Appendix

Annual Governance statement 2025/26

1. The purpose of the governance framework

1.1 The Annual Governance Statement sets out how the Yorkshire Dales National Park Authority ('Authority') meets its governance standards detailed in the Code of Corporate Governance.

1.2 The governance framework comprises the systems, processes, culture and values by which the Authority is directed and controlled; and the activities through which it works alongside its stakeholders and the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether these objectives have led to the delivery of appropriate services and have ensured best use of resources and value for money, in pursuit of National Park purposes.

1.3 The Annual Governance Statement is a document which looks back retrospectively over the past year, self-assesses the Authority's governance arrangements and looks forward to where focus should be given in relation to governance over the coming year.

1.4 The Authority's corporate governance framework is structured around the seven good governance principles in 2016 CIPFA guidance which are set out below.



2. The system of internal control

2.1 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives, and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the Authority's policies, aims and objectives, evaluate the likelihood and potential impact of those risks being realised, and to manage those risks efficiently, effectively and economically.

2.2 The Authority's governance framework has been in place at the Authority throughout the year ended 31 March 2026 and up to the date of approval of the Statement of Accounts.

3. Responsibility

3.1 The Authority is responsible for ensuring that its business is conducted in accordance with law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

3.2 The Authority also has a duty under section 3 of the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

4. How this responsibility is discharged

4.1 In discharging this overall responsibility, the Authority must put in place arrangements for the governance of its affairs, including the management of risk, that meet the highest standards and facilitate the effective exercise of its functions.

4.2 The Authority has approved and adopted a Local Code of Corporate Governance which sets out principles of good governance consistent with the guidance, Delivering Good Governance in Local Government: Framework (Governance Framework) (CIPFA and Solace 2016). A copy of the Local Code of Corporate Governance is published on the Authority's website and can be obtained from the Director of Corporate Services, Yorkshire Dales National Park Authority, Yoredale, Bainbridge, Leyburn, North Yorkshire, DL8 3EL.

4.3 This Statement explains how the Authority has complied with the Code and also complies with the Accounts and Audit Regulations 2015 which require the Authority to prepare this Statement annually.

5. The Framework

5.1 The Authority's Corporate Governance Framework seeks to ensure that the principles of good governance are embedded in all aspects of its work. The adopted Local Code of Corporate Governance implements the core values of the Authority:

- Accountability: We will explain and take responsibility for our decisions and actions.
- Commitment: We will do what we say we will do.
- Improvement: We will continually strive to improve our performance in delivering National Park purposes.
- 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.

5.2 The Code sets out that all Members of the Authority share responsibility for governance arrangements and requires the Monitoring Officer to review those governance arrangements and to report annually to the Audit & Review Committee on the findings of that review.

5.3 Ultimately, decision-making power rests with Authority Members, advised by officers. Decisions are taken at meetings of the full Authority; at Committees meetings (Finance and Resources, Audit and Review, Planning and Standards); or by officers under delegated powers. Operational management is the responsibility of the Chief Executive Officer, with the help and support of the Senior Management Team (SMT). The training and development needs of Members and officers are addressed in annual training plans.

6. Key Aspects

6.1 The 2016 CIPFA guidance sets out key aspects of the corporate governance framework. These are:

a) Developing codes of conduct which define standards of behaviour for Members and officers and ensuring that policies for dealing with whistleblowing and conflicts of interest are communicated effectively.

The Authority's vision is inextricably linked to its adopted core values and behaviours, which are widely publicised through policies, agendas, the website, staff induction and appraisals.

Policies, codes and protocols are reviewed at a minimum every five years or when there is a change in legislation. Reporting arrangements for reviewing codes and protocols are to the Authority and the Audit & Review Committee.

The Authority maintains a Code of Conduct for Members and a Staff Code of Conduct which include reference to the Nolan Principles, and procedures for declarations of interests. The Staff Code of Conduct was reviewed and updated in October 2024.

The Authority's Member Code of Conduct was reviewed in December 2023 and changes were made to specifically refer to bullying and harassment, make further explicit reference to equalities and non-discrimination and to introduce an obligation on Members to consider the issue of public perception and potential conflict with a Member's public duties if the financial position or wellbeing of the Member/connected person is affected by an item of business (i.e. a prejudicial interest test). The review was also used to increase the gift and hospitality limit to £50 and include specific reference to non-participation in decision making if a Member has a disclosable pecuniary interest (rather than referring to the provision in Standing Orders).

The Authority's Member Officer Protocol which sets out guidance on the relationship between Members and officers was reviewed in March 2025. The Authority also maintains a Social Media Protocol for Members which was updated in December 2023 to reflect the different means of social media, its changing pace and the way in which it is used.

The Authority has a Standards Committee. Two Independent Persons were recruited in 2018 and appointed to the Committee. The term of office for one of the Independent Persons has been extended until June 2027. The term of office for the other Independent Person has been extended until June 2028. The Authority has also adopted an Independent Person Protocol which ensures that there is clarity about the Independent Person role and to make sure that there is clear separation of the roles of the Independent Person, the Monitoring Officer and the Standards Committee. Both Independent Persons have received training on their role, attend the annual Independent Persons' conference and Standards Committee meetings.

The Monitoring Officer considers complaints about Member conduct in accordance with the Authority's Local Assessment Procedure. The Determination Procedure deals with allegations against Members where an investigation has been completed, the Investigating Officer has found a breach of the Code of Conduct and the Monitoring Officer, having consulted with the Independent Person, sends the matter for hearing before a Hearing Panel of the Standards Committee. Both procedures include provisions for consulting the Independent Person at certain stages.

Guidance is available for Members and officers in relation to declaration of interests and gifts and hospitality. The Register of Interests for each Member is published on the Authority's website. The Director of Corporate Services maintains the register of officer declarations of interest and gifts and hospitality.

The Authority has confidential reporting arrangements in place to enable individuals, both internal and external, to make disclosures. A review of the Confidential Reporting Policy was last undertaken in December 2022 with amendments approved by the Authority.

b) Ensuring compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful.

The Chief Executive Officer is the Authority's Head of Paid Service, who advises the Authority on issues of policy, staffing and resources. The Authority's Director of Corporate Services is the Authority's Solicitor and Monitoring Officer, who advises on issues of ethical conduct and the lawfulness of decision making. The Authority also employs a Chief Financial Officer who ensures that there are proper arrangements in place to administer the Authority's financial affairs. Together these officers are responsible for ensuring compliance with relevant laws and regulations, internal

policies and procedures, and that expenditure is lawful. The Deputy Monitoring Officer is also a Solicitor who attends and advises the Planning Committee.

Financial Regulations set out arrangements governing the award of contracts, to ensure that procurement processes are fair, transparent and lawful, and that best value for money is being obtained.

Payment of allowances to Members is made in accordance with the Local Authorities (Members' Allowances) (England) Regulations 2003. The Scheme of Members' Allowances is approved by the Authority in March for application the following financial year.

c) Documenting a commitment to openness and acting in the public interest.

The Authority's decision-making framework is set out in publicly available documents, including Standing Orders, the Scheme of Delegation to Committees and Officers and a description of the role of Authority Members in governance arrangements.

The Authority has adopted procedures for the openness of public meetings including access to and recording of meetings and for publishing decisions including contract awards.

d) Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.

The Authority has clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation. This approach is supported at a local level by the Authority's operation of and participation in Parish Forums. The Authority's website and social media are key digital outlets complemented by traditional print and broadcast media, the publication of two newspapers for residents (two editions per year) and visitors (annually) and the use of direct mail.

In 2010 the Authority achieved the Governments' Customer Service Excellence (CSE) Standard. This standard was retained until 2025 when the Audit and Review Committee agreed that the Authority should transition to an internal audit-based approach to assessing customer service as an alternative to continuing in the CSE Standard. The internal audit process is not intended to replicate the entirety of the CSE standard but aims to provide assurance in key areas related to customer service. An internal audit of complaints and compliments resulted in an overall opinion of substantial assurance by Veritau, the Authority's Internal Auditors.

e) Developing and communicating a vision which specifies intended outcomes for citizens and service users and is used as a basis for planning

The Authority publishes its objectives, and commitment to the achievement of statutory purposes, in a number of plans. The National Park Management Plan (NPMP) establishes the vision for the National Park, and the highest level objectives that the Authority is committed to see achieved, working in partnership with stakeholders. Following extensive public consultation, the NPMP for the Park was adopted by the Authority in June 2025 for the period 2025-2030.

f) Translating the vision into courses of action for the Authority, its partnerships and collaborations

An annual Corporate Plan translates the Authority's commitments in the NPMP into service-specific objectives, with annual targets and financial plans. This forms an integral part of the performance management regime.

Arrangements have been developed for the management of partnerships through which many of the outcomes in the NPMP are delivered. There are clear criteria as to whether the Authority should become or remain a member of a partnership, reported biennially to SMT and Audit & Review Committee. Work is done to seek to ensure the good governance of partnerships and a review of the governance arrangements of partnerships was completed in March 2022.

g) Reviewing the effectiveness of the decision-making process, including delegated arrangements; decision making in partnerships; information provided to decision makers; and robustness of data quality.

Standing Orders and the Scheme of Delegation to Committees and Officers are reviewed to take account of changes in legislation or otherwise every five years under the Authority's policy review framework. The Scheme of Delegation was reviewed in in December 2022 to reflect the structural changes to the Senior Management Team. Minor amendments were made in March 2023 following a review of Standards Procedures and in February 2025 under delegated powers. Standing Orders were reviewed by the Authority in March 2024.

Minutes of meetings and delegated decisions are published. The Chair and Chief Executive present quarterly reports on their work to the Authority and Member Champions report annually to the Authority.

The Authority's Data Protection Policy was reviewed and updated in November 2025 to ensure that the Policy complies with changes to legislation introduced by the Data (Use and Access) Act 2025. In addition, new sections were added to the policy around young people, Artificial Intelligence, CCTV and cookies.

h) Measuring the performance of services and related projects, ensuring that they are delivered in accordance with defined outcomes; and that they represent best use of resources and value for money

It is a Corporate Plan objective to plan and manage all aspects of our priorities and targets to make the most effective use of our resources. A robust system of prioritising work programmes is in place and is reviewed regularly. Mid-year progress reports are presented to SMT and Audit & Review Committee; an end of year performance report is presented to the full Authority. Performance reviews are undertaken by small Member/officer teams including the relevant Member Champion and a member of the Audit and Review Committee. In addition to this structured approach to monitoring performance, value for money is underpinned by a detailed budget management process and by adherence to the Authority's Procurement Strategy and Financial Regulations, which cover the processes to be followed when contracting for goods and services.

i) Defining and documenting the roles and responsibilities of Members and management, with clear protocols for effective communication in respect of the Authority and partnership arrangements.

Members, Member Champions, the Chair of the Authority and co-opted Members each have role descriptions. Guidance for, and roles of, Member Champions have been reviewed and updated.

The Authority has adopted protocols on the roles and responsibilities of Members and on Member/Officer relations. These are particularly important for an organisation that has no political groupings and therefore no Group political leadership. Collective responsibility for decisions does not operate in the NPA in the way it does for 'mainstream' local authorities. All such protocols are kept up to date and reviewed when necessary (and at least once every five years).

The Authority reviews its arrangements for partnership working every two years to ensure that the partnerships in which it participates are appropriate and effective. The Authority has adopted criteria which assist the Authority in its review.

j) Effective financial management arrangements conform to the governance requirements of the CIPFA Statement on the role of the Chief Financial Officer in Local Government.

The Authority is compliant with the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016). The Authority's Chief Financial Officer (s151 Officer) is the Head of Finance, who has a right of access to Senior Management Team meetings, has direct access as required to the Chief Executive and Members of the National Park Authority, and is directly responsible for the organisational leadership and management of an internal finance function along with suitably qualified staff.

k) Ensuring effective arrangements are in place for the discharge of the Monitoring Officer function.

The Authority employs a Monitoring Officer and a Deputy Monitoring Officer, both of whom are qualified Solicitors. The Director of Corporate Services is the Monitoring Officer and is a member of SMT. The Monitoring Officer attends and advises the Authority, Finance & Resources Committee, Audit & Review Committee and Standards Committee. The Deputy Monitoring Officer attends Planning Committee and, together with the Monitoring Officer, advises on issues of ethical conduct and the lawfulness of decision making.

l) Ensuring effective arrangements are in place for the discharge of the Head of Paid Service Function.

The Chief Executive Officer is the Authority's Head of Paid Service, and advises the Authority on issues of policy, staffing and resources.

Together the three Statutory Officers (Chief Executive, Chief Financial Officer and the Monitoring Officer) are primarily responsible for ensuring compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful.

m) Providing initial induction, and identifying the development needs, of Members in relation to their roles; supported by appropriate training.

There is a Member induction process in place. The Policy Development Forum provides regular briefings and updates for Members on a range of issues. Compulsory planning training is provided to Members of the Planning Committee. An annual programme of Member training covering a wide range of topics was delivered in 2025-26.

n) Reviewing the effectiveness of the framework for identifying and managing risk; and for performance and demonstrating clear accountability.

Risk management procedures link the process for identifying and managing risks explicitly to the achievement of the Authority's objectives. Risks are reviewed regularly with the Authority's insurance advisors, to ensure appropriate cover is in place both for existing and emerging issues. Operational and strategic risks are reported to SMT and to the Audit and Review Committee. The Authority's Risk Management Policy was revised in November 2023.

o) Ensuring effective counter fraud and anti- corruption arrangements are developed and maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA 2014)

The Authority's Anti-Fraud & Corruption Policy (last reviewed in September 2022) is in place to prevent fraud and corruption. Procedures exist to ensure that officers are aware of what steps to follow should they suspect a fraud. The Authority has reviewed its policies and procedures against the guidance published in October 2014 by CIPFA "Managing the Risk of Fraud and Corruption" and key staff received appropriate training. Priority service areas for counter fraud and awareness training have been identified for refresher training later this year and wider fraud awareness updates are circulated to all staff to help promote a culture of detection and prevention. The Authority is satisfied that it has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

p) Ensuring that assurance arrangements conform to the governance requirements of the CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government (April 2025) and, where they do not, explain why and how they deliver the same impact.

The Authority's internal audit arrangements comply with the governance requirements of the CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government (April 2025). The role of Internal Audit is currently provided by Veritau Ltd which reports directly to the Authority's Audit & Review Committee. This approach is appropriate and proportionate. Both the "seniority" and "access to management" requirements set out in the 2025 Code are specified within the Authority's contract with Veritau Ltd.

q) Undertaking the core functions of an audit committee, as identified in the Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2022).

The Audit & Review Committee undertakes the core functions identified in CIPFA's Audit Committees: Practical Guidance for Local Authorities. These functions include raising the profile of internal control, risk management and financial reporting issues within the Authority, as well as providing a forum for the discussion of issues raised by internal and external auditors. The Committee also provides some scrutiny

functions. Whilst noting that the guidance states that ideally, Audit Committees should be separate from such activity, the size of the Authority means that the current arrangements are fit for purpose.

r) Ensuring that the Authority provides timely support, information and responses to its External Auditors and promptly considers audit findings and recommendations.

The relationship with the External Auditor is supported by planning and update meetings and by the preparation and submission of information required by them. At all times, the Auditor has access to the Statutory Officers of the Authority and, if necessary, to the Chair and Members.

The External Auditor reports directly to the Authority meeting at which the annual accounts are signed off. The Auditor subsequently issues an Annual Audit Letter, by which means they can highlight directly (and in a formal manner) to Members any issues that they might identify during their audit work. This 'direct line' for reporting helps to strengthen the Authority's approach to corporate governance.

The audit for 2022/23 was incomplete due to national issues with Local Government audit backlog and Ernst & Young did not have capacity to perform a full audit. Although a full audit was completed for 2023/24, both years were disclaimed due to the unverified opening figures for 2023/24. In order to get back on track, the audit for 2024/25 completed by Forvis Mazars also included a full audit of the year 2022/23 to build back assurances of the balances in that year. An unqualified opinion has been received for 2024/25.

7. Conclusion

7.1 This AGS is based on the review of the Local Code of Corporate Governance undertaken in November 2025 and on the 2016 CIPFA/Solace Guidance and the May 2025 Addendum.

7.2 Checks are in place to ensure compliance with the governance framework: **Table A** identifies the issues raised in the 2024/25 AGS and records the actions taken.

7.3 The preparation of the 2025/26 Annual Governance Statement has identified a number of corporate governance related actions which will be addressed over the next twelve months; these are listed in **Table B.**

7.4 The Authority's governance arrangements were fit for purpose in 2025/26. They operate effectively and support the achievement of the Authority's outcomes.

Table A: Matters raised in the 2024/25 Annual Governance Statement

Issue	Update on Action taken
Local Plan	The Yorkshire Dales Local Plan public hearings took place in December 2025. A Government Planning Inspector held two weeks of programmed discussion investigating various matters such as the legal process, public engagement, evidence gathering and cross boundary cooperation on the preparation and potential implementation of the new National Park Local Plan for the period 2025-2040. In February 2026, the Inspector issued a post hearing letter stating that the Plan is capable of being made sound, subject to a number of modifications.
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, have been 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-year cycle of planned reviews.	(i) Equality, Diversity and Inclusion policy (completed May 2025) (ii) Carbon Reduction Plan (completed June 2025) (iii) Planning Code of Good Practice (completed December 2025)
Financial Sustainability	The budget for 2025/26 was balanced using reserves due to a decrease in core funding. 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.
External Audit	The 2024/25 annual audit commenced in November 2025 and was completed prior to the backstop date for publication of the Statement of Final Accounts of 27 February 2026. An unqualified audit opinion was received.

Table B: Matters identified during the preparation of the 2025/26 Annual Governance Statement

Issue	Explanation
Local Plan	In February 2026, the Inspector issued a post hearing letter stating that the Local Plan is capable of being made sound, subject to a number of modifications. The most significant of these is probably the reallocation of a single proposed site for employment uses in Sedbergh, to an alternative use for new housing. A full list of all the main modifications will be made available for six weeks of public consultation in the Spring. The Plan already has some legal weight and is being used to guide decisions on planning applications. It is hoped that the Inspector's report of examination will be published in time for adoption of the whole Local Plan, at the June Authority meeting.
Reviews of corporate strategies and policies, in line with the 5-year cycle of planned reviews.	(i) People Management Strategy (May 2026) (ii) Media Procedure and Protocol (Aug 2026) (iii) Education and Engagement Strategy (Sep 2026) (iv) Complaints, Compliments and Comments (Oct 2026) (v) Property Strategy (Dec 2026) (vi) Procurement Strategy (Feb 2027) (vii) Member Champion Guidance (Mar 2027)
Financial Sustainability	Defra has indicated that, as expected, National Park Authorities will receive a three-year settlement which includes revenue, capital, FiPL and Access for All grant. Year 1 is fixed and years 2 and 3 are indicative. The stability offered by this settlement should enable a more strategic approach to work programme planning. The Authority holds a 10% reserve to cover shortfalls in expected income, or unexpected expenditure. It also has a £500k matched funding reserve to leverage external funding sources which may require a contribution by the Authority.
External Audit	An unqualified opinion has been received for 2024/25. The statutory backstop date for 2025/26 is 31 January 2027.

Signed

Mark Corner
Chair of Audit and Review Committee
Yorkshire Dales National Park Authority

Gary Smith
Acting Chief Executive Officer

14 April 2026

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