required	AM Strategy and Performance	<p>2020/21 - New Information Asset Register is currently being rolled out in conjunction with MS Teams. When departments request a new Team they must complete the IAR for their department, which has been simplified. Data and Info Manager and Info Governance Advisor are currently working with depts. to support roll out and highlight IAR and Records Retention procedure for guidance.</p> <p>Actions for 2020/21:</p> <ul style="list-style-type: none"> Further Training for SMG Required 2020/21

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66	<ul style="list-style-type: none"> Establish corporate oversight of TWFRS Partnership Register - review register and process, embed evaluation / benefits realisation of collaboration. 	New Action 2020/21	AM Strategy and Performance	
67	<ul style="list-style-type: none"> Roll out training on CG for SLT – including CG principles, CG cycle, info asset management, Impact Assessments (PIA / EIA). 	New Action 2020/21	AM Strategy and Performance	
68	<ul style="list-style-type: none"> Review Strategic / Corporate Plan – (ensure Strategic Planning Framework (including vision, mission and corporate goals), aligns to organisational strategies, policies, procedures and department annual plans, and PDRs are linked. 	New Action 2020/21	AM Strategy and Performance	
69	<ul style="list-style-type: none"> Assess / evaluate impact of COVID-19 on our Corporate Governance arrangements (e.g. information security, policies, agile working, communications). 	New Action 2020/21	AM Strategy and Performance	
70	<ul style="list-style-type: none"> Clarify new emergency powers of CFO and establish record of all delegated decisions. 	New Action 2020/21	Director of Finance	

Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
<p>A1. Exercising executive leadership by leading by example and clearly communicating the Authority's purpose, vision and core values.</p>	<ul style="list-style-type: none"> • Further promote our purpose and vision through our SCSP / IRMP, Organisational Development Strategy, Community Safety Strategy and Leadership Bond. • The Authority's vision, strategic plans, priorities and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated. • Review on a regular basis the Authority's vision for the local area and its impact on the Authority's governance arrangements. • Publish a Statement of Assurance and Annual Report on a timely basis to communicate the Authority's activities, achievements, financial position and performance. 	<p>SCSP / IRMP District Plans Departmental / Annual Plans OD Strategy Leadership Bond PDRs Community Safety Strategy ATIS Annual Review of Corporate Governance Audit reviews HMICFRS Other independent reviews Statement of Assurance and Annual Report Annual Statement of Accounts Consultation Policy Social Media</p>

Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

<p>A2. Identify and manage potential conflicts of interest that Members and Employees may have.</p>	<ul style="list-style-type: none"> • Standards of conduct and personal behaviour expected of Members and employees, work between Members and employees and between the Authority, its partners and the community are defined and communicated through codes of conduct and protocols • The Authority has in place appropriate policies, procedures and processes to ensure that they continue to operate in practice. • The Authority leadership sets a tone for the Organisation by creating a climate of openness, support and respect. • Arrangements are in place to safeguard members and employees against conflicts of interest and to ensure that they continue to operate in practice. 	<p>Members' Code of Conduct Employees' Code of Conduct Vision, Mission and Values Whistle Blowing Policy Declarations of Gifts and Interests Anti-Fraud & Corruption Policy Leadership Bond / Core Values Protocol on Member / Employee relations Safecall Equality Impact Assessments</p>
<p>A3. Ensuring that the Authority considers the areas of the Service that are at a higher risk of fraud and corruption, ensuring effective processes are in place.</p>	<ul style="list-style-type: none"> • Arrangements are in place to ensure that members and employees of the Authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders. The Authority has in place appropriate processes to ensure that they continue to operate in practice. • Value for money is measured and the results considered prior to making decisions. Information needed to review value for money and performance effectively is available to managers and the Authority. 	<p>Procurement Policy Financial Regulations CIPFA Financial Guidelines Anti-Fraud & Corruption Policy Standing Orders MTFS Internal / External Audit SOPs Members' Code of Conduct Employees' Code of Conduct</p>

Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

	<ul style="list-style-type: none"> The Authority also measures the effectiveness and impact of policies, plans and decisions. 	Strategic Planning Framework Police & Crime Act 2017
A4. Ensure external stakeholders act with Integrity and in compliance with ethical standards.	<ul style="list-style-type: none"> When working in partnership members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the Authority. When working in partnership: There is clarity about the legal status of the partnership. Representatives or organisations both understand and make clear to all other partners the extent of their authority to bind their organisation to partner decisions in an ethical way. 	Information Sharing Protocols Partnership Register and Procedure Community Safety Strategy Service Level Agreements MOUs Partnership Agreements SCSP / IRMP Collaborative Working Core Values
A5. The Authority comply with relevant statutory provisions and laws within the organisation and develop and maintain robust policies and procedures that place emphasis on agreed ethical values.	<ul style="list-style-type: none"> The Authority does not operate an executive / scrutiny model, however the executive and scrutiny functions of the Authority and its other committees are set out in Standing Orders. Shared values including leadership values both for the Authority and employees reflecting public expectations have been developed. These have been communicated with members, employees, the community and partners. 	Members' Code of Conduct Employees' Code of Conduct Core Values, Mission and Vision Leadership and Development Programmes FRS Framework Integrated Personal Development System Governance Audit Standing Orders

Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

	<ul style="list-style-type: none"> • Arrangements are in place to ensure that procedures and operations are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice. • An effective standards committee is in place. • Shared values act as a guide for decision making and as a basis for developing positive and trusting relationships within the Authority. • A scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the Authority taking account of relevant legislation has been agreed and is monitored and updated when required. • The Authority observe all specific legislative requirements placed upon it, as well as the requirements of general law, and in particular to integrate the key principles of good administrative law – rationality, legality and natural justice into their procedures and decision making processes. 	<p>Audit and Inspection Letter</p> <p>Finance Director role</p> <p>Deputy Clerk role</p> <p>GDPR 2018</p> <p>Fire Service National Framework</p> <p>Civil Contingencies Act 2004</p> <p>Corporate Risk Register</p>
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Core Principle B - Ensuring openness and comprehensive stakeholder engagement.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
<p>B1. The Authority encourages individuals and groups from all sections of the community to engage and consult with members of the community contribute and participate in the work of the Authority.</p>	<ul style="list-style-type: none"> • Protocols have been developed to ensure effective communication between members and officers in their respective roles. • The Authority's vision, strategic plans, priorities and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated. • Community Advocates engage with local people seeking feedback. • The Authority ensures that it is open and accessible to the community. • A clear Policy on the types of issues the Authority will meaningfully consult on or engage with the public and Service. 	<p>Consultation Policy SCSP / IRMP Social Media Corporate Accounts Vlogs Press coverage Collaborative working Recruitment Volunteers Community Advocates HSCs Advisory Network Groups Community Fire Stations Surveys / Focus Groups ATIS</p>

Core Principle B - Ensuring openness and comprehensive stakeholder engagement.

<p>B2. The Authority ensure there are clear channels of communication with all sections of the community and other stakeholders in order to inform assessments and commissioning arrangements.</p>	<ul style="list-style-type: none"> • All outwardly facing projects we deliver are evaluated by asking local people and stakeholders for feedback. • We clearly publish results of consultation and evaluation for employees and for public viewing. • We comply with the Local Government Transparency Code 2015. • Statement of Assurance and Annual Report is published (SOAAR). • External challenge is regularly sought and acted upon. 	<p>Procurement Policy Surveys / Focus Groups Consultation Policy SCSP / IRMP Social Media Corporate Accounts Freedom of Information Scheme GDPR ATIS Partnership Agreements / MOUs Evaluation Toolkit and Library Senior Leadership Team listening events. Service Intranet and Internet HMICFRS</p>
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Core Principle B - Ensuring openness and comprehensive stakeholder engagement.

<p>B3. The Authority takes account of relevant intelligence, data & information in setting Service priorities and KPIs.</p>	<ul style="list-style-type: none"> • The Chief Fire Officer is responsible and accountable to the Authority for all aspects of operational management. • Effective mechanisms exist to monitor service delivery. • Effective arrangements are in place to identify and deal with failures in service. • Open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based have been implemented. 	<p>Performance Management Quarterly Performance Reports District Plans Departmental / Annual Plans CRP SCSP / IRMP FRSEF IIP Information Sharing Protocols Privacy Policy</p>
<p>B4. The Authority maximises the use of partnerships to efficiently deliver outcomes, and measure how effective those partnerships are in delivering outcomes for the Authority.</p>	<ul style="list-style-type: none"> • Ensure that partnerships are underpinned by a common vision that is understood and agreed by all parties. • When working in partnership members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the Authority. • In pursuing the vision of a partnership, a set of values has been agreed against which decision making and actions can be judged. Such values must be demonstrated by partner's behaviour both individually and collectively. 	<p>Information Sharing Protocols Partnership Register and Procedure Community Safety Strategy Service Level Agreements MOUs Partnership Agreements IRMP / SCSP Local Resilience Forum (LRF) and other multi-agency groups</p>

Core Principle B - Ensuring openness and comprehensive stakeholder engagement.

<p>B5. The Authority implements effective feedback mechanisms in order to demonstrate how views have been taken into account.</p>	<ul style="list-style-type: none"> • We comply with the Local Government Transparency Code 2015. • We clearly publish results of consultation and evaluation for employees / public viewing. • Effective transparent and accessible arrangements for dealing with complaints and compliments are implemented. • Those making decisions, whether for the Authority or a partnership, are provided with information that is fit for purpose – relevant, timely and gives clear explanations of technical issues and their implications. 	<p>Surveys / Focus Groups Consultation Policy SCSP / IRMP Social Media Corporate Accounts Freedom of Information Scheme Complaints, Comments and Compliments procedure Governance Audit GDPR Publication Scheme</p>
<p>B6. The Authority ensures an open culture through demonstrating, documenting and communicating TWFRS commitment to openness.</p>	<ul style="list-style-type: none"> • We comply with the Local Government Transparency Code 2015. • The Authority leadership sets a tone for the Organisation by creating a climate of openness, support and respect. • An effective independent audit committee is maintained. 	<p>SCSP / IRMP Governance Committee Members Learning Programme Consultation Policy Social Media Corporate Accounts FOI Evaluation Toolkit Estate Access Audits</p>

Core Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
C1. There is a clear vision of what outcomes The Authority are aiming to achieve, linking to The Authority's vision mission and goals.	<ul style="list-style-type: none"> • The Authority leadership sets a tone for the organisation by creating a climate of openness, support and respect. • Standards of conduct and personal behaviour expected of members and employees, work between members and employees and between the Authority, its partners and the community are defined and communicated through codes of conduct and protocols. • Protocols have been developed to ensure that the Chairman and Chief Fire Officer negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained. 	Members' Code of Conduct Employees' Code of Conduct Organisational Values Leadership Bond SCSP / IRMP Organisational Development Strategy Role Maps
C2. The benefits to be achieved (Economic, Social and Environmental) have been clearly defined, and any conflicts considered.	<ul style="list-style-type: none"> • Arrangements are in place to ensure that members and employees of the Authority are not influenced by prejudice, bias or conflicts of interest in dealing with different stakeholders. The Authority has in place appropriate processes to ensure that they continue to operate in practice. 	Members' Code of Conduct Employees' Code of Conduct Organisational Values Information Sharing Protocols

Core Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits.

	<ul style="list-style-type: none"> • Arrangements are in place to ensure that procedures and operations are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice. 	Partnership Register and Procedure Policies and Procedures
C3. The Authority identifies the impact of any decisions or changes on stakeholders / communities and understands the outcomes to be delivered.	<ul style="list-style-type: none"> • Shared values including leadership values both for the Authority and employees reflecting public expectations have been developed. These have been communicated with members, employees, the community and partners. • Shared values act as a guide for decision making and as a basis for developing positive and trusting relationships within the Authority. 	Partnership Agreements Partnership Procedure Data Sharing Protocols Consultation Policy SCSP / IRMP Leadership Bond Organisational Development Strategy Evaluation MTFS Performance Action Groups Publication Scheme
C4. The Authority manages the risks to the achievement of outcomes.	<ul style="list-style-type: none"> • Professional advice on matters that have legal or financial implications is available and recorded well in advance of decision making and used appropriately. • Corporate Risk Register. 	SCSP / IRMP Community Risk Profile Corporate Risk Register and Management Group

Core Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits.

	<ul style="list-style-type: none"> Corporate Risk Management Group meetings. 	MTFS SLA with COS Legal District Plans Consultation Plan Value for Money Framework Budget Framework Business Continuity Plans Department Annual Plans and Risk Plans Project Management Toolkit EIA / PIA
C5. There is fair access to the services delivered, and arrangements are in place to identify and deal with failures in service delivery (i.e. complaints).	<ul style="list-style-type: none"> An effective standards committee is in place. An effective scrutiny function which encourages constructive challenge and enhances the Authority's performance overall and of any organisation for which it is responsible is in place. Effective transparent and accessible arrangements for dealing with complaints have been implemented. Effective arrangements are in place to identify and deal with failures in service. 	A range of scrutiny committees are in place including: Policy and Performance Committee Human Resources Committee Governance Committee Complaints, Comments and Compliments procedure Whistle Blowing Protocols

Core Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits.

	<ul style="list-style-type: none">• Arrangements are in place for whistle blowing to which employees and all those contracting with the Authority have access.	KPIs
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Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
D1. The Authority has objective and rigorous analysis of options for achieving outcomes.	<ul style="list-style-type: none"> • Open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based have been implemented. • An effective audit committee which is independent is being maintained. 	Standing Orders and Financial Regulations SCSP / IRMP CRP Evidence based Authority reports to support decision making
D2. The Authority prioritises competing demands within limited resources available and arrangements are flexible to adapt to changing circumstances.	<ul style="list-style-type: none"> • Those making decisions, whether for the Authority or a partnership, are provided with information that is fit for the purpose – relevant, timely and gives clear explanations of technical issues and their implications. • Arrangements are in place to enable the Authority to engage with all sections of the community effectively. These arrangements recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands. 	SCSP / IRMP CRP A range of scrutiny committees are in place including: Policy and Performance Committee Human Resources Committee Governance Committee Community Safety Strategy

Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

<p>D3. The Authority has arrangements in place to set organisational standards including quality measures, with meaningful KPIs to measure the achievement of desired outcomes.</p>	<ul style="list-style-type: none"> • Risk management is embedded into the culture of the organisation, with members and managers at all levels recognising that risk management is part of their job. • A clear policy on the types of issues it will meaningfully consult on or engage with the public and service which includes a feedback mechanism for those consultees to demonstrate what has changed as a result has been established. • Departmental KPIs set for each service area. • Evaluation Toolkit available online for all employees. 	<p>Risk Management Policy Internal Audit and Risk Management Protocol Risk Management and Assurance Database Evaluation Quarterly Performance reporting Project Start Ups (PSUs)</p>
<p>D4. The Authority has arrangements in place to measure and monitor performance and report to relevant stakeholders on the achievement of desired outcomes.</p>	<ul style="list-style-type: none"> • The Authority actively recognises the limits of lawful activity placed on it by, for example the ultra vires doctrine but also strives to utilise powers to the full benefit of our communities. • The Authority recognises the limits of lawful action and observes both the specific requirements of legislation and the general responsibilities placed on the Authority by public law. 	<p>Standing Orders and Financial Regulations Monitoring Officer Protocol Audit and Inspection Letter Finance Director role Deputy Clerk role Publication Scheme</p>

Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

<p>D5. The Authority identifies the quality of services delivered and takes action to address inadequate delivery of service (including those delivered by a third party).</p>	<ul style="list-style-type: none"> • Effective arrangements to identify and deal with failure in service delivery are in place. • Effective mechanisms exist to monitor service delivery. • When working in partnership members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the Authority. • Stakeholders to whom we are accountable are considered and the effectiveness of the relationships assessed with appropriate changes made. 	<p>Value for Money Framework Members' Code of Conduct Employees' Code of Conduct District and Departmental Plans Information Sharing Protocols Partnership Procedure SLAs Customer Satisfaction Surveys ATIS Service Action Plans Risk Management Assurance Database. Call and Incident Assessment processes Quality Assurance checks Internal and External Audit Project Management / Evaluation Performance Action Group National Resilience Assurance Team</p>
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Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

		Statement Of Assurance and Annual Report
<p>D6. Members and employees have a full understanding of their roles and of the processes they are expected to follow, as well as a clear understanding of the powers delegated to them (e.g. spending authorisation levels).</p>	<ul style="list-style-type: none"> • A different senior officer is responsible to the Authority for ensuring that agreed procedures are followed and that all applicable statutes, regulations are complied with. • The Finance Director is responsible to the Authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal financial control. • The Finance Director is the Authority's Section 151 Officer. • The Finance Officer has statutory duties in relation to the financial administration and stewardship of the Authority. This statutory responsibility cannot be overridden. <p>The statutory duties arise from:</p> <p>Section 73 of the Local Government Act 1985 The Local Government Finance Act 1988 The Local Government Act 2003</p>	<p>Members' Code of Conduct Employees' Code of Conduct Code of Corporate Governance Monitoring Officer, S151 Officer Finance Director Delegated Powers Standing Orders Procurement Policy Budget Management Publication Scheme</p>

Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

	<p>The Accounts and Audit Regulations as amended from time to time.</p> <ul style="list-style-type: none"> • As the officer designated by the Authority for the purposes of Section 73 of the Local Government Act 1985, the Finance Officer is responsible for ensuring the proper financial administration of the Authority's services and affairs and acts as financial adviser to the Authority and its Committees, and to such other bodies as the Authority shall approve. • The Constitution sets out the functions of Section 151 Officer as follows: <ul style="list-style-type: none"> • Ensuring lawfulness and financial prudence of decision making • Administration of financial affairs • Contributing to corporate management • Supporting the Standards Committee • Providing advice • Giving financial information. 	
D7. Authority Members are accessible to all employees.	<ul style="list-style-type: none"> • Members of the public and employees may attend all FA meetings subject to the exceptions set out in the Standing Orders. • The Authority ensures that it is open and accessible to the community, service users and its employees and that it has made a commitment to 	Public Meetings Focus Groups Consultation Policy Fire Authority Meetings Committee Meetings

Core Principle D: Determine the interventions necessary to optimise the achievement of the intended outcomes.

	openness and transparency in all its dealings, including partnerships subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so.	Compliance with Local Government Transparency Code Fire Authority Member participation in engagement events and with Community Fire Stations
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Core Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
<p>E1. The Authority ensures all employees are adequately trained and skilled to deliver services and remain up to date.</p>	<ul style="list-style-type: none"> • We provide induction and training programmes tailored to individual needs and opportunities for members and officers to update their knowledge on a regular basis. • We ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the organisation. • Member's skills are assessed at recruitment and we also provide a general Learning and Development programme specifically for Members. 	<p>Induction Programme Integrated Personal Development System PDR Member Learning and Development Programme Workforce Development Plan Investors in People accreditation Engage Programme Leadership Bond Organisational Development Strategy</p>

Core Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it.

<p>E2. The Authority ensures that appropriate inductions are in place for new employees, and appropriate appraisals / PDPs / performance reviews are carried out</p>	<ul style="list-style-type: none"> • Skills required by officers are regularly assessed and the Authority is committed to develop those skills to enable roles to be carried out effectively. • Member's skills are assessed at recruitment and we also provide a general Learning and Development programme specifically for Members. • National Joint Council for Local Government Services National Agreement on Pay and Conditions of Service. 	<p>Member and Employee Induction Programme Integrated Personal Development System Member Learning and Development Programme Workforce Development Plan Leadership Bond Recruitment Process Organisational Development Strategy Human Resources Committee PDP / PDR Redkite Fire Authority (FA), ELT & SLT Strategic Meetings Training Needs Analysis & Capability processes National Resilience Training Management System (TMS)</p>
<p>E3. The Authority ensures that effective arrangements are in</p>	<ul style="list-style-type: none"> • The Authority actively develops skills on a continuing basis to improve performance including the ability to 	<p>Investors in People</p>

Core Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it.

place for reviewing the Service as a whole, and of individual members and employees with action plans agreed for development / improvement needs.	<p>scrutinise and challenge and to recognise when outside expert advice is needed.</p> <ul style="list-style-type: none"> Ensuring that effective arrangements are in place for reviewing the performance of the Service as a whole and of individual members and agreeing action plans which aim to address any training or development needs. 	<p>Member Learning and Development Programme</p> <p>Leadership Programme</p> <p>PDR</p> <p>Corporate Risk Management Group</p>
E4. The Authority ensures the use of assets in the Organisation is reviewed regularly to ensure their continued effectiveness and efficiency.	<ul style="list-style-type: none"> All departments regularly review assets within service areas. Information Asset Register updated annually. Asset Management Group and Capital Management Group. 	<p>Asset Management Group / Register</p> <p>Estates Plan</p> <p>Stores</p> <p>Replacement Vehicle Programme</p> <p>Procurement Policy</p> <p>Budget Management</p> <p>Delegated Budgets and Financial Regulations</p> <p>Incident Command</p>

Core Principle F: Managing risk and performance through robust internal control and strong public financial management.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents / Processes in Place to Support Compliance
<p>F1. There are effective arrangements in place to monitor the use of The Authority's budget(s) and the achievement of efficiency targets.</p>	<ul style="list-style-type: none"> • The Authority makes clear its role and responsibilities to Members, employees and the community. • Role of Finance Director and Deputy Clerk. • The Deputy Clerk is the Authority's Monitoring Officer. • A Pay Policy has been agreed which sets out the terms and conditions for remuneration of officers including an effective structure for managing the review process. In addition, Members allowances are reviewed by an effective remuneration panel as appropriate. • The Finance Officer has responsibility to maintain a continuous, adequate and effective internal audit of the Authority's accounting, financial and other processes, including the approval of the Internal Audit Strategy and annual audit plans. • The Finance Officer has a duty to report to the Authority where it appears that the Authority, a committee of the Authority, or a person holding any office or employment under the Authority has made or is about to make a decision that would involve unlawful expenditure, has taken or is about to take a course of action which, if 	<p>SCSP / IRMP</p> <p>Monitoring Officer Protocol</p> <p>Member and Employee Codes of Conduct</p> <p>Pay Policy and Statement</p> <p>Members Allowances Scheme</p> <p>Gender Pay Reporting</p> <p>Financial Statements</p> <p>Budget Management</p> <p>Capital & Revenue Budget</p> <p>Standing Orders and Financial Regulations</p> <p>Procurement Policy</p> <p>Medium Term Financial Statement (MTFS)</p>

Core Principle F: Managing risk and performance through robust internal control and strong public financial management.

	pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency on the part of the Authority or is about to enter an item of account the entry of which is unlawful, or if proposed expenditure is in excess of available resources (Section 114, Local Government Finance Act 1988).	
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Core Principle F: Managing risk and performance through robust internal control and strong public financial management.

F2. The Authority understands the importance of complying with established controls to prevent the risk of fraud and error.	<ul style="list-style-type: none"> • A range of tools are available for employees and Members to assist them to carry out their roles effectively, Signatory Lists, Tender Procedures, Standing Orders and Financial Regulations. 	Budget Management Standing Orders Procurement Policy Financial Regulation
F3. The Authority has an up to date business continuity plan (BCP) in place to resume services in the case of disruption / emergency and understands what action should be taken in the case of service disruption.	<ul style="list-style-type: none"> • The Service is aligned with ISO22301. • Relevant BCP across organisation service areas. • The Authority ensures all BCP are maintained and tested on an ad-hoc basis. 	Business Continuity Plans Alignment with ISO:22301 BCPs across Functions Risk Management and Assurance Database RMAD LRF Recall to duty
F4. The Authority ensures the health and safety of employees, customers and third parties are protected.	<ul style="list-style-type: none"> • The Authority observe all specific legislative requirements placed upon it, as well as the requirements of general law, and in particular to integrate the key principles of good administrative law – rationality, legality and natural justice into their procedures and decision making processes. 	Policies and Procedures Standing Orders H&S Committee IOSH / NEBOSH

Core Principle F: Managing risk and performance through robust internal control and strong public financial management.

<p>F5. The Authority has business processes in place to identify and record details of all of the information and records held by the Organisation in compliance with GDPR.</p>	<ul style="list-style-type: none"> • An Information Sharing Protocol has been developed, this protocol underpins Information Sharing Agreements with partners where required. • A Data Breach Policy has been implemented including an overarching Data Protection Policy and Privacy Notice. • The Service works in alignment with ISO:27001 with the introduction of an Information Asset Register (IAR) in 2017 and updated in 2020. 	<p>Policies and Procedures IAR / IAO / SIRO PIA eLearning Retention periods Data Breach Policy Privacy Notice Consent Forms</p>
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Core Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Aspects of Corporate Governance to be Achieved by Authority to Reflect Best Practice	Practical measures the Authority has taken to reflect compliance	Documents/Processes in Place to Support Compliance
<p>G1. Decision making is rigorous and transparent with constructive scrutiny listened to and acted upon.</p>	<ul style="list-style-type: none"> • The Authority makes clear its role and responsibilities to Members, employees and the community. • Stakeholders to whom we are accountable are considered and the effectiveness of the relationships assessed with appropriate changes made. • External challenge is regularly sought and acted upon. • The Authority ensures that it is open and accessible to the community, service users and its employees and that it has made a commitment to openness and transparency in all its dealings, including partnerships subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so. • The Service has adopted the model publication scheme, as set out by the Information Commissioner's Office. 	<p>Strategic Community Safety Plan / Integrated Risk Management Plan</p> <p>Strategic Partnerships Consultation Policy</p> <p>Public Meetings</p> <p>FA Meetings</p> <p>Asset Management Group / Capital Projects Group</p> <p>Joint working with other FRSs and Emergency Services</p> <p>Publication Scheme</p> <p>FOI</p>
<p>G2. Recommendations made by Internal Audit, External Audit and external agencies / reviews are acted upon.</p>	<ul style="list-style-type: none"> • A Statement of Assurance and Annual Report is published on an annual basis giving information on the Authority's vision, Strategies, Plans and Financial Statements as well as information about its outcomes, 	<p>Statement of Assurance and Annual Report</p> <p>Internal & External Audit</p> <p>Governance Statement</p>

Core Principle G: Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

	achievements and the satisfaction of service users in the previous period.	Legal Services process HMICFRS National Assurance Resilience Team external audits SCSP / IRMP ISP approved MTFS Improvement and Action Plans FOI Publication Scheme
G3. When working in partnership, arrangements for accountability are clear and the need for wider public accountability is recognised and met.	<ul style="list-style-type: none"> We clearly publish results of consultation and evaluation involving employees and stakeholders. We ensure that partnerships are underpinned by a common vision that is understood and agreed by all parties. 	Evaluation Toolkit and Library Partnership Register Partnership Procedure SLAs where appropriate MOU PFI Contracts Publication Scheme