

Committee: AUDIT AND REVIEW

Date: 9 November 2021

Report: 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.

RECOMMENDATION

2. That the Committee comments on the assessment of the Authority's governance arrangements, receives this Annual Governance Report and approves minor changes to the Local Code of Corporate Governance (**Appendix A**).

Strategic Planning Framework

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

Corporate Plan

Objective 37: Operate governance arrangements that are fit for purpose as reported through the Annual Governance Statement and the 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 ('the 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. Our Local Code is attached at **Appendix A**.
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. This 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 and this report should not be seen in isolation, but in conjunction with other processes which form part of the Authority's governance arrangements. These include:
- the priorities-setting process;
 - production of a Corporate Plan and annual Budget that reflect those priorities;
 - regular monitoring and public reporting of performance on objectives;
 - the annual report of progress in relation to the National Park Management 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 (see separate report on risk management, on the agenda for this meeting);
 - the continual refreshment, through review, of the Authority's suite of policy and strategy documents;
 - the training delivered through the year to Members and to officers;
 - 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 (see **Appendix A**) through annual review. The review identified a small number of minor changes, to take account of work done during the last twelve months to keep the suite of policy and governance documentation up to date. The suggested changes are highlighted.
 - b) Monitoring of progress in relation to the actions identified in the 2020/21 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 **Annex A** to this report. The following actions are programmed to take place during the current financial year (to 31 March 2022):
- Review the Data Protection Policy (Completed)
 - Publish a detailed assessment of the Authority's performance in 2020/21 (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)
- Prepare the Medium Term Financial Strategy for 2022/23 to 2024/25
- Work with Defra to take forward its proposals for implementing the recommendations of the Glover review, including the National Landscape Service, and ensure that the interests of the National Park and the Authority are properly represented.
- Complete actions to increase compliance with CIPFA's Financial Management Code
- Revise and restructure the internal financial reporting process, to ensure that this remains fit for purpose (Completed)
- Review governance arrangements for partnerships to ensure that proportionate arrangements are in place
- Review the Authority's Complaints, Compliments and Comments policy
- Re-procure long-term insurance contracts to cover the full range of the Authority's activities
- Review the Procurement Strategy and produce a Procurement Manual
- Provide the agreed programme of Member training for 2021/22

Sources of Assurance

9. In corporate governance terms, Authority Members need to 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, Ernst & Young (EY), had not been issued at the time when the current report was written. This reflects delays in the national audit process, rather than problems with the Authority's accounts. As last year, the national timetable for finalising local authority accounts has been put back in the light of Covid19, to 30 November. There is nothing that would lead us to expect, at this stage, that the external auditor will issue anything other than an unqualified opinion on the annual accounts.
- 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.
- 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. Each year the latter arrangements are reviewed in order to inform this annual report. Accordingly, having considered all the principles, I am satisfied that 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. In regard to the one instance reported in last year's Annual Governance Report, where the Authority was informed of the potential for legal challenge in connection with a decision taken by the Planning Committee, that matter has now concluded. There are no other matters to report.

Update on 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 2020/21, summarises complaints relating to the Authority that were received by the Ombudsman in the year to 31 March 2021. I am pleased to report that whilst there was one complaint that was referred to the Ombudsman for detailed investigation, the complaint was not upheld and consequently the Authority received no recommendations for compliance.

Update on Data Protection issues

11. The Information Governance – Data Protection Internal Audit report 2020-21 issued on 2 March 2021 included a recommendation that exceptions and divergences from data protection policies and procedures should be reported to SMT and Members.
12. There have been 3 data breaches in the reporting period which are summarised in Annex B together with the remedial action taken. Having considered the likelihood and severity of the risk to those affected individuals' rights and freedoms, the Data Protection Officer concluded that the breaches were of a minor nature and did not require reporting to the Information Commissioner's Office.

Impact of Covid 19

13. The Coronavirus Act 2020 and subsequent Regulations which enabled the Authority to hold remote meetings expired on 6 May 2021 and the Authority and its Committees have returned to meetings in person. To ensure that meetings can be held in a Covid secure way, external venues are being used. The return to face to face meetings has not impacted upon the Authority's governance arrangements.
14. The day to day work to deliver the Authority's objectives has continued, adjusted in accordance with risk assessments to ensure safe working practices are followed. At the time of writing this report, these adjustments (which include a greater reliance on homeworking and its successor, blended working) have not had any impact on the operation of the Authority's system of governance.

Conclusion

15. Other than as detailed in this report, there are no other significant developments in public sector governance that I need to bring to the attention of the Authority.

Clare Burrows
Solicitor/Monitoring Officer

13 October 2021

**ANNUAL GOVERNANCE REPORT:
Activity over the past 12 months**

Month	Activity
November 2020	Annual Risk Management Review (A&R 10/11/20) Internal Audit Annual Report (A&R 10/11/20) Redmond Review (audit oversight and transparency in LA reporting) (A&R 10/11/20)
December 2020	The Financial Management Code (F&R 8/12/20) Review of duties and responsibilities of Members (Authority – 15/12/20)
February 2021	Draft Budget 2021-22, incorporating review of financial position (F&R 9/2/20) Equality, Diversity and Inclusion Update (F&R 9/2/20)
March 2021	Budget 2021-22 (Authority 30/3/21) Review of Scheme of Delegation (Authority 30/3/21) Review of Partnerships (Authority 30/3/21) Independent Person – Extension of Term of Office (Authority 30/3/21)
April 2021	Annual Governance Statement (A&R 12/4/21) Performance Review of the Authority's Response to Covid 19 (A&R 12/4/21) Complaints and Compliments 2020-21 (A&R 12/4/21) Internal Audit Report 2021 (A&R 12/4/21) Annual Audit Letter (A&R 12/4/21)
May 2021	People Strategy (F&R 25/5/21)
June 2021	National Park Management Plan Annual Report (Authority 29/6/21) Public Rights of Way Annual report (Authority 29/6/21)
July 2021	Annual Review of Authority Performance (A&R 13/7/21)
September 2021	Statement of Final Accounts 2020/21 (F&R 29/9/20) Annual Health and Safety Report (F&R 29/9/20) Annual Human Resources Report (F&R 29/9/20)

Summary of Data Breaches and Remedial Action Taken

Date Breach Reported	Summary of Breach	Number of individuals affected	Remedial Action Taken
18/03/2021	An officer mistakenly sent job application forms which had been compiled into one pdf to the three individuals who had been shortlisted for interview by e-mail.	3	One of the individuals shortlisted for interview notified the officer the reported the breach immediately. An email was sent to the affected individuals highlighting the error and asking that the information be destroyed (all three confirmed they had). A reminder was issued to all staff reminding them of the need to check the content of attachments before uploading them to e-mails.
01/04/2021	A member of the public reported that an officer had forwarded an enquiry on to them rather than to an officer with the same first name (using autofill function on e-mail).	1	The relevant officer was notified of the breach and advised about issues when using autofill. The outcome of the investigation into the breach was provided to complainant with an assurance that the Authority would not use personal details for any reason other than the original use. Other officers within the same team were also advised to take care with the autofill function.
10/06/2021	A document containing personal details (within a response from a consultee to a planning application) was mistakenly uploaded to an Authority website. Although it had been removed immediately by the uploading officer, it was still on the server so was available from a google search.	1	The document was removed by the web hosting provider and an explanation of the data breach was sent to reporting individual (it appeared to have been uploaded during a website transfer to a new provider). A reminder was issued to all staff regarding the care needed when uploading documents to Authority websites.

APPENDIX A

Yorkshire Dales National Park Authority LOCAL CODE OF CORPORATE GOVERNANCE

1. Introduction

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 Authority operates.

Good governance leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes from the service provided.

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).

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".

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.

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;**

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

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

The Authority has adopted six Core Values, which apply to all its work:

- 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, transparency, equality and impartiality.
- Open and approachable: We will work with others honestly and openly 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 and empowered to provide professional services to the public.

3. Responsibilities

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

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.

The 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 corporate governance report from the Monitoring Officer.

The Standards Committee has an important role in the ethical governance of the Authority since it deals with complaints of breach of the Code of Conduct by a Member, and also with applications by Members for dispensations to speak, or to speak and vote, when they have a disclosable pecuniary interest. The Committee has the power to make recommendations to the Authority on issues of Member conduct, where these arise out of its consideration of complaints or applications for dispensations.

At officer level, good governance is first and foremost the responsibility of the Authority's three "**Statutory Officers**", namely 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.

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.

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.

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.

Local Code of Corporate Governance; Good Governance means ...

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	
<p>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.</p> <p>Ensuring Members and Officers take a lead in establishing specific standard principles or values for the organisation (based on seven Nolan Principles).</p> <p>Leading by example and using the principles as a framework for all actions and decisions</p> <p>Demonstrating, communicating and embedding the standard operating principles through appropriate policies and processes, which are regularly reviewed to ensure effectiveness</p>	<ul style="list-style-type: none"> • Mission and Core Values Statement • Member Code of Conduct • Social Media Protocol for Members • Officer Code of Conduct • Member Employee Protocol • 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 • Arrangements for dealing with complaints about Member conduct • Appointment of Independent Persons to Standards Committee • Roles and Responsibilities of Members • Job Descriptions for Chairman and Members • Member Champion Protocol • Staff Appraisal process linked to Core Values
Demonstrating strong commitment to ethical values	
<p>Seeking to establish, monitor and maintain the Authority's ethical standards and performance</p> <p>Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the Authority's culture and operation</p> <p>Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values</p> <p>Ensuring that external providers of services on behalf of the Authority act with the integrity and ethical standards expected by the Authority</p>	<ul style="list-style-type: none"> • Equality and Diversity Policy; the Equality, Diversity and Inclusion Working Group • Annual report on Equality Compliance to SMT or Finance and Resources Committee as appropriate • 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 • Role of Monitoring Officer to report on illegality • Role of Chief Financial Officer to report on unlawful expenditure • 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
Respecting the rule of law	
<p>Ensuring Members and Officers demonstrate strong commitment to the rule of law</p> <p>Creating the conditions for the three Statutory Officers and Members to fulfil their regulatory responsibilities</p> <p>Striving to optimise the use of full powers available for the benefit of stakeholders</p> <p>Dealing effectively with breaches of legal or regulatory provisions</p> <p>Ensuring corruption and misuse of powers are dealt with effectively</p>	<ul style="list-style-type: none"> • 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 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	
<p>Ensuring an open culture through demonstrating, documenting and communicating our commitment to openness</p> <p>Making decisions that are open and transparent; presumption against confidentiality without justification</p> <p>Providing clear reasoning and evidence relating to actions and decisions, and ensuring the impact and consequences are clear</p> <p>Using formal and informal consultation and engagement to determine the most appropriate courses of action</p>	<ul style="list-style-type: none"> • 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, human resources (HR), risk and equality implications where necessary • Opportunities for public speaking at 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
Engaging comprehensively with institutional stakeholders	
<p>Ensuring that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably</p> <p>Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively</p> <p>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</p>	<ul style="list-style-type: none"> • Continue to work 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; Yorkshire Dales Local Access Forum; Dales Tourism Partnership. • Review of Partnerships – a comprehensive review is undertaken every two years (last review March 2021)
Effective engagement with individual citizens and service users	
<p>Establishing a clear policy on consultation with stakeholders to ensure service provision contributes to intended outcomes</p> <p>Ensuring communication methods are effective in relation to community engagement</p> <p>Encouraging, collecting and evaluating the views of stakeholders including reference to future needs</p> <p>Implementing effective feedback mechanisms and ensuring inclusivity of all feedback</p> <p>Balancing feedback from more active stakeholder groups with other groups to ensure inclusivity</p> <p>Taking account of impact of decisions on future generations of taxpayers/service users</p>	<ul style="list-style-type: none"> • Published strategies, codes and protocols • Procedures for regular review of strategies, codes and protocols • Agenda reports and minutes; codes and protocols published on Authority website • Comprehensive and accessible YDNPA website, publications • Communications Strategy • Media Procedure and Protocol • Dales Newspaper for residents • The Visitor • Press releases • Use of Social Media and websites • Performance and Service reviews reported to Audit and Review Committee • Information on progress towards achieving each NPMP objective is updated and published on the Authority's website at least annually. • Annual monitoring report on the Yorkshire Dales Local Plan • Annual Corporate Plan: progress regularly reviewed by the Senior Management Team (SMT) and reported annually to the Authority, and twice a year to the Audit & Review Committee. • National park performance indicators for benchmarking • 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

	<ul style="list-style-type: none"> • 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 have been 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 since (last reassessment in July 2021)
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Core Principle C: Defining outcomes in terms of sustainable <i>economic social and environmental</i> benefits	
Supporting Principles	What Evidence/Assurance is in place at YDNPA
<p>Defining Outcomes</p> <p>Having a clear vision as an agreed formal statement of the Authority's purpose and intended outcomes</p> <p>Specifying the intended impact on stakeholders</p> <p>Delivering defined outcomes on a sustainable basis within resources</p> <p>Identifying and managing risks to the achievement of outcomes</p> <p>Managing service users' expectations with regard to determining priorities</p> <p>Sustainable economic, social and environmental benefits</p> <p>Consider and balance the combined economic social and environmental benefits</p> <p>Taking a long term view with regard to decision making, taking account of risk and acting transparently in the face of conflict of interest</p> <p>Determining the wider public interest when balancing conflicting interests, through consultation where possible</p> <p>Ensuring fair access to services</p>	<ul style="list-style-type: none"> • The Authority's role defined by the two statutory purposes and the Mission Statement • The National Park Management Plan 2019-24: developed together with partner organisations - sets 20 year vision and 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 September 2021) • The annual Action Plan refines the objectives into specific operational activity each year • The Local Plan (15 year period) has been 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 2019-2023. • 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 2020 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 (July 2021) 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
<p>Determining Interventions</p> <p>Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating associated risks, thereby ensuring best value is achieved</p> <p>Considering feedback from citizens and service users when making service improvements in order to prioritise competing resource demands</p> <p>Planning Interventions</p> <p>Establishing and maintaining robust planning and control cycles for plans, priorities and targets</p> <p>Engaging with stakeholders in relation to planning and delivery; considering and monitoring risks facing each partner when working collaboratively, including shared risks</p> <p>Ensuring arrangements are flexible and adaptable to changing circumstances</p> <p>Establishing key performance indicators; and ensuring capacity exists to generate information needed to review service quality regularly</p> <p>Prepare budgets in accordance with objectives, strategies and the medium term financial plan</p> <p>Inform medium and long term resource planning through a sustainable funding strategy</p> <p>Optimising achievement of intended outcomes</p> <p>Ensuring the budget process is all-inclusive of full cost of operations over medium and longer term</p> <p>Ensuring medium term financial strategy is responsive to external circumstances to optimise resource usage/integrates and balances resource constraints</p> <p>Ensuring the achievement of “social value” through service planning</p>	<ul style="list-style-type: none"> • 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 • Visitor, and residents surveys (most recently completed December 2018) • 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)

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
<p>Developing capacity</p> <p>Reviewing operations and resources to ensure continued effectiveness</p> <p>Improving allocation of resources so that defined outcomes are achieved effectively and efficiently</p> <p>Recognising the benefits of partnership working where added value can be achieved</p> <p>Developing and maintaining an effective workforce plan to enhance allocation of resources</p> <p>Developing capability of leadership</p> <p>Developing protocols to ensure that shared understanding of roles and responsibilities is maintained</p> <p>Publishing a statement that specifies the types of decisions</p> <p>Ensuring Chairman and CEO have clearly defined roles</p> <p>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</p> <p>Ensure structures in place to encourage public participation in development</p> <p>Taking steps to ensure leadership's effectiveness through peer reviews and appraisals</p> <p>Holding staff to account through performance reviews</p> <p>Ensuring arrangements in place to maintain physical and mental wellbeing of Officers</p>	<ul style="list-style-type: none"> • People Management Strategy • Staff and Management restructure 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 • 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 – quarterly progress updates to F&R committee; reviewed December 2018 • Training and Development programmes for Members and Officers • Authority Days for officers and Members (2020 and 2021 events cancelled/postponed due to Covid19) • Annual All Staff Meetings (2020 and 2021 events cancelled/postponed due to Covid19) • Role/Protocols of Statutory Officers • Clear Members Roles and Responsibilities • Guidance on the Member Champion Initiative • Member Officer Protocol • Scheme of Delegation and Standing Orders • Delegated decisions published through Open Data • Role of Chairman and Job Descriptions for Chair and Members • Member and Officer 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 • Access to Mental Health First Aiders • Active Health & Safety Working Group

Core Principle F. Managing risk and performance through robust internal control <i>and strong public financial management</i>	
Supporting Principles	What Evidence/Assurance is in place at YDNPA
<p>Managing risk</p> <p>Ensuring risk management is an integral part of all decision making</p> <p>Implementing robust and integrated risk management</p> <p>Ensuring individual responsibilities for managing risk are clearly allocated</p> <p>Managing performance</p> <p>Monitoring service delivery effectively</p> <p>Making decisions based on clear and relevant objective analysis including risks</p> <p>Encouraging effective and constructive challenge and debate on policies and objectives</p> <p>Providing Members and SMT with regular reports on service delivery</p> <p>Ensuring consistency between specification stages and post implementation reporting</p> <p>Robust internal control</p> <p>Aligning risk management strategy and policies</p> <p>Evaluation and monitoring risk management</p> <p>Ensuring counter-fraud and anti-corruption measures in place</p> <p>Ensuring additional assurance through effective internal audit</p> <p>Ensuring audit committee independent of the executive</p> <p>Managing data</p> <p>Ensuring effective arrangements for safe collection and use of data including sharing of personal data</p> <p>Effective arrangements for sharing data with other bodies</p> <p>Regularly reviewing and auditing quality and accuracy of data used in decision making and performance monitoring</p> <p>Strong public financial management</p> <p>Well developed financial management to support long term and short term financial and operational performance</p> <p>Ensuring financial management is integrated at all levels of planning and control</p>	<ul style="list-style-type: none"> • The Authority has adopted a 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 undertake scheduled reviews of risks and Directors maintain logs, as appropriate, within their own Directorates • 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 • 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 Government's 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

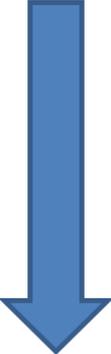
Core Principle G. Implementing good practice in transparency, reporting and audit to deliver effective accountability	
Supporting Principles	What Evidence/Assurance is in place at YDNPA
<p>Good Practice in Transparency</p> <p>Writing and publishing reports in a balanced, understandable and easily accessed style</p> <p>Striking a balance with regard to the amount of information provided</p> <p>Good Practice in Reporting</p> <p>Reporting at least annually on performance, value for money and stewardship of resources in a clear, timely way</p> <p>Ensuring members and officers take 'ownership' of the reported results</p> <p>Ensuring robust arrangements for assessing the principles in this framework are applied, including an action plan for improvement</p> <p>Ensure this framework is applied to joint working/shared services</p> <p>Ensuring that performance information accompanying the financial statements is prepared on a consistent and timely basis and allows for comparison with similar organisations</p> <p>Assurance and accountability</p> <p>Ensuring that recommendations for corrective action made by external audit are acted on</p> <p>Ensuring an effective internal audit service is in place</p> <p>Welcoming peer challenge and regulatory inspections and acting on recommendations</p> <p>Gaining assurance on risks delivered through third parties and ensuring that this is evidenced in the annual governance statement</p> <p>When working in partnership, ensuring arrangements for accountability are clear.</p>	<ul style="list-style-type: none"> • 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

APPENDIX B

Corporate Governance: 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	NPMP Annual Progress Report End-of-year report on Corporate Plan Objectives	
July	ToR for performance reviews to Audit & Review	Comprehensive end of year performance report to Audit & Review	Finalisation of annual accounts to F and R
August			
September	Authority reviews priorities		3-month financial progress report to F&R with preliminary income projections
October	SMT/section heads discuss progress and looking ahead	6-month progress report on Objectives and Actions from Section Heads to SMT	
November	NPMP Steering Group meet re programme implementation	6-month progress report to A&R	SMT budget discussions Draft budget to F & R.
December	Objectives for year ahead to Authority		6-month financial progress report to F&R
January			
February	Section heads draft Action Plan		Draft budget to F&R
March	Annual appraisals	Setting individual objectives and targets, and reviewing performance	Final budget approved by Authority




APPENDIX C

Update on matters identified during the preparation of the 2020/21 Annual Governance Statement

Issue	Explanation
Review of Protected Landscapes - Glover Review	Progress on this matter remains dependent on the Government's response to the Review of the Protected Landscapes.
Local Plan	<p>The Authority completed a third consultation on options (this time for 'Housing Strategy') in February 2021. The June Authority meeting considered the public response and made decisions about its preferred Local plan housing target, settlement hierarchy and approach to 'windfall' development (housing on non- allocated sites). A fourth options consultation was issued in August 2021 on options for 'local occupancy' housing and residential barn conversions. A report about the outcome of this consultation and recommendations, will be made to the Authority in December. The next Local plan public consultation is anticipated in late 2021 or early 2022 and will set out preferred policy for non-housing aspects of the new Local Plan e.g. employment, tourism, minerals, community facilities and conservation.</p> <p>Following the publication of the Planning White Paper in August 2020, no decisions have yet been made by Government regarding changes to the Development Plan system in England.</p>
Reviews of corporate documents (strategies and policies), in line with the 5 year cycle of planned reviews.	<ul style="list-style-type: none"> (i) Data Protection Policy (completed April 2021) (ii) People Management Strategy (completed May 2021) (iii) Conclude examination of Politically Restricted Posts (completed September 2021) (iv) ICT Strategy (December 2021) (v) Property Strategy (December 2021) (vi) Complaints, Compliments and Comments (February 2022) (vii) Procurement Strategy (March 2022) (viii) Member Champion Guidance (March 2022) (ix) Media Procedure and Protocol (March 2022) (x) Biodiversity Action Plan (March 2022)
CIPFA's Financial Management Code	<p>To complete the actions identified to improve compliance with CIPFA's Financial Management Code:</p> <ul style="list-style-type: none"> (i) Review our treatment of regular underspend 'carry-forward' budgets at year end, to ensure that the levels of such are appropriate and to identify any problems in the delivery timetable. (Completed))

	<ul style="list-style-type: none"> (ii) Review the format of the management accounts, to ensure that it meets the Leadership Team’s requirements. (Completed) (iii) Review the procurement component of Financial Regulations; any substantial changes to be supported by appropriate training for users. (December 2021) (iv) Improve the understanding of relevant Officers about when the finance team should be consulted, to improve project design and management. (Completed) (v) Monitor the results from Equality Impact Assessments to demonstrate that that we have taken these into account when assessing the ‘Equity’ aspect of the Value for Money (VfM) of service delivery. (November 2021) (vi) Establish training needs for promoting financial literacy amongst Members and officers, and deliver training. (December 2021) (vii) Consider how best to approach the matter of a Financial Resilience Assessment, identifying a solution that is appropriate and proportionate to our circumstances. (December 2021) (viii) The next full revisions of our two Asset Management plans (IT, Property) will take into account the Code’s Guidance Notes on this issue. (December 2021) (ix) For new programmes and other complex projects, improve the “option appraisal” aspect of the evaluation process. (Completed) (x) Prepare a financial policy note which gives a comprehensive picture of the Authority’s processes for managing balance sheet risk. (December 2021) (xi) The next Annual Governance Statement to include explicit mention of VfM issues, and the Authority’s approach to these. (March 2022)
Coronavirus	The Authority is continuing to take account of national and local Covid 19 issues as they arise that might impact on the Authority’s governance arrangements and take appropriate action.