

GREATER MANCHESTER FIRE AND RESCUE AUTHORITY

AUDIT, SCRUTINY AND STANDARDS COMMITTEE

18 JUNE 2015

Subject: ANNUAL GOVERNANCE (ASSURANCE) STATEMENT

Report of the Treasurer

1. Background/Legislative Requirements

The ongoing issues faced by local authorities reflecting social, economic, and legislative change have led to the implementation of new, diverse ways of working as opposed to traditional roles. The common theme running through all Government initiatives is the need for local authorities to review the various systems and processes they have in place for managing both their own internal affairs and also, more increasingly, their relationships with their expanding number of key stakeholders. Together these systems comprise **corporate governance**.

The Fire Authority's corporate governance arrangements are summarised in its Local Code of Corporate Governance, based on an updated CIPFA/SOLACE Framework which was approved by Policy Committee on 31st January 2008. Levels of compliance with the Code are reviewed twice each year by Internal Audit to enable the Authority to measure its arrangements against the Local Code and identify areas where improvements are necessary as detailed in the Annual Review and Conclusion. This approach clearly demonstrates the current Authority position and proposed further remedial action to attain full compliance with the Local Code.

Combined with other formal assurances it also satisfies the legislative requirements (Accounts and Audit Regulations 2011 (4)) to "*...conduct a review at least once in a year of the effectiveness of its system of internal control*" which then enables the production of the Annual Governance Statement as required by the legislation.

In addition to the above statutory requirement, the Fire and Rescue National Framework for England 2012 introduced an additional requirement for all English Fire and Rescue Authorities to produce an annual statement of assurance on financial, governance, and operational matters. The current structure of the Authority's Annual Governance statement already embraces assurance on operational and prevention and protection activities. However, to fulfil the requirements of the National Framework, there needs to be more specific reference to how the Authority meets the expectations within its Integrated Risk Management Plan and also how it plans for and supports national resilience.

It was considered that the current Annual Governance Statement and its associated reporting, approval, and publication protocols could be expanded to cover the additional requirements within the National Framework and one combined assurance statement has been produced titled Annual Governance (Assurance) Statement.

Subsequent to approval by the Authority, the Annual Governance (Assurance) Statement needs to be certified by the Chairman and County Fire Officer and Chief Executive and be published with the Authority's Statement of Accounts.

2. Current Position

Internal Audit provides a continuous review of appropriate management and reporting arrangements to ensure that the Authority's approach to corporate governance is both adequate and effective in practice. Key reviews completed or supported by Internal Audit in 2014/2015 include :-

- Assessment of revised Local Code of Corporate Governance.
- Support of Risk Management arrangements.
- Support of Information Governance arrangements.
- Support of Assurance planning and reporting arrangements.
- National Fraud Initiative facilitation
- Fraud and/or irregularity investigations and reporting.
- Material systems and Control Functions assessment (by key controls quality assurance verification, system development support, and detailed system reviews).
- Special Investigations

During 2014/2015, reports on Internal Audit Activities have been presented to Members of the Audit Committee on 27th November 2014 and 18th June 2015 with the latter report containing an "assurance opinion" as follows :-

*".....assurance can be gained that the Authority is committed not only to properly managing its affairs but to striving to improve on its assurance arrangements. This is particularly evident in the key areas of risk management, service planning, performance management, and corporate governance. **In conclusion it is the opinion of the Treasurer that the Authority operates an effective overall internal control environment.**"*

However, the work performed by Internal Audit also highlights areas where improvements may be made so it is essential that the Authority continues to review and improve its assurance processes and does not become complacent as a result of this statement of assurance.

The control framework by which the Annual Governance Statement is prepared, outlining how the various assurance and control streams dovetail together, is presented in diagrammatic format at Appendix 1. This framework is based on guidance issued by the CIPFA Financial Advisory Network and has been amended only to reflect the Fire and Rescue National Framework for England 2012 and local organisational variations.

3. Proposals

A draft Annual Governance (Assurance) Statement is attached to this report. The Statement has been structured to :-

- Satisfy the requirements of the Accounts and Audit (England) Regulations 2011 and the Fire and Rescue National Framework for England 2012
- Comply with the stipulations of the Code of Practice for Local Authority Accounting (SORP).

- Incorporate current CIPFA (Finance Advisory Network) and Audit Commission guidance and proper practice.
- Provide Members with proposed actions to continue to develop areas where additional improvements can be made (action plans contained within source reports).
- Further enhance the already successful disclosure arrangements.

4. Conclusions

The production and approval of the attached Annual Governance (Assurance) Statement, although now a statutory and best practice requirement, is effectively a continual enhancement of disclosure arrangements successfully introduced by the Authority in 2003.

The Authority has always produced a wider-ranging assurance statement on the Authority's overall governance arrangements (detailing how the Authority conducts its business both internally and in its dealings with other parties) rather than simply satisfying the minimum statutory requirements for a Statement on Internal Control.

This statement continues to clearly outline the significant financial and operational issues facing the Authority, which need to be effectively managed and highlights areas where protocols are being developed to improve further compliance with the Authority's Local Code of Corporate Governance. The document is intended to demonstrate the Authority's commitment to maintaining the highest ethical standards and levels of corporate governance.

5. Recommendations

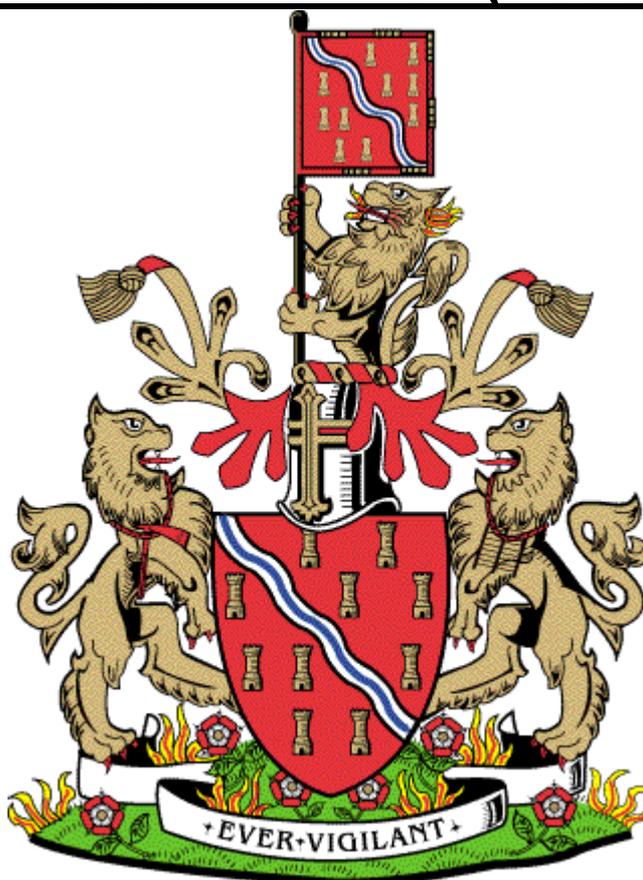
Members are asked to approve the Annual Governance (Assurance) Statement. Once approved, the Annual Governance Statement is to be signed by the Chairman and County Fire Officer and Chief Executive and included within the Authority's Statement of Accounts for 2014/2015.

Paul McKeivitt
Treasurer

There are no Background Papers to this Report within the meaning of Section 100D of the Local Government Act 1972

Paul McKeivitt
(Proper Officer)
22.05.15

ANNUAL GOVERNANCE (ASSURANCE)



STATEMENT FOR THE YEAR ENDED 31ST MARCH 2015

Greater Manchester Fire and Rescue Authority is committed to the highest standards of corporate governance as outlined in this Annual Governance (Assurance) Statement.

Governance is about how bodies ensure that they do the right things, in the right way, for the right people in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, and culture and values, by which bodies are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.

A key aspect of governance is the requirement to put into place *“effective risk management systems, including systems of internal control”*.

This Annual Governance (Assurance) Statement supports the Authority’s Statement of Accounts and outlines how it manages its affairs to deliver high quality services and ensure that public money is effectively spent.

Annual Governance (Assurance) Statement for the year ended 31st March 2015

1. Introduction/Background to the Annual Governance (Assurance) Statement

The preparation of the Annual Governance (Assurance) Statement to support the Annual Statement of Accounts is a statutory and best practice requirement for fire authorities. Its purpose is to demonstrate and evidence that there is a continuous review of the effectiveness of the Authority's internal control, performance, risk management, and operational systems. This allows an assurance on their effectiveness to be provided so that users of the accounts can be satisfied that proper arrangements are in place to govern spending, safeguard assets and maximise operational effectiveness. The process also enables the production of a corporate action plan to address any identified weaknesses.

CIPFA have confirmed that "proper practice" in relation to internal control is as detailed in the *Delivering Good Governance in Local Government* (CIPFA/SOLACE 2007) and this has statutory backing.

In addition to the above statutory requirement the Fire and Rescue National Framework for England 2012 introduced an additional requirement for all English Fire and Rescue Authorities to produce an annual statement of assurance on financial, governance, and operational matters. Traditionally the structure of the Authority's Annual Governance statement already embraced assurance on operational and prevention and protection activities. From 2013/2014 additional assurances have been included outlining how the Authority meets the expectations within its Integrated Risk Management Plan and also how it plans for and supports national resilience. These assurances have been further developed this year to ensure full compliance with current legislation and guidance.

A description of the key elements of the Authority's assurance and internal control environment is detailed at Appendix 2.

2. Vision Values (Purpose) and Aims

Following extensive consultation involving staff, partners, and members of the public a revised Integrated Risk Management and Corporate Plan 2015 – 2018 was approved by the Authority on 23rd April 2015.

The published plan reiterates the Authority's core purpose to "*protect and improve the quality of life of the people in Greater Manchester*". The Corporate Plan detailed six strategic aims to support the achievement of this purpose, viz.:- prevention, protection, response, public value, people, and principles. The Corporate Plan is underpinned by the Service's values of respect, honesty, inclusive, excellence, and professionalism.

The updated plan fully reflects the consultation feedback and fulfils a range of purposes, viz.:-

- fulfils statutory duty to provide an Integrated Risk Management Plan

- includes new emerging corporate threats and opportunities and the innovative approaches being utilised to continue to deliver the Authority's purpose and aims
- explains how the Authority engages with communities and stakeholders
- provides detail on the outcomes being targeted and how they will be measured

The Authority's values (purpose) and aims continue to reflect legislative, national, regional, and local priorities. The Corporate Plan is supported by transparent corporate goals with integration of the statutory Integrated Risk Management Plan, and associated plans including Directorate and Departmental plans.

3. Scope of Responsibility

The Authority's governance framework comprises the systems and processes, the culture and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with, and supports its community. It enables the Authority to monitor the achievement of its core purpose and strategic aims and to consider whether these aims have led to the delivery of appropriate, cost effective services.

The Authority, through its elected Members and officers, is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently, and effectively. In discharging this accountability, members and senior officers are responsible for putting in place proper arrangements for the governance of the Authority's affairs and the stewardship of the resources at its disposal.

To this end the Authority has approved and adopted a Code of Corporate Governance, which is consistent with the principles and reflects the requirements of the CIPFA/SOLACE Framework *Delivering Good Governance in Local Government*. Copies of the policy documents are available on our website.

This statement explains how the Authority has complied with the CIPFA/SOLACE Framework, identifying areas in which our governance arrangements can be strengthened. This statement also meets the requirements of regulation 4 (4) of the Accounts and Audit (England) Regulations 2011 in relation to the approval by Members of "*an annual governance statement, prepared in accordance with proper practices in relation to internal control*".

The Authority is committed to fulfilling its responsibilities in accordance with the highest standards of good governance, underpinned by the ethical behaviour of officers and Members.

The Authority is also committed to fulfilling the high level government expectations and associated priorities within the Fire and Rescue National Framework 2012 and this statement details how the Authority has complied with this additional but related framework.

The governance (assurance) framework has been in place at the Authority for the year ended 31st March 2015 and up to the date of the approval of the statement of accounts.

4. Purpose of the System of Internal Control

The Authority sets the overall strategy and policy and has put in place a well-defined organisational structure, with clearly understood lines of responsibility and delegation of authority to help ensure that strategies and policies are effectively implemented and adhered to.

The Corporate Leadership Team is ultimately responsible to the Authority for the system of internal control and reviewing its effectiveness. Any system of internal control can only provide reasonable assurance and not absolute assurance that all significant risks will be mitigated. The key issue is that risks, their potential for occurring and possible impact are identified. A conscious decision can then be made on how to prioritise and deal with those risks.

The system, therefore, is designed to effectively manage, rather than eliminate, the risks that are attached to the fulfilment of the Authority's core purpose to "*protect and improve the quality of life of the people in Greater Manchester*". The fundamental internal drivers supporting the Authority's strategic aims are - prevention, protection, response, public value, people, and principles.

5. The Assurance Framework and Internal Control Environment

The Authority's system of internal control (see Appendix 2) is based on ongoing management and review processes introduced to minimise the impact of risks to the achievement of the Authority's purpose, aims and goals. This system of internal control has been in operation in respect of the financial year ended 31st March 2015 and up to the date of approval of the annual report and accounts.

The Authority's internal control environment is fundamental to the operation of the assurance framework and is designed to manage risk to acceptable levels. It is not possible to eliminate all levels of risk of failure in respect of Authority aims and actions and accordingly can only provide reasonable but not absolute assurance of effectiveness.

In summary the Authority's Internal Control Environment includes:-

- A high level core purpose supported by associated strategic aims and values embedded in the service planning, delivery, risk management, and performance management frameworks.
- A Monitoring Officer responsible for ensuring the legality of Authority actions and supporting the Standards Committee.
- A Standards Committee (merged with Audit and Scrutiny from the 2012 municipal year) to promote and maintain high standards of conduct by the Members of the Authority.

- A hierarchical management structure governed by a Corporate Leadership Team responsible for overseeing the running of the fire service supported by a senior management Leadership Team responsible for the day to day management of their respective directorates. The above groups are supported by Borough Managers who are responsible for the delivery of all fire service activities to the people of their individual Borough.
- The provision of a robust and credible Operational Assurance function to assist in achieving the aims identified within the Corporate Plan and seeks to ensure that :-
 - a) the service delivery elements of the organisation are working effectively to fulfil the detailed requirements of the Corporate Plan
 - b) the service has a safe, well-trained and competent workforce
- The provision of a Prevention and Protection training and audit function within the Area Prevention and Protection Teams with a developing assurance function due to be fully embedded during 2015/2016.
- A comprehensive budget setting and monitoring framework with clearly defined guidelines and responsibilities with frequent reporting of performance to the Policy, Resources, and Performance committee.
- Financial Procedures which set out the arrangements for managing all financial transactions and ensuring they are promptly and properly accounted for.
- Ongoing external assessment through the EFQM Excellence Framework & LGA/CFO led Peer Challenge programme to provide independent scrutiny & challenge.
- A Corporate Plan Governance Policy & Procedure which outlines the governance arrangements for meeting groups and committees to ensure that these groups remain fit for purpose and support the achievement of our purpose and aims.
- Support for and ability to call on Local, Regional and National Resilience Arrangements.
- Mapping of service areas and related Assurance Activities by the Leadership Team and the production of an Annual Assurance Statement for each service area highlighting, by exception, areas for development.
- The development of a Review of Significant Events policy and procedure to learn from all identified issues and risks.
- An Internal Audit function that consistently meets all professional standards (as assessed by the Authority's external auditor) supports the Authority in the achievement of its improvement agenda and has responsibility for the continual review of major financial controls and the wider internal control environment.
- A local Code of Corporate Governance that is reassessed annually by Internal Audit with compliance and progress reporting to the Corporate Leadership Team and the Audit, Scrutiny and Standards Committee.

- A Risk Management Policy and Procedure, framework and Corporate Risk Register approved and frequently monitored by the Audit, Scrutiny and Standards Committee and Authority. The framework demonstrates that risk management arrangements are robust and embedded within the service planning and decision making processes of the Authority. Regular risk management reports are presented to the Audit, Scrutiny and Standards Committee outlining key risks (and their relevant movements).
- Published Anti-Fraud and Corruption Strategy, Whistleblowing Policy, and Fraud Prosecution Policy to ensure correct reporting and investigation of suspected fraudulent activities.
- A comprehensive performance management framework with clearly defined performance management targets, that measures financial and other performance data linked to the Authority's service delivery goals.
- An ICT Strategy covering a defined time period and structured under the key areas of Infrastructure, Application systems, and Management systems. The Strategy contains a range of work plans that are reviewed in line with the requirements of the IRMP and Directorate and Departmental Plans. Monitoring is via an ICT Strategy Working Group who meet periodically to consider existing projects and the requirement for new ICT systems.
- Personal Performance Review Programme dovetailed with well publicised human resources policies, associated procedures, induction processes, and Codes of Conduct designed to ensure that staff are appropriately skilled to deliver the Authority's aims and goals and conduct themselves in a proper manner.
- An Audit, Scrutiny and Standards Committee (including independent non-elected Membership) to complement the existing Committee responsibilities and oversee the work of the Internal and External Audit functions and provide independent assurance of the effectiveness of:-
 - a) The governance arrangements of the Authority and its services.
 - b) The Authority's risk management framework and the associated control environment.
 - c) The Authority's financial management framework processes and the way this relates to the performance of individual services and the Authority as a whole.
- Regular Briefings for Members of the Authority on all significant financial, operational, and strategic decisions.
- A Responsible Financial Officer supported by statute, to ensure the effective administration of the financial affairs of the Authority.

The Authority has a Service Level Agreement with Wigan MBC and its Director – Resources and Contracts (Deputy Chief Executive) has been designated Treasurer by the Authority as the responsible officer under Section 73 of the Local Government Act 1985 and Part VII of the Local Government Finance Act 1988 for the proper administration of its financial affairs.

The Director of Finance and Technical Services (DFTS) has delegated responsibilities in relation to the financial administration and stewardship of the Authority. The DTFS is a member of the Corporate Leadership Team and reports to the County Fire Officer.

The distinctive roles reflect the position of the Treasurer as accountable to the Authority and its Members, and the DTFS role in reporting directly to the CEO and to CLT.

It is considered that this approach does meet best practice as determined by CIPFA guidance in that the Chief Finance Officer is a key member of the Authority in ensuring accountability and developing financial strategy, with delegated authority to the Director of Finance and Technical Services to resource, implement and monitor financial strategy via CLT and the Authority. The Chief Finance Officer has direct and independent access to the CEO and the Leader of the Authority on all financial and governance related matters.

6. Review of Effectiveness

The Authority has a statutory responsibility to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of Committees and management with responsibility for the development and maintenance of the governance environment, the Chief Internal Auditor's Annual Report, Operational Assurance Annual Report, Protection Services Annual Report and also work completed by external inspectorates.

6.1 Internal Control

The effectiveness of the Authority's system of internal control is demonstrated by a range of independent procedures and protocols, including:-

- Corporate Leadership Team procedures and associated management action
- Financial Procedures and Financial Management reporting
- Performance Management reporting
- Committee reporting
- Monitoring Officer
- Risk Management
- Standards Committee
- Codes of Conduct
- Managers Assurance Statements and Corporate Assurance Mapping
- Operational Assurance
- Protection Services Assurance
- Internal Audit
- EFQM Excellence Model/Peer Challenge
- National Resilience

In order to help maintain consistent and appropriate standards of governance across the Authority, and to enhance the process for the compilation of the Annual Governance (Assurance) Statement, Corporate Managers' Assurance Statements have again been completed by all members of the Leadership Team.

The Assurance Statement is a self assessment to assist managers to annually review the quality of the governance arrangements around the service areas for which they are responsible. The completed statements have identified several areas at an operational level where further action is required to improve governance within the Authority. Appropriate action to address the issues has been agreed.

Collectively, these form the basis of the Authority's governance arrangements and are further validated by independent assessments from various external agencies, viz.:-

- External Audit
- External Inspectorate

The Authority is led at officer level by the County Fire Officer and Chief Executive with the support of eight senior managers with departmental or operational responsibilities who collectively form the Corporate Leadership Team. The Corporate Leadership Team is supported by a senior management Leadership Team responsible for the day to day management of their respective directorates.

The Corporate Leadership Team, in conjunction with Members, is responsible for the development of the Authority's core purpose to "*protect and improve the quality of life of the people in Greater Manchester*" as supported by six strategic aims to deliver this purpose, viz.:- prevention, protection, response, public value, people and principles.

Key goals are consistently evidenced within planning documents including the Authority's Corporate Plan, (Integrated Risk Management Plan), and associated plans including Directorate and Departmental Plans.

The success of the Authority's management and internal control arrangements is demonstrated in the key messages within the current (2013/2014) Annual Audit Letter (Authority 16th October 2014) and associated Audit Findings Report (Audit, Scrutiny, and Standards Committee 25th September 2014) viz.:-

" The Authority has well established arrangements to ensure that it is using scarce resources effectively and has a good track record of delivering planned savings.

This has been delivered against a backdrop of a radical fast moving agenda facing the whole public sector, a key element of which is to review funding continually and cut public sector dent dramatically over an extended period."

"The Authority has robust systems and processes to manage effectively financial risks and opportunities, and to secure a stable financial position that enables it to continue to operate for the foreseeable future."

6.2 Internal Audit

The Authority's governance arrangements are supported by the continuous review work performed by the Internal Audit and Operational Assurance sections.

The Internal Audit remit is under continual review to reflect and support the legislative requirements of the Section 73 (Local Government Act 1985) Officer, the required professional standards, the revisions to the responsibilities of external audit, and the key priorities of the Authority. The detailed remit of Internal Audit is revised as necessary through the Audit Committee who approve all Internal Audit Plans and receive reports on Internal Audit Activities (27th November 2014, 18th June 2015). The latter report is contained within the Annual Report for the Section which, in accord with the Accounts and Audit Regulations, provides an annual review of the Service and demonstrates that a high quality and effective Internal Audit service is provided.

As previously reported to Members, the remit of Internal Audit is no longer restricted to financial systems and associated controls. A significant proportion of the Annual Audit Plan is focused on providing assurance that operational and strategic risks are effectively managed to ensure the Authority's core purpose is achieved and quality services provided.

Internal Audit continues to review appropriate management and reporting arrangements to provide assurances that the Authority's approach to corporate governance and internal control is both adequate and effective in practice.

The County Fire Officer and Chief Executive and the Treasurer have been given the responsibility for overseeing the implementation and monitoring of the operation of the Local Code of Corporate Governance, reviewing the operation of the local code in practice, and reporting annually to the Audit, Scrutiny and Standards Committee on compliance with the local code and any changes that may be necessary to maintain it and ensure its effectiveness in practice.

In addition, the Treasurer (or his nominated officer) is responsible for reviewing independently and reporting to Members annually, to provide assurance on the adequacy and effectiveness of the Code in practice and the extent of management compliance with it. This report was reported under separate cover to the Audit, Scrutiny and Standards Committee on 18th June 2015.

Significant Internal Audit reviews on governance arrangements, risk management, internal control validation, system development/implementation, and special investigations have been completed during the financial year and reported accordingly. In all these areas the Authority has shown significant improvement in accordance with agreed action plans (Local Code of Corporate Governance, External Audit reports).

Good working relations exist between Internal Audit and Senior Management. All Internal Audit reports are issued to the Deputy County Fire Officer and all recommendations are appropriately monitored by a quarterly working group meeting to ensure that Internal Audit recommendations to improve control procedures are agreed and implemented promptly.

The External Auditor has completed reviews of Internal Audit work and although formal reports have not been issued to confirm that professional standards are maintained, they have continued to review and utilise Internal Audit work to inform their assessment of the control environment and feed into their VFM conclusion. This provides implicit confirmation that the Internal Audit work meets all the required standards.

One measure of the effectiveness of an internal audit service is its compliance with relevant standards and practices. The Public Sector Internal Audit Standards, which came into effect from 1 April 2013 set basic principles for carrying out internal audit work in the public sector and provide a basis for the evaluation of internal audit performance and improvement planning. As part of its review of effectiveness, the Internal Audit Section has completed a self assessment against the key elements of the PSIAS and concluded that there is a high degree of compliance. There are some enhancements required to current processes and documentation to further strengthen this compliance and these will be undertaken as part of the Quality Assurance Improvement Plan (QAIP) which is itself a component of the new standards. In addition, and to support the achievement of the QAIP, a process whereby peer reviews will be conducted by other audit teams across AGMA is currently being considered.

As reported to the Audit, Scrutiny and Standards Committee on 18th June 2015, the Internal Audit assurance opinion on the Authority's overall control environment is based on the reviews completed (and Management actions taken) as part of the Internal Audit Plan in respect of 2014 - 2015. Significant reviews covered key systems implementation, core financial systems, operational assurance, and a continuing assessment of key issues and corporate governance measures.

On the basis of the above, assurance can be gained that the Authority is committed not only to properly managing its affairs but also to striving to improve in respect of all governance related aspects of its functions. This is particularly evident in the key areas of risk management, performance management, service planning, and corporate governance. **In conclusion it is the opinion of the Treasurer that the Authority operates an effective overall internal control environment.**

6.3 Assurance Of Operations

The National Framework outlines the requirement of Fire and Rescue Authorities to provide assurance on operational matters. It does not prescribe how this assurance is provided, stating that operational matters are best determined locally by Fire and Rescue Authorities working in partnership with communities, local citizens, businesses, civil society organisations and others. Fire and Rescue Authorities function within a clearly defined statutory and policy framework. The key legislative documents defining these responsibilities are:-

- The Fire and Rescue Services act 2004
- The Civil Contingencies Act 2004
- The Regulatory Reform (Fire Safety) Order 2005
- The Fire and Rescue Services (Emergencies) (England) Order 2007
- The Localism Act 2011
- The Fire and Rescue National Framework for England

The purpose of this section is to provide assurance that our service is delivered in line with our statutory responsibilities and in consideration of our Integrated Risk Management Plans and local strategies including cross-border, multi authority and national arrangements.

6.3.1 Integrated Risk Management Plan (IRMP)

The Fire and Rescue National Framework sets out the requirement that each fire and rescue authority must produce an Integrated Risk Management Plan (IRMP) that identifies and assesses all foreseeable fire and rescue related risks that could affect its community, including those of a cross-border, multi-authority and/or national nature. The plan must have regard to the Community Risk Registers produced by Local Resilience Forums and any other local risk analyses as appropriate.

At Greater Manchester Fire and Rescue Service (GMFRS) we incorporate Integrated Risk Management within our Corporate Plan and combine corporate and integrated risk management to ensure we deliver our core purpose in the most effective way, and whilst integrated risk management largely determines the Service's corporate aims, corporate risk management supports their achievement. The Service reviews and updates its three year Corporate Plan / IRMP annually to ensure it remains current.

Integrated risk management is supported by the use of risk modelling, this is a process by which data is used to assess the likelihood of fire and rescue related incidents within Greater Manchester. The information is then used to identify geographic areas at higher risk, (known as Local Super Output Areas), where a combination of prevention, protection and response activities would have the greatest impact.

6.3.2 Operational Assurance

To assist in achieving the aims identified within the Corporate Plan 2015/18, the Service is committed to providing a robust and credible Operational Assurance (OA) Plan that includes constructive involvement and communication between support and development departments, Area Management Teams and their respective representatives and which seeks to ensure:

- The service delivery elements of the organisation are effectively working to achieve the aims and delivery goals set out within the Corporate Plan.
- The Service has a safe, well-trained and competent workforce to meet the demands placed upon them.

The following paragraphs provide detail on the actions and outcomes relating to delivery of the OA Plan 2014/15.

1. Operational Incident Reports – Active monitoring of operational activity provides assurance that emergency incidents are being dealt with safely and in a highly effective manner. In this reporting period the OA Team completed 71 operational incident reports; 120 days are allocated to completion of this activity.

2. Operational Incident Presentations – Whilst undertaking active incident monitoring, the OA Team capture photographic examples of good practice and improvement opportunities. These images are compiled into succinct presentations and made available to all staff to advise service improvement. During the reporting period 5 new presentations were placed on BigRed (Service intranet). Feedback has revealed these have been extremely well received.
3. Watch Training Reports – Active monitoring of watch training activities provides assurance that operational personnel are undertaking watch based training in accordance with standard operating procedures, policies and guidance. During the reporting period Area based officers have achieved 85% of the Watch Training target of 172 reports.
4. Evening Work Routine Reports – Provide assurance that station based staff are making the most efficient and effective use of the time available to them. During the reporting period a total of 109 evening work routine reports were undertaken across all ten Boroughs. This equates to 80% of their annual target. This activity resulted in the identification of common areas of improvement which have been addressed through corrective measures being implemented at Area level and follow up actions by OA.
5. Station Standards Reports – Provide assurance on the following areas:-
 - Operational Preparedness and Performance
 - Training and Development
 - Health and Safety
 - Documentation
 - Station Work Routines
 - Operational Activities (separately reported)
 - Community Safety (risk reduction work)

Each year the Area Management Teams are set a challenging target for the number of 'Station Standards' inspections to be undertaken and have achieved 89% attainment of target during 2014/15.

6. Corporate Exercise Reports - Provide assurance that the required range of training exercises is being undertaken in accordance with the Corporate Exercises Policy and Guidance Document. During 2014/15 OA Officers attended a range of 'Large Scale Exercises' (ten fire engines or more) and 'Medium Scale Exercises' (four fire engines or more) and provided a detailed report for each.
7. Thematic Reviews – A Thematic Review involves detailed research and analysis of a subject, in order to provide the Leadership Team with an informed report for due consideration. The Thematic Reviews are determined through a risk based approach and can also be demand led.
8. Debriefing Operational Activities – Reviewing workplace activity is an effective means of improving performance. During 2014/15 over 1,477 debriefs of operational incidents and training activities were completed, with any unresolved learning opportunities being progressed to OA for management at this level.
9. The Emerging Themes Register (ETR) is closely aligned to the corporate risk management process and is used to document risks and progress those requiring

resolution at a higher level (Directorate or Corporate). Activities undertaken by OA during 2014/15 have resulted in approximately 422 entries on the ETR.

10. Progressing Resolution of Issues – The contents of the ETR are progressed through a number of forums including the Operational Procedures and Equipment Forum (OPEF) and as a standing item at all Operational Risk Control Group (ORCG) meetings, where representatives from the key support departments work to find resolution.

Those risks which the ORCG are unable to resolve are placed on the appropriate Corporate or Directorate risk register and communicated to the Risk Management Advisory Group (RMAG), Leadership Team and Members (Audit Scrutiny & Standards Committee).

Active Monitoring System

During this reporting period all members of the OA Team worked closely with the Information Communication and Technology (ICT) department to develop a bespoke software system (Active Monitoring System) to replace the current recording mechanism for capturing the outcomes of the following areas:

- Debriefs
- Station Inspections (SI)s
- Borough Audits
- Tactical and Strategic Maintenance of Competency Records (TCMCR/ SCMCR).
- The Emerging Themes Register
- Safety Critical Notice

The development of this system was a significant workload for all members of the OA Team. The AMS was launched on the 1st April 2015 and the maintenance and monitoring of this system is an ongoing workload for the Team.

On the basis of the above, assurance can be gained that the Authority has robust active and reactive operational monitoring processes in place which identify, record and progress resolution of operational areas for improvement. We will continue to refine those processes to further improve cross departmental working and the subsequent effectiveness of dealing with the issues identified through monitoring.

6.3.3 Prevention & Protection Services Assurance

Prevention and Protection Directorate, Audit and Training function

Prevention and Protection Directorate has an Audit and Training function which sits within the Community Safety Training and Development Team. Within the final two quarters of 2014/15 the team has completed Protection audits for all areas scheduled in the 2014/15 audit plan and in line with the 18 month timetable.

Work has progressed with the development of the Prevention and Protection Assurance Procedure and associated Guidance with a pilot of the new procedure due to commence in the first quarter of 2015/16.

Prevention and Protection Managers have been actively involved throughout the ongoing development of the assurance procedure and associated assurance tools to ensure that all outcomes link into the Directorate planning processes.

Prevention and Protection Assurance will include constructive involvement and communication between support departments and area delivery teams; focusing on self-assessment, the recognition of notable practice and any areas to improve.

All managers who are responsible for the delivery of Prevention and Protection related activities will contribute to the assurance of these activities through the self-assessment process in line with the new procedure.

This self-assessment will be completed on an annual basis and will inform any subsequent assurance activity conducted by the Community Training and Development Team.

Assurance activities will seek to avoid unnecessary duplication and the Community Safety Training and Development Team will call upon additional information from existing assurance practice across the organisation, such as data from the Contact Centre. This information will then be used to gain further insight and direct the approach of assurance activities.

These activities will provide assurance to GMFRS stakeholders that the service delivery elements of the organisation are working to ensure the aims and delivery goals set out by the organisation are achieved.

The Community Safety Training and Development Team within the Prevention and Protection Directorate will undertake regular assurance visits to each area. The visits will provide a comprehensive assessment of the Prevention and Protection activities delivered. Key lines of enquiry covered during an assurance visit will correspond to the CFOA Operational Assessment, Fire Peer Challenge Toolkit and align to the GMFRS organisational approach to business assurance.

6.3.4 National Resilience

The support provided by GMFRS for National Resilience is comprehensive and widespread, and includes the provision of specialist teams and equipment such as:-

- Detection, Identification and Monitoring equipment, used to identify chemical substances and hazards
- Incident Response Unit
- High Volume Pumps
- Rescue boats
- Tactical Advisors with specialist knowledge of flooding's, water rescues, etc.
- National Inter Agency Liaison Officers
- Search and Rescue canine capability

Assurance was provided through the National Multi Capability Audit which involved a self-assessment and an inspection of GMFRS' resilience capabilities in November

2014. The National Resilience Assurance Team undertook the visit and GMFRS passed in all areas.

6.3.5 Business Continuity Management

Business Continuity Management (BCM) is an integral part of our corporate risk management process. In relation to BCM processes and procedures, fire and rescue authorities have to satisfy the requirements of both the Civil Contingencies Act 2004 and Fire & Rescue Services Act 2004.

We are legally required to 'write and maintain plans for the purpose of ensuring, so far as reasonably practicable, that if an emergency occurs the Authority is able to continue its functions'. This is achieved through a Business Continuity Management Group which comprises of representatives from all areas of the Organisation.

Whenever necessary, due to an emerging situation (such as a flu pandemic) affecting the availability of fire fighters, we systematically reduce the numbers of fire engines available, crewing only those fire engines that continue to provide the optimum risk based fire cover. This process of degradation continues down to a BCM minimum of 21 fire engines to meet our published performance standards in such circumstances.

We have strengthened our Business Continuity Management arrangements over recent years through the implementation of delivery goal DV24 (continue to review and develop our Business Continuity arrangements to ensure we remain well placed to deal with disruption to our service) which has resulted in the following improvements:

- Protective Security Arrangements
- Bunkered fuel supplies
- ICT resilience plan
- Recall to duty Policy
- County Guard arrangements
- BCM Cloud Portal

6.3.6 Mutual Arrangements

GMFRS holds formal, mutual agreements for reinforcements with all its surrounding fire and rescue authority areas (Lancashire, Cheshire, Merseyside, West Yorkshire and Derbyshire). Having transitioned to the North West Fire Control (NWFC) the existing mutual aid arrangements remain in force. In addition, resources from within the NWFC consortium will respond in accordance with a new NWFC statement of operations.

6.4 External Assurance

6.4.1 External Audit (Grant Thornton)

In December 2010 the Audit Commission revised its VFM methodology with the statutory conclusion being based on two criteria specified by the Audit Commission (Cabinet Office), viz.:-

- *“The organisation has proper arrangements in place for securing financial resilience.*
- *The organisation has proper arrangements for challenging how it secures economy, efficiency, and effectiveness.”*

Although the above criteria continue to be assessed greater emphasis is now placed on financial resilience and in particular the impact of:-

- a) the reduction in staff numbers as part of the financial savings programme
- b) opportunities for further service delivery efficiencies
- c) joint working with other organisations
- d) progress with the medium term financial strategy
- e) the North West Fire Control facility at Lingley Mere

The Conclusion reported against the two criteria (Audit Findings Report, September 2014) was:-

“The Authority has robust systems and processes to manage effectively financial risks and opportunities, and to secure a stable financial position that enables it to continue to operate for the foreseeable future.”

“The Authority is prioritising its resources within tighter budgets, for example by achieving cost reductions and by improving efficiency and productivity.”

The above conclusion being supported by risk-based work focussing on the robustness of the Authority’s arrangements relating to financial governance, strategic financial planning and financial control.

Appropriate External Audit reports were presented to the Audit, Scrutiny and Standards Committee/Authority meetings during 2014/2015 as follows:-

Audit Plan Update – Year Ended 31st March 2014 (1st May 2014)

Annual Audit Fee Letter – 2014/2015 (1st May 2014)

Audit Committee Update – Year Ended 31st March 2014 (19th June 2014)

Audit Findings Report – Year Ended 31st March 2014 (25th September 2014)

Audit Committee Update – Year Ended 31st March 2014 (25th September 2014)

Annual Audit Letter – Year Ended 31st March 2014 (16th October 2014)

Audit Committee Update – Year Ended 31st March 2015 Financial Statements (27th November 2014)

Audit Committee Update – Year Ended 31st March 2015 (26th February 2015)

The opinions within the above reports continue the trends from previous years' and again commented positively on the Authority's internal control and performance frameworks as outlined below: -

Audit Findings Report (25th September 2014)

Financial Statements

"The draft accounts and working papers were of good quality, finance staff responded promptly to all audit queries, and the audit has not identified any material misstatements."

Value for Money

"We are pleased to report that, based on our review of the Authority's arrangements to secure economy, efficiency and effectiveness in its use of resources, we propose to give an unqualified VFM opinion"

"The Authority has well established arrangements to ensure that it is using scarce resources effectively and has a good track record of delivering planned savings.

This has been delivered against a backdrop of a radical fast moving agenda facing the whole public sector, a key element of which is to review funding continually and cut public sector spend dramatically over an extended period."

Internal Control

"Our work has not identified any control weaknesses."

Annual Audit Letter (16th October 2014)

Key Messages:-

"The Authority delivered savings in excess of the £2.7m in its 2013/14 plan. Savings targets were achieved through a number of measures including reductions in payroll costs through changes to the shift duty system."

"As a result of a good financial performance and achieving efficiency plans for the year, the Authority was able to increase general fund balances by £1.5m to £19.1m. This will position the Authority well to respond to future budget pressures, and to meet one off costs of further service redesign."

"The Authority maintains an up to date medium term financial plan, and provides good financial information to Members. It also has an effective risk management system in place, again, with Good reporting to Members."

6.4.2 European Foundation for Quality Management and Peer Challenge Outcomes

In 2012, Members of the Audit and Scrutiny Committee agreed to adopt the EFQM Excellence framework and the LGA's Peer Challenge to provide external scrutiny following abolition of the Comprehensive Area Assessment (CAA) to provide assurance of the Service's progress in achieving its core purpose and strategic aims.

European Foundation for Quality Management

With support from the Corporate Planning and Intelligence Directorate, officers within the Service's Leadership Team prepared a self-assessment against the EFQM Excellence model in September 2012.

Overall, the Service was awarded 3 out of a possible 5 stars and is the first fire and rescue service in the UK to receive this award. In total, there were 91 potential areas for improvement. These have been reviewed by Corporate Leadership Team (CLT) and Leadership Team (LT) to group common improvement themes together and used to inform directorate priorities and activities.

A further self-assessment was undertaken during 2014/15 in preparation for an external assessment in July 2015 where the organisation will attempt to build on the 3 stars already achieved. To support service improvement we have initiated a new Development Goal DV29 around service excellence (EFQM).

Peer Challenge

Peer Challenge was developed by the sector through the Chief Fire Officer's Association (CFOA) and the LGA. It is improvement focused and looks at key areas for fire and rescue services (FRSs)

A Peer Challenge took place in February 2014, the Peer Team identified a number of strengths and potential areas for the Service to consider, many of which were delivered throughout 2014-2015.

7. Significant Partnership Assurances

The Statement of Recommended Practice (SORP) 2006 places an additional responsibility on Authorities in that their Statement on Internal Control should embrace controls over group activities where an Authority undertakes significant activities through a group. The "proper practices" guidance has extended this responsibility to controls over partnerships considered by the Authority to be significant i.e. have a detrimental effect on the Authority if the partnership failed.

At this time the Authority is satisfied that it does not need to formally review assurance arrangements in its significant partnerships due to them either being public sector bodies with their own reported assurance/governance arrangements or the Authority's financial commitment not being significant enough to justify such an assurance.

8 Significant Internal Control Issues

No significant internal control issues have been identified during the year.

The recent review by Internal Audit re-assessed each component of the Local Code, and concluded *“Greater Manchester Fire & Rescue Authority’s position against the Local Code of Corporate Governance is still considered to be strong ,therefore the Internal Audit assurance opinion is good. Given the continuing pressures the Authority has experienced and continues to go through, due to the budget cuts, Operation County Guard and Operation Cranbrook the Authority has experienced and continues to go through, is a significant achievement.*

There are some areas where further detailed work is being carried out to ensure full compliance with the code. The analysis at Appendix B details the current position of actions that were scheduled at the conclusion of the previous years review and demonstrates that work continues to address all the actions agreed with most of the key actions already completed.”

A summary of progress and further agreed action is included at Appendix 1. It also highlights some sensitive areas within the public arena that the Authority is addressing and which provide practical illustrations of the Authority’s continued commitment to effective governance.

On the basis of the opinions of the senior officers as detailed above, we are satisfied that the Authority’s internal control, corporate governance, and operational assurance arrangements are adequate and are operating effectively. We are satisfied that the enhancements identified will further improve our governance and internal control arrangements. We will assess their implementation and the effectiveness of dealing with the issues outlined as part of the formal risk management process.

Signed:

Councillor David Acton, Chairman of Greater Manchester Fire and Rescue Authority & Steve McGuirk, County Fire Officer & Chief Executive on behalf of the Members and Senior Officers of Greater Manchester Fire and Rescue Authority.

Date:

Corporate Governance Annual Statement of Assurance

Areas where improvement work is ongoing include:-

Principle 1 Focusing on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for the local area.

Partnership Policy and Procedure

The Partnership Policy and Procedure was signed off at the Leadership Team meeting in March 2015. The policy is currently being reformatted into the correct template to allow it to be placed into the intranet Corporate Document Centre.

Partnerships Strategy

There are no immediate plans to review the Partnership Strategy document. The main thrust of this year's activity will be to review and replace the Prevention Strategy and Protection Strategy with the Community Risk Reduction Strategy. The resulting changes from this and Devo Manc implementation may lead to a review of the partnership strategy at a later date.

Annual updates to the Members showing progress against the Partnerships Strategy

The last update detailing progress against the Partnerships Strategy was presented to Authority in October 2013. The implementation of the new Partnership Policy will result in a review of existing partnerships. Following this process, a further update will be provided to Authority.

Partnership and Innovations Management Board

An agreement has been reached to combine the PIMB fund, the sustainability fund and a digital communications fund in to a single "Ideas and Innovation" fund. Further cross directorate meetings are taking place in May 2015 prior to a new policy/procedure being written. Whilst this is in development, PIMB is continuing to fund innovations and Partnership working.

Redesign of SARA (Scanning, Analysing, Response, Assessment) site

The original intention was to develop the SARA tool to support continuous improvement activities and projects across the service; however it has been identified that this would introduce a lot cross over with the project planning portal that has since been introduced which is now the tool of choice for scoping and managing projects.

As a result of this SARA's primary function is now to act as a repository for partnership activity. With that in mind the intention is now to rebrand SARA as the Corporate Partnership Register in order to ensure that its use is optimised and to reduce any duplication between the systems. Currently there is no timeline for this activity but, once resources allow it is planned that a review will take place this financial year.

Performance Portal

Phase 2 of the Performance Portal is planned for the first quarter of 2015/2016. This includes:

- Station Scorecard
- Quarterly Reporting tool
- Emergency Response tool
- Internal benchmarking tool
- Advance query tool

New External Compliment, Comments and Complaints Policy

A new SharePoint log has been developed to replace the current log. The policy has been updated following a review of complaint themes and learnings for 2014/2015. The policy will be launched in Q1 2015/2016 with a video guide.

Review of Significant Events (RoSE)

A new system is being introduced for recording internal and external significant events and implementing learning from identified issues and risks. The RoSE policy and procedure will shortly be presented to Leadership Team. The RoSE portal is currently in “live test” and supporting guidance is being developed.

Principle 2 Members and officers working together to achieve a common purpose with clearly defined functions and roles.

Public Satisfaction Surveys

The Public Satisfaction Surveys were not carried out in 2014/2015 as the contract with the external provider ended in June 2014. In order to improve the timeliness and breakdown of reporting, post incident and HSC/inspection customer surveys have been brought in house, as part of the Customer Insights project. It is planned for the first series of results to be reported at the end of quarter 2 2015/2016. The second phase of the project involves looking at other newer services and how insights can be gathered to improve them further.

Principle 3 Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.

Out of date corporate governance policies on the Authority's website

Following the annual review of Corporate Governance Policies, which were approved by the Policy, Resources and Performance Committee on 20th November 2014, the following policies are currently being converted into the new templates for the inclusion in the Corporate Document Centre and on the Internet:

- Scheme of Functions Delegated to Chief Officers
- Contract Standing Orders
- Financial Regulations
- Procurement Strategy
- Public Disclosure (Whistleblowing Policy)
- Anti-Fraud Policies.

Declarations of Interests Register (Employees)

Work on the employee Register of Interest is in progress but not yet complete.

Principle 4 Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.

Openness of Local Government Bodies Regulations 2014

The Deputy Clerk & Authority Solicitor is currently reviewing the Officers' decisions recorded and published to ensure compliance with the Openness of Local Government Bodies Regulations 2014.

Principle 5 Delivering the capacity and capability of officers and members to be effective.

People and Organisation Development Strategy

A revised People and Organisation Development Strategy will be drafted in 2015/2016.

Principle 6 Engaging with local people and other stakeholders to ensure robust public accountability.

Internal Consultation and Engagement Group and Action Plan

The key outstanding actions from the 2014/2015 internal consultation and engagement action plan have been developed into the newly drafted annual delivery plan under the new Development Goal around staff engagement which sets out 2015/2016 deliverables.

Staff Survey

The staff survey is to be revised and completed in October 2015.

Significant Internal Control Issues

There were no significant control issues identified during the financial year.

Other Significant Issues

A range of governance and operational issues, involving the Authority, some attracting significant public interest have occurred during the financial year. All the issues have been recognised as major risks to the Authority and are/will be included in the Corporate Risk Register or directorate registers which outline the mitigating actions along with providing a high level mechanism to monitor the effectiveness of the actions being taken.

A précis of the issues with the remedial action taken/scheduled is detailed below, viz.:-

Operational Issues

Oldham Street Incident

Following the tragic incident in July 2013 at Pauls Hair World, Oldham Street, Manchester that claimed the life of Firefighter Stephen Hunt, the 'Operation Cranbrook Support team', have continued to support other agency investigations into the tragic circumstances behind FF Hunt's death, in particularly working closely with Greater Manchester Police (GMP), HSE and other Fire and Rescue Services. During the investigation any learning outcomes that are identified these are being captured on the RoSE portal and the progress.

A juvenile was due to stand trial at Manchester Crown Court on 13th April 2015, charged with arson being reckless as to whether life was endangered in connection with the incident. However following a short hearing on 10th April 2015 at Manchester Crown Court, the Crown Prosecution Service (CPS) confirmed they are no longer proceeding with the charges and subsequently this case has now been dropped due to insufficient evidence.

A Pre Inquest Review Hearing took place on 22nd May 2015, at Manchester Coroner's Court where arrangements were be made for the full inquest into the death of Firefighter Stephen Hunt and further dates announced. The hearing is expected to be heard by Her Majesty's Senior Coroner Mr Nigel Meadows in early 2016.

Industrial Action – County Guard

The Fire and Rescue Authority needs to respond to what is reasonably foreseeable when making its business continuity contingency arrangements. County Guard is Greater Manchester Fire and Rescue Authority's business continuity plan for industrial action. The County Guard Plan provides a framework for recruiting and training a workforce of Emergency Fire Crews (EFC) and Emergency Fire Crew Drivers (EFCD).

The plans have been implemented on a large number of occasions including protracted and discontinuous periods of strike action, and whilst refinement has assisted improvement, their fundamental structure and implementation has been found to be extremely effective.

Throughout periods of industrial action the EFCs and resilience arrangements have successfully been deployed, the EFCs have successfully attended a range of incidents and the presence of Supervisory Officers provided by non-striking personnel has meant that a wider level of operational competence has been present.

From the availability of a small number of non-striking personnel the Service was also able to provide a fire appliance(s) with personnel who were able to provide additional support to EFC (referred to as a 'Resilience Pump'). On all occasions at least one Resilience Pump has been available, crewed by non-striking officers. Where sufficient numbers of operational staff have not been taking Industrial Action further resilience pump(s) have been made available. This has also been true of the number of EFC pumps where we have sometimes provided additional appliances.

Several issues involving staff have been reported in the media, as outlined below, viz.:-

Employees

June 2014 – “Firefighter who used brigade cash to buy flight home for grieving colleague is disciplined”

The issue was in respect of inappropriate use of Authority funds and resulted in disciplinary action against the authorising officer.

March 2015 – “Fireman sacked for returning to woman’s home off duty....”

This issue followed the submission of a formal complaint by a member of the public and concerned the actions of an employee following a home risk assessment visit. The officer concerned was dismissed and is currently appealing the decision.

Economic Downturn/Financial and Service Delivery Issues

A range of articles (some positive) have been reported in the media stemming from the continuing economic/fiscal downturn, the impact of Coalition Government actions particularly in respect of funding, and the Authority budget position. The articles generally concerned the ongoing impact of the Government funding cuts and the effect on Authority finances, jobs and service provision. Key articles included.:-

May 2014 – “Firefighters pass vote of no confidence on control room for North West Region”

August 2014 – “Probe launched after Cumbrian fire crew to attend incident near Bolton”

October 2014 – “Greater Manchester to trial “fourth service aimed at reducing pressures on 999 responders”

November 2014 – “Scheme to reduce the number of fire deaths”

January 2015 – “Greater Manchester Fire to be equipped with wall-busting “super extinguisher”

January 2015 – “Firefighters “dying due to brigade cuts” according to new report”

The Authority’s consistent response is that it has prepared promptly for the financial downturn and addressed all issues in a structured way with the ongoing intention of continuing to protect and improve the quality of life of people within Greater Manchester and to adequately safeguard its officers. This action as part of the Authority’s financial planning and management processes has been consistently endorsed by the External Auditor (Grant Thornton), viz.:-

“Through service redesign and efficiencies, the Authority has contained expenditure while achieving high standards of service performance. The arrangements it has in place positions the Authority well to respond successfully to future funding reductions.”

The Authority’s governance and risk management arrangements enable it to deal openly and effectively with situations such as those highlighted above. The nature of the organisation means that there will always be difficult situations to deal with, but its internal control and operational governance mechanisms ensure that actions are taken appropriately and promptly, and it is openly accountable for those actions. This is a major strength of the Authority and a significant factor in its continuing improvement journey.

ASSURANCE FRAMEWORK

APPENDIX 2

ANNUAL GOVERNANCE (ASSURANCE) STATEMENT

