

MERSEYSIDE FIRE AND RESCUE AUTHORITY



ANNUAL GOVERNANCE STATEMENT 2025/26

Introduction

Merseyside Fire and Rescue Authority ('the Authority') is required by statute to review its governance arrangements at least once per year.

This statement explains how the Authority has complied with its Code of Corporate Governance, how the governance framework has operated during 2025/26 and the outcome of the review of effectiveness.

The Authority's Code of Corporate Governance is consistent with the CIPFA/SOLACE Delivering Good Governance in Local Government Framework (2016) and is reviewed annually. The Authority holds itself accountable for its actions and those actions are transparent in how it is delivering a service as a fire and rescue service to its community of Merseyside.

Scope of Responsibility

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.

The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this responsibility, the Authority is responsible for putting in place proper governance arrangements and a sound system of internal control, including arrangements for the management of risk.

The Purpose of the Governance Framework

The governance framework comprises of the systems and processes, through which engages with is accountable to, the community.

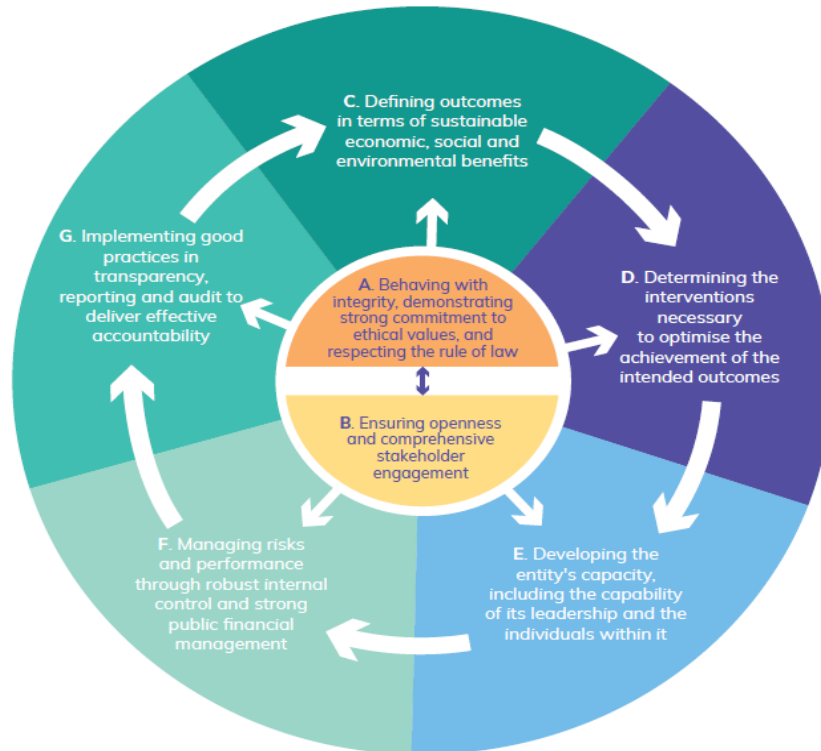
It enables the Authority to:

- Define and deliver strategic outcomes;
- Exercise effective leadership;
- Exercise effective and efficient use of resources;
- Manage risks proportionately and transparently;
- Maintain high standards of conduct and ethical behaviour; and
- Ensure accountability to stakeholders.

The system of internal control is a significant part of this framework and is designed to manage risk to a reasonable level rather than eliminate all risk. It can therefore only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework

The Authority's governance arrangements are structured around the seven core principles of good governance as detailed below:



Reproduced from 'Delivering Good Governance in Local Government (CIPFA and Solace, 2016); framework 2016 published by CIPFA \ The Chartered Institute of Public Finance and Accountancy

Principle A: Behaving with Integrity, Demonstrating Strong Commitment to Ethical Values and Respecting the Rule of Law

Ethical Values, Integrity and Leadership

The Authority maintains high standards of ethical conduct through established Member and Officer Codes of Conduct. These include the adoption of the Core Code of Ethics for Fire and Rescue Services (England) into both Codes of Conduct.

The Authority adheres to the National Fire Standards as set by the National Fire Chiefs Council. One of the Fire Standards is the Code of Ethics with reports brought before Strategic Leadership (SLT) and Members to scrutinise progress and ensure compliance.

The Authority has a strong commitment to embedding its ethical values. Training has been delivered (and continues to be delivered) across the organisation on the Core Code of Ethics and values and expectations set by the Authority. Members also receive annual training on their Code of Conduct.

Robust arrangements for managing conflicts of interest, declarations, and gifts and hospitality are in place. The Monitoring Officer undertakes an annual review of gifts and hospitality and conflicts of interests declared.

The Authority maintains a Whistleblowing (Confidential Reporting) Policy, which provides formal procedures for reporting concerns and enables disclosures to be made confidentially and without fear of reprisal. This policy forms a key part of the Authority's overall internal control and governance framework.

Whistleblowing is supported by related policies and standards, including Anti-Fraud and Corruption Policy, Employee Code of Conduct and a confidential anonymous reporting line Safecall.

The arrangements allow concerns to be reported through defined internal channels and escalated where necessary to senior management or appropriate Committees. This ensures issues are properly considered, investigated, and addressed. Together, these establish a culture of integrity, openness, and accountability, encouraging staff to speak up about wrongdoing.

The Audit Committee is the Standards Committee within the structure of the Authority. The Committee has responsibility for determining allegations under the Member Code of Conduct, and acting as the Investigatory and Disciplinary Committee for Relevant Officers. This ensures that ethical standards are actively monitored and enforced, with clear accountability.

There were no complaints made against the Members or relevant officers that related to their conduct in 2025/26.

The Authority extends its commitment to embedding integrity and ethical behaviour to its external service providers through its procurement, governance, and control frameworks, aligned with its overarching principles of openness, accountability, and integrity.

The Authority operates within a structured Procurement Strategy and Contract Standing Orders, embedded in the Constitution, which set clear expectations for fairness, transparency, and compliance with legislation (including the Procurement Act 2023) and ensures suppliers are selected through controlled, accountable processes. These frameworks require external providers to adhere to defined standards of conduct and probity as part of contractual arrangements.

Supplier and partnership risks are incorporated into the Corporate Risk Register, ensuring identification and assessment of risks associated with external providers, ongoing monitoring and mitigation through SLT and Audit Committee oversight. This ensures that ethical and governance risks linked to third parties are actively managed.

Senior leadership and Members demonstrate a clear commitment to ethical governance by setting expectations, leading by example, and maintaining strong oversight arrangements. The SLT, supported by statutory officers, actively embeds ethical standards within organisational culture, decision-making, and performance management.

This leadership is demonstrated in practice through senior officers and Members ensuring that all Committee reports include explicit legal, financial, and vision implications, with statutory officer sign-off providing assurance that decisions are lawful, transparent, and aligned with organisational values. The Monitoring Officer or their representative attends all Authority and Committee meetings, advising on legality and ethical considerations and constructively challenging proposals where required to uphold governance standards.

SLT and senior managers promote the importance of raising concerns through leadership messaging and engagement, ensuring staff feel safe and supported in doing so. Ethical and governance risks, including those linked to partnerships and external providers, are routinely reviewed by SLT and the Audit Committee via the Corporate Risk Register, demonstrating leadership accountability in regards to maintaining standards.

Respecting and complying with the rule of law

The Authority operates under a written Constitution which sets out how decisions are made, defines procedures to ensure decisions are efficient, transparent, and accountable.

Full reports are produced for Committee decisions and decisions are only made in accordance with the scheme of delegation and as such have to be signed off by statutory officers. The reports contain legal implications to ensure that all proposals are legally compliant. The Authority's Monitoring Officer and s.151 Officer (Director of Finance and Procurement) are also members of the Strategic Leadership Team which allows for early participation and direction setting for the organisation in a legally compliant and financially stable manner.

The Monitoring Officer confirms no actions of the Authority were deemed ultra vires in 2025/26 so far as is known by the Monitoring Officer. The Head of Legal Services fulfils this role, is a qualified and experienced lawyer, and is supported by a legal team.

Internal Audit provides independent assurance on effectiveness of controls and compliance with proper practice. The Authority procured its internal audit service from Liverpool City Council and the arrangement and service was in accordance with the CIPFA Code of Practice for Internal Audit in Local Government. The Internal Audit Plan for 2025/26, prioritised a combination of the key internal controls, assessment and review on the basis of risk, which was approved by the Authority during the year. All internal audit reports included an assessment of the internal controls and prioritised action plans, if relevant, to address any areas needing improvement. These reports are submitted to the relevant managers as appropriate and the Director of Finance and Procurement. An interim and year-end Internal Audit Plan reports are submitted to the Audit Committee that included summary findings of all completed audit reports and implementation of any agreed recommendations. Based on Liverpool City Councils Internal Audit work undertaken in compliance in 2025/26, their overall conclusion is that MFRS has a generally sound system of governance, risk management and internal control, which is operating effectively in most areas and supports the achievement of the Authority's objectives, based on the Internal Audit work undertaken in compliance with GIAS in the UK PS in 2025/26, they can provide Substantial assurance, with improvement required in control consistency and operational application..

The Authority adopts a culture of continuous review and improvement, where lessons learned are used to update policies, procedures, and controls. SLT monitors implementation and ensures organisational learning is embedded.

The absence of unlawful actions and significant control weaknesses, alongside audit assurance, indicates that these arrangements are operating effectively.

Principle B: Ensuring Openness and Comprehensive Stakeholder Engagement

The Authority operates a transparent governance model supported by a formal committee structure.

The Authority ensures decisions are made in the public interest and properly documented through a combination of transparent constitutional arrangements, democratic committee oversight, structured reporting including risks and implications, legal and financial scrutiny, robust policies and audit processes.

Committees such as the Authority, Policy and Resources Committee, Community Safety and Protection Committee, and Audit Committee consider and approve policies, budgets and strategic plans, provide democratic oversight and scrutiny. The Scrutiny Committee reviews performance and makes recommendations to improve outcomes. Together, these mechanisms ensure that decisions are justified, recorded, transparent and accountable to the public.

It ensures the Local Government Transparency Regulations are complied with and publishes the required information on its website.

The Authority publishes its three key corporate plans; Community Risk Management Plan, Medium Term Finance Plan and People Plan following approval by Members on its website. Stakeholder engagement and consultation are carried out when we prepare our Community Risk Management Plan and at a midway point during the life of the plan. The results of that engagement and consultation inform the development and delivery of the CRMP and are part of the approval process.

The CRMP was approved in June 2024 with a mid-term consultation conducted in 2025 and feedback provided to Members accordingly. The People Plan was also approved in June 2024 with an update being published in 2025 and the Scrutiny Committee focusing in on the culture plan updates. Lead Members were also introduced this year to allow for greater scrutiny and engagement with senior officers on the delivery of the CRMP and People Plan.

The Authority is also inspected by the His Majesty Inspectorate Constabulary of Fire and Rescue Services (HMICFRS) and Office for Standards in Education, Children's Services and Skills

(Ofsted) with the outcomes of the inspection being reported back via SLT and to Members. It also publishes details of actions resulting from inspections by HMICFRS and regular updates are provided thereafter.

The Authority has a Communications and Engagement Strategy and a policy that sets out how we consult with stakeholders.

The Authority also consults separately on changes that have a major impact on our communities (for example the closure of a fire station or the opening of a new fire station).

The results of these consultations are reported back in full to the Authority to support decision making. The Authority carries out several different types of engagement and consultation activities such as externally facilitated focus groups, public meetings, community engagement meetings, online surveys, written correspondence with stakeholders and social media posts.

The Authority continues to demonstrate a commitment to open staff and Member engagement. Members engage in station visits and staff engagement sessions based at its Service Headquarters. A

pulse survey regarding Member engagement was undertaken to plan for greater ways of positive engagement in the future.

The Principal Officers undertake briefings across the organisation to speak directly with staff, along with regular feedback from SLT being provided to managers, departmental meetings and engagement with the staff networks. All MFRS briefing emails are issued to cascade key information and the Authority's Hot News magazine is published monthly to update staff on activities within the organisation.

The Authority operates a biennial staff survey with the next survey being conducted in 2026. All feedback from staff surveys are communicated with each department to engage in further communication and strategies to address the responses the Authority wishes to improve upon.

The Authority continues to lead successful partnership working with its external stakeholders and partners. The Authority has a very strong and positive relationship including partners in Education, Health Sector, Ministry of Housing, Communities and Local Government (MHCLG) and other government departments, Local Authorities in Merseyside, Combined Authority, Kings Trust, National Fire Chief Council (NFCC), Blue Light Services and community sector partners to promote the safety of the residents of Merseyside within the scope of its powers. The Authority remains part of a collaboration forum with Merseyside Police and is an active partner of the Local Resilience Forum.

Principle C: Defining Outcomes in Terms of Sustainable Economic, Social and Environmental Benefits

The Authority's strategic objectives are defined through its Leadership Message which sets out its Purpose: Here to Serve, Here to Protect, Here to Keep you safe, and Aims:

Protect

We protect people from harm, provide advice, guidance and when absolutely necessary use enforcement to keep the public and our firefighters safe.

Prevent

We are there for you. We are a visible presence that provides reassurance, support and advice. Alongside our partners, we protect the most vulnerable and reduce inequalities.

Prepare

We will always be the best that we can be by having highly skilled and trained people who plan for every risk and keep our teams safe and effective.

Respond

We will be there when you need us most, pulling out all the stops to save lives. Whether we are taking 999 calls, or attending incidents, we keep our communities safe.

The Authority is under a legal requirement to set a Community Risk Management Plan. A working group is set up to review and analyse potential risks to include within the Community Risk Management Plan (CRMP) and a strategy day held with Members. In 2025/26 a Strategy Day was held to focus on the proposed budget and consider the financial implications against the ambitions of the Authority including to continue to deliver the CRMP 2024-27.

The CRMP 2024-27, was approved in June 2024. The Plan sets out the foreseeable risk in Merseyside, considering the demand for our services and the vulnerability of our communities. The CRMP therefore captures actions for the three years of the plan that will improve community safety in Merseyside. The actions focus on prevention of fires and other emergencies, ensuring that property owners abide by the laws related to fire safety, preparing for emergencies and delivering an effective emergency response. The CRMP is underpinned by the Service Delivery Plan and Functional Plans which can include outcomes and activities directly from the CRMP with regular updates on the progress of the actions within the organisation, Members and the public.

The Authority also has a statutory duty to ensure services are delivered with economy, efficiency and effectiveness, and to drive continuous improvement.

A five-year Medium Term Financial Plan aligns resources with strategic priorities (CRMP, People Plan and the Service Delivery Plan), ensuring affordability and sustainability. Robust budget setting and monitoring (including monthly financial reports and funds management controls) ensures spending is controlled.

The Scrutiny Committee reviews performance and decisions set out in the Scrutiny Forward Work Plan for 2025/26, helping ensure continuous improvement and best value outcomes. The 2025/26 Scrutiny Forward Work Plan scrutinised by Members included an update on the pathway to net zero for its fleet, enforcement and prosecution update, operational response times, health safety and welfare and culture.

The Authority ensures fair access to services by embedding inclusivity into its governance principles, consulting with communities, targeting vulnerable groups, applying equality policies, and continuously monitoring performance. This ensures services are accessible, equitable and responsive to the diverse needs of the public.

Under its "Prevent" corporate aim, the Authority works with partners to protect the most vulnerable and actively seeks to reduce inequalities. The Community Safety and Protection Committee considers how services are delivered to the diverse communities of Merseyside, ensuring inclusivity in service provision.

Fair access is supported by a performance management framework, including Service Delivery Plans and performance reporting. This allows the Authority to identify and address any gaps in service access or delivery.

The Authority works closely with partners to deliver priorities, particularly through prevention, protection, and community safety activities. Activities and collaborative arrangements are monitored through performance management systems, regular reporting, and scrutiny by Committees, ensuring outcomes are achieved and continuously improved.

Principle D: Determining the Interventions Necessary to Optimise the Achievement of Intended Outcomes

The Authority ensures effective delivery through integrated service and financial planning frameworks, clear alignment between corporate plans and operational delivery and regular performance monitoring and reporting to SLT and Members.

The Authority has a well-established approach to strategic planning that includes annual departmental plans (known as Functional Plans), a published Service Delivery Plan that includes the more strategic annual objectives from the Functional Plans and the three corporate plans which set out the medium-term strategic objectives.

The Authority has a set of Planning Principles that have been created through stakeholder engagement and are detailed in our CRMP.

Budgets and resource strategies are tightly aligned with strategic objectives through integrated planning, multi-year financial forecasting, robust monitoring, and clear governance, ensuring resources are effectively directed to deliver the Authority's priorities.

The five-year Medium Term Financial Plan (covering revenue, capital, reserves, and treasury management) aligns financial resources with long-term objectives, ensuring sustainability and prioritisation of key activities. The Authority approves the annual budget and capital programme. Monthly budget monitoring and regular financial reports track performance against plans. Funds management controls prevent overspending and ensure resources are used as intended.

The Director of Finance and Procurement ensures budgets are realistic, affordable, and aligned to priorities, supported by compliance with the CIPFA Financial Management Code.

The Service Delivery Plan translates strategic objectives into projects and activities, each with identified resources and lead officers, ensuring clear accountability for delivery.

In 2025/26, new service improvement, action tracking and project management processes were introduced that will standardise the Authority's approach to the development of objectives for the future and the management of projects. These new developments help us achieve an area for improvement in our 2025 inspection report (published in March 2026).

The Authority considers the performance of the Service against its objectives every quarter. The reports that are considered by the Authority are produced following performance management of those objectives by the Service's Performance Management Group and Performance Board, but other strategic Boards and their subgroups will also consider performance during each quarter.

In addition, all staff receive an annual performance appraisal to discuss their individual performance.

The Authority achieves social value through an integrated approach where procurement and commissioning are aligned to strategic objectives, community needs, ethical standards, and partnership working, supported by strong governance and oversight to ensure wider social, economic, and community benefits are delivered.

Principle E: Developing the Entity's Capacity, Including the Capability of its Leadership and Individuals

The Authority maintains organisational capacity through:

A clearly defined governance structure and Scheme of Delegation;

Strong leadership by the Strategic Leadership Team (SLT);

Member development arrangements, including learning sessions and away days;

Workforce planning aligned to strategic priorities;

Performance management, appraisal, and development frameworks;

Ongoing investment in leadership development.

Clarity over roles and responsibilities is achieved through a well-defined Constitution, clear committee structure, formal Scheme of Delegation, strong management hierarchy, and supporting policies, ensuring effective separation of duties, accountability, and robust governance between Members and officers.

The Constitution is reviewed annually, which sets out how the Authority operates, how decisions are made and the procedures to ensure transparency, accountability, and efficiency. It also details the terms of reference for each Committee to identify the roles and responsibilities of each Committee.

The Scheme of Delegation defines the powers delegated to officers and explicitly those powers which cannot be delegated. This ensures clarity between Member responsibilities (strategic oversight) and officer responsibilities (operational delivery). The Scheme of Delegation focuses on the three statutory officers posts.

The Authority has appointed all required statutory officers in line with legislative and professional requirements. The Head of Paid Service (Chief Fire Officer)– responsible for ensuring the organisation is properly resourced and that staffing arrangements are sufficient to deliver statutory functions efficiently and effectively and the day to day running of the Service. The Monitoring Officer (Head of Legal Services) – a qualified and experienced lawyer responsible for ensuring the legality of actions and decisions, supporting proper decision-making processes, confirming that no actions taken were ultra vires (outside legal powers). The Chief Financial Officer (Director of Finance and Procurement) – a qualified and experienced accountant responsible for ensuring proper financial administration.

These statutory officers are key members of the Strategic Leadership Team (SLT), ensuring governance, legal compliance and financial management are embedded in strategic decision-making. SLT meets regularly and considers legal, financial, and risk implications for all major decisions, ensuring compliance with governance standards.

Together, these arrangements ensure that the Authority has the people, structure and capacity required to deliver its statutory responsibilities effectively.

The Authority applies the Code of Practice on Good Governance for Statutory Officers by ensuring that statutory roles are clearly defined, professionally qualified and effectively resourced. These officers are integral to leadership and decision-making by applying strong legal, financial and ethical standards. Such standards are consistently maintained by seeking independent assurance and undertaking regular reviews to support ongoing compliance. This ensures lawful, effective, transparent and accountable governance across the organisation.

The People and Organisational Development Directorate support the capability of its leadership and individuals through robust arrangements for workforce planning across the organisation. All Members of SLT and other senior management undertook 360 reviews along with all staff engaging in the appraisal process. Succession planning identifies critical roles including leadership positions and provides structured development plans for our people to progress and develop into leadership roles. The Authority has adopted reverse mentoring for Members of its leadership team and is aligned with the NFCC development leadership programmes.

Principle F: Managing Risks and Performance Through Robust Internal Control and Strong Public Financial Management

The Authority's approach to risk management is strategic and embedded within governance and operational processes, supported by a formal risk management strategy and corporate risk register, overseen by Audit Committee and SLT, and subject to continuous monitoring and annual review. This ensures risks are systematically identified, assessed, managed, and reviewed, supporting effective decision-making and achievement of strategic objectives.

Risk management is integral to the system of internal control, which identifies and prioritises risks to achieving objectives, evaluates likelihood and impact, and establishes controls to manage risks effectively, efficiently and economically. Risk management is also embedded within project management processes and decision-making processes, where all reports to the SLT include a standing section on risk.

Risks are subject to continuous review and updating, including regular reassessment of existing risks and identification of new risks during the year and updates to the Corporate Risk Register. The overall governance framework, including risk management, is reviewed annually as part of the Authority's effectiveness review, supported by internal audit assurance, confirming the adequacy of risk management and control system.

The Authority's assurance framework aligns clearly with the three lines model:

1. Management controls, performance monitoring, and operational oversight
2. Risk management, governance structures, and compliance functions
3. Independent assurance from Internal Audit, supported by External Audit

Together, these provide the leadership team with robust, multi-layered assurance that governance, risk management, and internal controls are effective and operating as intended.

Management assurance.

Operational management and internal controls form the first line of defence. This includes day-to-day management by officers and the SLT, and delivery against the Service Delivery Plan with clear ownership of objectives. This also includes performance management systems, including regular monitoring and reporting using performance indicators and traffic light status and established policies, procedures and regulations (for example, financial regulations, Contract Standing Orders, Codes of Conduct). SLT receives regular updates from managers, enabling oversight of performance, risk, and service delivery.

Risk management, governance and compliance.

The Authority has a well-established risk management framework, including a regularly reviewed Corporate Risk Register, mandatory inclusion of risk considerations in all reports to SLT and Committees and ongoing identification, assessment, and mitigation of risks.

Governance and compliance arrangements include a robust Constitution, Scheme of Delegation, and policy framework, oversight by Authority Committees such as the Audit Committee and Scrutiny Committee and monitoring by statutory officers (Head of Service, Monitoring Officer and Director of Finance and Procurement) to ensure legality and proper financial management.

The establishment of the internal Board structure ensures risk is managed appropriately from the ground up within the organisation.

SLT meets regularly to review performance, risks, and key decisions, ensuring constructive challenge at senior management level. SLT continuously reviews compliance with policies, procedures, and national standards.

A scrutiny forward work programme is maintained, allowing for planned, systematic review of key issues and flexibility to examine emerging risks or priorities. The Committee can establish task and finish groups to undertake detailed reviews, supporting focused and in-depth scrutiny activity.

The Authority has Asset Management Plans for its ICT, Estates and Fleet that sets out the way in which its resources are delivered and managed in accordance with its Medium-Term Financial Plan.

In addition, policies, procedures (including business continuity arrangements), guidance and training set out in more detail how the Authority manages these assets (and data) and the responsibilities of staff in accordance with relevant legislation such as the Data Protection Act 2018.

Performance against the Authority's objectives and projects relating to these assets are managed by the relevant Departmental Board and reported to Strategic Leadership Team and Authority in accordance with the Authority's constitution.

The Authority's procurement and contract management arrangements are structured, well-governed, and regularly reviewed, ensuring compliance with regulations, clear accountability, effective oversight, and the delivery of value for money and organisational objectives.

Procurement activity is governed by a Procurement Strategy, Financial Regulations, and Contract Standing Orders, all contained within the Constitution and reviewed annually. These set out clear rules for tendering, purchasing, and contract management, including updates to reflect legislation such as the Procurement Act 2023 which was incorporated into the Contract Standing Orders after coming into force.

Procurement decisions are subject to formal Authority Committee oversight and SLT review, with reports identifying financial, legal, risk, and benefit implications, ensuring robust and informed decisions.

Procurement arrangements support the Authority's duty to achieve economy, efficiency, and effectiveness, ensuring contracts deliver value for money and contribute to service objectives.

Procurement and contract management are subject to internal audit review, external audit scrutiny and providing assurance that controls are effective and compliant.

Independent assurance (Audit).

The Authority has an independent Internal Audit function, provided by Liverpool City Council, who deliver a risk-based audit plan approved by the Authority, provide independent assurance on governance, risk management, and internal controls, issue reports with findings and action plans, monitored for implementation and produces an annual opinion, which for 2025/26 provided substantial assurance with no significant control weaknesses. The Head of Internal Audit plays a key role in promoting good governance and providing objective, evidence-based assurance to SLT and the Audit Committee.

The Authority's internal audit arrangements conform to Global Internal Audit Standards (GIAS) principles and CIPFA's Code of Practice by ensuring independence and professional delivery of audit services, a risk-based audit plan aligned to organisational priorities, robust reporting, monitoring, and governance oversight via the Audit Committee, an objective annual assurance opinion and a proactive role in enhancing governance, risk management, and internal control. These arrangements provide strong, standards-compliant assurance to the Authority and its leadership.

The Internal Audit Plan is developed using a risk-based approach, focusing on key systems, controls, and areas of greatest risk and is approved by the Authority, demonstrating governance oversight and alignment with organisational priorities. This approach reflects good practice under GIAS and CIPFA guidance, ensuring audit resources are directed effectively.

Internal Audit provides interim and annual reports to the Audit Committee which include a summary of audit activity, findings, and implementation of recommendations.

All internal audit reviews include an assessment of internal control effectiveness and provide prioritised recommendations and action plans where improvements are required. Progress against agreed actions is monitored, supporting continuous improvement and accountability.

The Head of Internal Audit provides an annual opinion on Governance, Risk management and Internal control. For 2025/26, the overall conclusion is that MFRS has a generally sound system of governance, risk management and internal control, which is operating effectively in most areas and supports the achievement of the Authority's objectives, based on the Internal Audit work undertaken in compliance with GIAS in the UK PS in 2025/26, they can provide Substantial assurance, with improvement required in control consistency and operational application.

Additional assurance from External Audit (Forvis Mazars) who audits the financial statements of the Authority and provides a value for money (VFM) conclusion have provided unqualified opinions. This reinforces assurances over financial reporting and governance. Audit Committee oversight, which reviews internal and external audit, reports and monitors risk management and governance arrangements.

External audit services are carried out by Forvis Mazars. The scope of the work undertaken by External Audit is the audit of the financial statements, to reach a conclusion on the economy, efficiency and effectiveness in the use of resources (the value for money (VFM) conclusion) and to work on the whole of government accounts return.

During 2025/26, the Auditor's Annual Audit Findings Report and Audit Annual Letter the Authority received an unqualified opinion on the 2024/25 financial statements.

HMICFRS contribute additional independent challenges and feedback on performance and governance.

The Authority has established and maintains robust counter fraud and anti-corruption arrangements that align with the principles of the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014). The Authority has a formal Anti-Fraud and Corruption Policy in place, supported by Employee Code of Conduct and Whistleblowing (Confidential Reporting) Policy. These policies promote a clear zero-tolerance approach to fraud and corruption and set expected standards of

behaviour. Counter fraud arrangements are embedded within the Constitution, Financial Regulations, and Contract Standing Orders, which are reviewed annually.

Clear roles and responsibilities, supported by the Scheme of Delegation, ensure accountability for preventing and managing fraud risks. Fraud risk is managed as part of the Authority's corporate risk management framework, including the Corporate Risk Register and regular review by the Audit Committee and SLT. This ensures fraud risks are identified, assessed, and mitigated effectively. A strong internal control environment includes financial systems and budget monitoring controls (e.g. funds management system preventing overspending), procurement and contract controls and segregation of duties and clear procedures. These controls reduce opportunities for fraud and support compliance with proper practices.

The Authority has assessed itself against the requirements of the national Internal Governance and Assurance Fire Standard using the National Fire Chiefs Council gap analysis tool. In 2025/26 there were 14 criteria where the Authority considered it had a "substantial" level of assurance and 9 criteria where it assessed itself as having a "reasonable" level of assurance. There were no areas of "limited" assurance. The Authority has taken steps to improve on the limited assurance areas and new developments such as the Service Improvement and project management processes are expected to lead to a substantial level of assurance in a number of areas when the gap analysis is reviewed during 2026/27.

Principle G: Implementing Good Practices in Transparency, Reporting and Audit to Deliver Effective Accountability

The Authority ensures accountability through:

- Effective engagement with Internal Audit, External Audit (Forvis Mazars), and HMICFRS;
- Timely response to audit findings and implementation of action plans;
- Oversight by the Audit Committee;
- Publication of the annual Statement of Assurance;
- Structured performance and governance reporting.

The Authority welcomes external challenge and uses findings to drive continuous improvement and strengthen governance.

The Authority ensures timely response and support to audit and inspection activity through formal protocols and structured engagement with internal and external auditors, prompt reporting and action planning for audit findings. This includes strong oversight by the Audit Committee and SLT, integration of findings into performance management and risk frameworks and a culture of continuous improvement informed by external challenge. These arrangements ensure that audit and inspection activity is effectively supported, acted upon, and contributes to strengthening governance and control.

A risk-based audit plan is approved annually, ensuring alignment with organisational priorities. Audit findings are reported promptly to relevant managers and the Director of Finance and Procurement and accompanied by prioritised action plans.

Progress on recommendations is monitored and reported via interim and annual Internal Audit reports, oversight by the Audit Committee, ensuring timely follow-up and implementation.

The Authority maintains well-established protocols for working with External Audit (Forvis Mazars). External audit work is supported by the provision of timely, accurate financial information and documentation and presentation of clear and comprehensive reports, including the Statement of Accounts. The Authority's consistent unqualified audit opinions demonstrate effective cooperation and responsiveness.

The Audit Committee plays a central role in ensuring all audit and inspection findings are considered, challenged, and acted upon. The implementation of agreed recommendations is monitored and audit work provides value for money and effective assurance.

The Authority's governance framework incorporates feedback from internal auditors, external auditors and HMICFRS. Findings from these bodies inform the annual review of effectiveness and are used to drive continuous improvement.

A strong performance management framework enables monitoring of actions arising from audit and inspection and reporting of progress to SLT and Members.

The Authority publishes its Statement of Assurance in December each year in accordance with the requirements of the National Framework for Fire and Rescue Services

The Authority also develops plans for responding to national actions impacting the sector such as those resulting from the Grenfell Tower and Manchester Arena Inquiries.

Those action plans are managed by officers as part of the Service's performance management processes and progress is reported to Authority.

Areas of learning and improvement are typically picked up and actioned through the Service's strategic Board structure and SLT for areas of general organisational learning.

Specific operational learning (both internal and external) is identified through processes managed within our operational departments. During 2026/27 the implementation of our Service Improvement process will lead to an alignment of these approaches.

Review of Effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework, including the system of internal control.

The review is informed by:

- The work of Internal Audit and the Head of Internal Audit's annual opinion;
- Reports from External Audit;
- Oversight and challenge provided by the Audit and Scrutiny Committees;
- The work of the Strategic Leadership Team;
- Performance management frameworks and risk monitoring;
- Governance self-assessment, including compliance with national fire sector standards.

The Director of Finance and Procurement has confirmed no significant weaknesses in compliance with these principles.

External audit services are carried out by Forvis Mazars. The scope of the work undertaken by External Audit is the audit of the financial statements, to reach a conclusion on the economy, efficiency and effectiveness in the use of resources (the value for money (VFM) conclusion) and to work on the whole of government accounts return.

During 2025/26 the Auditor’s Annual Audit Findings Report and Audit Annual Letter the Authority received an unqualified opinion on the 2024/25 financial statements.

2025/26 Review and Significant Governance Issues

The Authority’s review of effectiveness for 2025/26 has not identified any significant governance failings or issues that require formal disclosure.

However, consistent with a commitment to continuous improvement and strong governance maturity, the review has highlighted a small number of areas where further development and strengthening of arrangements will support the Authority in maintaining resilience and transparency in an evolving operating and financial environment.

These areas are not considered to represent weaknesses in control but rather opportunities to enhance existing arrangements. They include:

- Further embedding of programme and project governance disciplines, particularly in relation to service improvement activity, to ensure consistency of approach, benefits realisation, and clear audit trails.
- Ongoing development of risk management practices, including ensuring clear alignment between strategic risks, operational risks, and performance reporting.
- Continued strengthening of performance reporting clarity, ensuring that outcomes, risks, and resource implications are consistently integrated and clearly articulated for Members.

The Authority has already initiated work in these areas through existing governance and improvement frameworks, overseen by the Strategic Leadership Team and reported, where appropriate, to the Audit Committee.

The Authority is satisfied that these actions will further strengthen its governance framework and support the delivery of its strategic objectives.

Certification

To the best of our knowledge, the governance arrangements as outlined in this Annual Government Statement, have been operating during the year, providing an effective framework for identifying governance issues and taking mitigating actions. Over the coming year the Authority will continue the operation of its governance framework and take steps to carry out the actions for managing any governance issues identified above or that materialise in the year.

Signed

Name

Chair of the Audit Committee

Signed.....

Name

Chief Fire Officer