

## **2024/25 Annual Governance Statement**

### **Scope of Responsibility**

The Peak District National Park Authority ('the Authority') is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

The Authority approved and adopted a Code of Corporate Governance in February 2017 which is consistent with the principles of the CIPFA/SOLACE Framework Delivering Good Governance in Local Government published in April 2016. A copy of the Authority's Code of Corporate Governance can be obtained from the Monitoring Officer at Aldern House, Baslow Road, Bakewell, Derbyshire, DE45 1AE or can be found on our website at:

<http://www.peakdistrict.gov.uk/publications/operationalpolicies>.

The following statement reports on the outcome of the review of the effectiveness of the Authority's governance arrangements, and also meets the requirements of the Accounts and Audit Regulations 2015.

### **The Purpose of the Governance Framework**

The governance framework comprises the systems, processes, culture and values, for the direction and control of the Authority and its activities through which it accounts to, engages with and leads its National Park 'community' (locally, regionally and nationally). It enables the Authority to monitor the achievement of its strategic outcomes and objectives and to consider whether these objectives have led to the delivery of appropriate services and value for money.

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

The elements of the governance framework identified in our Code of Corporate Governance have been in place at the Authority for the year ended 31 March 2025 and up to the date of finalising this statement for publication by the end of May 2025. The statement will be revised prior to reporting to a meeting of the Authority in November 2025 to reflect any significant changes which may occur prior to that date.

### **The Governance Framework**

The Authority's corporate governance framework, as enshrined in our Code of Corporate Governance, helps us to ensure that the principles of good governance are embedded in all aspects of our work. The key aspects of the corporate governance framework include:

(a) The Authority's work, in pursuing its statutory purposes and duty, is governed by a number of key policies and plans including the Defra (Department for Environment, Food and Rural Affairs) circular, the National Park Grant Memorandum, the 8 Point Plan for England's National Parks, the 25 Year Plan to Improve the Environment (Revised and updated in the Environmental Improvement Plan 2023 in which in July 2024 the Secretary of State for Defra announced a rapid review with an [interim statement](#) in January 2025 which highlighted further improvements later in 2025) and the Protected Landscapes Duty guidance issued in December 2024.

(b) The Authority communicates its vision and intended outcomes for the National Park working with partners over a 5-10 year period, through the National Park Management Plan (NPMP). This is reviewed regularly and Delivery and Partnership groups are in place to support our work with partners. Progress on delivering the four aims of the 2023-28 NPMP is monitored by the Delivery Group. Regular monitoring reports on the NPMP are taken to Authority meetings for approval.

(c) The Authority Plan 2023-28 has the same vision, aims and objectives as the NPMP. It is structured around our enabling delivery aim which captures key elements of the Authority's own essential business to fulfil our roles as regulator, influencer and deliverer. The Plan includes 8 objectives covering Planning, Access, People, Financial Resilience, Assets, Governance, Information and Performance and Climate Change.

(d) The Performance and Business Plan provides an annual work plan for the Authority showing priorities for action in the forthcoming year, measures of success, targets for performance and allocation of resources. The agreement of this follows a detailed planning process aimed at ensuring the economical, effective and efficient use of resources. We have set realistic, yet ambitious, targets to support our vision and purpose to speak up for and care for the Peak District National Park for all to enjoy forever.

(e) Following the adoption of the Authority's Core Strategy in October 2011, and Development Management Policies in May 2019 work is now continuing on a full-scale review of planning policy along with a review of adopted supplementary planning documents (e.g. design guidance) to enable production of a new Local Plan and supporting Local Design Code. Collectively this suite of policies and supplementary documents form the Authority's Local Development Plan, which provides a basis for greater clarity and certainty in decision making in planning over a strategic period (15-20 years, subject to further review as appropriate). The National Planning Policy Framework states that local planning authorities should review their Local Plans every 5 years. The process and timescales for carrying out the current review is overseen by the Members Local Plan Steering Group which meets on a regular basis and is currently made up of 7 appointed Members including the Chair of Planning Committee and the Chair of the Authority. In accordance with the agreed Local Development Scheme (project plan) the Authority completed the Regulation 18 Issues and Options consultation, following agreement at full Authority in July 2024. An 8-week period of consultation was completed in November 2024. In Autumn 2025 the Authority aims to undertake a second stage consultation under Regulation 18 consultation on the Preferred Options. This will be followed by a final consultation on the Draft Plan in Spring 2026 under Regulation 19.

(f) Our values are part of our Authority Plan 2023-28 – Care (We care for the PDNP, the people we work with and all those we serve. It's at the heart of everything we do), Enjoy (We take pride in what we do and feel good about our contribution) and Pioneer (We are born of pioneers and we will continue to explore opportunities to inspire future generations).

(g) The Authority's performance management framework ensures that:

- - the 'golden thread' is in place with all individual work programmes linked through the service planning process to achieving Authority Plan or National Park Management Plan objectives;
  - measures of success are identified and targets set for performance;
  - resources are allocated to priorities;
  - risks to achieving corporate objectives are considered and mitigating action identified at corporate and service levels;
  - performance and the changes to risks are monitored regularly throughout the year;

- areas for performance improvement are identified and addressed both in the short term and as part of medium-term performance improvement planning. This includes addressing issues arising from strategic, value for money and scrutiny reviews, and external/internal audit and inspection reports.

(h) The Authority's Standing Orders, and other procedures describe how the Authority operates and how decisions are made. They also define the terms of reference for committees and the Authority meeting including the role of the Authority in standards issues. The prime objectives are to operate effectively, efficiently, transparently, accountably and within the law. Our Standing Orders, which were updated during 2023/24 to reflect the changes to the organisational structure and in 2024/25 to reflect new contract procedure rules, are currently being reviewed by the Governance Review Working Group, they are supplemented by:

- Scheme of Delegation (which is regularly reviewed);
- Codes of Conduct and guidance for Officers and Members;
- Policies and Procedures including the Anti-Fraud and Corruption Policy and the Confidential Reporting (whistle blowing) Policy;
- Protocols on (i) Member/Officer Relations, (ii) Monitoring Officer and (iii) Development Management and Planning;
- Complaints procedures;
- Our scrutiny process led by Members.

(i) Arrangements are in place to ensure compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful. These include:

- requirement in our financial regulations and Standing Orders for technical advice to be sought including legal and financial advice from the Monitoring Officer and Chief Financial Officer;
- reports for decisions including reference to relevant policies and procedures;
- professional expertise and knowledge of staff employed by the Authority;
- professional expertise of contractors and consultants where not available in house;
- scrutiny provided by Internal and External Auditors. The internal auditor has had regular and open engagement across the organisation particularly with managers of the Authority and with Members through Authority meetings;
- a risk based internal audit strategy and annual plan;
- reports from external bodies like the Local Government and Social Care Ombudsman, HM Revenue and Customs, Information Commissioner, Planning Inspectorate;
- requirement to comply with relevant codes of practice and conduct mandatory for local authorities;
- guidance received from time to time from Defra and other government agencies;
- allocation of all income and expenditure to approved cost centres by Finance based on approved delegated decisions and business cases by Resource Management Meeting or Members, either at approval of the budget or during the year.

(j) Arrangements are in place for 'whistle blowing' and for receiving and responding to complaints from employees if there are concerns about serious matters that could put the Authority and/or the wider public at risk. These arrangements are described in our 'confidential reporting policy'. This is given to all staff as part of their induction and is publicised through our website section titled 'standards and governance' which can be found at <http://www.peakdistrict.gov.uk>. The Authority's Complaints procedure provides a facility to those not employed by the Authority to raise their concerns.

(k) Financial management includes forward planning of expenditure and resources, budget consultation, budget setting and monitoring and final accounts. The aim is to ensure that these are

accurate, include information relevant to the user and are completed to agreed timescales. Financial Regulations - Our reporting arrangements meet the requirements of the CIPFA statement on The Role of the Chief Financial Officer (CFO) in Local Government (2010) with the CFO having independent reporting as necessary to the Chief Executive (CE), Resource Management Meeting and Members.

(l) Member and staff learning and development needs are identified and met through annual programmes. Our approach to staff development is described in our Learning and Development Policy. Our approach to Member development is described in the Member Training and Development Framework document, which is approved by the Authority annually. Improvements to our approach on Member development, within resources available, are reported annually to the Authority as part of agreeing the annual programme of development and business events. The Authority currently holds the Investors in People Silver award and also a Silver accreditation for Wellbeing.

(m) In December 2018 the Authority established a Member led Governance Review Working Group to review the Authority's Governance arrangements. The Working Group had recommendations approved at the Authority in May 2019 and May 2020. Member appointments to the Working Group continued to be agreed at the AGM in July each year and in late 2023 the Authority identified further issues for the Working Group to consider. It has met regularly since December 2023 with its first recommendations reported to the Authority in May 2024. The issues under consideration include the role of Members, Standing Orders, Public Participation at Meetings Scheme, Member Champions, budget and project monitoring, cycle of meetings and Member training and development.

## **Review of Effectiveness**

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by assurances from Officers and Members within the Authority who have responsibility for the development and maintenance of the governance environment (including financial controls, risk management and performance management processes, compliance with advice on legislation and regulations), internal and external audit reports and opinions, comments made by other agencies and inspectorates as well as feedback from customers and stakeholders.

The review of effectiveness is continual throughout the year as evidenced by some of the action taken during the year but a more formal assessment takes place each year in the preparation for this statement. The Management Team was consulted and, in accordance with the Authority's Code of Corporate Governance, a meeting was held with the Chief Executive, the Chief Finance Officer (Finance Manager), the Monitoring Officer (Authority Solicitor) and the Heads of Service; the Monitoring Officer then liaised with the Chair of the Authority to:

1. Review our performance against our action statements of commitment in our Code of Corporate Governance and highlight what we have done in the 2024/25 year, which contributes to achieving our outcome of 'good governance';
2. Identify any further improvement action needed for the forthcoming year.

In carrying out our review we took account of the 'assurances' we have received during the year including:

- (a) External Audit Annual Audit Letter and unqualified opinion/satisfactory conclusions.
- (b) Internal Audit reports for 2024/25 including annual plan. The annual report and assurance opinion for 2024/25 are currently still awaited. During 2024/25 six areas were planned to be audited, of these so far one area, Moors for the Future, received an opinion of Substantial Assurance; whilst two areas so far, Budget setting,

monitoring & reporting and Rent reviews, Leases & Concessions, received Reasonable Assurance.

- (c) Assurances given from 'those charged with governance' including: members of the Management Team, Statutory Officers (Head of Paid Service, Chief Finance Officer, Monitoring Officer) and Chair of the Authority.
- (d) Progress against action we identified last year as part of our Annual Governance Statement.
- (e) The most recent Local Government and Social Care Ombudsman's statistics.
- (f) Our planning appeals performance and feedback from inspectors' reports.
- (g) Any feedback from handling complaints, Freedom of Information and Environmental Information enquiries.
- (h) Implementation of the action plan arising from achieving the Investors in People standard.
- (i) Feedback and lessons learnt from legal proceedings.
- (j) Confirming, in accordance with CIPFA's Code of Practice on Managing the Risk of Fraud and Corruption that the Peak District National Park Authority has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

As part of our continuous improvement approach to our governance arrangements we have identified further issues to address as recorded below against the 7 core principles of our Code of Corporate Governance. A full record of our review of action and assurances received indicating maintenance and/or improvement to the effectiveness of elements of the governance framework can be obtained from the Monitoring Officer at Aldern House, Baslow Road, Bakewell, DE45 1AE or can be found on our website at

<http://www.peakdistrict.gov.uk/publications/operationalpolicies>

<p><b>(A) Core Principle</b>  <b>Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of Law</b></p>
<p><b>Issues identified which affect effectiveness</b>  1. The Levelling Up and Regeneration Act "Duty to seek to further" is a risk to partnership working and NPMP delivery</p>
<p><b>(B) Core Principle</b>  <b>Making sure of openness and comprehensive stakeholder engagement</b></p>
<p><b>Issues identified which affect effectiveness</b>  2. Risk that in the context of ever reducing budgets, the Authority and partners cannot deliver to the approved NPMP</p>
<p><b>(C) Core Principle</b>  <b>Defining outcomes in terms of sustainable economic, social, and environmental benefits.</b></p>
<p><b>Issues identified which affect effectiveness</b>  3. Review of local authority governance and establishment of combined authorities, and how their priorities align with the National Park Management Plan</p>
<p><b>(D) Core Principle</b>  <b>Determining the interventions necessary to optimise the achievement of the intended outcomes.</b></p>
<p><b>Issues identified which affect effectiveness</b>  4. DEFRA Targets and Outcomes Framework based performance monitoring.</p>

**(E) Core Principle**

**Developing the Authority's capacity including the capability of its leadership and the individuals within it**

**Issues identified which affect effectiveness**

5. The impact of non-inflationary funding settlement from Defra from 2022/23 and funding cut in 2025/26.

**(F) Core Principle**

**Managing risks and performance through robust internal control and strong public financial management.**

**Issues identified which affect effectiveness**

6. The Business Continuity Plan needs to be reviewed and all internal audit recommendations implemented

**(G) Core Principle**

**Implementing good practices in transparency, reporting and audit, to deliver effective accountability.**

**Issues identified which affect effectiveness**

7. Defra review of National Park Authority governance
8. Outcomes of Governance Review Working Group review of our Constitution (standing orders).

**Significant Governance Issues:**

Other than the issues identified that may affect effectiveness, there are no significant issues and the arrangements continue to be regarded as fit for purpose in accordance with the governance framework. However, we are taking steps to address the issues identified during our review of effectiveness as detailed above to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that have been identified and will monitor their implementation and operation as part of our next annual review.

Signed on behalf of the Peak District National Park Authority

Signed..... Chair of the Authority

Signed ..... Chief Executive

**Publication Date:**

May 2025 (Un-audited Statement)