

**Committee:       AUDIT AND REVIEW****Date:               14 November 2023****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:
  - (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 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 32: 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 ('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 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;
  - the 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;
  - 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 (see **Appendix A**) 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.
  - b) Monitoring of progress in relation to the actions identified in the 2022/23 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 2024):
- Publish a detailed assessment of the Authority's performance in 2022/23 (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)
- Review the risk management policy (Completed)
- Review the Code of Conduct for Members (Dec 2024)
- Provide the agreed programme of Member training for 2023/24

### **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, Ernst & Young (EY). At the time of preparing this report, the external audit had not yet commenced for 2022/23 reflecting delays in the national audit process, rather than problems with the Authority's accounts. 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 (report to this committee, 18 April 2023).
  - In 2014, CIPFA produced a voluntary code of practice for public bodies on "Managing the Risks of Fraud and Corruption", the principles of which have been adopted in the Authority's Anti-Fraud, Bribery & Corruption Policy. The organisation has adopted a response that is appropriate for its fraud and corruption risks and is committed to maintaining its vigilance against fraud.
  - The three statutory officers of the Authority (the Chief Executive, Chief Finance Officer and Monitoring Officer) have independent legal obligations which include reporting on any matters where the probity or legality of the Authority's actions or proposed actions is at stake. There are no matters to report.

### **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 2022/23, summarises complaints relating to the Authority that were received by the Ombudsman in the year to 31 March 2023. There was one referral to the Ombudsman in December 2022, however as this was concluded outside of the reporting period it will be referenced in next year's report to Members.

### **Update on Data Protection issues**

11. There have been 5 data breaches in the reporting period (an increase from the three data breaches reported last year) 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.

12. The Authority was also notified in April 2023 that our former print contractor and Distributor of the Dales were the victim of a malicious attack back in October 2022 which may have compromised the names and addresses of residents. Since then, a number of steps have been taken by the contractor including security hardening and infrastructure changes to further protect their data and customer's data
13. The Authority's Data Protection Policy requires that a review of internal data protection awareness is carried out every five years (or as required by a change in legislation). The review has historically taken the form of a survey/questionnaire on key data protection issues, circulated amongst all staff. The information from the survey is used to ensure that data protection guidance is kept up to date and is adequate, proportionate and effective. The previous officer survey was carried out in April 2019 and the next survey was due in early 2024. However, because of the large intake of new staff since the last survey and a number of queries about data protection issues, it was felt appropriate to bring the survey forward.
14. The outcome of the survey was encouraging with responses showing that officers in general have a good understanding of the data protection principles. However, responses also indicated that some of the more recent intake were not aware of data protection processes within the Authority, for example what to do if a subject access request is received, or if a breach of data security occurs.
15. The "correct answers" to the survey questions were subsequently circulated to all officers, along with the current "Key Things" guidance – a short summary of essential data protection principles and the Authority's processes. A link to the "Key Things" document will be included in the induction pack for new starters and Section Heads have been asked to ensure that their staff are aware of the "Key Things" document going forward.

## **Conclusion**

16. 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**  
**Director of Corporate Services**

9 October 2023

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

<b>Month</b>	<b>Activity</b>
November 2022	Performance Review of Development Management (A&R 8/11/22) Annual Risk Management Review (A&R 8/11/22) Annual Governance Report (A&R 8/11/22) Blended Working Project Review (A&R 8/11/22)
December 2022	Financial Regulations Update (F&R 6/12/22) Confidential Reporting Policy review (Authority 13/12/22) Scheme of Delegations revisions (Authority 13/12/22)
February 2023	Draft Budget 2023-24 (F&R 7/2/23) Procedure for Local Assessment of Code of Conduct Complaints; Determination Procedure; Independent Person Protocol (Standards 7/2/23)
March 2023	Budget 2023-24 (Authority 28/3/23) Standards Procedures and Independent Person Protocol (Authority 28/3/23) Extension of Independent Person's Term of Office (Authority 28/3/23)
April 2023	Annual Governance Statement (A&R 18/4/23) Performance Review of Development Management (A&R 18/4/22) Complaints and Compliments 2022-23 (A&R 18/4/23) Internal Audit Report 2023 (A&R 18/4/23) Governance of Partnerships Review – Pennine National Trails Partnership (A&R 18/4/23) Appointment of the External Auditor (A&R 18/4/23)
May 2023	Annual Health and Safety Report (F&R 30/5/23) Annual Human Resources Report (F&R 30/5/23)
June 2023	Progress on Authority Objectives in 2022/23 (Authority 27/6/23) Public Rights of Way Annual report (Authority 27/6/23)
July 2023	Annual Review of Authority Performance (A&R 11/7/23) Internal Audit Plan 2023-24 (A&R 11/7/23) External Audit Plan for the 2021/22 Audit (A&R 11/7/23)
September 2023	Statement of Final Accounts 2021/22 (F&R 26/9/23) Financial Regulations Review (F&R 26/9/23)

## Summary of Data Breaches and Remedial Action Taken

Date Breach Reported	Summary of Breach	Number of individuals affected	Remedial Action Taken
10/1/2023	A document containing personal details had been uploaded to an Authority website (Dales Rocks) and although it had been removed, it was still on the server so was available from a google search.	Approx. 20	Investigation by website team determined that data was being taken from the Members extranet which has now been closed down.
27/3/2023	Internal e-mail which included the details of an accident at work cc'd to all users by mistake.	1	Email recalled immediately.
11/4/2023	During a TEAMS meeting, the personal telephone number of an individual joining the meeting by telephone was displayed to other individuals on the call.	1	Meeting was closed and new call instated.
19/7/23	The identity of an individual who had submitted an EIR request was mistakenly passed to an outside organisation when their view was sought on sharing e-mails to which they were a party.	1	Apology issues to individual and a reminder sent to all staff to take care when handling personal details.
15/8/23	An email regarding a potential breach of planning was mistakenly sent to an Authority officer with the same first name as the Authority officer to whom the e-mail was intended.	1	Officer immediately emailed recipient and asked them to delete the e-mail.

## **APPENDIX A**

### **Yorkshire Dales National Park Authority**

#### **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 Authority 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 annual appraisal process and are now being 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, 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**

- 3.1 All Members of the Authority are collectively and individually responsible for good governance; Members are the governors.
- 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**", 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.
- 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

<b>Core Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<b>Behaving with integrity</b>	
<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"> <li>• Mission and Core Values Statement</li> <li>• Member Code of Conduct</li> <li>• Social Media Protocol for Members</li> <li>• Officer Code of Conduct</li> <li>• Member - Officer Protocol</li> <li>• Equality, Diversity and Inclusion Policy</li> <li>• Scheme of Delegation and records of delegated decisions</li> <li>• Standing Orders</li> <li>• Financial Regulations</li> <li>• Local Code of Corporate Governance</li> <li>• Role of Audit &amp; Review Committee and Standards Committee</li> <li>• Procedure for Local Assessment of Member Code of Conduct complaints</li> <li>• Appointment of Independent Persons to Standards Committee</li> <li>• Duties and responsibilities of Members including job descriptions for the Chair and Members</li> <li>• Guidance on the Member Champion Initiative</li> <li>• Staff Appraisal process linked to Core Values</li> </ul>
<b>Demonstrating strong commitment to ethical values</b>	
<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"> <li>• Equality, Diversity and Inclusion Policy; the Equality, Diversity and Inclusion Working Group</li> <li>• Annual report on equality compliance Finance and Resources Committee</li> <li>• HR policies in place to maintain ethical values and deal with issues concerning conduct</li> <li>• Complaints procedure</li> <li>• Anti-Fraud, Bribery and Corruption Policy</li> <li>• Confidential Reporting procedure</li> <li>• Role of three Statutory Officers</li> <li>• Appointment of internal and external auditors and reporting arrangements in place to Audit and Review Committee with statements in annual reports to the Authority</li> <li>• Annual Governance Report and Annual Governance Statement reporting on effectiveness and significant issues</li> <li>• Behaviours connected to Core Values</li> </ul>
<b>Respecting the rule of law</b>	
<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"> <li>• Register of Members Interests, updated regularly and published on the YDNPA website</li> <li>• Register of Officer Interests</li> <li>• Registration of Related Party Transactions</li> <li>• Declarations of lobbying and declarations of interests at Authority and committee meetings</li> <li>• Transparency about business dealings between the Authority, Members and senior Staff</li> </ul>

<b>Core Principle B: Ensuring openness and comprehensive stakeholder engagement</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<b>Openness/ensuring an open culture</b>	
<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"> <li>• Authority and Committee meetings held in public; Authority and Planning Committee meetings are recorded</li> <li>• Publication of agendas, reports and minutes for the Authority and its Committees, plus audio recordings where appropriate</li> <li>• Reports include legal, financial, human resources (HR), risk and equality implications where necessary</li> <li>• Opportunities for public speaking at Authority and committee meetings</li> <li>• Access to Information arrangements</li> <li>• Agreed actions to comply with the Openness of Local Government Regulations 2014</li> <li>• 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</li> <li>• Adoption of the ICO's standard Publication Scheme</li> <li>• Internal working groups, i.e. Health, safety and wellbeing, Equality, diversity and inclusion, Employee voice</li> </ul>
<b>Engaging comprehensively with institutional stakeholders</b>	
<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"> <li>• 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</li> <li>• NPMP steering group includes key delivery organisations, and holds open 'Annual Forum'</li> <li>• 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.</li> <li>• Review of Partnerships – a comprehensive review is undertaken every two years (last review April 2022)</li> </ul>
<b>Effective engagement with individual citizens and service users</b>	
<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"> <li>• Published strategies, codes and protocols, and procedures for regular review</li> <li>• Agenda reports and minutes published on Authority website</li> <li>• Comprehensive and accessible YDNPA website and publications</li> <li>• Communications Strategy</li> <li>• Social Media Strategy and User Guide</li> <li>• Media Procedure and Protocol</li> <li>• <i>Dales</i> Newspaper for residents</li> <li>• <i>Visitor</i> magazine for visitors</li> <li>• Press releases</li> <li>• Use of Social Media and websites</li> <li>• Information on progress towards achieving each NPMP objective is updated and published on the Authority's website at least annually, and Annual Forum provides opportunity for stakeholders and individuals to challenge and feedback.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>Residents of the National Park area are surveyed every 5 years to understand their perceptions of the National Park and the National Park Authority.</li> <li>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</li> <li>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 2023)</li> </ul>
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<b>Core Principle C: Defining outcomes in terms of sustainable economic social and environmental benefits</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<p><b>Defining Outcomes</b></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><b>Sustainable economic, social and environmental benefits</b></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"> <li>The Authority's role defined by the two statutory purposes and the Mission Statement, published in the Corporate Plan</li> <li>The National Park Management Plan 2019-24: developed together with partner organisations - sets the 20 year vision and specific 5-year objectives</li> <li>The Authority sets its own objectives in its Corporate Plan, many of which are taken directly from the NPMP.</li> <li>A detailed review of priorities is carried out every 3 years, with a light touch review annually (last detailed review September 2021)</li> <li>The annual Action Plan refines the objectives into specific operational activity each year</li> <li>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 2019-2023</li> <li>Defined quality measures, and information on performance in relation to them</li> <li>Risk Management Policy, Strategic Risk Register, biannual reviews of operational risk by SMT, annual report to Members in relation to strategic risks</li> <li>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</li> <li>The most recent Customer Services Excellence report (July 2023) 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.</li> </ul>

<b>Core Principle D. Determining the interventions necessary to optimise the achievements of the intended outcomes</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<p><b>Determining Interventions</b></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><b>Planning Interventions</b></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><b>Optimising achievement of intended outcomes</b></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"> <li>• Explicit statement of the criteria, rationale and relevant considerations on which decisions are based</li> <li>• National Park purposes considered for all decisions</li> <li>• National and local planning policies (Local Plan) for planning decisions</li> <li>• All Committee Reports address conformity of the subject matter with the Authority’s strategic planning framework</li> <li>• Guidance on Good Decision Making</li> <li>• Reporting cycles for Corporate Plan objectives, priorities, financial budget, corporate governance and risk management in place</li> <li>• Residents’ survey (last full survey completed December 2018 with a full residents’ survey currently being undertaken), 5-yearly visitor survey currently being undertaken (2022) with ‘snapshot’ surveys in 2020 and 2021</li> <li>• Risk Management Policy</li> <li>• Strategic Risk Register biannual reviews of operational risk by SMT, annual report to Members on strategic risks</li> <li>• All key financial systems reviewed cyclically by Internal Audit</li> <li>• 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</li> <li>• Regular review of assets and property strategy</li> <li>• Annual use of resources assessment by External Audit</li> <li>• Regular budget monitoring reports to SMT and Finance &amp; Resources Committee</li> <li>• No separate capital programme; regular review of assets and property strategy</li> <li>• Budgeting processes examined each year by Internal and External Audit</li> <li>• Reserves maintained in line with guidance from the Audit Commission (Contingency Reserve) and with CIPFA capital accounting guidelines</li> <li>• Medium Term Financial Plan</li> <li>• Service plans</li> <li>• Annual budget and quarterly management monitoring plans</li> <li>• Annual Statement of Accounts</li> <li>• Audit reports (Internal and External)</li> </ul>

<b>Core Principle E. Developing the Authority's capacity including the capability of its leadership and the individuals within it</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<p><b>Developing capacity</b></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><b>Developing capability of leadership</b></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"> <li>• People Management Strategy</li> <li>• Staff and Management structure approved</li> <li>• Review of Pay Policy</li> <li>• Cyclical review of HR policies</li> <li>• IT Strategy</li> <li>• Internal and external audit of processes</li> <li>• NPMP review cycle</li> <li>• Corporate Plan and Action Plan review cycle</li> <li>• Setting priorities linked to Appraisal process</li> <li>• Regular performance reviews, and reviews of lessons learned from major projects</li> <li>• Budgetary control reported to SMT</li> <li>• Reports to Finance &amp; Resources Committee including long term budget setting</li> <li>• YDMT Memorandum of Understanding</li> <li>• Biennial review of Partnerships</li> <li>• Income Generation Strategy – 6-monthly progress updates to F&amp;R committee; reviewed February 2023</li> <li>• Training and Development programmes for Members and Officers</li> <li>• Leadership development programmes</li> <li>• Comprehensive induction programme for new starters and/or new managers</li> <li>• New Starter Buddy system in place</li> <li>• Staff development days for officers and Members (September 2023)</li> <li>• Annual all Staff Meeting (November 2023)</li> <li>• Role/Protocols of Statutory Officers</li> <li>• Clear Members Roles and Responsibilities</li> <li>• Guidance on the Member Champion Initiative</li> <li>• Member Officer Protocol</li> <li>• Scheme of Delegation and Standing Orders</li> <li>• Delegated decisions published through Open Data</li> <li>• Role of Chair and job descriptions for Chair and Members</li> <li>• Member and Officer annual Appraisals; including CEO</li> <li>• Peer reviews for senior management</li> <li>• IIP accreditation</li> <li>• Annual Customer Service Excellence accreditation</li> <li>• Access to Occupational Health scheme</li> <li>• Employees Assistance Programme in place</li> <li>• Access to Mental Health First Aiders</li> <li>• Active Health, Safety &amp; Wellbeing Working Group</li> <li>• Blended working arrangements</li> </ul>

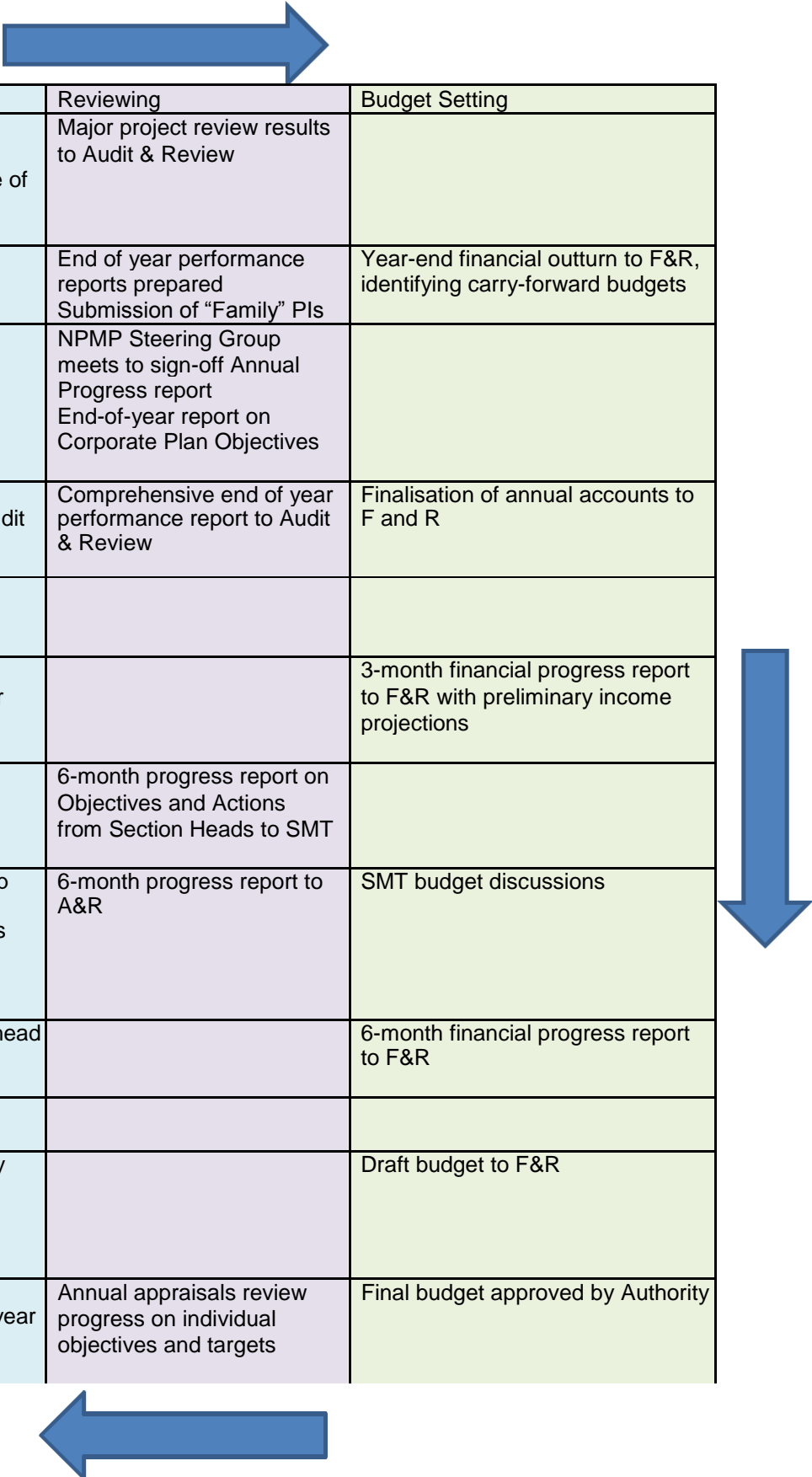
<b>Core Principle F. Managing risk and performance through robust internal control and strong public financial management</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<p><b>Managing risk</b></p> <p>Ensuring risk management is an integral part of all decision making</p> <p>Implementing robust and integrated risk management</p> <p>Ensuring individual responsibilities for managing risk are clearly allocated</p> <p><b>Managing performance</b></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><b>Robust internal control</b></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><b>Managing data</b></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><b>Strong public financial management</b></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"> <li>• Two tiered approach to risk management: Strategic Risk Register; Operational Risk Register</li> <li>• Risk Management Policy; A&amp;R Committee reviews risk management on an annual basis.</li> <li>• The Risk Management Policy and Strategic Register are reviewed by SMT; views of external audit and internal audit are included</li> <li>• SMT undertake scheduled reviews of risks and Directors maintain logs, as appropriate, within their own Directorates</li> <li>• SMT undertakes biannual reviews of operational risk, and there is an annual report to Members in relation to strategic risks</li> <li>• Internal Audit: external provision by Veritau Ltd</li> <li>• Complaints procedure</li> <li>• 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 &amp; Review Committee. Performance Improvement reviews are carried out by small member/officer teams including the relevant Member Champion and a member of the Audit &amp; Review Committee ensuring there is Member input in the process.</li> <li>• The Authority maintains its accreditation under the Government's Customer Service Excellence (CSE) Standard</li> <li>• 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</li> <li>• 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</li> <li>• Data Protection Policy; internal audit on DP compliance carried out every three years (last completed March 2021)</li> <li>• Nominated Data Protection Officer and Senior Information Risk Owner</li> <li>• Access to Information Statement</li> <li>• Data Sharing arrangements included in Data Protection Policy</li> <li>• Regular data protection briefing notes are issued to staff and Members</li> <li>• Anti-Fraud, Bribery &amp; Corruption Policy</li> <li>• Confidential Reporting Policy</li> <li>• Compliance with Payment Card Industry Standard</li> <li>• Money laundering advice</li> <li>• Regular budget monitoring reports to SMT and Finance &amp; Resources Committee</li> <li>• No separate capital programme</li> <li>• Regular review of assets and property strategy</li> <li>• Critical (higher-risk) actions monitored quarterly by SMT.</li> </ul>

<b>Core Principle G: Implementing good practice in transparency, reporting and audit to deliver effective accountability</b>	
<b>Supporting Principles</b>	<b>What Evidence/Assurance is in place at YDNPA</b>
<p><b>Good Practice in Transparency</b></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><b>Good Practice in Reporting</b></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><b>Assurance and accountability</b></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"> <li>• All public committee business published on website</li> <li>• Freedom of Information Act/Environmental Information Regulations compliance</li> <li>• Publication Scheme</li> <li>• Open Government requirements (including delegations), publishing expenditure / contract details</li> <li>• A&amp;R/F&amp;R committee</li> <li>• Performance Indicators</li> <li>• Action plan 6-monthly updates on progress</li> <li>• Annual review of performance across all aspects of work</li> <li>• Internal and external audit</li> <li>• Arrangements for end of year A&amp;R Governance Statement</li> <li>• External Audit (Ernst &amp; Young)</li> <li>• Arrangements in place with Internal Audit (Veritau); regular audits undertaken and reported to Audit &amp; Review Committee; recommendations actioned</li> <li>• The Authority has adopted clear criteria as to when partnership working is appropriate; a biennial review of Partnerships is reported to the Authority</li> <li>• Review of governance arrangements undertaken by Monitoring Officer; bi-annual report to SMT</li> </ul>



## **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 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 2022/23 Annual Governance Statement

Issue	Update
1. Local Plan	Local Plan public consultation No6 (Land for Housing Development) took place between March and May. A summary of the consultation responses was considered by the Authority in June and published on the website. The Authority established a Local Plan Advisory Group of 7 Members to <i>'consider the potential housing site options and make recommendations to the full Authority about which sites should go forward into the Publication Local Plan'</i> . The Group started to meet in July and is continuing to review the evidence with the objective of reporting to Members later this year. The intention is that the Authority will agree a final list of sites, boundaries and policies that will go into a Publication Plan for formal public consultation next year.
2. Local Government Reorganisation	The Authority's membership changed as a result of local government reorganisation and the creation of two new unitary Authorities (North Yorkshire Council and Westmorland and Furness Council) which took effect from 1 April 2023. The impact on the membership of the Authority's committees was addressed and resolved at the Authority AGM in June.
3. Reviews of corporate documents (strategies and policies), in line with the 5-year cycle of planned reviews.	<ul style="list-style-type: none"> <li>(i) Planning Code of Good Practice (now due September 2025 as reviewed in 2020)</li> <li>(ii) Risk Management Policy (completed November 2023)</li> </ul>
4. Member Training	The work to prepare an annual training plan for Members was completed in April 2023.
5. Financial Sustainability	Work to address Authority budget shortfalls in 2024/25 & 2025/26 remains ongoing.
6. External Audit	Whilst it is hoped that a smooth hand over during 23/24 from the current auditor Ernst & Young to the new auditor Mazars will take place, this is dependent upon the 22/23 audit being completed in time to hand over. A date for the 22/23 audit has not yet been set.