**TYNE AND WEAR FIRE AND RESCUE AUTHORITY
ANNUAL GOVERNANCE STATEMENT 2024/2025**

1 Introduction

1.1 To meet the requirements of the Accounts and Audit (England) Regulations 2015, specifically sections 6(1)(a) and (b), the Tyne and Wear Fire and Rescue Authority (the Authority) must conduct a review of the effectiveness of its system of internal control and prepare and publish an Annual Governance Statement.

1.2 This Statement provides an overview of the Authority's governance arrangements and describes how these arrangements are reviewed annually to ensure their effectiveness and compliance with the Code of Corporate Governance.

2 Scope of responsibility

2.1 The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. Under the Local Government Act 1999, the Authority also has a duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard for economy, efficiency, and effectiveness.

2.2 In fulfil this overall responsibility, the Authority along with the Tyne and Wear Fire and Rescue Service (the Service) Executive Leadership Team are responsible for establishing proper arrangements, known as the governance framework for:

  i. The governance of its affairs and
  ii. Facilitating the effective exercise of its functions, including arrangements for managing risk.

2.3 In relation to the second point (ii), the Authority has implemented a system of internal control designed to manage risks to a reasonable level. While this system cannot eliminate all risk of failure to achieve its priorities, it can provide only reasonable and not absolute assurance of its effectiveness. The system of internal control is based on an ongoing process aims to:

  • Identify and prioritise risks to the achievement of our policies, aims and objectives.
  • Evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage them efficiently, effectively and economically.

3 The Purpose of the Governance Framework

3.1 The Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) published the 'Delivering Good Governance in Local Government: Framework' (2016) which outlines the seven principles of good governance. The Authority assesses its governance arrangements against this framework to determine it compliance with these principles.

3.2 The governance framework has been in place at the Authority for the year ended 31 March 2025 and remains in effect up to the date of approval of the Statement of Accounts.

4   The Governance Framework

4.1   The Authority's Code of Corporate Governance aligns with the principles outlined in the CIPFA/SOLACE Delivering Good Governance in Local Government: Framework (2016). This Code is available on the Service's [website.](website)

4.2   The key elements of the Authority's governance arrangements are detailed in its Code of Corporate Governance. The Code outlines the policies and processes that direct and control the Authority's operations, ensuring compliance with the seven principles of the CIPFA/SOLACE Framework.

5   Applying the principles of good governance at Tyne and Wear Fire and Rescue Authority

5.1   The Authority publicly report on the extent of its compliance with its Code of Corporate Governance and describes how it monitors the effectiveness of these governance arrangements. This statement outlines the key elements of the Authority's governance framework, which combines legislative requirements, governance principles and management processes. In this document, the Authority:

- Acknowledges its responsibility to maintain a sound system of governance.
- Summarises the key elements of the governance framework and the roles of those responsible for its development and maintenance.
- Describes how it has monitored and evaluated the effectiveness of its governance arrangements over the past year.
- Provides details on how it has addressed any issues identified in last year's governance statement.
- Reports on key governance matters identified in the annual review and commits to addressing them.

6   Governance framework - review of effectiveness

6.1   The Authority must ensure it has sound systems of internal controls that:

- Assesses its compliance with its Code of Corporate Governance.
- Provide an opinion on the effectiveness of its governance arrangements.
- Detail how continuous improvement in the governance framework will be achieved

6.2   The review of the effectiveness of governance arrangements is informed by:

- Feedback from elected members (Councillors).
- Assurance from Statutory Officers.
- Input from senior managers in the Service, who are responsible for developing and maintaining the governance environment.
- Corporate risk management arrangements.
- Independent findings from Internal Audit regarding the internal control environment, along with the Head of Internal Auditor's annual report.
- Views from the External Auditor.
- Recommendations from His Majesty's Inspectorate of Constabulary and Fire and Rescue Services or other relevant external bodies or review agencies.
- Partnership governance arrangements.
- Counter-fraud and corruption arrangements.

7   The principles of good governance

7.1   The CIPFA/SOLACE principles of good governance, when effectively applied, enable the Authority to maintain strong internal controls that support the achievement of its strategic objectives. The following principles and supporting evidence demonstrate how the Authority has achieved compliance.

7.2   **Principle A: Behaving with integrity, demonstrating a strong commitment to ethical values, and respecting the rule of law.**

   7.2.1   The Authority's constitution provides a framework for decision-making and ensures compliance with all legal, financial and statutory requirements. This framework is further supported by standing orders, financial regulations and a scheme of delegation that outlines how different types of decisions are made, specifies who is responsible for making them, and details the procedures to be followed.

   7.2.2   Under the supervision of the Monitoring Officer, the Authority adheres to legislative requirements and incorporates key principles of good administrative law – rationality, legality and natural justice – into its procedures and decision-making processes.

   7.2.3   The Authority maintains transparency in its decision-making process and ensures that appropriate legal, financial and professional advice is considered. Value for money is assessed, and the results are evaluated before decisions are finalised.

   7.2.4   The Authority operates two Codes of Conduct and Ethics: one for elected members, and another for employees. These codes uphold essential standards of conduct. New members and employees receive their respective Code during induction. The Monitoring Officer oversees the Code of Conduct and Ethics for elected members, while the Governance Committee monitors its implementation. The Services' People and Culture department manages the Code of Conduct and Ethics for employees. Any allegations of wrongdoing are investigated in accordance with disciplinary policies and procedures.

   7.2.5   The Authority maintains a register of elected members' personal and business interests, as well as a register of gifts and hospitality. The Monitoring Officer keeps these records on behalf of the Authority, while the People and Culture department manages employees' records on behalf of the Chief Fire Officer/Chief Executive.

   7.2.6   Mandatory training is required for employees on topics such as health and safety, anti-fraud and corruption, information governance and equality, diversity and inclusion. Compliance rates are tracked by the Learning and Development department and reported to management.

   7.2.7   In response to national news coverage highlighting concerns about the fire and rescue service's culture during 2023/2024, the Authority commissioned a culture review to identify ways to foster an optimal work environment for its employees. This review was facilitated by two independent organisations, which engaged employees through surveys, workshops, and focus groups. The findings were compiled into a cultural audit report, which was shared with the Authority and employees. Discussions about the findings from the review

were held with 22 departments, 64 watches, and middle managers, which equated to over 180 hours of cultural discussions focussed on identifying solutions and improvements. A Service-wide action plan was developed, and the actions are currently being implemented.

7.2.8 When working in partnership, elected members and employees understand their individual and collective roles and responsibilities concerning the partnership and the Authority/Service. There is clarity about the legal status of a partnership, and representatives clearly communicate to partners the extent of their authority to bind their organisation to partnership decisions ethically.

7.2.9 Procurement and financial regulations are established to safeguard processes that may be vulnerable to unethical behaviour. A comprehensive procurement process is adhered to in order to ensure that ethical standards are upheld. The Procurement team undergoes an ethics test as part of their Chartered Institute of Procurement and Supply (CIPS) PDP. This enables the Service to be registered as holding CIPS Corporate Ethics status, reflecting the Authority's commitment to ethical sourcing and supplier management.

7.2.10 A Counter-Fraud Framework is in place to manage the risk of fraud and corruption throughout the Authority. It outlines preventative measures and detection arrangements and provides a clear process for the investigation and prosecution, of instances of identified fraudulent or corrupt behaviour.

7.2.11 A Whistleblowing (confidential reporting) Policy and Procedure which allows for confidential reporting is in place. All reports are thoroughly investigated. Confidential and anonymous can be made via Safecall. Records of whistleblowing incidents and the outcomes of investigations are maintained, with statistics are reported to the Internal Governance Board quarterly. These measures contribute to a robust internal control framework.

7.3 **Principle B: Ensuring openness and comprehensive stakeholder engagement.**

7.3.1 The Strategic Framework for Communications, Engagement, and Consultation outlines guiding principles and details how the Service will engage with its communities. Stakeholder consultations involve both employees and external stakeholders, during which proposed plans are presented, and feedback is collected. The results of these consultations are published on the Service's website and reported to the Authority.

7.3.2 Employee engagement occurs through various methods, including listening events with the Executive Leadership Team and all staff engagement sessions. Additionally, employees are encouraged to provide feedback during team and department meetings, as well as through their line management structure.

7.3.3 The Community Risk Management Plan (CRMP) outlines how the Authority intends to deliver its services from 2024-2027. This plan undergoes extensive consultation before it is finalised and approved by the Authority. The CRMP includes the rationale behind planned activities, current performance, forecasts, a review of the effectiveness of past activities and highlights key areas for future focus.

7.3.4   The Authority is committed to transparency and acting in the public's interest. Meetings of the Authority and committee sessions are open to the public. All major decisions are documented, recorded and published in committee papers and minutes, which are available on Sunderland City Council's website. This process is managed by the Authority's democratic services team and secretariat. Confidential reports are used only when absolutely necessary and legally permitted. Significant decisions are also reported on the Service's website.

7.3.5   The Authority believes in open public reporting and limits confidentiality to only the most essential information. This includes publishing committee minutes, key decisions, a register of interests, gifts and hospitality, as well as expenses over £500, and the salaries of elected member and officers, in additional to the other requirements set out in the Transparency Code.

7.3.6   The Authority operates a Freedom of Information Publication Scheme aimed at making information accessible to the public as part of its routine business activities.

7.3.7   The Reserves Policy is published to ensure transparency for stakeholders concerning the purpose and level of the reserves held by the Authority. Regular performance information and strategic documents - including the Strategy 2025, the audited Statement of Accounts, this Statement, and the external auditor's reports are available on the Service's website.

7.3.8   The Authority proactively engages with representative bodies such as the Fire Brigades Union, GMB, and Unison. These relationships are managed through the Joint Consultative Forum, which addresses issues related to employee relations and policy development. This forum complements daily arrangements that support effective industrial relations management.

7.3.9   The Compliments and Complaints Policy and Procedure allows the Authority to respond promptly to public feedback. Submissions are monitored and reported quarterly to the Internal Governance Board and an annual report is presented to the Executive Leadership Team and Governance Committee.

7.3.10   The Authority maintains a partnership register to provide a framework for employees who are involved with or considering a new partnership, as well as to assist in reviewing existing arrangements. Formal partnership agreements with Sunderland City Council, offer specialist support services while other partnerships demonstrate clear and appropriate governance accountabilities.

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

7.4.1   The Authority clearly communicates its purpose and intended outcomes to both internal and external stakeholders. The TWFRS Strategy 2025 outlines how the Service plans to deliver high-quality services that meet the needs of its communities now and in the future. The strategy presents a clear vision, strategic goals, and priorities for a five-year period.

7.4.2   The Community Risk Profile offers a comprehensive and forward-looking assessment of risks impacting our communities, which will shape the services delivered in the coming years. The Authority understands both current and

future risks and their potential impact on the individuals who visit, live and work in Tyne and Wear. The profile is used to effectively and efficiently plan resources to address existing risks. The CRMP includes actions to ensure that risks identified in the Community Risk Profile are addressed and that resources are targeted appropriately. The CRMP explains the approach the Authority will take to support its vision, within the operational context of the Service and outlines the planned activities to deliver and achieve the intended outcomes.

7.4.3   The Medium Term Financial Strategy (MTFS) and the annual budget process ensure that financial resources align with the Authority's objectives and priorities. The MTFS serves as a framework for making financial decisions, planning and managing budgets, and utilising financial resources to support the delivery of strategic priorities. The MTFS and the Efficiency Plan are essential for delivering value for money. Additionally, the MTFS is supplemented by a Capital Strategy and Reserves Strategy.

7.4.4   Budget monitoring occurs at both strategic and departmental levels through the production of regular financial monitoring reports for capital and revenue budgets. These reports are scrutinised by budget managers and reported to the Executive Leadership Team, as well as reported quarterly to the Authority.

7.4.5   Equality impact assessments, data privacy impact assessments and risk assessments are conducted to ensure that changes in procedures do not adversely affect stakeholders and service delivery outcomes remain unaffected.

7.4.6   The Authority's governance arrangements also extend to cover the wholly owned trading subsidiary "TWFRS Ltd" which is a local authority-controlled company.

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

7.5.1   The Constitution establishes a decision-making framework that ensures all decisions are supported by relevant information, including financial, legal, and other professional advice. It requires that available options are considered and where appropriate, that both internal and external stakeholders are consulted. All decisions are formally recorded and published, subject to confidentiality requirements.

7.5.2   The Monitoring Officer ensures that the necessary arrangements are in place to facilitate effective communication between officers and elected members. The Authority's constitution outlines the roles and responsibilities of both groups, which helps facilitate informed and effective decision-making.

7.5.3   Progress on planned activities and projects is regularly monitored, with risks reviewed and reported to the Authority and its committee structure. Quarterly reports include performance against targets for key performance indicators (KPIs), as well as financial and project delivery performance. The Authority's performance management framework allows elected members to scrutinise performance data, ensuring that any identified issues are addressed and appropriate interventions agreed upon.

7.5.4   The MTFS includes actions to ensure the financial sustainability of the Authority. The budget planning process ensures budgets are prepared in accordance with the established objectives, strategies and the MTFS. This involves input from both the Service and elected members, detailing how resources will be deployed over the next few years to achieve agreed outcomes and priorities.

7.5.5   Budgets are prepared in accordance with the priorities set out in the CRMP and the MTFS, balancing priorities, affordability, and resources. This ensures all-inclusive budget process that takes into account all costs of operations over the medium and long term. The Service's Financial Management Board monitors performance against budgets, evaluating progress against planned activity and spend against set budgets.

7.6   **Principle E: Developing the Service's capacity, including the capability of its leadership and the individuals within it.**

7.6.1   The Authority has implemented effective strategic workforce planning processes to ensure it employs the right number of employees with the necessary skills to achieve the objectives outlined in its corporate plans and strategies. These processes are integrated within the Service, allowing for the proactive assessment of workforce data to identify future staffing needs. Regular reviews and planning updates are presented to the People and Culture Board, with actions taken when any issues are identified.

7.6.2   A robust recruitment and selection process is in place for potential employees, including detailed job descriptions for all roles. Induction processes for new employees, cover an introduction to the Service, its values, Codes of Conduct and Ethics, as well as specific role requirements.

7.6.3   A modular training programme is established for elected members. New members undergo induction aimed at enhancing their knowledge, skills and abilities in their individual or collective roles to fulfil the Authority's strategic objectives. This programme is supplemented by specific topic briefings, some for all members, while others are tailored to specific committee members.

7.6.4   A fitness assessment programme for operational employees is established, with fitness equipment provided at all sites. Training plans ensure that employees receive the appropriate training and development necessary to perform their roles competently and safely.

7.6.5   All employees participate in the Performance and Development Review (PDR) process, during which they have career conversations with their manager to set expectations about personal objectives and their alignment with corporate goals. PDRs help employees understand their performance and identify opportunities for training and career progression.

7.6.6   The Service's Learning and Development department promotes and supports learning and development opportunities for all employees to maximise their contribution to delivering high-quality services and facilitate succession planning. The department assists employees in acquiring and maintaining the necessary technical and professional skills, as well as knowledge specific to their roles. It identifies, addresses and evaluates learning and development needs, ensuring the quality of training and

assessment through evaluation. Additionally, it designs and implements management and leadership development programmes.

7.6.7 The health and wellbeing of the workforce is supported through various measures aimed at promoting both physical and mental wellness. These include HR policies and guidance documents, flexible working arrangements, and access to the Fitness Advisor, along with services provided or procured by the Occupational Health Unit. These services include counselling, physiotherapy, trauma support and initiatives focussed on health and wellbeing.

7.7 **Principle F: Managing risks and performance through robust internal control and strong public financial management.**

7.7.1 The Monitoring Officer is responsible for ensuring compliance with established policies, procedures, laws and regulations.

7.7.2 Effective financial management is essential for delivering services, facilitating transformational change and ensuring sound financial stewardship. The Authority has comprehensive budgeting systems and a robust system of budgetary control. This includes quarterly and annual financial reports that measure financial performance against forecasts. Additionally, the Authority's Statement of Accounts is subject to scrutiny, and the external auditor provides an annual opinion on whether the Authority is delivering value for money.

7.7.3 The MTFS links the budget-planning framework for revenue and capital budgets with the goals and priorities of the Authority and Service over a rolling four year period. The MTFS is presented to the Authority as part of the revenue budget report and published reports are accessible to the public on Sunderland City Council's website every February.

7.7.4 The budget planning framework and draft budget undergo thorough scrutiny and approval by the Authority as part of a well-established budget cycle each year. This process concludes with the final approval of a legally required balanced revenue budget in February, ensuring that a realistic and affordable budget is approved based on advice from the Director of Finance, Estates and Facilities. The Director assures elected members that the budget is prudent, affordable and sustainable.

7.7.5 Quarterly reports are submitted to the Authority, allowing elected members to scrutinise the revenue budget and capital programme along with any actions necessary. The Head of Internal Audit provides an annual assurance statement, alongside the external auditor's Annual Audit Letter. Both documents are published with the Statement of Accounts on the Service's website.

7.7.6 The Authority is committed to maintaining effective financial management and achieving value for money. The financial planning process, along with providing best value services, is understood and embedded across the Authority by both elected members and employees. A financial services team, managed by the Head of Financial Services, reports directly to the Director of Finance, Estates and Facilities. This team possesses the necessary expertise to ensures that the Authority and the Executive Leadership Team receive appropriate financial information to support the key decisions and objectives.

7.7.7 Treasury Management arrangements adhere to professional standards and are reviewed annually by elected members. The Treasury Management Policy and Strategy, along with Prudential Indicators, are monitored and reported to the Governance Committee quarterly. This ensures that the Authority's proposed capital programme is sustainable, affordable and achievable within available resources, while also informing the MTFS.

7.7.8 The Service's Performance and Improvement Board oversees progress and performance against Annual Department Plans, the Annual Operating Plan, the TWFRS Strategy, the CRMP and KPIs, The Board is responsible for monitoring and reviewing progress against performance targets and taking action when targets are not being met.

7.7.9 Members and officers recognise that risk management is part of their daily responsibilities. The Risk Management Policy and Procedure outlines the process for identifying and managing uncertainties that may impact the achievement of the Authority's objectives or activities. A corporate risk register is maintained by the Risk and Resilience department and is monitored and reported on throughout the year. An owner is assigned to each risk in the register, and they are responsible for regularly reviewing and managing their allocated risk. In the strategic risk register, identified risks are scored based on both the probability of occurrence and the level of impact. The combined outcome (risk score) is categorised using a Red, Amber and Green (RAG) system.

7.7.10 Business continuity arrangements have been established to ensure that critical services can continue to be delivered at all times. The Authority aligns its practices with ISO22301 for Business Continuity. These arrangements are designed to maintain critical services during disruptions and are regularly reviewed, developed and tested. When appropriate, business continuity plans are coordinated with partners through the Local Resilience Forum to support a collaborative multi-agency response.

7.7.11 The Senior Information Risk Owner (SIRO) holds overall responsibility for managing information risk. Established policies and arrangements are in place for handling data, supported by mandatory information governance training for employees. Information sharing protocols have been developed and agreed upon with partners and these are documented and monitored through the Partnership Register. Personal data is managed in accordance with the Act Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR).

7.7.12 Health and Safety risks are robustly managed in accordance with the health and safety policies and procedures alongside the implementation of standard operating procedures, which are regularly reviewed and updated as needed.

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

7.8.1 The Authority, with assistance from the Monitoring Officer, oversees and reviews the adequacy and effectiveness of governance arrangements and the internal control environment.

7.8.2   The Strategic Framework for Communications, Engagement and Consultation sets out the approach for engaging with the public and other stakeholders. It acknowledges the need for tailored strategies to address various audiences and highlights the increased use of social media as a communication tool. The Service's website provides information on performance, strategies, plans, financial statements and the annual report.

7.8.3   Reports and minutes from Authority and committees' meetings are publicly available on the Sunderland City Council website (the Authority's secretariat). These reports follow a structured format to ensure that the information is presented clearly and consistently to facilitate decision-making.

7.8.4   The Procurement team strives to achieve value for money while providing support, guidance and advice. They critically assess the procurement process to ensure compliance with legal requirements. When necessary, tenders are used to test the market to secure the best value contracts. The Procurement Services Manager and the team offer clear guidance on procuring goods and services in line with the Authority's standing orders, procurement best practice and regulations.

7.8.5   The risk management and internal control environment is assessed through a programme of independent assurance audits conducted by the internal audit team. Arrangements are in place to ensure that recommendations for improvement are addressed and implemented.

7.8.6   This Statement affirms that an adequate governance framework is in place for effective performance. The Authority's Statement of Accounts, along with its performance in key areas, risks and priorities are subject to scrutiny by external audit.

7.8.7   Processes are in place to record, monitor and implement improvement recommendations whether they are self-identified or come from HMICFRS, internal or external audit or other regulatory bodies. Elected members and officers receive regular reports on improvement and performance against KPIs and milestones.

7.8.8   As a public service organisation, the Authority is committed to using public funds prudently and maintaining the highest standards of conduct throughout the organisation. The Authority's Counter-Fraud Framework and Whistleblowing (Confidential Reporting) Policy support this commitment.

8   Other assurance

8.1   Internal Audit

8.1.1   The Governance Committee approved the 2024/2025 internal audit plan during their meeting on 26 February 2024. The audits conducted in the year, provided substantial assurance levels (low risk):

- Replacement of the Operational Communication System **(substantial assurance).**
- Community Risk Management Plan **(substantial assurance).**
- Risk Management **(substantial assurance).**
- Information Access Requests **(audit planned for Q4).**

- Financial Transaction Testing **(substantial assurance).**
- Human Resource Action Plan **(audit planned Q4).**

8.1.2 In addition, audit work was also undertaken on Sunderland City Council's key financial systems, which are used by the Authority. Systems audited included:

- Accounts Payable **(substantial assurance).**
- Accounts Receivable / Periodic Income (**substantial assurance).**
- Payroll **(substantial assurance).**

8.1.3 The Governance Committee received an update on the audit plan during their meeting on 21 February 2025.

8.2 **External Audit**

8.2.1 Forvis Mazars completed their audit of the 2022/2023 Statement of Accounts during 2023/2024, with the associated Audit Completion Report being received by the Governance Committee on 31 May 2024. The audit provided, as expected, full assurance of the control environment and gave an unqualified audit opinion on the audited accounts and the detailed arrangements the Authority had in place to achieve value for money.

8.2.2 The auditors have now signed off the 2023/24 Statement of Accounts, with the Auditor's Annual Report being issued on 27 February. The Statement of Accounts was published online on 28 February in compliance with the statutory deadline.

8.3 **Risk Management**

8.3.1 The Executive Leadership Team continues to monitor business continuity practices and risk management as a standing agenda item during their monthly meetings. This approach has fostered a culture that embraces risk for growth while effectively managing it.

8.3.2 The Internal Governance Board conducts a comprehensive review of the corporate risk register each quarter. This process provides a proactive understanding of individual risk events and overall risk management, optimising success by minimising threats and maximising opportunities. The outcomes of these reviews inform the bi-annual risk update reports submitted to the Governance Committee. These reports enable committee members to provide independent assurance regarding the adequacy of the risk management framework and the associated control environment. The Committee received its most recent report in February 2025.

8.3.3 In November 2024, an internal audit conducted by Sunderland City Council's Principal Auditor provided substantial assurance regarding the Service's arrangements for monitoring and reporting on the risks and mitigating actions outlined within the corporate risk register.

9 **His Majesty's Inspectorate of Constabulary and Fire & Rescue Services Inspection**

9.1 Additional assurance is provided through His Majesty's Inspectorate of Constabularies and Fire & Rescue Services (HMICFRS). The most recent inspection of the Service took place in April 2024, with the report issued on 8 October 2024. A copy of the

report titled [Effectiveness, Efficiency and People 2023–25: An inspection of Tyne and Wear Fire and Rescue Service](#) is available on the HMICFRS website.

9.2   The Service received eight 'adequate' gradings, two 'good' gradings and one 'requires improvement' across the eleven inspection diagnostics. These evaluations have been reviewed and the Service has developed an action plan to address the findings. The following summary has been extracted from the report:

Outstanding	Good	Adequate	Requires improvement	Inadequate
	Public safety through fire regulation	Understanding fire and risk	Promoting fairness and diversity	
	Responding to major incidents	Preventing fire and risk		
		Responding to fires and emergencies		
		Best use of resources		
		Future affordability		
		Promoting values and culture		
		Right people, right skills		
		Managing performance and developing leaders		

10   How the Authority addressed the 2024/2025 improvement actions

10.1   The Annual Governance Statement 2023/2024 included five improvement actions to be progressed during 2024/2025, and the Internal Governance Board monitored the progress of these actions.

10.2   One action has been completed, while three have been carried over for completion in 2025/2026. An update on these actions is provided below and on the following page:

No	Actions to be taken	Lead officer	Timescale
1	HR policies	Director of People Services	September 2025
Update: This action is ongoing. The Internal Governance Board and the Senior Leadership Team regularly review the development of policies to monitor their progress. Several policies have been reviewed, refreshed and submitted for consultation, while the remaining reviews have been assigned to the HR team. These policy reviews are in line with the established timelines.			

2	Stakeholder analysis and prioritisation	Director of Corporate Services	March 2026
Update: This action has been carried forward to 2025/2026. In 2024, the Service conducted stakeholder analysis and prioritisation as part of developing the new Strategic Communications and Engagement Practice Statement. This action will continue to promote further progress in enhancing our engagement activities with key stakeholders and standardising our approach across departments. The Service will collaborate more closely with partners to inform our targeting of activities and contribute to the development of our strategies and corporate plans.			
3	Standardisation of the Data Protection Officer role	Director of People Services	March 2024
Update: This action has been completed. The Service conducted a review to enhance its information governance practices. As a result, a set of policies has been published, and automated processes have been established to improve efficiency. Additionally, support for this area has been reevaluated. The review of the support roles resulted in the transfer of the Information Governance Advisor and Data Protection Officer positions to the Data and Information department. This move aims to improve the management of all information governance practices and ensure greater resilience for both roles. An internal audit confirmed a substantial level of assurance regarding GDPR compliance.			
4	Review the leaver checklist process to ensure it is working effectively	Director of People Services	June 2025
Update: This action has been carried forward to 2025/2026. The leaver process has been enhanced through the introduction of a new 'Leaver Checklist'. However, not all equipment and uniform items are being returned to the Service. To address this issue, the People and Culture department has formed a working group that includes representatives from Estates and Facilities, Stores and ICT. This group will review the leaver process to ensure that internal controls are effectively implemented, thereby reducing risks to the Service.			
5	Digitalisation of the Occupational Health Unit	Director of People Services	March 2026
Update: This action has been carried forward to 2025/2026. Progress has been made during 2024/2025. As of January 2024, all new employees have electronic files. Approximately 480 current employees also have electronic files, which include two years of scanned surveillance history records for reference. Additionally, a budget has been secured to hire an external company to complete the scanning of the legacy paper files into the electronic system.			

11   Governance matters identified in 2024/2025 for improvement during 2025/2026

11.1   The system of governance, including internal controls can provide only reasonable and not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded, and that material errors or irregularities are either prevented or detected within a timely manner. This system ensures that value for money is being achieved and that significant risks affecting the Service's objectives are mitigated.

11.2   The annual governance review 2024/2025 identified three new improvement actions. These actions are outlined below and will be monitored by the Internal Governance Board throughout 2025/2026.

No	Actions to be taken	Lead officer	Timescale
1	**Review and update the Authority's standing orders and scheme of delegation**	**Director of Corporate Services**	**June 2025**
	To ensure that they are: • Fit for purpose • Reflective of current regulation, law and good practice guides. • Provide an easily accessible document that sets out the governance and effective operation of the Authority and all matters delegated from them to the Chief Fire Officer or others. • To ensure that the terms of reference of each Committee reflects the actual business of these. • To ensure there is no outdated terminology or terms of a gender-specific nature across the document. • To align fully with the core code of conduct and ethics of the Service and all any that apply to Authority members. • Clearly set out the statutory roles required within the standing orders and their remits and responsibilities.		
2	**Arrange additional information governance and data protection training for the relevant Service employees.**	**Director of Corporate Services**	**April 2025**
	Arrange for further information governance training to the Data and Information team and deliver Data Protection Officer (DPO) training to the DPO, Deputy DPO, Head of function and Information Governance Advisor.		
3	**Implement the plan of the Senior Leadership Team to review and update all outdated Service policies and procedures.**	**Assistant Chief Fire Officer**	**September 2025**
	The Senior Leadership Team oversees all Service policies and procedures and has developed a plan to review and update outdated policies.		

11.3   The Internal Governance Board will ensure the delivery of the actions needed to improve the Authority's governance framework and will report on the progress against these actions.

12   Opinion on the Governance Framework

12.1   Based on the review of the Authority's governance arrangements during 2024/2025, including the internal control and risk management environments, we conclude that the Authority's governance arrangements continue to be fit for purpose.

12.2   While no review can provide absolute assurance, this statement is intended to offer reasonable assurance that there is an ongoing process for examining the Authority's governance framework and its practical implementation.

12.3   Based on the evidence examined, the Authority's governance framework has remained in place for the year ended 31 March 2025 and continues to be effective up to the approval date of the 2024/2025 Statement of Accounts.
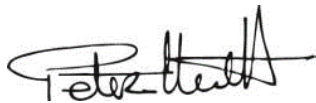
13   Agreement on the Annual Governance Statement

13.1   We consider that the governance arrangements and internal control environment, as outlined in this statement and the Authority's Code of Corporate Governance, have been effectively functioning during 2024/2025, with the exception of the improvement actions identified in sections 10.2 and 11.2.

13.2   The Internal Governance Board will conduct quarterly checks to ensure that improvements are implemented. We are satisfied that these steps will address the identified areas for improvement, and we will monitor their implementation and effectiveness throughout the year, as well as in our next annual governance review.

Councillor Phil Tye	**Peter Heath**	**Michelle Ronan**
Chair of the Fire Authority	Chief Fire Officer/ Chief Executive	Director of Finance, Estates and Facilities (S151 Officer)
Date: 17 March 2025	Date: 17 March 2025	Date: 17 March 2025