Yorkshire Dales National Park Authority **Item 8**

Audit and Review Committee

26 November 2024

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 32:

     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', 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) and customer services (Customer Service Excellence) processes;
    - 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 2023/24 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 2025):

    - Publish a detailed assessment of the Authority's performance in 2023/24 (Completed)
    - Retain the Customer Service Excellence standard following the annual re-accreditation process (Completed)
    - 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 2024/25

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, 2022/23 (Ernst & Young LLP) and 2023/24 (Forvis Mazars LLP). At the time of this report, only the draft value for money assessment had been presented for 2022/23, and a disclaimed audit was expected due to the well-publicised national shortage in Local Government auditors and the subsequent 2022/23 backstop dates being issued to conclude audits (13 December 2024). The audit for 2023/24 is due to commence on 2 December 2024 and conclude before the backstop date for 2023/24 (28 February 2025). This audit may also be disclaimed due to the lack of audited opening balances but closing balances should be audited and verified. Normal audit activity may resume from 2024/25 with an unqualified opinion for this year, but there is leeway for the auditors to limit the number of closing balances they are able to verify during the 2023/24 audit within the time limit to meet the backstop. If some balances are still unverified going into 2024/25, this audit opinion, and possibly future audit opinions will also be affected until there is a clear year where all opening balances are audited and verified.
    - 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, 23 April 2024).
    - 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.
    - Anti-fraud training has been organised for staff and Members by the internal auditors Veritau.
    - 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 2023/24, summarises complaints relating to the Authority that were received by the Ombudsman in the year to 31 March 2024. There was one referral to the Ombudsman which was upheld. The details of this complaint were reported to this Committee in July 2023.

Data Protection breaches

11. There has been 1 data breach in the reporting period (which is summarised in **Appendix E** together with the remedial action taken. This is a significant decrease from the 5 data breaches reported last year. Having considered the likelihood and severity of the risk to those affected individuals' rights and freedoms, the Data Protection Officer concluded that the breach was of a minor nature and did not require reporting to the Information Commissioner's Office.

Financial Implications

12. None

Legal Implications

13. None

Equality, Diversity and Inclusion Implications

14. None.

Conclusion

15. Other than as detailed in this report, there are no other significant developments in public sector governance that require bringing to the attention of Committee.

Clare Burrows
Director of Corporate Services

YORKSHIRE DALES
National Park Authority

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 leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good 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. They are discussed as part of the staff annual appraisal process 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 responsibilities is leadership in promoting a culture and practice of good governance throughout the staff of the Authority, so that all employees understand and promote the value.

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	• 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
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 Ensuring that external providers of services on behalf of the Authority act with the integrity and ethical standards expected by the Authority	• 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 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

Respecting the rule of law	
Ensuring Members and Officers demonstrate 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 ensuring the impact and consequences are clear Using formal and informal consultation and engagement to determine the most appropriate courses of action	• 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 • 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, Equality, diversity and inclusion, Employee voice • 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 steering group 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 (last review April 2023)
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 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	• 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. • 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

Effective engagement with individual citizens and service users (continued)	
	• In 2010, the Authority achieved the Government's Customer Service Excellence (CSE) Standard. This is assessed annually and has been retained every year since (last reassessment in August 2024) • 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** 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	• The Authority's role defined by the two statutory purposes and the Mission Statement, published in the Corporate Plan • The National Park Management Plan 2019-24: developed together with partner organisations - sets the 20 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. The approach and options for developing a new Local Development Scheme were reviewed by the Authority in December 2018. The new Local Plan process will take place between 2019-2024 • 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 • 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 Services 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 **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 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	• 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 • 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 • 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 • Service plans • Annual budget and quarterly management monitoring plans • 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 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	• 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 • 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 • 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 2024) • Apprentice and trainee network days (November 2024)

Developing capability of leadership (continued) 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	• Annual all Staff Meeting (November 2024) • 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 Service Excellence accreditation • 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 Ensuring risk management is an integral part of all decision making Implementing robust and integrated risk management Ensuring individual responsibilities for managing risk are clearly allocated **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	• Two-tiered approach to risk management: Strategic Risk Register; Operational Risk Register • 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 • 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

Managing performance (continued) 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 Evaluation and monitoring risk management 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	• 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. • The Authority maintains its accreditation under the Customer Service Excellence (CSE) Standard • 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 • Data Protection Policy; internal audit on DP compliance carried out every three years (last completed March 2021) • Nominated Data Protection Officer and Senior Information Risk Owner • 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 • Regular budget monitoring reports to SMT and Finance & Resources Committee • No separate capital programme • Regular review of assets and property strategy • Critical (higher-risk) actions monitored quarterly by SMT.

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 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	• 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 • Performance Indicators • Action plan 6-monthly updates on progress • Annual review of performance across all aspects of work • Internal and external audit • Arrangements for end of year A&R Governance Statement • External Audit (Ernst &Young) • 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

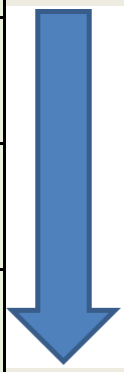
Assurance and accountability (continued) Gaining assurance on risks delivered through third parties and ensuring that this is evidenced in the annual governance statement When working in partnership, ensuring arrangements for accountability are clear.	

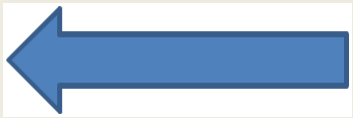
Appendix B

Annual cycle of planning, reviewing and learning



	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	NPMP Steering Group identifies objectives where further action is needed	6-month progress report to A&R	SMT budget discussions
December	Objectives for year ahead to Authority		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 2023/24 Annual Governance Statement

Issue	Update
Local Plan	The Local Plan Advisory Group has completed its review of potential new housing sites. It published its preferred list for a final round of informal consultation during August and September. The preferred list of sites and the outcome of public consultation will be referred to the Authority for a formal decision before the Local Plan can be published in the Autumn. It is anticipated that the Plan will be submitted to Government next Year.
Reviews of corporate documents (strategies and policies), in line with the 5-year cycle of planned reviews.	(i) Staff Code of Conduct (completed October 2024) (ii) Equality, Diversity and Inclusion Policy (February 2025) (iii) Communications Strategy (March 2025) (iv) Protocol on Member officer relations (March 2025) (v) Carbon Reduction Plan (March 2025)
Financial Sustainability	The balanced budget included an uplift in core grant of £500k per annum and continued this assumption for future years. Work to address the shortfall in budget for 2025/26 and 2026/27 will be undertaken if this is not forthcoming, on top of any other cuts.
External Audit	Hand over from the current auditor EY to the new auditor Mazars will take place later on in 2024. The backstop date to complete the 2022/23 audit is 13 December 2024 and the backstop date is 28 February 2025 to complete the 2023/24 audit.
Procurement Act 2023	The Authority's Procurement Manual, Financial Regulations and other documents will be updated to reflect the new public procurement requirements which come into force on 24 February 2024.

Appendix D

Governance activity over the past 12 months

Month	Activity
November 2023	Performance Review of Visitor Services (A&R 14/11/23) Annual Risk Management Review including a review of the Risk Management Policy (A&R 14/11/23) Annual Governance Report (A&R 14/11/23) Miles without Stiles Project Review (A&R 14/11/23)
December 2023	Code of Conduct review (Authority 12/12/23) Social Media Protocol for Members review (Authority 12/12/23) Annual Equality, Diversity and Inclusion Report (F&R 5/12/24)
March 2024	Draft Budget 2024-25 (F&R 5/3/24) Budget 2023-24 (Authority 26/3/24) Standing Orders and Statutory Officers' Disciplinary Procedure (Authority 26/3/24) Extension of Independent Person's Term of Office (Authority 26/3/24)
April 2024	Annual Governance Statement (A&R 23/4/24) Complaints and Compliments 2023-24 (A&R 23/4/24) Internal Audit Report 2024 (A&R 23/4/24)
May 2024	Annual Health, Safety and Wellbeing Report (F&R 28/5/24) Annual Human Resources Report (F&R 28/5/24)
June 2024	Progress on Authority Objectives in 2023/24 (Authority 25/6/24) Public Rights of Way Annual report (Authority 25/6/24)
July 2024	Annual Review of Authority Performance 2023-24 (A&R 16/7/24) Internal Audit Plan 2024-25 (A&R 16/7/24) External Audit Report 2021/22 Audit (A&R 16/7/24) External Audit Value For Money Interim Report 2022/23 (A&R 16/7/24)
October 2024	Statement of Final Accounts 2022/23 (F&R 1/10/24) Statement of Final Accounts 2023/24 (F&R 1/10/24) Staff Code of Conduct (F&R 1/10/24)

Appendix E

Summary of data breaches and remedial action taken

Date breach reported	Summary of breach	Number of individuals affected	Remedial action taken
2/5/2024	Three officers' home addresses were included in error on Authority procurement card statements and shared with other officers when month end procurement card logs were completed.	3	The home addresses were removed from the statements and relevant officers were advised and asked to destroy/not onward share the statements.