Yorkshire Dales National Park Authority **Item 6**

Audit and Review Committee

25 November 2025

Annual Governance Report

Purpose of the Report

1. To present the Annual Governance Report which sets out how the Authority has complied with the Local Code of Corporate Governance during the past twelve months. This includes a review of the effectiveness of the Authority's governance arrangements and the Local Code of Corporate Governance.

Recommendations

2. That Committee:

   (i) comments on the assessment of the Authority's governance arrangements;

   (ii) receives this Annual Governance Report; and

   (iii) approves minor changes to the Local Code of Corporate Governance (**Appendix A**).

Strategic Framework

3. The information and recommendation(s) contained in this report are consistent with the Authority's statutory purposes and support the strategic planning framework:

   - Corporate Plan Objective 30:

     Operate Governance arrangements that are fit for purpose, as reported through the Annual Governance Statement and Annual Governance Report.

Background

4. "Governance" is about how local government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. The Authority has based its Local Code of Corporate Governance (Local Code) on the framework provided by 'Delivering Good Governance in Local Government' (Governance Framework), published by CIPFA (the Chartered Institute of Public Finance and Accountancy) and SOLACE (the Society of Local Authority Chief Executives); the current edition dates from 2016.

5. The Local Code is intended to assist authorities in developing an informed approach to governance that achieves the highest standards in a measured and proportionate way. The overall aim is to ensure that:
    - resources are directed in accordance with agreed policy and priorities;
    - there is sound and inclusive decision-making; and
    - there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

6. The Authority has adopted a cyclical approach to its corporate governance arrangements, illustrated by the diagram at **Appendix B**. This means that the Local Code is reviewed annually. This report should not be seen in isolation, but in conjunction with other processes which form part of the Authority's governance arrangements including:
    - the priorities-setting process;
    - the production of a Corporate Plan and annual Budget that reflect those priorities;
    - regular monitoring and public reporting of performance, including annual reports of progress in relation to the National Park Management Plan, Corporate Plan, and the implementation of policies in the Local Plan;
    - performance appraisal of staff, including the setting of actions designed to deliver the objectives in the Corporate Plan;
    - the maintenance of the strategic risk register and the operational risk register;
    - the continual refreshment, through review, of the Authority's suite of policy and strategy documents;
    - the training delivered to Members and to officers through the year;
    - the external accreditation of the Authority's people management (Investors in People) process;
    - external and internal Auditors' reports;
    - regular monitoring of targets and financial performance by SMT.

Review of Governance arrangements since last year's report

7. This process includes:
    a) Maintenance of the Local Code through annual review. The review has identified a small number of minor changes, to take account of work completed during the last twelve months to keep the suite of policy and governance documentation up to date. The suggested changes are highlighted at **Appendix A**.
    b) Monitoring of progress in relation to the actions identified in the 2024/25 Annual Governance Statement. Members should note that good progress has been made and there are no matters to highlight for attention. An update is provided at **Appendix C**.

8. Significant governance-related actions and achievements are summarised in **Appendix D** to this report. The following actions are programmed to take place during the current financial year (to 31 March 2026):

   - Publish a detailed assessment of the Authority's performance in 2024/25 (completed)
   - An internal audit of complaints and compliments (following the change from CSE to an internal audit approach)
   - Produce the Annual Governance Statement (completed)
   - Produce an Annual Governance Report including a review of the Local Code of Corporate Governance (completed)
   - Provide the agreed programme of Member training for 2025/26

Sources of assurance

9. In corporate governance terms, Authority Members should look for assurance that proper governance arrangements are in place. This report is part of that process; the other main sources of assurance are as follows:

   - The annual report of the external auditor for 2024/25 from Forvis Mazars LLP. The draft Value for Money assessment will be presented to Audit and Review Committee in November. The annual audit will be completed during December and January and an opinion given by the 28 February 2026, when the Annual Accounts will be presented to Finance and Resources Committee for approval.
   - Internal Audit (Veritau) concluded that the Authority has embedded risk management arrangements within the organisation that operate effectively; and that the Authority's corporate governance arrangements are sound (report to this committee, 15 April 2025).
   - In 2014, CIPFA produced a voluntary code of practice for public bodies on "Managing the Risks of Fraud and Corruption", the principles of which have been adopted in the Authority's Anti-Fraud, Bribery & Corruption Policy. The organisation has adopted a response that is appropriate for its fraud and corruption risks and is committed to maintaining its vigilance against fraud.
   - The three statutory officers of the Authority (the Chief Executive, Chief Finance Officer and Monitoring Officer) have independent legal obligations which include reporting on any matters where the probity or legality of the Authority's actions or proposed actions is at stake. There are no matters to report.

Ombudsman complaints

10. The Local Government & Social Care Ombudsman (the Ombudsman) investigates complaints of injustice arising from maladministration by Councils and other authorities, including National Park Authorities. The Annual Letter for 2024/25, summarises complaints relating to the Authority that were received by the Ombudsman in the year to 31 March 2025. There were no complaints reported to the Ombudsman during this period.

Data breaches

11. There have been nine (9) data breaches in the reporting period which are summarised in **Appendix E** together with the remedial action taken. A trend chart has also been included to illustrate the annual number of data breaches since they started being reported to this Committee as part of the Annual Governance Report in November 2021. The data shows that numbers have spiked this year.

12. Whilst there has been a sharp increase from the one data breach reported last year, that figure was very low in comparison to previous reporting periods, which suggests that data breaches were underreported last year. Increasingly busy officer workloads means that there is a greater likelihood of data breaches occurring. However, officers continue to engage well with data protection requirements, completing mandatory training every three years, receiving regular data protection updates and reporting breaches. Data breaches will be monitored over the coming 12 months to determine whether any changes to training or systems are required.

Financial Implications

13. None.

Legal Implications

14. None

Equality, Diversity and Inclusion Implications

15. None. The Equality, Diversity and Inclusion Policy was reviewed in May. The revisions adopted by Members improve clarity for all stakeholders by expanding the definitions section, particularly for those unfamiliar with EDI terminology; strengthen the Authority's commitment to EDI and maintain a consistent and impactful tone, reinforcing a shared sense of responsibility.

Conclusion

16. There are no other significant developments in public sector governance that require bringing to the attention of Committee other than as detailed in this report.

Clare Burrows
Director of Corporate Services

Appendix A

Local Code of Corporate Governance

1. Introduction

1.1 Every local government body operates through a governance framework that brings together an underlying set of legislative requirements, governance principles and management processes. Corporate governance arrangements encompass all of the policies and procedures that determine and control the way the *A*uthority operates.

1.2 Good governance is underpinned by a positive organisational culture, where leadership, behaviours, staff engagement and ethical conduct contribute to good management, strong performance, responsible stewardship of public money, meaningful public engagement and, ultimately, positive outcomes from the service provided.

1.3 The foundation of the Authority's corporate governance arrangements can be traced directly to the "Good Governance Standard for Public Services" published by the Independent Commission on Good Governance in Public Services in January 2005, and subsequently refined for local government through a framework promulgated in 2007 by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE).

1.4 In March 2008, the Authority adopted its own governance principles, customised to its needs and circumstances from this framework. Since then, local government has been subject to continued reform to improve local accountability and engagement, and in 2016 CIPFA and SOLACE produced a revised framework "Delivering Good Governance".

1.5 This framework defines the principles that should underpin the governance of each local government body and provides a structure which should assist individual authorities with their governance arrangements.

1.6 The Core Principles are:

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

B: Ensuring openness and comprehensive stakeholder engagement;

C: Defining outcomes in terms of sustainable economic, social and environmental benefits;

D: Determining the interventions necessary to optimise the achievement of the intended outcomes;

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

F: Managing risk and performance through robust internal control and strong public financial management; and

G: Implementing good practice in transparency, reporting and audit to deliver effective accountability.

1.7 In addition to the overarching requirements for acting in the public interest in Core Principles A and B, achieving good governance also requires a commitment to Core Principles C to G. In order to translate these principles into practice, the Authority has adopted this Local Code of Corporate Governance.

2. The Authority's Core Values and Behaviours

2.1 The Authority has adopted six core values and behaviours, which apply to all its work. These values are embedded in recruitment, induction, performance management, leadership development, the annual appraisal processes and are included in job descriptions:

- Improvement: We will continually strive to improve our performance in delivering National Park purposes.
- Accountability: We will explain and take responsibility for our decisions and actions.
- Commitment: We will do what we say we will do.
- Integrity: All our relationships will be built on honesty, respect, transparency, equality and impartiality.
- Open and approachable: We will be open to new ways of doing things and will work positively with others to achieve our objectives in ways that help them meet theirs.
- Valuing and empowering our People: We will value the people who work for us and will work to ensure that they are equipped, supported and empowered to provide professional services to the public.

3. Responsibilities

3.1 All Members of the Authority are collectively and individually responsible for good governance.

3.2 Primary responsibility rests with the Chair of the Authority who has a key role in ensuring there is a culture within the organisation which reflects its values. The Chair is supported in this role by all Members, but in particular the Deputy Chair, the Committee Chairs and the Member Champion for Corporate Management.

3.3 Audit & Review Committee is responsible for advising the Authority on its corporate governance policies and agenda and ensuring the implementation and management of the Authority's agreed policies in this area. It receives an annual governance report from the Monitoring Officer.

3.4 Standards Committee has an important responsibility in the ethical governance of the Authority in its role to promote and maintain high standards of conduct by Members of the Authority and also to decide upon written applications by Members for dispensations to speak, or to speak and vote, when they have a disclosable pecuniary interest. The Committee also has the power to make

recommendations to the Authority on issues of Member conduct, where these arise out of its consideration of applications for dispensations and to make recommendations on the Authority's Code of Conduct and related policies or protocols.

3.5 At officer level, good governance is first and foremost the responsibility of the Authority's three Statutory Officers - the Chief Executive, the Treasurer, and the Monitoring Officer. Amongst their key responsibilities is providing leadership in promoting a culture and practice of good governance throughout the Authority. This includes actively supporting staff wellbeing, inclusion and professional development, recognising that a motivated, capable and engaged workforce is essential to delivering effective public services.

3.6 The lead officer on governance issues is the Monitoring Officer who is responsible in particular for:

- monitoring the operation of this Code, ensuring that it remains up to date, and that any significant developments in public sector governance are brought to the attention of the Authority and, if appropriate, that recommendations for action are considered by Members;
- ensuring that the Authority's structures, policies and procedures are kept under review in support of the Local Code of Corporate Governance, which is in turn reviewed annually by the Senior Management Team and by the Audit & Review Committee; and
- drawing any concerns to the attention of the other statutory officers and, if necessary, to Members.

3.7 The Authority's internal and external auditors also assess the Authority's governance arrangements, and their work provides an important part of the assurance to Members that governance arrangements are sound. Details of these and other assurance arrangements are published annually by the Authority as part of an Annual Governance Statement which accompanies the Statement of Financial Accounts.

3.8 This Local Code of Governance has been produced to show how the Authority will implement the core principles and sub principles of the CIPFA/ SOLACE framework and to demonstrate full compliance with it.

4. Local Code of Corporate Governance – Core Principles

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

Supporting Principles	What Evidence/Assurance is in place at YDNPA
Behaving with integrity	
Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly demonstrated thereby protecting the reputation of the Authority Ensuring Members and Officers take a lead in establishing specific standard principles or values for the organisation (based on seven Nolan Principles) Leading by example and using the principles as a framework for all actions and decisions Demonstrating, communicating and embedding the standard operating principles through appropriate policies and processes, which are regularly reviewed to ensure effectiveness Embedding a culture of integrity across all levels of the Authority, supported by clear expectations, regular training and leadership role-modelling.	• Mission and Core Values Statement • Member Code of Conduct • Social Media Protocol for Members • Staff Code of Conduct • Member - Officer Protocol • Equality, Diversity and Inclusion Policy • Scheme of Delegation and records of delegated decisions • Standing Orders • Financial Regulations • Local Code of Corporate Governance • Role of Audit & Review Committee and Standards Committee • Procedure for Local Assessment of Member Code of Conduct complaints • Appointment of Independent Persons to Standards Committee • Duties and responsibilities of Members including job descriptions for the Chair and Members • Guidance on the Member Champion Initiative • Staff Appraisal process linked to Core Values and behaviours • Induction programme • Mandatory training on specific equality, diversity and inclusion topics
Demonstrating strong commitment to ethical values	
Seeking to establish, monitor and maintain the Authority's ethical standards and performance Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the Authority's culture and operation Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	• Equality, Diversity and Inclusion Policy; the Equality, Diversity and Inclusion Working Group • Annual report on equality compliance Finance and Resources Committee • HR policies in place to maintain ethical values and deal with issues concerning conduct • Complaints procedure • Anti-Fraud, Bribery and Corruption Policy • Confidential Reporting procedure • Role of three Statutory Officers • Appointment of internal and external auditors and reporting arrangements in place to Audit and Review

Ensuring that external providers of services on behalf of the Authority act with the integrity and ethical standards expected by the Authority Embedding a culture of ethical behaviour across all levels of the Authority, supported by clear expectations, regular training and leadership role-modelling.	Committee with statements in annual reports to the Authority • Annual Governance Report and Annual Governance Statement reporting on effectiveness and significant issues • Behaviours connected to Core Values • Induction programme • Mandatory training on specific equality, diversity and inclusion topics
Respecting the rule of law	
Ensuring Members and Officers understand their legal responsibilities and are equipped and supported to demonstrate a strong commitment to the rule of law. Creating the conditions for the three Statutory Officers and Members to fulfil their regulatory responsibilities Striving to optimise the use of full powers available for the benefit of stakeholders Dealing effectively with breaches of legal or regulatory provisions Ensuring corruption and misuse of powers are dealt with effectively	• Register of Members Interests, updated regularly and published on the YDNPA website • Register of Officer Interests • Registration of Related Party Transactions • Declarations of lobbying and declarations of interests at Authority and committee meetings • Transparency about business dealings between the Authority, Members and senior Staff
Core Principle B: Ensuring openness and comprehensive stakeholder engagement	
Supporting Principles	**What Evidence/Assurance is in place at YDNPA**
Openness/ensuring an open culture	
Ensuring an open culture through demonstrating, documenting and communicating our commitment to openness Making decisions that are open and transparent; presumption against confidentiality without justification Providing clear reasoning and evidence relating to actions and decisions, and	• Authority and Committee meetings held in public; Authority and Planning Committee meetings are recorded • Publication of agendas, reports and minutes for the Authority and its Committees, plus audio recordings where appropriate • Reports include legal, financial, and equality implications as mandatory • Opportunities for public speaking at Authority and committee meetings • Access to information arrangements

ensuring the impact and consequences are clear Using formal and informal consultation and engagement to determine the most appropriate courses of action	• Agreed actions to comply with the Openness of Local Government Regulations 2014 • Transparency Code and the Data Protection legislation (UK GDPR and Data Protection Act 2018) and arrangements for the information to be available on the website • Adoption of the ICO's standard Publication Scheme • Internal working groups, i.e. Health, safety and wellbeing and Equality, diversity and inclusion, • Local Development Scheme and Statement of Community Involvement
Engaging comprehensively with institutional stakeholders	
Ensuring that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively Ensuring that partnerships are based on trust, a shared commitment to change, and a culture that promotes and accepts challenge among partners; the added value of partnership is explicit	• Cooperate with partners to deliver outcomes, being clear about what YDNPA is delivering and what our partners are contributing through formal and informal consultation for example Local Plan consultations, Stakeholder consultations, Parish Forums • NPMP Partnership includes key delivery organisations, and holds open 'Annual Forum' • Key stakeholder partnerships include: Yorkshire Dales Local Access Forum; Yorkshire Dales Biodiversity Forum; Dales Woodland Forum; MoU and quarterly meetings with Yorkshire Dales Millennium Trust. • Review of Partnerships – a comprehensive review is undertaken every two years
Effective engagement with individual citizens and service users	
Establishing a clear policy on consultation with stakeholders to ensure service provision contributes to intended outcomes Ensuring communication methods are effective in relation to community engagement Encouraging, collecting and evaluating the views of stakeholders including reference to future needs Implementing effective feedback mechanisms and ensuring inclusivity of all feedback	• Published strategies, codes and protocols, and procedures for regular review • Agenda reports and minutes published on Authority website • Comprehensive and accessible YDNPA website and publications • Communications Strategy • Social Media Strategy and User Guide • Media Procedure and Protocol • *Dales* Newspaper for residents • *Visitor* magazine for visitors • Press releases • Use of Social Media and websites • Information on progress towards achieving each NPMP objective is updated and published on the Authority's website at least annually. The Annual Forum provides opportunity for stakeholders and individuals to challenge and feedback.

Balancing feedback from more active stakeholder groups with other groups to ensure inclusivity Taking account of impact of decisions on future generations of taxpayers/service users	• Satisfaction surveys are carried out in relation to the main 'promoting understanding' services (NPCs, website) annually, and in relation to the planning service every two years. • Residents of the National Park area are surveyed every 5 years to understand their perceptions of the National Park and the National Park Authority. • Visitors across the whole National Park area are surveyed every 5 years to understand their demographics, perceptions, motivations and behaviours. Smaller 'Snapshot' surveys of visitors were undertaken in 2020 and 2021, to better understand those visiting during the Covid pandemic • In 2010, the Authority achieved the Government's Customer Service Excellence (CSE) Standard. This is assessed annually and has been retained every year up to August 2024. In July 2025, the Authority agreed to switch to an internal audit approach to monitoring customer service standards and provision. • The Authority operates an Accredited museum. This has achieved and maintained a VAQAS (Visitor Attraction Assurance) quality rating from Visit England since 2013.
Core Principle C: Defining outcomes in terms of sustainable economic social and environmental benefits	
Supporting Principles	**What Evidence/Assurance is in place at YDNPA**
Defining Outcomes Having a clear vision as an agreed formal statement of the Authority's purpose and intended outcomes Specifying the intended impact on stakeholders Delivering defined outcomes on a sustainable basis within resources Identifying and managing risks to the achievement of outcomes Managing service users' expectations with regard to determining priorities **Sustainable economic, social and environmental benefits**	• The Authority's role defined by the two statutory purposes and the Mission Statement, published in the Corporate Plan • The National Park Management Plan 2025-2030 developed together with partner organisations - sets the 15-year vision and specific 5-year objectives • The Authority sets its own objectives in its Corporate Plan, many of which are taken directly from the NPMP. • A detailed review of priorities is carried out every 3 years, with a light touch review annually (last detailed review October 2024) • The annual Action Plan refines the objectives into specific operational activity each year • The Local Plan (15-year period) was published following extensive public consultation.. A new Local Plan (for 2025-40) has reached Examination stage, with hearings set for December. • Defined quality measures, and information on performance in relation to them • Risk Management Policy, Strategic Risk Register, biannual reviews of operational risk by SMT, annual report to Members in relation to strategic risks

Consider and balance the combined economic social and environmental benefits Taking a long-term view with regard to decision making, taking account of risk and acting transparently in the face of conflict of interest Determining the wider public interest when balancing conflicting interests, through consultation where possible Ensuring fair access to services	• In 2021 External Audit concluded that the Authority had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources • The most recent Customer Service Excellence report (August 2024) confirmed that the Authority has systems in place to monitor the outcomes of its services and to measure the degree of satisfaction that customers have with them.

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

Supporting Principles	What Evidence/Assurance is in place at YDNPA
Determining Interventions	
Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating associated risks, thereby ensuring best value is achieved Considering feedback from citizens and service users when making service improvements in order to prioritise competing resource demands	• Explicit statement of the criteria, rationale and relevant considerations on which decisions are based • National Park purposes considered for all decisions • National and local planning policies (Local Plan) for planning decisions • All Committee Reports address conformity of the subject matter with the Authority's strategic planning framework • Guidance on Good Decision Making • Reporting cycles for Corporate Plan objectives, priorities, financial budget, corporate governance and risk management in place • Residents' survey (last full survey completed December 2018 with a full residents' survey currently being undertaken), 5-yearly visitor survey currently undertaken in 2022 with 'snapshot' surveys in 2020 and 2021
Planning Interventions	
Establishing and maintaining robust planning and control cycles for plans, priorities and targets Engaging with stakeholders in relation to planning and delivery; considering and monitoring risks facing each partner when working collaboratively, including shared risks Ensuring arrangements are flexible and adaptable to changing circumstances	• Risk Management Policy • Strategic Risk Register biannual reviews of operational risk by SMT, annual report to Members on strategic risks • All key financial systems reviewed cyclically by Internal Audit • External Audit relies in part on the work of Internal Audit and augments this with additional testing and review work where a significant risk is perceived. This work covers transactional activity for which the Authority is an accountable body • Regular review of assets and property strategy • Annual use of resources assessment by External Audit

Establishing key performance indicators; and ensuring capacity exists to generate information needed to review service quality regularly Prepare budgets in accordance with objectives, strategies and the medium term financial plan Inform medium and long term resource planning through a sustainable funding strategy	• Regular budget monitoring reports to SMT and Finance & Resources Committee • No separate capital programme; regular review of assets and property strategy • Budgeting processes examined each year by Internal and External Audit • Reserves maintained in line with guidance from the Audit Commission (Contingency Reserve) and with CIPFA capital accounting guidelines • Medium Term Financial Plan • Annual Statement of Accounts • Audit reports (Internal and External)
Optimising achievement of intended outcomes Ensuring the budget process is all-inclusive of full cost of operations over medium and longer term Ensuring medium term financial strategy is responsive to external circumstances to optimise resource usage/integrates and balances resource constraints Ensuring the achievement of "social value" through service planning	

Core Principle E: Developing the Authority's capacity including the capability of its leadership and the individuals within it	
Supporting Principles	**What Evidence/Assurance is in place at YDNPA**
Developing capacity Reviewing operations and resources to ensure continued effectiveness Improving allocation of resources so that defined outcomes are achieved effectively and efficiently Recognising the benefits of partnership working where added value can be achieved	• People Management Strategy • Staff and Management structure approved • Review of Pay Policy • Cyclical review of HR policies • IT Strategy • Internal and external audit of processes • NPMP review cycle • Corporate Plan and Action Plan review cycle • Setting priorities linked to Appraisal process • Regular performance reviews, and reviews of lessons learned from major projects • Budgetary control reported to SMT

Developing and maintaining an effective workforce plan to enhance allocation of resources **Developing capability of leadership** Developing protocols to ensure that shared understanding of roles and responsibilities is maintained Publishing a statement that specifies the types of decisions Ensuring Chairman and CEO have clearly defined roles Developing capabilities of Members and Senior Management by giving access to induction and ongoing training; Members and Officers have appropriate skills and support to fulfil roles and this is kept updated; development through shared learning and learning from identified weaknesses Ensure structures in place to encourage public participation in development Taking steps to ensure leadership's effectiveness through peer reviews and appraisals Holding staff to account through performance reviews Ensuring arrangements in place to maintain physical and mental wellbeing of Officers	• Reports to Finance & Resources Committee including long term budget setting • YDMT Memorandum of Understanding • Biennial review of Partnerships • Income Generation Strategy – 6-monthly progress updates to F&R committee; reviewed February 2023 • Extensive training and development programmes for Members and Officers • Leadership development programmes • Comprehensive induction programme for new starters and/or new managers • New starter buddy system in place • Staff development days for officers and Members (September 2025) • Apprentice and trainee network days (November 2024) • Annual all Staff Meeting (November 2025) • Role/Protocols of Statutory Officers • Clear Members Roles and Responsibilities • Guidance on the Member Champion Initiative • Member Officer Protocol • Scheme of Delegation to Committees and Officers and Standing Orders • Delegated decisions published through Open Data • Role of Chair and job descriptions for Chair and Members • Member and Officer annual Appraisals; including CEO • Peer reviews for senior management • IIP accreditation • Annual customer services internal audit • Access to Occupational Health scheme • Employees Assistance Programme in place • Investment in development of staff to become Mental Health First Aiders • Access to workplace Mental Health First Aiders • Active Health, Safety & Wellbeing Working Group • Blended working arrangements

Core Principle F: Managing risk and performance through robust internal control and strong public financial management	
Supporting Principles	**What Evidence/Assurance is in place at YDNPA**
Managing risk	• Two-tiered approach to risk management: Strategic Risk Register; Operational Risk Register

Ensuring risk management is an integral part of all decision making	• Risk Management Policy; A&R Committee reviews risk management on an annual basis. • The Risk Management Policy and Strategic Register are reviewed by SMT; views of external audit and internal audit are included
Implementing robust and integrated risk management	• SMT undertakes biannual reviews of operational risk, and there is an annual report to Members in relation to strategic risks • Internal Audit: external provision by Veritau ltd • Complaints procedure
Ensuring individual responsibilities for managing risk are clearly allocated	• The Authority's performance in delivering its services is measured through a range of corporate objectives set out in the annual Corporate Plan. Progress is regularly reviewed by the Senior Management Team (SMT) and reported twice a year to the Audit & Review Committee. Performance Improvement reviews are carried out by small member/officer teams including the relevant Member Champion and a member of the Audit & Review Committee ensuring there is Member input in the process. • Complaints that Members have breached the Code of Conduct are made to the Monitoring Officer. Independent Persons have been appointed to advise in relation to such complaints in accordance with a Protocol which has been reviewed • State of the Park information is updated and published annually on the Authority's website as part of the information that monitors progress towards achieving all the objectives in the NPMP. There is also an annual monitoring report on the impact of the Yorkshire Dales Local Plan
Managing performance	
Monitoring service delivery effectively	
Making decisions based on clear and relevant objective analysis including risks	
Encouraging effective and constructive challenge and debate on policies and objectives	
Providing Members and SMT with regular reports on service delivery	
Ensuring consistency between specification stages and post implementation reporting	
Robust internal control	
Aligning risk management strategy and policies	• Data Protection Policy; internal audit on DP compliance carried out every three years (last completed March 2021) • Nominated Data Protection Officer • Access to Information Statement • Data Sharing arrangements included in Data Protection Policy • Regular data protection briefing notes are issued to staff and Members • Anti-Fraud, Bribery & Corruption Policy • Confidential Reporting Policy • Compliance with Payment Card Industry Standard • Money laundering advice
Evaluation and monitoring risk management	• Regular budget monitoring reports to SMT and Finance & Resources Committee • No separate capital programme • Regular review of assets and property strategy • Project Management Framework ensures risk is addressed in the planning, execution, monitoring, and closure of Authority projects. • Critical (higher-risk) actions monitored quarterly by SMT.
Ensuring counter-fraud and anti-corruption measures in place	
Ensuring additional assurance through effective internal audit	
Ensuring audit committee independent of the executive	
Managing data	
Ensuring effective arrangements for safe collection and use of data including sharing of personal data	

Effective arrangements for sharing data with other bodies Regularly reviewing and auditing quality and accuracy of data used in decision making and performance monitoring **Strong public financial management** Well-developed financial management to support long term and short term financial and operational performance Ensuring financial management is integrated at all levels of planning and control	
Core Principle G: Implementing good practice in transparency, reporting and audit to deliver effective accountability	
Supporting Principles	**What Evidence/Assurance is in place at YDNPA**
Good Practice in Transparency Writing and publishing reports in a balanced, understandable and easily accessed style Striking a balance with regard to the amount of information provided **Good Practice in Reporting** Reporting at least annually on performance, value for money and stewardship of resources in a clear, timely way Ensuring members and officers take 'ownership' of the reported results Ensuring robust arrangements for assessing the principles in this framework are applied, including an action plan for improvement	• All public committee business published on website • Freedom of Information Act/Environmental Information Regulations compliance • Publication Scheme • Open Government requirements (including delegations), publishing expenditure / contract details • A&R/F&R committee • Corporate Plan: 6-monthly updates on progress with all objectives • Annual detailed review of performance across all aspects of work • Internal and external audit • Arrangements for end of year A&R Governance Statement • External Audit (Forvis Mazars) • Arrangements in place with Internal Audit (Veritau); regular audits undertaken and reported to Audit & Review Committee; recommendations actioned • The Authority has adopted clear criteria as to when partnership working is appropriate; a biennial review of Partnerships is reported to the Authority • Review of governance arrangements undertaken by Monitoring Officer; bi-annual report to SMT

Ensure this framework is applied to joint working/shared services

Ensuring that performance information accompanying the financial statements is prepared on a consistent and timely basis and allows for comparison with similar organisations

Assurance and accountability

Ensuring that recommendations for corrective action made by external audit are acted on

Ensuring an effective internal audit service is in place

Welcoming peer challenge and regulatory inspections and acting on recommendations

Gaining assurance on risks delivered through third parties and ensuring that this is evidenced in the annual governance statement

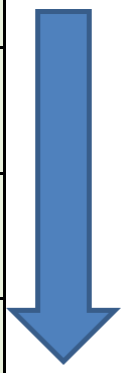
When working in partnership, ensuring arrangements for accountability are clear.

Appendix B

Annual cycle of planning, reviewing and budget setting



	Planning	Reviewing	Budget Setting
April	Corporate Plan published Proposed programme of reviews confirmed	Major project review results to Audit & Review	
May	Action Plan published	End of year performance reports prepared Submission of "Family" PIs	Year-end financial outturn to F&R, identifying carry-forward budgets
June		NPMP Steering Group meets to sign-off Annual Progress report End-of-year report on Corporate Plan Objectives	
July	ToR for performance reviews agreed by Audit & Review	Comprehensive end of year performance report to Audit & Review	Finalisation of annual accounts to F and R
August			
September	Authority agrees Priorities for next year		3-month financial progress report to F&R with preliminary income projections
October	SMT/section heads discuss progress and look ahead	6-month progress report on Objectives and Actions from Section Heads to SMT	
November		6-month progress report to A&R	SMT budget discussions
December	Authority agrees Corporate Plan Objectives for next year		6-month financial progress report to F&R
January			
February	Section heads identify significant actions for year ahead		Draft budget to F&R
March	Annual appraisals set individual targets for year ahead	Annual appraisals review progress on individual objectives and targets	Final budget approved by Authority





Appendix C

Update on matters identified during the preparation of the 2024/25 Annual Governance Statement

Issue	Update
Local Plan	The Local Plan was published in March 2025 to invite formal representations over a period of six weeks. Sixty respondents have submitted about 250 individual representations about the published Plan. The Local Plan, supporting documents and the representations have now been submitted to the Planning Inspectorate. The Authority has also submitted a list of possible (mostly minor) modifications in response to some of the formal representations. A Local Plan Inspector and Programme Officer have been appointed and the examination has now started. The examination hearing sessions are likely to be held during the first two weeks of December at the Yoredale office in Bainbridge. Details of the programme will be posted on the examination website https://www.yorkshiredales.org.uk/park-authority/living-and-working/planning-policy/local-plan-2025-40/examination/
National Park Management Plan 2025-2030	In June 2025 Members agreed the final set of objectives to be adopted as part of the new National Park Management Plan, for implementation between 2025-2030. Monitoring of progress will take place in a similar way to the existing Plan. The Partnership will prepare an Annual Report to the Authority, with more detailed information on the webpages for each objective. The new Management Plan will also shape the Authority's own plans and programmes. Those objectives for which the Authority is the lead body, or has a significant supporting role, will be integrated into the next Corporate Plan (for 2026/27), and will be used to inform everything from the setting of the budget to the detailed targets in individual staff appraisals.
Reviews of corporate documents (strategies and policies), in line with the 5-	(i) Equality, Diversity and Inclusion policy (completed May 2025) (ii) Carbon Reduction Plan (completed June 2025) (iii) Planning Code of Good Practice (Dec 2025)

year cycle of planned reviews.	
Financial Sustainability	The budget is balanced for 2025/26 using reserves due to an anticipated decrease in core funding. Core grant for future years will be confirmed in January/February 2026 after the Government's Comprehensive Spending Review, which should provide details for the following three years. Any significant deficits in future years are likely to lead to a review of the work programmes and will impact on service delivery. Contingency reserves are held which are 10% of gross budgeted expenditure. These reserves can assist with any shortfall whilst the Authority considers the actions needed to balance any potential reduction in Revenue Grant. These actions could be to the reduce work programmes, to reconfigure the work plans to make best use of any Capital Funding made available and to consider if core costs need to be reduced. Options to deal with a variety of scenarios will be considered during the budget setting process.
External Audit	The 2024/25 annual audit is to be conducted in November 2025. The backstop date for publication of the Statement of Final Accounts is 27 February 2026.

Appendix D

Governance activity over the past 12 months

Month	Activity
November 2024	Performance Review of Delegated Statutory Highways Duties (A&R 26/11/23) Performance Review of Carbon Reduction Plan (A&R 26/11/23) Major Project Review – Westmorland Dales Landscape Partnership (A&R 26/11/24) Annual Risk Management Review (A&R 26/11/24) Annual Governance Report (A&R 26/11/24) Annual Audit Report – 2022/23 (A&R 26/11/24)
December 2024	Annual Equality, Diversity and Inclusion Report (F&R 17/12/24) Appointment of co-opted young members (Authority 17/12/24)
February 2025	Draft Budget 2025-26 and Medium-Term Financial Strategy (F&R 25/2/25)
March 2025	Budget 2024-25 (Authority 25/2/25)
April 2025	Annual Governance Statement (A&R 15/4/25) External Audit Report 2023-24 (A&R 15/4/25) Internal Audit Report 2024-25 (A&R 15/4/25) Complaints, Compliments and Information Requests 2024-25 (A&R 15/4/25)
May 2025	Budget Update 2025-26 (F&R 20/5/25) Annual Health, Safety and Wellbeing Report (F&R 20/5/25) Annual Human Resources Report (F&R 20/5/25)
June 2025	National Park Management Plan 2025-2030 (Authority 24/6/25) Progress on Authority Objectives in 2024/25 (Authority 24/6/25) Public Rights of Way Annual report 2024-25 (Authority 24/6/25)
July 2025	Annual Review of Authority Performance 2024-25 (A&R 15/7/25) Internal Audit Plan 2025-26 (A&R 15/7/25) External Audit Plan 2024-25 (A&R 15/7/25)
September 2025	Draft Statement of Financial Accounts 2024/25 (F&R 30/9/25)

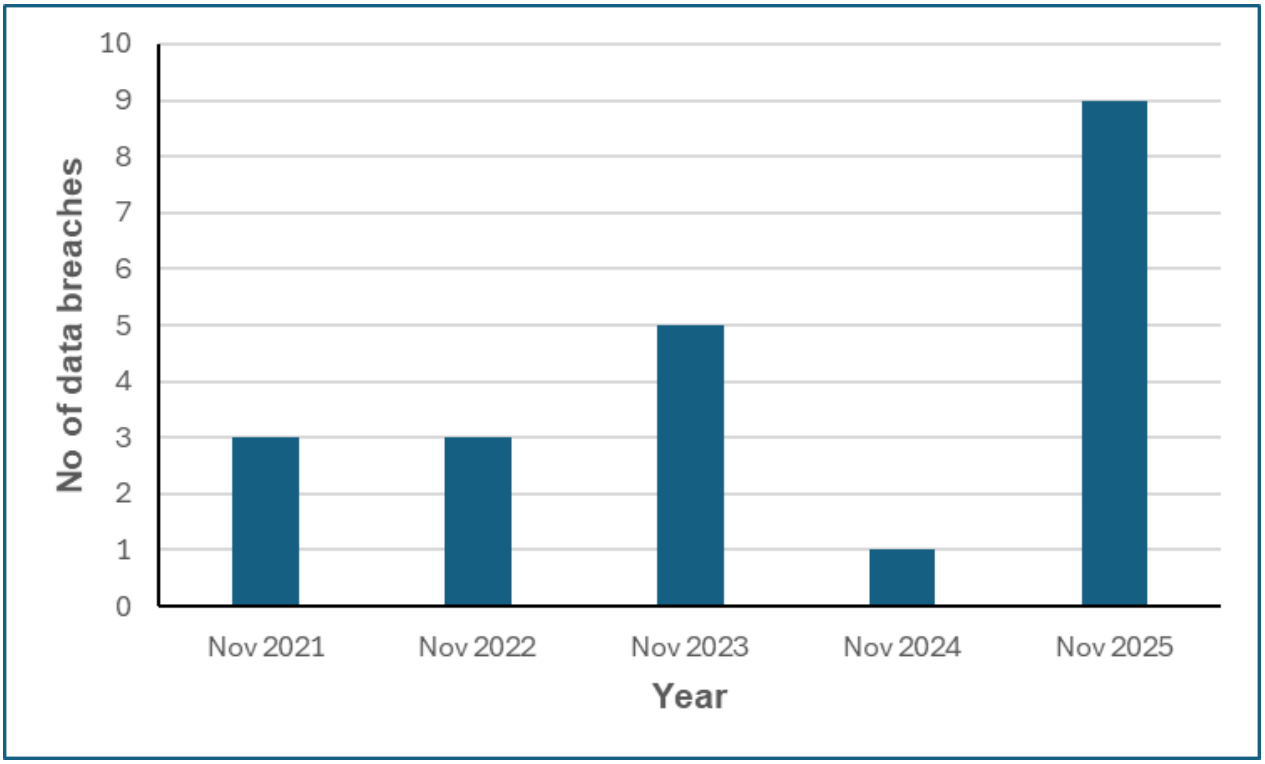
Appendix E

Summary of data breaches and remedial action taken

Date breach reported	Summary of breach	Number of individuals affected	Remedial action taken
11/11/24	Email containing personal details was sent to "All staff" rather than Head of HR.	1	Email recalled immediately. Reminder sent to all staff regarding care and to ignore email if missed recall.
7/1/25	E-mail sent to schools without using bcc.		Recipients notified of error and asked to destroy email. New email sent.
10/1/25	Email address of group members available in TEAMS invite.	10	Group members notified and asked if they consent to their email addressed being shared. E-mail addresses in TEAMS invite to be hidden.
20/2/25	Hacker compromised a MS365 account, pretending to be a recognised supplier.	1	IT notified. Login details changed immediately, sender blocked and actual supplier notified of hacking.
27/2/25	Email sent to planning agents about new fees using cc rather than bcc.	400	Agents' email addresses are largely publicly available as taken from current planning applications. No further action taken.
14/3/25	Appraisal document inadvertently sent to two team members.	2	Team members asked to delete email.
21/3/25	Personal details of an individual who had been in contact	1	Stakeholder advised of error and requested to keep

	with NPA and MP forwarded to an external stakeholder.		information confidential.
20/6/25	E-mail forwarded to the wrong person including third party details.	1	Email recalled immediately.
30/6/25	Email regarding The Visitor deliveries was not sent bcc.	104	E-mail recalled and resent bcc.

Pattern of data breaches over the last 5 years



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