

GOVERNANCE COMMITTEE MEETING: 30 JULY 2018

SUBJECT: ANNUAL GOVERNANCE REVIEW 2017/2018

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

1 INTRODUCTION

- 1.1 The purpose of this report is to provide the findings of the 2017/2018 Annual Governance Review and for the Committee to note the report and separately to note the contents of the Annual Governance Statement, which is incorporated into the Statement of Accounts.

2 BACKGROUND

- 2.1 In 2001 the Society of Local Authority Chief Executive's and Senior Managers (SOLACE) and the Chartered Institute of Public Finance and Accountancy (CIPFA) jointly published '*Corporate Governance in Local Government: A Keystone for Community Governance Framework and Guidance Note*'. In line with the guidance contained in this document the Authority introduced its first local Code of Corporate Governance (the Code), approved by Members, in 2003.
- 2.2 Annual reviews of the Code have taken place to ensure that it remains up to date and effective, with a major review of the Code being carried out in 2017 in order to comply with revised guidance provided by SOLACE/CIPFA '*Delivering Good Governance in Local Government: Framework*' (2016 Edition). Some other minor updates to the Code have also been carried out to address any issues identified since this major review. The Code thus was last reviewed in April 2018, see Appendix D.
- 2.3 The Authority acknowledges and has complied with the updated SOLACE / CIPFA Framework in providing its Annual Governance Statement for 2017/2018. There were some changes to the core principles in 2016 within the Framework which saw the six previous principles increased to seven with some slight amendments and variations that are now more aligned to the Authority's values and behaviours.

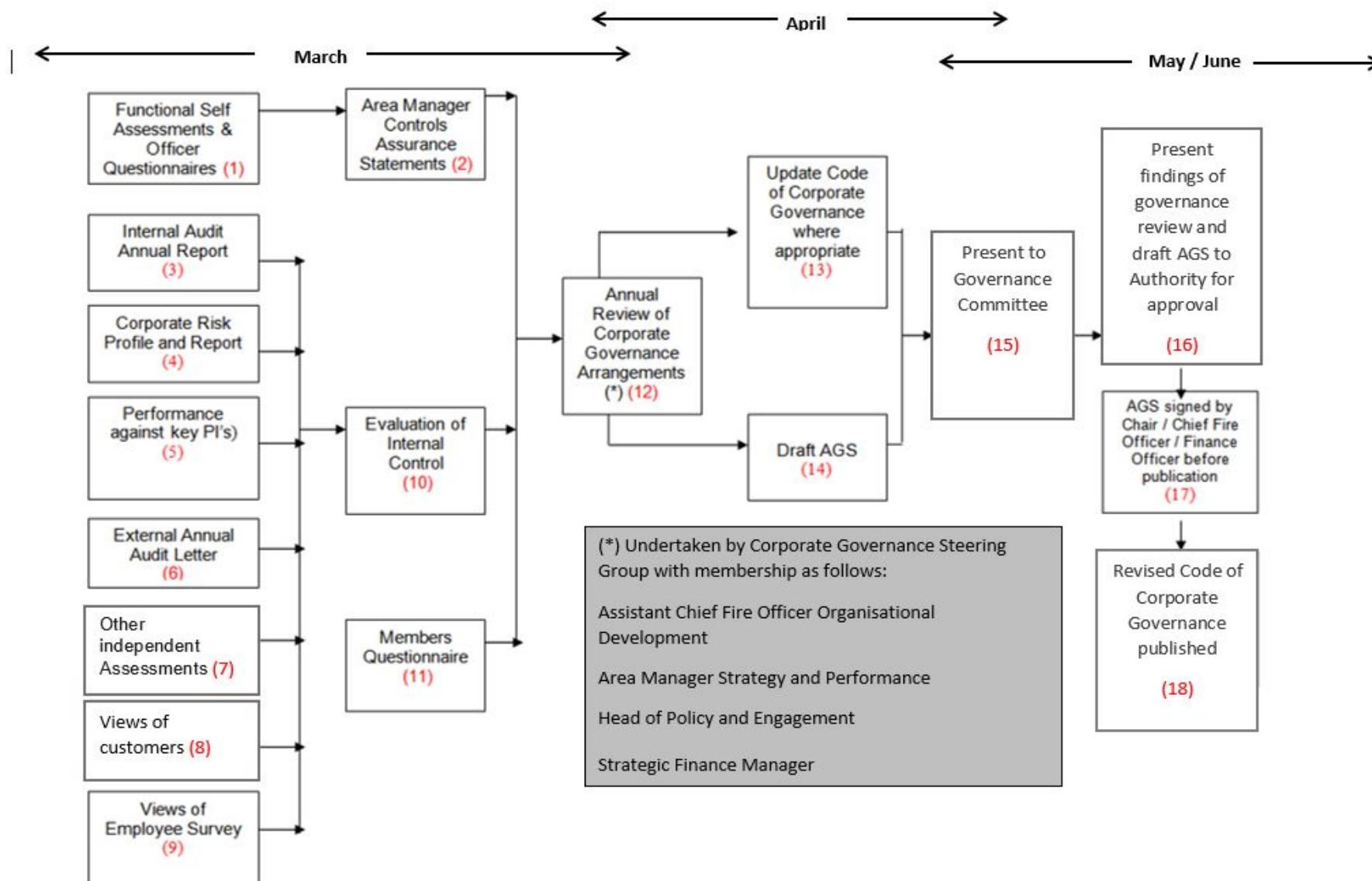
- 2.4 The Authority has mapped all of the revised requirements to its existing and well established processes to ensure that all of the new principles have been appropriately addressed and fully satisfy the expectations of the Code, in detail, in providing the assurances included within the Annual Governance Statement for 2017/2018. The Authority's existing Code of Corporate Governance has been revised and modified to reflect the revised CIPFA framework principles.
- 2.5 The Authority has a statutory duty to prepare an Annual Governance Statement, as enshrined in the Accounts and Audit (England) Regulations 2015.
- 2.6 The Fire and Rescue National Framework 2012 (recently 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.
- 2.7 National guidance on good governance in public bodies has been regularly updated over the years, and the Authority's code takes account of the CIPFA framework, *'Delivering Good Governance in Local Government'*, produced in 2007 and revised in 2016 by CIPFA and SOLACE. This describes the principles of good governance particularly as they apply to local authorities.
- 2.8 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.
- 2.9 These four roles are to be borne in mind when considering the seven core principles of good governance, as defined in the framework:
- Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
 - Ensuring openness and comprehensive stakeholder 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.

- 2.10 The framework recommends that governance arrangements are kept under review by:
- Considering the extent to which the authority complies with the principles and requirements.
 - Identifying systems, processes and documentation that provide evidence of compliance.
 - Identifying the individuals and committees responsible for monitoring and reviewing the systems, processes and documentation identified.
 - Identifying the issues that have not been addressed adequately in the authority and consider how they should be addressed.
 - Identifying the individuals who would be responsible for undertaking the actions required and plan accordingly.
- 2.11 In carrying out these tasks, the Authority has followed CIPFA's detailed guidance which requires a comprehensive assurance gathering process.

3 2017/2018 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
 - Strategic Finance Manager
 - Head of Policy and Engagement.
- 3.2 The review followed the agreed methodology which comprises the following stages:
- Completion of Department Head questionnaires with associated Area Manager Controls Assurance Statements.
 - Completion of Members Questionnaires.
 - Detailed analysis and evidencing of internal control arrangements.
 - Preparation of an Action Plan to address any issues identified, including revision of the Local Code of Corporate Governance as required.
 - Drafting an Annual Governance Statement and Governance Review Report and presenting this to the 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
 - Chair of Fire and Rescue Authority, Chief Fire Officer and Strategic Finance Manager to sign the Annual Governance Statement.

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



- 3.3 **Functional Self Assessments** (1) - Governance and control self-assessments were completed by department heads and approved by all Area Managers. The self-assessments cover compliance with the existing Authority Code of Corporate Governance, as well as key internal control arrangements within each service, and require evidence to be cited in relation to each question, and any significant plans for improvement within their area to be recorded.
- 3.4 **Area Manager Controls Assurance Statements** (2) - Each Area Manager reviewed the information and views compiled through the self-assessment process to come to an opinion on the governance arrangements and internal control environment within their areas of responsibility.
- 3.5 **Evaluation of Internal Control Arrangements** (10) - The Authority's internal control arrangements were assessed in line with guidance from CIPFA's Financial Advisory Network.
- 3.6 **Views of Elected Members** (11) - The views of all Elected Members were sought via a questionnaire. Responses were received from 16 Members (100% return) in 2017 and these were considered by the Group.
- 3.7 **Annual Review** (12) - The Group considered all aspects of corporate governance and supporting documentation including the existing Code of Corporate Governance to identify the areas that need to be amended to bring the Code in line with the new framework

4 FINDINGS OF THE CORPORATE GOVERNANCE STEERING GROUP

4.1 Functional Self Assessments and Area Manager Controls Assurance Statements

- 4.1.1 These were examined to ensure that all documents had been completed in full and to identify any issues of significance. It was noted that all Department Heads have identified some future plans for improvement to their governance and control arrangements. The future plans for improvement were summarised and issues highlighted to identify any which were significant in terms of the Authority's overall governance and control environment.
- 4.1.2 A large proportion of the future plans for improvement related to tasks which are already ongoing, which are focused on delivery or which have already been included in existing service plans. Actions of this type are contained within our Strategic Community Safety Plan (SCSP) / Integrated Risk Management Plan (IRMP), Improvement Plan or Departmental Plans and as such have not been considered significant to the overall governance and control environment.
- 4.1.3 Newly identified actions for 2018/2019 resulting directly from the Annual Governance Review, which have corporate significance, have been included in the Corporate Governance Action Plan (Appendix C).

4.2 Annual Internal Audit

4.2.1 The Group considered the Internal Audit Strategy Report March 2018; this report was presented to the Governance Committee in March 2018. It was noted that using the cumulative knowledge and experience of the systems and controls in place, including the results of previous audit work and the work undertaken within 2017/2018; it was considered that overall throughout the Authority there is substantial assurance regarding the internal control environment.

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

- HR Management
- Financial Management
- Transaction Testing – Payroll
- Transaction Testing – Accounts Payable
- General Data Protection Regulation (GDPR)
- Performance Management Arrangements

4.2.3 There was one audit however, Partnership Working Arrangements, that provided a moderate assurance arising from the internal audits.

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.

4.2.5 This section may if necessary be updated once the Internal Audit Annual Report 2017/2018 is reported to Governance Committee in July 2018.

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 2018.

4.3.2 At the last CRMG meeting in April, all risks were re-evaluated based on an amended risk measurement process. The top three 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 employees and resources at incidents leading to employees and public being exposed to necessary risks.*** (Moderate risk rating).

- 11/02 - ***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 we serve.*** (Substantial risk rating).
- 08/15 - ***Industrial unrest nationally and / or locally with regard to conditions of service (including ongoing organisational change management programmes) results in industrial action and impacts on service delivery.*** (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 Chief Fire Officer has developed an Action Plan to manage and mitigate each risk. Where appropriate these actions have been included in the annual risk plans of the appropriate departments for action as necessary.

4.4 Performance Management

4.4.1 The Group considered the Authority's performance management framework and actual performance against Key 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.

4.4.2 The Service achieved its end of year targets for injuries in accidental dwelling fires, accidental dwelling fires and accidental kitchen fires. It is envisaged that on-going collaborative work with partners will lead to reductions in deliberate fires in 2018/2019.

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

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

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

4.5 Views of Employees

4.5.1 A survey of the views of employees is undertaken in relation to a range of issues. The 2017 Employee Survey was sent to a total of 849 employees, the overall response rate was 53.8% and some key results include:

- The Key Performance Indicators reflected that 81% of employees are proud when they tell others they work for TWFRS and 61% would recommend TWFRS as a great place to work. The target was 50% for both areas.
- 90% of employees reported that they can rely on others in their team and 88% believe they have the skills needed to do their job effectively.
- 85% of employees find their work interesting and 83% of people reported that they are treated with respect by the colleagues they work with.
- 58% of employees identified that performance wasn't recognised and rewarded appropriately and 37% thought that TWFRS could work more efficiently.
- 35% of employees reported that they didn't receive clear communications from senior managers about matters that affect them.

4.5.2 Following analysis of the 2017 Employee Survey the key areas were prioritised and agreed with Executive Leadership Team (ELT). The solutions to the key areas of dissatisfaction are currently being reviewed by an internal Employee Survey Committee that consists of various representatives from across the Service. The Committee will monitor corrective action and publish the outcomes via a 'You Said, We Did' communication campaign.

4.5.3 The Executive Leadership Team are also conducting a series of visits across the whole Service to share findings of the survey and to actively gain further feedback from employees so that progress can be made towards addressing the main areas of dissatisfaction raised.

4.5.4 The Employee Survey is an annual internal consultation process; the next survey is scheduled for autumn 2018 using benchmarking questions from 2017.

4.6 Information Governance

- 4.6.1 The Service is working in alignment with ISO:27001 with the introduction of an Information Asset Register in September 2015. Supporting policies and procedures have been updated to incorporate risk assessments. Three training packages have been delivered during 2015/16 and 2016/17 to employees; one for Information Asset Owners, one for Principal Officers / SIRO training and a more general training package delivered to all employees to raise awareness of information governance.
- 4.6.2 A number of actions have taken place within the Service to comply with the General Data Protection Regulation (GDPR) requirements which come into force on 25 May 2018. 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.
- 4.6.3 Data Protection Impact Assessments (DPIA) are a mandatory requirement within the Regulation; DPIA's are now embedded throughout the Service. An eLearning package Protecting Information Essentials has been launched. The package will be completed by all employees on an annual basis. Specialist training to Senior Management Group was conducted on 27 April 2018. Awareness and further training is scheduled throughout the year to ensure compliance.
- 4.6.4 A Data Breach Policy has been implemented including an overarching Data Protection Policy and Privacy Notice designed and implemented prior to 25 May 2018.
- 4.6.5 An Information Sharing Protocol has been developed and approved, this protocol underpins Information Sharing Agreements which are currently being progressed with partners where required.

4.7 Members Questionnaires

- 4.7.1 A questionnaire regarding Corporate Governance was issued to Members. Of those Members who responded (16), they were in agreement that the Authority clearly communicates its purpose and vision, and its intended outcomes for the community and service users and that the Authority conducts business in an open and transparent manner all / most of the time.

4.8 External Auditor Opinion

- 4.8.1 The Group considered the Annual Audit Letter and Audit Completion Report prepared by the Authority's external auditors, Mazars, covering 2016/2017, which gives independent assurance of financial control and Value for Money (including financial resilience and the overall efficiency and effectiveness of the Authority).

4.8.2 Mazars issued an unqualified conclusion on both financial management arrangements and Value for Money. Their report included comments that:

- The Authority has made good progress in addressing the financial challenges from public sector austerity and has a proven track record of delivering planned budget reductions.
- In the 2017/2018 budget, the Authority identified that over the medium-term of 2017/2018 to 2020/2021 it faced a budget gap of £2.8m, and it would use the IRMP process to bridge the gap.
- The Authority has accounted for the fire injury pensions liability appropriately in the 2016/2017 financial statements, arrangements are in place to manage this significant challenge.
- The audit confirmed that reasonable assumptions had been used by the actuary, with pension entries correctly reflected in the Authorities financial statements. Work carried out on the financial statements did not identify any manipulation of the financial provision nor identify any evidence of management override of controls.
- Overall, the Authority has responded well to the financial pressures it has faced, at a time of unprecedented reductions in public sector spending, and has a strong track record of delivering savings and keeping within budget.

4.8.3 It is considered that the Annual Audit Letter 2016/2017 gives reassurance that the Authority's overall governance and control arrangements are satisfactory.

4.9 Other External Assessment

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

- Investors In People (IIP) retained Gold Award March 2018
- RoSPA Award assessment June 2018

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

4.10 Views of customers

4.10.1 An on-going 'After the Incident Survey' is carried out, the latest results 2017/2018 of which recorded a score of 100% overall user satisfaction with regard to the services provided at domestic incidents. This survey also recorded a score of 100% overall user satisfaction for services provided at non-domestic incidents. Satisfaction surveys on fire safety audits and our Home Safety Checks are also carried out.

4.11 Meeting the Requirements of the National Framework

4.11.1 As mentioned in para 2.6 the Fire and Rescue National Framework 2012's requirement for the publication of a statement of assurance was satisfied through its inclusion in the Annual Report, which has been reformatted to become the Statement of Assurance and Annual Report.

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

4.11.3 The National Framework was last published in 2012 and changes are required to embed the fire reform programme and provisions in the Policing and Crime Act 2017. The revised National Framework was being consulted upon in 2017/2018. The results of the consultation have now been released; it is now the Government's intention that the revised framework will come into effect on 1 June 2018, the requirements of which will impact on the 2018/2019 Corporate Governance Review

The Fire and Rescue National Framework

Requirement	How this is met
<p>Produce an IRMP that identifies and assesses all foreseeable risk</p> <p>The Plan must demonstrate how prevention, protection and response will be used to mitigate the impact of risk</p>	<ul style="list-style-type: none"> • Strategic Community Safety Plan (SCSP) and IRMP. • Medium Term Financial Strategy (MTFS). Community Risk Profile (CRP). • Policies and procedures to implement the Plan, including targeting. Specific IRMP reviews including evidence base. Detailed risk data used in decision making e.g. Workload Modelling, MOSAIC. • Community Engagement Strategy. • Monitoring of performance by Performance Action Group and Policy and Performance Committee to ensure risk is being mitigated. • Improved mapping based on various data sources to provide a comprehensive picture of local risks and increase efficiency. • Ongoing Community Safety Education Programme. Home Safety Check (HSC) Risk Based Inspection Programme. • Lighter Nights campaign. • Improved Mobile Data Terminal (MDT) risk information and maps. • Revised Learning & Organisational Development Policy. Organisational Development Strategy. • Fire Safety Risk Based Inspection Programme (RBIP)

<p>Work with communities to identify and protect them from risk</p>	<ul style="list-style-type: none"> • Delivery of HSCs. • The collaborative use of NHS (Exeter) Data. • Ongoing partnership working. • Use of shared data via multi agency groups. • Improved Workload Modeller. • Historical accidental dwelling fire data cross referenced with Mosaic to target most vulnerable for HSCs. • Partners for life. • Recruitment of volunteers. • Recruitment of Community Safety Advocates. • 100+ partners referring vulnerable people to TWFRS. • Introduction of Employee Advisory / Network Groups. • Attendance at local community events e.g. Mela and Pride. • Introduction and development of Social Media. • Formation of Risk Group. • Development of Risk Management Assurance Database (RMAD). • Safe and Well visits.
<p>IRMP should set out the management strategy and risk based programme for enforcing the Regulatory Reform order</p>	<ul style="list-style-type: none"> • Introduction of Risk Based Inspection Programme (RBIP). • Development of Post Fire Audit guidance. • Collaboration with other Regulatory Bodies. • Primary Authority Scheme (PAS) with eight National Partners including Sainsbury's, Home Group and Intu.

<p>Make provision to respond to incidents and reflect this in IRMPs</p>	<ul style="list-style-type: none"> • Improved incident performance. • Introduction of Day Crewing Close Call (DCCC) staffing. • Introduction of Emergency Call Management Policy. • Launch of new mobilising system. • Negotiated common command arrangements. • Undertake compatible training exercises e.g. Exercise Black Kite. • Introduction of Targeted Response Vehicles (TRVs). • Cross border response arrangements. • Introduction of Cobra cold cutting. • Collaboration with NEAS and Northumbria Police. • Contingency re Industrial Action. • Review of Operational Response. • Introduction of swap a shift. • Zero fire deaths in 2012/13. • Introduction of digital fire ground radios. • Automatic Fire Alarm (AFA) Policy change.
<p>(Accountability) IRMP must be accessible, available, reflect consultation, cover a three year time span and be reviewed and revised as often as necessary; reflect up to date risk analysis and evaluation of community outcomes</p>	<ul style="list-style-type: none"> • Community Risk Profile. • IRMP Consultation Programme. • Sustainable change and increased efficiency. • MTFS. • SCSP / IRMP 2017/20. • IRMP specialist groups, Collaboration, Ways of Working and Response.
<p>Have effective business continuity arrangements</p>	<ul style="list-style-type: none"> • Alignment with ISO22301. • Internal Audit accreditations. • Relevant BCP across the Service. • Maintained and tested on an ad-hoc basis.

<p>Collaborate with other FRAs, other emergency services and Local Resilience Forum (LRF) to deliver interoperability</p>	<ul style="list-style-type: none"> • Mutual aid agreements. • Local Resilience Forum (structures, roles, plans, procedures and exercising records etc.). • Common systems for Command and Control with Northumberland FRA. • Further collaboration with Northumbria Police and NEAS. • Multi agency exercises. • Deployment of national assets e.g. USAR and HVP. • Mass decontamination resource. • DIM re CBRN and MTFA. • SafetyWorks! • Assisted other FRS re flooding incidents (Morpeth 2012, Somerset 2013, North Yorkshire 2015 and Carlisle 2015). • SLA with DDFRS re IOSH Training. • Developed USAR training to be shared with partners. • Joint exercises working group. • JESIP. • Shared fire dog with West Yorks FRS 2017/2018
<p>Engage with the Fire and Rescue Service Strategic Resilience Board (SRB) to support discussions and decision making on national resilience</p>	<ul style="list-style-type: none"> • Policies and procedures relating to local and national risks. • Engagement in National Fire Chiefs Council (NFCC) groups relating to resilience. • Ongoing development of USAR.
<p>Risk assessments must include analysis of any gaps between existing capability and that needed for national resilience, and these must be highlighted to the SRB</p>	<ul style="list-style-type: none"> • NRAT multi capability assurance inspection. • Multi agency community risk register (LRF).

<p>(Assurance) Work collectively and with SRB to provide assurance that risks are assessed, gaps identified and that resilience capabilities are fit for purpose, and any new capabilities are procured, maintained and managed in the most cost effective manner</p>	<ul style="list-style-type: none"> • As above plus independent assessment via National Resilience Advisory Team (NRAT) audits. • External audit of financial systems and value for money.
<p>Work in partnership with their communities and a wide range of partners locally and nationally</p>	<ul style="list-style-type: none"> • Strategic Community Safety Plan (SCSP) and IRMP. • Policies and procedures to implement Plan, including targeting. • Delivery coterminous with council boundaries. • Engagement in statutory and non-statutory partnerships (Partnerships Register, reports and structures of partnership bodies). • HSC, signposting and data sharing. • Collaboration on diversionary activities i.e. Safetyworks!.
<p>(Scrutiny) FRAs must hold the Chief Fire Officer to account and have arrangements in place to ensure their decisions are open to scrutiny</p>	<ul style="list-style-type: none"> • Corporate Governance Framework. • Standing Orders. • Annual review of Governance. • Authority minutes.

<p>FRAs must make their communities aware of how they can access data and information on performance</p>	<ul style="list-style-type: none"> • Statement of Assurance and Annual Report (since 2013). • General Data Protection Regulation (GDPR) implementation May 2018. • Quarterly performance reports (benchmarked with Mets). • Compliance with the data transparency code as exemplified on website. • Policies and procedures relating to data. • Policies and procedures relating to information governance. • Data & Information policy. • Publication of Privacy notice. • Compliance with all recommendations of the Transparency agenda e.g. publication of senior salaries, procurement and expenditures. • ICO publication scheme. • Publication of peer review action plans. • Publication of pay policy statements. • IRMP Consultation. • Publication of FOI FAQs. • Gender pay reporting.
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Addendum	
Requirement	How this is met
Have a process of fitness assessment and development to ensure that operational personnel are enabled to maintain the standards of personal fitness required in order to perform their role safely;	<ul style="list-style-type: none"> • Work between OHU and LD to determine a strategy for all Operational personnel which includes: <ul style="list-style-type: none"> • All Operational employees provided with the time to undertake physical training on a daily basis when at work. • Chester step test – 6 monthly. OHU Monitoring - 3 yearly and 1 yearly health surveillance. • Gymnasium on all fire stations and at HQ with time built into station work routine for fitness training. • HAVS assessments. • Special assessments. • Monthly health promotion topics and health education for operational employees. • Operational vaccination programme. • Welfare officer support. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change.

<p>Ensure that no individual will automatically face dismissal if they fall below the standards required and cannot be deployed operationally;</p>	<ul style="list-style-type: none"> • OHU Monitoring and associated fitness plan. • Access to physiotherapy service. • Accelerated access to health scheme. • Welfare officer support. • Access to OHU Physician. • Independent qualified medical practitioner. • Welfare officer support. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change.
<p>Ensure that all operational personnel will be provided with support to maintain their levels of fitness for the duration of their career;</p>	<ul style="list-style-type: none"> • As above. • Further work ongoing to include fire fit and Gym improvement group.
<p>Consider where operational personnel have fallen below the fitness standards required whether an individual is able to continue on full operational duties or should be stood down, taking into account the advice provided by the authority's occupational health provider. In making this decision, the safety and well-being of the individual will be the key issue;</p>	<ul style="list-style-type: none"> • As above. • Ongoing health surveillance. • Advice from the Occupational Health Physician. • Redeployment if appropriate. • Policy and procedure. • Annual figures regarding this data. • Independent qualified medical practitioner. • Welfare officer support. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change. • Trauma Support Team.

<p>Commit to providing a minimum of 6 months of development and support to enable individuals who have fallen below the required fitness standards to regain the necessary levels of fitness;</p>	<ul style="list-style-type: none"> • As above. • The provision of a fitness support with bespoke training programmes. • Referral to physiotherapy or other specialist OH advisor when required. • A physical fitness plan appropriate for the individual concerned.
<p>Refer an individual to occupational health where underlying medical reasons are identified that restrict/prevent someone from achieving the necessary fitness and that individual must receive the necessary support to facilitate a return to operational duties;</p>	<ul style="list-style-type: none"> • As above • Referral to an Occupational Health Advisor / Physician for effective case management. • Written policy for guidelines around this. • Risk assessments to determine reasonable adjustments. • Welfare officer support. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change.
<p>Fully explore opportunities to enable the individual to remain in employment including through reasonable adjustment and redeployment in role where it appears the medical condition does not allow a return to operational duties.</p>	<ul style="list-style-type: none"> • As above • Recommendations can be made by OHU to assist in this process with regards to capability and reasonable adjustments. • Redeployment process. • Welfare officer support. • Stress awareness programmes. • Promoting Positive Mental health programme. • Mind, Blue Light Time to Change.

<p>Prepare an annual statement of assurance covering financial, governance and operational matters showing due regard for IRMP and Fire and Rescue National Framework</p>	<ul style="list-style-type: none"> • Statement of Assurance and Annual Report (SOAAR). • Documents signposted from it including Statement of Accounts, Annual Governance Statement and reports of internal and external auditors. • Publication of financial information. • Financial Resilience. • MTFS. • External Audit / VfM.
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5 ANNUAL GOVERNANCE STATEMENT

- 5.1 The Annual Governance Statement has been drafted taking into account the findings of the annual governance review. The review has found that only minor improvements are needed to the control environment in a small number of areas. The Annual Governance Statement is attached at Appendix A for the 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 2018/2019, as detailed in the action plan attached at Appendix C which also incorporates any actions from the previous plan (Appendix B) that are still being progressed.

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 revised Code of Corporate Governance
- b) Note the Annual Governance Statement for 2017/2018
- c) Note the Corporate Governance Action Plan.

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

ANNUAL GOVERNANCE STATEMENT 2017/2018

1 SCOPE OF RESPONSIBILITY

- 1.1 Tyne and Wear Fire and Rescue Authority (the Authority) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.2 In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 1.3 The Authority has had a Code of Corporate Governance in place since 2003, revised during 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 and processes and culture and values by which the Authority directs and controls its activities and engages with the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

- 2.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Authority's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- 2.3 The governance framework has been in place at the Authority for the year ending 31 March 2018 and during the approval of the Statement of Assurance and Annual Report and Statement of Accounts.

3 THE GOVERNANCE FRAMEWORK

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

- The Strategic Community Safety Plan / 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 Strategic Community Safety Plan incorporates our Integrated Risk Management Plan (IRMP) actions which recognises the risks within the Authority boundaries that are identified in the Community Risk Profile and need to be addressed, and ensures that the available resources are targeted at these risks.
- Communication of objectives to employees and stakeholders takes place through the following means:
 - Distribution of the Strategic Community Safety Plan / IRMP on the Authority's website and intranet.
 - Consultation with employees and stakeholders on IRMP proposals.

- The issue of a Statement of Assurance and Annual Report setting out the Authority's priorities, how the Authority spent money on achieving these during the last financial year, and how successful the Authority has been.
- Through the Authority's Investors in People processes.
- Listening events, 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' Codes of Conduct
- Employees' Code of Conduct
- Registers of Interests, Gifts and Hospitality
- Monitoring Officer Protocols.

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

- The Strategic Finance Manager employed by the Authority is the designated Finance Officer in accordance with Section 151 of the Local Government Act 1972 ensuring lawfulness and financial prudence of decision-making, and is responsible for the proper administration of the Authority's financial affairs.
- The Deputy Clerk is the Authority's Monitoring Officer who has maintained an up-to-date version of the Standing Orders and has endeavoured to ensure lawfulness and fairness of decision making.
- The Authority has in place up to date financial procedure rules and procurement rules which are subject to regular review.

- Written procedures are in place covering financial and administrative matters, as well as HR policies and procedures. These include:
 - Whistle Blowing Policy
 - Anti-Fraud and Corruption Policy
 - Codes of Conduct
 - Health and Safety Policy
 - Compliments, Comments and Complaints Policy
 - Corporate Risk Management Strategy
 - Procurement Codes of Practice
 - Partnerships Procedure
 - Treasury Management Strategy based upon CIPFA's Treasury Management Codes
 - Functional budget management schemes
- There are robust and well embedded risk management processes in place, including:
 - Risk Management Strategy and Policy Statement
 - Corporate Risk Profile
 - 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 annual review of its effectiveness is undertaken which concluded that it operated in accordance with professional standards. Internal audit work is planned on the basis of risk.

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

- The Authority is committed to establishing and maintaining effective reporting arrangements to ensure that, where an individual, whether an employee of the Authority, a Member, or any member of the public, has serious concerns regarding the conduct of any aspect of the Authority's business, they can do so through a variety of avenues, promptly and in a straight forward way.
- The framework in place to ensure the aims of this policy are met are set out in the 'Whistle Blowing Policy Arrangements' procedure for Authority staff. Members of the public currently raise issues through the Compliments, Comments and Complaints procedure and there is also a whistle blowing policy and procedure for members of the public.
- Monitoring records held by the Deputy Clerk on behalf of Members, and the Chief Fire Officer on behalf of 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 by the Audit Commission's report on the governance of partnerships, and are reflected in the Authority's overall governance arrangements:

- The Authority has published a Partnerships Procedure which includes a template for Partnership Agreements and a Partnership Toolkit. This 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.

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

- 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 Strategic Finance Manager have participated in the annual governance review relating to their areas of responsibility by providing Controls Assurance Statements relating to their area of responsibility, following consideration of their department heads' detailed self-assessments / questionnaires.
- 4.4 Internal audit planning processes include consultation with the Principal Officers, reviews of the Strategic Community Safety Plan / Integrated Risk Management Plan and the Corporate Risk Profile. Audit work is risk based and includes risks in relation to the achievement of Service objectives, and Internal Audit Services carry out regular systematic auditing of key financial and non-financial systems.
- 4.5 External audit is 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 financial control and Value for Money (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 2016/2017, 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:
- The Authority has made good progress in addressing the financial challenges from public sector austerity and has a proven track record of delivering planned budget reductions.
 - In the 2017/2018 budget, the Authority identified that over the medium-term of 2017/2018 to 2020/2021 it faced a budget gap of £2.8m, and it would use the IRMP process to bridge the gap.
 - The Authority has accounted for the fire injury pensions liability appropriately in the 2016/2017 financial statements and has arrangements in place to manage this significant challenge.
 - The audit confirmed that reasonable assumptions had been used by the actuary, with pension entries correctly reflected in the Authorities financial statements. Work carried out on the financial statements did not identify any manipulation of the financial provision nor identify any evidence of management override of controls.

- Overall, the Authority has responded well to the financial pressures it has faced, at a time of unprecedented reductions in public sector spending, and has a strong track record of delivering savings and keeping within budget.
- 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.
- 4.10 The significant financial issue mentioned in the Annual Governance Statement last year in respect of the overpaid Pensions Top Up Grant funding claimed in error and received by the Authority over the period 2006/2007 to 2011/2012 which totalled £10.532 million, has now been resolved with the Home Office. The Authority, after taking specialist legal and Queens Counsel advice and by carrying out full due diligence of the position, has agreed to repay this funding over a period of 17 years to enable the Authority to manage this liability.

5 ASSURANCE STATEMENTS

- 5.1 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.
- 5.2 We propose over the coming year to take steps to implement the action plan to further enhance the Authority's governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in the review of effectiveness and will monitor their implementation and operation as part of the next annual review.

Chair of the Authority

Chris Lowther
Chief Fire Officer and
Chief Executive (Clerk to
the Authority)

Dennis Napier
Strategic Finance
Manager

May 2018

Tyne and Wear Fire and Rescue Authority

2017/18 Annual Review of Corporate Governance and Internal Control Arrangements

Action Plan 2017/18

Ref.	Corporate Improvement Objectives	Action	Responsible Officer	Update
27	<ul style="list-style-type: none"> Review and improve Information Sharing Agreements across partners – focus on vulnerable people 	In progress - Carried forward from 2015/16 Action Plan	AM Strategy and Performance and AM Service Delivery	<p>ISAs now in place for some partner agencies but not all. This continues to be progressed. The General Data Protection Regulations (GDPR) that come into effect in May 2018 will mean that ISA's (and relevant policies) will need to be amended to incorporate the changes that GDPR brings.</p> <p>Target completion for this action is 2018.</p> <p>Complete – now business as usual, policies will be updated in line with GDPR action 18/19.</p>

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 – Conclude project and embed new ways of working.</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	AM HR / L&OD	2017/18-Still to be developed on a formal basis. Delays due to capacity and resource issues within the OD function. To be carried over to 2018/19
32	<ul style="list-style-type: none"> Succession planning to be further developed and implemented 	In progress - Carried forward from 2016/17 Action Plan	AM HR / L&OD	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.
33	<ul style="list-style-type: none"> Working towards the Faculty of Occupational Medicines 	In progress - Carried forward from 2016/17 Action Plan	AM HR / L&OD	Carried forward to 2018/19. Gap analysis complete and working towards gaining SEQOHS accreditation.
38	<ul style="list-style-type: none"> Replacement HR MIS System project 	In progress - Carried forward from 2015/16 Action Plan	AM HR / L&OD	<p>Project developed to phase 2 stage, undergoing a joint procurement exercise with Northumbria Police concluding June 17.</p> <p>Envisaged project end date Sept 18.</p> <p>Carried into 2018/19- Core HR system procured and currently in build. Phase 1 roll out due imminently (May 2018) prior to moving to Phase 2 for L&OD systems.</p>

39	<ul style="list-style-type: none"> Review partnership / collaborative working to ensure Corporate Governance issues are addressed 	In progress - Carried forward from 2015/16 Action Plan	AM Strategy and Performance	Policy approach to partnership working now being developed. Complete.
40	<ul style="list-style-type: none"> Review Standing Orders and financial regulation awareness / communication 	In progress – Carried forward from 2016/17 action plan	Strategic Finance Manager	Action carried over to 2018/19 action plan.
42	<ul style="list-style-type: none"> Manage and enforce existing evaluation process to ensure all projects are evaluated and service users / stakeholders are consulted with 		AM Strategy and Performance	Monitoring systems now show compliance. Complete. New action to ensure continuous improvement for 2018/19 - Action no 50.
43	<ul style="list-style-type: none"> Review and streamline policies and procedures to align to new strategic planning framework 		AM Strategy and Performance	Action carried over to 2018/19 action plan.
44	<ul style="list-style-type: none"> Review and implement revised PDR process in line with new OD Strategy 		AM HR / L&OD	PDR trial completed and evaluation in progress. Carry over to 2018/19 for implementation.

45	<ul style="list-style-type: none"> Introduce performance indicators and targets for all functions in organisation to measure and manage standards and customer satisfaction 		AM Strategy and Performance	Action carried over to 2018/19 action plan.
46	<ul style="list-style-type: none"> Review leases and income from the estate to ensure standardisation of approach and efficiencies 		AM Strategy and Performance / Strategic Finance Manager	Complete.
47	<ul style="list-style-type: none"> Ensure appropriate governance arrangements are in place when reviewing and implementing collaboration / partnership arrangements (<i>cross ref with IRMP 2017-20</i>) 		ACO Organisational Development	Complete.

Appendix C

Tyne and Wear Fire and Rescue Authority

2017/18 Annual Review of Corporate Governance and Internal Control Arrangements - Action Plan 2018/19

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). 	<p>Progress continues from 2015/16 Action Plan.</p> <p>Programme delayed due to Government.</p>	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 – Our Control Room communications will be upgraded by the end of 2019 with operational appliances transitioning from 2020, subject to national project requirements.</p>

31	<ul style="list-style-type: none"> Development and introduction of Coaching / Peer Support system, new policy to assist development of personnel 	Progress continues from 2016/17 Action Plan	AM HR / L&OD	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.
32	<ul style="list-style-type: none"> Succession planning to be further developed and implemented 	Progress continues from 2016/17 Action Plan	AM HR / L&OD	Following strategic succession planning for middle and supervisory managers, carried forward to 2018/19 due to HR L&OD capacity issues. Initial scoping completed of revised MAP process and management of talent pool.
33	<ul style="list-style-type: none"> Working towards the Faculty of Occupational Medicines 	Carried forward from 2016/17 Action Plan	AM HR / L&OD	Carried forward to 2018/19. Gap analysis complete and working towards gaining SEQOHS accreditation.
38	<ul style="list-style-type: none"> Replacement HR MIS System project 	Progress continues from 2015/16 Action Plan	AM HR / L&OD	2017/18 - Project developed to phase 2 stage, undergoing a joint procurement exercise with Northumbria Police concluding June 17. 2018/19 - Envisage project end date October 18.

40	<ul style="list-style-type: none"> Review Standing Orders and financial regulation awareness / communication 	Progress continues from 2016/17 Action Plan	Strategic Finance Manager	<p>Standing orders are in the process of being refreshed incorporating our PCC and the role of our Strategic Finance Manager.</p> <p>Review at FA July 2018.</p>
43	<ul style="list-style-type: none"> Review and streamline policies and procedures to align to new strategic planning framework 	Progress continues from 2017/18 Action Plan	AM Strategy and Performance	Streamlining in progress, review cycle to be completed by 2020.
44	<ul style="list-style-type: none"> Review and implement revised PDR process in line with new OD Strategy 	Progress continues from 2017/18 Action Plan	AM HR / L&OD	<p>PDR pilot took place during Oct 2017-April 2018. Evaluation completed and paper to be tabled at July ELT to discuss options.</p>
45	<ul style="list-style-type: none"> Introduce performance indicators (KPIs) and targets for all functions in organisation to measure and manage standards and customer satisfaction 	Progress continues from 2017/18 Action Plan	AM Strategy and Performance	KPIs implemented 2018, to be reviewed throughout 18/19.
48	<ul style="list-style-type: none"> Implement induction process 	New Action	AM HR/L&OD	Pilot - May 2018.
49	<ul style="list-style-type: none"> GDPR full implementation 	Progress continues	AM Strategy and Performance	May 2018 GDPR compliant but full implementation and embedding continues.

50	<ul style="list-style-type: none"> Project Management principles and processes are applied i.e. PSUs and evaluations completed in all projects. 	New Action	AM Strategy and Performance	Monitoring during 2018/19 to ensure compliance with the approach.
51	<ul style="list-style-type: none"> External consultation process to be updated. 	New Action	AM Strategy and Performance	Early 2018/19.
52	<ul style="list-style-type: none"> Raise collaboration and partnerships profile 	New Action	Executive Leadership Team	Collaboration update paper to be tabled at July 18 Fire Authority
53	<ul style="list-style-type: none"> Improve financial awareness (Budgets) to be regularly reviewed and embedded. 	Progress continues	Strategic Finance Manager	Training with all budget holders completed Sept-Oct 17. Annual mid-year budget reviews scheduled.
54	<ul style="list-style-type: none"> HMICFRS inspection to feed into the Improvement Plan 	New Action	AM Strategy and Performance	End of 18/19 initial inspection will be completed.
55	<ul style="list-style-type: none"> Progress the diversification of the workforce 	New Action	CFO / ACO Organisational Development	
56	<ul style="list-style-type: none"> Awareness of responsibilities and behaviours as identified in the Leadership Bond 	New Action	AM HR / L&OD	

57	<ul style="list-style-type: none"> Implement new Fire and Rescue National Framework 2018 	New Action	ELT / AM Strategy and Performance	

Tyne and Wear Fire and Rescue Authority

Local Code of Corporate Governance



Revised April 2018

Creating the Safest Community

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.
- 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

- Strategic Finance Manager
- Head of Policy and Engagement

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

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 plans OD Strategy Leadership Bond Engage PDR's Community Safety Strategy ATIS</p> <p>Annual review of Corporate Governance Audit reviews Other independent reviews</p> <p>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</p> <p>Employees Code of Conduct</p> <p>Vision, Mission and Values</p> <p>Whistle Blowing Policy</p> <p>Declarations of Gifts and Interests</p> <p>Anti-Fraud & Corruption Policy</p> <p>Leadership Bond / Core Values</p> <p>Protocol on Member / Employee relations</p> <p>Safecall</p>
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Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

<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. • The Authority also measures the effectiveness and impact of policies, plans and decisions. 	<p>Procurement Policy Financial Regulations Anti-Fraud & Corruption Policy Standing Orders MTFS Internal / External Audit SOPs Members Code of Conduct Employees Code of Conduct Strategic Planning Framework</p>
<p>A4. Ensure external stakeholders act with Integrity and in compliance with ethical standards.</p>	<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: <ul style="list-style-type: none"> • 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. 	<p>Information Sharing Protocols Partnership Register and Procedure Community Safety Strategy Service Level Agreements MOUs Partnership Agreements SCSP / IRMP Collaborative Working Organisational Values</p>

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

<p>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.</p>	<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. • 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 	<p>Members' Code of Conduct Employees' Code of Conduct Core Values, Mission and Vision Engage Leadership and Development Programme Members' Code of Conduct Employees' Code of Conduct FRS Framework Organisational values Members' Code of Conduct Employees' Code of Conduct Integrated Personal Development System Governance Audit Standing Orders set out role and functions of Governance Committee which includes promoting and maintaining high standards of conduct by members of the Authority Audit and Inspection Letter Strategic Finance Manager role Deputy Clerk role</p>
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Core Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of the law.

	integrate the key principles of good administrative law – rationality, legality and natural justice into their procedures and decision making processes.	
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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.

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.	<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.• An annual report on all activities conducted is published (SOAAR).• External challenge is regularly sought and acted upon.	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
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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 KPI's.</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 Plans CRP SCSP / IRMP FRSEF IIP</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</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. • We clearly publish results of consultation and evaluation for employees / public viewing. • Effective transparent and accessible arrangements for dealing with complaints and comments have been 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</p> <p>Complaints, Comments and compliments procedure</p> <p>Governance GDPR</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. • The Authority leadership sets a tone for the Organisation by creating a climate of openness, support and respect. • An effective audit committee which is independent is maintained. 	<p>SCSP / IRMP Governance Committee Members Learning Programme Consultation Policy Social Media Corporate Accounts FOI Evaluation Toolkit</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. 	<p>Members' Code of Conduct Employees' Code of Conduct Organisational values</p> <p>Leadership Bond</p> <p>SCSP / IRMP</p> <p>Organisational Development Strategy</p> <p>Role maps</p> <p>Members Code of Conduct</p>
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 	<p>Members' Code of Conduct Employees' Code of Conduct Organisational Values</p> <p>Information Sharing Protocols</p> <p>Partnership Register and</p>

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

	<p>operate in practice.</p> <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. 	<p>Procedure</p> <p>Policies and Procedures</p>
<p>C3. The Authority identifies the impact of any decisions or changes on stakeholders / communities and understands the outcomes to be delivered.</p>	<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. 	<p>Partnership Agreements</p> <p>Partnership Procedure</p> <p>Data Sharing Protocols</p> <p>Consultation Policy</p> <p>SCSP / IRMP</p> <p>Leadership Bond</p> <p>Organisational Development Strategy</p> <p>Evaluation</p> <p>MTFS</p>
<p>C4. The Authority manages the risks to the achievement of outcomes.</p>	<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. • Corporate Risk Management Group meetings. 	<p>SCSP / IRMP</p> <p>Community Risk Profile</p> <p>Corporate Risk Register and Management Group</p> <p>MTFS</p> <p>SLA with COS Legal.</p> <p>Corporate Risk Register</p>

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

		District Plans Consultation Plan Value for Money Framework Budget Framework
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. • Arrangements are in place for whistle blowing to which employees and all those contracting with the Authority have access. 	<p>A range of scrutiny committees are in place including:</p> <p>Policy and Performance Committee</p> <p>Human Resources Committee</p> <p>Governance Committee</p> <p>Complaints, Comments and Compliments procedure</p> <p>Whistle Blowing Protocols</p>

Core Principle D: Determining 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
<p>D1.The Authority has objective and rigorous analysis of options for achieving outcomes.</p>	<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. 	<p>Standing Orders and Financial Regulations SCSP / IRMP CRP Evidence based Authority reports to support decision making</p>
<p>D2.The Authority prioritises competing demands within limited resources available and arrangements are flexible to adapt to changing circumstances.</p>	<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. 	<p>SCSP / IRMP CRP A range of scrutiny committees are in place including: Policy and Performance Committee Human Resources Committee Governance Committee Community Safety Strategy</p>

Core Principle D: Determining 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 KPI's 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 KPI's set for each service area. • Evaluation toolkit available online for all employees. 	<p>Risk Management Policy</p> <p>Internal Audit and Risk Management Protocol SCSP / IRMP</p> <p>Risk Management and Assurance Database</p> <p>Results of evaluation exercises</p> <p>Quarterly Performance reporting</p> <p>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</p> <p>Monitoring Officer Protocol</p> <p>Audit and Inspection Letter</p> <p>Strategic Finance Manager role</p> <p>Deputy Clerk role</p> <p>Standing Orders and Financial Regulations</p>

Core Principle D: Determining 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 Annual Audits</p> <p>Code of Conduct for Members Code of Conduct for Officers</p> <p>District and Departmental Plans</p> <p>Information Sharing Protocols</p> <p>Partnership Procedure</p> <p>Service Level Agreements where appropriate</p>
<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 Strategic Finance Manager officer 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 Strategic Finance Manager is the Authority's 	<p>Members' Code of Conduct Employees' Code of Conduct Code of Corporate Governance</p> <p>Monitoring Officer, 151 Officer Strategic Finance Manager Delegated Powers Standing Orders Procurement Policy</p>

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

	<p>Section 151 Officer.</p> <ul style="list-style-type: none"> • 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. 	Budget Management
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 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. 	Public Meetings Focus Groups Consultation Policy Fire Authority Meetings Committee Meetings Compliance with Local Government Transparency Code

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 Pilot Member Learning and Development Programme Workforce Development Plan Investors in People accreditation Engage Programme Leadership Bond Organisational Development Strategy Members Learning Programme</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</p>
<p>E3.The Authority ensures that effective arrangements are in place for reviewing the Service as a whole, and of individual members and employees with action plans agreed for development / improvement needs.</p>	<ul style="list-style-type: none"> • The Authority actively develops skills on a continuing basis to improve performance including the ability to scrutinise and challenge and to recognise when outside expert advice is needed. • 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>Investors in People Gold award Member Learning and Development Programme Leadership Programme PDR Pilot</p>

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

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.	Asset Management Group Estates Plan Stores Replacement Vehicle Programme Procurement policy Budget Management
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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 Strategic Finance Manager and Deputy Clerk. <p>The Deputy Clerk is the Authority's Monitoring Officer. The Constitution sets out functions of Monitoring Officer as follows:</p> <ul style="list-style-type: none"> • Maintaining the Constitution • Ensuring lawfulness and fairness of decision making • Receiving reports • Conducting investigations • Proper officer for access to information • Advising whether executive decisions are within the budget and policy framework • Providing advice. <ul style="list-style-type: none"> • 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. 	<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>MTFS</p>

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. 	Alignment with ISO:22301 BCPs across Functions Risk Management RMAD LRF
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
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.	<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 in 2017. 	IAR IAO / SIRO Information Assets PIA eLearning Retention periods Data Breach Policy Privacy Notice

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. 	<p>Strategic Community Safety Plan/Integrated Risk Management Plan Strategic Partnerships</p> <p>Consultation Policy Public Meetings FA Meetings</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, achievements and the satisfaction of service users in the previous period. 	<p>Statement of Assurance and Annual Report</p> <p>Internal & External Audit Governance Statement</p> <p>SCSP / IRMP MTFS</p>

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

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 Service Level Agreements where appropriate
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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 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 Strategic Finance Manager employed by the Authority is the designated Finance Officer in accordance with Section 151 of the Local Government Act 1972 ensuring lawfulness and financial prudence of decision-making, and is responsible for the proper administration of the Authority's financial affairs.

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 (Departmental)

Department 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 FMT. The Plans do not cover the day-to-day (business as usual) activities of the department, only one-off projects.